Bölcsészdoktori Disszertáció

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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Abstract

This dissertation addresses the model of the therapeutic educational community for treating adolescent drug addicts and will examine to what extent such a community is a lever for change and growth among detached youth who break the law and use drugs.

The present research is being conducted based on a severe and growing problem of drug use among Israeli adolescents. There has been an obvious rise in users of any type of drug. According to a survey conducted among Israeli adolescents (Rahav et al., 2006) this rise in numbers has been particulary significant among adolescents, 15.8% of them report use of volatile substances (air conditioner gas, contact cement, gasoline, paint thinner, etc.). In the past year, a rise of 8.4% has occurred relative to the previous survey. Approximately 25% report that they got drunk at least once during the past year, and 19% report that they had at least one incident during the last month of consuming at least five drinks within the span of a number of hours. 9.9% reported use of illegal drugs over the past year. Among youths at risk, 57.3% drink alcohol on a regular basis and 29.3% use some sort of drugs.

These worrisome data have caused sleeplessness among policy makers for drug using adolescents in Israel. Until the 1990s, the attitude towards youths using drugs was similar to the one held towards all 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, the preferred solution was hostels within the community. There are differences of opinion among professionals regarding this type of solution. There are those who argue that these institutions foster the development of criminal subcultures and youths who join these are negatively influenced and their situation only deteriorates (Clemmer, 1940, Polsky, 1962; Sykes, 1958). There is labeling in these institutes. In many cases there is detachment and an atmosphere of alienation between the staff and the youths.

Others disagree with this opinion (Garret, 1985; Glasser, 1972; Aichhorn, 1952; Makarenko, 1953). These researchers argue that the studies that Clemmer relied on are not precise, and the field must be tested in a different manner. They maintain that it is important to examine the involvement of the educators and the atmosphere of the institute as therapy tools.

They point to a number of institutions in which therapeutic processes are positive and significant, assisting the youths in accepting responsibility for their situations, and making a change.

There are, therfore, differences of opinion regarding the effectiveness of existing models, but what is clear is that the increasing percentages of drug using adolescents requires more successful solutions. This dissertation will present a model of a therapeutic community for youths in Malkishua as a different option - a better model for treating delinquent, detached youths who are addicted to drugs.

Malkishua is a unique community that treats detached youths who use drugs. The community was founded in 1995. In this dissertation, the process of the community's establishment and adapting it to treat youths based on the unique characteristics of drug using adolescents is discussed. The essence of this model is that the adolescent is put in the center, and responsibility for his situation is transferred to him. He is also responsible for the change process that he will go through (De Leon, 2000). This unique model is based on the theory of developmental psychology (Erikson, 1962, 1994). Further theories that directly impacted the model of the therapeutic community are the behaviorist approach and the theory of social learning (Sears, 1957; Meir, 1978; Bandura, 1978).

An additional theory which also impacted the Malkishua model is from the field of social psychology, dealing with group work and the human group (Levin, 1940; Humans, 1950; Cartwright & Zandar, 1968; Frankl, 1985; Schutz, 1958; Benson, 1987; Bion, 1961). The therapeutic community model is also based on the educational theory espoused by Dr. Janusz Korczak (Heinrich Hirsh Goldshmidt, 1942-1987).

The change processes that the youths go through are changes on a time line, which include the four stages of therapy that exist in the community, Stage A, B, C and Graduates. The dimensions of the change will be examined from the viewpoint of the residents, regarding their perception of the change that occurred in them, and evaluating the changes based on the following dimensions:

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

The aim of this research is to expand insight regarding the change process occurring in the therapy community. Through the insights that become clear in the present research, I would like to empower the therapeutic

community model as applied in Malkishua and highlight its unique contribution to the rehabilitation of youth and their return to functionality in normal life.

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. The experience that facilitates the change is examined through the question: How did the change occur? What caused it? This is 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*, emphasize the characteristics of the therapeutic community policy as the cause of the significant changes in the youth:

1. The Malkishua model is a unique one 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 lies in it's integration of the youth in the change process occurring on site, a fact that forces the youth to be responsible for the process, based on 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 be facilitated by the process, and it is never too late for something to occur. If a certain tool is not influential, then another tool may be more influential. The assumption is that anyone can find something effective and facilitative of 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, thereby allowing further use of the model by professionals who may applyby it as

an additional tool or as the main tool in their work with adolescents at risk. Currently, this model is used only in Malkishua. It should be noted that this is a model that has proven its success in rehabilitation of drug addicted adults (Amram, 1996). .

The research method chosen to examine the change processes of the youths in Malkishua was the qualitative research approach. This type of research method allows a more in depth understanding of the change process that the residents go through and of the causes of this change.

From analysis of the interviews, in fact, we see that the dimensions of change and the power of each stage in the therapy process have different attributes. However, one sees that the developmental process that the youth goes through is a step by step process, built brick by brick, until the youth is finally able to cope with life itself.

Erikson (1950) emphasizes that the individual is able to 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, as a special challenge that involves new opportunities for personality growth and development. As the residents progress through the various stages in the therapeutic community, we attempt to create a remedial experience and to reprocess some unresolved conflicts in order to lead them towards recognition that the crisis is actually an opportunity for growth and renewal.

Examples of this developmental process can be found in each of the seventeen youths who were interviewed during the present research. As an example, the following relates to the dimension of motivation for change and responsibility for therapy as expressed in the various stages.

Abraham is a Stage A resident, in the beginning stages of therapy. Abraham experienced the difficulty very powerfully: "*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 is a Stage B resident. After nine months of therapy, Aaron discusses the experience of success: "*I am a person that they said about me that I could not succeed, and now I am succeeding. Outside I could not cope because I was busy with myself, family, I always failed and no one could direct me. I have an addiction problem and I want to take care of myself*". Aaron is in a stage where he can understand the problem and define the type of illness. It is clear to him that there is a need for certain conditions to facilitate care of the illness. Although at the beginning when he came to Malkishua it was because of a court order. "*I still have the*

court order but inside I know that if they remove the order, I will not leave. 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..." the experience of success and belonging that Aaron finds in Malkishua is an achievement for him, and Aaron does not intend to give it up.

Shaul is in Stage C, in the hostel. Shaul completed therapy in the community and is now coping with reality. Shaul came to therapy from the locked dormitory, a therapy program on the other end of the therapy continuum. Shaul came to the locked dormitory because of a court order. Shaul who is in the middle of the process understands that the change is for his benefit and for him, and he accepts responsibility for therapy: "*I began to understand the whole thing about life, I began to listen to people. To listen.. it is something I began to believe in with time"*.

Shaul compares between the two frameworks, Gilam and Malkishua: "*Malkishua is open, it is free... like in Gilam everything is in a closed atmosphere, the entire atmosphere is like you re being punished. Malkishua is more a healing atmosphere. At Malkishua you choose and the treatment is different. The approach of the counselors is different than that of the counselors in Gilam. In Gilam they come to you and say do it, don't bother answering, or you get isolation. At Malkishua it is different. There is no isolation and they let you understand things..."*

In both frameworks, the youths come to therapy against their will with a court order, generally because of crimes they have committed. But the therapeutic community model which is aided by its unique tools, deals with youths choosing to cooperate and go through therapy. The language in Malkishua is different, such as "results" (generally a response to negative behavior, a response depending on the behaviorist approach). In Malkishua there is an attempt to reflect onto the youths responsibility for their problematic behavior via results, reflection and group work. Shaul called this "*An atmosphere of healing, unlike Gilam, where they come to you and say do it, don't bother answering, or you get isolation. At Malkishua it is different. There is no isolation and they let you understand things"*. Although the "results" at Malkishua are not as simple as the youths describe them in the interviews, nevertheless, they are able to see the results as a therapy tool, i.e., a means for help and not a type of punishment. I feel that this is the root of the difference between institutions for treating juvenile delinquents and the therapeutic community. First of all, the title: Institute for Treating Juvenile Delinquents, is a judgmental and labeling title. The therapeutic community addresses the essence of the framework and attempts to prevent labeling. The language, the tools and the basic belief that anyone can get out of the drug world, are what make the framework into a

community and not an institution. A community means a lifestyle with an optimistic message of continuity.

In the graduates, after therapy, one sees the dimensions of motivation to change and responsibility for therapy in the way they are integrated in real life. Reuven is in the army: "*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... I don't have a good resume, positive, so I said I'd do the army*".

Looking at the entire process from Stage A through Stages B and C, and through integration in life in Stage D, one may see how gradually motivation for change is constructed. It begins with opposition, moves to understanding and then to belonging and the belief that it is the correct path, ending with true ability to cope with the tasks of life, such as recruitment into the army.

These cases and others allowed drawing the conclusion that the therapeutic community model has a unique potential for rehabilitating youth at risk. The model has a different approach, one that believes that it is possible to be rehabilitated and be integrated in life. The present research attempts to present professionals with the model and its impact as it exists in actuality, and to be a model for learning in other places that cope with youths at risk.

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Introduction

The present dissertation addresses the model of the therapeutic educational community for treating adolescent drug addicts and will examine to what extent such a community is a lever for change and growth among detached youth who break the law and use drugs.

The present research is being conducted based on a severe and growing problem of drug use among Israeli adolescents. A survey on use of psychoactive substances conducted among Israeli adolescents indicates a significant rise in use of all types of drugs. 15.8% report use of volatile substances. 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 (Rahav et al., 2006).

This significant rise indicates an urgent need to handle this acute and severe problem.

In Israel, there are a number of therapy and education programs run outside of the home for detached youth who are on the end of the continuum, particularly delinquents (property damage, violence, drugs, etc.), beginning with locked dormitories and ending in hostels within the community. The state provides dormitories to these youth under the auspices of the Youth Sponsorship Authority, the Correctional Services Department of the Ministry of Welfare. Within this system, there are approximately 50 dormitories that may be divided into four categories (Hovav, 1999).

1. Locked dormitories - Dormitories defined as locked by the Ministry of Welfare, in which the freedom of those sheltered in them is limited. Referral to these dormitories is conducted according to a Locked Dormitory Order, issued by the court.

The locked dormitories have a six meter high wall, a wall that forces the youth to become detached from the environment from which he arrived. Furthermore, in the event that the youth does not cooperate and endangers himself or the environment, there is a time-out room, where the youth must calm down. This is an exposed concrete room. The locked dormitory is for youths who have committed severe crimes. However, there are those who think that they deserve therapy and not punishment; therapy with much limitation, but still, actual therapy.

2. General Dormitories (Open) - These dormitories purport to satisfy all of the needs of the population it serves: education, occupation, peer group,

occupational training and education. The population is referred to this setting when there is no possibility for having normal contact with the community.

3. National Hostels - These are relatively small units with 12-16 youths per unit. These hostels are spread throughout the country and serve as a "home" for the population in treatment. The youths use the services of the community during the daytime hours, including occupation, education and social activities.

4. Community Hostels - This is a relatively new therapy framework. These are professional homes (a therapy framework including therapists and educators accompanying the youth. On site, the emotional and physical needs of the youth are satisfied) near the community of origin of the target population. The hostels use relevant services within the community and the youths receive the necessary treatment without detaching them from their family, the community and their peer group (Elizur, Tene & Wagshel, 1994).

5. Homeless Shelters - This is temporary and immediate housing offered to youths who have run away from home and need a warm, quiet and protected place to stay. The principles guiding this project are immediate - there is no need for an acceptance commission. The youth can be sheltered at any time of the day or night. This is temporary housing at a stage where a youth is going through the stages of organization and is contacting the family or the community at the same time, in order to return the youth to his home or to integrate him in a dormitory setting. In this type of home, the youth receives a roof, which basically satisfies his physical and emotional needs.

In the field of therapy, there has been a complex and continued debate regarding the results of institutional or dormitory therapy among juvenile delinquents. Institutional therapy is the type of solution which the establishment uses to treat juvenile delinquents. This is a total framework with clear rules and laws. It is a place where every social deviation is clearly addressed. These are generally frameworks in which the staff is task oriented and tested based on performance. While institutional treatment of juvenile delinquents is still the accepted procedure, there has been severe criticism regarding placing young delinquents in institutions and regarding certain treatment methods used in these institutions. Many professionals, including those who do not work in the field, argue that dormitory treatment of juvenile delinquents is not generally successful in achieving its aim. Furthermore, they argue, dormitory care may increase delinquent behavior among its residents.

An American study which examined dormitory care indicated a worrying finding with a high rate of recurrent crime among juvenile delinquents after institutional treatment (see: Lipton, Martinson & Wilks, 1978; Roming, 1975). Consensus regarding these findings in professional circles contributes to the negative image of dormitory treatment for juvenile delinquents. Faucault (1977) raised the argument that the inefficiency of institutional care is a realization of society's need. He argues that delinquency is an essential component of the social structure and a rise in delinquency, stemming from dormitory care, is not meant to be perceived as a failure of the institute but rather an expected result of the social system.

Classical sociological theories on deviancy and delinquency support the argument of inefficiency of dormitory treatment of juvenile delinquents. While Sutherland (1956) discusses differential correlations and the learning process of delinquency in intimate groups, Cohen (1955), Miller (1958) and Schur (1971), see the subculture of juvenile delinquents in terms of "labeling", and the result of a stigmatization process. It is particularly worthwhile to note the determination of Goffman (1976) touching on the negative results of dormitory care. It is accepted to agree that contact with other criminals is the most significant factor affecting acquisition of criminal behavioral patterns. According to Goffman, dormitory care cultivates the establishment of a subculture based on criminal norms, and encourages the student to live according to such values. By nature, dormitory care is a synonym for being involved in criminal and antisocial subcultures, leading to reinforcement of criminal and deviant norms and values. Therefore, instead of the institution serving as a tool for positive change of behavior, it represses these changes.

This perception which argues that dormitory care of juvenile delinquents is not effective, has been supported by a number of anthropological-organizational studies. These studies hint at the existence of an informal social structure inside institutions, which support values and goals in opposition to the official aims of the corrective facility. In fact, studies conducted by Clemmer (1940), Polsky (1962), and Sykes (1958) describe the subculture of the criminal institution as negative and based on distorted social norms. This type of social structure creates continual tension among those living in it, and threatens their self esteem. Negative subcultures serve to protect against the pressures of the institution. Each inmate must suit himself to these values of the subculture and accept them, if in fact he wants to "survive". Therefore, and in opposition to expectations, dormitory care offers additional support to the development

of criminal behavioral patterns. Support of this can also be found in the studies by Newton (1980), Dodge (1979) and Bakal (1973).

Theory also supports the hypothesis that dormitory care of juvenile delinquents has negative sides. Martinson (1974) surveyed a large number of assessment studies and reached the unequivocal conclusion that "nothing works". Roming (1978) who studied many studies in the field of dormitory care, also came to a similar conclusion. In a summary of therapy literature published by Secherst, With & Brown (1979) it was found that to date there is no change in the pessimistic viewpoint that argues that dormitory care does not detract from but rather increases criminal behavior patterns (see also: Caviour & Schmidt, 1978; Fishman, 1976; Coldman, 1974; Palmer, 1972; District of Columbia Correction Department, 1975).

Sarri (1981), who spoke to principals of a number of institutions regarding the possible results of dormitory treatment, arrived at the conclusion that even they themselves did not believe in the positive function of the dormitory, but saw the rise in the rate of delinquency as an unavoidable result. Serill (1975) who reached a similar conclusion, recommended programs based on community based treatment programs. He argued that such therapy is a preferred alternative to dormitory care.

However, there is also criticism of the empirical support of these approaches. For example, Gendrau & Ross (1979), who summarized assessment studies in the field of dormitory care, reached the conclusion that "the arguments are convincing and the language they are written in is brilliant, and often the metaphors are touching, but objectively, unfortunately are lacking" (ibid., p. 464). In his article, Maltz (1984) lists the basic problems that arise in most empirical studies, and notes specifically that the most common measure of success is the dichotomous criterion of success-failure. He argues that this measurement does not consider positive changes such as a decreased level of delinquency. Therefore, if a criminal with a high previous crime rate before entering the institute, commits a single crime after therapy, he is listed among the failures. Garret (1985) analyzed more than 400 empirical studies all of which presented dormitory therapy as a failure by using the effect-size measurement, in which the degree of "improvement" after treatment was calculated. Garret's conclusion was that in the vast majority of these studies, positive changes occurred in inmates' behavior. Other well known dormitory care programs (such as the Provo Experiment Silverlake), present positive results, when using a similar index of effect-size (see also: Quay, 1986).

Support for this approach may be generally found in the literature describing the experience of people working in this area, in particular, counselors who have worked with neglected and criminal children. Aichhorn (1951) Glasser (1972), Makarenko (1953) and Slavson (1954) emphasize the institutional atmosphere as a therapeutic tool, in which relations are created between the student, the educator and the group as the main agents of treatment (Aichhorn, 1951; Makarenko, 1953). Glasser (1972) emphasizes in particular the deep personal involvement of the educator, the orientation towards the future, based on the "here and now", and focuses on the personal responsibility of the student for his actions. The basic outlook invested in this opinion which can be called a "psycho-educational" approach, focuses on the fact that therapy success or failure stems from the ability of the staff to create a suitable atmosphere for creating appropriate interpersonal ties, in which the student accepts responsibility.

This survey indicates that the literature summarizing the results of dormitory care is not clear enough and also often contradicts itself. Rates of failure run from a low rate of 14% (Goldmann, 1974) to a high rate of 70% (Gornish & Clark, 1975). Theoretical studies and discussion indicate that on one side there is a lack of effectiveness in dormitory care of juvenile delinquents, but, on the other hand, empirical proof is not decisive enough regarding this method.

Based on this data, I would like to present a different model of coping with delinquent youth in a dormitory educational therapy framework, a model that operates only working with juvenile delinquents in Israel, only in Malkishua. This is a model that I shared in bringing to Israel in 1995, and in which I participated in its inculcation, suiting it to youth in general, and Israeli youth specifically. The essence of this model is that adolescent youth is placed in the center. Responsibility for his situation is transferred to the youth himself, and he is even responsible for the change process that he is going through (De Leon, 2000).

Using a qualitative research method, I aim to examine the various change processes that youths go through during treatment according to this model. Since there is much ground to cover, and the change that the youth goes through includes many facets, I chose to examine the changes processes on a time frame based on stages of therapy. Of course, I will expand on my insights regarding the change process occurring within the therapeutic community and will clarify connections between the following components:

- The principles and tools of the therapeutic community model.

- Change facilitating experiences or change causing experiences.

- The dimensions of the change.

The dimensions of the changes will be examined from the viewpoint of the residents and how they perceive the changes occurring in themselves from the beginning of therapy, and that of assessing changes according to: motivation and personal responsibility for therapy, self image and self worth, and social function.

The research will examine the youths in four different therapy stages:

First stage: at the beginning of therapy - between one and eight months - the stage called Stage A.

Second stage: after eight months - the stage called Stage B.

Third stage: after 18 months - the stage called Stage C. (This is in a "care facility" or hostel which is a continued treatment form outside of the community, in which youths spend half a year until they return finally to their natural environment or to begin living an independent life in another place. At this stage there is a moratorium in which they experiment with independent life, work, and studies accompanied by adults who direct and accompany them).

Fourth stage: one year or more after completing therapy and integration into life - studies, work, army and living an independent lifestyle.

1. Description of the Research Field

The youth community in Malkishua was established in 1995 by the Anti Drug Abuse Foundation and the Ministry of Welfare. The community is of an educational therapeutic nature and is aimed at youths who have been harmed as a result of drug use. This is the only framework in Israel that operates in a therapeutic community format for youths.

The community is on the top of the Gilboa Mountain, within a natural woods, with a breathtaking view.

Malkishua implements a unique model which is clear in its symbols and tools: a visitor to the site will find "time out" benches, youths wearing "white aprons", "yellow notes", groups of youths standing or sitting in "circles" which are spread throughout the community, youths speaking "another language", unique educational tools such as the "greenhouse", etc. All these and more are the tools of the therapeutic community model. This significant backdrop is the background for educational therapy work taking place on site.

The site is isolated and distanced from any settled area, and therefore there is an advantage to the rehabilitation process of the youths. The staff numbers about 50 employees and can be divided into a number of sectors:

The counselors: There is a group of about 20 counselors. Some of the counselors are former addicts who completed therapy in the adult community in Malkishua. They have been clean from drugs for a number of years. The other counselors includes professionals with an academic background in education, sociology, criminology, psychology, etc. Most of the counselors are single or newly married and they must be available to work shifts that include both nights and weekends.

The counselor's role is very significant within the community. He must accompany the youths twenty-four hours a day. The counselor is with them, of course, during their difficult hours of crisis, outbreaks, crying, etc.

Social workers: There are approximately seven. The social worker in the therapeutic community serves as a case manager. He is responsible for contact with the referring parties and meets with the youth once weekly individually, and then three times in a group setting. Once a week, the social worker receives professional instruction from an external professional, an expert in the field. The social workers are full and permanent participants in the staff meetings and training. Each social worker accompanies one home (group) within the community and works using a therapeutic method (therapy line) with the group coordinator. The social workers are in the community five days a week. The therapy staff includes an art therapist and alternative therapists in the fields of reflexology, Tai Chi and animal therapy.

Teachers: There is a staff of ten teachers who teach in the Malkishua school, in a separate building operated by the community center organization. This school allows the students to complete ten years of studies and to take partial matriculation exams, receive high school diplomas, etc.

Volunteers: This is a group of eight youths who volunteer in Malkishua in a year of community service before army service. The volunteers participate in all areas of activity in Malkishua. This group serves as models, particularly because they are approximately the same age as the youths living at Malkishua.

Administration: The administration includes the manager of the community, the educational coordinator and the therapy coordinator, who coordinates the professional staff. The administration works in cooperation and meets regularly for staff meetings once weekly.

Finally, the community includes 70 residents aged 14-18, who, because of drug use and addiction, arrived for therapy in Malkishua. Most of these children arrived against their will through court orders. They must go through a long process to make a change in their lives and train themselves to be integrated in normal life. The change processes that they go through from the moment they arrive in the community until returning to normal life, are the parameters that are examined in the present research.

2. The Research Aims and Basic Assumptions

The aim of the present research is to expand insight regarding the change process which occurs in the Malkishua therapeutic community. Through the insights that become clear through the present research, I would like to encourage the therapeutic community model as applied in Malkishua and point out its uniqueness in rehabilitating youths, returning them to function in a normal way of life. This is based on the complexity of other models that treat youth at risk as described, and the data that show a rise in violent crime and drug use among adolescents in Israel.

The present research will examine and test the changes that the youths go through during their therapy. First, I will examine if in fact the expected change occurs. If so, how is it perceived by the youths themselves?

In examining the process I intend to expand my insights regarding the change process occurring the therapeutic community, to try to understand the experiences facilitating change. How does it happen? What takes place in the youth's "black box"?

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

The change facilitating experience is tested through the question of: 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.

The dimensions of change which will be examined during the stages of research are:

- Motivation to change and responsibility for therapy.
- Self worth and self image.
- Interpersonal and social function.

The principles and tools of the therapeutic community model are relatively well known, but in the present study their contribution will be examined as it is perceived by the residents.

3. Description of the Research and its Conclusions

Over the course of the research, I interviewed approximately 20 youths in different stages of therapy in Malkishua, and one after the end of treatment. In Malkishua, there is a stage program as will be described below, and each stage has its own therapy aims. The questions that were asked were identical for all of the interviewees. The questions dealt with motivation to change and responsibility for therapy, self image and self worth, interpersonal and social function, how the change occurred, and what caused it. Furthermore, questions were asked regarding the model[1].

Additionally, journals that document and summarize the ongoing treatment of two youths were analyzed. An in depth look at these documents reinforces and supports the findings that arose from the interviews of the youths at the different stages of research.

The transition between the stages describes a developmental process from opposition to therapy, to personality changes allowing integration in normal life. This developmental process occurs on an individual and group level.

During the interviews I was exposed to areas of the therapeutic community model which require addressing in a way different from the norm, and require additional thinking.

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

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[1] See Appendix 2.

for something to occur. If a certain tool is not influential, then another tool may be more influential. The assumption is that anyone can find something within this model to influence and facilitate a change.

It should be noted that this is a model that has been proven successful among drug addicted adults (Amram, 1996). We have the opportunity to suit this model or parts of it to a broader variety of high risk populations.

The importance of the study is that it exposes the model and its impact over change processes that the residents go through, as well as to make available use of the model to professionals who can be aided by it as an additional or central tool in their work with adolescents at risk in Israel. This model is operated currently only in Malkishua.

4. The Structure of the Dissertation and References

The present research contains four parts:

Introduction

Part I

Chapter One - From Theory to Practice: Survey of the Theoretical Background for the Model of the Therapeutic Community in Malkishua

Chapter Two - The Phenomenon of Drug Use Among Israeli Youths (This survey includes background data on high risk youth in general and drug users specifically).

Chapter Three - The Process of Setting up the Educational Therapeutic Community for Youths in Malkishua (From 1995 to 1997).

Chapter Four - Suiting the Classical Therapeutic Community Model to the Malkishua Youth Community, and it Unique Nature.

Chapter Five - Methodology

Part II

Chapter Six - Analysis of the Findings on the Time Line in the following indices:

- Motivation for therapy
- Self Image
- Interpersonal Relations, Interpersonal Function
- Perception of change - How did the change occur and what caused it
- Tools of the model and their impact over the change occurring in therapy

Part III

Summary

Epilogue

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Part IV - Appendices

1. Analysis of Texts (quotes of Journals and Community Documents)

2. Interview Protocol for Youth in the Therapeutic Community

Part One

Chapter One - From Theory to Practice: Survey of the Theoretical Background for the Model of the Therapeutic Community in Malkishua

The model described in the present dissertation, and its impact over youths is based on theories in the field of developmental psychology. This branch of developmental psychology, deals with change processes that occur throughout life. "Change" in this case means any quantitative and/or qualitative transition in structure and role: from crawling to walking, from prattling to speaking, from illogical reasoning to logical reasoning, from childhood to adolescence, maturity, old age - from birth to death. There is much similarity between Erikson's developmental theory (Erikson, 1968[2]), and the stages of the therapeutic community model.

Erikson's theory assumes the actual appearance of a developmental crisis, as a special challenge that involves new opportunities for personality growth and development. Each one of the developmental stages that Erikson describes is characterized by a conflict that has two possible results. If the conflict is constructively and satisfyingly processed, a positive quality becomes part of the "self", and encourages healthy development and continued growth. On the other hand, if the conflict continues or is resolved in an unsatisfactory fashion, a negative quality will become involved in the personality structure and will disrupt further normal development, which may sometimes be expressed in psychopathological phenomena.

In the therapeutic community we cope with youths for which one developmental stage created a conflict that was unsatisfactorily resolved. During the process of progressing through the stages of the therapeutic community we attempt to create a "corrective experience", to reprocess some of the unresolved conflicts, to lead residents to recognize that crisis is the opportunity for growth and renewal.

Additional theories directly influencing the therapeutic community model are the behaviorist approach[3] and the theory of social learning (Maier, 1978; Weiner, 1982; Bandura, 1978; Hersen & Von Hasselt, 1987). These are approaches that perceive human behavior firstly based on

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[2] Erikson published many books. His most well known and widely read book is "Childhood and Society", which was published in 1950 and reedited in 1963. In particular interest to us is his book "Identity: Worlds and Crisis", 1968.

[3] An approach exists in psychology arguing that the only issue that is suitable to scientific psychological research is behavior that may be observed and measured. The father of pure behaviorism was John B. Watson (1878-1958) (Maier, 1978).

environmental variables that have the power to reinforce or eradicate a certain behavioral pattern, out of the behaviorist belief that the environment can design human behavior. This school of thought focuses its main theoretical and research activity on issues related to learning, i.e., changes occurring in human behavior as a result of experience or based on influences caused to the individual by the environment. Additional theories that have affected the model at hand are theories addressing group work[4]. This refers to small groups focusing on intensive interpersonal interaction. Generally, the aim of the group is to remove defense mechanisms and psychological barriers, to achieve openness, honesty and willingness to cope with the difficulties of emotional expression. Group members are invited to cope with the problems of "here and now", and ignore intellectualization and personal history. Setting up therapeutic groups and use of them during psychological therapy began with the Human Potential Movement. According to this approach, the community is a large group that contains sub-groups. The assumption is that group dynamics allow significant change processes. The group also empowers individual therapy, since it creates material to work with in the individual setting.

The "individual setting" is the individual meeting in the context of Malkishua, for example, that takes place between the caretaker (social worker) and the resident. The meetings are regular and take place based on a therapy contract that the resident signs. The conditions are relatively sterile (compared to the dynamics of function in the therapeutic community model). Full discretion is maintained, and this allows the youth to be open, to discuss very personal issues. In this context the individual setting is a very safe and protected place for residents, and this is true in Malkishua also. It may be said that the dynamics of a group, which will be discussed further below, feed individual therapy that the adolescent goes through in the community, which will also be discussed below (Cartwright & Sender, 1968). These theories that will be expanded upon below, allow us to understand the emotional state of young men and women who are treated in the community, and accordingly to create a more positive climate, facilitating the creation of a remedial experience, resulting in improved quality of life for these youths, and a chance to get them out of this distressful, problematic cycle, whether caused by socioeconomic position or parental and environmental neglect, not necessarily related to poverty and financial-cultural distress.

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[4] The differences in the way people think, feel and act alone and in groups have been the focus of attention of behavioral science researchers for many years. Gustav Lebon and William McDougall, were among the first who wrote, in 1920, about the impact of groups over individual behavior. Sigmund Freud, Kurt Levin and Karl Rogers are only a few of the well known researchers who contributed to this field of research.

Among the approaches on which the therapeutic community model is based, the noted pedagogue, Janusz Korczak, must be mentioned (Henrik Hirsch Goldshmidt, 1942-1987)[5], as some significant parts of the therapeutic community model in Malkishua were inspired by Korczak's work in his orphanage in Warsaw before and during the world war until the orphanage was destroyed.

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[5] Korczak wrote much about the problems of education. Many of his eclectic articles are more like discussions on education. Discussion by nature is associative, leading to various thoughts in different areas. His thoughts were organized in a three part book dedicated to the topic of "How to love a child", which is based on his method for describing experiences, raising viewpoints and formulating generalizations. The book is called "Writings", and was published in 1996.

Erikson's Developmental Theory and its Impact on the Therapeutic Model for Youths in Malkishua[6]

Erikson's developmental theory, based on the eight stages of human development, also describes the profile of the population treated in Malkishua.

In Malkishua are young men and women who are a cross section of Israeli youth.   There is a population of FSU immigrants and Ethiopian immigrants, Israelis from both the lower and middle classes, religious and secular Jews, rural, urban and Kibbutz youth. The common denominator among all of the youths is their current complex situation: They are unable to function normatively. Their method for coping with life's tasks - school, work, family, is through escaping from reality by using drugs and alcohol, violence and stealing. They are unable to use the life skills expected of youths of their age. Most of these youths arrive with experiences of failure at early ages, a fact that affects their low self image and their lack of belief in ability to influence their lives. They come from a background of dysfunctional interpersonal and family communication, etc. Therefore, there is a need for a program in stages allowing gradual entrance into the therapy process, reinforcing weak points as described above.

The concept at the basis of Erikson's theory is "a search for the self identity". The identity crisis is a clear sign of adolescence. In order to acquire a solid and healthy self identity, the individual must receive consistent and significant recognition of his achievements.   Human development occurs based on the principle that "everything that grows has a master plan. From this master plan grow different parts. Each part appears in its time until all parts are connected together creating one functional entity" (Erikson, 1968, p. 92). We have already seen that each one of these developmental stages is characterized by a conflict that has two possible results.   If a conflict is processed constructively and satisfactorily, the positive quality becomes part of the self, and encourages healthy development throughout life. On the other hand, if the conflict continues or is inappropriately resolved the negative quality becomes part of the personality structure. In this case the negative quality intervenes and disrupts continued development and may even cause the development of psychopathology. Erikson says that "The self identity does not become established like an achievement, something permanent or unchanging, but is a sense that requires continual reenactment by the being of the self within the social reality" (Erikson, 1968, p. 150). The apex of the crisis is

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[6] Use of masculine language is for purposes of expediency and does not mean to exclude females.

adolescence, but redefinition of self identity is common as long as any decisive change take place in an individual's function - marriage, parenting, divorce, unemployment, etc. The ability to overcome identity problems that arise based on life changes, apparently depends on the individual's success in solving identity crises during adolescence.

In a procedural outlook towards the therapy track in Malkishua, the guiding light was constructing a therapy program in Malkishua operating according to a program of stages[7], based partially, as will be shown, on Erikson's developmental model. The educational implications of this theory are what led us to formulate a unique program that 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. Coping with the different stages creates conflicts, and when the individual copes with them correctly, a positive background is created directing the individual towards the next stage. It must be emphasized that this is mental and not chronological development.

Stage A - (about three months). This is the stage of creating basic trust versus basic mistrust, with which the resident arrives in Malkishua:

At this stage the resident is called a "chick", a name taken from the world of birds. From the standpoint of basic perception - he is like a chick that is taking the first steps in his life. This stage is basic, very initial, and the resident is dependent on the environment for everything regarding his immediate needs. The main developmental task at this stage is creating basic trust in the willingness of the community, i.e., friends/ staff, to accept him, to help him and to give him the care he needs. This is because the "damaged" adolescent is in a stage where he does not trust the adult world because he is stuck in the experience of his damaged relationship with his mother or father and with youths around him. This fact affects his continued normal development as a child and later as an adolescence.

Yitzhak, in Stage A, says: "*If the court order hadn't happened, I wouldn't be here. There is that fear of not seeing the home, friends family, being distanced from the drug world... finally I went to Malkishua... in the first two weeks they had problems with me... I am stubborn. In the first month they didn't believe I would last. Finally, a lot of attention from the staff helped me decide to stay. They told me they wanted me to see both sides. They told me that I should look what I had out there. At first it was also difficult, yelling, outbreaks and curses. With time I started to work and found that it helped me*".

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[7] As will be described in the chapter on the Model (pg. 77).

Advanced Stage A (up to nine months) can be defined as autonomy versus doubt and shame.

In this stage the resident begins to show his own willingness, shows interest on some level or another beyond the basic things that he was concerned with previously. Because his (mental) power is still limited, there are a number of signs of doubt and shame. This is a stage of consideration - should I enter the therapy process? And questions arise regarding whether he is interested in physically being detached from drugs. Should I separate from my criminal life truly or only "pretend"? At this stage there is the first inkling of positive experiences with the purpose of causing the resident to dare to expose himself. When the he shares with others what he is going through he generally feels relief and becomes aware that he is receiving help. Some of the residents enter adolescence armed with too much autonomy which may be seen as rebellion, rudeness and lack of shame in response to parents, educators or any other authority. At this stage the resident begins to fit in to school and varied experiential activities.

Yakov, an Advanced Stage A resident, says: "*At first I refused to come to Malkishua and finally they convinced me and I told myself I will try three months and go home. Today I understand that I have to stay. There are things I have to work on. I understood this through the counselors and the youths who raised the truth...*"

Joseph, an Advanced Stage A resident says: "*At first I was under arrest. They told me arrest or therapy with yourself or to jail. I told myself I would come for three months, would feel bad and then go back to life. Everyone would get off my back*".

Sarah, an advanced Stage A resident says: "*What holds me here is mainly my parents and the court. It is clear that there is a small part of me that wants to stay here. It's like I have two Sarahs in my head, one is so small and she wants health and success and happiness and good. There is a bigger Sarah that doesn't want anything. There is a struggle between them. At first I was motivated but after a week I broke, and became oppositional as if everything here was too difficult, the rules, it's all so extreme*".

Stage A also includes the component of "initiative versus guilt". The youths begin to be able to learn new things and experience unfamiliar situations. They learn to plan their actions and to persevere to achieve a certain goal. Their social world expands and slowly, they begin to relate to their peer group and understand that they are not alone in the world. Alongside the strict approach and setting of boundaries that exist in the therapeutic community, they also receive warmth, love and understanding

of their situation. The aim of the approach, which responds severely, is to maintain clear boundaries, but at the same time to provide significant attention and support to reinforce the personalities of the residents and decrease their guilt feelings.

Aaron, Stage B, says: "*I have an addiction problem and I want to take care of myself. Outside I could not cope because I was busy with myself, family, I always failed and no one could direct me. There's still a court order, but deep inside I know that even if they take away the order, I won't leave. I reached the conclusion that I am in good hands in the community. I am a person that they said about me I would not succeed, and here, I'm succeeding. I would remain a long time. It's just good for me here, the attention I get, the treatment, the support, and that is one of the reasons I stay here*".

Zecharia, Stage B says: "*At fist there was an order, but they took it away. I remain here because I know where I am going back to.   I'm not going back to a place where they are waiting for me. I know where I am going back to and it is good here. The truth, I feel like this is my house. I miss here. It's is good for me here*".

Stage B Beginner - Industry vs. Inferiority (from nine months to a year of stay in the community).

At this stage the transition occurs into the obligatory world of learning, fulfilling requirements, obligations, tasks and achievement. According to Erikson, it is both a social and an emotional need, motivating the child to achieve during this stage. The residents in Malkishua learn to develop new skills and abilities aimed at expanding their world. These will give him a feeling of success and self confidence. In the past, his lack of success led to a state of underachievement and this made it difficult to fulfill his true abilities. The youth was captive in a vicious cycle of failure, followed by a lack of initiative and tension in his relationship with his parents and teachers. Here, in this stage, Malkishua introduces the youth to a world of different experiences where it is permitted to err, because you can learn something from every mistake. The staff creates optimal conditions to allow the youths to experience success. For the youths, Malkishua is an encouraging entity, with the role of directing them to optimal fulfillment of their hidden potential. This is done by creating a personal relationship in the therapy room, through successful experiences, with the aid of status in the peer group, and more.

Aaron, Stage B, says: "*I am a person that they said about me that I could not succeed, and now I am succeeding*".

Yirmiahu, Stage B, who came to Malkishua from Gilam (a locked dormitory for youths), says: "*I came to Malkishua because I used drugs. At first I came because the court made me, but I began to understand that it was for my good and that it was time to rehabilitate my life. It was time to do something with myself. Today (at Malkishua), I solve my problems with myself. Before I did not succeed in solving them. I learn things about myself, the environment, life in general. I learn how to cope with problems*".

Abraham, Advanced Stage A says: "*Suddenly my friends started to talk to me. I began to understand that I have a problem, but I understood that other people have problems like mine, and I am not just some mess-up. I saw that there are other people like me. I wanted to learn about myself, to learn where my problems come form. It interested me*".

Stage B (up to eighteen months):

Erikson characterizes this stage as consolidating the personal identity. This is an identity that expresses the individual's worldview. When it is formed it has the ability to direct the individual throughout his life in Malkishua. At the same time, this is a stage that lasts until almost the end of therapy. Personal identity reflects the way the youth perceives himself and is suited to the manner in which the environment views him. The residents at Malkishua, who are generally characterized by a lack of stability from their past, are also stuck in the same difficulties and conflicts related to self identity that every adolescent faces. The peer group there plays a vital role. During the week, there are a number of "Stage Groups", which aim to strengthen the connection between the youths and provide support and reinforcement to the entire group. In the Stage Group, therapy work takes place touching on sexual identity and growing integration in studies and professional training . At this stage the adolescent maintains ideals that are sometimes unrealistic in relation to his professional function and abilities for the future. Therefore, therapy helps him become familiar with his realistic abilities to be able to achieve aims that he wants to achieve, and provide him with proportions that are in keeping with his abilities. This is a stage of looking forward to the future and getting beyond the obstacles from the past. At this stage, the youths are led to ask themselves: where do I want to finally reach at the end of the process?

An additional issue that arises at this stage is contact with members of the opposite sex. Erikson sees this stage as "an attempt to examine the unconsolidated and undiscerned ego, by another person, and not necessarily as a stage that serves as a means to satisfy sexual needs

lacking in intimacy" (Erikson, 1950). This issue is handled at this "stage", both in groups and in individual conversations. We allow examination, but at the same time, create clear boundaries regarding satisfying sexual needs. For most of the residents, women are perceived solely as a sex object, and therefore in-depth work is necessary to change the pattern of this attitude and create a turnaround in their thinking and behavior.

In work in the peer group, the youth is taught to initiate activities that are not related directly to his own needs, i.e. giving to society, such as working with the disabled, meeting youths from different backgrounds, etc. This type of giving gives added content to the resident's life and pushes away the depressive state that many are in. At this stage, the youth works within the hierarchy that he finds himself and plays a role. Because of his roles and manner of behavior, he sets a personal example for the peer group. Accepting a responsible job within the community allows the youth to show more involvement and caring regarding what is happening around him. It is accepted to assume, based on empirical findings, that "management" experiences reinforce low self image, allowing the youth to see things from a new perspective. Accordingly, the feeling of belonging also becomes strong. At this stage, therapy topics arise that mainly concern the "self identity". The youths are busy with questions of : Who am I? Where did I come from? Where am I going? What am I intending for myself?

Advanced Stage B - Moratorium Stage -

This is an advanced stage in which the youths are still in Malkishua but outside of the normal hierarchy. They manage a more independent lifestyle. At this stage, they are able to show more initiative, and they have the opportunity to try to examine different fields relevant to their situations (James Marseilles, 1967, p. 119). This stage is characterized by actively searching for values that the youth may identify with. At this stage, the resident develops commitment on one level or another, and the search for values is guided by a goal that they may identify with. The youths experiment with the aim of examining the response of the environment and the essence of the various roles that they take on. This is a stage of trial and error and examining boundaries, with the therapist nearby, allowing them to err. The role of the therapy staff is to be the "boundaries" but at the same time to allow a wider space for activity. This leads to significant movement on the continuum between authority and autonomy. The youths experience autonomy but within a framework, "When they fall, someone will be there to pick them up". In this way, it is

possible to compare their fall, if it occurs, to falling on a mattress that breaks the shock of the fall, or to the net that catches the trapeze artist.

According to Marseilles (1964), moratorium is a basic and vital prerequisite to achieving an identity. At this stage the youths work in the greenhouse on site and are responsible for all areas of its operation. They grow organic vegetables, fish and other things. The produce is consumed on site by the community. All responsibility, from growing, to spraying to selling and bringing the produce to customers, is the responsibility of the youths in the moratorium stage. This creates empowerment and reinforces the youths' belief in their abilities to impact the environment and change their situations.

Symbolically, the stages of raising plants are similar to the stages of progress in therapy - the development of the plant in the greenhouse is similar to the stage of development that the youth is going through as he just enters the community. An additional stage is planting - hiding in the ground. This is a process of initial acclimation of the plant to the earth. Then many questions arise - will the seed take or will it be swallowed into the earth? This is a process hidden from view, taking place within the ground. The planter must believe and hope that the stage will be accomplished well. The role of the gardener is to ensure that the seed receives enough water and that the environmental conditions - humidity, sun, shade - are suited to the nature of the plant.

After this stage is successfully finished, the plant comes out of the earth. Slowly it becomes visible. This is the breakthrough stage, a stage of fulfilling potential. The gardener must fertilize the earth and continue to ensure appropriate environmental conditions. It is a stage where one can already care for the plant, to prune it to graft it, etc. This stage take place until the fruit appears on the branches of the tree or the vegetable appears on the bush. At this stage the nature of care changes. The stage of caring for the fruit begins: spraying, fertilizing, etc., until it is time to harvest, package and sell.

In comparison with the stages of therapy - Stage A is the planting stage. It is the stage of important decisions. Should the therapy process begin or not? The gardener of the greenhouse must provide optimal conditions for growth. The seed must decide if in fact it wants to become a fruit or not. In this sense, the process is internal and the resident goes through this process within himself. The questions he asks himself are: do I want to change at all? If yes, am I able? The role of the gardener and the greenhouse, i.e., the therapeutic community, is to create a supportive and encouraging environment that will allow the resident to decide that it is

able. The community will support him, embrace him, and not give up. But the decision must be made by the youth himself.

In Stage B - after the breakthrough the youth begins to accept responsibility for his life in the community as a partner in self management. He is already more aware of the stronger and weaker sides to his personality. The role of the community at this stage is to reflect the youth's situation to him, to give him additional challenges and to continue to strengthen him for truly coping with life.

The third stage is the harvest stage, going out into a real life different from the dormitory. This is the encounter with the world outside of Malkishua with all of the risks and opportunities that true reality invites.

This is a long process that requires high levels of responsibility in the resident.   During the process of work in the greenhouse, the youth acquires skills including work and independence.   Sometimes the responsibility that he must take on is difficult but possible. When he arrives at Malkishua, the youth did not manage to do even the most simple tasks, but in the therapeutic community the bar rises, and in fact, the youths prove that they are able to accept responsibility and take care of the plants and other things that grow, from the planting to the sales stage. During therapy, the youths relate to the symbolism and what it awakens in them. If a mistake is made, there are direct implications over the plant and the fruit. The responsibility creates a sort of tension that is generally a healthy tension, as would be expected of these youths in coping with real life tasks.

Stage C - the Hostel (six to eight months)

The hostel is a continuing framework for graduates of the community. It is an apartment in Afula. The framework is a gradual program allowing correct return to the community. In this stage there is accompaniment, but it is not as intensive as in Malkishua. There is one support group every week and a contact person accompanies the people living on site in their work.   The program allows gradually returning to life, in the financial sense also. At this stage, they open a savings account and the money they receive for their work is saved for the future. In the hostel, the youths work and learn. Some continue their studies that they began in Malkishua, and some take full matriculation examinations. The youths who work are exposed to regular work, generally in industry. This is work that forces them to cope with the complexities of life: a bothersome boss, being taken advantage of, low salary, long work hours, etc.

In fact, at this stage, the youths must cope with true reality outside of a protected community. They must manage as independent a life style as possible, and they begin to enter the adult world, from a consolidated position, with the ability to create contact with members of the opposite sex, ties based on intimacy, responsibility and deep commitment. There are those who will also continue the moratorium stage at this point, a stage of trial and error, almost to the end of their stay in the hostel. Some of them will move from the moratorium to the stage of personal identity consolidation during this stage. The aim of this is to lead to achievement of emotional calm, the ability to accept things without expressing opposition, or a desire to change the world. "Don't be right, be smart". You don't have to challenge everything happening around you, but show more willingness to compromise, and commitment to your peer groups, as it says in the "Peace Prayer" that the residents say after each session: "God, give me the peace to accept the things that I can change, the courage to change the things I can, and the wisdom to differentiate between the two, Amen" (Anonymous).

At this stage as we have seen, the youths either work or learn, supporting themselves, expanding their circle of friends, and preparing themselves for going back to their natural environment or managing life independently.

Shaul, a Stage C resident in the care facility says: "*The truth, the feeling of home in Malkishua was the strongest thing I had in the Shahaf House (the group he belonged to. I felt like family. Here in the hostel it's a bit different. Here I don't feel that I am in a family, because it doesn't really exist. I am not here all day. I am at work from seven to seven and when I come home I go to N.A., things like that..*".

On the interaction with people at work, Shaul says: "*I don't really share and speak there, but I share with anyone who is near me. For example, at work I sit during the break. Sometimes people just ask me how you feel, like bad, or ask me "What", and I just share. I begin to connect to people. I even took some telephone numbers…*"

Jonathan, also a graduate in the hostel says: "*Here everyone is doing their thing. In the community (Malkishua), everyone has the same schedule. Everyone goes to the lunchroom. What we have here in common is that maybe once we'll eat dinner together. Maybe will watch television together in the evening. Everyone actually does his own thing*".

Stage D - Integration in normal life

In this stage there is full integration of the graduates into life itself, coping with life's routines, i.e.: employment, studies, intimate ties. This stage is

in keeping with the intimacy versus isolation stage, and maybe also the generativity versus stagnation stage, defined by Erikson, seeing the developmental challenge of adulthood as focusing on the possible conflict between the tendency towards egocentrism and self love and between responsibility and commitment to family and others. The developmental challenge at this stage focuses on the experience of love between partners, including romantic relationship and a feeling of responsibility and commitment between one another, and also responsibility towards family and children. This stage is very complex! In interviews that were held with the youths they shared their experiences of frustration in creating relations with members of the opposite gender.

Yehuda, a graduate: "*I have many difficulties with the woman at home. At work they do not value my abilities, but these are difficulties that everyone goes through.* Yehuda has a daughter: "*For the first two months I was afraid to get close to her. The girl is her own story. I didn't know how to approach her*".

Zevulun, also a graduate, says: *"Before the community I did not have any problem with it at all. But after the community, let's say, I have a big problem because never in my life did I have a serious relationship. When I think about it, I don't know how to approach it at all. I get stressed"*.

Reuven, a graduate, says: "*I had many crashes, especially at first. It took two years to get it. Until I came to the conclusion, Reuven, you need to work on it because otherwise you will never have a healthy relationship in your life"*.

The Behaviorist Approach and Social Learning Theory, and their Impact over the Malkishua Therapy Model

The behaviorist and social learning theory plays an important role in understanding the theory of behavior in all fields of psychology, particularly developmental psychology (Maier, 1978). This school of thought is not made of one entity, and includes many different streams of thought. The present research will address a number of common attributes to all of the various streams of behaviorism and will present their significance regarding Malkishua.

The behaviorist approach focuses on the methodical study of overt behavior. This theory considers human behavior firstly based on environmental variables which have the ability to either reinforce or eradicate a certain behavior. The behaviorist school of thought believes that the environment may significantly form human behavior, as seen in the extreme opinion of the American psychologist John Watson (887-1958) who said, in 1925, "Give me a dozen healthy babies and my own

special world to raise them, and I commit to take a given child among them and train him to be … a doctor, lawyer, artist, merchant and even a beggar or burglar, no matter what his skills, tendencies or origins" (Watson, 1925, p. 82). Psychology has recognized the large impact of the environment over human behavior, but I do not think that you will find many psychologists who will agree with Watson's extreme opinion regarding the power of the environment to determine the individual's behavior and future. This school of thought focuses its main theoretical and research efforts on issues related to learning processes, i.e., changes that occur in behavior based on experience or the impact provided by the environment.

Classical behaviorism perceives behavior according to a defined model of stimulus-response, based on a methodical system of positive and negative reinforcement which determines behavior. On the other hand, the theory of social learning is a relatively new theory described by Baldwin (1967) as "a theory in creation". It is an eclectic theory as it takes concepts, hypotheses and methodologies from various psychological sources, such as psychoanalytical concepts - identification, transference, frustration, aggression, etc., and studies them using an experimental methodology and not a clinical methodology. The social learning theory also contains its own theoretical concepts such as modeling and imitation[8]. It also expands the concepts borrowed from behaviorist theory particularly the concept of reinforcement and direct reinforcement, as Skinner describes it, and generalizes them onto social parameters; i.e. replacement reinforcement and self reinforcement. The field of research of a theoretician who deals in social learning theory spreads over the entire range of socialization processes, through which the child learns, often through direct learning, to suit himself to accepted behavior within his cultural environment.

The importance of the socialization process as a source for behavioral patterns has been neglected by other theories. All researchers who address the study of acquired behavior through social learning and imitation, Miller and Dollard (1950), and later Maier (1978) and Sears (1957), and others, who studied the explanations of stimulus and response, or those who are guided by psychoanalytical theories, all have one common denominator: application of the concepts of behaviorism to social and developmental problems, and belief in the fact that environmental factors and social situations have a more decisive impact over the learning process and development than other biological and maturational factors. These researchers believe that the reward for the imitation response is the

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[8] Modeling and imitation mean learning through imitating the behavior of a functional model.

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correct psychological explanation for the socialization process. Sears, who is considered to be one of the most important researchers in the field of learning theory, emphasizes the mutuality between various patterns of child rearing, and between the child's emotional development (Maier, 19787; Sears, 1957). Maier discerns three stages in Sears' theory:

Stage A - from birth to age 10-16 months. At this stage there is pure expression of mainly inborn impulses, the first of which is expression of hunger and tiredness, and later a need for warmth and love. These impulses cause the baby tension and stress. The baby attempts to reduce tension through trial and error. The baby experiences various reinforcements, particularly through his mother, and learns the connection between a given behavior and the mother's response. Through operant conditioning, the child learns to operate his environment to receive desired responses that cause him satisfaction.

Stage B - begins, according to Sears, during the second year, and continues until the child enters preschool or first grate, at age six. This stage is the socialization process which generally occurs within the family framework. Sears describes the child's development at this stage based on the family system that uses reward and punishment and clarifies the reason for dependency on parents and identification with them.

Stage C - during the third stage, at age 5-6, according to Sears, the child's degree of dependence on his parents declines. Alongside a relationship with parents, the child begins to have social relationships outside of the family. At this stage there is a broader motivational system, which reflects mutuality created between the child and the world outside the home, i.e., :kindergarten, school, teachers, and peers. The social environment that the child encounters has an influence in various directions, and among other things, plays an important role in consolidation of a value system which will direct the child through his life as an adult.

The youths at Malkishua are in a difficult situation at this stage for various reasons. One possible reason is that they have a problematic interaction with their environment. They may have had a crisis based on immigration at a young age, such as difficulty acquiring the new language; lack of understanding the different mentality of a new country; difficulty integrating in school because of learning disabilities, or ADHD. Another source of problems is the previous stage in their developmental process was lacking, as a result of a faulty reward and punishment system within the family, lack of consistency, lack of boundaries, or even boundaries that were too strict. These functional disabilities among parents directly

harm their children because their social learning process was faulty and therefore did not allow correct growth.

In extreme cases, the internal impulses, i.e., a need for warmth, love, satisfaction of physical needs, etc. were not correctly satisfied, and this increased stress and tension for the child. In general, it may be said that the mutual relationship between various patterns of child rearing, and between the emotional development of the child, occurred in a problematic manner. In most cases this was caused by parents who were not available to raise their child and therefore the child's normal emotional development was damaged. In some cases, the parents placed themselves in the center and therefore they responded in a way not suiting the needs of the child. In some cases, the parents themselves were raised and educated in a faulty manner and they simply repeat the same faulty patterns in raising their own children. There are also cases in which the learning process occurred in a problematic manner, which placed their children in a functional stage of "parent-like children". The child was required to be responsible for his parent, and unnaturally caused a switch in positions. In the transition from the stage in which the family system is highly important to the stage in which the degree of dependence on parents declines, a child like this will enter the environment without appropriate tools (to say the least), in order to cope with school, peer group, teachers, etc.

We have already found that the social and cultural environment in which the child is raised impacts him deeply. The need for immediate satisfaction of needs and a lack of ability to accept boundaries, will create a difficult and problematic encounter. In most cases, these unsuitable states will create sense of failure and lack of understanding of the rules of society. This confusing and difficult situation will cause children to show unacceptable forms of behavior. This is what happens when the child is expelled from school, is detached from the normative peer group, and often finds himself wandering the streets, leading to delinquency, drug use, alcohol use, and more.

Sears focused mainly on pre-adolescent children in his studies. Sears' student, Bandura[9] (1967) addressed application of social learning theory of the social behavioral theory to youths of adolescent age. His main work is related to "adolescent aggression" (Bandura & Walters, 1959). Other work of his focused on the adolescent's behavior during "social learning and personal development" (Bandura & Walters, 1963). These two researchers cast doubt on the accepted assumption that adolescence is a specific stage of human development with stages unique to it, therefore

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[9] Bandura is one of the most famous psychologists of our era.

requiring a series of theories of its own. The sociobehaviorist approach to adolescence hypothesizes that these same learning principles that assisted in understanding the child's developmental stages (Sears, 1951, 1957), can be applied to the stage of adolescence, because, they argue, there is no qualitative difference between childhood, adolescence and adulthood, what varies at each age level are the social cultural expectations, and adolescents often choose different behavioral patterns from children.

Bandura and his peers showed that children who observe the behavior of a role model, a mother or a father, hurry to imitate the pattern of their responses. This phenomenon of modeling was observed in a number of experimental situations. Bandura & Ross (1963) proved that children who watched extreme aggressive behavior increased their aggressive responses significantly in comparison to a control group which watched a non-aggressive model.

Walters (1959) showed in his study that a rise in aggressive behavior, as a result of observing an aggressive model, is not only seen in young children. He pointed to similar findings among college students, young women and hospitalized men. Studies in the field of learning theory and imitation of aggressive behavior are of interest because of the hidden danger when children and adolescents see adults' aggressive behavior, whether through watching television, as exposure to aggression in films raises aggressive responses in children (Bandura, Ross & Ross, 1963), or whether in violent relationships on various levels within the family framework.

The hidden ability to change behavioral patterns by observing and imitating a model has been illustrated in a number of areas, such as moral judgment (Bandura & McDonald, 1963); and self motivation for reward (Bandura & Mishel, 1965). Bandura & Walters (1959) found that adolescent boys show a tendency to be concerned with sex, and double and treble its frequency, while imitating their conquest of each other. The factor that is best used to predict drug use among adolescents is the degree to which peers use drugs. This approach stems, apparently, from the belief that "if he can I can". Bandura notes that varied phenomena of social learning are acquired because the learner observes behavior of a model and imitates it. The more the child grows the more he tends to imitate different models in his social environment. It has already been mentioned (Baldwin, 1967), that the young child generally identifies with his parents and tries to imitate their behavior, facial expressions and behavioral affectations. For example, there is commonly identification with a teacher among children who have just begun school. The child imitates his teachers' speech patterns and behavioral affectations. New ideas that the child voices regarding society and community around the

dinner table are generally things that he hears from his teacher. During adolescence, friends and heroes of the entertainment world becomes more common objects of imitation, particularly if there is a break in communication with parents.

The adolescent's peer group is a substantially influential model for verbal expression, dress and hair style, types of food, types of music and preferred entertainment. The peer group also affects decisions regarding rapid changes in social values (Brittain, 1963).

Some problems that arise in adolescence may arise as a result of adopting the behavioral pattern of the group, despite the fact that the group is less intelligent and wise than the individual himself.

Social theories assume that behavior is firstly determined in the encounter with a given social environment. Therefore it focuses on mutual relations created between the individual and between social and environmental changes, and as such, behavioral changes occur in the individual. This is in contrast to Erikson who felt that behavior is a function of age. The socio-behaviorist approach emphasizes the impact of social conditions and cultural expectations over the sexual behavior of adolescents. According to Bandura, sharp changes in behavior during adolescence appear, not because of maturational forces (Erikson, etc.), but because of sudden changes in the state of social trust, the family structure, expectations of the peer group, or other environmental factors. From this viewpoint, these researchers feel that the external social experience is more influential over behavioral changes than internal forces, as argued by "the stage theory".

Bandura finds that social behavior depends, at this stage of behavior, on the model that is observed, and a focus of imitation, more than on whether the response is positive or negative in a social, moral normative way. He writes:

> "Of course the sort of example that parents provide in their behavior may often contrast with the impact of their direct education. When a parent punishes his child physically for signs of aggression towards peers, for example, the desired result of such education is that the child will avoid hitting others. However the child also learns from parental modeling how to express aggression physically, and learning through this imitation may direct the child's behavior when he achieves frustration as a result of any given frustrating social contact" (Bandura, 1967, p. 43[10])

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[10] The Role of Modeling Processes in Personality Development, in: W.W. Hartup and N.L. Smothergill, (eds.), The Young Child: Reviews of Research, Washington, DC.

The sentence: "do as I say and not as I do", is the exact opposite of what social learning predicts will happen. Imitation of a model in relation to "what I do", is much stronger than reward or punishment provided by the "as I say" part. Many adolescents complain about their parents "hypocrisy", that the personal example that they actually provide contradicts their verbal complaints and suggestions. Many parenting books on the topic of discipline emphasize that modeling of a desired behavior is much more influential than any words or system of reward and punishment.

The general and most valid rule in educating children and adolescents is "There is no way to ensure that your child grows up to be a person that you want him to be. The most sure way is to be that person that you want him to be".

Bandura expands the traditional concept of reinforcement and includes indirect and self reinforcement. Indirect reinforcement depends on positive or negative results that the observer sees in others, and then he imitates the example that he has observed. The social example that receives reward for aggressive behavior increases the probability that this behavior will appear in the observer, just like aggressive behavior that is punished will repress similar behavior in an observer (Bandura, 1971 p. 248[11]).

Self reinforcement means that learners reward themselves for work that they feel is of good quality. Verbal self value that people express in relation to themselves is often part of the self reinforcement process. The older we get, our self reinforcement patterns increase and become less and less dependent on parents, teachers, and employers who provide our salaries. We become better and better judges of the quality of our response and "pat ourselves on the back" accordingly. A condition for successful socialization is when personal judgment regarding a given job becomes incentive and reinforces more than any external praise given, like a candy, money or any other reinforcing mechanism. Older adolescents are able to give themselves a better feeling regarding good performance of a task, i.e. to provide reinforcement even if a strict teacher or father lacking patience expresses dissatisfaction. Unlike Skinner who attributes importance to direct reinforcement, theoreticians of social learning argue that the most important reinforcement for complex social behavior is self reinforcement.

Based on this theory, Bandura addresses the phenomenon of aggression during adolescence. Social learning theory hypothesizes that the reasons

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[11] From Bandura's book: Vicarious and Self Reinforcement Processes, in: R. Glaser, (ed.), The Nature of Reinforcement, New York: Academic Press, 1971.

for aggression stem from external factors, i.e. society and the environment, and involve education towards dependency in childhood. When imitating aggressive models and lacking internalization of social values as an alternative to the frustration-aggression hypothesis, Bandura assumes that frustration does not lead to aggression, but rather creates:

> Emotional arousal may lead to a variety of behaviors, depending on the nature of responses that people have learned to cope with during stress situations. There are those who turn to help and support. Others develop ambitious behavior, and others regress and give up. There are those who attack and those who turn to increased physical activity. Others turn to alcohol and drugs, and most increase efforts to overcome problems (Bandura, 1973b, pg. 204[12]).

One basic assumption stemming from research by Bandura and Walters is that antisocial aggression develops as a result of a disruption in education towards dependency in the relationship between the adolescent and his parents. The need for dependency may lead to frustration through withholding warmth, or parental rejection, or a lack of close dependency with one or both parents. Damage to the healthy development of dependent relations contributes directly to feelings of hostility and aggressive behavior. Children who are not motivated through dependency experience less guilt feelings and are less able to effectively control their aggression when it arises.

The behaviorist school of thought and social learning theory have led to new approaches in therapy and behavior modification, such as provision of positive and negative reinforcement, and token economy, a type of behavioral therapy in which a therapeutic environment is constructed based on tokens as secondary reinforcement. These economies are based on the hypotheses of theories of conditioning and learning. They have been used in hospitals for the mentally ill, prisons, and in Israel in the Gilam locked dormitory (Youth Sponsorship Authority), in programs for educating problematic children, etc.

They are composed of three basic principles:

1. The resident is reinforced for appropriate behavior and the reinforcement is in the form of tokens.

2. The number of tokens provided for a response is relative to the demands of the response, i.e., more work, more tokens.

3. The tokens may be redeemed in return for a truly valuable reward.

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[12] In Bandura's book: <u>Aggression: Asocial Learning</u>, Englewood Cliffs, N.J., Prentice Hall, 1973.

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The therapy contract method between resident and therapist, and a variety of other cognitive methods that can be used during therapy of children and adolescents can be found in the work by Hersen & Van Hasseh (1987) and Goldberg (1987).

In the Malkishua therapeutic community, strong emphasis is placed on the environment and its influence. The staff and the graduates are "models", and the counselor is a "former addict". As a person who had been in the same place as the residents and managed to get out of the difficult reality and be rehabilitated, the counselor is a model for imitation. Group work and community feedback are passed on using social learning theory, out of understanding that there is a need to cause these youths to have a remedial experience. During therapy, the youth is rewarded for his behavior. Various reinforcements and results of behavior help the youth form his behavior in accordance with his personality.

This individual situation is combined with the community perception, which emphasizes the group and processes within it. The regular agenda includes community meetings which serve as a significant landmark in therapy.

The unique intervention program of the therapeutic community includes urgent feedback which tracks the resident's behavior. Feedback is provided through a unique technique which addresses the residents' behavior. This technique is operated through positive and negative reinforcement provided by the community members using blue notes - positive feedback, and yellow notes- negative feedback. The aim of the feedback is to serve as a material indicator of negative behavior. This is an operant conditioning model that is implemented in behaviorist therapy. The aim of conditioning is to methodically use positive reward, such as praise and reinforcement, to reinforce certain desirable behavior within the community, i.e. society, or to use negative reward, such as various forms of punishment that may weaken or prevent behavior considered undesirable by the community.

Some of the tools that serve for therapy in Malkishua are the wall and the mug, which reflect problematic behavior to the youths.

For example, Yakov, Stage A, addresses the wall: "*Wall - when I am at the wall I think about what I did and how to accept the wake-up. I don't look at the person but listen to what he is saying even if it is not right. I do not break out at the wall, but I don't always internalize either*".

Joseph, Stage A, addresses the notes. The yellow notes given for problematic function: "*At first I did not believe in them. I thought it was snitching. Today I understand that there is someone protecting me. Outside no one saw me. At first I did not understand it. It was a type of*

shield that helps me get along with things when it is difficult. You have to internalize and not respond when you are shaken up, and that helps you see what is happening with you. It is an acceptable way to respond to what happens".

Zecharia, Stage B, addresses the diver therapy tool: "*The diver gave me a time out because I saw that I did not get up in the morning. It is not one time, it is a week, and I see that I am giving up on myself, and it sets me straight. Suddenly I say to myself - wow, why didn't I get up in the morning?*"

Another tool is the meeting group - a type of group confrontation. Zecharia addresses the meeting group: "*In the meeting group all sorts of patterns that I was not aware of came up, internal patterns, manipulations that people identified in me. I had not noticed these patterns. I would always project my problems on others with the problem and I was perfect. In these groups they reflected it to me and I began to understand that I had the problem".*

Bandura and Ross (1963) discuss modeling - as a model for imitation that affects the formation of the adolescent's personality. The more children grow the more they tend to imitate various models in their social environment. Accordingly, it may be said that the resident population in Malkishua was exposed to problematic models in childhood, which almost certainly were a negative example, including parents, siblings, and peer group. Many studies have proven that the factor best predicting drug use among adolescents is the degree to which their peers use drugs. The approach of "if he can I can too" has already been mentioned. Bandura feels that there are many phenomena of social learning, but in all of them the learner observes behavior of a model and imitates this behavior (Ibid., pg. 26).

According to most opinions, the peer group is the model for the adolescent, and at the same time, there is also imitation of heroes of the entertainment world. The greater the break in communication with parents is, the greater they tend to imitate and be similar to them. It has already been mentioned that the Malkishua population generally comes from families in distress. In these homes, parental authority is weak and sometimes nonexistent, and in any case, parent-child communication is problematic. For this reason the peer group is an alternative. In these cases, the youths belong to groups on the margins of society participating in criminal behavior that use acceptance testing that include criminal acts. The youth who is searching for a group of attribution will imitate the models of the group and will go even further to take his place in the group. As a result of these acceptance patterns, many youths must deal in drugs

or have unusual sex to take a place in the group. In the therapeutic community a therapy act takes place attempting to construct a different community in which positive models are significant, and the desire of the resident is to become similar to this new model. Positive feedback and reinforcement encourage the individual to react on the positive side. Successful experiences, healthy community, and the therapeutic atmosphere draw the resident upwards and allow him to have a remedial experience. The behaviorist approach and developmental theory of Erikson and others, are what were in the forefront when the Malkishua therapeutic community for youth was established.

Abraham, Stage A, describes the influence of group members: "*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, and I am also their friend*".

Aaron, Stage B, addresses group interaction: "*The beginners and also Stage B see me as an example. In their life story they told me that they took from me. I am one that has taken a lot of crap in therapy and I still advanced. People would say that they want to be like Aaron. This feedback is very complimentary to me. Many times I make an effort to behave okay because I know I am being watched and that I am a personal example for them.*

Group Theory and its Impact over the Therapeutic Community in Malkishua

In addition to theories from the field of developmental and social psychology, the process of constructing the special model at Malkishua also depended on important research in the field of social psychology concerning group work and the human group. Many researchers, such as Kurt Levin (1940), Humans (1950), Cartwright & Zandar (1968), Victor Frankl (1985), Hanson Schutz (1958-1966), Benson (1987), Dr. Roy McKenzie and John Liwesley (1983) and Bion (1961), prove the impact of the group/community over change processes taking place in residents. We will expand on the theories concerning the field of group work. Freud (1930, pg. 44 and on[13]) argues that it is not possible to sharply differentiate between individual and group psychology. Individual psychology is a result of the individual's relations with others. The term "group therapy" has two meanings. It may address therapy of a number of people who come to special therapy session, or a planned effort aimed at developing power within a group that allows it to operate without friction and out of cooperation.

Treatment of individuals who meet in a group generally deals with explaining a specific neurotic problem, providing encouragement, and sometimes a catharsis that is achieved through public testimony. Therapy as a group of attribution deals mainly with acquisition of knowledge and experience regarding factors that create a positive group spirit. While in individual therapy a neurosis is presented as the problem of an individual, in group therapy it must be presented as the problem of the group. The topic of individual psychology regarding an individual follows the methods of behavior expressing his impulses. Only rarely can it ignore interpersonal relations. The emotional life of the individual always involves a group, other people functioning as helpers or opponents, as objects of esteem or rejection. The relations that the individual has experienced with parents, brothers, loved ones, etc., influence the individual, each one of these relationships is important in its impact over the individual.

Social psychology tends to ignore those relations and isolate as the object of investigation, the need for examining the many influences that groups have over the individual, related to the individual in some way. Freud calls this psychology "mass psychology". In this context, the role of mass psychology is to discuss the individual as belonging to a tribe, nation, caste, status, institution, or group of people organized for a certain purpose

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[13] In his book, Civilization and Discontents, London and New York, 1930.

at a certain time, which becomes the mass. The phenomena and processes that are exposed in groups are defined as specific entities that cannot be broken down into simpler units. This is the social impulse of the group mind or herd instinct, which is not expressed in other types of situations.

A basic fact that does not need proving is that since the beginning of humanity, man has been a social creature, gathering in groups, like most other mammals. As a social creature, man has unending and varied interactions with others. Some of the interactions are one time and lack a consolidated structure, but there are also interactions that occur on a regular basis for a common goal. Therefore the definition of a group is: Maintaining mutual relations over time with regular people with a common unifying goal. Every time these two conditions exist, group dynamics will occur.

A description of the group process as occurs in Malkishua is provided by Zecharia: "*In the encounter group all sorts of patterns that I was not aware of came up, internal patterns, manipulations that people identified in me. I had not noticed these patterns. I would always project my problems on others with the problem, and I was perfect. In these groups they reflected it to me and I began to understand that I had the problem*".

Kurt Levin (1940) defines the group as a dynamic entity based on mutual dependency between its parts, and argues that the group is more than the sum of its components, i.e., we-ness is greater than all of its individual components.

Humans (1950), in his book "Human Behavior in a Group", determines that the group is a number of people who are in contact and maintain communication with each other regularly and during a specific time, and each one of them could be in direct, face to face contact with the others. The group draws a delineating line between itself and other groups and defines itself as a social system with its own special codes.

Shmuel says: "*In the group meeting they reflected my distancing pattern. I did not identify this pattern in myself ever. It was pattern in my head. I say to myself that I hate him, I won't speak to him, and I would not identify it, but I would distance the person. This pattern was really strong in me. It distanced me from a lot of people. Suddenly they reflected it in the group meeting. Suddenly I saw the pattern, and I said wow, I have a pattern*".

It is possible to use this definition and others to identify groups versus gatherings. Not every gathering of people is a group by this definition. For example, people who get on a bus to get to a certain place do have a common goal, but they have no regular mutual relations as is required of Humans' definition. On the other hand, a class in a school or a therapeutic

community, such as the case here, which maintains relations between its members over time, will be considered a group according to the definition of social psychology.

There is a difference between this type of group and groups created naturally that maintain a group lifestyle by to definition of their creation, such as: family, tribe, etc.

Cartwright and Zender (1968) argue that when a number of people create a group, a number of attributes exist:

1. They connect for frequent mutual activity.

2. The define themselves as members of a group.

3. People define them as belonging to a certain group.

4. They maintain common norms regarding their common interest.

5. They participate in a system of internal roles.

6. They identify with others in the group based on models or ideas assimilated in their super ego.

7. They feel that the group contributes to them.

8. They delve towards a common goal.

9. They have the same outlook regarding what sets them apart.

10. They tend to work uniformly toward the environment.

These attributes are clear in the work of the therapeutic community in general, and Malkishua specifically, as the model uses the large group and subgroups within it. Group work is a significant part of the change process as it is the container in which all change processes take place.

Shaul, in the hostel, says: "*The tool that helped me the most was breaking tools, the therapy group and the meeting group... putting me on the inside affected me. I remember situations where people came and said to me: Shaul, enough, don't you want to stop already…. Despite my difficulty coping with criticism, there were moments I only grew from it. Until a person sits on a chair and says to me, this is the last time I am sitting with you in group. If you don't start to do something with yourself I don't want you. In short he told me that if I did not clean up, he would give up on me. That feeling of being given up on is something very connected to my past. Regarding the therapy group, it also helped me. That was the first time I shared and cried*".

In their book Group Counseling Dinkemayer and James (1976) present a number of issues related to group work:

1. Awareness of the individual power of work in a group raises expectations of the group members.

2. The perception that the individual is a holistic social creature, with the ability to make decisions, because every behavior has a social goal (Drykurs & Senstgard, 1968), creates new awareness regarding verbal and nonverbal interactions. The individual's lifestyle is expressed immediately in mutual relations and social interactions. There are certain forms of behavior that can be seen only in the group system. As Yirmiahu says about 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*".

3. The group develops more effectively when the leader is aware of the fact that the root of most problems is social and interpersonal. Problems arise because in order to satisfy individual social needs, there is a need for mutuality. Most people solve these problems within the social sphere.

4. The group allows identifying the individual's problem. It is a laboratory for social practice and a practice field delving towards change.

5. One of the most important components of normalcy and the ability to cope with life tasks is the ability to give and take. This ability is defined as social connection (Drykurs, 1958). The individual must learn to manage interaction with his peer group to allow the existence of personal growth. Only in a group can a person fulfill himself. Social belonging is a social need and without it the individual cannot be fulfilled. Abraham discusses the meaning of being part of a group: "*Being part of a group means getting along, not searching only for yourself, not being an interested party. In short, it is like asking for help and getting help. I don't always know how to ask for help, I keep things inside, but I am ready to help*".

6. The methods that a person uses to find his position in a group or in society in general, indicate his motivation and life style. Observing the individual's behavior in a group helps the group members and the individual himself to understand his motivation. Abraham continues to describe the impact of the group: "*They affect me by the fact that I see their progress, how they do the therapy. Every sentence they say I see myself*

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in. There are people here 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, and I am also their friend".

7. The group provides the individual an opportunity to develop based on remedial influences because it provides the individual with positive reward through encouragement and support and provides negative reward when behavior leads to unpleasant responses among the group members.

8. The group provides a broader outlook regarding individual behavior than a counselor or therapist can provide in an individual session.

9. There is therapeutic significance to the fact that the individual hears others' problems that are similar to his. This is how the individual understands that he is not the only one with his problem and that he is part of the human race. In the group it is possible to identify with people, and to recognize that the problems of the individual are often very universal.

10. The fact that others have experienced problems like yours and know and understand what you went through and felt, and are trying to help, is a therapeutic act.

11. The possibility to observe others treating their problems and get benefit from their experience is possible only in a group setting.

12. The group provides support and immediate feedback on progress.

13. The group helps the individual accept and form more realistic norms.

14. The group allows mutual assistance aimed at removal from social isolation.

15. The group allows the individual to develop a feeling of equality, to be part of a group no matter what his intellectual level or feelings.

16. The group allows the individual to develop his personal identity.

Most of these attributes exist continuously, every day in the therapy community and are a lever for change processes that the adolescents in the therapy framework go through.

Regarding significant tools, Zevulun, a graduate says: "*Significant tools for me, consulting conversations, therapy group, with people and talking, getting out everything that is inside. Feeling liberated on the inside and able to be clean*".

Reuven, also a graduate, says: "*A jump in emotion is at the beginning. I remember my fist jump in emotion, you get it like a slap. What was that? All that warmth, emotion, people respecting what you feel, who you are at all. It is something very strong that I bought into*". Later he speaks about the therapy group: "*The therapy group is something that you wait for, you want to be part of it when you are early in therapy. The moment you become part of it, it is the most important thing that happens. You become part of the group truly doing work. You work on yourself*".

Efraim, also a graduate, addresses the deal group - a group tool that exists in the community: "*The deal group helped me a lot. Not the deals of a snitch. I don't remember how much I had a problem to say snitch and therefore get into the center of the circle. But really coming and saying, clearly to another person inside, listen, you stole from me. You have a knife under your pillow. Those are things I did. Afterwards to see after the group how you change yourself, you are quieter. You are more confident in yourself. When you drag things around in you it can harm you and other people on the way*".

Victor Frankl (1970) the father of "Logotherapy", places the search for meaning in the center. A person who has not discovered the meaning of his life expects to feel existential emptiness. He argues that feeling meaning is not an inborn trait or something acquired from outside and therefore the individual must discover the meaning of his life through active and continual search. This search for meaning allows intensive delving towards active participation in a group and experiencing interpersonal processes and inner-personal processes within the search.

In order to arrive at discovery of the truth about ourselves we must remove our masks. A person tends to wrap himself in masks to hide his true or imaginary weaknesses and to protect himself from rejection. Often it seems the mask is one's true face. Looking at what is under the mask is what leads to a feeling of meaning. This discovery takes place in many ways, sometimes through conversation. Participation in a group invites the individual to have an opportunity to look inwards. The therapeutic community can be defined as a long and arduous journey inwards to the intricacies of the soul searching for meaning, fighting against emptiness.

John Gray (1993[14]) writes about the power of the group -

> "The power of group support is something that cannot be described in words, but must be experienced. A loving and supportive group can do wonders for help in creating contact with emotions hidden deep within ourselves. The group sharing your emotions means that there are more people available willing to give you love. The power of the group impact rises in direct proportion to the size of the group.
>
> Even if you don't speak, your participation in the group and listening to others speaking openly and honestly about their feelings, will expand your awareness and insight.
>
> When someone gets up and begins to share his emotions with us, everyone begins to remember something that touches on him or to feel something that he did not feel before. He has many new insights about himself and others.
>
> Group support is particularly effective if, in our childhood, we felt that we may be in danger if we express our feelings to a group of people or to our family. Any positive group activity allows us to act and reinforce our personality, but the power of speech and listening in a loving group can heal emotional illness personally.
>
> When you dedicate time to listening to your feelings, actually you are telling the small sensitive child in you that you are important, you deserve to be listened to, and I love you enough to listen to you."

As already mentioned, the process of advancing in the therapeutic community is expressed in the transition between stages, testifying to a developmental process. Regarding the group, also, there are stages of development of the group, and it should be emphasized that the name "stages" denotes their appearance in a consistent manner, stemming from one another. At every given stage there is a seed implanted for the next stage. There is no regular amount of time for any given stage. Transition to the next stage depends on the trust between group members, effectiveness of communication, group processes, group cohesion, etc.

In the field there are a number of "Stage Theories" -

The theory of Schutz (1958-1969) - emphasizes personality dynamics of the individual. It mainly addresses the sensitivities of the group members and is based on the need of the individuals to be included, to have control and to show love.

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[14] In his book: Men are from Mars and Women are from Venus, pg. 95.

Job's theory (1964) - lists four main stages in a group's development, and addresses the basic components of the emotions and problem solving in a group Job discusses personal and interpersonal growth out of mutual dependency which occurs in the group. The basis for the group's development is interpersonal trust, which helps individuals develop self esteem.

What is unique in Gerald Benson's theory (1987), is that it characterizes work in stages according to the central topics addressed by the group members:

a. Beginning stages - inclusion problems.

b. Middle stages - control problems.

c. Advanced stages - emotional problems.

d. Ending stages - separation problems.

It is possible to look at the group as an organic unit also, and its members as parts of the unit, a sort of organism that develops in a system of relations with itself and with significant figures - the group, other individuals in the group, and the leader.

Freud's, Erikson's and Piaget's developmental theories can help understanding this idea. The group is compared to a baby who develops in stages. According to this analogy, it is possible to see the leader as a parental figure (the mother and father of the group). There are processes of transference and counter transference going on between the group and its leader.

As previously mentioned, the therapeutic community is a group situation in which the resident is in daily and unending interaction with others. It is a multi-time interaction with a consolidated and consistent structure. The mutual activities of the resident take place between himself and other regular people, to achieve a common goal of the community, allowing the individual to grow personally. This aim is achieved through change of lifestyle, with a community of people living together in a commune and who are interested in helping themselves and others, through mutual assistance. All of the attributes that Zandar (1968) describes exists in the structure of the therapeutic community. Community communication takes place mainly through a the work of a number of groups. The more significant meetings occur in groups, and the resident must learn to maintain continual interaction with his peer group so that personal growth can take place out of an assumption that only in a group can an individual fulfill himself. It has already been stated that social belonging is a basic need without which an individual cannot achieve fulfillment.

Erikson's (1961) theory and the psychosocial developmental theory, which describes developmental stages of the individual in the community, can also be compared: human development = group development. As such, one sees that if for Erikson the process is searching for the individual's developing self identity, in a parallel manner, a developing group also searches for identity. From a gathering of unfamiliar individuals, the group goes through a process of growth, and through the uniqueness of each individual in the group, it finds a group identity through delving towards its aims.

Erikson's model emphasizes how each part of the personality is methodically related to the other parts, and each one depends on the normal development and correct order of development of each part. Each part exists in potential even before it appears. In a group, one sees how the development of each individual in the group is related to the development of the other individuals composing it, and the development of the group as a group.

The group as an organic unit develops in stages, similar to the natural life cycle: birth, growth, ending. Every individual in the group goes through stages of development that are part of the group's development. At this stage there is a mutual connection between the group and the individual, and this affects the individual allowing him to move on to the next stage. Through his behavior, the individual can draw the group towards achieving the next stage and affect the group's behavior.

Each one of the stages is characterized by a conflict with two possible results: if the conflict is well processed - the positive quality becomes part of the ego and encourages healthy development. If the conflict continues or is unsatisfactorily processed, a negative quality is ingrained in the personality. In group development there are also conflicts and problems at every stage, and based on how the problems are worked out, the developmental trend of the group is decided - whether growth, support and intimacy; or regression, fixation and dissolution.

Yitzhak, who is at the beginning of his therapy in Malkishua, describes the difficulty of group work: *"I don't like the house group at all, but I speak freely, it depends on my situation. Sometimes I have more confidence and sometimes less. I have a problem with relationships. Yesterday, for example, I found that if I need something then I am concerned only about what I need and do not listen to others. This is why I have a problem with relationships and it makes it difficult to fit in to the group… for me, being part of the group is feeling that you are really loved and supported. Feeling that people are coming and listening to you and want you to listen to them. I don't feel that happening here, maybe it is my fault because I*

don't take the first step. I believe it is my fault... the social worker tells me that my head is too deep in therapy. That means therapy and that's it. I don't flow with the group and it doesn't need to be that way. I have to be more with the group and I am working on that now."

The therapeutic community model as seen in Malkishua combines the three approaches described above. The therapeutic community model is multidimensional. The developmental processes are personal, group and community, and they occur simultaneously.   This process can be compared to what happens in a journey, where the individual considers existential questions and has the ability to influence the group for good or for bad, and vice versa. The group has the ability to affect the individual and to draw him upwards. All of these occurrences create a therapeutic community which aims to transmit an optimistic message to the individuals within it. You can exit any crisis, even a deep crisis related to drug addiction.

Shmuel, Stage B, describes the change that occurred in him regarding integration in the group: *Another change I see in myself is my cynicism and manipulations. There were many, all the time, deals, and with it also distancing. I would distance people, sting them. It changed a lot. What also changed was the thing with friends. I could not connect to people at all. I couldn't include people. I wouldn't create relationships. On my part it was even going to a person I didn't know only to share a bit, just to get off what was sitting on me and, there, I let it go. A bit and that was it. I had no ties with people I could share deeply and feel that I really had a friend".*

The Educational Teachings of Janusz Korczak (Heinrich Hirsch-Goldshmidt 1887-1942) and its Impact over the Therapeutic Community of Malkishua

In the educational institute operated by Dr. Janusz Korczak, principles of self administration were used: the moral attitude towards the individual from birth and caring for the weak, the small and the orphan, education towards choice between good and bad and towards responsibility for others.

This outlook is expressed in the children's society that operated independently in the orphanage. According to Korczak, in every educational framework, educational principles must be clear. Lines of operation must be clearly defined, and methods of organization must be regular. An educational framework must operate, not only out of the inspiration of the educator. If it is strong and established and can exist in all of its structures, it will stand up to the test. Korczak describes the educational institute: "An educational institute that depends on the words of one educator can be totally different when a new educator arrives. In an institute that does not have a good atmosphere, children wait happily for a new educator, hoping that perhaps the new one did not know the rules and they will be able to get out of fulfilling them. However, in a place where the children themselves are interested in order, a new educator encounters lack of order. If there is a clearly established structure in the educational institute, a new educator will adapt to it. This structure can be the starting point for improvements and corrections, but will maintain what exists against revolutionary attempts and the tendency to start anew. Not only educators want organization, students want it. Without organization and order, only exceptional children can develop in a positive manner" (Eden, 2000, p. 24[15]).

A question arises, what is the organization and order that Korczak addressed? One of the tools of the community was peer trials. Korczak encouraged his students to solve conflicts between themselves, and conflicts between students and educators in the "court" framework, with the judges being the children themselves. Punishment was based on a list of crimes that was known to the residents of the orphanage. This list was called the "Book of Rules", as described by Korczak:

> "If child sinned there is nothing better than forgiving him. If he did something bad because he did not know, now he knows that it is bad to do it and will be careful in the future. If he sinned because it is difficult for him not to sin, he should try. Sinned because his

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[15] In: Shevach Eden (2000), Heinrich Goldshmidt - Janusz Korczak, p. 24.

friends tempted him, he won't listen to them again. If a child sinned, there is nothing better than forgiving him and to wait until he changes his ways.

But the court must protect those who were silent, so that they are not harmed by those who are aggressive and harassing. The court must protect the weak against the strong, the honest and diligent, so that the negligent and lazy do not bother them.

The court must ensure order, because lack of order hurts the good, the quiet and the honest, first of all.

The court still is not the personification of the truth, but it wants truth and judges can err. Judges can punish for acts that they find in themselves. They may find their own acts guilty, but it is an embarrassment to make a purposefully distorted ruling" (Eden, 1950, p. 227[16])

Abraham, Stage A, addresses the results provided by the youths in the Malkishua community: "*It depends how you relate to them. How you look at the results (Korczak's peer judgment). It can be something very degrading, that someone your age or younger reflects to you and the entire community sees. You have to shut your mouth without moving or speaking, you have to wait. It can be very degrading, but if you come with a different mindset and say to yourself, think a second, someone is reflecting to me and he want to help, but it depends where you come from. Sometimes I find it really, really hard, I don't have patience, I am helpless and if I don't stand at the wall (result), it is like giving up, a large deviation. But you can get a lot out of it if you learn and internalize*".

Among its severe punishments, the "court" could negate the rights of a defendant for a week, publish the verdict in the newspaper, and hang the formulation of the decision on the bulletin board.

The composition of the court: the court was composed of five judges chosen among the children in a lottery. The lottery could be among children who had not committed a crime for a week. In this way, almost any child could serve on the court.

Every month the verdicts were summarized in general, and also for each individual. The behavior of each child was described graphically. The graphic description and comparisons were an accepted means of Korczak to emphasize improvement, lack of improvement, or deterioration of behavior. This is how a child was reinforced for desirable behavior, without any speeches, etc. This also prevented unbased generalizations.

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[16] Shevach Eden, (1950), <u>The Educating Sect, Chapters in Social Education</u>, Twersky, Tel Aviv.

The fear that this sort of "peer court" would increase the number of cases presented, was not found to be true. Korczak believed that peer court "could be a link leading to providing equal rights to children, leading to consistency, requiring publication of a children's rights statement. The child had the right for external and just dealing with his issues. Until now, everything depended on the goodwill of the educator and his mood. The child had no right to object. This dictatorship must be ended" (Writings A, 1956, p. 224).

In the Korczak's "self management" method, there was a body called the "council". The council dealt with determining civil issues and evaluating level of cleanliness. It critiqued the activities of the institutes of self administration, and children turned to them with their private requests, and more. This body is parallel to the "coordinator" which exists in the Malkishua therapeutic community, a body that critiques and surveys the self management that is implemented in the community.

Self management as described in the Malkishua model is based on the principle of "responsibility", transfer of responsibility to the youth: responsibility for daily schedule, normal function in keeping with the rules of the community, responsibility for others who feel unwell and are having difficulty functioning. Management of the community takes place openly, and anyone can reach any position in self management. Daily feedback that the youth receives through the "bench" "jumping", etc. (The bench is a time out space, that should stop the youth in a process of deterioration. During the time out, he receives reflection of his behavior. This act should create food for thought and the possibility for changing behavior. Jumping is a circle in which youths receive reflection of their behavior), allowing them to see their progress or deterioration in a material fashion, and creating a work plan accordingly. In the room that the self management takes place, there are boards where all assignments and results are documented. In addition, there is a journal which documents any request made by the youths. In these reflections on the "bench" or the "wall", there is absolute transparency of the supervision process.

Aaron, Stage B, says: "*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... 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*".

The children in Korczak's school were partners in maintaining the institute. Regular work in the orphanage was done by monitors. Every child chose a turn for a month. Thanks to the participation of the students in the work it was possible to manage with only one house mother, one teacher, one serving woman and one cook for 100 children. No money was allocated to games, and the children took care of themselves in this area. In the small shoemaking workshop they made soccer shoes out of old shoes. The also had a bookbinding room. A sharp knife was used to prepare toys. This was done out of internal impetus, fully satisfied in the orphanage.

The perception of "self management" in the therapeutic community of Malkishua considers the youths responsible for all areas of life in the community, from sunrise to sunset. This management is expressed in the kitchen, where the youths are responsible for everything. The cleanliness, also their responsibility, includes making sure everything is properly cleaned and working. The educational approach behind this is that of transferring responsibility to the youths. There are no more "servants and masters", but what they do is for themselves, for their benefit, and that is what they will get. It is an attempt to change the common perception among distressed populations, that the establishment must help the citizen. This is not so. In Malkishua, there is a workshop called "Or-Ba", and here the youths make practical accessories to improve their lives, such as shelves, ash trays, drawers, tables, etc. In Or-Ba, there is a possibility to use different materials and different work methods - carpentry, sculpture, etc. The same "internal impetus" that Korczak discusses, is expressed in Malkishua in the creative work done in Or-Ba. The youths have a significant experience, and are able to begin and end a project, such as tables, shelves, etc., and they are also able to take care of their own personal needs. This creates a feeling of satisfaction. Or-Ba is perceived as a place of "escape" from the difficulties of daily life, to do physical and spiritual work that affects the soul, and creates satisfaction and calm. This work provides the strength to cope with the routine of daily life that is often difficult.

The educational method in Korczak's school was very complex, and Korczak himself admitted this. But he felt that it was complex mainly for the teachers. For the students, he felt, it was totally clear. The new student in the institute adjusted much more quickly to the method and rules than new teachers did. The student knew his rights and obligations. Furthermore, the children in Korczak's orphanage remembered all the rules and decisions, and were familiar with all the details of the work order and monitors, that were in fact complex.

The therapeutic community model is also complex and full of details, but the students in the community do not have difficulty understanding the model. It is clear and is a daily work program according to which they try to work.

In general, one sees coordination between the therapeutic community model and the educational institute run by Janusz Korczak. In the orphanage the child was in the center, and so too, in Malkishua, the youth is in the center. Korczak's principle that the institute is the center of the child's life and activity revolves around this is the inspiration of the therapeutic community model also. The tools that Korczak used, were an inspiration for the tools developed at Malkishua. For example, the "guardian", in Korczak's institute meant that every new student had a guardian from among the students, which lasted for three months. This period could be shorter or longer as necessary. The guardians volunteer for roles in the general student's meeting. Boys helped boys and girls helped girls. A vote is taken among the candidates of who deserves to be a guardian of a new student, to transmit information, provide advice and protect him when necessary. The guardians keep records of important events in the new student's life. At the end of the guardianship, all of the positive and negative traits of the new child are recorded as he saw them. Conflicts between the new student and the guardian are resolved in the "peer" court.

Similarly, in the therapeutic community, there is a "big brother", whose role it is to accompany new youths. In the therapy community the new youth is called a "chick". The length of being a big brother is about a month. The big brother must help the "chick" at the beginning, teaching him the house tools, and making him familiar with "Malkishua language". The big brother is a shadow, and he must be a personal example. The youths describe this stage as a very significant stage. Often, a serious big brother can help a new youth with problems typical of this time period, even helping him to decide if he wants to stay or leave. The "chick's" logic at this stage is problematic and therefore the presence of a friend with more experience in the community can help him not do something irresponsible.

Korczak belongs to the stream of educators that can be called "the educating sect" (Eden, 1950). This is a name for educational institutes that organized all of the optimal conditions for the creation of the educational process. It is an organized society for a purpose, created for only one role: educating the child. This purposeful nature requires all of its organization to be suited to this goal. This society educates towards life using life. According to this approach, the education period in the

educational institution is equal in value to all other eras of life as it is not only the hallway to full life, but also life itself.

Organizational patterns of this type of social life are full of content using the educational process. Among the students themselves and between students and educators, mutual ties are created. There is a "sect" created, and life in the sect is what educates.

Korczak's orphanage in Warsaw was similar to other educational institutes, among them institutes related to educators such as Pestalozzi (1827-1946), Macarnco (1881-1939), Winkon (1875-1964) and Neill (1883-1973). These people had a strong impact over Korczak and his educational approach, and the Malkishua therapeutic community also belongs to this category of "educating sect".

Chapter Two - The Phenomenon of Drug Use Among Israeli Youths (This survey includes background data on high risk youth in general and drug users specifically)

According to the National Insurance Institute Poverty Report for 2005, there are over 1.9 million children aged 0-18 living in poverty, i.e. 35% of all residents of the country. Among these, nearly 1.5 million are Jews, and the rest are Moslem, Christian and Druse. The new immigrant population (since 1990), is 170 thousand individuals.

Since it may be assumed that there is a reasonable correlation between the number of children and youths in the high risk group for drug use and between the population defined as being in financial distress, as having attributes of dropping out of schools, or defined as criminal, it is best to present a number of data that shed light on the scope of the population included in these groups, as follows[17]:

1. The rise in the rate of poor children continues and even grows each year. According to the 2005 report, the rate of poverty among children rose significantly from 33.2% in 2004 to 35.2% in 2005. More than one third of the children in Israel live in poor families and these equal 769 thousand children. Even if this datum does not specifically indicate this group as a group of youth at risk, it is generally assumed that the population of children in poor families or those whose family income is close to the poverty level, are more highly represented in the various high risk groups, such as: children in dormitories, children in the care of welfare, youths in "Miftan" frameworks, and under the tutelage of "guidance" classes.

2. The number of children in the care of welfare officials according to the Juvenile Law, rose from 6000 in 1990 to 18,000 in 2005. This number is only some of the children that are known to child protective services of the Welfare Ministry, whose numbers reach as high as 40,000.

3. According to various estimates by professionals, 30,000 youths are not in school. According to data of the Ministry of Education, the rate of students aged 14-17 learning in Jewish schools is 93% (97% of girls and 90% of boys). On the other hand, in Arab schools only 70% were in school in 2005, versus 25,000 students learning in guidance classes (9th-

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[17] National Insurance Institute Poverty Report (2005), National Insurance Institute Internet Site.

12th), which do not operate throughout the country, and 18,000 additional youths aged 15-17 studying in alternative frameworks operated by the Ministry of Employment and Welfare and Occupational Education networks, such as "ORT" and AMAL.

4. Over 23,000 youths have open files with the police. Juvenile files are 10% of all open cases. New immigrant youths were involved in 13% of these cases opened against minors. 41% of the criminals are not Jews. 15% of all juveniles files were opened against youths for crimes in educational establishments. Of all the files, 5,372 were opened for drug use, 200 for drug dealing and 150 for possession not for personal use. The rise in drug crimes that youths are involved in grew 100% between 1994 and 2005.

5. In 2005, 24,000 minors were referred to probation services, and this is twice the number of minors for which files were opened in 1993. More than half of the youths referred to probation services were from families of four children or more. Over 20% were not in any school framework, and 10% were working irregularly or not at all. 40% of the youths in the care of probation services were two or more years behind in their level of schooling.

6. Almost all of the problems mentioned above are more common among Arab youths and children: the poverty levels double that of the Jewish sector and reaches 44%. The rate of participating in educational systems is lower both in early education and in higher ages: only 44% of all three year old Arabs go to kindergarten, compared to 90% or more among Jews. The rate of Arab youths that are detached is twice as high as Jews.

7. The new immigrant population also requires special attention: 19% of them live in single parent homes. There are particularly severe problems among children coming from Ethiopia.

The New Immigrant Population - Juvenile Delinquency and Deviation from Accepted Social Norms Among Children of Ethiopian Origin in Israel

In the years 1980 and 1990, 60,000 Jews immigrated to Israeli from Ethiopia in two rescue operations - Operation Moses and Operation

Solomon. Today, the number of youths of Ethiopian origin aged 12-18 numbers about 13,600. According to data of the Youth Probation Services, the Police and the Statistical Department, as of 1994, there has been criminal behavior among this population, although juvenile delinquency among those of Ethiopian origin has increased in severity and rate since then (according to data of the Police, this is mainly a rise in crimes in most areas, including crimes that have seen a decline in the general population). Youths of Ethiopian origin are 2.5% of all those accused of juvenile delinquency. These data are a direct result of difficulties in encounters with the new society, and in this context we are also witness to an immigration crisis. It is very clear that there is a "cultural conflict" (Tyano, 1997) in this specific immigration, because of the difference and disparity between the culture of origin of the immigrants, Ethiopia, and the receiving culture, Israel. Since there is a cultural conflict between the parental generation and the receiving culture, there is also an inter-cultural conflict created based on cultural values, which may lead to distancing, neglect, criminality and deviation from accepted social norms. Regarding the inter-generational conflict, Shoham (1987) indicates, that the inter-generational conflict may stem from damage to the esteem of the broadcaster of norms (the head of the community, family) because the head of the family's status has been undermined, and the socioeconomic status of the family has been damaged. These data are part of the profile of the adolescent drug users. Naftali (2004) indicates overt and covert drop-out rates of 6.2% of Ethiopian youths from the educational system (versus 3.5% among veteran Israelis), and the fact that hundreds of youth are at high risk.

In the national program published by the Ministry of Labor and Welfare regarding children and youth at risk (2005), the number of children and youths at risk in Israel was estimated at 331,000, out of which 120,000 were high and immediate risk. This is seen from a survey that was conducted by Brookdale Institute (2004) indicating that regarding the scope of the high risk population, 17% of all children and youth (numbering 1,950,000 children and youth in 2004), were in this range of high risk.

Youth populations at risk for dropping out and detachment from school can be identified by rating the processes that develop based on a combination of three or four of the following attributes: 1) a lack of basic learning habits and work skills. 2) low academic achievement over time. 3) low self image and self esteem. 4) a history of dropping out and transfer between different frameworks. 5) low level study tracks and frameworks broadcasting low expectations. 6) frequent absence from school/home.

7) low motivation and limited and low perceptions regarding the future. 8) problematic non-normative and deviant behavior.

Along with the phenomenon described above, relating to the population at risk for dropping out and detachment, there is also a population at risk for other deviancies, such as: at risk for using drugs and alcohol, and criminal behavior of various types. These risk tracks can be seen among populations of different socioeconomic backgrounds: youths learning, or working and learning who can be identified by rating processes that develop as follows (generally a combination of three or four of the attributes at once):

1. Befriending criminal populations and living in a criminal family. 2) lack of significant adult supervision (parents, siblings). 3) a feeling of helplessness and inability to control reality, in addition to a history of problem with the law at a young age. 4) traumatic experience in the past, i.e. sexual abuse or physical abuse (Lahav, 1999).

Based on the findings of the survey conducted by Kahane et al. (2004), the groups of population at risk that are currently cared for reach 48% of the total number of those in care. The survey indicates that this group is very similar to the hard core group regarding socioeconomic and demographic attributes. These are youths who are generally in low level scholastic frameworks, youths who are working or working and learning in different frameworks. 67% of youths in the risk groups report drinking alcohol frequently. 36% report involvement in violence, and 18% report involvement in criminal activity.

Use of Psychoactive Substances among Israeli Residents, in 2005

A study on the use of psychoactive substances among residents of Israel in 2005, the "Summary Report" that was constructed by the research team headed by Dr. Yakov Haezrachi, Professor David Steinberg, Mr. Ilan Roziner, Ms. Neta Ovadia, and Ms. Tali Moshe, examined the scope of use of psychoactive substances among youths, aged 12-18 and among youth at risk, not learning in formal frameworks, from an epidemiological standpoint. This is the sixth study that was conducted in Israel on this subject and follows five epidemiological studies in Israel that examined women and men aged 18-40. This sample also included students in school aged 12-18. The research population included 555,313 individuals, 50.8% boys and 49.2% girls, defined as detached youths - based on the records of the Ministry of Education and lists of the Youth Promotion offices. This population is recognized as 36,000 at the time of the study.

In relation to the youths, a dramatic rise occurred in use of flammable substances from 7.4% in 2001 to 15.8% in 2005.

Table 1: Use by Youths from 1989 to 2005.

Substance	1989	1995	1998	2001	2005	Difference 2001-2005
Use in general	6.4	9.3	9.8	10.5	9.9	-0.6
Flammable substances (1) (inhaled)				7.4	15.8	8.4
Cannabis	1.7	3.4	5.1	5	5.8	0.8
Hashish			3.7	3.3	3.9	0.6
Marijuana			4.3	5	5.2	0.2
Ecstasy		2.6	2.7	2.7	2.2	-0.5
LSD	1.1	3.4	3	2.4	2.1	-0.3
Cocaine	1.1	2.2	2.5	2.5	2.1	-0.4
Methadone	1	3.2	7.4	2.9	2.1	-0.8
Party						

(1) flammable substances based on various gases: laughing gas, air conditioner gas, pain thinner, white-out, etc. Inhaled drugs are considered a separate category, not because of their varied impacts (depressant or upper), but because of the way the drug enters the body. Inhalation through the mouth and nose covering the head and the face with a plastic bag or with a rag covered in the substance

Table 2: Use of Alcohol Among Youths in 2005 Data in Percentages

Substance	1989	1995	1998	2001	2005	Difference 2001-2005
Any alcohol	57.6	61.9	56.9	47.3	49.4	2.1
Wine	40.8	34.2	44.9	37.8	37.9	0.1
Beer	45.7	44.2	40	32.3	34.1	1.8
Hard liquor	23.8	22.5	31.7	28.2	32.5	4.3

Table 3: Use among Youths - Beginning Age

Substance	Avg. age	Median age
Cigarettes	13.14	13
Alcohol	13.47	13.25
Hashish	14.61	14.5
Marijuana or Grass	14.73	14.5
Flammable substances	12.23	12
Ecstasy	13.6	13.6
Other drugs	13.45	13.45

Use Among Youths - Emphases

According to the report of 2005, 15.8% of youths report use of flammable substances, i.e. more than 87,000 students. This area has seen a rise of 8.4% relative to the survey of 2001.

25% report getting drunk at least once in 2005, and 19% report drinking 5 drinks within a number of hours, at least once in the past month.

9.9% report use of illegal drugs in general in 2005.

32,000 students, 5.8% of the population, report use of hashish, marijuana or grass. These data are slightly higher relative to the previous survey, because of a rise in the use of hashish.

No difference was found between boys and girls regarding degree of use of flammable substance. In the other cases, boys were found to use more.

Students in religious-public schools smoke less and use fewer illegal drugs but use more flammable substances.

In the non-Jewish sector, there are fewer smokers, fewer drinkers, and fewer users of flammable substances. However, in this sector many more use other types of drugs.

The older the students, the higher the smoking and drinking rates are. In 11-12th grade there is much higher use of illegal drugs (particularly Cannabis). In 8th grade more use of other drugs is reported.

Use of Drugs Among Youths - Demographic and Socioeconomic Attributes

In families in which the student's parents are divorced, separate, or deceased there is more reporting of smoking, drinking and use of illegal drugs.

Students from smaller families report more smoking, drinking and use of Cannabis, while families with more children report more use of other drugs.

Students who live in Tel Aviv, Jerusalem and Haifa report more smoking and illegal drug use. Students in Tel Aviv and Haifa report more drinking.

Immigrant students report more smoking, drinking and use of illegal substances (particularly Cannabis).

The main variables predicting drug use in general are: parents with positive attitude towards drugs (according to children's perceptions), friends using drugs (offering them), depression, risk taking behavior, and spending time in places of entertainment (such as pubs, discos and trance parties).

Table 4: Use among Detached Youths (Percentages) - 2005

Substance	Youth in school	Detached youth
Any usage	9.9	19.9
Flammable substances	15.8	16.8
Cannabis	5.8	16.6
Hashish	3.9	13.3
Marijuana	5.2	14.4
Party	6	13.7
Ecstasy	2.2	5.5
LSD	2.1	4
Cocaine	2.1	2.3
Heroin	1.9	1.8
Methadone	2.1	1.8

Table 5: Percentage of use Among Detached Youth by Demographic Attributes

Attribute	Any use	Flammable	Cannabis	Others	Alcohol
Up to 15	13.2	12.4	12.1	5.5	53.8
Age 19	29.3	6.1	22	11	57.3.
Bedouin	7.7	1.9	7.7	1.9	25.
Arab	7.1	5.4	6.3	1.8	23.2
Ultra-Orthodox	23.5	11.8	17.6	8.8	82.4
Immigrant	24.3	14.6	19.7	11.2	75.7

Use Among Detached Youth - Profile

Research has shown (Summary Report, 2005) that there is increased use among boys compared to girls, in the Jewish sector, and among older age groups. There is more use among small secular families, in which parents are separated, divorced or deceased.

There is more use of drugs among youths who have only studied until 8th grade or who did not complete their high school studies. Youths who are not in school in the HILA framework, report more use of drugs. It has also been found that use of drugs among detached youth is correlated with level of education and with a lower level of housing (high socioeconomic status). There are also high use percentages among youths from families in which the father does not work or in which there is no computer (low socioeconomic status).

Use Among Detached Youth - Points for Emphasis

Detached youth are familiar with drugs and know how to get them. 40% of them perceive use of hashish, marijuana or grass as low risk, even if frequency of use is high.

It has already be mentioned that attitude and behavior supporting use of drugs on the part of the oneself and social environment (friends and parents) affect the degree of use of drugs. High risk taking behavior (police records, violence, driving without permission, etc.) and entertainment habits, such as going to pubs, discos and trance parties, are related to increased drug use.

A close connection to peer groups is correlated to increased smoking and drinking, and to a lesser degree to use of Cannabis also. Lack of closeness with parents is correlated with more smoking and use of Cannabis.

Data from the Youth Parole Service Regarding Youth Using Drugs

From data published by the Youth Probation Service between 2001-2005, there is a continual rise in the number of youths who are referred to the Service for drug crimes. The data in the Youth System of the Parole Service indicate the following trends: the number of users is gradually rising, types of drugs are increasing, and quantities of drugs are increasing. Based on these trends, more and more youths are involved in drug related crimes. There is also an increased number of youths referred to the care of youth parole officers. In 1997, 2,264 youths were referred as suspected of drug related crimes. Since then the number has risen significantly every year. In 2005, the number was 23,484 youths referred to parole services for all types of crimes, of them 4,663 for drug related crimes. This is 23.1% of all those referred to parole services. Table 6 details the rise in number of youths referred to parole services for drug crimes over the past decade.

Table 6: Referrals by Year and File type - Criminal (CR) and Non Prosecution (NP)

Year	1997	1998	1999	2000	2001
CR	935	1287	1670	1772	2185
NP	915	1142	1213	1417	2648
Total	1850	2429	2883	3189	4833

The data in Table 6 indicate a significant rise from year to year. Between 1997 and 1998 there was a 31.8% rise, and from 1998 to 1999 there was a rise of 18.7%. From 1999 to 2000 there was a moderate rise, but in 2001 there was a dramatic rise of 51.5% versus 2000.

Data addressing percentages of youth referred to parole services for drug related offenses based on age is presented in Table 7.

Table 7: Referrals for Drug Offenses (criminal and non prosecution) By Age in Percentage

Age	1997	1998	1999	2000	2001	2005
13	1.1	0.9	0.8	0.6	0.9	1.3
14	4.4	4.7	3.2	3.4	4.0	4.3
15	9.6	11.2	10.8	10.6	13.1	15
16	22.5	24.9	26.4	23.0	24.1	25
17	37.5	35.4	33.1	34.4	32.6	34.6
18	24.9	22.4	25.7	27.8	25.1	27.5

According to Table 7, we see that age 17 has the highest percentage of users, versus users at other ages. However, there is also a high drug use rate at ages 16 and 18. A worrying datum is that 13.1% of the users are age 15[18].

Figures 1 and 2 graphically present the sharp rise in number of youths referred to the Parole Service for drug related offenses[19].

Figure 1: Referrals to Youth Parole Services for Drug Offenses 2000-2006
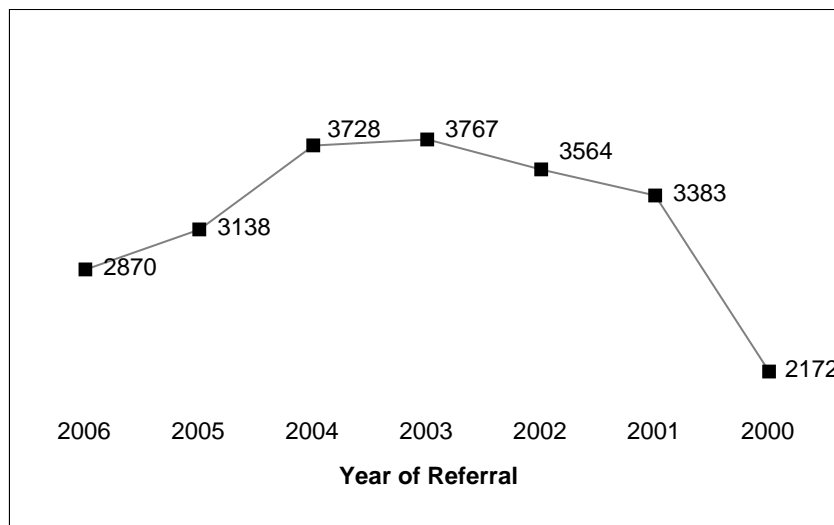
Figure 2: Drug Related Offenses Referred to Youth Parole Services by Year
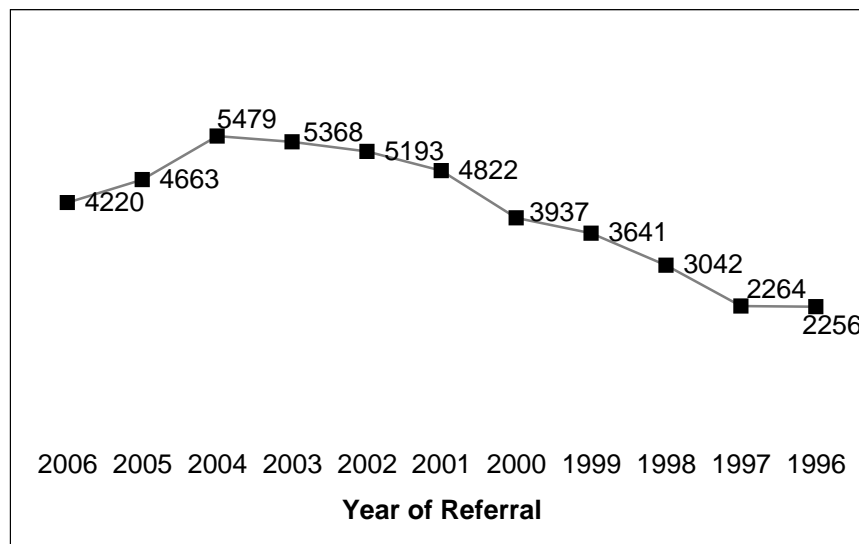
[18] These data are from the article by Rachel Arzi Schiff (Regional Parole Officer), in the book by Meir Hovav, Treatment and Rehabilitation of Drug Users in Israeli, 2002, pg. 173.
[19] From: Children in Israel, Statistical Annual, 2006, pg. 389.

We see that there is a decline in 2005 and 2006 in referrals to parole services. From an examination that I conducted among parole officers, they report that the Disengagement from Gaza took place in 2005, and the Second Lebanon War took place in 2006, and the police were busy with these issues, and therefore were not available to care for drug using youth. Reports from the field (youth service employees, gangs, etc.) show that there was a rise in users, at least like the previous years.

As a result of these serious data in 1997 there were updates performed in the policy of the Anti Drug Authority regarding care of adolescents. According to the policy of the Anti Drug Authority of 1997: a drug addict needs treatment that will help him reconsolidate his personal identity and construct new functional patterns in both personal and social spheres. This work is very significant when treating drug using adolescents. Adolescence is a period in which there is a dynamic process of personal identity consolidation, based on internal processes and interaction with significant figures in the adolescent's environment - parents and family members, peer group, teachers, etc. The dynamic facet and sensitivity of development at this stage leads to the fact that there is a greater chance to impact and change the self perception of adolescents in a healthy manner and in the direction of normal function.

- Adolescent addicts have personality and developmental attributes that set them apart from adult addicts.

- Youths are at the beginning of the addiction process and therefore are "random" users of drugs more than being addicted.

- Most youths are drawn towards drugs more than initiating contact or selling them broadly.

- Youths still have not changed their lifestyle and have not developed a full drug addicted lifestyle.

- Most youths use types of drugs that are different than adult users.

- Most youths are still within their family or have contact with their family, and therefore the family is legally obligated towards them.

- Most youths still do not identify themselves as addicts, and do not recognize the problem or ask for help.

- Youths are connected with their peer groups and affected by them.

- The Ministry of Education and Culture or the Ministry of Welfare address youth therapy and therefore there is more accessibility to therapy entities (psychological-educational services, emotional health centers).

- These attributes have therapeutic implications in all things related to treating adolescents, such as: the importance of working with the family, emphasis on group work with peers, emphasis on active work, representation of residents, etc.

The Target Population

Ages

a. Adolescents up to age 19 in educational or work frameworks.

b. Adolescents up to age 21 who are not in educational or work frameworks, called "detached youths".

Ways of Using Drugs

a. Addicts.

b. Regular users (more than once a week, generally Hashish and alcohol, first steps in delinquency).

c. Random users.

Identification

Increased awareness of professionals in agencies regarding recognition of drug use, to be able to help identify youths at high risk and refer them to the police, courts, parole officers, youth workers, truant officers, social workers, teachers, psychologists and counselors.

Within the educational system, youths will be identified as high risk, who need selective preventative actions. Using universal preventative actions (for the entire adolescent population), youths who require help will be identified.

It is necessary to find other unique ways to identify youths who are not in school, the army or at work, and who are difficult to find.

Treatment

Schools will make efforts to train youth therapists within the formal and informal educational system, for treating youth in the first stages of addiction (random or regular users). These include school staff members, psychologists, social workers, nurses, doctors, etc., in addition to welfare

employees within the community. The school will be in contact with external therapy entities as necessary.

When no therapy solution is available in the school, or when the youth does not belong to an educational framework, the following services will be provided:

- Youth Parole Services.

- Therapy stations that specialize in treating adolescent drug users (ALSAM, TELEM, KESHEV, etc.).

- Services for treating distressed youths, provided within the framework of local municipalities (Youth Advancement, Young Women in Distress, etc.).

- Day Care - integrating addicted youths in foster homes who specialize in this field, living in a social framework, studying or working in the community and receiving psycho-social therapy.

- Developing a therapeutic community for adolescence, with up to 100 positions, dividing into sub-frameworks by age and various attributes.

- A hospital unit for physical detoxification for youths.

- Recommendation that the Youth Sponsoring Authority in the Corrective Service Department, allow one of its institutions to diagnose and treat youths who are in trouble with the law and use drugs, using special therapy for drug problems.

- Construction of a psycho-educational framework for parents of youths in various stages of addiction, who can receive support, assistance and instruction.

- "A Warm Home" - a shelter for homeless youth who are drug users.

Organization

It is necessary to establish an overseeing entity within the Anti Drug Authority to diagnose, direct, coordinate, track and gather information. A framework should be created to train employees in all of the areas listed above[20].

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[20] From the Anti Drug Authority, Annual Activity Summary, 1999, Jerusalem.

Chapter Three - The Process of Setting up the Educational Therapeutic Community for Youths in Malkishua (From 1995 to 1997)

Based on the data of the expanding phenomenon of drug use among youths in general, and among detached youth specifically, the authorities in Israel decided to create a unique, total therapy framework to care for youths. The "Neve Malkishua" organization was chosen to serve as the flagship in the field of youth therapy. Until 1995, the Anti Drug Authority and officers dealing with addictions, focused solely on adults. From time to time, youths were accepted in adult institutions and some of them were detoxified and rehabilitated. But it was not a specific system for treating youths. In August 1995, the Anti Drug Authority and the Ministry of Labor and Welfare decided to begin to care for adolescents in this framework.

In 1990, the "Neve Malkishua" organization created a rehabilitation farm for adults on the top of the Gilboa Mountains. A therapeutic community was created for treating drug addicts, with 80 residents, aged 18-60.

"Neve Malkishua", is on Malkishua Mountain, named after Malkishua - the son of King Saul. It is in the south of the Gilboa mountain range, on a high mountaintop. The neighboring settlements include the Kibbutzim "Merav" and "Ma'aleh Gilboa". To the east of Malkishua is the Beit Shean Valley, and to the west is Jenin and two Palestinian villages - Jilbon and Pejua. Malkishua can be reached on a winding road through natural Israeli forest, half an hour's drive from Beit Shean.

The rehabilitative village was established on the site of a NAHAL holding that was constructed by Kibbutz Merav. The Beit Shean Valley Regional Council and the Anti Drug Authority are partners in the construction of the village. In 1995, a department for drug abusing youths was added to the community. In 1998, supervision and budgeting of the village was transferred from the Anti Drug Authority to the Rehabilitative Department of the Welfare Ministry. The village is managed by the "Neve Malkishua" organization, who are representatives of the Beit Shean Regional Council and members of the public. Construction and development of the village was done thanks to the contributions of various private and public donors.

The desire and need to create a unique community to treat youths developed in Malkishua based on cumulative experience in working with the adult community (aged 18-60). During their treatment, the adults described the beginning of their drug use at ages 10-14. In fact, often youths younger than 18 arrived for treatment in Malkishua. However, the experience was not successful, and even frustrating, as the young residents

needed their own peer group and not a group of residents aged 30-50. For mainly this reason, the organization was motivated to pressure the establishment for creation of a unique framework to provide a response to youths addicted to drugs. After a number of discussions with the Anti Drug Authority and the Ministry of Labor and Welfare, the "Neve Malkishua" organization was allowed to create the only unique framework in Israel for treating adolescence.

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 community began operation in August 1995. At this stage the reaching out process began. The manager of the Youth Community was chosen, and additional professionals went out into the field and met with youths who according to probation services and social workers in the community felt they may be using drugs. It is important to note that in many cases the "caregiving entities" in the community did not have appropriate tools for identifying and caring for adolescent drug addicts. Youths using drugs (in most cases also involved in criminal activity), were not included in caregiving frameworks and were defined as "untreatable". The encounter with this population was difficult because the youths were in difficult physical and emotional states. Most of their daytime hours were spent in bed and their main activities were at night. In most cases the youths were detached from their parents. Some had been "thrown out" of the house and lived in "Zulas" (abandoned homes, the beach) throughout the country.

During the encounter with them, the youths cooperated and showed interest, but when the option for treatment in Malkishua arose, they stopped their cooperation and asked "to be left alone". These encounters left an impression on the search team, who felt that they had met with a desperate population which had lost trust in the establishment. It was clear that these youths felt that the adult world only wanted to hurt them. An additional phenomenon that surprised the search team was that despite the difficult physical and emotional state of the youths, they did not want to change their situation and did not ask for any help. They had totally accepted their desperate fate.

Furthermore, they felt that this was their destiny. In home visits the staff met with the "broken" families on the threshold of despair, helpless and calling desperately for help. In some cases, the families themselves had been directly harmed by the youth through verbal arguments, the theft of objects from the home, etc. Another significant datum that the staff found regarding these youths was that most of them were in trouble with the law, mainly for property damage and drug charges. Because of the lack of therapy framework, the enforcement system - the police and the courts - had given up. It was clear that the high cost of drugs required cash flow, and the way to get cash relatively easily was through theft. From observations and reports of a number of the youths, it was found that some were working in prostitution to get money for drugs.

During the interviews, the youths reported on their situations before therapy.

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

Yehuda, a graduate: "*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, Stage B: "*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*".

Aaron: "*Outside I couldn't cope. I was busy with myself. In my family I always failed and there was no one to guide me*".

This sad situation reinforced the search team's urgent need to set up a unique framework to care for drug abusing youth. The therapy staff at the Malkishua Youth community had many professional considerations - to use the classical model of the "therapeutic community", a model that operates worldwide among adult population, based on the first community for treating alcoholics and drug addicts, set up in 1958 by Charles Dederich, called "Syanon". Syanon was constructed as a military organization with strict discipline, subordinacy and full obedience to hierarchy. In this model, use was also made of degradation, admissions and aggressive confrontation as a method for self change of the resident, and even used as the central therapy method. All of the staff members at Syanon were former addicts.

In the professional literature, a community operating according to approaches like Dedrich's are called concept therapeutic communities (Kennard, 1987; Manning, 1990). This expression stems from the simple

concepts of addiction and addicts. The approach of this community is to emphasize addiction, stemming from the immature personality of the addict, and drawing attention to full personal responsibility of the addict to choose a conscious change and to work to achieve it (Kennard, 1987; Manning, 1990).

The graduates of the original Syanon set up additional communities inspired by the original, and made changes stemming from their specific circumstances of time, place and leaders. Gradually, these communities also began to receive assistance by professionals, and later, there was even a possibility for researchers to enter the therapeutic communities to study and assess them (Yablonsky, 1965). The therapeutic community model of the 1990s is applied in a variety of more than 5 different programs throughout the world, one third of which are administered under traditional communities, such as: Phoenix House, Daytop, and Gateway. In these communities, the main components of common therapy are a combination of self help within a structured therapy framework.

After long discussions, it was decided not to adopt this model in Malkishua, and instead, to create a program more suited to the young age of the residents and their unique situation. At this initial stage, we identified a need for basic motivation so that the youth could begin the therapy process. This principle was the center of the therapy outlook towards treating drug addicts, i.e., responsibility for beginning the process is the resident's. If he is not interested in the therapy process, it is not begun and no therapy contract is created between the prospective resident and the community. This demand was found to be unrealistic later on, because it stemmed from a lack of familiarity with the target population and its unique attributes.

Abraham, Stage A, relates to the reasons that he came to Malkishua: "*I wanted to get through the three months and make everyone happy... at first it didn't speak to me. I wanted to be accepted to another dormitory, and I understood that in Malkishua, three months could be my entrance card to a dormitory that suited me*".

Yitzhak: Stage A: *If there hadn't been a court order, I wouldn't have come.. at first I refused to come to Malkishua and at the end they convinced me and I told myself I would try for three months and go home*".

Shaul, Stage C: "*I came, not from a desire to do therapy or something. I didn't want this therapy at first*".

Another piece of information that we had at hand when setting up the community was the desire to provide the adolescent population with everything normal youths receive at this age, i.e., school, enrichment,

experiences, field trips, etc, because of the special position of Malkishua, as an isolated settlement on the Gilboa, and far from any urban center, the staff chosen from among the local population were, educators and therapists and professionals lacking experience in treating drug addicts. This last fact became to be an advantage. The staff included young and fresh professionals with high motivation and a desire to help the distressed population, still not suffering from burnout as a result of previous therapeutic frameworks, and acquiring unique experience, seeing it as a professional challenge. This was very significant, because it allowed the performance of change processes and making the organization into a continually learning organization, with the learning method mainly being "trial and error".

Description of Establishment of the Community: The First Year

Based on the principles that the organization set in the first year, the number of residents would be no greater than 10. The population cross section was very uncharacteristic. There were youths who were not suitable to therapy at all. Some had a dual diagnosis, being in and out of psychiatric hospitals, homeless living on the street looking for a bed and food, and others who were ejected from all other frameworks and were looking for a place to belong.

Despite the fact that the therapy staff invested as much as they could in them, the residents and residents did not feel like they belonged and left Malkishua based on their own desires. Because of the initial stage that the community was in, this period could be called Malkishua's naïve period, or as Addigas describes it (1991), "In the stages of its establishment, the organization is an infant with all of the characteristics of this stage. We did not lock the offices, we fully trusted the youths, but on the other hand, this message was not internalized by the youths. They broke into the offices, used the telephone without permission, destroyed property, and even ran away from Malkishua".

Despite this, the first year was full of excitement and experiences, and a connection of some sort was created with the youths. On the other hand, there were frequently inappropriate responses by the youths. Because of all the "verbiage" regarding mutual love, we found ourselves at the end of the year with almost no residents. We understood that it was necessary to create an agenda, and that enforcement of the agenda would be done through the personal example of the staff. We often found that the youths brought drugs back with them when they returned from vacation. We understood the difficulty they had with accepting the rules of the framework, a fact that created a number of conflicts. All of our attempts to expand the community (adding youths), were unsuccessful. The school

opened slowly. Youths received formal education parallel to 8-10 years of education. Even though we expected a low academic level, it was clear that some of the youths had the potential for a higher level of study.

Vacations

The common therapy approach today among professionals is not to distance youths from their families, and to avoid sterile therapy. Therefore, it is necessary to systemically provide therapy, including the family, because at the end of the process, the youth returns to their families in most cases, and to their natural environment (Elitzur, 1995). Therefore, this issue was addressed, as accepted in dormitories. We were not to distance the youths from their family and therapy must be performed in conjunction with the family. Therefore, we encouraged families to visit frequently and the participants went on vacation once monthly. (In a normal dormitory vacation is once biweekly.) However, this approach was problematic among drug using youth. When they went on vacation, we found that most of them began using again. In retrospect, it was clear that the therapy without vacation period should be longer to provide the youths with tools the help them withstand temptation outside: drugs and addict friends using drugs, and in many cases, users of drugs within their family. Therefore, only after a long process, did we allow them to go on vacation, but we encouraged parental visits, and families also received methodical therapy.

The Position of the Counselor

As in every educational framework, here too, the counselor plays the function of the dominant figure in the center of the group. He leads the group, and draws the group after him, directing it and drawing the group upwards. The function of the counselor led to "opposition" among some of the youths because the counselor and administration were perceived as the establishment, and as we've already seen, based on their outlook, it is necessary to fight the establishment who "is to blame for our situation". The counselor was perceived as an external individual operating the residents, mainly though a system of external reward and motivation. Later, as will be discussed, we changed our approach and adopted the approach seeing the counselor as an enabler, more than a leader. Responsibility for leadership was transferred to the youths themselves who were in the midst of the therapy process, and the counselor served as a facilitator, making it easier for the youths and encouraging fulfillment of their abilities.

Development of this approach led us towards the "self administration" outlook, as is accepted in adult therapeutic communities. We liberated

ourselves from the pattern that considers youths "too young" and "immature" to accept responsibility on the level of self administration. This was found to be erroneous. At first, the staff had a tendency to evaluate the youths' abilities as lower than they truly were, a fact that created the "Pygmalion effect". Because the staff looked at the youths as society did in general, the self image of the youths and their self efficacy were low. However, we found that this changed when we adopted the self administration model. This method of administration empowered the residents and caused them to believe in themselves and their abilities. The level of expectations rose and when these expectations were realized, internal motivation was created to have higher achievements. In a process that continued to reinforce itself, leadership (self administration role holders) affected the feelings of self efficacy of the residents, and affected belief in their ability to do things and achieve control over life events.

Aaron, Stage B: "*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... 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*"

Shmuel, Stage B: "*Somehow the staff accepts you as you are without stigmas... and you have the feeling that someone is always behind you backing you up... they will come, support you and try the help and they will try to change, a lot of caring, a lot of help, a lot of backup. I know that there were situations where I felt really bad with people. I think that if there was not the staff, I would simply have gone. All my life I've run. If it didn't work out, I ran*".

Sense of self efficacy is derived from Bandura's social learning theory (1990, 1997), and is determined mainly based on the degree to which an individual believes he succeeded in previous tasks in a certain area. Of course, success in performance creates higher self expectations, and when that expectation is internalized, then random failures do not harshly harm or change one's sense of self efficacy.

Length of Therapy

Because of the demand that the residents must want to enter the therapy system, it was difficult to define the length of therapy. We found that the longer the therapy was, the lower the resident's motivation was to want to stay in Malkishua. This was because of the need to give up "freedom" for the benefit of long term therapy, a fact which put off most of the adolescents. At this stage, we used the short term therapy approach.

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However, later it was found that this method failed for a number of reasons:

1. The complexity of the process.

2. The accepting community was not prepared to accept graduates of the program (points which will be addressed later).

3. In the end, we are mainly dealing with rehabilitation and reinforcing residents and preparing them for life, and less with physical detoxification. The entire process is long and includes an internalization stage and a moratorium which the youths must go through before returning to life in the normal community.

The Attributes of Drug Use

We found that the youths coming to Malkishua were using a variety of drugs, those called "light" and those called "hard". If we thought that the common denominator would be use of a certain drug, as seen in adult residents, because most are addicted to heroin, a "hard drug", then we were mistaken.

The Population Cross Section

The professionals expected to see a damaged population in Malkishua from a low socioeconomic background, with the assumption that drug use was a behavioral pattern of second and third generations of distressed impoverished populations. However, to their surprise, they found that the population of residents at Malkishua was a cross section of Israeli society in general. The highest percentage of youths is immigrants from the FSU, and some times their proportion in the therapeutic community reaches 70%. This was very influential in construction of a unique program suited to this population and setting up schools and increasing enrichment activities, because the personality profile of this population was very weak, and these youths required much reinforcement such as: art therapy, challenging field activities, Tai Chi, drama and cinema. The school, in its new set-up, began to use teaching methods based on an approach that was a lead off point, leading to success experiences, and therefore their self image rose miraculously. The school even allowed taking matriculation exams, which is something offered to every high school student.

The experiential activity, expressed in various areas of therapy: art, movement outside, etc., was significant because it satisfies all of the existing lacks in these areas. The youths found hidden talents that they

did not know they had, and some even identified talents and developed them, as a starting point for a brighter future.

At the end of the first year, the therapy staff reached the conclusion that the initial method was not correct, despite the emotional power and the special ties created between the residents and therapists. This understanding became even stronger based on a visit by the community manager to a different therapy community for youth in San Francisco, a community belonging to Daytop. As a result of his visit, his outlook and working principles changed. A decision was made to adopt the model of the therapeutic community and to suit it to youths. The approach that was chosen was the holistic approach, with the therapy community in the center. As seen in the theoretical chapter, additional tools were added to the model to deepen the rehabilitation process, such as: various forms of therapy - art, music; alternative medicine - reflexology, Tai Chi, challenging sports, and a school operated on site, allowing the youths to study for matriculation examinations. This was done out of a comprehensive view combining all of the tools mentioned above, to promote these youths.

From 1997 to date, the community continues to operate using the classical model of the therapeutic community. The dosages of each field mentioned above, varies based on the state of the community and composition of the population. There is a structured daily schedule - the morning hours are dedicated to school within the community, providing knowledge like any other Israeli school. The school allows studying for matriculation exams. The afternoon hours are dedicated to the therapy community model, and self administration, including therapy work in groups. This activity continues until bed time.

Chapter Four - Suiting the Classical Therapeutic Community Model to the Malkishua Youth Community

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 others. Without the resident's agreement, it is impossible to begin working. It should be noted that most adolescents participating in the present research were not at a stage of understanding or desire to care for their problems at that time, unlike adults who use drugs who want to be cured. One of the main attributes of adolescence is denial. Most residents have a feeling that "I can stop tomorrow", and there is no social awareness of the severity of the problem. The significance of this is lack of cooperation and lack of readiness to enter an obligating therapy process.

Another significant factor relevant to adolescents is the family and parental component. As at any age, the family plays a significant role during adolescence, and is also very problematic. Therefore its position in the therapy process is vital and central (Amit, 2006). 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. For many adolescents, the home is a central factor affecting his state. See Erikson's theory (1968) regarding development.

These two factors, denial and parental involvement, are what force the therapists in Malkishua to use the authoritative approach, which was found to be correct at the initial stage, i.e., a lack of cooperation on the part of the resident.

Coercive Therapy

"You force him until he says he wants to" (Talmud Babli, Tractate Kidushin). This approach is characterized as coercive therapy and is based on the unique Israeli law, legislated in 1971 - "The Juvenile Law,

Judgment, Punishment and Therapy Methods - 1971". This law defines and organizes unique actions for youth in the police, juvenile courts and probation services, in all areas regarding legislation, judgment and caring for youth who breaks the law. The law expresses principles of social-education that has entered the legal system (Hovav, 1999; Berger et al., 1984).

The significance of this law is that the beginning of the therapy process is done by coercion and no cooperation is required of the adolescent. The court orders the juvenile to enter a therapy framework because the child is at risk, and because he is harming his environment and himself. The juvenile is forced to accept the fact that he has no choice, and in many cases this legal status is a threat that forces the youth to enter a therapy process. In some cases the alternative is punishment, a fact that is a preventative factor for most adolescents. There are adolescents for whom the denial stage lasts a number of months, and during this time they are in an oppositional emotional state. They are present physically but not mentally, as they miss drugs and the world that they came from.

However, after a time, most adolescents begin to cooperate and understand that therapy has benefits also, mainly through role models, friends in a more advanced stage of therapy. Here they meet other youths who were like them in the past, in the world of crime and breaking down boundaries, and today are on the other side of the tracks. This outlook uses the reinforcement method (behaviorist approach), assisting them in becoming integrated in the therapy process. At this stage, the profit and loss considerations are central. The significance of this is that 90% of all members of the therapeutic community begin the process against their will. It is necessary to create a preparatory stage in which most efforts are in organization, physical separation from drugs and consolidation of a decision obligating the adolescent to enter therapy. During therapy the "member" begins to understand how bad his situation was, and how low he was, even if he had not felt it until then.

Attitude Toward Including Parents in Therapy

In the introduction, it was noted that the extra-home arrangement for youths is a controversial issue. In the past, the common outlook was that separating a youth from his family was a positive act, to cut off the problematic physical and psychological relations between them (Laufer, 1985). This approach was based on the fact that the parents were the source of the youth's problems and any contact with them could harm him. The family was assigned the traditional passive role limiting its involvement in the therapy process to a minimum.

The two main assumptions of this ideology were: One - the then accepted outlook that during adolescence the family stops being a significant entity for the adolescent (Forehand, 1991), and the peer group takes its place. Two, the outlook that parents were unsuitable for educating their children and therefore distancing the youth to a care facility aimed, among other things, to change behavioral patterns and values that adolescents bring from home. Parental influence was therefore perceived as harming the normal socialization and development of the adolescent. The care facility staff saw itself as responsible for the child and sometimes saw itself as a parental alternative (Elitzur, 1996; Britsch, 1990, Oxley, 1977; Buford & Casson, 1989).

The opposing view is formulated by Koret (1973), which argues that including parents in therapy is vital in order to maintain continuity of the youth's relationship and developing a feeling of responsibility among parents regarding their children, even if the child is out of the house. Koret estimates that without family relations, it is impossible to achieve therapy aims with the adolescent and maintain the change when the child returns home (Burford & Casson, 1989).

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, and this allowed them to go home, and in certain cases even live with their parents.

At the beginning of therapy the intervention program is based on parental groups lasting for three months, and after this the family comes for individual family therapy once every three weeks. Since the resident does not go home for six months, parents must come to visit him.

<u>Vacations</u>

Only after six months are youths allowed their first vacation. This long period of time prevents temptation that the resident will encounter in his natural habitat. Erikson, in his book <u>Childhood and Society</u> (1950), argues that an individual can successfully cope with a development crisis with the aid of his ego power. Experience proves that only after six months, is the adolescent ready to encounter the world he separated from (temporarily). This long stay in the therapy site, allows creating a total feeling of community, and consistent order, which will not get ruined every time he goes home. Sometimes the detachment period is too long, and therefore, in recent years there has been a tendency to shorten the detachment, because the adolescent who returns to the community process has difficulty being reabsorbed in his previous environment.

Alternative Therapy

Since not all of the youths fit into psycho-social therapy, mainly if they have verbal and emotional difficulties (some are new immigrants and have difficulty expressing themselves in Hebrew), there are other therapy alternatives: art, music and challenging sports. These are alternative areas that the adolescents can discover new parts of their personality that they had not encountered before therapy: sensitivity, caring, spirituality, etc. These areas are expressed in "alterative therapy".

School

School in Malkishua is also of a therapeutic orientation. The ability to succeed rapidly and in a measurable manner reinforces self image. In school, the youth acquires learning skills and living habits that will later allow him to be integrated in advanced education options - pre-college, university, etc.

The school operates in small classes with up to six youths in one class, unlike regular schools with 35-40 students in a class. The small group allows individual tutoring, maximal attention and immediate reinforcement. When a positive climate is created and a learning climate exists, even weaker populations manage to cope with tasks and succeed (Salmonson, 2000). When accepted into the therapeutic community, many of the adolescents report an emotional experience of "being lost", such as: frequent transitions between schools, lack of attention by teachers, and various learning disabilities. Among adolescent immigrants, language is a barrier. There are those suffering from ADHD and this is also a significant barrier. Studies from recent years reinforce the argument that there is a significant relationship between ADHD, learning disabilities and use of drugs.

These all lead to a holistic outlook which is the basis or the therapy activities within the community.

The Stage Program During Time in the Community and Afterwards

From the moment the adolescent arrives in Malkishua until the end of his therapy he belongs to two groups. One is permanent throughout therapy - the "house", and the other varies based on progress - the "stage".

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 therapy sessions take place. Every home has about 12 youths. There are three houses in Malkishua - "Nitzutz", "Yesh Tikva", and "Shahaf". Each house has three counselors and a social worker. Stage C lives in a separate house. When an adolescent reaches this advanced stage, there is a good bye ceremony from the other house members.

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.

The community members must fulfill all of the behavioral criteria of a given stage to move to the next one. Each stage provides unique opportunities for learning and growth. Finishing each stage reflects maturation and personal growth. Each stage requires more responsibility and provides more privileges and rights.

The entire therapy system can be divided into different stages, and each stage has its own goals, expectations and privileges. Normative life skills and the creation of normal interpersonal ties are new forms of behavior for most of these youths. Achieving and internalizing these lead to experiences of success and personal growth.

When the youths advance on the stage ladder, they receive leadership roles in the community, and this increases their self worth.

1. The Chick Stage - is the initial stage when the youth arrives in Malkishua and is given a "big brother", who stays with him during this period. The big brother connects and teaches the chick the language of the community. At this stage the youth learns the rules of the community, its special language and the rules of behavior. He is not allowed to have any contact with the outside world, aside from one telephone call per month and receipt of packages from parents.

2. Stage A - is the stage in which the youths first experiment in community life, learn the principles of the community and begin to take care of their addiction process, delving into

awareness regarding what brought them to use drugs. At this stage, there are still no leadership roles in the community, but one person is chosen to be responsible for the kitchen and they may be big brothers to chicks.

3. Stage B - is the advanced stage on the hierarchy. This stage has two additional significant elements: 1) responsibility for managing the community. At this stage position holders are chosen within the community. 2) going home. At this stage the youths begin to visit their homes and begin to practice what they learned in the community in the outside world. This exposes their weaknesses and difficulties, where work still needs to be done.

4. Stage C - is the stage where the residents leave the hierarchical framework and live a somewhat independent life. They are in a group with only Stage C residents. During the day they work and learn. Some of the money from their work is saved for their future lives when they complete therapy. A counselor guides them but does not live with them. Group work involves coping with a less protected reality. At this stage the residents go home biweekly, are not helped by the tools of the therapeutic community; learn to communicate without drug use, and cope with the issue of leisure time. This stage lasts about three months and is a preparatory stage for the hostel stage, which is the moratorium. During their work they are also responsible for operation of the organic greenhouse.

5. Stage D (Hostel) - the hostel is a community home. There are 10 youths in the hostel and one staff member accompanying them. During the day the residents work or learn, each based on his abilities. This is a project that brings the youths closer to the community. This is the last stage before returning to normative life outside of the community. The residents manage an independent lifestyle, which is parallel to the stage of personal identity consolidation, according to Erikson. Generally, they are in a state of emotional calm, and are able to accept life without opposition or a need to change the world's rules, i.e. "not looking for justice but being wise". There is higher willingness to compromise, and their commitment to their peer group becomes sharper.

6. Graduates - At this stage there is full integration of the graduates of the community in real life, coping with life's routines - employment, studies, intimate ties, etc.

From the Chick stage to the end of Stage B, the youths are in a hierarchical framework. Throughout this time they practice the skills they have acquired and realize their responsibility on different levels within the therapy community.

Figure 3: The Hierarchy of the Community
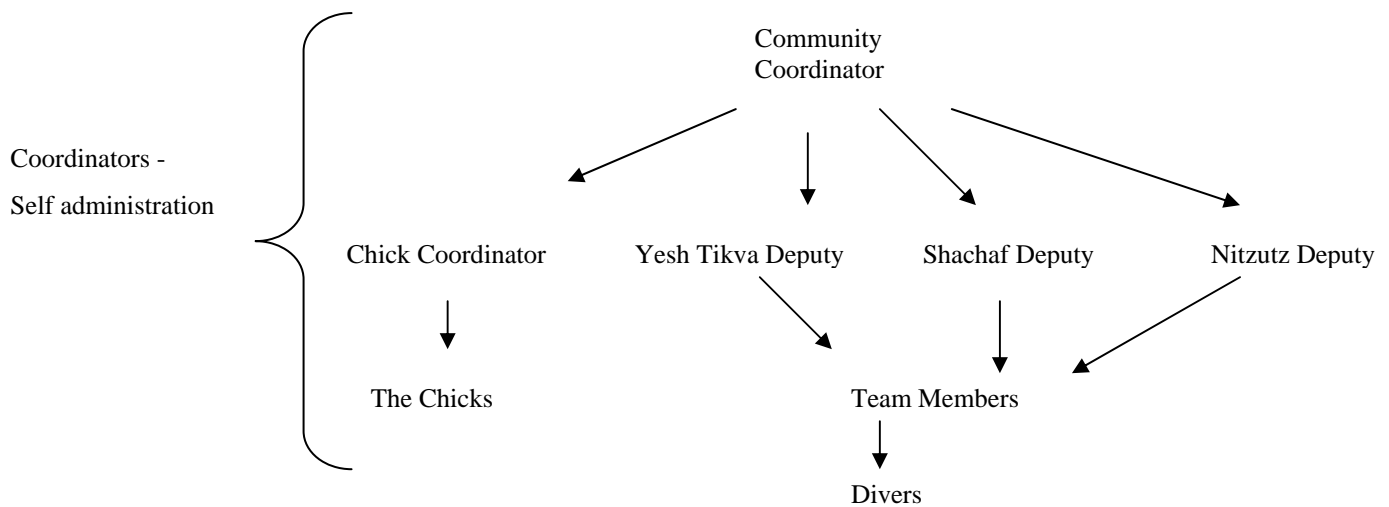
Concepts Related to the Community Model

A. Hierarchical Positions

* Divers:

The concept of diving is taken from the drug use world. When using a drug, the user dives and cannot have a clear and normal relationship with the environment. When a community member deviates from the rules of the community and acts according to rules that applied to him the past, i.e.: violence, manipulation, escaping from emotions, isolation, lack of function, floating "on clouds", he is, as they say in the community, "not in therapy" (although physically he is on site), and he is a "diver". The diver is an image of a user who is at the bottom of the social scale. According to the rules of the community, he may not communicate with others and others may not communicate with him. He does not enjoy any privileges of the community - telephone, packages, music, field trips, studies, television, etc. He is isolated from his friends and is on "task", i.e., works in cleaning or other frustrating work, because this broadcasts lack of purpose to him. He has no responsibility for himself or his friends. He is not allowed to use the community tools, aside from therapy groups and conversations with the social worker. During "diving", the resident thinks about himself, and thinks about his path and what led him to go back to his past behavior. The average time as a diver is generally five days.

* Team Members:

The team members are all of the youths who do not have a position in the community. They are the largest and the central group within the

community. The concept "team members" means that any person in the community plays an active role toward the other members. Every person must respond to what he encounters and sees in the field, addressing his friends and using the "house tools". In the Malkishua simulation a team member means: A regular member.

* Coordinators:

These are youths in Stage B who manage the community, including wake-up, taking attendance, overseeing the community throughout the day, and checking that lights are out. The image of the community is determined by them, and they have the ability to affect everything that occurs. The coordinators are chosen by members of the community. Coordination is where the position holders act, and is the "nerve center" of the therapeutic community.

* Deputy Coordinators (by house):

The role of the deputy coordinator is a subsection of the coordination role. He is responsible for his house, the activities of its youths, its appearance and organization, and making sure all demands of the community are met. All requests by the house members go through the deputy coordinator. The deputy also asks for results regarding deviant behavior that is unacceptable in to community.

* Chick Staff Head:

This is a youth from Stage B responsible for the needs of the chicks., to make it easier for the new youths who arrive in the community. The staff head explains the community model and expectations of the youths. He counsels them regarding behavior, etc. He is also the only address for requests, attention and problem solving for the chicks.

* Community Coordinator:

The coordinator is the head of the hierarchy and responsible for the normal running of the community. Therefore he must be a personal example for the youths in all areas. Any change in the hierarchy or event that occurs in the community must go through the coordinator, and he must update the entire staff.

The coordinator is responsible for the deputies, the chick coordinator, and the kitchen head, and making sure they all function. He is the only person

to "shake them up". The coordinator is responsible for every part of the functioning of the community including: divers, schedules, setting boundaries, handing in request forms, report notes, jumping in the community, jumping in the staff, emotional jumps, support groups, meals and additions, cleaning supplies, coffee and sugar, cigarettes, bed time, documentation, wake-up, telephones, cleanliness, personal hygiene. Therefore, everything must be approved by the coordinator, who is generally a Stage B youth chosen by the community.

B. Tools

* The House Tools:

The house tools are all of the means through which the needs of the community members are met. These are alternatives, methods of coping with difficulties that are better than what the youths used in the past. The individual who works according to the tools adopts a different and new form of behavior that will help him take care of himself and his friends.

* Boundaries:

The boundaries are the main component of therapy. The drug user is unable to set boundaries for himself and therefore he breaks social norms and does not maintain his own personal space, i.e., does not set boundaries with the environment which then penetrate his body, privacy and soul. In the therapeutic community, the youths learn to set these boundaries. A boundary is a yellow note, that each one of the community members has. The youth writes his name and the name of a person that he is setting a boundary with on the note. He details what deviation occurred and the desired result, based on the solution offered by the setter of the boundary. All day and for everything, the youths set boundaries, such as: cursing, lateness, not being clean, verbal or physical violence, etc. The note goes from the "team member" to the "house deputy", who passes it on to the community coordinator who addresses the information on the note immediately. Generally there is a "shake up" conversation and some times there is a shake-up + result.

* The Bench:

Every area in the community has a bench. For every deviation from the rules, a youth is sent by the coordinator, deputy coordinator or chick staff head to the bench. The goal of the bench: sitting for 10 minutes, allowing the youth a time out to think about what he did and to change it. The rules of the bench are that when sitting on the bench there is no talking, no smoking, no gum chewing or eating. The individual must sit appropriately. After sitting on the bench, the youth goes to "shaking up".

* Shake-Up:

Shaking up is an immediate response by two youths in the community under instructions from the coordinator. The goal of shaking up is to awaken awareness in the youth regarding his general status or to reflect his negative behavior, to raise awareness of his acts and to help him cope better next time. All youths in the community must play the role of the shaker at the deputy's request.

- Procedure - the one being shaken stands with his back to the wall, and his hands crossed behind his back.

- The shakers must reflect the situation of the youth, provide him with a direction how to cope to change his situation and support him with a good word.

- The shakers say "end of shake-up".

- Afterwards the youth says "thank you" and may not speak about the shake-up for an hour. In this way he learns to internalize the results of his actions and avoid an impulsive response.

- Shake-up lasts two minutes.

- Two people must work at once. Only the community coordinator may perform a shake-up alone.

* Results:

As in life in general, here to, every action has a result. In the therapeutic community, the concept of punishment does not exist. Every action that a person performs has a result, for which a cause may be identified. The result is not a punishment but is a mirror illustrating to the youth, where he is and the fact that he cannot do things and ignore their significance.

If you hurt someone, there is a result. If you don't stay clean, there is a result. If you act in a certain way, threaten, help, initiate, destroy etc., in short, anything you do is accompanied by a relevant result. The results are provided by the community coordinator or counseling staff.

* Detachment Contract:

This is a result for two, according to which two people may not be in contact with each other at all for a certain amount of time - not speaking, not looking at each other, not sitting or standing next to each other. This is applied to people who have an unhealthy relationship causing mutual deterioration or emotional blackmail or being taken advantage of or threats. Generally, the youths who discern such relationships ask for the result for their friends.

* Task:

A youth who is isolated and not connected with people, avoiding creating social relationships, will receive a task - every day he must speak to someone from his house or someone else from his stage. Someone who does not share his emotions will receive a task - once a day he must do an emotional jump (described below).

* Educational Task:

This is a result that helps the individual develop awareness regarding his behavioral patterns of thought and to change them. For example: if a youth repeatedly "stings", he will receive an educational task including a number of questions, such as: what is a sting? When do I sting? What does it give me? What does the other person feel? Three times weekly there is a task meeting for the entire community around a circle. The community coordinator runs the meeting. He asks youths to address their tasks. The youths stand up and answers questions. Later two other youths who want to address the way the youth copes with this pattern of behavior, get up, and provide positive reflection: you cope well, you sting less, you see that you are working; or the opposite: you belittle the task, you continue to sting, etc. Through being addressed by the peer group, the youth learns to take care of his specific problematic behavioral pattern.

* Groups:

A central part of the youths' life in Malkishua is the different groups, which are a central tool that the therapy system is based on. These are constructed based on the varying needs of the community members.

As mentioned, the model emphasizes group dynamics (it only works together). Therefore the peer group in the community plays an important role. During the day, a number of groups take place. In the morning at the start of the day, at night when the day ends and during the day, there are groups on various topics:

Conflict groups (meeting group) - While living in the community there are arguments and fights between the youths. The goal of the staff is to channel anger into a regular group where the youth turns to his friend directly and expresses his anger for things that happened or were said. The goal of the group is releasing anger in an adult and controlled manner.

Deal group - This is a possibility for reporting negative things that happened during one's stay in the community, accepting responsibility and avoiding repeating them in the future. In most cases the youths pay a price for mistakes.

Emotional Jump - This is a legitimate possibility to share personal feelings with the group. The moment the youth actively participates he is not alone, as he has partners helping him and directing him. Generally, there is a feeling of relief after the youth shares what is going on with others.

Support group - This is an opportunity to ask for help directly from the peer group. Group activity ends with a hug and supportive words by the other members.

Counseling conversations - It is not healthy to be alone with difficult thoughts and emotions. Therefore every day, there is a legitimate opportunity to seek consultation and to support one another.

Girls' group - This is a group for only girls and deals with hygiene and sexual education.

Therapy group - A number of times weekly there is a group headed by the social worker. This group generally raises essential issues which led the youths to deteriorate to their current status: low self esteem, abuse in the past, etc.

*Sessions

Morning group - the morning group takes place after breakfast. The main aim of the morning group is to create optimism during the day. The entire family (no matter what role or status) meets and has fun together. Many of the residents begin their day in a bad mood and can easily stay this way all day. Therefore the morning group teaches an important idea of the therapeutic community: "Act as if…" - act like you are happy even if you don't feel that way, and generally it will make you feel happy. This is a positive way to control moods without using drugs to get to a pleasant feeling.

The morning group is based on:

- The weather
- Idea/word of the day
- Skits, jokes, improvisation, prizes, etc.
- Songs
- Philosophy
- Announcements

The morning group is run by the participants themselves. Every participant (or a few participants) accept responsibility based on a monthly schedules and prepare a group activity. They are responsible for planning and implementing the idea.

The morning group aims to release stress and generally involves laughter and openness, allowing the participants to get to know each other every day. If someone feels down after morning group, he always has the ability to speak to someone about his problem.

Seminars - Every day after lunch, or in the evening there is a seminar, without groups. Seminars take about an hour, and there is a discussion about a topic that is important and relevant to the community, stage or group.

Seminars provide participants with information and tools that they need to succeed in the therapy and recovery process. They also help participants think about important issues and encourage the expression of ideas. Many of the youths who come to the therapeutic community are afraid to speak to the group. Therefore participation in seminars helps develop self confidence and the ability to think and formulate clearly. Generally after a while, they overcome their fear of public speaking. They say it is a wonderful feeling to feel comfortable during a seminar, knowing that they overcame their fears.

The seminars are run by the staff or veteran residents. Most seminars are open to anyone. The more people there are, the more interesting the seminar is.

Types of seminars:

1. Ideological seminars - A discussion of the concept of the therapeutic community, recovery methods, and the community framework.

2. For and against - Two groups debate a controversial topic, such as: abortion, the death sentence, etc. In the middle of the seminar the sides change, and each group takes on the opposite position.

3. Laws of speech - Simulation of speaking in a public forum with "story tellers" about addiction and recovery. These seminars provide inspiration to the speakers and listeners and improve public speaking.

4. Guest speaker - A speaker from the local community is invited to speak about an important and interesting topic.

5. Games - These include two types - fun or "parlor" games - which aim to increase awareness.

House Group - the house group takes place every day after dinner. The aim of the group is to share information with friends about what is happening in the community, house activities, schedules, and news about

residents. Generally the group is run by the deputy and mainly deals with the following topics:

- Field trips

- Changes in role, promotions, demotions.

- "Pulling up" - announcements dealing with improvements in the house, in performance of resident youth and/or staff. Those youth who want to "pull up" the house must register on a page on the bulletin board.

- Providing positive privileges or negating privileges - announcements about residents who receive or do not get privileges.

- Visits and tours of the site.

- Special work teams.

- Groups or other activities planned for the evening, where they are and who is going where.

- Public announcements - participants can speak about an important topic related to their recovery and ask for help or commit to do something with the family.

The house groups help the family (house) function by increasing awareness of one another as well as knowledge of activities occurring in the house. In this way, there is mutual concern and a feeling of belonging to the community.

Rules of the Malkishua Youth Community

Within the framework of community therapy, there is a functional model that includes a broad variety of behavioral rules. The goal of the many "fences", particularly in early stages of therapy, is to create a framework with clear boundaries. Most of the youths arrived in Malkishua from a very open and boundary-less reality. When parental authority deteriorated, institutional or community authority stopped being meaningful for them, and they managed their lives according to street rules: "The strongest survive". On the street there is a clear hierarchy - strong people control and weak people are victims, and often sexually used. In most cases, it is the weak that commit the crimes, get the drugs, break in or steal. The youth's daily schedule was backwards - day was for sleeping and night for criminal activity. Therefore, in Malkishua the adolescents go to the other extreme: structured schedule and a strict

system of rules and fences. This is out of understanding that there is a need for renewed socialization/education. It is clear that it is impossible to change behavioral patterns in a short period of time, but it is definitely possible to reflect to a youth when his behavior is inappropriate and to respond to any deviation from community rules. This is the goal of learning. The boundaries are perceived as "security guards" protecting against stumbles, leaving the adolescent in a task oriented state.

Rules

1. No use of or possession of drugs in or outside of the houses.

2. No violence, threats, cursing, fighting.

3. No sex.

4. No weapons or any other objects that can cause harm.

Rules of Behavior

1. Respect and follow the instructions and rules of the community.

2. Obligation to stick with the normal daily schedule and time frame.

3. Absolute prohibition on leaving the site of the youth community unless there is permission from a staff member.

4. Prohibition against contacting any outside entity (family, friends) without staff permission.

5. Respect one another; no verbal or physical violence based on race, gender, personality or culture.

6. Report (using notes) on oneself and others who break the rules to correct deviant behavior.

7. Spoken language in the community is Hebrew only.

8. Do not go into the rooms of opposite gender members.

9. Prohibition against borrowing or taking any property that is not yours.

10. Keep your body appropriately clean and presentable.

11. Take care of your personal and environmental hygiene.

12. Prohibition against having money.

13. Only "Noblesse" cigarettes are allowed.

14. Prohibition against pornographic material and gambling games.

15. No trance music or any other addictive music is played in the lobby or the community.

Malkishua Language

Through the spoken language of Malkishua, one may identify the emotional and social status of the youths. Malkishua is a place where there is a stormy language dynamic. The youths come to the place using language acquired on the wild and violent streets and use concepts that are typical of emotional, physical states of the "street world", and unique to drug users. For example, the word "high" describes the impact of the drug over the user. "Stinker" is a snitch to the authorities, etc. Therefore one of the goals of the community is to create a deep change in use of language.

The basic assumption is that language forms culture, thinking, understanding, delving, and sharpening of the emotional state, growth, and fulfillment of hidden human potential. Therefore a life model must be created and language must be suited to it to allow separation from the previous language and adoption of new concepts.

Faucalt argues that we may experience reality only through dialogue and constructs that it forces on our thoughts. Physical experiences, such as a sense of hunger and tiredness, also mediate through the dialogue that structures the way we address these feelings and the way we cope with them. Faucalt's concept of dialogue helps us understand how knowledge is created, by whom, in which framework, which interests are behind its creation, and who it is aimed to serve (Faucalt, 1971).

A necessary condition for an individual to be able to move from one group (the criminal world with drug attributes) to another (normative society), is the ability to create contact and to "broadcast on the same wavelength", to understand and connect emotionally to normative society through processes of returning to that normative society.

Malkishua language can be divided into different categories -

1. Concepts describing positive behavior.

2. Concepts describing emotions.

3. Concepts that are part of the model.

Concepts Describing Positive Behavior

Gratitude is the ability to value the place where the adolescent is today, relative to where he was in the past. He must not accept everything as automatically understood, and must learn to thank society for the opportunity given to him to change, and even work to improve society through volunteer work within society.

Delayed gratification is a method of behavior that the youth was not familiar with in the past, because he never delayed his needs. To fulfill his immediate needs, he was willing to break in, steal, act violently, etc. Now, he must know that not everything comes immediately.

Personal example is obligatory behavior in advanced stages (Stage B and on). This is not a recommendation but an obligation. Personal example also includes being weak, expressing emotions, learning to receive assistance, solving "deals" etc.

Use of reason is one of the goals that the resident must achieve. When using drugs, reasoning is not active, because the only goal was getting drugs. He did not use any form of thought that considers later implications of his acts. In Malkishua, the youths learn the ability to use reasoning.

Examples of concepts describing emotions

One of the emphases in the community is learning to look inwards, to know how to define the feelings that you feel in certain situations, to understand where these feelings are coming from, to know how to define them in words, to share with your peer group to cope successfully. There are a number of important tools for this purpose -

1. Counseling conversations - a conversation that takes place between two people, lasting no longer than 10 minutes, aimed to allow the youths to consult with one another regarding any issue related to life in the community, methods of coping, receipt of personal support, and assistance.

2. Emotional jump - A youth in crisis who feels that they cannot cope with the situation alone asks their staff head for an "emotional jump". The adolescent is allowed to say anything he feels, but he may not curse, threaten others or degrade others. He must focus on his own emotions.

Concepts Describing Emotions

Helplessness - A concept used often to describe situations difficult to digest, understand or cope with.

Managed - one of the most frequent concepts in the community is when a youth is managed by something, meaning that he is entirely and totally busy with this issue. Therefore he cannot see, address or act in any other areas. When the youths were hanging out on the streets, they were managed by their need to get drugs, and were willing to do anything necessary for that. This situation in which the youth must get what he needs immediately, also causes a need for immediacy in other things that he wants. The adolescent is then in a state of non-relaxation, lack of patience and inability to wait for gratification. He may not be able or willing to accept a "no". So the youth may say: "Next week I have a court appearance. I am managed by this hearing. I don't sleep at night, don't eat, don't function in the community, I'm just thinking about what's going to happen".

<u>Concepts Belonging to the Therapeutic Community Language Between Staff and Youths and Among Youths Themselves</u>

- To confront - to reflect a person's behavior in a sharp and clear way, without letting him get away. Pushing him into a corner where he must cope with the results of his actions and his manner of behavior.

- Feedback - an important concept in the community, because therapy is based on support and assistance for the "one actually doing the work", and on the other hand, it is necessary to address the results of deviant acts. Feedback is provided mainly between the youths themselves, and is given to those who support others and perform their role property. In Malkishua, feedback is positive.

- Giving up (taken from Kabala) - when a member of the community decides to leave Malkishua, he gives up and stops living according to the schedule and other community activities.

- Cope - Community life is not easy at all, and it is not sufficient to just act according to the rules. The expectation is that the resident will work on an entire system of changes in habits, and change is painful, as it is accompanied by separation from the past. Since the community invites may difficulties, the concept "cope" is commonly used by the youths and staff members as one.

- Stay with it - Often the youth is told things that it is difficult to hear when he is in denial. Often a conversation exposing an internal dynamic that he was not aware of helps, and

sometimes it makes it more difficult to accept or admit. There is no need to address what is said to him immediately, and he must be allowed to think about it and digest it. He is told not to hurry, "Don't answer immediately, stay with the words, think about them, see what you accept, what is correct and what is not". This approach allows the ego to maintain respect and allows exposure of weakness.

Through change processes in general, and changing the lexicon that the youths use, one may see a level of entering a deep process leading finally to recovery, as a rule.

The Educational Dimension

Throughout the years, the staff has noticed that in the model, there are very significant therapy areas, but sometimes they lack "soul", i.e., the community is perceived as "educational therapeutic" but the educational aspect is not clearly expressed. In the Malkishua model, we believe that in order to change, there must first be moral values. The youth must impact the environment in which he lives and be a contributing citizen of his country. Many of these topics are transmitted to the youths through personal example, by the staff: method of speech, dress, interactions between the staff members. Additional educational aspects are expressed in activities and do not belong to the classical therapy community model, such as: the greenhouse, "Or-Ba", survival training, volunteering in Beit Shean, the baseball team, and the community newspaper. All of these aspects are particularly significant when dealing with youths whose chances to be significantly integrated in society are still realistic. The more confidence and skills they acquire in various areas of life, the easier it will be for them to be integrated in life further on.

Cultural life in the community includes writing the community paper and varied social activities such as: plays, Sabbath ceremonies, holiday ceremonies, etc. Additional fields of action are "Or-Ba": the workshop where youths experience the creation of small or large objects, such as shelves, tables, picture frames, etc. Alongside "Or-Ba", which is at the end of the community, there is also a grape vine and a petting zoo. This is a place that is for calming down during stressful times, which happens quite often. On site there are activities and deep conversations, and the ability to prepare hot drinks.

In order to operate the greenhouse, the youths go through professional courses, such as receiving a license for driving tractors, biological

extermination courses, etc. Some take the Ministry of Industry and Commerce Test for Gardeners Level 1. Every week there is a field day including navigation, and coping with stress situations in the field. Emphasis is placed on group consolidation.

Once every few months the youths go out for a week-long hike. Emphasis is placed on coping with both individual and group challenges. The youths must prepare their own food from basic supplies, provided to them to last the entire week. During this week the youths must get from the starting point to the end point in a given time. This is a task that may be completed only through full cooperation of all group members.

On Fridays, the Stage B youths volunteer in the community. Some help in a nursing home in Beit Shean and some help in a charity project including distribution of food to the needy. The role of these activities is to train the youths to be good and responsible citizens of Israel, and maybe to make up for the damage they did when they were addicts and harmed their environment.

Chapter Five: Methodology

The Research Approach

The present research examines the impact of therapy in Malkishua over change processes undertaken by youths at different stages of therapy, and then later when they return to normal life. The dimensions of change that are examined address various planes, according to the different therapy stages of a given youth at a given time.

This may be compared to a journey undertaken by the youth, with the therapeutic community and all of its components serving as a mediator. Agreement to begin this change journey is a point of no return, opening a slot which becomes a window, door and then a gate. Initial mediation dealing with the youth's agreement to enter the process is the most important stage, without which the journey cannot be undertaken. When this occurs, the residents can begin to develop cognitive, motivational and emotional structures that will help them change themselves and as a result, change their behavior. This change will occur during connection and intensive communication with the therapeutic community. This is an unaided relationship that will assist the youth in continuing to verbalize events, feelings, thoughts, stimuli and experiences, a relationship that will encourage learning and experience with appropriate responses, allowing them to cope with current life reality and plan for a better future.

It is important that the mediating therapeutic community succeed with its therapy tools and cause the youth to understand that the community is there for him. The role of the mediating system is to create a need in the youth, a desire and curiosity to search for the meaning of existence in general, and his own personal meaning for existence in particular.

Of course, appropriate mediation may only take place in an appropriate environment. It is therefore important to address the environments that both facilitate and stop change, not asking the youth to change. A supportive environment encouraging change will address the youth's optimal abilities. In such an environment, the process itself will take place. The youth is faced with new practical and theoretical challenges, and he must experiment using a learning process and see how he must respond to these situations, using all the cognitive tools necessary to succeed in his coping (Feuerstein, 1998).

The mediation factors that are studied and examined here, and their impact over the residents, are the same factors, in principle, that are typical of the therapeutic community, and set it apart from other therapy frameworks for juvenile delinquents.

The Therapeutic Community Model as a Lever for Change and Growth

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 Aim

To expand insight regarding the change process occurring in the therapy community and clarify the connections between the following components:

- Principles and tools of the therapeutic community model.

- Change facilitating or change causing experiences.

- Dimensions of change.

Principles and Tools Of the therapeutic community	→	Facilitating Experiences Change causers How does it happen?	→	Change Dimensions Motivation, self worth, self image, interpersonal function/relations
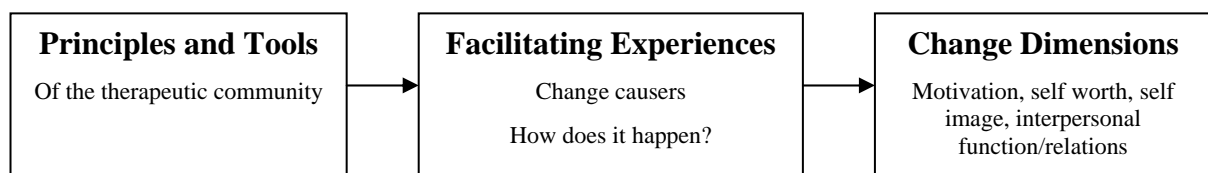
The dimensions of change will be examined from two viewpoints:

- The viewpoint of the residents - how they perceive the change that has occurred in them since the start of therapy.

- Evaluating changes based on the dimensions of: motivation and personal responsibility for therapy; self image and self worth; social function, insight - self awareness; proactive behavior.

The principles and tools of the therapeutic community model are relatively familiar, but in the present research their contribution will be examined as perceived by the residents.

Change facilitating experiences will be defined and identified for the first time, from the responses by the residents to the question: "What facilitated you to make the change?"

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).

The essential attributes of this qualitative research and the importance attributed to the significance of things according to the respondents, are in relation to the following questions: What do they feel and what do they believe? What do they take for granted and what are the intentions behind their behavior? Qualitative research is inductive by nature. It does not try to verify hypotheses or create a prediction, but rather delves to discover a theory that interprets them based on the data and categories that are being analyzed. It assumes the subjective nature of the researcher as the basis for interpreting data and the significance attributed to them (Zabar-Ben Yehoshua, 1999, p. 23).

Because Malkishua is a community with a limited family-like nature, not all of the data within the framework may be quantitatively measured. It is a living and breathing organization which deals with youngsters. Many of the data are descriptive. Interviews, records from the field, photographs, recordings and processing of material is based on analysis of the data, as they are more suited to the nature of the research objectives than measuring data. The small number of respondents also does not allow quantitative analysis of the data.

The Research Instruments

The present research implemented three instruments, as detailed below:

<u>Interviews</u> - Using interviews, examination was made of the way the youths address the therapy process and the significant factors that serve as levers for change that occurred or will occur in them. The importance of the interview is in its ability to clarify the intent of the interviewee personally. There are three main formats to interviews: 1) open ethnographic interview; 2) standard structured interview, planned according to a schedule; 3) guided focused interview, not planned according to a schedule. In the present research, the open ethnographic interview was chosen because an open ethnographic interview is a sort of verbal event similar to a friendly conversation (Spardly, 1979).

Two complementary processes take place during an interview: 1) a process of suiting and creating coordination between the researcher and respondent. The researcher encourages the respondent to speak about the change he has been through during therapy and aims to maintain a harmonious relationship to create a feeling of trust, allowing free flow of information. 2) A process of extracting information relevant to the research. This calls for a need to make sure the interview does not become an interrogation, and that during the interview it is possible to move to a friendly conversation in order to achieve trust, and then return to the interview. This is what in fact happened in the interviews conducted during the present research.

Observations - Observations are another method of gathering data in a qualitative study. These can be open, in which the researcher attempts to receive impressions from most of the factors composing the environment at hand, and record them as objectively as possible. Observations can also be focused and describe mainly questions and issues that were predetermined. "The qualitative researcher generally begins his study with open observations, and at a later stage, when he decides the central issue of his study, he moves to focused observations that assist him in identifying processes, problems and attributes" (Zabar-Ben Yehoshua, 1990, p. 51).

The observation chosen in the present research was nonparticipant observation, in which data were gathered through minimal contact with the participants. Seemingly there is no mutuality between the observers and the subjects, but actually the presence of the researcher in social situations created a system of relations that was not necessarily verbal.

"The intent is that the researcher/observer must observe precisely and sensitively. He must show the ability to discern and curiosity. Therefore, this act is guided by an ability to survey events objectively and interpret them based on various outlooks and the intents of the participants. The researcher must use language precisely, as language is what creates the field notes, analysis and insight" (Zabar Ben Yehoshua, 1990, p. 52).

Text Analysis - Within the framework of this instrument, analysis was conducted of things written during and after therapy by members of the community, such as report notes, request forms, life stories, educational tasks, personal journals, personal letters, internal documents, and the youths' therapy files.

Writing is a significant tool within the therapeutic community. The youths write report notes and request forms which are a type of daily communication within the community. Tracking these forms and notes allows a procedural view regarding change processes that members of the community are going through. The youth is given writing tasks at certain stages of therapy and the results of the writing relate to the emotional status of the youths at different stages of their stay in the community.

These sources are produced by the respondents themselves. Naturally, the quality of these materials is not uniform. Some provide factual information and others provide rich descriptions and emotional experience from which one is able to learn how the writers perceive their world. The data extracted from these material are an important resource in the present study, and text analysis is very important for supporting the conclusions of the interviews. The analysis also provides an important and vital phenomenological expression to the present research.

Part Two

Chapter Six: Findings on an Interview and Analysis Level

Over the course of the research seventeen youths of different stages within the community and graduates were interviewed[21].

Stage A

Abraham - 16 years old, Israeli, oldest child of a single mother (father died at a young age), used drugs regularly, arrived as a result of his mother's pressuring.

Yitzhak - 17 years old, Russian immigrant, drug addict, in trouble with the law, came as a result of a court order.

Yakov - 18 years old, Ethiopian immigrant, parents divorced, immigrated at age 3, family had acclimation difficulties, drug addict, in trouble with the law and drug offenses, came to therapy as a result of a court order.

Joseph - age 17, Israeli, many property and drug crimes, son of a drug addict, second generation of distress and crime, drug addict, came as a result of a court order.

Sarah - 18 years old, Israeli, came to Malkishua after many years of wandering and drug use, high risk, came as a result of a court order.

Stage B

Aaron - 18 years old, Ethiopian immigrant, drug addict, additional crimes, came from prison through a court order.

Yehoshua - 17 years old, Israeli, high socioeconomic background, drug addict, removed from the home based on dangerous behavior.

Shmuel - 17 years old, Russian immigrant, drug and violent crimes, came from the "Gilam" locked dormitory, with a court order.

Yirmiyahu - 17 years old, Russian immigrant, in trouble with the law, drug addict, came as a result of a court order.

Zecharia - 17 years old, Ethiopian immigrant, came to Israel at a young age, acclimation difficulties, drug addict, came as a result of a court order.

Stage C

Shaul - 17 years old, Israeli, child of newly religious parents, removed from the home at an early age and was in many dormitories, behavioral difficulties, drug addiction. Came from the Gilam locked dormitory, with a court order.

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[21] The names of all participants have been changed.

Jonathan - age 18, Israeli, criminal behavior patterns, drug addict, came with a court order.

Stage D - Graduates

Yehuda - 24 years old, Russian immigrant, divorced parents, criminal behavior patterns, came as a result of a court order. Today married with a baby, works and supports his family respectfully.

Reuven - 23 years old, US immigrant, adopted child, trouble with the law and drug addiction, came as a result of a court order. Today he serves in the IDF. The interview was conducted at an army base.

Zevulun - 23 years old, Russian immigrant, divorced parents, immigrated at a young age. As a result of drug use, was in trouble with the law. Today his is a student at the Emeq Yizrael College.

Menashe - 24 years old, Russian immigrant, immigrated at a young age, as a result of drug use was in trouble with the law. Today he has completed two years of national service and is a counselor in a dormitory.

Efraim - 25 years old, Russian immigrant, many crimes including drug trafficking, came as a result of a court order. After therapy studied at Wingate Institute, today is a dormitory counselor.

The youths were asked questions relating to[22]:

1. Motivation for therapy.

2. Self image.

3. Interpersonal relations - social and interpersonal function.

4. Perception of change - how did it happen and what caused it.

5. Tools of the model and their impact over the change during therapy.

Interview Analysis According to Stages

The central quotes from the interviews are attached to the present dissertation. This section presents the analysis of the interviews. At the end of each dimension, there will be a summary of the analysis, presenting the stages of development between the stages and the various dimensions.

The interviews were conducted in various areas. The youths in Malkishua were interviewed on site, and an out of the way room was dedicated to this purpose. The atmosphere was comfortable. The members prepared themselves coffee, and I attempted to keep the atmosphere calm. Some felt it was important to hear themselves as recorded on tape. I let them

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[22] Attached Appendix 2: Interview Questions.

listen to the recording. At the beginning of each interview I introduced the fact that the interview was for research and that nothing would be published. If there were questions that they were not interested in answering, I told them it was all right. The atmosphere was comfortable. Most of the youths answered very openly. The conversation was to the point. The youths who were interviewed told their friends about the interview. I was then asked by other youths why they were not chosen to be interviewed. This open atmosphere was typical of "therapeutic communities". One of the obvious traits, as already mentioned is the great deal of verbal work that the youths conduct within groups, jumping, conversations, etc. Speaking about emotions and mutual reflection create a dynamic in which everything is spoken about. A type of openness is developed that I felt in the interviews, even though I was a stranger.

The graduates of the community were interviewed where they were. One interview took place at an IDF base in the valley, another in a northern college. Some of the interviews took place in cafes. During interviews with the graduates, there was a warm atmosphere. The graduates were happy to be in contact and to raise memories from the therapy that helped them. The need to belong, even after therapy, was strong. They were looking for contact, and the interviews allowed them to do so.

The type of interview that was used was an open ethnographic interview. These interviews are a verbal, even similar to a friendly conversation (Spardly, 1979), and therefore they suited this type of research. "In these interviews there are two complementary processes. One is a process of fit and creating a connection between the researcher and the subject. The researcher encourages the subject to speak about his culture, and aims to maintain a harmonious relationship and create a feeling of trust, allowing the free flow of information. The advantage of this type of interview is that through it one achieves a deeper understanding of attitudes and opinions, and better trusting relations are created" (Zabar Ben Yehoshua, 1999)[23].

1. Motivation to Change and Responsibility for Therapy

Analysis of Stage A Quotes

About the stage: Stage A is the stage in which the youths first experience community life, learn the principles of the site, and begin to handle their process of addiction., to deepen their awareness regarding what led them to use drugs. At this stage, they still do not play any administrative roles in the community. This stage is typified by the question: "Am I an addict

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[23] From "Qualitative Research in Teaching and Learning", 1999, p. 64

at all?". The youths are busy finding their place in the group Most attention is external. Moods change frequently.

Abraham

The basic motivation typical of Stage A is external, pleasing parents and following the court order: "*What holds me in Malkishua... 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.".* However, Abraham speaks of an "internal voice" that he cannot identify: "*I don't know where the voice is from... something in me saying that clean life without drugs and criminality is the correct way of life".*

Abraham experienced the difficulty with different levels of force: "*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".*

What is typical of the first stage is the difficult encounter with an intensive program, rules, laws, and separation from drugs. This is a frustrating frontal encounter. There are no good or bad or strong and weak. There is coping with habits, behavioral patterns that over years the residents lived with and now must give up relatively quickly.

At this stage the resident requires external motivation, because he still does not have the power to make an internal decision. He still does not understand the significance of therapy. The world from which these youths come allowed them to run away without coping with the true problems which caused them to reach the state of detachment, delinquency and drug use. At Malkishua, there is no possibility to escape. The resident must cope with these patterns: "*The place is difficult, frustrating, they tear you apart, injustice, they put the truth in front of you".*

At this stage there is no responsibility for therapy, The youth has an "internal voice". The youths begin to identify the potential for life without drugs and alcohol, without violence, being taken advantage of, etc. But they still have difficulty believing there is an alternative to their previous life. They encounter warmth and love and support alongside criticism and setting very clear boundaries. This dichotomy is very difficult for them as is the therapy process which begins through coercion. The court order is not really something they understand, the contradiction between therapy and coercion concerns them and they cannot reconcile the two.

Yitzhak

Yitzhak also comes through external motivation: "*My parents, grandfather and the court. Without the order, I would not have come".*

Yitzhak speaks about the fear from separating from the drug world, a legitimate fear that concerns the residents in the first months of therapy. He has difficulty with the fact that at Malkishua they decide to suspend him and send him home to decide what he wants. He raises a number of issues:

Going home to an empty space: "*I wanted to come back because I have nothing outside. There is no schedule, you sleep when you want, you walk around. You feel like you aren't fulfilling yourself at all*".

The encounter with the outside after intensively staying in Malkishua illustrates the "chaos" from which Yitzhak arrived at therapy. When you are within it, you don't feel a problem with the freedom, lack of schedule, wandering, etc. But when you come back after a period (even two months in the community) outside seems like an unprotected, threatening and scary place. Yitzhak put it well: "*For two or three days it's a bit of fun, sleeping, American cigarettes, and some friends. But nothing leads to nothing*".

We begin with the assumption that the girls and boys need, and even maybe want a framework. Outside they had no parental authority or school authority. Authority in essence serves as setting boundaries from deviation, but also as something stable and safe that can be depended upon when necessary, and even rebelled against as part of adolescence. When there is no authority, chaos rules (Omar, 2000). The community, in its first stages, is busy creating a framework that will allow a continuum of work. In Yitzhak's case, the idea to send him home to decide what was right for him, was a successful gamble. The difference between the community and the street brought him back to the community. But it is important to note that this gamble does not always work. Not everyone can stand up to the task. Some youths would choose to return to the street, where things are familiar, the rules are known, and it is "easier" to survive.

Yakov

Yakov is also in Malkishua as a result of a court order. At this stage he still does not fully identify with the organization. Yakov wants to finish as quickly as possible: "*I feel strangled, I miss home, want to go home*". However, Yakov allows an opening for therapy: "*I understand that I need to stay. There are things I have to work on*". Yakov understood this through conflict with the youths and the staff: *I understood this through the counselors and the youths who brought the truth to my face*". Seemingly this is reinforcement for the clear method that the therapeutic community uses, meaning transmitting clear messages and avoiding language that may be understood in two ways, discussing the problem and not beating around the bush. Therefore, every group conversation begins

with "My name is Yakov and I'm an addict…". There is a message that obligates the resident to cope with his past, and with the knowledge that he has nowhere to run. For some of the youths, it is the first time they are directly confronting their addiction problem.

Joseph:

Joseph came as a result of a court order: "*After three months I told myself I would try it, something changed in me. I told myself I will use the opportunity. Either I do something with myself or I go home. Outside will always wait for me.*"

For Joseph, it is clear that in a relatively short time, there has been an insight that there is nothing to lose, and it is worth it to try. During this period, the youth learns to know who his true friends are. The group plays an important role as a supportive and helpful entity, and the catch phrase is, not to give up on anyone. Veteran youths mentor younger youths. This allows an encounter with values such as friendship, caring, etc. (Korczak[24]).

Sarah

"*What holds me here is my parents and the court*". Again, we see that motivation is external, but still, at the moment of truth, Sarah says: "*There is a little part that wants to stay here*".

Sarah describes the struggle between the "good" and "bad" Sarah. This internal struggle accompanies the residents for a long time. There are youths in Stage B who still have this internal struggle. The more the youth experiences success and creates trust with the environment, the greater the chance that these struggles will decline. There are some youths who report this struggle in the years after therapy also.

Summary of Stage A Quote Analysis

Stage A is characterized as being an initial stage. The youths at this stage still have not decided if they are interested in change. They miss the world of drugs and crime to which they feel they belong more than to the new place - Malkishua. Motivation for therapy is therefore, external. The central reason they are in the therapeutic community is a court order which forces them to be in therapy for at least two years. Furthermore, in most cases there is also strong pressure by parents (if parents are significant).

The therapeutic community is perceived to be something large and unachievable. They see special events, friends that in the past were like

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[24] In Eden, 2000, Heinrich Goldshmidt - Janusz Korczak.

them (some using drugs with them and committing crimes with them), who are free of drugs and play roles in the community. It is difficult for them to see themselves in such a position. This situation is perceived as a scary unattainable challenge. Nevertheless, while being in this stage, they begin to connect to Malkishua, each based on their own personality. Certain things encourage them and begin to create commitment. Their internal voice tells them that perhaps, there is something positive for them in the community. For the first time, they experience success, keeping to a schedule, and creating friendship not based on interests. They begin to develop understanding that something in the framework is keeping them from deteriorating. At this stage, most of the youths are busy with questions of the here and now. Being busy with this is a sort of therapy because they have no time to think of other matters.

Analysis of Stage B Quotes

Aaron

Aaron speaks about successful experiences: "*I was one they said would never succeed, and here I am succeeding*".

Aaron identifies the opportunities offered by the community that he did not have at home: "*Outside I was not able to cope, I was busy with myself, my family. I always failed and didn't have someone to direct me*".

"*I have an addiction problem and I want to take care of myself*".

Aaron understands his problem and defines the nature of the illness. It is clear to him that there is a need for certain conditions to facilitate caring for his illness. Although at first his arrival at Malkishua was because of a court order: "*I still have the court order but inside I know that if they remove the order, I will not leave. 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...*"

It is interesting to look into the issue of court orders. At this stage everyone states that they do not need the order. However, experience proves that it is important to keep it in place as a backup. Crises at this stage often lead to a desire to leave Malkishua. Crises at this stage are generally strong and deep identity crises. Sometimes despair and depression overcome the desire to continue to fight the illness. Experience has proven that when there is a court order, the youths take care not to deteriorate into a crisis regarding a decision to leave.

The successful experiences that Aaron had at Malkishua are a significant reinforcement keeping Aaron in therapy because Aaron is yearning for belonging and finds it in Malkishua: "*... 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". Aaron, is an Ethiopian immigrant, whose integration in Israeli society was difficult and problematic because the ethnic group does not feel like they belong to Israel. Therefore the feeling of belonging in Malkishua is an achievement for him, and he is not willing to give that up.

Shmuel

Malkishua managed to create a "different planet", because of the codes which are opposite of those of "society" outside. The intensive presence provides a feeling of "us and them". This situation is generally typical of groups going through an intensive and significant process in a separate environment outside of the community. This gap is felt at the beginning of therapy. The youths learn that there is life after drug use and that it is possible to function without drugs. With time, the attraction to the drug declines. Shmuel, who was sent home after two months, notices this gap between himself and his former friends. In his case, because of insight and intelligence, Shmuel understands that he must return to the community and get more out of the therapeutic community.

Yehoshua

Yehoshua has a desire to turn over a new leaf and begin his life in a different place. Yehoshua also discusses a court order, but now the order does not concern him and he does not remain in therapy because of it. Yehoshua speaks about recognizing that he cannot see his own hump, and therefore he needs someone else to help him see himself. Yehoshua identifies the need for help and he also knows how to accept help.

Yirmiyahu

Yirmiyahu compares between Gilam, the closed dormitory from which he arrived, and the therapeutic community of Malkishua. It is an interesting comparison because he came to both places because of a court order and not because of an internal desire.

Yirmiyahu gives the title "Criminal institution" to Gilam, and refuses to call Malkishua the same. The fact that at Malkishua he is treating a specific problem, addiction, is the mandate for the existence of the place. He perceives his situation as if he has signed a therapy contract between himself and the place: "*I came to Malkishua because I used drugs...*"; "*Gilam is a closed institute for juvenile criminals".*

How did you feel there? *"I did not feel like a criminal. I was there so I knew I did something I had to pay for.*

I came to Malkishua because I used drugs. At first I came because the court made me, but I began to understand that it was for my good and that

it was time to rehabilitate my life. It was time to do something with myself. Today (at Malkishua), I solve my problems with myself. Before I did not succeed in solving them. I learn things about myself, the environment, life in general. I learn how to cope with problems"

Yirmiyahu defines his stay at Gilam as "doing time" - criminal lingo. He also speaks about paying for something, and when you finish paying for it, it is over. He perceives Malkishua as a dialogue, which begins with coercion but continues out of free will: "*I began to understand that it was for my good and that it was time to rehabilitate my life."* He shows desire to be more active and accept responsibility for his life: "*Do something with myself".* This is a type of responsibility that Yirmiyahu accepts, I think, for the first time in his life.

<u>Zecharia</u>

Zecharia speaks about the gap between his previous life and in Malkishua: "*… It is good here. The truth, I feel like this is my house. I miss here. It's is good for me here".* The central motif in his words is a sense of belonging. It is good for him and he misses it. During adolescence the experience of belonging is existential. Many youths use drugs at this age because they feel a lack of belonging to their family or their peer group (Bandura, 1967). Zecharia simply feels good and he is not willing to give it up. Zecharia is an Ethiopian, and had absorption difficulties. Therefore the fact that Zecharia feels at home is a significant achievement.

Summary of Stage B Quote Analysis

At Stage B, the youths are busy with managing the community. They are in a place that requires being a personal example, and they feel that they have the weight of the entire house on their shoulders. This leads to a change in self image and reinforced self efficacy. For the first time, they feel important and significant to themselves and particularly to their environment. They accumulate successful experiences in studies, in behavioral function and at work. These are all experiences that empower their feeling of ability to cope with difficulty.

A strong sense that arises in these interviews is a feeling of belonging. For the first time they feel connected to a place where they are not judged and which values them for who they are. The call the community "home" and the members "family". Between the lines, it can be concluded that the protection and confidence that are given to them by the community are a strong significant feeling. Even if they "mess up", the environment will still accept them. Every behavior has a response, but everything is within the framework of the community or, as is said in the community: "We don't give up on you, but we also don't let you off free".

At this stage, the youths begin to be more critical and judging of life outside: "*I saw people I used to hang out with stuck in place, doing the same thing without purpose, with no goal. Suddenly I looked from the side into this world and said it was a miserable world.*"

This outlook reinforces their decision to remain in the community and continue therapy. The role of empowering contrasts between the two worlds is to distance them from the dangerous world waiting for them outside.

Nevertheless, the court order is important and effective - an external police officer, even though it is less significant and not thought about as much. In their unconscious it makes some of the youths stay in therapy and avoid any rash steps.

Analysis of Stage C Quotes

Shaul

In Talmud Babli, Tractate Kidushin it says: "You force him until he says he wants to" . Shaul, who is in the middle of the process, understands that the change was for his benefit and for his sake and he accepts responsibility for therapy: "*I began to understand the whole thing about life, I began to listen to people. To listen.. it is something I began to believe in with time*".

Shaul came to Malkishua from Gilam - a locked dormitory. In Gilam, as in Malkishua, the therapy process if forced, but Shaul says there is an essential difference: "*Malkishua is open, it is free... like in Gilam everything is in a closed atmosphere, the entire atmosphere is like you re being punished. Malkishua is more a healing atmosphere. At Malkishua you choose and the treatment is different. The approach of the counselors is different than that of the counselors in Gilam. In Gilam they come to you and say do it, don't bother answering, or you get isolation. At Malkishua it is different. There is no isolation and they let you understand things...*"

In both frameworks the youths come for therapy against their will by court order, because of crimes they have committed. But the therapeutic community model, which uses unique tools, is concerned with the youths choosing to want to cooperate and work on their therapy. The language is different, i.e.: "Results" (generally a response to negative behavior, based on the behaviorist approach), and not punishments. There is an attempt to reflect responsibility for problematic behavior to the youth through results, reflection and group work. Shaul calls this: "*An atmosphere of healing, unlike Gilam, where they come to you and say do it, don't bother answering, or you get isolation. At Malkishua it is different. There is no*

isolation and they let you understand things". Although results are not as simple as the youths describe them in the interviews, still, they can see the results as a therapy tool, i.e.,: a means to help and not a type of punishment. I feel that this is the source of the difference between criminal juvenile facilities and the therapeutic community. First of all, the name: Institute for Treating Juvenile Delinquents, is a judgmental and labeling title. The therapeutic community relates to the essence of the framework and tries to avoid labeling. The language, the tools and the true belief that anyone can get out of the drug world, are what make the framework into a community and not an institution. A community means life with an optimistic message of continuity.

From what Shaul says it is possible to understand that the atmosphere and the tools of the model create an effect that draws people upwards: "*I was testimony that a person sat on a chair (chair facing a chair - this is a type of result), and said listen this is the last time I am sitting in a meeting... if you don't wisen up, I give up on you. And that feeling of being given up on was something so connected to the past. All my life people gave up on me and no one fought for me..."*

The dialogue that takes place in the community has a personal impact in the end. The youths accept responsibility for themselves and their friends in the community. Group work and reflection are a mirror that cannot be escaped. At the end of the day, the youth faces his own internal truth, and must decide what he is doing with himself. At this encounter, Shaul realizes for the first time "that all my life they gave up on me, no one fought for me", but in the therapeutic community, everyone fights for everyone. When you fight for a friend, you are fighting for yourself. The intensive backdrop of the community affects the youth and makes him search inside and understand that drug use and delinquency are an internal reason, that is very deep and therefore they need deep intensive emotional work (Frankl, 1970).

Jonathan

For Jonathan too, 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. This big difference creates fear. Jonathan calls the messages in the community "positive brainwashing". "*Every day they put things in your head, how to act and what to do, and how to be perfect and how to be all right...".* This intensity increases the difference between the outside world and the

community. This is done to cause the youth not to want to go back to his original world: "*The bottom line is you don't sleep well at night, the bottom line is your mother is always worried about you.. your family doesn't accept you. In the community they don't let Jonathan run from the past. They remind him at every opportunity, remember where you came from*".

For Jonathan, at this stage, motivation for therapy is in the understanding that he has a lot to lose and the world he came from is not good, and only bad. Jonathan, manages to identify the negative things in the outside world: "*Your conscience is not clean.. I am in a pile of crap and don't know how to get out of it.. the worst thing that I got to was the crystal, and that put me in handcuffs, actually*".

The ability to see the negative sides of life before therapy creates motivation not to fall back. During therapy the youths are reminded about the problematic world from which they came. Behind this approach is the fact that there is no future if you don't address the past, without experience you cannot learn lessons and avoid making the same criminal mistakes.

Summary of Stage C Quote Analysis

At this stage, the residents have finished therapy in the therapeutic community. They are beginning to live in the outside world, living in an apartment in Afula (the hostel). At this stage they have a feeling of fear of failing. There is something to lose after a long period of being clean of drugs, succeeding in studies, creating positive ties with the environment, friends, family, etc.

There is fear that they will let down their friends and family. At this stage, the youths are still under the strong impression of the intensity of the therapeutic community, the groups, the results and all of the tools that allowed them to make a change. When they are now outside of the rules of the therapeutic hierarchy, they look back and miss the tools that kept them strong and maintained positive tension. Now, in the hostel, most of the tools are not relevant and they must develop skills that they did not have before.

Graduates - Quotes from Interviews and Analysis of Texts

Falling/Slipping as a Trigger for Accepting Responsibility for Yourself

Yehuda: "…*After that party when I came to a state of insanity... I understood that I could not go on with it and it bothered me too much. Every time I met with friends… it was difficult to sit with them, look them in the eyes. I felt that I could not do it and put it on the table. Today I am at least doing something with it, not giving up and escaping. It is not a one minute insight, it is an insight that has been with me all through life.*

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It simply took a long time to do something with it. That moment I made the decision and gathered my courage, the sky was the limit".

Menashe: "*I started to do crazy things that were not connected to myself... I had awareness, awareness... to correct my mistake, to learn from mistakes. During therapy in the community the people told me what was right and not. I believe in general, but did not make any decision then not to use. I believed in the path but there were parts that were not critical to use, and it wasn't so horrible".*

Text Analysis

These quotes are only two examples of a number of interviews with graduates of the community. Two youths stumbled after therapy and began to use drugs again, but nevertheless are in a different place than they were before they came to Malkishua. As a result of long term therapy they are guilty regarding the use and the feeling of failure grew. They are a,ware of the phenomenon and the damage, particularly on a mental level. This awareness and emotional state pulls in two directions. On one hand, they have a true desire to treat the problem and not live a double life. On the other hand, there is fear of doing personal work, especially after they understand the meaning of personal work. This situation can be compared to a parachuter who is parachuting or the first time. Sometimes the fear and the worry regarding the drop are greater than the fear of the first drop. Jumping into the unknown is less scary than jumping into a familiar reality. Fear is real. In this case, conscience and guilt led to a therapy process. This is an advanced stage which includes identification of the problem and the ability to treat it, despite all it involves. Going back to using drugs can stem from a number of reasons: 1) despair and depression controlling the individual and not allowing rational thought (Menashe); 2) personality issues that were not treated during therapy in the community because of the young age or the resident's denial (Yehuda).

The phenomenon of drug use at a young age (14-18) creates a feeling that there is time and it is possible to go to therapy tomorrow. Therefore some do not enter therapy at all. Among those who do enter therapy, some do not become totally dedicated to it. In this group, there is a chance that some will go back to using drugs. Nevertheless, therapy was not for naught. The therapy process - memories, are what will cause them to finally stop and go back to therapy. At the time of writing, there were five residents aged 24-26 in the community, who had been in therapy in Malkishua in the past, as youths. In conversations with them, they discuss "the therapy experience", as something which encouraged them to come back for therapy at an older age.

Integration in Normative Life as Part of the Change Process and Accepting Responsibility in Life:

Reuven: "*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... I don't have a good resume, positive, so I said I'd do the army.*

Regarding the army: "*It's not really life. I was in the army for three years. The main point is getting along, getting home. I feel that I am missing that. I believe that if I would continue outside it would be one of my goals, all the time to work on myself. I didn't manage to stay on the track of recuperation. Today I meet people who work in the community and live their recuperation daily. I feel the gaps, and sometimes it makes me feel bad*".

Analysis

We have seen that one of the main difficulties in integrating in normative life is detachment from the population of graduates of the therapeutic community. Most of the graduates keep in touch and are a support group for others. This is a group that went through a significant process together. Social ties and deep familiarity create a support group that voices statements such as: "Only a person who went through what I did can understand me". This statement expresses the unique connection among the graduates. Graduates who detach from this group in order to integrate in normative life, such as the army, national service, studies, etc., pay a price and the detachment is difficult for them. As Reuven said: "*I feel the gaps and sometimes it makes me feel bad*".

Separation from the world of addicts is necessary even though the group serves as therapy for the members. There is a stage where it is necessary to release oneself from ties to the past and create a new life. Contact with "past addict" friends, is like a safety belt. It makes separation and going out difficult, because it requires familiarity with reality and integration within it. Therapy at a young age allows a chance for integration and high level rehabilitation, since the opportunities that graduates have are greater, including participating in the army, national service and academic studies. What is common to all of these frameworks is that they allow true interaction with Israeli society and peers.

At Malkishua, a great effort is made to help graduates integrate in such frameworks. It is important to note that until a number of years ago, these fields were closed to this population. The stigma of the drug addict and criminal made the establishment wary of accepting them within it. Society has difficulty believing that it is possible to cope with addiction.

Of course, this population threatens others who are afraid to catch their "illness"[25]. Therefore an effort has been made by Malkishua to allow appropriate youths to be integrated in military service and in academic studies. Their success encouraged others to follow suit, and has even calmed down those in the establishment somewhat. Today, there are residents who have completed their academic studies and work in Malkishua as counselors or as social workers.

Connection with Parents as an Expression of Change and Responsibility for Therapy:

It is almost certain that the more advanced the resident is in the therapy process, the more it affects his relations with his family. During therapy, the youth copes with the quality of his relations with parents, and the aim of family therapy is to improve communication between the youth and parents.

Reuven:

"I went through family therapy. Actually what is important for a person most of what he knows and what becomes of him in the end, is his family, what he went through at home. This therapy changed everyone in the house from my father to my little brother. It led them to look at life differently. They see me differently today, and that is always what I wanted".

Reuven was asked about his relations with his father: "*No. I do not have closure with him, but on the level of living with him as a child and understanding one another without opening the scars up. We worked together and reached a good place. Actually, I accept him as a person and I value him. Today I see more and more that I am coming closer to his ways. In his thoughts about what he did, he has difficulty because I have a brother who thought that he did value it and never had this problem. But I think it is his problem. When he wants to talk, then I can talk to him. When it gets too heavy and bothers me I will discuss it.*

My father is closer to him because he accepted what he did. He said: "Dad, I didn't make any mistakes. Until this day, I say, I made a mistake but we got out of it. It is a bit difficult for him to accept it and I understand that it breaks a person, but it is possible to live with. When I see that it is hurting something, I will try again to iron it out and speak about it."

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[25] Eita Sela, in "Treatment and Rehabilitation of Drug Addicts in Israel", Hovav, 2002

Menashe:

What happens with your family? Do you have contact with them: *"Yes"*.

Do you go home once in a while? *"Yes, I go to visit"*.

How often? *"They love me a lot, too much bothers me"*.

That they love you? *"In general I feel like they are stuck somewhere. Sometimes I feel that I am in a much better place"*.

You don't really go home in the sense of being their son like you were before? *"No, not really"*.

Did you go through family therapy in the community? *" Yes, but I was not perseverant. And I needed to translate to them all the time, like there were things but it was not it. My parents also have a very ingrained outlook"*.

Do they believe that you have changed? "*Yes. In this area they are really happy to see what I am doing today. Even at this status of what the family has become, this status is very strong. It is a status that everyone knows how to solve problems because I went through therapy and succeeded"*.

You aren't comfortable there? *"Exactly, it is difficult for me. Every problem they turn to me and I help them solve it. It is great that it's my family, but there's a limit."*

The yoke is too heavy? *"Yes. I am the youngest in the family. I have an older sister and a brother. Like what is this? But it's okay. That is their place and this is mine"*.

Do you come home once a month? "*About. On average you could say once a month*".

Efraim:

How has your relationship with your family been since you returned? "*Nothing changed.   It got stronger during the therapy process in Malkishua*".

Do you visit home? "*I try as much as possible, without exaggerating, at least twice a month on weekends. In general I don't want to return home. It's too much for me. My parents have great expectations of me*".

It is strangling? "*You don't have privacy in anything. Look you can bring a girl home but, that's not it. You know your father is sitting in the room next door and your mother is … it's just not it. When you have a house of your own, like I do today, you are free, and all that. But relations with parents, talking with them and sharing, then they listen, of course. They are not social workers, but they know how to listen*".

Text Analysis - Graduates

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The issue of relations with parents is complex. Koret (1973) and Elitzur (1995) argue that including parents in therapy is vital to maintain continuity of the relationship and developing a sense of parental responsibility, even if the child is in a dormitory, they say, with no contact with their family. It is impossible to attain therapy goals and maintain the change when the child returns home otherwise (Burforal & Casson, 1989).

Nevertheless, because of the many years of detachment an increasing gap is created between parents and youths who are in therapy. This gap stems mainly from the intensive change that the youth has been through, while the family situation generally stays the same, aside from simple changes. The message that is transmitted in the therapeutic community is not to "give up" and break, even though there are difficulties: technical - the geographic place of Malkishua requires that parents take a day of vacation to visit their children; language difficulties (particularly among immigrants); mental difficulties, etc. In most cases, the process of deterioration is directly related to the home situation, and the system of relations between parents and children. Therefore, in the therapeutic community, emphasis is placed on family therapy. From the above, we see that a strong relationship is created between the youth and his parents, but it is necessary to continue working on it, because these are complex relations that must be maintained and cultivated at all times.

<u>Ties with the Opposite Gender as an expression of Change and Responsibility for Therapy</u>:

<u>Zevulun</u>:

The field of intimacy is weak among drug addicts. This is expressed in the creation of problematic relations with girls, and in creating relations in general: "*Before the community I did not have any problem with it at all. But after the community, let's say, I have a big problem because never in my life did I have a serious relationship. When I think about it, I don't know how to approach it at all. I get stressed... even in the community there is a total separation between boys and girls. They always say it's not allowed and it's bad. It is something that affects you so much that I see it not only in myself. I see it in a lot of people who don't have a girl friend for three or four years. It is like when it flows it is great. I guess they have it... most people, it doesn't flow for, and it's painful*".

<u>Reuven</u>:

"*It was very difficult, before and after therapy, because patterns stay and until Malkishua, I didn't have a way to cope with it. After Malkishua, you have so many things to work on*".

Did you crash in this field? *"I had many crashes, especially at first. It took two years to get it. Until I came to the conclusion, Reuven, you need to work on it because otherwise you will never have a healthy relationship".*

Reuven was asked his opinion, maybe the issue needed to be worked on more in Malkishua? *"They tried to get to it, but it was too open. I preferred not to touch it because it is a difficult place for me, it was open. Who wants to speak... it was individual, but you have so many things... there were more important things. I was worried about my relationship with myself, not with others. You figure this will also work out in time, but until you delve into it and get into relations, you find out that you aren't in relations like you should be, and you didn't get out of it like you should. Then you also have a problem with relations if you don't reach it. Today, only today, in my second year in the army, did I get into a relationship with my old head, unhealthy but I simply found one person who understood me and said, now you will work on it together with me, she said..."*

Someone normative? *"Absolutely normative. A good girl from the army. I saw how I finished my relationship with her. She started to get into deep levels".*

Did she accept you as you were? *"Straight".*

She did not give up on you? *"Not at all. I think that it was lucky. I told myself that through this relationship you are working on relations with the opposite gender and all of their difficulties. Today I see the work".*

Are you still in contact with her? *"Yes, eight months. After four months we had a crisis. I saw it as behind us. She said me, what are you talking about, it's not. I'm with you. I understood that I had to work on it, and she knew it. I am working on myself through her in the issue of relationships with a girl. It is hard work, and in Malkishua I didn't work on it at all. I neglected it. I said, as always, I am too smart and understand and I'll get along".*

Efraim:

What have you succeeded less in? *"The whole thing with intimacy I am less successful with the thing with women. Not from a place of ... from a place of lack of confidence, I am less successful. Also so many disappointments I had when I was getting clean".*

Is this kind of disappointment paralyzing? *"Over time. The last time I had a girl friend it was more than two years ago".*

Maybe they did not work on it enough with you in therapy? Teaching you to be in this place and work on it? There is a kind of test around self confidence. Now, in other places you are fighting and succeeding despite a lack of self confidence, and specifically in this place there is a sense of being stuck. Maybe you didn't practice it enough? *"I'll tell you. You can't concentrate on everything. Even from the position of a counselor, it is impossible to touch on everything in therapy. There was a bit of touching on it. I remember it from therapy, but it was not intensive. It went in and then disappeared"*.

Text Analysis on Intimacy - Graduates

Relations with females comes up from among these statements as a complex relationship. One of the characteristic of the addict community is low self image and fear of repeated failure. In the past, the youths had many failures. An additional difficulty is integration in society which labels the addict and makes it difficult for him to be accepted as an equal (Brittain, 1963). During therapy, emphasis is on distance between boys and girls. This is based on the assumption that inter-gender relations are generally one sided and degrading, for the purpose of instant gratification, and therefore negative in nature. Furthermore, the resident had to be emotionally available to work on his own personality and any work on other people was harmful to personal therapy.

The question is therefore asked, is there a need to emphasize this issue, at least in the hostel stage (Stage C), as part of the process of preparation for normative life. The graduates seem not to have been prepared. The absolute prohibition of the therapeutic community is still strongly ingrained, and therefore they have difficulty being liberated from the feeling of distress. I estimate that it is necessary to consider this field as a basic field that involves many life skills, and must be invested in group seminars and individual work. The appropriate stage for this is Stage C, when the graduates go out of the hothouse and meet the external world. Erikson describes this stage as a necessary stage in consolidating the self identity. Today, therapy work in Malkishua does not address this issue sufficiently.

Summary of Analysis of Quotes on Motivation to Change and Responsibility for Therapy - Graduates

At this stage, the graduates are busy integrating in normative life - the army, studies, work and family.

Integration in normative life, despite the difficulties, is a significant factor behind motivation and responsibility for change (therapy). For the first time, the graduates are coping with life on their own, without support and sometimes, without many friends. However, integration puts them

emotionally into a field of belonging to Israeli society. They feel "the same as everyone". They have not solved all their problems. Therefore many of the graduates look for a group of attribution close to the community, while their central task is absolute integration in life outside the community.

Renewed relations with parents and family is a motivational factor behind their change, and we see that it is necessary to continue to maintain this relationship even after therapy. During therapy in Malkishua, the youths participated in family therapy, and they helped reconstruct their family ties. Now the task is theirs. For some of them it is difficult. Parents have an expectation that the youth will come back and be a child, and they will be able to bridge the gaps. However, reality is not such and there is a need to work through the expectation disparities.

A tie with the opposite gender is significant, and it concerns all adolescents in general, particularly graduates of the therapeutic community. Erikson discusses consolidation of the self identity through communication with the opposite gender (Erikson, 1968). Falling in love is an integral part of identity consolidation.

The graduates are busy working on these relationships, but unfortunately, not very successfully. This fact leads to questions regarding the nature of therapeutic intervention in this issue, as coping with intimacy is a true expression of change.

From the interviews we see that even stumbling, i.e., starting to use again, is a trigger for accepting responsibility. The statistical data show that at least 40% of those who complete therapeutic communities go back to drug use. However we have seen that drug use after continued therapy is not the same as use before therapy. We encounter pangs of conscience, feelings of failure and disappointment, leading the adolescent to want to pick himself up and go back to significant therapy to reach those places that he chose not to touch in the first course of therapy. In the case Yehuda and Menashe, stumbling was intentional, through which they understood things they had difficulty seeing before.

2. Self Image and Self Worth

Analysis of Quotes - Stage A

This is the beginning of therapy in the community. At this stage the youths are busy considering if they have a drug addiction problem, and they must either agree to therapy or decide they have no problem and go home. The encounter with the therapeutic community is still perceived on an external level of "who's against who", and what must they do. But we allow them time to adjust or, as former addicts say: "Let time have time".

At this stage the youths enjoy familiarity with a new world, but are frustrated because they must work hard to place themselves in a new position and to decide if they want to change at all.

Abraham:

Abraham came to Malkishua from Holland, without a court order. His main motive in coming to Malkishua was that his mother was worried and did not want to give up on her son. Abraham is ambivalent regarding therapy. This is typical of the stage: "*Suddenly my friends began to speak with me. I understood I had a problem*". Apparently interpersonal interaction is a type of wake up call. If to date the addict is closed within himself in a bubble, the moment he comes to Malkishua, the bubble bursts. There are those who run in fear of this bursting, and there are those for whom the bursting is controlled.

"*I knew I had a problem, but I understand that other people had the same problem and I am not just a screw up. I saw other people like me and wanted to learn about myself, to learn where my problems come from. It interested me*".

Abraham describes a sort of high motivation that is not suited to this stage of therapy. Is this a type of need to please or is this related to the fact that Abraham arrived of his own initiative and that of his family? He had a sort of internal motivation and awareness that he needed help without "an external cop" being involved in the process.

Regarding his future, Abraham does not have any fantasies, either: "*I see my life more simply*". He has some fantasies, but Abraham is able to discern between desire and reality: "*In general, I want to live a quiet nice life, a quiet corner, a nice wife, a small business. Not poor, but settled. No extremes. If once I wanted glitter, today I am a bit different*".

It is important to note that these insights are not typical of Stage A residents. Abraham seemingly has self awareness, because his words are said rationally. But emotionally, Abraham is still in a very initial position. There is a big gap between intellect and emotion. Regarding the question of what will help him realize his desires, he answers: "*It is hard to talk about any good qualities I have*".

When addressing his negative attributes, he says: "*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*".

Abraham describes his difficulty with the internal world that is guided by a search for justice and truth as a method for not coping with the emotional world. The addict feels damaged and tends to blame other people for being mean to him. But he has difficulty seeing his internal self regarding his situation. The role of the therapeutic community, with all its tools, is to put a mirror in front of the youth (De Leon, 2000). The mirror blinds and makes it difficult for the youth at first. Abraham can see the change and describes the changes that occurred in him. One of the components typical of the therapeutic community is the way it is different from normal life. The framework forces the youths to change behavioral patterns in the early stages of absorption, even if it is understood that the process and insights will only come later. As said in "Sefer Hachinuch" (Rabbi Aaron Halevy of Barcelona, 1523), "Hearts follow actions". Action will lead to deeper insights.

"I am full of change. First, I am aware of myself. I know who I am and that change is great. I admitted I had a problem. I came from a place where no one was able to help. Now I think differently. I think that I can't manage without help. Help is not weakness. I changed in my behavior".

Abraham also addresses the physical change. There are youths who are eating three meals a day for the first time, and sleeping normally at night, taking care of themselves physically. A doctor and nurse check the youths regularly: "*My face looks much better. I smile more. People who did not see me for a long time are shocked by how I look. I have more joy in life and value life more*". The addict stopped relating to himself and his basic hygienic needs, whereas in the community, even from the start, he must address his body and looks and the unique needs of his own body. This change is generally clear at the beginning of work in the community and is incentive to continue therapy. Nevertheless, Abraham is still in the euphoric state that is typical of Stage A. He describes the personality changes that have occurred: "*I still have peaks of anger in my behavior. I am more nervous. It isn't something that I can change. It is something I can control. I am more aware of myself before I get angry. I know how to use the tools offered to me against breaking out in anger, more or less. For two months, I think it is a big change*".

There is no doubt that it is necessary to practice and to cope with reality to allow changing behavioral patterns. It is clear that he is relating mainly to his nervousness and anger within him. He understands what is required of him, but still, application is not well enough expressed and he still cannot say: I changed.

Yitzhak:

"*Here I believe in myself more than I did at the start*". This sentence is very significant. Even though Yitzhak is only at the beginning of the road, he already relates to himself differently. His ambitions are: "*I would like to see myself as a lawyer. After serving in the front line in the army, after studying law".* Suddenly he has a feeling of efficacy that was unfamiliar before. As a result he develops expectations for the future, to want to be something. The attributes that will help Yitzhak, according to him, are: *"Sensitivity, a head on my shoulders, you can say intelligence. Confidence I don't really have, but I'm working on it*".

This is the beginning of self awareness out of understanding that the road is still long. Yitzhak identifies attributes that will make it difficult: *"Again, my lack of confidence and self worth, lack of trust in myself, the environment. I never noticed before".* Being concerned with himself in therapy led Yitzhak to understand the complex parts of his personality. Looking inwards like this generally does not exist, as Yitzhak said: "*I never noticed it*".

There are some youths for which introspection leads to despair, and prevents them from entering the therapy process. But others find the understanding that they have problems within themselves, encourages them to go through a change process to improve their situations. Yitzhak is among this group: "*This lack of confidence is expressed let's say, when I raise a form in the middle of the circle, and then suddenly my words get mixed up, my heart beats, etc., and it is because of my past failure*".

Yitzhak gives an example of how much a lack of confidence affects his daily function. However, Yitzhak discerns a change in himself and this encourages him.

Has a change occurred? "*There are things that changed, such as self recognition in all areas: emotions, ties with the family, and recognizing my addiction problem. Now I have fewer outbreaks. I think maybe not at all. I lose control less and am less self destructive. I can give in more, accept and listen. This change occurred because I was pressured and because people are always looking. The assignments, the friends who evaluate you, until one day you understand that if everyone is making the same comment, you must have to change something…"*

Yitzhak has a mirror in front of him. The mirror that he is looking through scares him because it is true. The members of the community play an important role - being a security net and a source of support.

In Yitzhak's case, these emotions are a type of weakness, but are also attributes through which he is experiencing success for the first time. Through them he feels a sense of belonging to the group, and understands the group's expectations of him: "*This change occurred because I was*

pressured and because people are always looking. The assignments, the friends who evaluate you, until one day you understand that if everyone is making the same comment, you must have to change something", as stated by Dinkmeyer & James (1976).

Yakov:

Yakov is a resident in Stage A. He was born in Ethiopia and immigrated with his mother at a young age. His father remained in Ethiopia. His absorption in Israel was difficult and unsuccessful. Yakov has been in Stage A for a long time and has not managed to move up to Stage B. His friends make it difficult for him to do so. They say he has not yet made a true change. To the question of what he wants in ten years from now, Yakov has difficulty answering: "*I have difficulty seeing myself in the future with a profession...I plan to finish therapy and I don't see the future"*. This desperate situation is typical of the stage, but compared to his friends, Yakov is in a more difficult position.

To the question, what attributes will allow you to achieve your aim, Yakov answer: "*Difficult question. I don't know how to look at my strong points. There are traits, but they are difficult to identify. I like to help people"*.

At this stage the residents are busy with themselves, full of opposition and lacking confidence.

The attributes that will make it difficult for Yakov to reach his aims are: "*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. It's because of the drugs and because I had a head injury and had an operation"*. Yakov cannot look at his positive sides and he is looking at the half empty cup. He does not accept responsibility for his situation: "*It is because of the drugs and because I had a head injury and surgery"*. Yakov continues to discuss his difficult situation: "*I give up easily. I lack belief in myself. I ask myself why I am going through therapy if statistics say there is a chance that most of us will fall. So I believe I am among the ones who will fall"*. Yakov has no belief in himself or his abilities. Apparently he is in Malkishua only because of the court order. The more severe the emotional damage, the greater the difficulty in coping with the illness, and the more despair and hopelessness there is that therapy will help. In this situation, the resident begins to create cover stories to allow him not to accept responsibility for his deterioration: "*Since 7th grade I stopped going to school. In the past I was in a dormitory and it was good. I got attention and they liked me. I felt good. Here I don't feel good"*.

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<u>Joseph</u>:

Joseph is nearing the end of Stage A.

Joseph differentiates between fantasy: "*I have dreams to travel abroad*", and reality: "*But am willing to be satisfied with having a kiosk*". His ambitions for himself are realistic: *I will go to work in a factory, save money, set up a little business, something that is mine*".

Despite his situation, he still has difficulty seeing parts of his personality that will help him reach this place: "*I go with things to the end, but it is difficult for me to see positive things in myself*".

When the interviewer insists, he finds some positive qualities: "*I know I am smart. I know how to get out of difficult situations and don't let them break me. I know how to get out of situations well. Only yesterday I was in parking (one stage before leaving the community), and I managed to get out of it*".

Regarding the less strong parts of his personality, Joseph is aware of his situation: *"I have an ego problem. It is hard for me to step on it. I don't have the thing with respect, but if it touches my ego, you're wasting your time*".

Although he is in stage A there is an obvious change in his behavior: "*I remember myself before. I was nervous all the time. I would just hang out. I didn't have a reason to do anything special. I flowed. I didn't think before I acted. Now I feel that I speak like you should*".

To his understanding, his change touches on the therapy level, and not only the functional-behavioral level: *For example, I couldn't have sat and spoken with you. If someone started to speak to me about personal things, I clam up and don't speak. Now it is different. It's the place or the people in Malkishua. I'm more open. I speak even when it is hard. I feel that this place gave me the opportunity to better understand and explain myself*".

The therapeutic atmosphere of introspection affects the residents in the community. What, on the outside is considered negative, harmful to respect, etc., in the therapy community is part of a work approach, i.e.: the ability to speak about what I feel, touching on weaknesses outside (previous life) is considered an expression of weakness. In the community, on the other hand, the ability to do so is a strong point. Joseph therefore joins in the general atmosphere and begins to encounter himself. This behavior is typical of residents nearing the end of Stage A, but this is still only initial contact and not an in depth delving.

Joseph feels isolated and without a real sense of belonging. The still pays attention to the world from which he came, and still is not totally

separated from it: "*I feel alone here. I have friends here, but I am used to having friends close to me not judging me even though I limp. Every small relationship in the community must be worked on. At first I felt alone without friends. I wanted to go home. Now I feel it less. I learned to cope with the feeling. I feel that way and it is not really what is happening around me. I look at it differently.*"

Joseph has an obvious physical limp when he walks. There is no doubt that this has affected his self image, particularly during adolescence in his attempts to find his place in his peer group. Outside, Joseph belongs to a group with the common denominator that all of them have been excluded from normative society for various reasons. There, they did not judge him and he was accepted as he was. But in Malkishua, Joseph is still trying to find his place within the youth community. There is no doubt that low self image makes it difficult. But Joseph still understands that it is his problem and not necessarily a problem within his environment: "*I feel that way, and it is not really what is happening around me. I look at it differently.*" This behavior is typical of the stage of therapy that Joseph is in, a stage in which he will finally have to make a decision that he is totally dedicated to therapy.

Sarah:

Sarah is at the beginning of therapy. She has been in Stage A for three months. She belongs to a group of four girls. All the other residents are male.

Sarah still opposes the therapy program. She is busy with herself and has difficulty looking forward. Regarding the question of where she sees herself in ten years, she answers: "*My dream is to see my parents proud of me and myself proud of me*". To the question what attributes will help her achieve this, she 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, charming smile, perhaps: "*Nothing. Nothing. I have no charming smile. Nothing, nothing, nothing*". To my question: What attributes will make it difficult for you, she answers: "*A lot. 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*".

Sarah's self image is very low. She does not value herself or her abilities. This state is an expression of early and severe damage, but it is also typical of the initial stage that she is in. Changes for Sarah at this stage are slow. She is in a therapy climate, which on one hand reinforces her difficult situation, but at the same time, allows her to see slight changes in

herself, such as: "*I believe in myself more. I feel that cleanliness is a bit more for me*".

The fact that Sarah believes in herself a bit more is expressed: "*In the task that I am doing now - to be or not to be. Because I sat on the fence (i.e., I was not convinced that I wanted to be in Malkishua), they put a tag on me that said that I had to decide whether to be here or not to be here. Until two weeks ago, I was not here at all. I was looking for reasons to leave. Now I am more here and believe in myself more. It is expressed in the fact that a month ago I was a regular diver. I gave up immediately. I knew I could not get through it, that I wouldn't hold in, and somehow I made it through. Two weeks ago I asked to be a diver. I wanted to go through it properly. I wanted to prove to myself that I could do it. I did the diving, I proved to myself that I could do it, and it made me believe in myself, I put it in my head that I couldn't do too much, I made it greater than it really was*".

In this case, the rule "hearts follow actions" is seen, and because Sarah's emotional stage is understandable based on the beginning stage of therapy, the model contains an entire system of results that aim to show the youth that they are able to do something even if they do not believe in themselves. The community supports the individual, and he manages to do what he has to. The experience of success manages to lower the force of lack of trust in oneself: "*I proved to myself that I could do it*". Here, there is no intent to let the youths get away with not fulfilling their tasks, but to insist that they must do everything that they are assigned, and this will bring back their belief in themselves.

Regarding mixing of boys and girls, between the lines one understands that Sarah is paying the price for the fact that Malkishua is a mixed community. Even though she says: "*I get along less with girls and am more comfortable with boys*", this statement shows some of her difficulty being integrated among girls because her problematic self image.

Later Sarah describes the severity of the situation: "*Generally, most boys look at girls like sex objects*". She even describes the degradation that she goes through when a boy "shakes her up" (reflects) that she wears clothes that are too tight: "*It is something that should not be allowed, that there should be a law that boys cannot shake up girls for their clothing*".

Apparently the boys in the community continue to act according to the behavioral pattern of the street regarding the girls around them. This is a cheap disrespectful attitude. The community's method of coping with this is setting clear boundaries regarding relationships between girls and boys. I feel that it is important to think of other areas related to relations between the sexes, particularly during adolescence, addressing the

emotional aspect, and include them in therapy. In this field, Malkishua addresses issues that are on a functional behavioral level and not on an emotional level. This is clear later in therapy, and particularly after therapy, as reported by some of the graduates in their interviews regarding intimacy.

Analysis of Quotes - Stage B

Stage B is the high point of therapy within the therapeutic community. Most of the youths have been in the community after making a conscious decision that they are there because they need therapy. They play roles and have responsibilities regarding self administration. They even take an active part in group work. In this sense, they are the ones who draw the members of the therapeutic community upwards.

Aaron:

Aaron is an Ethiopian youth at the end of Stage B. Aaron is well-liked socially. He is respectful of the place and knows how to value what is done for the benefit of the youths.

Regarding his ambitions, Aaron wants to be a gardener: "*It is something that will satisfy me and contribute to life, a self employed gardener, family, wife, being clean forever"*. When asked what will lead him in that direction, he discusses: "*Motivation and will and power"*. At this stage of therapy, Aaron begins to finally have experiences of success, which lead him to begin to believe in himself: "*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..."*.

At this important stage on the therapy continuum, the youths gather strength to continue on a difficult path. Aaron expects many difficulties, when he encounters the real world. Aaron has already worked hard to achieve status in the community, and now he is enjoying the fruits of his labor. The transition from a feeling of failure to a feeling of success is critical, without which it is difficult to continue on.

Since Aaron is an Ethiopian immigrant, some of his low self image that he started with is related to his physical difference - dark skin, etc. Generally, low self image is strong. The feeling of difference that the youths describe that they experienced at young ages in school left much damage, and allowed the development of their addiction illness.

Shmuel:

Shmuel has been in Stage B for a number of months already. He is very intelligent and comes from a high socioeconomic background. He does not come from the criminal world. This background is significant to understand his emotional state.

Shmuel does not let himself get mired in the world of emotions, which has both advantages and disadvantages: The advantage is his ability to cope with disappointment: "*Before going up to Stage B, I got a negative response, and I still competed*". It is necessary to understand that going up to Stage B provides many privileges such as going home, etc. "*I did not walk around with my head down, and I didn't talk about it all the time getting stuck in the situation. I didn't really hold it in. I stood tall. It didn't break me, and I decided that I would do what I could to get to Stage B. I would make it, but not out of pity.*". this is an ability to bypass a crisis without becoming mired down, which generally is difficult to get out of. But on the other and, there is a disadvantage in this characteristic: "*My problems in the past were mainly in my head, my thoughts. I did not have behavioral problems or emotional lacks. One of the things they taught me here is conscience. I could do a really serious deal, and then I can stay with it and not even refer to it, and it would not bother me. Let's say that in other people you can see that they are making deals. With me, it's life as usual*".

Shmuel has significant barriers that make it difficult to maintain interpersonal communication with his environment. As he says: "*I distance people. If someone hurts me I say okay, I won't talk to you, I won't have any contact with you and stay away. From my standpoint I put an X on the person*".

Shmuel describes this emotional disability in a strong way: "*The thing that nothing actually touches me, that I cannot experience emotions. I can speak about them and identify them but not really experience them*".

First of all, Shmuel is very aware of himself. He focuses the problem and knows how to analyze his emotional problem, intellectually. Meanwhile he must cope with the intensity of the requirements of the community and even goes through a behavioral change (that he is not very aware of): "*When I came in I would curse, act out, break things. All the time combinations with cigarettes and I couldn't set any boundaries with my friends. I would see a friend making a deal, don't know what, I couldn't set any boundaries out of fear of how I would be seen. This is a change in me. On the medical level I would not even check my sugar level* " (Shmuel suffers from juvenile diabetes). Apparently Shmuel's problem is not only emotional. Generally emotional problems have external

expressions such as problematic interpersonal communication, discipline and behavioral problems in school and within the family.

In fact, in this area a change has occurred in Shmuel, and therefore he moved up to Stage B. But he still has a difficult task delving into therapy, beyond the "here and now" behavior. Now, he must handle the issue of conscience (superego). Why does he not allow himself to feel things? Together with the social worker and friends, he must address his emotional world which is in a deep freeze. Apparently Shmuel has good reasons for the fact that his emotional world is frozen (his life story is very difficult).

Shmuel understands that he must handle the problem and that now is a good time. In Stage A, the youths are busy with the question of am I an addict? Why is there a need for the therapeutic community? In Stage B, it is necessary to deepen therapy and understand that drugs are a symptom of something much deeper, and now is the time to cope with these issues.

Shmuel says that he "*doesn't let himself be there with the feeling, no results touch me, no detachment, no regular diving, nothing*".

When asked what he is afraid of, he answers: "*I am afraid of having weaknesses... that people will see that I am weak.*" As has already been said, hiding repressed emotions is an expression of some damage or as Shmuel says: "*I am afraid of having weaknesses... that people will see that I am weak.*" For Shmuel, there is a need to maintain a strong appearance and control. Later in therapy Shmuel will understand that these are defenses and will reinforce his self image by not needing these types of defenses any more.

Yehoshua:

Yehoshua has been in the community for ten months. During the interview Yehoshua did not allow me to penetrate deep layers. I did not manage to identify if this stemmed from his personality or if he just didn't feel like delving into things that day. This was expressed in his responses. He spoke about his need to get things: "*material, external, money, clothes, etc.*". I think Yehoshua was being truthful and was not trying to please me during the interview. He presented the need of addicts to fill in the black hole with material objects such as: money, clothes and girls, in order to feel valuable. I think that in fact this is what makes most humans feel valuable and equal.

Yirmiyahu:

Yirmiyahu is almost 18, and is a Russian immigrant. In the past he was in the Gilam dormitory. Yirmiyahu has severe problems with violence for which he was tried and imprisoned, and later referred for therapy. His

expectations of himself are realistic. He is afraid to fantasize because of his fear of disappointment. "*In general I do not fantasize. I fantasize something within my limits*". Yirmiyahu wants the most basic things: "*First of all a job, the basic things. If I don't have that, how do I travel abroad? Firstly you build your life and then you have all the fun*". Yirmiyahu has adult insights because he has seen a lot in his life. He has had enough of the bad that he experienced, and now he is constructing his life slowly but surely. He begins from the foundations and then moves on: "*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*". Again, we see that 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*".

Regarding violence, Yirmiyahu says: "*Today, I don't use violence. I often ask myself why not, and the only answer I reach is that it is my will. Simply the only will I have… Violence is one of my attributes and I always want to use violence. But I am in better control of myself. I don't break out. I keep myself together and know that when I start to get angry I can have a cup of water and relax.*".

In general, Yirmiyahu is more aware of himself and this allows him to control his impulses and emotions. He describes it as follows: "*I have a negative attribute, and I learned how to control it, shortening the path to the goal. Walking a straight line or making detours and shortcuts… like you say, a person who uses drugs, it is a process that began much earlier. The same with me. When I am about to get angry at someone, it is a process. I don't want there to be violence at the end so I come and share, and then I feel that I am finally a person*".

"*I feel like I control myself and I am a sane person. I am not living like a fake. Drugs offer me something fake and not real*".

The experience of control and self awareness provide power and reinforcement. This positive experience stands up to the desire to go back to using drugs in times of crisis. In Stage B, it is possible to discuss a true struggle of two strong forces, the desire to be "real and not fake", and the desire to "escape when it is difficult".

Zecharia:

Zecharia is an Ethiopian immigrant. He is emotionally damaged. On self image: "*I would use because I am Ethiopian and not like everyone else*".

He is presently in Stage B. His motivation is to be integrated in military services. The army as a melting pot is proof that Zecharia wants to be part of Israeli society. The need to feel belonging and be an integral part of Israel is a central issue among many youths, but for Zecharia, it is very clear.

Zecharia presents the complexity typical of the stage, which is the ability to see the half full cup: "*...that 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 wonderful description of all of the process working at the same time leading the resident forward. No miracle occurred just a long and continual process. In Stage B, it is possible to identify the problem places, to look back with perspective and understand the work has been done and a change has occurred. There is an ability to discern between being right and being smart. "*I always would argue with everyone, for eight months.. I always looked for how to be right, where I was okay and where they weren't. Now I cope better*". The meaning of coping is the ability to experience feelings such as: "*difficulties, things and missing. Once I never would have known what emotion was. I didn't know at all. You'd ask me how I was? Fine. Except for that, nothing*".

Connecting to the self that occurs at this stage allows better coping with reality, but also leaves the youth with true difficulties attached to an addict: "*Lack of delaying gratification. I always want it now. Lack of confidence. I don't believe in myself*". This is an overt struggle between opposing forces. The longer you are in Stage B, the more the positive side grows in general.

Summary of the Analysis of Stage B Interviews:

Stage B is a central stage in the therapy process within the community. At this stage the resident has made a personal choice to be in therapy but there are still real difficulties. The damaged parts of the personality arise at every opportunity, and the internal struggles that take place in the resident's mind are difficult. For the first time, these youths are experiencing success, and they have the ability to cope with this new feeling.

There is a process of processing and understanding of how successful experiences can be achieved, what the right path is, etc. These experiences lead the youths to believe in themselves and to want to

continue to succeed. At this stage, the youths deal with their emotional world, and therapy delves into and touches on hidden layers.

Until this stage, progress depended on becoming liberated from opposition to therapy. At this stage this is somewhat relaxed and therefore the process can occur. At this stage, the youths are exposed to their complex emotional world which strengthens them and allows them to feel "real and not fake". But on the other hand, it is also a scary and threatening world.

The youths ask themselves if they really have a chance to cope with their inability to delay gratification, to use drugs and escape from coping with the painful emotional world. The strong experiences that arise are experiences of loss and abandonment. Therapy does not allow denial but leads to touching on them and coping with this difficult information.

It is important to note that there is a fear that these youths will wallow in their emotional world and not manage to function. Therefore, at this stage they have significant functional tasks. Self administration of the community is the responsibility of these youths. At this stage they also begin going home to visit. This requires that they have practical strength to avoid returning to their criminal patterns. This is worked on in groups and personally, through a regular schedule within the community.

Analysis of Quotes - Stage C

Stage C is the stage in which the youths have finished their therapy in the therapeutic community and continue in Afula in a flat in a regular residential building. This is a mostly independent framework, a hostel, 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.

Shaul:

Shaul does not feel like he is ready to end therapy. He says he still has things to do: "*I think that I don't feel ready, but something like 4-5 months, and I will be ready*".

However, what is characteristic of Shaul is his exaggerated self confidence and his feeling that anything is possible: "*If I say I want something, I simply fight for it. I go and get it finally. I have an attribute that until I get what I want, I don't give up. The entire world will turn over but I what I want, I get*".

The typical phenomenon of 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*". The basis for this attribute is positive, motivating him forward and forcing him to cope with life. On the other hand it is dangerous because it is not always realistic. In life, not everything works out or is attainable. One must expect that during therapy in the hostel, Shaul will find his balance. Through trial and error he will find that life is more complex than he imagines it.

Shaul is aware of his weakness and his complacency, and understands how dangerous it is: "*Sometimes I get into a situation that I'm in a cloud and I am complacent, not paying attention to things happening nearby me...*". It is unclear how Shaul plans to avoid being in such situations. His realistic ambitions in the field are to work in gardening and be a family man.

Jonathan:

Jonathan finished therapy in the community a number of months ago. During the interview, he was living in the hostel and working at a factory in Yizrael. Jonathan has ambitions to be integrated in the normative world, to serve in the army and to study in higher education. Experience shows that when a graduate has such ambitions, his emotional state is generally good. Ambitions testify to a level of motivation that moves the individual towards progress. There are those who despair regarding being integrated among their peers, and in their despair, they give up. Jonathan is not in this situation. To the question where he wants to see himself at age 30, Jonathan answers: "*I want to see myself after studies, difficult studies, after they place me in a job that I like*". Jonathan is in a stage that he enjoys his new daily schedule compared to the reality from which he came (before Malkishua): "*I am not a person lying about someplace and not doing anything with myself... you do things (get up early, go to work, etc.). You have a peace inside, you can't help it*".

In the past, in order to achieve stimulus, he would break into homes steal money and take drugs. Today his excitement is: "*... to sit and drink coffee with a girl or just to go out with a friend or to have a good day. Wow, it is fun that excites me…*" Enjoyment from the little things in life fill his day: "*Hearing a good song, a lot of things that I didn't pay attention to before*".

The encounter with daily reality is new for him, living life with control in your hands, and not being managed by the drug but living as you like. For Jonathan and his friends it is the first time that they have been sitting in a café and having conversations, where the contents are not drugs and planning crimes. At this stage there is something filling the "black hole".

But not for long: "*Every day I have to get up and go to work at a factory, like a little man who doesn't have much purpose in life, he doesn't help anyone and you want to promote yourself. You want to do something. You want to buy a car. You want a girlfriend. You want things and that they should come to you and everything will work out".* Jonathan describes the "sick head" of the addict. It is the self destructive mechanism that does not manage with what one has and wants everything "here and now". For Jonathan these thoughts come up too quickly. He is already thinking forward and has difficulty living the moment. It is a common problem that requires addressing in deep therapy within the community and after leaving the community.

Jonathan tries to adjust to his new situation that he is not used to. In the drug world, Jonathan had a lot of money and power, and now he has to create his status, not with money and power. This task is difficult but possible.

It may be said that encountering a different life, is experienced by Jonathan with strong force. In the therapeutic community, Jonathan was busy surviving the pressure and group interaction. In the hostel, the encounter with normal life itself makes the gap between the world he came from to the life he is supposed to live, greater. He must work on this gap, which is not easy. In certain ways there is a sort of rebirth.

> "The 'clean addict' will quickly find that the fact that he is clean of drugs does not only not improve his situation but often makes it worse. The reason for this sense stems from unrealistic expectations that the environment will value the fact that he is clean from drugs. The 'clean addict' feels that he has made the ultimate sacrifice and expects immediate reward. Reality throws it in his face, because the degree of environmental suspicion is great during this time. His behavior is watched in a microscope. Every time he leaves the house his relatives perceive this as an opportunity to go out and use drugs.

> "The more distant environment feels that the 'clean addict' should be rejected and many believe that 'once an addict always an addict'. In addition, the 'clean addict' finds that he does not have the skills and talents necessary to cope with daily tasks. Simple tasks are experienced by him as impossible[26]".

Summary of Interview Analysis - Stage C

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[26] Hovav, M. (20000, Therapy and Rehabilitation of Drug Addicts, p. 185.

Stage C is a transition stage from the therapeutic community to a hostel, as a continuing framework. In this transition a number of things happen. First of all, the transition from the theory to practice stage. In many cases, the youths have learned that "training is difficult but in the battle it is easy". Suddenly they experience that it is sometimes even more difficult in the real battle. In real life, theory is not always in keeping with reality. They come with exaggerated self confidence with a sense of "the sky is the limit". They develop expectations that a "red carpet" will be spread at their feet, but reality is not such. There is routine in difficult work, working in industry, mainly, which is not actually the most exciting work. Secondly, the encounter with the outside world forces the youths to learn a new language of reality, not the language of therapy. Third, there is a need to make new friends, and this requires much emotional power.

In these three areas, there is a need for high self esteem, a sense of efficacy, and motivation to be integrated in normative life. It is important to note that in general, in the therapy process, these powers are created and are tested, as described by the youths in their interviews.

Food for thought:

The transition stage (about two months) is a confusing and difficult time. I tend to describe it as opening your eyes into very strong light. This is blinding. This is how the youths feel in their transition from the therapy to the hostel. Blinding is the confusing and undermining state that sometimes makes it difficult for them to be integrated.

Analysis of Interview Quotes - Graduates

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.

Yehuda:

Yehuda stumbled and went back to using drugs. His feeling of frustration and failure are a central part of his life: "*There is a feeling of frustration and failure. I was clean for five years, and it was all wiped out in one day*".

This is the well known "crash" dynamic related to exaggerated self confidence. Yehuda did not have a true desire to maintain and persevere with what he learned in Malkishua. Yehuda wanted to conquer the world, but forgot where he came from.

"*I was a child. As a child it is difficult to accept therapy, to accept everything the community offers. It is also difficult to apply. You are just a child who wants to live. As a child I was lacking many things and when I left the community I tried to make up for those lacks. I did it in a way that was not correct. It started with driving without a license, and business ties with dishonest people*".

Yehuda did not maintain himself and therefore found himself in risky situations. He went through long therapy in Malkishua, but there is a dynamic that the moment you begin to be fake, it is difficult to get yourself out of it. You are ashamed of what your friends will think and say:" *At some stage I wanted to stop, but I didn't know how. I was too desperate. I was afraid of what they would say about me, what criticism they would say about me*".

The feeling of failure is following Yehuda. It is not as bad as how Yehuda felt before therapy because in the initial stage Yehuda did not yet know what the experience of being clean from drugs was and what real quality of life could be. When he fell back into drugs for a second time, he had something to compare it to. In this case, the sense of failure is even greater, as you know that five years were wasted in the blink of an eye and went down the proverbial drain.

Yehuda understands and identifies, after his stumble, what his weak points are and where he must beware. He is more aware of himself and is not blinded by a desire to conquer life in a moment. Now, Yehuda's life is more in proportion: "*Yes, I know one thing. We always walk around with a dose in our picket, but we don't know when we will take it out. It is something that will accompany us our entire lives. Use is a deal that was created. It did not begin in one day*".

In comparison with his adult friends, Yehuda is in a more simple position. The world of addicts is closer to him. The rehabilitation program that he is in is the N.A. program, guided by recognition that the addict must always remember where he came from. It is a daily program that is an anchor, that in the past, was felt to be more suitable for adult addicts who could not succeed in any other rehabilitation program.

During his period of living a double life, Yehuda got married and had a daughter. It is not clear what type of intimacy he has created with his life partner. His relationship with his daughter is complex. He has a difficult task, but he is more prepared now than in the past: "*The best way to learn is with your legs... I deviated from the track a bit, but if you don't know how to get a hand on yourself in time and get back on track, then you lose yourself totally.*

Yehuda is not filled with self pity, but rather is coping with the situation: *"I don't blame anyone for what happened to me. I only blame myself"*.

<u>Menashe</u>:

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.

Another way to look at his situation is that inside, Menashe lacks confidence and his self image is low. He feels less good than others, damaged in some way, compared to his friends who are full of confidence, spontaneity, flowing and succeeding (the quality of youths who come to perform this type of service is very high). I tend to think that both reasons together are very strong in Menashe.

On intimacy: Menashe describes coping with failure in creating intimacy. First his description is relevant to any adolescent, not necessarily a former addict. But Menashe as a former addict is at higher risk for crashing when crisis arrives. In fact, Menashe describes difficult experiences: "*.. it was so bad that I had thoughts of harming myself in some way"*. But despite his difficult situation, Menashe has managed to get himself together: "*I told myself, there's' nothing to do, and I was still in National Service. I wanted to die those days, really. I had to continue to work and to guide. I told myself that's it, I will leave everything. Then I continued to guide and I felt bad, and had this feeling but continued to do what I had to do, because I thought it was the right thing. What I believe is that we have difficult situations in life and good things in life, and you can't separate between them*".

The ability to continue in his tour guide work and move forward is an expression of what Menashe learned during his years of therapy in

Malkishua. It is possible that it took longer than for other youths, but finally, Menashe practiced what he learned and made it through the specific crisis.

It is necessary to remember that graduates of Malkishua cope with the same difficulties that all Israeli adolescents cope with today: military service, studies, intimacy, etc. But Menashe's situation is more fragile because of his low self image. Despite successful experience, he is still fresh from the therapy experience. The nature of his hurt is primary and significant and he lacks life experience. He also lacks the support systems that many others have, i.e., family and friends.

 Menashe and his peers have a complete system of fears, and these undermine their self confidence. This situation is composed of fear of the unknown, and lack of success, and the response to these fears is often "just don't do it": "*...what can make it difficult is fear of making a step into a place that I am not familiar... there are may fears, like how to be accepted to studies, and if I will study I will have to stop working, so how will I live?*".

Menashe describes his worries in a unique fashion: *"On one hand, I know that I simply have to go out and take the step and things will work out. I know they will. Even when I am under stress, I know that I will manage under stress much better than in situations when I have all the time in the world to think and consider... and I think that is one of the things that can prevent me from achieving things I really want to achieve. These fears of not making a very scary step"*.

Various basic feelings exist in the graduate, despite being integrated in life, external appearance, language, etc. Inside there is a "black hole", an empty space, a scar on the personality that was treated, but will require treatment all through life, apparently. Menashe describes this feeling: *"That sense of being different, different in the sense of being excommunicated. You are an addict, so you have limits. It is a very difficult feeling. The sense is what, I'm a normal person. I have hands and feet, I work, I function, I live and I enjoy life"*. Menashe uses the term "excommunicated", a severe feeling of lack of belonging or even worse. The connotation is negative, being undesirable in normal society.

Later, Menashe says: *I have that point, that I am a person with weakness, weakness is what makes it difficult for me. I don't want to be with this weakness... Yes I have this weakness which is very dangerous and scary, because this weakness, the addiction, means losing control over the world that I have today, and it is not something that I want"*.

Menashe describes the complexity of the situation of a former addict who tries to become integrated in normal life. He describes this as a weakness.

On one hand, he has a desire to ignore the weakness and not recognize it, i.e. to be like everyone else. On the other hand, this weakness arises once in a while and it can destroy the past addict's life in a blink. This complexity is part of all of the graduates. There are those who choose to ignore the weakness and others who place it in the center and manage their lives surrounding this weakness, i.e. going to N.A., etc. There are others who find the correct balance, and they are the ones who generally manage to cope better with life.

Zevulun:

Zevulun is studying in university and lives in the student dorms. Zevulun is aware of himself. At the beginning of his journey after therapy, he made a few mistakes: choosing an area of study that did not suit him, returning home, not persevering and leaving a couple of places of work. However, Zevulun managed to keep himself clean of drugs: "*... in the past I made erroneous decisions. I am not sorry, because part of life is making mistakes... Things I can be proud of, I remained clean with a few other friends. Even though it was not the easiest or most comfortable, I continued on the path and knew that no matter what, there is something to strive for. Even though I'm not successful now, I will be successful in the future (with studies and work), and there is no reason to become depressed and destroy myself..."*

Zevulun is a type of person who does not dwell on "self pity". He is aware of his abilities despite problematic times in the past, and still remains optimistic. The proof of this is that after his unsuccessful attempts (two years) he returned to Afula and went back to his studies.

Additional proof to high self awareness is his recognition of the fact that he is lazy: "*In principle, I am a very lazy person. It is difficult for me to do things that I don't want to do, i.e. I don't have any problem if I am convinced that I want to do something, that I should invest in it, and I invest to the end. But when it is something I don't want to do, then it is very difficult for me and I get upset*".

Zevulun acts through his head and does not allow emotions to overcome him. This is also a method of coping. "*My ambition is to achieve a state, and I am very close to it today, to reach a state that I am a normal person saying I will not use drugs, not because I was in a therapeutic community and used once and therefore I may not, but because I don't have the patience for it and I don't want to. That is the only reason that I want to achieve that state*". Zevulun attempts to rationalize his addiction problem. In this way he convinces himself. He feels a strong desire to be like everyone, and is aware of the fact that if he goes back to using drugs, he will lose out, just like everyone else. As long as this equation exists, it is

reasonable to assume that Zevulun will last. My estimation is that Zevulun is afraid to touch on his emotional areas, those damaged areas that he is supposed to be treating. Therefore he creates a detour that helps him cope with life. The question is, will he be able to ignore touching on these emotional parts forever?

On intimacy: Intimacy is a place that touches directly on emotions, but for Zevulun, his problem is that he cannot find a mate with a personality that suits his expectations. He has difficulty recognizing that his problem in this area is complex, and it is reasonable to assume that it is related to his low self image and other issues.

Naftali:

Naftali completed therapy, but after a month he stumbled and went back to using hard drugs. As a result of this stumble he asked for help and went back into a shortened program in Malkishua.

The stumble sharpened Naftali's awareness of the severity of his illness: "*What I learned as a result of my stumble is that it is never over, and I must identify myself and what situation I am in*".

Naftali discusses a severe crisis, despair with life. Naftali is a new immigrant abandoned by his father. His mother married a man who is not interested in him. Although he completed therapy, he did not feel that he had a true horizon spread before him and therefore went back to using drugs, as a familiar pattern from the past. In order to be rehabilitated and to detoxify, he must take a long path, which he is now beginning. The end of therapy in technical terms, is not a guarantee for success. The youth must go through changes in all areas, emotional, functional, and more. Only few succeed in confusing themselves and their environments and pretending that they are caring for themselves in a therapy process, and Naftali was one of these.

Reuven:

Since Reuven was recruited into the army, the interview took place at an army base in the Jordan Valley. Reuven's recruitment was not taken for granted. He fought for his right, and finally the army allowed him. Reuven had to pass a test and prove that he could be an integral part of Israeli society. There is no doubt that this test reinforced his self image, and increased his self worth: "*Today my self worth regarding society has risen in relation to normative people who did not have problems in the past. I see myself closer to them now after I have done the army*".

Regarding his addiction, Reuven discusses how he copes with being a past addict: "*I know the moment I become complacent, I am making a mistake. The community helped me understand that I must feel like a zero, but on*

the other hand, allowed me growth for my feelings... I have fear that even when I am clean for years, the periods that I forgot the teachings ... I noticed after about half a year or four months that I felt nothing. I was in a bad place with myself. But then for no reason. There is no reason to forget that I am not embarrassed by it. I want it to be part of myself because I know that if I run away from it, I will begin to drink and I won't examine why. My friends that were with me at the time, are not with me anymore. It will put me in a shadow, sort of. I'm not always sure that I am my true self. Only when I succeed, am I real. The moment that I put a mask on, I will die. The problem is that I am afraid because I saw a lot of friends suddenly beginning to drink and they just fall apart".

Reuven chose to acknowledge his illness, not to hide it, to keep it in the correct place. First he is not afraid of the fact that he is a former addict. Second, he maintains an element of fear, not a paralyzing fear, but a healthy fear that keeps him away from dangerous situations.

Efraim:

Efraim works as a counselor at Malkishua. Beforehand, he studied at Wingate Institute to be a sports counselor. Until his course in Wingate, Efraim stayed mainly among his ex-addict friends. His true encounter with the outside world was therefore at Wingate.

Efraim describes his attitude towards the course: "*... it is a course that mainly allowed me to return to society and connect with people I did not know. Actually, until the course I was among the graduates (of Malkishua - ex- addicts), and I did not really go outside. I was still within the halo of Malkishua*". Efraim made the break out as a result of his studies. The process took three years. There is no doubt that the encounter with the outside world required coping with his self image and self worth. There are graduates who have difficult breaking out, particularly because of a lack of confidence and lack of belief that they will be able to integrated into normal life: "*I like what I am doing, because before I had nothing that I could enjoy as a normal person, as a free person. Everything I did when I was using did not come close to a quarter of what I am doing today. It's working. It's living*".

Efraim relates to this feeling as a central part of his rehabilitation: "*I am not willing to give up this thing called feeling. Feeling even the most shocking thing like the experience of death that I had while I was in Malkishua (Efraim's group coordinator was killed in a car accident on her way to work). These are experiences that you feel and don't run away from. It is a sense of having an experience and going through a process of maturation with yourself, and feeling an internal cleanliness...*".

Through use of drugs, the addict bypasses the world of emotions. Connecting to emotion is scary, threatening and even tiring. In therapy, Efraim learned to work with feelings and not run away from them. He does not address drugs as a symptom of the illness, but rather his world of emotions. He copes with fear, frustration and pain and learns to enjoy this coping: "*I enjoy it. I enjoy living. I don't enjoy feeling not good all the time, or anything like that. I always want to feel as good as possible, but I am not saying that I don't have a bad feeling that is always with me. Generally, I tell myself, it's not the end of the world. In my credo, I know that I am able to go through bad periods and overcome them. I have the tools that I use. I am always connected with my friends, here too, I am helped a lot. I have conversations with my therapist, to this day. I am always progressing*".

The ability to cope with emotions requires maturity and spiritual power, and Efraim has these. During therapy, members are forced to cope with stress situations in order to train them for true coping. However, there are a number of graduates who choose not to deal with their world of internal emotions. Efraim does not let himself give up, and he uses a central and important tool, support of friends who have been through the same thing and can be an example for him. We have here, an attempt of a past user not to color his life in pink, but to address life realistically. There are responses and situations that are difficult, but there is no choice, and one must cope with them in the hope that later, better days will come.

The greatest difficulty that Efraim has is in his studies. Large lacks create fear and lack of confidence regarding coping with regular curricula. "*I still feel that I have not fulfilled myself in this area. I want to take my matriculations, but I always push it aside. I think that maybe in a few years I will try to get a degree, and that scares me*".

He also exposes difficulty with intimacy, related to his low self image and Efraim's belonging to Israeli society: "*The issue of intimacy is scary and I am less successful in it. From a place of lack of confidence, I am less successful*".

Efraim needs to be in absolute control so that things work out: "*In general, I like when things are in control, are regular and organized, otherwise, spontaneity is just not for me. I cannot let myself be swept away, particularly because I feel strongly committed to myself, because I am afraid that I can go back to making the same mistakes I made before, particularly because I am afraid I will go back to using*".

Control is the key. Efraim is experiencing control for the first time in his life, an ability to plan an agenda. Spontaneity scares him. This central feeling that Efraim has, makes it difficult to break out, because outside not

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everything is in his control: studies, work, relationships. All require letting go of total control and being more spontaneous. The fear of failure and going back to using drugs affect Efraim strongly and make it difficult for him to be integrated in normal life.

Another area that makes it difficult, and is related to belonging, is the issue of conversion. Efraim is the child of a non-Jewish mother. This means that he is not a Jew according to Jewish law (even though according to the Law of Return, he is). This makes Efraim give up and not make too much of an effort to be part of Israeli society. At an appropriate time, Efraim may be interested in leaving Israel.

Summary of Quote Analysis - Graduates:

In the graduate stage, the youths cope with true reality. Seemingly, everything they learned during therapy must be applied daily. In actuality, we see that the damage done to this population is harsh and graduates of the community must cope, like all others, with fears, emotions, and failures. But it is much more difficult for them because of their complex world. They must remember where they came from and not allow themselves to go back and allow the past to control their lives. They must set a high bar so that they can be fully integrated in society (army, studies, work).

Movement on the axis between "once an addict always an addict", and "addiction as a passing episode", is continual. The rate of movement varies based on changing reality. In many cases, choice is based on personality, and sometimes there is understanding that the best path is a middle path that balances between the two extremes.

Intimacy is perceived as a problem. I think that the therapeutic community does not handle these issues enough and there is a lack of encouragement regarding this even in the hostel. I feel that something is being missed, as it is something that is expressed in areas related to self image, and is very important during adolescence, as stated by Erikson (1960).

Another central issue that appears in the interviews is the essential difference between the addict and the rest of the world. This is directly related to self image. Many times there is a personal feeling among addicts that is not necessarily in step with reality, but it is interesting to see the different ways that they cope with this essential difference. There are those who repress it and avoid addressing it, and there are those who live it every day. There are those who are aware of the weakness but address it as a fact that can be controlled and improved upon.

3. Interpersonal and Social Function

Analysis of Quotes - Stage A

In Stage A, the youths are still busy positioning themselves in the community and within the stage.

Abraham:

"*...I don't know if I am accepted by people... I am with myself a lot... I watch movies like I am alone, but it is not really so...*".

The existential experience of the addict is that he is alone in his world, no one understands him, and everyone around him is trying to harm him. At this stage, Abraham is still stuck in this initial experience. He understands what he needs to do to get into the group - connect with his peers, but he has difficulty doing it: "*...being part of the group means getting along, not searching only for yourself, not being an interested party, in short, like also asking for help and accepting help. I don't always know how to ask for help. I keep things inside*".

Because of the many groups and the personal example of the veterans, Abraham understands what he has to do, but naturally has difficulty because he is not used to sharing with others and asking for help. His low self image still paralyzes him and does not allow him healthy communication. Nevertheless, Abraham emphasizes the power he receives from the members of the community: "*I see that people have problems like mine and get through them, and it gives me motivation to do something with myself*".

What is special is that Abraham knows how to identify the stage he is in. He understands that something significant is happening near him and allows his friends to draw him upwards.

Yitzhak:

Yitzhak still has difficulty fitting in and is very concerned with himself. Therefore, he cannot see his environment. This is a phenomenon suited to the beginning of the journey. Yitzhak is mainly busy with his personal situation: "*Yesterday, for example, I found out that if I need something I am so busy with what I need, I do not listen to others. That is why I have problems creating ties and it makes it difficult for me to become part of the group...*".

This is a stage of self pity, difficulty trusting the environment. This was the method of survival outside of the community in the addict world, based on being taken advantage of and repression.

Yitzhak's place in his peer group is problematic, particularly because of his lack of willingness to dedicate himself to the group: "*...For me, being*

part of the group is feeling that you really are loved and supported. I don't feel that it is happening here, maybe it is my fault and I am not taking the first step. I think it is my fault... The social worker told me that my head is too much in therapy...".

Yitzhak is full of defenses and since he does not trust his friends, he maintains himself in the only way he knows from the past - introversion and dealing with himself. At this stage, where the individual encounters a group, there is complex interaction. Only through a slow process does the individual remove his defenses and begin to trust the group. There are those who open up quickly to the process, and others take more time. Generally, it depends on the initial level of damage to the individual. Those who experienced abandonment at a young age, or separation anxiety with their mother in early stages of childhood (Erikson, 1960) will take a longer time to create trust with the environment.

As Yitzhak describes: "*... I don't feel like I have a positive impact over the group. If there is any impact, it is negative. I don't feel that there are youths in the community who set an example by me or that I am a symbol for them*".

Yakov:

Yakov is a relatively veteran youth compared to the other members of his stage. As Yakov describes himself, he is "stuck": "*I am a bit despairing that everyone is moving to Stage B and I remain in Stage A. I see my friends going home and I'm not. I feel stuck, and it is a bummer*".

This desperation has made Yakov absolutely passive, and lacking belief in his abilities: "*…In my stage group, I have been here the longest and there are a lot of new people. I don't make an effort. It is hard for me... I don't try to suit myself to the system. In the house, there are too many people moving forward pulling me upwards*". Yakov has given in and given up on making an effort to change. This is typical of youths in a difficult emotional state. When the gap between them and the group grows, they give up and have difficulty accepting help. This is a very damaged population whose socialization processes work slowly, and unfortunately do not always succeed.

A point to ponder:

Instead of increasing this gap and creating frustration, there is a need to construct a personal program that will include shortening the stay in Malkishua or will attempt to find another framework that is more suitable. If no such program is found, a program should be built within the community (where the youth lives), that includes employment and studies. There is a need to create successful experiences and a feeling of self

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efficacy which is unlike the situation they are in when they arrive in Malkishua. When gaps are created, members of the therapeutic community begin to judge the youth, and he receives "results", but it is clear that the results are not effective and the cycle of frustration and despair expand until it is difficult to remove oneself from it. There are youths who can identify their high level abilities, but others have a personality profile that is complex and show difficulty adjusting beyond what is accepted. For these youths, there is a need for a personal program.

In Yakov's case, he is an Ethiopian immigrant. His family went through a trauma during their immigration to Israel. Unfortunately, during the time this dissertation was being written, Yakov was expelled from Malkishua and went to prison.

Joseph:

Joseph is in Stage A and is still having adjustment difficulties: "*I began closed, and am slowly opening up*". In generally, it seems that Joseph is reacting well to the group atmosphere: "*I saw people talking and it gave me confidence. I feel more comfortable. At first I would bend over during group. Today I say what I think comfortably*".

During the interview, Joseph was having a "result". This is a response to problematic behavior. Joseph was "diving". The role of the result is to help Joseph understand what made him achieve the problematic behavior. At this stage there is a lot of soul searching and introspection, something that made the interview difficult. In general, Joseph identifies the power of the group, and just like it helped him at first, he helps others, too: "*I have an impact over the youths in my stage. I try to be an example. People ask me questions and try to get my help. But I help beginners especially, just like they helped me, I help others*".

Sarah:

At the time of the interview, Sarah was one of four girls in Malkishua. The mixture of boys and girls is a complex issue. The girls are a minority and sometimes the boys act typically towards the girls just like minorities are treated. There is sexual tension and the girls sometimes reenact behavioral patterns that they know from their past outside of the community.

In the interview, it is raised that Sarah is comfortable among mostly boys, even though during the interview she discussed an incident when a community member " shook her up by the wall", i.e., reflected to her regarding her behavior. At the time she felt degraded. The topic of the reflection was her provocative dress. She emphasized that she does not want to live in a community "only of girls". Sarah does not cooperate

with the group and she opposes the rules. A number of months after the interview, Sarah was caught in a "sexual deal" with one of the boys - i.e., having sex, in opposition to the community rules, and was therefore expelled from the community.

A point to ponder:

Why are girls a minority in the therapeutic community, particularly in light of the data showing that the percentage of girls using drugs is becoming equal to that of boys at risk of using drugs? Another question: Is there a need to create a separate program for girls? To deal with issues relevant to girls? Most of the girls in the therapeutic community had been sexually harmed by people they knew, and most of this occurred surrounding the use of drugs.

These questions and others raise the thought that maybe consideration should be made of totally separating boys and girls into separate therapeutic communities, in order to operate programs oriented toward the two genders?

Summary of Analysis of Stage A:

Stage A is the stage of creating basic trust, or as Erikson defines it "basic trust versus basic mistrust" (1968). The central developmental task at this stage is creating trust or basic confidence in the willingness of the community, the members, the staff, etc., to assist the youth and provide him with the therapy that he needs. The "damaged" adolescent is in a stage where he does not trust the adult world because of a painful and problematic relationship within his family and the environment. This fact affects his continued development as a child and as an adolescent. Later the resident moves towards the stage of "autonomy v. shame and doubt" (Erikson, 1968). At this stage the resident discovers interest in what is happening around him, but because his emotional strength is still limited, he has many signs of doubt and shame.

At this stage, there is the beginning of positive experiences which play the role of causing residents to dare to expose themselves. When a resident shares what he is going through with others, he feels relief. On this axis of lack of trust which is exchanged for trust, the youth begins to open up to the group and the community. Movement is slow but sure. There are those who move faster, and those who progress slowly, but in general, there is movement.

From the descriptions above, we see how movement progresses or gets stuck. Most of the youths understand what is expected of them, but have difficulty implementing it. They want to succeed and be integrated,

especially when they see others who were in their situation, serving as positive models, and being valued.

Analysis of Quotes - Stage B

Aaron:

Aaron's social position was constructed the hard way: "*I like to help and not to judge people, and that is how I am treated by others...*". Aaron's status allows him to set boundaries with others and still allow him to be accepted: "*... they did not tell me that I judge them, they accepted me... I say the truth and even if it is directed at others*".

Since in essence, Aaron is helping members and supporting them, this status allows him to give criticism. His friends know how to identify who is really doing it out of a true desire to help and who is doing it to please the staff. The friends that Aaron chooses today are different from his friends in the past: "*If you had asked me at the beginning I befriend different people, people doing deals. It was fun to be with them. But my real friends are the ones who do not judge me and are with me in my pain*".

Aaron has the ability to identify who his true friends are, those who identify with him on an emotional level. This is a significant stage in therapy, in which Aaron chooses who will be his friends. He has the ability to identify who really can help him. The ability to discern between different friends, is significant. Even if on the surface, old friends are better liked and it is more fun to flow with them it is only superficial because there are friends who do deals and have interests.

Aaron went through long and difficult therapy: "*I eat a lot of crap in therapy, but I still progress*". It is because of this hard track that he has won status in his group. Nevertheless, the feedback that he receives from other youths is very significant to him: "*The feedback compliments me. Many times I make an effort to act okay because I know I am being watched and I am a personal example for them*".

For the first time in his life, Aaron has had experiences of belonging. He is searching for himself in a peer group, and their feedback is important to him. Through them, he receives validation of his existence and the change he has gone through (Erikson, 1968).

Apparently Aaron is very busy in his position in the peer group - behavior typical of his stage. In Stage A he was very busy with himself. Now his strength is directed towards the group and interaction with the group.

Shmuel:

Shmuel testifies that he is a person who does not connect with many people: "*I am not felt very much, I'm not the most sociable. It's not that I'm not nice, but I don't have so many friends..*" Shmuel covertly criticizes his friends in the community: "*People who affect him in the group are not robots*". Therefore, there are a lot of robots in the community. Between the lines one can concluded that Shmuel is an individualist. These youths have more difficulty because they always have to make an effort to be interactive in the group. Most activities are group activities. These meetings do not allow Shmuel to "escape", and he is forced to cope with this pattern. Shmuel describes a change that occurred in him regarding his ability to communicate with the group: "*Another change that occurred in my is my cynicism and manipulations... I would distance people, sting them. It changed a lot. What also changed was the thing with friends. I could not connect to people at all. I couldn't include people. I wouldn't create relationships. ... I had no ties with whom I could share deeply and feel that I really had a friend..."*

As described in the model, interpersonal relations in the community serve to catalyze the recuperation process and personal growth process in various ways. They teach commitment, develop trust, encourage taking risks in expressing emotions and self learning, and learning various skills. Sometimes, the relations that develop in therapy become the basis for a social network, necessary during the rehabilitation process.

Yirmiyahu:

Yirmiyahu describes his ability to be aided by the group, the group as a support group: "*When I am part of the group, I have to listen, to help, to give, to receive, to respect...".* Despite this, Yirmiyahu still describes the difficulty in being helped by the group. Individual relations with each person is easier for him. Of course the community also allows individual relationships in which residents naturally feel safer and more protected. Individual relationships can be seen in consulting conversations which take place with one or two youths and not in the forum of the entire group.

The House group is the safest group. In this group, there are fewer therapeutic issues and more experiences. The role of this group within the community is to be like a family. There are intimate parts of this group, leisure parts, and also a dynamic of interpersonal work - creating relationships developing group responsibility, etc. Zecharia describes the feeling in the group: "*In the House group, I feel wonderful. Because it is home, it is a home that encompasses, and I am connected to many people in the house. In the House group more people help me. I feel more people*

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help me and see me". Because of the special nature of the house group, there is less labeling or judgment of the youths, and people are more willing to accept weaknesses, as occurs in every normal family.

Summary of Analysis of Quotes of Stage B:

In Stage B, the youths have already positioned themselves in the community and within the stage. They are already well known. Many of them serve as personal examples for other community members.

At this stage, they are already able to understand the importance of the group and the personal contribution that they receive from the larger group. The central feeling that arises from their words is a feeling of belonging and family. For the first time, they feel like they are part of a group. They understand their responsibilities in the therapeutic community which delves towards interpersonal relations in a community that serve to catalyze the recuperation and personal growth process in different ways. They allow commitment, develop trust, encourage risk taking in expression emotions and self learning, and the learning of skills.

At this stage, the youths are very busy regarding their position in the group. They get intensive practice in group skills and also must sometimes motivate the group. This is a stage in which the group must prove itself. They must examine if support by others is really support, and discern the benefits that they get from belonging to the group.

Analysis of Quotes - Stage C

Shaul:

Shaul is in Stage C in the hostel in Afula. As discussed, this is a continued framework beyond the community. At the time of the interview, Shaul had completed his stay in the community in Malkishua., but the experiences of the community were still strong. When I spoke to him, he was in the stages of adjusting to the new framework, and the difficulties were obvious from his words and his nostalgia regarding therapy in Malkishua.

Relations with friends: Shaul is a sociable individual and easily befriends the group, as he testified about himself: "*First of all, I know what they would say about me, that I am like a leader, a sociable guy… a guy who loves and supports. It doesn't matter where you put me they will always like me. There is something in me, I am diligent, a person that likes, a person that… I don't know… I am fun, like I have fun with people".*

Despite his testimony about himself, Shaul's social situation in the hostel is not good: "*…The truth is here in the hostel it is a bit different. Here*

too, I don't feel any family because it doesn't really exist. You're not here all day. From seven to seven I work, and when I get back here I go to N.A. I'm barely here, just to eat and sleep".

This description can be compared to the feeling that Shaul had in the community in his House group: "*The truth, is the feeling of home in Malkishua is the strongest thing I had. In Shahaf House, I felt like family. There are 14 people, full of people, and there is that feeling of fullness... I know now that there is a group of people like the House group, where I cared to be, where I helped people because it felt like family*".

The community dimension is a unique experience for most of the young men and women. For the first time, they receive attention. Someone sees them 24 hours a day. In this sense, they are similar to small children who still need their mother to light their paths, family warmth alongside boundaries. Boundaries mean security, a safe framework. In the family sense, a type of mutual responsibility and mutual dependency develops between the group members. On the other hand, now Shaul is in the hostel, which to his understanding, is a different task. The youths work all day. Every member is focused on his personal task; integrating in work, saving money, etc. Unlike Malkishua, in the hostel, responsibility for group consolidation is that of the youths themselves. It is clear that Shaul is having difficulty with the transition.

The House Group: The most significant group, according to Shaul, is the house group. Unlike the Stage group, in the house, there are less formal aspects which include leisure activities in a group framework. These create comfortable conditions for developing positive relations between the youths. This is a time that allows relaxing together, getting to know the less obvious parts of their friends' personalities.

A point for contemplation:

Perhaps the expectation regarding such responsibility in the hostel is too great, and there is still a need for a structured framework that allows more time for group dynamics? The only time in the hostel where the whole group is together, is the once weekly conversation that lasts for an hour and a half, and also their dinner meals. The ages of the youths runs from 18-20. Apparently there is still a need for belonging, mutual reinforcement, etc.

During therapy in Malkishua, youths are led to express their personal abilities. Those who have difficulty are provided with constant help. There are those who need temporary support. Shaul is strong in giving help. Giving help makes him feel vital and significant, and helps him cope with difficulties: "*Being part of the group is a role that I care about. People who I care about...*".

The issue of setting boundaries with friends: Shaul describes the dynamic of setting boundaries with friends: "*Regarding red lines. The moment I place them down, they hate me so much because they don't understand it. But after they begin to understand it, they say thank you so much. Also when I set boundaries with a person, afterwards I sit with him for an hour to explain it all to him and that it is all coming from emotions*".

From the descriptions of the residents at the beginning of their paths, it is clear that setting boundaries with friends is perceived as snitching. In street language, someone who reports a negative act of another such as: reporting to the authorities (police, supervisors, etc.), is called a "stinker". That is how the youths perceive the issue of "yellow notes". But later they understand that setting a boundary is a type of help, just as Shaul describes it: "*... After they begin to understand it they say thank you so much...*". Which means: Hearts follow actions, and this is how skills are learned, including the logic behind setting the boundaries.

Integration at work: Shaul worked at a factory in Kibbutz Yizrael. Shaul describes his ambivalent relationship towards work. He is friends with other workers to a certain point. Slowly he is creating new ties: "*I am beginning to connect with people. I also took telephone numbers...*".

Jonathan:

Jonathan also attributes importance to the House group, as a place to which he felt belonging for the first time in his life: "*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... I saw people alongside me. I was not walking alone*".

His feeling regarding the group was so good that after a difficult "result", he said: "*I know that when I come out of detachment, I have someone to talk to...*"

The transition to the hostel: Jonathan also describes a significant change in group dynamics in the transition from Malkishua to the hostel in Afula: "*Here, everyone has his own schedule. What he have in common is maybe once a day we eat dinner together, and maybe we sit in the evening in front of the television. Everyone goes in his own direction, actually*". This is a description reinforcing the point to ponder regarding the nature of the activity in the hostel.

<u>Summary of Analysis of Quotes - Stage C</u>:

The two youths who were interviewed were under the strong impression of the transition from the community to the hostel. Since generally transitions and change are a complex area among residents, separation processes from Malkishua were difficult for them. This was expressed in their nostalgic attitude towards the community, particularly the group dimension expressing a feeling of family and belonging. This difficulty leads to food for thought, because it seems that the transition is too sharp. The schedule at the hostel does not allow expression of the group dimension. There is not enough time for group work. The residents are focused on their personal tasks, although during the stage of personal development there is still a need for belonging to the peer group. The feedback they receive from friends and the boundaries the group sets are part of consolidating the ego identity (Erikson). Therefore it is worthwhile to examine how the perception of the hostel can be changed and more time can be dedicated to group activity and integration that develops among those living in the hostel.

The community and family dimensions are emphasized in the descriptions by these two youths. Unlike a feeling of distancing and hierarchy as exists in criminal treatment institutes for youths, this is a feeling of belonging and family, which reinforces the individual's personal confidence and allows them to make a change. Instead of wasting time on fighting the establishment the resident invests his time in caring for himself. "Unit pride" is a significant part of the change process. It empowers them and allows them to continue to care for problematic areas of their personalities.

Analysis of Graduates' Quotes

<u>Yehuda</u>:

Yehuda describes a close relationship with the group of graduates who finished therapy at Malkishua at the same time as he did. Despite their close relationship he does not share with them that he has become "fake" and went back to using. It is important to note that friendships created during therapy in the community are unique friendships, a sort of "partners in fate". The youths are exposed to the most intimate details of each other during group work, support groups, etc. This exposure creates a closeness and a special tie. In this close circle, it is a long term friendship. When a friend is in distress, others will come from the end of the world to support and encourage him. However, there are also difficulties in this type of friendship. Yehuda describes a situation in which he was ashamed of his friends or maybe his friends refused to believe that Yehuda began using

again: "*Efraim actually understood that he knew about it but he did not want to know*". If a friend stumbles it is a sort of threat for the other group members. Yehuda's stumble reminds Efraim, Reuven and others, that it may happen to them, also. In general, losing a friend in this small group is a difficult price to pay, as the friends chose "*not to see Yehuda's situation. They were afraid to see me as a friend. So they closed their eyes*". The threat is also about what it says about me as friend - I didn't manage to keep my friend safe - maybe I'm not a good enough friend? Are others good enough friends? Maybe closing your eyes is also not seeing oneself?

Intimate ties: Erikson discusses falling in love as a common phenomenon during adolescence. He feels that an intimate tie is not a means for satisfying sexual needs, but rather an attempt to test the unconsolidated ego in the eyes of the loved one (Erikson, 1968).

The many times that an adolescent falls in love, contribute to his identity development. The feedback he gets from loving relations helps the individual redesign his self definition and encourages him to clarify and reflect to himself, his self concept and the way he defines his self. Yehuda's quick experience in creating intimate ties which led immediately to a wedding, was found to be problematic. Yehuda was not ready for such a relationship. He says his wife was not a partner in the process he went through. They quickly had a baby, and the relationship with the girl is also problematic: "*The girl is another story. I didn't know how to approach her*".

Yehuda's stumble may be addressed, not as a surprise, as Yehuda has difficulty accepting criticism from friends, and this is also expressed in his therapy in the community. This personality trait became strong and made him become confused, and return to using drugs. On the other hand, Yehuda knew how to use what the groups gave him and to develop his personality and group abilities, which stood out during therapy. Yehuda had a lot of friends in the community and his position in the peer group was that of a leader. Therefore, returning to drugs was a harsh blow for the Malkishua community: "If it happened to Yehuda today, it can also happen to me". That is a scary proposition, and therefore many of the graduates "hide their heads in the sand", when one of their friends stumbles: "*I think that my friends knew but in some place they chose not to see. They were afraid to lose me as a friend, so they closed their eyes*".

Belonging to the workplace: One of the places where there is interpersonal interaction is the work place. The intensity of the community, the pressure and demands were a simulation of the workplace. "*I can say that I come to work and see people, I see them in fun. I come to work*

willingly. I get satisfaction in coming to work..." Yehuda manages to apply his communication skills in his workplace.

Support group: Including friends or a group regarding what he is doing today, clean from drugs and in the N.A. rehabilitation program is described as follows: *"Today it is easier for me to come and share things that happen to me at home, with my wife. It is much easier for me... I am used to it from Malkishua".*

Menashe:

Integration in normative society: Menashe describes the experience of being integrated in society as an experience of renewed familiarity with himself: "*In the past, socially I was almost totally detached from the entire environment that I lived in*".

Menashe describes his difficulties in normative life. What is dangerous for him is not necessarily dangerous for his friends (maybe it is but that's their problem): "*In the Society for the Protection of Nature (where Menashe did his national service) there is a group of people who never encountered addiction problems like I did, and they live their lives and sometimes they drink. For them it is a norm for every day, but for me it is not the norm, because it is one of the things they emphasize, particularly in rehab. So like every person who is in a certain society, and society has an impact over him, it was also difficult for me. It was a struggle with myself, where I wanted relations with all these people, and who I am in relation to all these people*".

Menashe describes the familiar conflict of graduates of the therapeutic community. Integration puts the former addict into risky situations, as around him people drink and even smoke. It is difficult to live sterilely in a liberal society that does not consider alcohol to be a problem. These situations are defined as risky situations. The former addict must stay away from these situations so as not to be tempted to stumble.

The attempt of the former addict to belong without being part of the group activity - smoking, drinking, etc., creates a certain amount of distance, often perceived as snobbery. There is also true difficulty connecting to a normative group. Low self image, expressed in lack of confidence, increases fears and concerns. Some graduates do not cope and create sub-groups of graduates of the therapeutic community. The youth community in Malkishua does not encourage solving the problem this way, as it leads to isolation and labeling. Through special projects, the community attempts to expose the population to normative society so that later, they will have a desire and the confidence to connect with normative

populations. From the standpoint of the therapeutic community, the optimal rehabilitation process includes integration in various life circles: army, studies, family. This is a young population with their entire lives before them. Their addiction and treatment period is a certain limited chapter in their lives. It is a significant chapter, but afterwards there should be many more chapters coming.

This encounter with external society is critical. Therefore, I think that it is necessary to invest additional thought in developing alternatives for integration, such as integration in youth movements, in a settlement group, etc. Furthermore, it is necessary to create a support system to accompany graduates in their process of integration. Generally, this is about a two to three year period after graduation from Malkishua therapy. This is a stage in which the youth is alone. Ties with Malkishua are weak, and it is specifically at this stage of difficult coping that the youths are on their own.

One solution for coping with the situation is a support group that meets every three weeks. A social worker and Malkishua counselor lead the groups. This group serves as a source of support for the graduates. The group meets in the center of the country and not in Malkishua. This site is significant as it testifies that now they are coping with real life and are not out in the wilderness. They must remember what they learned and apply it, but there is no way back. Malkishua was a chapter, and now they are in the next chapter, one in which they cope. Therefore, support will take place where you actually are, the big city, whether Afula or Tel Aviv.

Ties with the family: Despite family therapy, there is a certain degree of emotional detachment between these youths and their parents. Menashe has difficulty going home and closing these gaps: "*My parents don't know me like my friends from therapy*". Most graduates do not return home to live permanently but rather rent apartments near their place of work, and usually close to Malkishua, either Afula or Haifa.

Zevulun:

Zevulun returned home and maintained contact with 2-3 youths who were with him in therapy. Zevulun is unusual in that he returned home. Most of his friends remained nearby in Afula. But he has not expanded his circle of friends at home, aside from one or two friends. He prefers to stay at home and to go out very little.

Intimacy: One of the most sensitive issues is intimacy, as noted previously. Intimacy is an expression of independence, an ability to give and take, belonging to a family, etc. Zevulun describes his lack of success

and even his anger towards Malkishua as they took away his self confidence and did not teach him how to act in an intimate relationship: "*Before the community I did not have any problem with it at all. But after the community, let's say, I have a big problem because never in my life did I have a serious relationship. When I think about it, I don't know how to approach it at all. I get stressed... Also with the thing with the community in Malkishua, the absolute separation between boys and girls all the time. They tell you it's prohibited and not good. It is something that affects so much that I see it not only in me. I see it in a lot of friends from the community, that they don't have a girlfriend for 3-4 years. There are those for whom it flows excellently, wonderful, and I ask them how they do it. I guess it is part of them*".

Since in the mixed community there is almost absolute separation between boys and girls, the moment an emotional attachment begins to develop (a normal situation particularly during adolescence), there is external intervention so that the relationship ends. Out of an assumption that this relationship is based on a "sick head", i.e. the boy may take advantage of the girl sexually, or as they say in the community - the girl is a "walking time bomb". This statement is problematic in and of itself. The girl is perceived as a sexual object and is sometimes taken advantage of when she does not even know it, or cooperates because of a need to belong to the peer group.

In fact, there are discussions in the community regarding the need to separate the boys and girls, including in school. From examinations and interviews that were conducted in the community, mainly with the girls, they pay the price for being part of a mixed community. There are issues that are difficult to discuss in a group with boys, such as sexual harassment. 70% of the girls in the community have been sexually abused in their past.

Because of the mixture and the desire to keep the girls safe, there is an artificial separation created, based on fear. This creates repression and does not allow the existence of the normal processes from a therapeutic and emotional standpoint.

For example, it is prohibited to create an emotional tie between boys and girls, but what happens when such a tie develops. You cannot prevent emotional relationships. Most of the boys in the community make an effort to repress these feelings and avoid contact with the girls. This hurts the girls and makes them be perceived as sexual objects and as people who are at risk just because they are girls. Therefore, one of the recommendations raised for discussion is creating a therapeutic community just for girls.

<u>Reuven</u>:

Integration in the community: Reuven serves in the army. The interview took place at his army base. Reuven fought the authorities in the military to allow the IDF to recruit him, because he had police records, and therefore the military gives an immediate exemption. Finally, after three years of struggle, Reuven was recruited at age 21: "*What I learned is that it is very important today, the moment you want to be someone in the country and live in Israel, one of the more important things is to do the army, to be like everyone. It quiets your conscience. As a person you see yourself differently and people look at you differently... On a level of achievements, military service opened me to society. There is no more being in society than this*".

The ability to feel equal among equals is a significant achievement. Self image increases along with self confidence: "*Thanks to the army, otherwise I would always have a problem with it, whether regarding a partner or with friends. Attitude changes because I see it differently. I am living within society all the time*". Reuven was recruited at age 21, three years older than most other youths.

Peer group and friends: Reuven addresses his friends from Malkishua as true friends: "*...But still, my best friends are at Malkishua... you get support from them every day, every hour. You can not speak to them for months and contact them and they will understand you and your problem, right away. I have four friends who are graduates of Malkishua, and one is my best friend in the world, more than my brother. A friend who understands me all the time and I understand him*".

Ties with family: Reuven went through a long process of family therapy: "*... This therapy changed everyone in the house from my father to my little brother. It led them to look at life differently. They see me differently today, and that is always what I wanted*".

It has already been said that a man is the form of the scenery of his birth. Reuven defines it as follows: "*Actually, what is important for the individual, most of what he knows and what becomes of him, finally is from his family. What he went through at home*".

Reuben's entire family, including brothers and sisters, came to visit him once every three weeks for family therapy. Within this framework the family worked on main issues regarding Reuven's position in the family. A new contract was signed, rules were set, and issues related to his ties with his father were raised. There is no doubt that thanks to therapy, Reuven went back to living at home during his military service. In fact,

his rehabilitation changes are greater when he has an anchor at home and a supporting and understanding family.

Intimacy: Reuven descries a complex relationship that he is in now. In the past his relationships were problematic and sometimes even violent. Reuven responds: *"...In Malkishua I didn't start working on it at all (intimacy), I neglected it. I said, as usual, I am smarter and understand better, I will get along with this issue..."*.

Efraim:

Peer group: "*Most of my environment are clean addicts, to this day...*".

Efraim found support and understanding among people who went through a similar process. Despite his integration in the Wingate counselor course, he still searches for the embrace and understanding of his friends who are former addicts. At Wingate, Efraim had friends: "*...I was everyone's friend, not alone. But it was not the same friendship I constructed throughout my life. There were people who smoked drugs there, and I did not get close to those people at all...*".

Ties with his home: "*I did not want to go home. It' s too big for me, my parents have high expectations of me*".

Efraim and his family also went through family therapy, but in his case, his family came to the conclusion that "you can't turn the clock back". Efraim will not go back to being "mommy's little boy", and a new kind of relationship must be created, an adolescent who has parents who were disappointed in him. This relationship was built with much hard work, but finally, Efraim understood that he would be better off not living at home, and he goes home to visit once a month.

Intimacy: "*I am really looking for a partner. I am not running after it, but am concerned with it because I miss it. I know it will give me a lot of strength…*" . Efraim also has difficulty coping with this issue. His low self image makes it difficult for him on dates and in his attempts to create relationships.

Efraim does not feel like he belongs to the country: "*It is difficult for me in this country. I like Israel but the fact that I am not Jewish is a barrier for me. That I didn't do the army, my past, I have a lot of files and I drag them with me*".

The data quoted at the beginning of the present dissertation indicate that among youth at risk, 40% are immigrants who smoke drugs, and the main reason for their deterioration is a lack of belonging regarding language,

mentality and a lack of Jewish identity[27]. Identity has direct implications regarding Jewish society in Israel, i.e., marriage, etc. Seemingly Efraim's chances of being integrated in Israel as an equal citizen are few. Belonging, as we have seen, is a central motif in the rehabilitation process. Efraim has much baggage, and despite the therapy has not managed to touch on all of it. Much of his baggage is not related to him directly, and its ability to impact him is low. Areas that he feels a lack of belonging are: his Jewish identity - his mother is not Jewish, and his lack of recruitment to the army because of his criminal record. Efraim feels that society does not allow him the opportunity to be equal, and it seems to be a lost cause.

Summary of Quote Analysis - Graduates:

During the interviews I found that the graduates are busy being integrated in Israeli society; military, university, work, society. The social issue was of concern to them. They were in their middle of creating various types of relationships, with friends partners, family, and the establishment.

Their integration process touches on the main issues that therapy dealt with or did not deal with, and they must cope with them now:

1. The desire to be like everyone else, to serve in the army, to go to school, etc. to belong to something big and good, to be an integral part of the country.

2. How much to return home, can they live an independent life or go back to living with their parents? On one hand there are personal needs, and on the other hand are their parents' needs to be educators.

3. Intimacy - a normative process for the average adolescent. But graduates of Malkishua are not average and this issue is particularly difficult.

The graduates ask for help in their interviews, and there is no doubt that this request is a challenge for Malkishua. Therefore the issues are being examined and opinions are being voiced regarding how to conduct a significant therapy process in a mixed or separate reality.

In essence, this is a new stage which is real life. On their paths, the graduates use the community as a reminder, but actually, in their lives they must use what they learned regarding interpersonal communication in all areas of their life.

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[27] The Anti Drug Authority survey, 2005.

4. How Did the Change Occur and What Caused it?

Analysis of Texts - Stage A:

Abraham:

The researcher's sense during the interview was that of a desire to please, perceiving the change in a simple manner. Abraham quotes statements that he heard in the community, such as: "*My ability to listen and to try to learn and to accept from others, take a word from here and a word from there...*". This is an insight that residents are supposed to achieve at an advanced stage, but Abraham is very proud of the stage that he is in.

Yakov:

Yakov emphasized his external change - violent behavior, etc.: "*My change is expressed in a lot of things, speech. I would speak not nicely. I would act out. I would not cope with difficulty, not accept authority and make deals. Today I accept consulting conversations and do not break out or threaten anyone. I see the change*". This change stems from the uniqueness of the model that does not allow for negative behavior as he knew it from the past. The model emphasizes repressing acting out through the use of daily feedback and special reinforcement methods. This is a strong, significant experience that the residents experience in Stage A. It is the "backwards backwards" experience, i.e. reining in acting out behavior. This beginning stage of therapy leads to flooding of emotions and memory of experiences of failure and frustration, but the members of the community do not allow the youth to escape to other areas. He must cope with his experiences of failure. Even if he chooses to be passive, it is still obvious. The group marks the person and confronts him with his problems.

Joseph and Sarah:

Through many symbols in the community, the youths are shown their true situation. Joseph describes a circle of rocks as a symbol for the circle of life. Through this symbolization he understands his own situation. Sarah has a dream that reminds her of her situation and is a warning sign showing where she may not go. Stage A is a stage where there is a need for "mirrors, to illustrate the resident what his situation is. The resident lacks the ability to understand the processes in depth, but it is a necessary stage in the resident's development. This is a stage that Erikson (1968) defined as the stage of basic trust, allowing the ability to trust yourself and others. Mutual familiarity and mutual trust are the earliest and most comprehensive experiences of what later becomes a feeling of identity. This is the stage in which self image begins to grow.

Analysis of Texts - Stage B

Aaron:

Aaron is in a comfortable place, and he feels safe in the community. The atmosphere during the interview is calm. Aaron addresses his self image: "*I received a role and they trust me...*". This is significant as residents in Malkishua have low self image mainly because of past failures. These experiences left deep scars leading these youths to stop believing in themselves. The aim of the roles that the youths are given in Malkishua in self administration is to show them they can accept responsibility and succeed. Of course, they receive much support and consulting during their role.

The principle guiding this model is that based on playing a role in the community, the self confidence of the youth will rise and the youth will prove his self efficacy, and perhaps begin to believe in himself.

An additional point that Aaron addresses is the staff: "*The staff thought about me a lot... That they trusted me reinforced me...*". First of all "Believing in me" - an experience that Aaron had not had most of his life. The fact that someone "thinks about me (Aaron) all the time", caused Aaron to feel that he was worth something and important to someone, and that the staff cared about him. This is an important and interesting insight, even though the role of the staff is the "facilitator" and not the "leader". It has an important role as the staff directs behind the scenes. The staff must identify the state of the youth and accordingly construct an appropriate educational and therapy program. This is a deep understanding that giving tasks and results is not a punishment but rather a unique way of addressing handling a personal problem.

In general, results and tasks are a type of thought and caring. This is an insight that generally does not exist in Stage A residents.

Court: It has already been mentioned that in the first stage, motivation is external - an external police is the motive behind therapy. These quotes of youths at the beginning of their path prove that in Stage A they are not yet ready to make such decisions. "I am here because of the judge". Without that external impetus that holds a threat, it is reasonable to assume that the youth would not come to therapy at all. There is a need for an external legal authority to set a clear boundary saying: "That's it!". No more freedom for violence and taking drugs. The judge sets red lines during the court case, and the ruling attempts to shock the youth and his family.

Still, the importance that Aaron attributes to the court is secondary in relation to the importance of being chosen as a house coordinator. But even at this stage, there is still need for an external authority to remind the

resident what the undesirable alternative is. "*During this time I would go to court. I had many files and it also was a comment to me*".

The group and its importance: The place of the group and its importance testifies to an important dimension in the change process that the youths go through. The group "draws them up". In Aaron's case, the group created deep internal motivation. Through jealousy of others, and observing family therapy of friends and its result, Aaron also wanted to enter the therapy process and reinforce his ties with his family: "*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*".

Aaron discusses being operated through using 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. Today I know how to value the feedback given to me*". This group allowed him to understand the therapy process that he was going through. We have already seen that the group and the community play an important role in the change process of the youth. The desire to belong to the peer group in a positive manner creates healthy tension and competitiveness, expressed in a desire to succeed and feel as good as others feel, making a change like others change. Group work is a central motif behind creating the change process, as described by Dinkmeyer and James: "The group allows identification of the individual's problems and in this way is a laboratory for social training and a practice field delving towards change. The group allows mutual help which aims to draw them out of social isolation" (In: Group Journey, Ziv, 2000).

Shmuel:

Shmuel addresses the position of the staff as a central part of the change process: "*In some way the staff accepts you as you are, without stigmas and without ... and there is also the feeling that someone is always backing you up... They will come and support you and try to help and try to change. A lot of caring, a lot of help, a lot of support*".

The staff did not allow him to escape, and served as a wall that brought the youth back to the center - within the group. In this case, Shmuel valued the staff for their special quality, as most of the staff members are former addicts who were treated in the therapeutic community. Because of this past, the staff can be a model for the youths and are able to understand their mental and emotional states. Shmuel identifies the understanding and containment of the staff and uses them in times of

crisis. At the same time, Shmuel attributes too much importance to the staff, apparently because of his social difficulties, which is typical of the first and second stages of therapy.

Analysis of Texts - Stage C

Shaul:

The time dimension is very significant in therapy. A number of insights arrive only after a year in therapy. Time allows internalization. There is a point from which the resident begins to understand that he should do something with himself. He is already here in Malkishua, so it is best not to waste his time: "*Time is what caused it. Nothing else. I mean, at first nothing else caused it, but in time, slowly I began to understand things... I don't know how... I slowly began to understand things. With time I understood. I began to understand that I had had enough, I was tired of suffering and I wanted to do something with myself. You finally reach that, no matter when. Maybe 20 years, I don't know*".

There are those who take courage and continue. Others leave. In the therapeutic community there are crises at certain crossroads. Generally after three months and after a year. At these crossroads, the resident is informally asked to decide if he is continuing the program or leaving and searching for other directions, a different life. At the first crossroads - after three months, the youth must decide if he want to begin the rehabilitation process - a crossroads involving a statement of intent, in which he is asked if he wants to separate from the drug or continue to live in peace with it. After about a year there are deeper considerations. Questions are asked that are more full of commitment, such as: Who am I? Where do I want to go? At this crossroads, the resident encounters depression and despair, with a reality that does not treat them nicely. This is a stage after the euphoria, "I am a hero, I am strong…", which is the stage of sobering and understanding that they have a long way to go.

Shaul made a decision, as he said: "*I decided to understand that it was enough. I am tired of suffering and I want to do something with myself*".

Shaul addresses the court order. He considers the order to be another factor among many that led him to understand that he must remain in therapy "and do something with himself". Despite the long amount of time that Shaul is in therapy, 7-8 months, he still has place for the "external police", i.e. the court order. The legal threat must serve as backup almost to the end of therapy. It is true that its importance at this stage is secondary. Even if Shaul made his own decision that he wanted to continue therapy, the fact that there is a court order in the background is an external facet for this motivation to continue therapy.

<u>Jonathan</u>:

Jonathan is at the second crossroads, after a year in therapy. On one hand we see that "the sky's the limit", Jonathan is clean of drugs, feels good, and apparently the illness has disappeared. He feels he is ready to finish and go back to life. In fact, Jonathan leaves the community and immediately begins drinking: "*I went home because I was going crazy with myself. I didn't know what to do. Suddenly everything is working out. It's all flowing, everything is okay... and everything is working out. I started to go out with normative people. You forget your illness, and then I stumbled and fell into drinking*". From his standpoint, he went back to using drugs, at least that's how he feels. Very fast, the feeling of despair and frustration returns, along with all of the other feelings that he knew before beginning therapy. This behavior reflected Jonathan's emotionally unstable situation to him and the fact that he still had much work to do. Jonathan managed to pull himself together and come back to the community.

There are youths for whom the shame and despair cause them to continue to use even harder drugs, and to be detached from the community and all that it symbolizes for them. Stumbling during therapy requires special and complex attention. A hand must be given, i.e., we are with you and will help you, but at the same time there is an unequivocal statement and even judgmental statement regarding use. Taking a stand regarding drugs creates a two sided problem: On one hand, if we lend a hand to everyone, it may encourage others to use drugs, as there is always a way to go back to therapy, and always be accepted. Unlike the position of the sages, who say: "If a person says, I will sin and repent, sin and repent, even the Day of Atonement will not atone" (Talmud Bavli, Tractate Yoma, 87:1). On the other hand, there is a message that if you go back to using we have to break all connection with you, i.e. judgment and rejection, which does not allow the individual to err at all, and if he does, we cannot help him.

<u>Summary of Analysis of Stage C</u>:

At this advanced stage of coping with reality the graduates live in the hostel and manage an independent life as much as possible. There are residents who will continue their moratorium stage until almost the end of their time in the hostel. Others will go from the moratorium stage to the stage of consolidation of personal identity. The moratorium as defined by Marseilles (1964) is a stage of active searching for youths that he can identify with. This is a stage of trial and error. How does this stage affect his insights as to how the change occurred and what caused the change? As described by Shaul and Jonathan, they made an important decision at this stage. They understood that they reached a stage in which they must

make a decision and recognize that they are clean of drugs and they are able to choose a different type of life, and desire this type of life. It is not an easy decision. Time is the decisive factor. At this critical stage, personal identity is consolidated. It is a stage of the moment of truth in which all of the tools of the community should become something solid and formative.

Analysis of Texts - Graduates

How did the change occur and what caused it? This question was asked of the graduates through a perspective of time, a number of years after completing therapy in Malkishua. Looking from a different perspective allows addressing the central issues that remain in one's memory, the central basis for life afterwards. It is important to note that I met with the graduates in different places, an army base in the Jordan Valley, in restaurants on main thoroughfares, in Afula and the environs. It is very easy to connect them to Malkishua. All are issues that will accompany them throughout their lives, apparently. They can be more critical than their friends who are still in therapy in Malkishua. There are a number of main issues that repeated themselves among the graduates:

Yehuda:

Yehuda speaks about a general sense of getting back into life: "*If I wouldn't have been in therapy, I would have deteriorated to the depths. If I had continued with my addictions I don't know if I'd be alive today*". Apparently there was no choice but to stop the deterioration. Looking from a distance, Yehuda understands that life has been given to him as a gift. Yehuda went back to using drugs after completing the community, but recently (during the interview), he went through rehab and is in the 12 step N.A. program and has been clean for a year. Despite his fall, Yehuda attributes importance to the process he went through. The process is connected to the fact that he picked himself up after he fell back (after therapy).

Menashe:

Menashe discusses the area of "field trips" as a central area that led him to earn a living in this area later in life. Leaving the circle of addicts and being integrated in society: "*In the community I really liked the field trips and connected with the field. It made me feel good. It contributed much to my development here in the community. I expressed myself there*". In the community, an attempt is made to find everyone's personal method of expression, and through it, at the end of the change process, to be integrated in normative society. The "open field" is significant. Here physical and emotional abilities of the youths are expressed on a personal and group level. The level of physical and emotional effort rises all the

time. There are situations in which only team work can lead to fulfilling the task. The group dynamic is expressed in a significant manner because out in the field, there is nowhere to run, and nothing to hide behind. A youth can quickly discover his good and bad qualities in such a situation.

Zevulun:

Zevulun addresses the group and defines its importance: "*The most important thing is that people are with you in therapy. The moment there is someone who is going through what you are without wanting it you take something from him. A person does something and you see how he copes and you take that upon yourself also. You make decisions based on what you see in the field. That is the most important part of the community*". The importance of the group, the interpersonal dynamics in the group, are integral to change that the youths go through. The mutual reflection, helping one another are all of supreme social importance. When the addict comes for therapy, he is in an isolated and closed position and is not connected to what is occurring around him. It can be said that the group in Malkishua creates a remedial experience for the damaged group encounter that the youths come from when arriving at Malkishua. This encounter triggered deterioration to street life, drugs and crime. For the first time, at Malkishua, a group of a different nature is constructed. With the help of the staff which is recruited to the task, the residents are helped to find themselves in the group and the community. Construction of the group is a very important task in the long process of creating trust, etc. According to Zevulun: "*If a person was alone there and they did everything alone, he would not ever make it through therapy*".

Reuven:

Reuven addresses the issue of belonging as a significant factor in his therapy experience and later on, in life. In the first section of the present dissertation, I addressed the importance that adolescents place on belonging. Erikson argues that part of the process of consolidating the self identity is creating belonging versus the family versus the environment etc. (Erikson, 1968). For the first time in his life, Reuven felt the principle of belonging: I am part of the community, committed to the community, etc. Reuven discusses the family experience: "*The most central thing was the entire family experience, the Malkishua family. Everyone sees you, it lets you focus on yourself. The Malkishua family is like a home*". The need for a home, is typical of most of the population in Malkishua, as most of the youths come from the street or from some pathological situation in their families. In order to conduct a change process, they must feel confident in the place, as it must provide protection so that the youth can begin the growth process.

5. The Tools of the Model[28]

Analysis of Quotes - Stage A

In Stage A the residents are busy with coping with the here and now. They still have not decided if they are staying in Malkishua to complete therapy, and have ambivalent feelings regarding the program. Most of them are having new and unfamiliar experiences. They are aware of the power of the community, but this power also scares them. The residents in this stage begin to change, each according to their personal situation.

Abraham:

Abraham is 16 years old. He came to Malkishua without any court intervention. The main reason was his mother's involvement in the process. Abraham addresses the encounter group as a significant tool: "*They put things in your face, in front of our eyes. I like this group*". Abraham describes the process through which the group takes place: "*You put a person on a chair in the middle of the circle and one person comes and reflects his behavior and his patterns*".

Apparently Abraham is excited by the ritual nature of the community. In general, he cooperates. Using the term "I like the group", is not so suited to the process that occurs in it, but it is typical of the unconsolidated stage that Abraham is in.

Abraham understands that in general, the change process depends on him: "*It depends where you come from. If you want them to help you then you will take the help. AS hard as it is, when they present the truth, you want to receive help. I really like it and value it*".

Abraham addresses the report notes: "*Not too long ago I realized. I just understood that it is not snitching. I wasn't willing to write and I made fake notes (I did as if). At some stage, I understood*".

Abraham, who came to Malkishua of his own free will, had difficulty understanding the aims of the model's tools at first, particularly the report notes. Often, these notes are perceived as "snitching" by members on other members, because they report deviations of others. This report is passed on to the staff. In essence, the report notes create a "backwards backwards" effect. If in criminal society on the street the youth used the "you watch me and I'll watch you" approach, i.e., never snitch on one another, then in the community, the opposite is the case. Writing and speaking about other members aims to help him. The role of setting

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[28] Explanation of each tool in the chapter on Coordinating the Model (pg. 82).

boundaries is not to harm but rather to help so that the youth will understand that their behavior is dangerous and its implications are severe: "*If on the outside someone would bother me, I would give them a shove and solve the problem. Today I understand that there is a better way without a mess. You don't hurt the person, you help him and you don't put yourself in a problem situation*".

Individual therapy: Abraham differentiates between inside and outside within the community. Outside is public ground, where the therapeutic community model operates along with all its tools. Inside is individual therapy in the therapy room, with full discretion: "*Individual therapy is a place of quiet. In the room there is a feeling of safety, even though all types of difficult things arise sometimes*". Abraham understands that despite the silence in the room, the residents go through a deep therapeutic experience: "*Even though all kinds of difficult things arise, whether it was that you were raped when you were 6 or you mother is crazy, etc.*". Here too, we see Abraham's ambivalence. On one hand, the therapy room is inviting and calming, but on the other hand, it is threatening and scary and difficult and painful issues may be raised.

Family therapy: Abraham's mother did not give up and came from Holland once very two weeks. Abraham is aware of the significant place of his mother in his life and therefore he cooperates, and even more so: "*Family therapy is something that I cannot stay clean without*".

Regarding the "Wall", also, Abraham presents ambivalence regarding this therapy tool: "*The wall depends on how you look at it. It can be very degrading for someone, that someone of your age or younger than you reflects something to you and the entire community sees. You have to just stand there quietly. It can be very degrading. But if you come with a different mindset, and tell yourself think that it is someone coming to reflect to you and he wants to help. But it depends where you're coming from... Sometimes it is really hard for me. I don't have patience, it is like a feeling of helplessness... it seems as if I am saying things about all of the tools in the community. There is no tool that I have a problem with*".

Abraham shares with us his understanding of the therapeutic community. He is an intelligent youth who understands the rationale behind the community. Yet, he is at the beginning of the road and sometimes has some despair, expressing a lack of agreement with some of the tools. Apparently Abraham is holding himself back and not allowing himself to flow. His head says make a change, but inside it is still difficult for him.

Abraham empowers the tools. In this way he convinces himself of their importance. For example: "*Diving is a privilege. It is like being a monk without any stupid music, computer, etc. If you have the approach of soul*

searching then it is something that is like no other". Apparently Abraham must be in this position because at any stage of difficulty he has the option to get up and leave, unlike the others who came with a court order and stay because of an external threat. Therefore he empowers the tools to convince himself of the importance of the community.

Yitzhak:

Yitzhak is at the beginning of therapy after going through 3 months of therapy somewhere else. He relates to the wall and the bench as the most effective tools. These are concrete tools, daily tools that show the boundaries of what is happening and do not allow the youths to deteriorate. Yitzhak calls these tools "warning signals": "*The tools that help me the most are the wall and the bench. The wall gives you the barrier, the stop, the warning signal*".

Yitzhak addresses individual therapy, also: "*The best is individual. There is nothing better than that. I think that it is because the social worker does not judge me, but on outside they did. I am not sure I'm right. I believe that it is not right*".

Yitzhak also differentiates between the "inside" and "outside" of the therapeutic community. "Outside" means the paths of the therapeutic community with a rigid model, where every event has a response. Yitzhak perceives this as a sort of judgment. But inside, in the therapy room, there is a different dynamic, a different rhythm. Less judging. Yitzhak is careful in his diagnosis, even though this is how he feels. He concludes: "*That's what I think. But I'm not sure I'm right. I believe that it is not right*". It is clear that this is what he feels right now. It is a feeling that suits his stage, but because of the power of therapy and the model he is scared to make such statements.

Yakov:

Yakov immigrated from Ethiopia at a young age. He also was involved in a severe accident. Yakov has been in Stage A for a long time. He has difficulty becoming organized to move to Stage B. He still opposes the therapy process. When he addresses the wall, he says: "*When I am at the wall I think about what I did and how to accept the shaking up... Don't look at the person but listen to what he says, even if it is not right. I oppose. I don't open up at the wall, but I don't always internalize it either*". From his words we understand that he is still in an oppositional stage and concerned with the external facet of therapy. He cannot understand that the tools are only a means through which he can begin to change.

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Regarding the report notes, Yakov also is in opposition: "*It's a tool that I don't use. I am for setting boundaries inside and not in writing. On the outside there are no reporting notes. If I don't know how to set boundaries inside, I won't do it at all*". What Yakov is doing is rationalization of faulty function and of a lack of desire to barely cope with the difficulties of therapy. In his situation, he cannot allow the community tools to impact him. Diving: "*I did 9 divings and the longest was for 11 days*". Regarding the question of what happens in diving, Yakov answers: "*Actually, I did not work in this diving. I was busy with thoughts of outside and was not open to therapy. I thought about drugs, freedom, family, I am locked up and don't get from anyone*".

Regarding the deal group: "*It is scary. It is stressful to open up about friends. I have often been afraid to lose my relationship with youths who open up deals, but now I am connecting to it and I open them myself*".

Yakov is therefore oppositional, typical to stage A. He is afraid to open and to lose what he has become familiar with throughout his life. The change process is slow and full of opposition.

Joseph:

Joseph is in the initial stages of moving from beginning Stage A to advanced Stage A - a stage in which youths begin to look at the community differently. There is still ambivalence but there is more openness and a positive attitude regarding that which occurs in the community: "*The tools that I connect with most and help me are the "emotion jump". I yell and it makes room inside. It is more than conversation. In a conversation you get less help. You come in full of results, full, and interpret things in an incorrect manner, and then you do an emotional jump, and scream from your soul. You feel relief. You don't care about anyone and yell, and feel confident*".

Joseph has found a way to share his difficulties with friends by releasing pressure. He understands that it is best not to keep the difficulty and distress alone inside of you, and there is power in the support of friends.

Regarding the therapy group, he says: "*The therapy group helps me. I speak about things that bother me. A week ago I was very helped by the therapy group. I exposed myself. At first it was hard. I was embarrassed, but I got confidence. Even when things come up anew, it gets difficult, but it still helped me. My contact with my father, I didn't want to touch on, but I got confidence and it helped me understand things a lot*".

There is a therapy stage in which the resident gets the courage to allow himself to be dedicated to therapy. He is less busy with defense and allows his friends and the staff to touch on sensitive issues, which until

now he had repressed inside. In Joseph's case, it is his complex yet important relationship with his father.

Regarding the report notes: "*At first I did not believe in them. I felt it was snitching. Today I understand that there is something protecting me*". Here too, is Joseph's ambivalence, typical of the stage.

When Joseph is asked his opinion on the wall and shaking up, he answered: "*I haven't connected with the wall. It doesn't always stop me. Many people don't get out of their place*". Regarding diving: "*I am degraded by the apron. I feel degraded that someone tells me to clean or when families come to visit and see me cleaning*". Joseph is still oppositional, at least regarding some of these tools. Some of his opposition is strong. Joseph has been degraded, particularly when using the diving tool. There are tools that are implemented "in public" so that everyone can see what the youth's status is. The community does not allow the youths to run away and fake. Transparency is complete. The role of friends in the community is to reflect the youths' situation 24 hours a day. This is in contrast to the period of drug use where the youths were continually running away from themselves and their environment. Drugs helped them detach on a physical and emotional level. In the community, there are no drugs and the role of friends is to place the youth in the center, to support him and set boundaries at the same time. Joseph is very concerned about how things look on the outside. The look of the apron (worn during diving), and families coming to visit make him feel degraded. During a "result", there is a chance that he will be perceived as weak and helpless, and this makes him uncomfortable because of the public nature of it.

He also feels the same about "Chair facing Chair". He addresses this tool, saying: "*I would get rid of it. It only makes the situation worse. In a face to face confrontation we just get more angry. This tool is more suited to Stage B when you are more advanced and can cope with criticism without any ego*". Joseph understands his situation and why he may be open better at a more advanced stage with the model's tools and get much more out of them.

Regarding the "deal group", Joseph also uses the concept "I like it". Therefore Joseph is busy getting rid of emotional baggage, and any tool that lets him do that, he connects to more.

Regarding individual therapy: "*Individual therapy, at first I blew it off. Now I use it for help. It is quiet there. More pleasant. There is someone to talk to*". Joseph perceives the therapy room as a safer place: "…*It is cold and scary outside*".

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<u>Sarah</u>:

Sarah is the only female that I interviewed in the study. At the time there were three girls in the community. Sarah was at the beginning of her stay in the community. She was still busy with the question of whether she was in the right place.

Regarding the tools of the community, Sarah differentiates between therapy and the model's tools: "*... in the therapy group and in therapy I feel safe. I feel more protected".*

Regarding the bench: "*I personally don't understand the sentence - here is the bench, outside is use".* This sentence is on the wall near the bench. The intent of the writer was to illustrate to the community members the importance of the bench which is a warning signal: "Let's stop ourselves before we reach bottom". The bench is a means for stopping. Sarah is asked about other tools within the model:

She doesn't connect to the "emotional jump". The deal group: "*A group of snitches".* But despite her negative attitude towards some tools, there are tools that Sarah manages to connect to: "*Regarding diving, until now I went through diving without connecting to its significance. But in the last long diving I connected. I asked the social worker to bring me a question, a question I could focus on and think about. The question she gave me was, what do I want from myself? Where do I want to go in my life? The process I went through in diving was this: You don't connect immediately, on the first day you start to connect. On the second day you deepen your connection to yourself. On the third day, when you feel you can't connect any more you begin to slack off".*

Although Sarah is only at the beginning of her journey, she began to understand that it is for her own good, and that it is possible to get something out of being in the therapeutic community. At her stage, it is easy to connect to her personal coping with herself, and it is more difficult with the group.

Analysis of Quotes - Stage B

At Stage B, the youths are in a state of making a decision whether they are to stay or go. At this stage they are a personal example, because they manage the community and are big brothers for those who have just arrived. They are responsible for the daily schedule of the community. At this stage, they also begin to go on vacations and begin to encounter the outside world - a complex encounter that raises many questions. It may be said that this is a stage where there is a transition from "external police" to "internal police".

<u>Aaron</u>:

Aaron chose concrete tools such as tasks. Tasks are results, and their goal is to reflect the youths behavior, sometimes symbolically. For example, walking around with a lemon all day. The lemon is a fruit that is squeezed so that the juice will come out. Aaron has a problem that he is "emotionally squeezed" by his friends. The lemon is supposed to remind him of his weakness. There are others who walk around with a bag on their backs, which illustrates that they are mobile. It is a statement that you have not yet decided if the therapeutic community is the right place for you to be now.

There are youths for whom the concreteness of the symbols help them make a change. They need a continual reminder, which is the goal of these types of tasks.

Another tool that Aaron chose to discuss was group work, which is mainly a group confrontation. Use of confrontation techniques is an important and central work in the varied work methods in the groups that are conducted in the therapeutic community.

The leaders of the groups are already familiar with the fact that only few addicts come freely to therapy. As a result, when these residents come to therapy, they are usually under external pressure by family, courts etc. We know that the addicts do not give up use of drugs unless the pain they feel is greater than the enjoyment of use. In the early stages, the addicts' involvement in therapy is motivated by feeling bad and a desire to prevent criminal conviction, more than by a desire to learn ways to ensure successful therapy. As a result, the staff and the community have a difficult task when coping with the opposition of residents on different levels, both active and passive. If the members of a group do not actively rebel against therapy, they generally invest much effort to make the impression that they are actively involved in rehabilitation and therapy. This presents a difficulty to the staff and the community. In order to cope with this situation, the staff or the group must confront the resident with his situation, because if his manipulation is not exposed, the residents in the community will not be able to make the transition to levels of personal responsibility that are required of them to prevent use of drugs in the future (internal police). As Aaron said: "*At first they would yell at me. I got angry and was degraded, but when some of my friends did it to me, it woke me up and led me to think about all kinds of things*".

Aaron addresses another area of the group aspect, which is the "emotional jump". This is a group that aims to support a youth when he is in a bad emotional state. He can gather a number of community members and share his emotional state with them. At the end of the "jump", he gets a

hug from his friends. In this encounter, only the person being supported speaks to the group, and everyone else present is a source of support by listening. The process is short, lasting a number of minutes, as Aaron says: "*The possibility to be heard and to yell and to give off steam in front of friends*". Sometimes only the presence of community members creates the effect of "I am seen". The significance is that you are not alone and the community is always willing to help you, as much as necessary.

Aaron addresses "various therapies", in the therapeutic community. The climate is entirely therapeutic and emphasis is placed on daily behavior, and dealing with "here and now". The types of problematic behavior stemming from deep sources, use of drugs, violence, etc., are only symptoms of a much deeper problem. Through coping with the symptoms a climate is created allowing delving deeper into the emotional world of the youth, which is the meaning of therapy. Therapy work is in groups, individually and with families. Aaron addresses the therapy connection created between him and the social worker. There are youths who have difficulty on the group level, but through a personal connection they create a process allowing change to begin: "*In the past I had lots of social workers that did not help me and I did not trust. But here (Malkishua), I began to connect. I shared about my friend who was killed in a terror attack and about my grandfather dying, and I only shared it with her (social worker), and she guided me*".

Despite the impact of the group tools, Aaron says that "*the one on one tools have more impact on me*".

Report notes - the form of communication in the community through which boundaries are set with community members: "*They helped that I began to set boundaries for myself. I report myself on report notes also. When they reflect to me about my deviation, it directs me... for seven months I degraded the tools and today I look at it differently and thank the tools that led me to where I am today*".

Report notes are a daily tool used in the community. Use of them is necessary for regular running of the community. The role of reporting is not to allow youths to fall back into problematic behavioral patterns with which they arrived in the community. Almost every deviation is addressed, which creates a "mirror picture" for the youth's behavior, forcing the youth to address his behavior. Aaron addresses the fact that only after a number of months did he begin to understand the significance of the tools at all. He negated them and only used them because he was forced. In the therapeutic community, youths are allowed to do "as if" or to do things without believing they can have an impact. Experience shows

that with time, they begin to believe that the tools can in fact impact their daily behavior, and this is exactly what happened to Aaron.

Another example on the concrete level is "diving". This result is given as direct response to deviant and problematic behavior This illustrates to the youth the price he must pay for problematic behavior in life: "*Digging holes in the winter was difficult. For a week I dug holes because of my tendency to destroy things every time I succeeded*".

In conclusion, Aaron discusses the roles he fulfilled in "self administration". As has been mentioned, Stage B involves responsibility for the community: "*In the community I played a number of roles, deputy coordinator, coordinator, community coordinator staff head, etc. In these roles I found out a lot about my good qualities. I found out I am sensitive to the environment. I know how to let go of authority, I don't just lay it on, but give instructions from my gut*".

Self administration is a guiding principle of the therapeutic community. Despite their addiction, the youths can accept responsibility and manage their lives differently, in a non-destructive manner. True change will take place only if the youth takes care of himself and impacts his own life. This is what happens in self administration. The entire daily routine of the community is in the hands of the residents, through self administration. By fulfilling roles, self image rises. The experience of having an impact over the community is strong and encourages the youths to continue.

Shmuel:

Shmuel has been in the community for nine months and is already in Stage B. Shmuel addresses the most significant tool as being the "encounter group'". This is a confrontation group that creates a strong experience involving the ability to accept criticism from the group, which on one hand criticizes and one hand supports. For the youths it is a new experience. This is the only way the adolescent can accept criticism and learn a lesson from it: *In the group meeting they reflected my distancing pattern. I did not identify this pattern in myself ever. It was pattern in my head. I say to myself that I hate him, I won't speak to him, and I would not identify it, but I would distance the person. This pattern was really strong in me. It distanced me from a lot of people. Suddenly they reflected it in the group meeting. Suddenly I saw the pattern, and I said wow, I have a pattern*".

This is an advanced stage of therapy where it is possible to accept criticism on a group level.

Shmuel addresses the roles he played in self administration in Stage B, where a significant place is made in the community for the resident, who

is not only led, but also is able to lead within the community: "*A role is a tool. 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*".

Shmuel addresses the stress typical of position holders. He understands that there is a price when someone becomes responsible and significant. Sometimes you have to give up the small pleasures of life - drinking, speaking, calming down. But finally, it pays off, as you become a leader and not one being led. Shmuel addresses the effect of the impact of the role: "*In a role you have a bigger impact on how people feel. If someone acts bad, you can negate his cigarettes for a day or give him any other result*".

For the first time, Shmuel is in a position of power, of having the ability to impact his environment. This is a new feeling for him. There is a lot of power that can be used positively, and even sometimes negatively. There are those who have difficulty using the power they have positively, and sometimes they use it cynically. The role of the staff is to direct the youths to use their power correctly.

Yirmiyahu:

Yirmiyahu, who is at the beginning of Stage B, came to Malkishua from the Gilam locked dormitory. The tools that Yirmiyahu chooses are the tools that the group uses as a source of support: "*The tools that help me are the social workers, the conversations, support group, emotional jumps, and consulting conversations... in these places, the moment I don't participate I am my own enemy. I have a bomb inside and if I do not share what I feel, afterwards, it will explode*".

Yirmiyahu comes from a locked framework for detached youth. This was a framework that developed a criminal subculture with codes from the criminal world. The concept of sharing in Gilam is perceived as a weakness, whereas in Malkishua, although it is the same population, reality is totally different. The most significant code in the community is sharing, encouraging people to speak about weakness and difficulty as Yirmiyahu says: "*The moment I don't participate I am my own enemy. I*

have a bomb inside me and if I do not share what I feel, afterwards, it will explode".

Yirmiyahu also addresses the function of the diving and yellow notes, which serve as time outs to help the resident stop when he is acting problematically. These tools prevent deterioration and attempt to move the clock back: "*Diving focuses more on the past, more thinking about where I came from and then I think about things for which I used, that it was difficult to talk about, and I think to myself, what do I have to fix? If I fell somewhere, then I think about where I have to fix myself so that next time I won't fall into the same hole again*".

Youths are made divers when deviant behavior begins to overcome them and all of the "soft" methods, including verbal reflection, do not help. In the initial stages of therapy, youths often are found in diving mode, because "what you don't learn through your head, you learn with your feet". As a diver, the youth must confront the pattern of behavior and try to learn how to control this pattern and avoid using it.

The yellow notes are a method of interpersonal communication in the community, aimed to stop processes of deterioration. Yirmiyahu says that: "*The yellow notes are a type of help. That doesn't mean that if I write a boy a report note he will be clean of drugs. That's not it. It just tries to help them. It is not because he did something and I am angry at him so I will mess him up. That's not it. If he did something you have to set a boundary for him, even if he doesn't like it. He has to understand it is a result, not a punishment*".

These are insights of Stage B youths regarding the essence of results, which are not punishments, but rather aim to lead the youth towards true change. In fact, this is how Yirmiyahu acts in the community. He goes through a significant change. In the transition from the locked framework of an institutional nature to the therapy framework that does not judge the youth but rather addresses the youth's abilities, Yirmiyahu adopts the behavioral codes of Malkishua and understands their essence in a deeper fashion. This is an understanding typical of Stage B, a transition stage from the external police to the internal police.

Zecharia:

Zecharia, who immigrated from Ethiopia at a young age, is in the initial stages of Stage B. Zecharia addresses tools such as diving, chair facing chair, and encounter groups. The common denominator of these three tools is that they are types of "boundaries", that aim to prevent the resident from deterioration, particularly when they are in a problematic stage in their functional and behavioral level: "*The diver gave me a time out because I saw that I did not get up in the morning. It is not one time, it is*

a week, and I see that I am giving up on myself, and it sets me straight. Suddenly I say to myself - wow, why didn't I get up in the morning?"

Of course, another tool is the encounter group, a tool that is of the confrontational family: "*In the encounter group all sorts of patterns that I was not aware of came up, internal patterns, manipulations that people identified in me. I had not noticed these patterns. I would always project my problems on others with the problem and I was perfect. In these groups they reflected it to me and I began to understand that I had the problem"*.

The ability to do in depth work with all tools is typical of Stage B, the transition from the external police to the internal police, accepting criticism and making it constructive criticism. This testifies to higher abilities.

Analysis of Quotes - Stage C

At this stage, after participating in the intensive model, the resident is in Afula in the hostel. The dominant tools of the model do not apply there. At this stage the "internal leader" should be operative. There are fewer staff members, and most of the time is spent coping with the tasks of life, mainly working from morning to evening.

Shaul:

Shaul chooses the "broken tools" tool, i.e., a situation and not a tool. A taste of "we can't play the tools are broken" - when the youth chooses to stop acting according to the rules of the game. From this stage, he becomes "invisible", i.e., he does not exist. Instead of others confronting the youth regarding his problematic behavior, he is left alone, ignored, and not responded to. Shaul describes this as a difficult experience: "*You are alone with yourself and with this aloneness I began to understand... I began to feel what strong failure was and my entire life I felt failure all the time... breaking the tools connected me to a sense of failure"*. What is unique about this situation is that if, usually, deviant behavior led to a series of responses, here the absolute lack of attention is ten times worse. The fact that you are being ignored is a mirror for the youth, reflecting his behavior as it should be perceived. "Breaking tools" is a state which the youth brings upon himself and not a response that he can receive for certain behavior. This is a unique and essential situation within the therapeutic community. Seemingly, one would think that the youths would use this time for a "time out" from the intensive pressure of the community. Actually they do this only slightly, because they understand that they are in a state of despair from everything. In the community, the youth may often be in a difficult emotional state, but full despair is rare, because friends in the community try to help each other not reach this

state. Usually youths who reach a state of "breaking tools" will not be in it for a long period of time, but only for a number of hours.

Shaul continues and chooses the tool called the "encounter group", as a part of group work. This is a unique group called an encounter group, a group confrontation. A youth enters the center of the circle and friends have the opportunity to confront him about his behavior that is harming the group or himself. Shaul says: "*Despite the difficulty in coping with criticism, there were moments that only made me grow from it*". Shaul needs frontal confrontation where his friends clarify his situation and explain the expected result. Only then can Shaul connect to the experiences of abandonment and failure, and get a grip on himself. There are youths who need to experience a sharp response regarding their behavior. These types of response cause emotions and insight which lead them to accept responsibility and get out of their problematic situation.

He addresses the therapy group also. The dynamic in the group has a strong impact over Shaul's developmental process: "*For the first time I shared... and I also cried*".

Later, Shaul discusses a unique tool in the therapeutic model, diving, as a tool that responds to deviant behavior. This tool creates a simulation of an "active outside" user of drugs: A person who is detached from the environment and the environment is detached from him. This simulation illustrates to the youths where his behavior may lead him. The environment may not communicate with him. He walks around wearing a white apron that highlights his situation. Most of the time he does Sisyphean jobs, cleaning, etc., and is not a partner in the regular daily schedule of the community. Diving can last from one day to a number of days. To leave diving, the youth must accept responsibility and ask to leave, because he has learned his lessons and understood the significance of his problematic behavior: "*It was the first diving that I understood the significance of it, diving, connecting to patterns and where it came from, and everything, and I began to understand and interpret things myself and go deep into things. In this diving I was really focused*". Since diving is a regular result, there are a number of results that pass by them, but finally what they must learn is internalized.

Shaul is still under the strong impression of the community, and as a good student, he remembers one of the most important things learned in the community, identifying risk situations. Shaul identifies problematic states in work, and he must juggle between the risky situations that he encounters. On one hand, he has no choice, he has to make a living. On the other hand, he has to watch out for certain employees that use drugs and act problematically. This is a true encounter between a resident who

completed the community and between the facts of life, with problematic reality in which people use drugs and drink alcohol on a regular basis. There is an option to totally distance oneself from such people. This option is very difficult because today society is tolerant of drug use, and the phenomenon is common throughout the country. The more correct method is to cope with reality and know how to guard yourself when faced with complex reality containing many temptations.

Jonathan:

Jonathan lives in the hostel and works in a factory in Kibbutz Yizrael. The tool that Jonathan chooses is "emotional jump" - a tool that belongs to the group intervention family. A youth who does not feel well can be helped by a group of friends, sharing his emotion with them and getting a hug. The group is immediate and serves as a type of support during the routine of the day. The role is to cause the resident not to remain alone in his distress but to allow him to share with friends. Letting friends know about your problem causes other friends to be aware of the youth's problem and they can help him if necessary: "*Emotional jump is something that alleviates all the problems in the heart*".

Alternative therapy: There are youths for whom verbal therapy is difficult. They have difficulty speaking about emotions and are quite blocked. For them, Malkishua developed an alternative program including art therapy, animal therapy and reflexology. Jonathan used reflexology to help him liberate emotions: "*It really connected me to myself. It connected me in an amazing way. Suddenly I knew myself better. I know who I am. Suddenly you reach a state where you are choking, distressed, and you don't know why... and through reflexology I found and understood, I was connected to my power and I am connected to my weaknesses*".

Analysis of Quotes - Graduates

Graduates have completed therapy a number of years ago and are coping with normative life: studies, army, work, intimacy, etc. The issue that was examined in their interviews involved the tools of the model and the effectiveness of the tools in their lives today (a number of years down the road).

Many of the tools are unique to therapy in the Malkishua community. These are tools that simulate certain situations. They are alternatives, methods of coping, better than methods used in the past. A person who uses them adopts different methods of behavior, new methods that help him care for himself and others.

Yehuda:

Yehuda is a graduate who completed therapy five years ago. He married and had a daughter. He also stumbled and went back to using drugs, but is clean today using the N.A program. On an experiential level, Yehuda has not forgotten and keeps some memoirs: "*I have not forgotten at all. To this day I have notes at home and I have my first diving apron, the first in the house*".

Among all the tools, Yehuda chose the tool of the yellow note - reporting notes that serve as communication between the youths. This is a tool that forces the youths to accept responsibility and to see their friends in the community, providing feedback out of a desire that the feedback will be constructive criticism that will force the youth to work on himself.: "*I will give you an example of a yellow note. In the community you learn to report on friends, so today I take it upon myself and report to myself. If I encounter a certain situation or some distress, I tell it, I share about my illness. Let's say, I don't remain alone with it*".

What Yehuda did was he took the tool and interpreted it into his life. He took responsibility upon himself and reported his situation, sharing it with friends. The yellow note tool taught him to get out of his bubble and accept responsibility for friends and himself, and this is what he does, years after leaving the community.

Menashe:

In the community, Menashe was exposed to areas of interest that serve him today and are part of his way of life. These areas of interest were the field trips that existed in Malkishua, and areas of activity in the form of "body and soul", such as Tai Chi: "*Field trips and Tai Chi, are two things that are strongest in my in my head. They caused some process within myself that I went through with myself without any external entity, like groups*".

Menashe has difficulty addressing specific tools within the model but he addresses the idea in principle: "*You can't say that one tool is the best. A certain tool can be the best at a certain time, and another one will be at a different point in time. I can say that there were moments, many times it happened in therapy, that I got a result and felt wonderful, I got an opportunity to work on myself. You accept it because that is what you need to do, but it is not like that. Naturally, when you are coping with these difficulties, the most difficult thing leads to opposition, but you cope anyway and do what you need to. This affects your development and your long term learning*".

To Menashe's understanding, the principle of immediate responses to behavior in the community is a type of feedback that forces the youth to cope and accept responsibility for a certain behavior, for better or for worse. You may say that in fact there is a professional logic behind the result system, responses that are used in the community. This system is a type of mirror for behavior reflecting the youth's behavior and its implications.

Menashe describes a long experience of detachment - 11 days. Detachment is a type of result, one stage before expelling the youth from the community. It is an experience of contemplation. The youth is detached from the community and no one may communicate with him. During this time he must think about why he is staying in the community and what he must do to change his present situation. Detachment is used when all other tools in the community have been tried. It is interesting that this is an experience that stays with him even five years after therapy: "*In the long term, beyond the experience, I can say that the entire issue with boundaries, things are etched into your memory*". All the intensive work around boundaries is finally supposed to change the individual's behavior. Based on "heart follows actions", intensive work on unending reflection, asking for help and receiving help, after a period, becomes habitual.

Zevulun:

Zevulun chose to address consulting conversations and therapy groups: "*When you are with people and tell things and let out everything you have inside. Feeling first liberated on the inside so you can be clean*".

The addict is an isolated individual who is introverted and detached from all around him. Introversion is a method of self defense, a dangerous method, but it stems from the addict's need to detach from the near and far environment, an environment that generally hurt him. In the transition to the therapeutic community, there is an extreme process of transition to a clear reality, a reality in which the individual is almost absolutely exposed. This situation is particularly difficult in the early stages of therapy, but later it becomes a basic work tool. In this way, the individual is helped by the group and the group sees the individual. From all of the tools, this method of action became a habit for Zevulun, and he uses it in his daily life.

Reuven:

Reuven chose the "emotional jump" tool. This is a group that gathers immediately based on a request, and its aim is to allow a youth to get rid of emotional baggage that makes it difficult to function on a daily basis. At the end of the group, the youth receives a hug and support: "*Emotional*

jump is something that I remember from my first emotional jump. You get a kind of slap, what is this at all, this warmth, emotion, that people respect what you feel. Who are you at all? It is very strong, and I bought it".

Among the groups, Reuven chose the therapy group: "*The moment you become part of it, it is the most important thing that happens there. You are part of a group that really works. You work on yourself*". And of course, individual therapy: "*It is the thing that helped me the most. It was like air to breathe. Without it I wouldn't have finished therapy. Suddenly there is an hour that you wait for like air to breathe - making order in the mess".*

The common denominator to all of the tools that Reuven chose is emotional spiritual expression. These are tools that allow the existence of a therapeutic process in Malkishua. They are the same tools that allow him to design his emotional world.

Efraim:

Efraim chose the deal group as a significant tool from his five year perspective: "*The deal group helped me a lot, not from those places of snitching... but really to come and say clearly to a person inside, you stole from me. You have a knife under your pillow. Those are things I did. Afterwards to see after the group how you change yourself, you are quieter. You are more confident in yourself".*

Efraim's choice of the deal group is interesting. The role of this group is to place negative behavior in the center. You can report yourself or a friend. Generally, heavy topics develop in the group, problematic behavior of youths that can affect the entire community, like: having drugs, stealing, sex, etc. The truth is important to Efraim. That's what he was like in therapy and that's what he is like in life: telling the truth, not pretending. Just as he told his friends in the community, Efraim expects that they will do with him.

Later Efraim notes individual therapy as something significant: "*Individual therapy is a warm home*".

Efraim also has hidden criticism (he has a lot of respect for Malkishua, but…): "*Regarding diving, there is a stage where you have to let go of the resident... a person who advances must begin to work on his own conscience, alone. Diving should stop at some point".* Diving is a result that a resident receives for deviant behavior. It is supposed to be similar to "using" - a youth is detached from his friends and should be busy with himself. He does Sisyphean jobs with no purpose. The goal of the result is to reflect that behavior is unusual and unaccepted, and in a certain way is similar to the behavior that the youth used to do when using drugs.

Diving can be one day long or a number of days long. The youth wears a white apron so the community knows his situations. During food time, he has a separate table.

This is a result that is a boundary that is supposed to stop deterioration. In some cases, deterioration is rapid and dangerous and therefore there is a need for a clear and sharp boundaries. This is why diving was developed. Most of the youths enter diving often, which illustrates their delicate situation, at least in early stages. Efraim argues that the tool is not suitable for veteran youths. There is a need for an internal police and not an external one. The youth must go through a different process when deviant behavior occurs. This issue that Efraim raises is an important one and touches on the transition from external leadership to internal leadership. Most results in Malkishua are of the external police variety and serve as very clear boundaries. In early stages, the youths are prevented from performing deviant behavior because of fear of severe consequences, but there is a stage in which an internal leader is created and the youth accepts responsibility for his own behavior. In Malkishua, in this stage, there are still results used. The question is, is it correct to use these types of responses at this stage, or to use other responses, expecting the youths to cope differently with problematic behavior?

Part Three

Summary

The present research examined the impact of the therapeutic community model over change processes among youths in different stages of therapy and later, after they return to normal life.

Therefore, this summary will present the dimensions of change from the viewpoint of the youths, and how they perceive the change that occurred in them from the beginning of therapy to the stage of renewed integration in the normative world.

Motivation and Accepting Responsibility in Therapy

Changes regarding motivation and responsibility for therapy can be described on a time line, through which it is possible to track how the transition occurs from external motivation to internal motivation, or in Malkishua language: "The transition from the external to internal police", along with a rise in various therapy stages. The longer the resident is in the therapy process, the stronger he becomes and is able to accept more responsibility for the therapy process. At the first stage, the motive behind therapy is fear: fear of the court, fear of parents, the police, etc. It has been mentioned that most of the youths come to Malkishua against their will, with a court order. The approach that is used in these cases is the coercive therapy approach. The reason for the youth's cooperation is external and forces the youth to enter therapy. Afterwards, additional things occur so that the change process is not only physical but also emotional. Later, as they progress on the scale, there are experiences of success and belonging, which were unfamiliar to them before. For most of them these are remedial experiences. It is almost certain that most of these youths experienced failure in their past, beginning in school and their relations with their peer group. In Malkishua, they have options for having successful experiences and discovering the strong parts of themselves. They can have success in studies - because learning is in small groups and with maximal attention. They have success in social ties - in therapy activities that touch on reinforcing interpersonal ties in the group, helping other members of the community.

Most of them have their first experience of belonging: for most of these youths, Malkishua is a surrogate home, because it provides them with the confidence and protection that a home is supposed to provide. For the first time, they feel belonging to a certain place and are proud to be part of it. They know that in Malkishua no one will do anything bad to them and

in Malkishua, no one gives up on them, as they were given up on before at home, in school and in their youth movements.

The more they progress in the stages of therapy, the greater the gap becomes between them and the environment from which they came. Because of temptations, life outside becomes scary and threatening, and this encourages them to reinforce their status in the community, choosing the positive side of life. They begin to perceive and understand that there is something to lose. Therefore they use the solutions that the community offers and the tools that are used in the community. The intensity of the community using the tools of the model for 12 hours a day, is a type of backdrop for their efforts to progress through the stages of change.

After being integrated in life as normal citizens, i.e., in the army, studies and work, their integration is perceived as part of the motive that fed the change process, and accepting responsibility for therapy. This is a form of daily coping, difficult, frustrating, and complex. Life outside has unexpected encounters, that are often dangerous and offer the opportunity for stumbling back into the black hole of drug use. Therefore, their success is in that they are integrated in the army, national service, university studies, and in work - in industry, and they function like all other citizens.

The graduates who have left the community are busy creating new ties with their family, parents and new friends. This is very complex, particularly when involving intimate ties, and therefore, as mentioned, there is a need to examine use of additional tools to prepare the graduates for this important area of coping that is something that all adolescents must go through. However, for Malkishua gradates it is particularly difficult because they feel that responsibility for the success of their ties is mainly theirs. This is in keeping with the way they constructed motivation to accept responsibility for what occurred in the stages preceding leaving the community, i.e., the transition from the external to internal police. This change is necessary because an external police man, such as the court or parents, will not last for long, and they must accept responsibility for caring for themselves, by creating a therapy contract between the two entities: the resident and the community. If the resident is not a partner in the contract, there is only a pseudo-therapeutic process occurring that does not truly touch on the damaged emotional aspects of the personality, and does not allow the real desired change.

An important part of the research discussed the dimensions of change from the viewpoint of the youths themselves, regards self image and self worth.

Self Image and Self Worth

The axis of self image and self worth is a very significant axis in the therapy process as most residents came to the community damaged, both physically but mainly emotionally. A clear expression of this is their low self image, generally stemming from continued failures, starting at a young age. Low self image damaged the ability of these adolescents to integrate in their peer group, and unconsciously led them to search for other groups, which unfortunately were criminal in nature. Because of their weakness, they were taken advantage of and damaged, and in order to cope with the difficult situation, they began to use drugs and became addicted.

Stage A Chicks - This is the beginning stage of therapy, typified by low self image, expressed initially in opposition to therapy. The youths blame their environment for their problems and show an absolute lack of trust towards the adult work in general and the establishment, in particular. In this way, the therapeutic community is a type of establishment. They look nostalgically at the world from which they came because they "were not judged" there. But the therapeutic atmosphere, and the true containment of the community no matter where each youth came from, allows them to have positive changes expressed mainly on a behavioral level. It is clear that they are less violent and tend to solve their problems less with aggression.

Stage B - At this stage, the most significant progress generally occurs. The youths have already decided that Malkishua is the place that suits handling their situation. They begin to hold a place in the peer group. They have successful experiences that reinforce their self image. The community is operated by them through self administration. At this stage they serve in various roles in administration of the community. The fact that they hold positions provides them with the ability to impact the environment, reinforcing their status and image in others' eyes, and their own eyes. On a therapy level, they are in the middle of a deep process which has room for emotions, allowing them to discuss their pain and frustration. They also feel pride in belonging to a community that loves and respects them and their effort to be rehabilitated. This establishes their status and reinforces their self image.

Stage C - At this stage, the youths are in a transition from the protected community to a hostel (in Afula). They often express exaggerated self confidence. Sometimes they attribute themselves with unrealistic abilities in relation to reality. They have a feeling that the sky's the limit, and "after difficult therapy in Malkishua, we are able to cope with anything".

Some waste their money, walk around in dangerous areas, such as pubs, go to parties, etc.

The sharp transition from the totality of the community with intensive therapy tools, to a small house in the city with few staff members, creates a confusing and unfamiliar reality. The youths are blinded by the wealth of opportunities and their freedom to choose, which often creates a sort of freezing and deterioration in their mental state. It is clear that they have difficulty connecting to occupational reality, which is generally routine, and boring and requires many hours of work a day. Afterwards they recuperate and begin to balance out. I feel that this problematic transition sharpens a need for appropriate preparation before they leave, in the advanced stages of therapy in the community. I feel this is not well enough addressed in the community and it should be considered, creating sophisticated tools to prepare these youths for independent life.

Graduates - The central attribute of this stage regarding self image and self worth is a true encounter with life. The graduates are busy in a continual effort to integrate in normal life. They are relatively well off emotionally (because of intensive therapy), particularly as regards self image, which has increased very much, allowing them to be recruited in the army, to go to school, etc. But the issue of integration into true reality is much more complex than the situations they experienced in their therapy in Malkishua. Not every problem has an immediate response. In most cases, coping is alone, without friends, and not always a success. There is a problem with intimacy - and more should be done in preparing these youths to enter normative life, in this area. The long (sometimes too long) term therapy that set boundaries and provided the adolescents with the power to cope, works well in the therapy framework. But the "map" that they were given is not always suited to the wealth of problems that arise outside. Here the graduates must use what they learned in Malkishua - to succeed to cope with their fate in a way that is in keeping with reality.

Interpersonal and Social Function

The present research also concerns change processes of youths from their chick stage to integration in life, from the interpersonal social standpoint.

Stage A - The beginning of this stage is creation of basic trust, or as Erikson (1950) defines it the stage of "basic trust versus basic mistrust". The developmental stage of this stage is creating trust and basic confidence in the willingness of the community, members and staff to come to the aid of the resident and to contain him. The adolescent is damaged because of problematic relations with his family and the environment and does not trust the adult world. He carries a scar that affects his normal development as a child and adolescent. The aim is that

later in therapy at this stage, the youth will achieve what Erikson defines as "autonomy versus doubt and shame" (Erikson, 1950), i.e., showing interest in what occurs around him. However, since his emotional power is still limited, it is expected that many signs of doubt and shame will appear.

The therapeutic aim at this stage is to develop the first positive experiences which will cause residents to dare to expose themselves. When a resident shares what he is going through with others, he feels relief and solidarity. On Erikson's (1968) timeline of "trust versus mistrust", this is expressed in the youth opening up to the group and the community. Movement in this direction is generally slow. However, there are also residents who move more quickly. Others open up slowly, but in general, there is some movement. Some youths are fixated. Most of them understand what they must do, as they have clear instructions and are continually learning. The culture of asking for help is a basic cornerstone of the community. At the beginning, the youths receive mentoring, but there are still those who have difficulty integrating despite their desire to respond to the positive model that is presented to them through friends from the past who are already at a more advanced stage. They look good and feel good and it is clear that they had been through a significant change. These friends create the "upwards" effect, but there is still ambivalence regarding the possibility that they can truly be helped by their friends. Sometimes, it is possible to identify cynicism regarding some of the therapy groups and some of the tools. Statement such as "report notes are snitching" or "deal group is a group of snitches", are typical statements within the community. The more hurt the youth is, the more difficult it will be for him to create interpersonal communication and ties with the environment. Naturally, relationships develop with individuals in the community, but the big group and the entire community are still perceived as a threat.

Stage B - At this stage, the youths have already positioned themselves in the stage and in the community. They do not have to make an impression because everyone knows everyone, and they are almost family. At this stage, they are already able to perceive and understand the importance of the group and the significant contribution that they receive from the larger group. The central feeling that arises from what they say is a sense of belonging and family. For the first time, they feel like they are part of a group and understand the responsibility they have regarding themselves and the community: "Interpersonal relations in the community serve to catalyze the healing and personal growth process in various ways. They facilitate commitment, develop trust, encourage taking risks in expressing emotions and self learning, and the learning of skills" (De Leon, 2000).

At this stage they are busy asking about their position in the group and they intensively practice their group skills, and are often even asked to motivate the group. This is the stage in which the group must prove itself as a body, examining if the support that it provides the individual is in fact true support, and what the benefits are that the individual receives from the group. It is now that unit pride begins to develop.

Stage C - The transition stage from the therapeutic community to the hostel (in Afula). The youths that I interviewed were in the stage of transition, and were under the strong impression of physically separating from the community, moving to the hostel. Transitions, separations and changes are sensitive issues for anyone, and even more so for the addict population. It is clear that the process of separation from Malkishua is difficult for them, and this is expressed in their nostalgia regarding the community, the glint in their eye based on questions regarding their lives in Malkishua. Throughout the interviews, the definition of Malkishua as a family providing a sense of positive belonging and home arose. This issue leads to the thought that this transition was too sharp, to my taste. The daily schedule in the hostel does not express the group aspect, and there is not enough time for group work in the hostel. Each of the residents is focused on his own personal task: work, studies, etc., and the social cohesion of Malkishua becomes weaker.

In this stage of personal development, there is still a need for belonging to a peer group. The feedback the individual receives from his friends, and the boundaries the group sets are part of consolidating the self identity (Erikson). Therefore, I feel that investigation should be made, how the perception of the hostel can be changed so that it is more in keeping with reality, dedicating more time to group activities and social interaction among the residents of the hostel.

The community and family aspect is emphasized in the youths' descriptions. Unlike the feeling of distancing when encountering the hierarchy in institutes for treatment of juvenile delinquents, the feeling here of belonging and of family is a significant factor, reinforcing their personal confidence and allowing them to make a change. Instead of "wasting time" fighting the establishment, the resident invests his time in caring for himself. Unit pride regarding Malkishua is therefore a significant part of the change process, providing personal empowerment to the residents and allowing them to continue to care for problematic areas in their personalities.

Graduates - During the interviews, I found the graduates busy in their attempts to be integrated in all areas of Israeli society, army, university, work, etc. it was clear that the social issue was of great concern to them.

Many of them were creating various types of relationships, with friends, partners, family, the establishment, etc.

The process of integration touches on central issues that therapy handled, but also some that were not handled, and today, in reality, they must cope with these issues:

1. The desire to be like everyone else, to serve in the army, to go to school, etc. to be an integral part of Israeli society.

2. The question of returning to their natural habitat - Is it better to live an independent life or go back to living with their parents? On one hand, there are personal needs of the graduate, mainly a desire for independence, and on the other hand, parents want to accept the youth back and fill in gaps.

3. Intimate relations - a normative process for the average adolescent. But graduates of Malkishua are not average and this issue is particularly difficult. The are issues of problematic self image, communication that is not always healthy, and sexual identity. From the interviews, it seems that the graduates were not properly prepared for this significant task. Although Malkishua is a mixed community, coping with this area is marginal and unstructured, perhaps because of the fear of developing tension between the sexes, as exists in a mixed environment. There is therefore artificial repression in this area. From conversations it is found that the graduates need help in this area. It should be noted, that currently possibilities are being examined in Malkishua regarding mixing/separating the genders, and a conscious attempt is being made to design therapy that is suitable to this specific and so important issue.

In essence, this stage is not defined as a stage, but rather life itself, the ways the graduates use the community and all that it has taught them as a traffic sign, a reminder where they can reach, and what they should do not to go back to the dark places from which they arrived at Malkishua.

In their daily coping, most of the graduates use interpersonal skills that they developed in the community, in group work, which sharpened their sensitivity and caring regarding what occurs around them.

How did the Change Occur and What Caused it

Since one of the questions examined in the present research is the impact of the community over change processes in the residents in Malkishua, it would be interesting to examine the causes of the change from the

viewpoint of the youths, and clarify this from their responses to the question: What allowed you to make the change?

There is a developmental process that the youths go through in the different stages regarding the question of how the change occurred and what caused it. It has been mentioned that this is a process that begins externally and later is internalized and becomes significant.

Stage A - Since Stage A is a beginning and emphasis is placed on external change within the resident, who is still in an ambivalent state regarding his desire and ability to make a change, the intensive model is expressed in the tools, and their implementation over most hours of the day, i.e.: the yellow notes, reflections on the bench, consulting conversations. This proves relatively quickly to cause an external change among the youths. Some of them moderate their violence and act out less. It is clear that they are more attentive to their environment. I argue, that the reason for this is that they are afraid of responses. The model does not allow acting out, and achieves this through daily feedback and a complex system of results. During therapy, the youths begin to perceive that proper behavior leads to benefits. They quickly understand that it is much more pleasant to overcome anger and violence as quality of life improves also. This change surprises them and is very encouraging, and allows them to continue their effort to change. In response to the question of how the change occurred in them, the residents address a certain moment in which it became clear to them, with the aid of symbolic situations, such as dreams, what the result of certain problematic behavior would be. Many of them mention the fact that they need these mirrors through which they can understand what is happening inside of them. They understand that they need "warning signs", to illustrate how great the damage may be if they go back to using drugs. These mirrors help them "get it", and they begin to understand that a change is necessary, and what is happening in Malkishua is important and significant for them.

Their daily coping in the community, particularly in early stages, causes feelings of failure and frustration, but they are not alone in their frustration. The more veteran community members do not allow the youths to escape to the solution of self pity, and they help him take active steps to get out of his situation. Quickly, the youths learn that they must ask for help and support, if not, it will be done for them and someone else will accept this responsibility. The fact that the youth is in Malkishua under court order does not allow him to leave. And therefore the assistance of veterans is effective, because the youth is being forced to stay. This first stage should, therefore be seen as motivated externally, pushing the youth towards change in his lifestyle and in his attitude towards himself and the environment.

Stage B - In the transition to Stage B we see a significant change in progress. At this stage, the youths are more active. As mentioned, they take an active part in managing the community, playing different roles within self administration. The Pygmalion effect works in this case. Playing roles in self administration makes the residents feel belonging, and they become an inseparable part of the community. For the first time, they experience success, and this reinforces their self image and strengthens their efforts to improve and be positively integrated.

At this stage, they begin to go out on vacations, and they say that their encounter with the outside world is enthralling, but in many cases also threatening, and therefore they feel that they must be reinforced by the framework of the community so as not to fall back into drugs. The feeling of belonging provides the strength to cope with the temptations outside. However, unfortunately sometimes youths go back to using drugs during vacations.

Stage B is typified by the intensity of use of therapeutic tools, such as: various therapy groups, diving, etc. At this stage there is an expectation that "heart follows actions", or in other words, there will be a transition from an external police (court, parents, etc.) to internal police. In most cases, deep insight does in fact develop and there is a transition from external to internal. For some of the youths, they reconstruct their conscience. They acquire the ability to trust others. There is no more fear of being flooded by the emotional world, and emotions play a respected place in therapy. The more that therapy touches on emotional places, the greater the opportunity there is to progress in therapy. At this stage, the staff is perceived as a support, and as a function that facilitates growth. There are fewer power struggles between the youths and the staff. For the youths, this is an unknown experience because in the past most of them confronted the establishment. The skilled staff understands what the youths are going through and serves as moderator and coach, facilitating growth. For many of the youths, there is still a gradual transition from the external to internal police, and they are still within this stage of transition. Itt is important to keep the court order in place. Noncompliance with the order could be a catalyst for leaving the community in times of crisis. Therefore, the court order always remains in their awareness. In most cases, the youths want to stay in the community, but this decision could change at any given moment. It is necessary to be alert that this does not occur.

Stage C - In this stage the youths leave the community and its model after completing their stay, and they move into a hostel in Afula. The youths say that what causes the change is time, i.e. "times does what it does". The therapeutic stages in the community proved to them that use of drugs

is only a symptom, indicating a deeper problem. Long term therapy works on the problematic areas and uses the group and the tools of the model. In the hostel, they look back and see what they managed to do in the two years in Malkishua, what they were like when they arrived, and how they look today; how they felt then, and how they feel now, based on the change that occurred.

An attempt to identify the specific point in which the true change occurred is problematic, and it is difficult to point at one event, but rather the effects of time. During their stay in Malkishua, youths have positive experiences and at the same time changes occur, expressed on different planes. Some report that this occurred during detachment, and others report it happened when diving. Despite the fact that it is a process, there are certain moments when the resident says: "That's it. I belong here".

Graduates - Graduates are coping with life itself, work, studies, and army, and they look back at their past in Malkishua from a longer perspective. This allows them to note the central areas that remain in their memories and are a basis for life after Malkishua.

Belonging:

The sense of belonging is defined as a central factor in a human's life. Erikson (1960) notes the process of consolidating the "self identity" as part of the feeling of belonging to a peer group and to the family. For the graduates of Malkishua, there is a deep sense of belonging and for the first time they feel "*We are part of the community and committed to it*". They add: "*The community saved our lives*". Some call the community a family: "*I am a family member of Malkishua*".

The experience of reflection, where everyone sees everyone else, allows focusing on oneself. The need for a sense of home and family as a remedial experience is typical of most of the youths who arrive in Malkishua. Most of them are defined as detached youths at high risk, spending their time on the street. Their family backgrounds created pathological relationships within their biological families. To make a change process, they must feel confidence in the place where they live. The place must provide protection, support and assistance, since these are lacking to the youths when they first arrive.

Group Work:

The first section of the present research concerned, among other things, the importance of the group and the interpersonal dynamic that contributes to the change process that the youth goes through. Mutual reflection, a strong ability to be supported at each and every stage by the group members, is a very important issue. When the addict comes for therapy he

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feels isolated because he came to Malkishua from a closed world, and was mainly busy with only himself. He had many experiencs of failure which led him to deteriorate to street life, drugs, and crime. After the controlled group process, which differs from what he was familiar with, he is able to consolidate his identity in a positive manner. Malkishua allows a remedial experience, as one of the interviewees defined it: "*If a person was alone there (Malkishua), and everything was done separately, he would never go through therapy. He would never change*".

Unique areas of interest:

The youths in Malkishua are exposed to varied areas of interest to allow them to connect to something in which they are talented, and which can serve in the future as a leisure activity or occupation. Areas such as being in the field (survival, tracking, field trips), studies, art, etc., help them find something that suits them, and can help lead to the desired change, allowing integration in normal life.

The Tools of the Model

The present research also examined the contribution of the tools within the therapeutic community, and the following is the viewpoint of the youths regarding the contribution of the tools within the community and how the tools affected the change process that they went through.

Stage A - In this initial stage, there is first a period of acclimation and familiarity with the community and all of its tools. After about three months, the youths begin to cope with daily tasks, and attempt to enter a routine, to be subordinate to a structured daily schedule and use the tools of the house or the model, through which they can begin the desired change.

One of the qualities of Stage A is ambivalence regarding therapy, because the youths have still not decided if they want to separate from the world of drugs. At this stage, they begin to have new and unfamiliar experiences. They are exposed to the power of the community, and this scares them. As already mentioned, they lack trust in the abilities of the tools of the model to help their change process. The basic tool, called "report notes" is a central and significant means for communication in the community. The report notes are used to report on members of the community who deviate from the norm. However, this is a report that is considered constructive criticism. In any case this tool is perceived by some residents in Stage A, as snitching, as one youth says: "*Just recently I understood, only now I understood that it is not snitching*". It is difficult for the youths to perceive this criticism as constructive, particularly when a response occurs afterwards.

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In the Chick Stage, the youths have difficulty understanding the therapeutic value of other tools such as the wall, near which youths stand and reflect problematic behavior. One of the youths says: "*The wall really depends on how you look at it. It can be very degrading for someone, that someone of your age or younger than you reflects something to you and the entire community sees. You have to just stand there quietly. It can be very degrading.*" There is a tendency to look at the tools of the model externally, without understanding their tools. "How I look on the outside", or that these are "experiences of degradation". At this stage, it is not clear to them how the tools are supposed to influence them. They also differentiate between "public area" and "private area", and individual therapy is more comfortable for them. They say: "It is quiet there, it is more pleasant, there is someone to talk to". And one girl said: "*In the therapy group and in individual therapy I feel safe. I feel more protected". "Individual therapy is a quite place, in the room there is a feeling of confidence even though difficult things are often brought up.*"

It should therefore be emphasized that the differentiation between outside and inside is suited to the first stage. Slowly openness regarding additional tools is created. There is less hesitation from them, although it does not totally disappear. Note, for example, the attitude towards diving, which is a central therapy tool, through which contemplation takes place. The youths are able to connect to the impact of the other tools, but still feel degraded by the apron that accompanies diving, and from the fact that the response is open to everyone to see, including families who come to visit.

There is a tendency to connect to more concrete tools, which are warning signals in daily life: report notes, the wall, the bench, and diving. It is more difficult to connect to the encounter group, deal group, emotional jump, etc. Therefore it may be said that everything involving group interaction is still difficult in this initial stage.

Stage B - As we have seen, at this stage, the youths have already decided that Malkishua is their home and they will complete therapy at Malkishua. We have learned that at this stage, the youths play an important role in leading the community and in self administration. There is also a renewed encounter with reality outside of the protection of the community, and therefore the youths are exposed to risks. This is therefore a stage in which they must do in-depth work, i.e., deal with the problem and not the symptom or the addiction. This is a transition from the external police to internal police, and there is a deeper understanding of the therapy tools.

The preferred tool chosen by most of those interviewed was the "encounter group", which meets twice a week. The group take place with

all members of the community. Everyone stands in a circle and the youths who encounter one another sit facing on chairs in the center of the circle. In this encounter, there is a procedure of confrontation, and the entire community is a witness to the process. It is possible to yell, but violence is not allowed. A group member documents the process.

In this significant group work, the residents encounter manipulative behavioral patterns and criminal behavioral patterns they often use within the community. The encounter group is a pressure group in which the youths are confronted by the entire community regarding problematic behavior and its results. One of the youths says: "*At first they would yell at me. I got angry and was degraded. But when some of the youths did it to me, it would show me and cause me to think about all kinds of things*". The encounter group creates a strong experience of receiving criticism, sometimes harsh criticism, which takes place in front of the entire community. But there is always a bit of support. In many cases, immediately after a group encounter like this the youths ask for "support group" or "emotional jump". The combination of criticism and support creates the correct mix to help the youths in their work: "*Suddenly they reflected it to me in the encounter group. Suddenly I was aware of the pattern and I said, wow, I have a pattern*". The ability to accept criticism from the group requires that the youth already be in an advanced stage of therapy with more emotional power, so that the critical act does not make the youth break down totally.

An additional tool at this stage that is raised in the interviews is related to the roles that the residents are given within the framework of self administration. They change from being led to being leaders. This allows the position holders an opportunity to cope with pressure, use of authority, prioritizing, setting boundaries, and positioning their personal needs at the bottom. Self administration is effective in Stage B only after the resident has begun a deeper process of therapy: "*You go to sleep after everyone, and get up before everyone. You are frustrated from here to tomorrow, and you just have to cope*". This position requires the resident serve as a personal example. One of the youths says: "*In the community I played a number of roles. In these roles I found out a lot about my good qualities. I found out I am sensitive to the environment. I know how to let go of authority, I don't just lay it on, but give instructions from my gut.*"

At this stage, there are insights regarding the group as a supportive group that can provide assistance. The youth is not focused only on himself but looks at the person next to him and what is happening around him. Interaction with the environment is significant, and therefore the group tools such as the support group, emotional jump, encounter group and therapy group become more significant. This is in addition to the concrete

tools such as the wall, the bench, diving, and tasks, which allow maintaining the normal routine in the community.

Stage C - We have seen that in the hostel stage in Afula, the youths are already outside of the intensive model, and do not have tools for management as they did in the model, except for the therapy facet, which includes individual and family work, and a group meeting once a week. Most of the day, the youths are at work and making money to finance their lives. At this stage, many of the youths indicated the "encounter group" as a significant tool. "Despite the difficulty coping with criticism, there were moments I only grew from it… only in frontal confrontation, where they clarify my situation and explain the expected result, only then did I connect to experiences of abandonment and failure and get a hold of myself". There are youths (apparently most of them) who need a sharp response to their behavior. These types of responses awaken insight and emotions which lead to accepting responsibility to get out of their problematic situation.

At this stage, the members are experiencing risk situations that they encounter through life's circumstances. Questions arise such as: "I have a friend at work who drinks or smokes grass, etc., what should I do?" This central conflict has not been resolved. On one hand, they want to make a living, and on the other hand, they are aware of risk situation that may crop up during their work, when encountering criminals or users. The resident who graduated is having a true encounter with the facts of life. He finds out that reality is much more complex than the protected way of life in the therapeutic community. As it is known from studies[29] that at least 10% of youths in Israeli drink and smoke drugs, there is nowhere to hide. One must only cope with the situation and avoid stumbling, using the power they acquired during two years of therapy. Actually, sitting at home and not working is even a greater risk.

The transition from the therapeutic community with its busy day, varied activities, model groups, etc., to the hostel with eight to ten youths, is obviously different. They move to a flat in an apartment building. Most of they day is spent at work. This is a drastic transition from the tumult of the community to the quiet of the hostel. The interviews indicate that the graduates are nostalgic about their days in the community. I noted that they lacked group tools to help them, including emotional jumps and support groups. At the hostel, asking for help is their own responsibility, and if they do not act for themselves, no one will help them.

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[29] Survey of the Anti Drug Authority, 2005.

The Graduates - the graduates of Malkishua finished therapy a number of years ago. The oldest of them has been clean from drugs for seven years, already. They are in different stage of life: army, work and studies. They cope daily with real life. In a conversation with them, they are nostalgic about the tools of the model. Some of them keep items as memoirs of that time: an apron, notes, etc. These are only expressions of the fact that the tools offered to them in the community are what allowed them to cope better with life. It may even be said that they choose the tools that they want to use in the present, in normal life, when they must cope with difficulties with the army, studies and work. They obviously have a need for an emotional jump, i.e. a group that meets immediately based on a specific request, with the aim of allowing the youth to alleviate emotional baggage making it difficult to cope in everyday life. At the end of the group activity they receive a hug and support.

In the interview which took place at the army base in the valley, it was clear that Reuven needed support such as that given in an emotional jump. The graduates also spoke about the need for consulting conversations, therapy groups and other group tools that touched on painful places and allowed them to learn to cope with emotion and pain. I expected to hear criticism regarding most of the tools, and that they had no more need for them in their current lives, but the nostalgia and respect that they give those tools that formed their lives, disproved my expectations. For example, many of them discussed the "field" as a means through which they went through significant therapy. It has already been mentioned that in Malkishua the youths went out on field trips once a week, which was a good opportunity for group work including coping with pressure, leadership, etc. And once every few months the youths went on a longer field trip, called survival.

There are youths who were exposed to this for the first time in their lives and since them it has become their occupation. The youths then do national service at "Bat Ami" at the Parks Authority and at the Society for the Protection of Nature, etc.

In summary of the entire process - in addressing the five dimensions and changes that occur during therapy and after it:

1. Motivation for therapy and accepting responsibility.

2. Self image and self worth.

3. Interpersonal and social function.

4. Change facilitating experiences.

5. The contribution of the principles and tools of the community to the change process.

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.

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. 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 lead s 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.

Epilogue

In the present research the effectiveness of the therapeutic community regarding adolescents was examined. The therapeutic community for youth in Malkishua is the first and only of its kind as a model for treating drug addicted youths. As the first manager of the community and one of its founders, I was able to lead a process that was finally consolidated in the unique therapeutic community model in Malkishua. The present research which is qualitative in nature, described the process of creating the community based on the phenomenon of drug use among adolescents. The study examined the impact of the community over the individual, looking at its variety of tools, and indicated the change that the youths go through during their stay at Malkishua.

The model that was described is based on theories in the field of developmental psychology. There is much similarity identified between the model and Erikson's developmental theory (Erikson, 1968) - a theory that assumes the appearance of developmental crises which are special challenges and opportunities for personal growth and development. This approach was adopted by us in the initial stages of the therapeutic community model in Malkishua. Additional theories which had a direct impact over the model were the behaviorist approach and social learning theory (Bandura, 1982; Weiner, 1978; Maier, 1987; Herson & Van Hasselt, 1978). This approach examines human behavior, first of all based on environmental variables. The basic assumption of behaviorism is that the environment can design individual human behavior. From this we concluded that the therapeutic community must be a positive environment for the residents, allowing the creation of a remedial experience. When we examine the running of the community in Malkishua we see that in essence it is like one big group, and the processes that occur within it are therefore group processes. The group dynamic occurring on a regular basis allow significant change processes. The group empowers the individual, and the depth of therapy varies accordingly (Levin, 1940; Humans, 1950; Cartwright and Zadner, 1968; Frankl, 1985; Henson and Schutz, 1958, 1966, Henson, 1987; Dion, 1961).

Another significant figure who impacted me personally and Malkishua in general was Janusz Korczak and his educational teachings (Dr. Heinrich Goldschmidt, 1878-1942). Korczak was an individual whose educational work and teachings placed the child in the center, and he became an example for humanity and educators throughout the world.

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.

<u>Personal Note</u>:

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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Appendices

1. Findings and Text Analysis

Introduction

In general, the qualitative research approach includes text analysis as a central and vital component of the work process of this type. This is defined by Zabar Ben Yehoshua as follows:

> Additional sources: Another type of source for these data are derived by the respondents themselves. These are, for example, autobiographies, letters, journals, memos, meeting reports, policy papers, proposals, memoirs. The quality of these materials is not uniform. Some provide detailed factual information such as times of meetings, others provide rich descriptions from which one may learn about the manner in which the writer perceived his world (Zabar Ben Yehoshua, 1999, p. 71).

The following are some quotations from the personal journal of a youth, an intimate and spontaneous document that describes events in the individual's life and his reflective response to them. The intimacy at the time of the writing is what makes the journal so valuable, as it is safe from foreign eyes, and allows authentic expression not achieved in any other way.

Furthermore, there will be quotes by youths written during therapy, who addressed their situation based on the stage that they were in. From what was written, issues arise that were not expressed in the interviews and were not gathered during observations. "This methodology stems from the assumption that the individual is perceived as a microcosm of his environment and culture. Gathering data from writings (life stories, Intake[30], journal) allows delving into the subjective reality of the individual and providing meaning to perception of the process through a description of stages and significant episodes in their formation. The focus of the method is therefore personal reality and the process that the individual goes through, presenting snippets from authentic records from the field as written by the research population. These quotes may help understand the world of the respondents (Zabar Ben Yehoshua, 1999, p. 113). Analysis of the writings that are quoted will be done through evaluation of progress in the therapy process on the time line, in four dimensions:

1. Motivation for therapy and accepting responsibility.

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[30] Intake - a questionnaire given to the youth before going up to a new stage in therapy.

2. Self image and self worth.

3. Interpersonal and social function.

4. Attitude regarding perceiving the change that the resident has been through.

This chapter will quote content from:

1. Chick Summary[31] - Being a Chick is the first stage where the resident is accepted to the therapeutic community. This stage generally lasts about a month. At the end of being a Chick the youth is asked to answer questions aimed to summarize the period and to attempt to see where the youth is moving.

2. Intake Stage B[32] - In this questionnaire the youth is asked to answer historical questions on use of drugs and his coping until this stage in the community. Stage B is achieved after 7-8 months in the community

3. Preparation for the Life Story[33] - The youth must address significant points in his life in general and in the community. This question gives the youth points to ponder. At the end of the process, in a group, the youth shares his life story with his friends. This life story stage is the end of Stage B after about one and a half years of therapy.

4. Personal Journal - There are youths who keep a journal of very personal events during therapy. Particularly regarding results that affect them emotionally, such as diving etc.

From all of the above material, this chapter will quote the youths named H and T- who at the time of the research were in Stage B and before going up to Stage C.

H: In Advanced Stage B in Therapy in Malkishua

Quotes from the Chick Summary

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[31] Chick Summary - A summative questionnaire for the initial period. Provided before going up to Stage A.

[32] A questionnaire before the transition from Stage A to Stage B.

[33] Life Story - a group in which the graduate youth summarizes his rehabilitation process in Malkishua. After this summary he moves to the hostel.

In the transition from being a Chick (one month) to Stage A, the youth is asked to summarize his period of adjustment to the community in writing, addressing the following categories:

1. Motivation for therapy.

2. Self image.

3. Interpersonal relations.

4. Perceiving the change.

Chick Summary by H regarding Motivation for Therapy

In one of my conversations with H, I found out that H had a journal. I carefully and sensitively brought him around to sharing the intimate contents of the journal with me. This journal is part of the text analysis in the present chapter.

"Well, first of all I want to begin with how I came to the community. What I felt and what my intentions were. The only reason that I came was because of submission, I simply submitted... I did not care where I was or what I was doing, I just gave up. In Malkishua I told everyone one I was here for three months and then leaving. I actually hadn't made any decision about anything.

Every framework that I went through always put me in the same situation that I was tired of it and I was just complacent. Even if the world had been destroyed during that time, before I came here, I would just keep to myself and nothing would move me.

I decided finally to make myself look like I was strong and had no problem - a pose.

Inside I knew this was the place for me, that I was staying here to the end. I was not going back to any dormitory or anywhere. It was hard for me to admit it. Not even to admit it but to go with it, to agree and just make a decision. Because all of the confusion it took time.

I had it so strong in my head that this was my place and this is what I had to do, and this place was giving me what I needed, and it moved into my gut, I felt that it was truly my place and that it would help me and give to me and save me.

After the trial, when I got back from there I felt that I have come to a safe, true and correct place."

Analysis of the Text Regarding Motivation for Therapy

From H's words, we see a great deal of exhaustion. He had to make a strong effort to maintain his external "pose" that everything was all right and that he was in control. It was his pattern in the other dormitories that

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he was in. If he had been perceived as weak, he would have been harmed by the environment, friends, etc. The moment he was told he was being sent to Malkishua, it was the first time he let himself be weak and vulnerable. You could hear the happiness about coming to Malkishua, even though on the outside he presented a different picture. This is typical of most of the youths when they arrive in Malkishua. They seem to show opposition and therefore there is a need for a court order. But most of them admit that in Malkishua they can rest a bit, even though the therapy program is difficult and challenging. They feel they can rest from the "pose" that they were hostage to, that helped them survive. They can also shed off the hiding of the addiction and rest from their attempt to show that everything is in control, and everything will work out soon. In Malkishua everyone has the same problem and there is no need to hide the illness.

From the Chick Summary - H Relates to Interpersonal Relations

"*They let me know that I was leaving the dormitory and coming to Malkishua. I said good bye to my friends and the counselors in the dormitory and to my older sister who I am very close to. She married and left the house and it was very hard for me. I also did not see her a lot. Even when I saw her she had her own problems. I told myself it was too bad and sad that I would not have a big sister that I love or that loves me. Also, my parents broke up at that time.*

This all came out with much anger, nerves and aggression, that I could not control so well at first. I felt very bad about it.

It was difficult for me to move up. Every time I feel in the same place of going out against people. It bothered me, but I did not give up. I continued until I got out of there. Of course with the help of youths in the community and the staff... and sometimes with a few supportive and reinforcing words".

Analysis of the Text Regarding Interpersonal Relations

H opposes the process. He has difficulty communicating with the environment. He has a short fuse and whenever something does not work out, he breaks out in anger and with nerves. His entire environment is collapsing, his problematic family situation has a direct impact over his situation. This behavior can be explained by the social learning theory (Baldwin, 1967) by saying that the environment and the family have a direct impact over the child's situation. Parental figures are models for him and he imitates them when he observes them. The same frustration that H is stuck in creates "emotional undermining that may lead to a variety of behaviors that depend on the nature of response that individuals taught him to cope during stress. There are those who turn to help and

support. Others develop ambitious behavior, and others regress and give up. There are those who attack and those who turn to increased physical activity. Others turn to alcohol and drugs, and most increase efforts to overcome problems" (Bandura, 1973b, pg. 204).

The complex family situation: Separated parents, a sister marrying (According to H she leaves him and goes to someone else), affect him directly and cause him to act violently and to escape from reality through drugs.

<u>From the Chick Summary - H Addresses Self Image</u>

The stage before arriving in Malkishua - "*I simply gave up. I had nothing to do or to fight for. I just had nowhere.*

I was very afraid before I came. Afraid of what would happen, again a new place, new people… something that repeated itself many times in my life.

Now that I think about it, my entire world just collapsed around me, me, my family, friends.

Actually I really connected to this complacency now and I got into it at that time because if I wasn't complacent, I would have committed suicide".

<u>Text Analysis Regarding Self Image</u>

H speaks about fear, despair and a feeling that his world collapsed around him: a family breaking up, friends abandoning him and he is unable to bear the situation. His method of coping was complacency. "If I wasn't complacent I would have committed suicide". This is the response of "regression and giving up" for coping with deep frustration. Bandura and Walters connect this behavior to expressing a dependent relationship between the adolescent and his parents. In this case, there are close dependent relations. These relations did not allow correct separation from his parents at a young age and are expressed clearly during adolescence, particularly when the family unit was undermined. Family difficulties are experienced by H as a destruction. This leads to despair and helplessness. This situation may be compared to the stage described by Erikson as "autonomy versus shame and doubt". The topic of this stage is between being an autonomous and creative individual and being dependent, regretful, embarrassed and full of self doubt. When this conflict is not properly resolved in childhood, entrance into adolescence may lead the youth to test his boundaries and be drawn into criminal activity and use of drugs, because he has difficulty coping with reality as it stands. H's self confidence is low, and it is clear that H has entered adolescence without any autonomy. Since autonomy is a vital component for developing identity during adolescence in this case, the adolescent is in such a scary

place lacking autonomy, to the extent that he is afraid to be exposed and vulnerable. This is where he is in the community: "I went back to being the scared and frustrated and violent H, and I don't know what they want from me or what I want at all… I was afraid that they would not like me and judge me for my behavior".

The First Days in Malkishua

"*I began to very confused. I simply have no way to describe the confusion I had from so many things, like what would happen? What would happen to me here? Do I love my family? Is there an end to this harassment and suffering? Where did my strength go? How will I get myself together? Who should I meet here? Why am I here at all? What can happen that I won't be able to get out of this place? What do I want at all? What do they want from me?*

The child in me and the child that used to break out after a long time and had a very difficult time because I repressed him deep inside and forgot him. And I got onto another wave, a new wave, of H who was not scared. Strong. Knowing what he wanted from himself, controlling his life. And in the end everything would explode inside.

I went back to being the confused and frustrated and violent H who didn't know what they wanted from him. Needing support, understanding and love. Something I had not felt or thought that I needed at all. Suddenly I needed it, and I was afraid that they would not love me and would judge me for my behavior".

From the Chick Summary - addressing Perception of Change

"*It was also that confused me, because on one hand I behaved like that at first with all of the frustration and I had a choice to act how I aced in my "pose". On the other hand I began to be afraid of people distancing from me. So I told myself- okay. Look who I am when I am nervous and strong and don't look anyone in the eyes. Actually I don't want to be like that. Now that's it. I have to step up and stop it and act like I should and just do therapy...*

And on the other hand, it pushed me forward, not acting like that... particularly therapy with Sigal (social worker), which allowed me to take off the yoke to a certain extent, and the help I got from her. In short, I finally managed to get up from there and calmed down a bit from the mess inside me and my head, because I understand that that's it. I'm here. Indeed to take advantage of the time as much as possible, because time is running out and I'm afraid of missing things and not doing the work, Because there (Malkishua) I began to understand where I am and what I am facing, which I did not know. I simply forgot and did not attribute it

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with importance. And it caused me problems when I was a Chick, because, what could happen to me. I'm in a good situation and apparently I did not go through enough in my life and I am not at risk".

Summary of Quote Analysis of the Chick Summary

From analysis of the quotes, a picture emerges of a confused, helpless youth, who is ambivalent regarding the change process. He wants to yet does not want to, believes but does not believe in his ability to change. He came to therapy, not out of choice, but with a court order. His encounter with the therapy model in Malkishua and the tools used during therapy do not allow the youth to escape, and therefore he must cope with group pressure, with a framework dictated by defined therapeutic tools, and military discipline. Apparently the place forces the youth into some sort of soul searching, which makes him aware of the necessity to change, because he is in a bad situation.

Analysis of the text indicates the first sparks of motivation to change. The youth has very low self image, and perceives himself as "unsuccessful,", but still gives himself room to change. Despite his opposition to the framework, there is a certain degree of openness to what the community in Malkishua offers him. It is clear he is tired of the drug world and the "mess", and therefore the youth is calling for help, even if it is in a negative manner.

What in Malkishua caused H to cooperate? He says it is something that never happened to him in any other dormitory framework. It can be concluded between the lines in the Chick summary. The different encounter, which on one hand has very clear boundaries of what is allowed and not, and on the other hand, being treated at "eye level", understanding his situation. Also the knowledge that the more veteran youths who manage self administration were in his situation before, when they were at the beginning of their therapy. since they were there, they can be empathetic towards H's difficult situation. This encounter confronts him and does not allow him to escape, leading H to the understanding that: "*Inside I knew it was the place for m. I am staying here until the end and not going back to any dormitory or any place. It was hard for me to admit it. It is more correct that I didn't admit it but went with it, agreed, and simply decided because of all the confusion, it took time…*".

It is clear that his statements regarding changes are actually quotes from others, and therefore he is still not in a stage of internalization. But even a statement of intents at this stage is important, and it is typical of the initial stage of therapy.

Entering the therapy process requires a certain type of desire and response to the possibility for therapy. In most cases the youths enter the process out of exhaustion and despair regarding the world of crime and drugs, and not necessarily because they have a desire to be integrated in the other, normative world. In most cases, the youths have difficulty translating their situation into despair and exhaustion, but their encounter with a different, intensive world that offers a new language, is a type of mirror that cannot be escaped. Only then does the youth perceive the severity of his situation, and even discover a desire to remove himself from the trap of drug use.

H - From the Intake for Transition from Stage A to Stage B

Intake for Stage B - Regarding Motivation for Therapy

"*Slowly I worked on each thing, and only after I felt that this was really the place for me and I need to be here*".

Analysis of the Intake for Stage B regarding Motivation for Therapy

At the end of Stage A, H begins to understand where he is. A structured daily schedule, the clear rules and the need to be subordinate to a methodical code of behavior created confidence for H. Korczak addresses this situation: "If there is a clearly established structure in the educational institute, a new educator will adapt to it. This structure can be the starting point for improvements and corrections, but will maintain what exists against revolutionary attempts and the tendency to start anew. Not only educators want organization, students want it. Without organization and order, only exceptional children can develop in a positive manner" (Eden, 2000, p. 25).

Belonging is constructed through being concerned with the small details.

Intake for Stage B - Regarding Interpersonal Relationships

"*I had a lot of difficulty accepting responsibly, getting up in the morning, creating ties with the youths, talking with people about things that happen to me. I began with the small things, getting up in the morning and talking to people a bit each time, and then trying to connect with people and create ties. I changed my approach... helping a Chick and people who had difficulty and giving myself roles.*

In the house (House Group) I feel really good. I am connected to Popov and Uri... but I feel really comfortable and wanted here and I have confidence in the house, and I have someone to talk with and I am not under tension with anyone, and no one hates anyone, and I feel like I am loved in the house.

There is a big difference since I go there, because at first I was not connected with anyone and did not want to connect. I also thought that I saw the entire "house" coming apart, and everyone leaving, and I did not want to invest in relations here in the "house" and I did not care about anyone. Today I am concerned about the house and try to help as much as I can and connect with everyone and give everyone a good feeling in the "house".

A true friend for me is one who knows how to tell me things as they are, even if they are difficult. Knows how to say no when necessary and to help and to give and to support and to love and to feel and to be concerned and to be angry when necessary, just being real with him.

Friends in the past... I had a friend when I was using that I spent a lot of time with and I thought we were best friends, and it was really the "best friend" I had, the only friend, and for me he was a friend because he was with me. Support, understanding, help love - was not between us. At least regarding honesty each one took care of his own interests and that is not being alone when someone brought us what we needed, and simply having friends over, and no more than that.

At the beginning of Stage A, maybe there was a bit of lack of consolidation and the groups were not so serious. Today there is more cohesion and the groups learn a lot and are really serious. The "tags" that we received really help and unifies everyone out in the field. Something that did not exist. And in the field, and in general we were not a stage or anything like that and there wasn't anything common between us and that contributed. I think that simply you have to continue with everything that began in the recent period in the stage and it will continue to do what it has to".

<u>Analysis of the Stage B Intake - Regarding Interpersonal Relationships</u>

The group stage that H describes is described by Dinkmeyer and James (1976) when they address issues touching on the rationale behind group work. The perception that the individual is a holistic social creature, with the ability to make decisions, because every behavior has a social goal (Drykurs & Senstgard, 1968), creates new awareness regarding verbal and nonverbal interactions. The individual's lifestyle is expressed immediately in mutual relations and social interactions. There are certain forms of behavior that can be seen only in the group system. The group also allows identifying the individual's problem, in H's case. This is how it is a laboratory for social training and a field of training that delves towards change.

- Because others experienced and experience problems like H, they know and understand what he has been through and what he feels and try to help him.

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- The group provides support and immediate feedback for individual progress.

- The group helps the individual accept and design more realistic norms.

- The group allows mutual assistance aimed at removal from social isolation.

- The group allows the individual to develop his personal identity[34].

This analysis describes H's situation in the group and his interaction in the group.

<u>Intake for Stage B - Regarding Self Image</u>

"*I changed in my approach to the place, with my openness to people, in the responsibility that I accept in the field in all kinds of areas, whether it is just cleaning…*

In principle, I don't feel a great change, only maybe in little things, because it is hard for me to see the change, but in general it is my entire way of thinking, my coping with difficulty, getting out of crises… the help that I give myself, my internal police and that never existed before, is working overtime.

Regarding individual therapy: I do not work on any central issue or anything like that. I simply speak about what I am going through and about my past, that is difficult to talk about, and about thoughts and all kinds of things that happen to me. Mainly I try to touch on the inside, things that are deep, and emotions.

Sometimes I advance in my feelings in therapy, and touch more, and everything that I expected from therapy is expectations of myself, because it is my place and I take it where I want".

<u>Intake for Stage B - Regarding Perception of Change</u>

"*My goal for Stage B is to continue to work more deeply, to grow and to learn things, in short to progress in everything that I am stuck in still, or that I need to invest more in.*

Regarding family therapy: In family therapy we work mainly on things that hurt us and bothered us and caused us to reach where we did, each in his own way, particularly me.

We all have a common goal to clean up the crap and take it out… the process is very difficulty and you just go through it and do it. I know that

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[34] From "Group Journey", Yaron Ziv and Yael Baharav, 2001, pg. 13.

in the end the best thing I will have in my life after family therapy, everything will be real between us, and we will know more about one another and be more together and support one another and be a much better family.

My expectations are help, giving and love and understanding, but mainly my expectations are from myself".

Analysis of Perception of Change, Intake Stage B

The family relationship is the most significant. Parents play an important role in the process of children's rehabilitation. Most children were hurt from their complex relationship with parents during infancy and onwards. Erikson (1950), describes this in different developmental stages. In the past, children who were harmed by their parents in different stages of development were removed from the home so as not to be continually harmed. Today the approach has changed. Elitzur (1995) argues that parents must be partners in the process. They gave us a valuable deposit and together with them we must succeed in the task.

The Transition from Stage A to Stage B - H - Summary of Analysis of Intake Quotes

It is clear that H's position in the community and outside of it has improved. He is more aware of himself and testifies that he has developed social ties that allow him to be integrated in the group.

H began to delve into the individual and family therapy process, and this allows him to cope with his self image and change processes that he is going through. He believes more in his ability to make a change and succeed. This is mainly expressed in the therapy process that he has been through with his family. He notes the ability to speak and listen to one another, and formulates his true experience in creating a new tie with his family and to maintain a different type of dialogue, testifying to the new place where he is. He also addresses the area of individual therapy: "*I mainly try to touch on deep things inside and emotions*".

Apparently staying in the community and coping with daily life that is not simple, have brought the youth closer to himself and his environment in all of the parameters: self image, interpersonal ties, perception of change and motivation for therapy - there is progress in all areas. The question is, what caused this progress? Between the lines one can conclude a number of factors behind this change:

a. Time

b. The tools of the model.

<u>Time</u>: He has accepted that his place is in Malkishua. The expression of this is the limited opposition and willingness to cooperate. There is understanding that opposition damages quality of life in the community. H points out that after his trial, a change occurred in him: "*Only after I felt that it was really my place here and I have to do it and the work must be done, and it happened to me after the trial…and I began with the small things, getting up in the morning and talking to people a bit each time, and then trying to connect with people and create ties, and with time I understood where my problem was in everything. I simply got into it and did not give up until this day, it is much different now than in the beginning*".

With time, H was forced to cope with tasks of "here and now". He even developed ties and reinforced his ability for interpersonal interaction. With time he had successes and this reinforced his self awareness and his motivation to be integrated in therapy.

<u>The tools of the model</u>: We see that with time there is increased expectation for significant behavioral change. The model requires greater effort and cooperation on the part of the resident: "*The groups learn a lot and are really serious. The "tags" that we received really helps and unifies everyone out in the field.*" The tags are functional assignments that the youth receives during self administration. The more the youth advances in therapy, the greater the responsibility of the tasks, raising the youth's self image and feeling of belonging, as it says: "Heart follows actions" (Sefer Hachinuch). The small things and being concerned with them lead to large change as the youth points out: "*In principle, I don't feel a great change, only maybe in little things, because it is hard for me to see the change, but in general it is my entire way of thinking, my coping with difficulty, getting out of crises… the help that I give myself*".

<u>Analysis of Quotes from the assignment</u>

The assignment is a task that the youth receives in Stage B. It is a long vacation where the youth receives tasks encountering his past, and an opportunity to experience things outside of the protected hothouse of Malkishua and in true reality in his natural habitat.

<u>From the Rules of the Community:</u>

The aim is to remove the youth home for an assignment in Stage B, for 48 hours, not before his second vacation. It is best to let him go home after he has fulfilled the role of a permanent deputy of his House. This time is determined because this task allows the youth to test himself regarding the results of therapy and to define points that require work, gathering strength for the future…

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The aim of the assignment:

- Encountering the world from which you arrived to Malkishua. Examining yourself, your situation today in relation to life outside. What weak points do you have to strengthen? What things are you lacking that you must learn from other vacations?

- Defining your aims for continued therapy.

- Being with your family.

- Trying to meet new people.

- Enjoying new things as a person clean of drugs.

- Going to a meeting with your probation officer/ police investigator/ Youth Promotion/ school, etc.

- Asking forgiveness from people that you hurt.

- Going out alone to a film/ cafe.

- Returning to the community with new strength and clear decisions regarding the future.

During the task the youth will keep a daily journal. Each day he will summarize and describe:

- What did I feel today?

- What difficulties did I have to cope with? How did I do it?

- Where did I have to use reasoning?

- Were there risk situations that I identified ahead of time? What did I do?

- When did I have good feelings? What filled me up during the task?

- Did I set boundaries? In what situations?

- What am I lacking in life? What would I like the most?

The following is an analysis that H conducted in his Intake, according to the following categories:

1. Motivation for therapy.

2. Self image.

3. Interpersonal relations.

4. Perceiving the change.

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Quotes regarding self image:

"*At the recruitment office they referred me to a psychiatrist and the conversation that we had filled me with strength and confidence. I am sure that it went well. I spoke nicely, convincingly, truthfully. I stood up for myself and made a good impression. I spoke with confidence, fought for my place even when he tried to negate me, and I admitted and faced my weaknesses and my past, that he put in front of me. He took me very seriously. He saw and said and broadcast a respectful and serious and considerate attitude, and it made me feel good with confidence and strength, happiness and self worth*".

"*We had a long conversation about a lot of topics. Again it reinforced my self confidence. Without sitting down and using with him, I could flow with the conversation without getting into trouble and a lack of confidence*".

"*I also overcame my lack of confidence, getting up and dancing without drinking something. I enjoyed being with my cousins and dancing and having fun without a high, and being happy and on a natural high*".

"*But actually, all day I had a weird feeling as if something was bothering me and I was not actually having fun, and being filled with what I was doing. Inside I am not enjoying anything. The truth is I feel isolated and it is the worst feeling because I am with people and I am not alone. They love me and we flow together and I really enjoy and hang out, but inside everything is empty*".

"*Sitting in the coffee house - at first I had emotions regarding yesterday and loneliness. Finally, it is how you look at me. I am sitting there alone like I am bored*".

Quotes regarding motivation for therapy:

"*Today I felt good, even really good. At the beginning of the day when I left Malkishua I took myself out of all the bad feelings I had like fear, anger, failure. After I did that I felt really good and I began my day on the right foot. I was even happy*".

"*I didn't manage to do anything today. It worries me and I fight with myself a lot about how to do things. I am afraid to fail*".

"*But I know what I really know. I actually had a nice day and didn't do silly things. I am clean, and tomorrow will be a new day and anything can happen*".

"*I am pretty tense because today I didn't do anything. No task, and I need to do all my assignments tomorrow, and I don't know if I will be able to… and it worries me. I fight with myself a lot to do the things and I am*

afraid to fail and don't want to do something… I intend to organize everything tomorrow, God willing".

Analysis Regarding Motivation for Therapy and Self Image

From what H says it is clear that there is tension between a desire to succeed and progress and between giving up: "*I fight with myself a lot to do the things. I am afraid to fail*". Here too the "searching for the self identity" process is expressed, as we have seen in Erikson's theory of development. The identity crisis is a clear sign of adolescence. In order to acquire a solid and healthy self identity, the individual must receive consistent and significant recognition of his achievements. Human development occurs based on the principle that "everything that grows has a master plan. From this master plan grow different parts. Each part appears in its time until all parts are connected together creating one functional entity" (Erikson, 1968, p. 92). The developmental processes that H is going through complement one another. H is still in the "black hole" process that threatens to take him over, but slowly conflicts are resolved and a feeling of positive achievement reinforces his personality. His self confidence grows. Gradual reenactment takes place in Malkishua, leading H one step at a time. The conflict that he copes with at this stage is still "*autonomy versus doubt and shame and initiative versus shame*" (Erikson, 1950). At this stage, H shows his own will, shows interest regarding what occurs around him, but still asks basic questions: "Is this therapy right for me"? He is still strongly afraid of failure and losing everything he as accomplished to now. "I am afraid to fail and don't do anything…". In his encounter with the psychiatrist in the recruitment office, H is sill in the middle of the conflict of "initiative versus guilt". He is able to experience unfamiliar situations. H learns to plan his actions, and mainly understands that he is not alone. At this stage he needs reinforcement, attention and support, reinforcement of the personality and a decrease of guilt feelings. In any case, he still has existential feelings related to his self identity: "*Something was bothering me and I was not actually having fun, and being filled with what I was doing. Inside I am not enjoying anything. The truth is I feel isolated and it is the worst feeling because I am with people and I am not alone…but inside everything is empty*".

Quotes Regarding Interpersonal Relationships

"*Regarding an encounter with a family member - I developed (with the family member) a very serious conversation with him about myself and the community. And this was the first time I spoke with anyone about the community and what goes on there. In short, I was happy that for the first time I was having a serious conversation with someone on the outside without talking about drugs, etc. …*

I didn't really have the opportunity to set boundaries. I saw cousins who use and they came and said "hi" and I said "hi" to them. Because they are family and I couldn't set boundaries. So I said "Hi" out of respect, and did not flow into conversation and I broadcast coldness and ignored them totally when they tried to flow with me.

The truth is I feel isolated and it is the worst feeling because I am with people and I am not alone...but inside everything is empty... I don't have anyone to share my feeling with. My mother is the only person who I am most open with here, but we don't have a chance to sit down and speak together.

I feel that I lack someone who understands me and that I can speak with, and in general anyone that I can give love to. Everyone around me is giving me a lot of love, but I don't feel like I love them like they love me. Everyone around me has a partner and their entire life runs around that, and suddenly I feel like I don't have anyone significant in my life, and that explains my emptiness and loneliness".

H's meeting with is father at a coffee shop:

"*Afterwards I went to my father and told him to come with me together and we'll drink coffee, me and him. I was very difficult for me to do it because it was horribly embarrassing because it was the first time that something like this happened to me in a planned manner and not spontaneously... and we went to the coffee shop and sat for an hour and a half and it was difficult for me to get in this issue of forgiveness. Finally it was very fulfilling and very good and significant, our entire conversation".*

Analysis of Quotes Regarding Interpersonal Relationships:

Victor Frankl (1960) the father of "Logotherapy", places the search for meaning in the center. A person who has not discovered the meaning of his life expects to feel existential emptiness. He argues that feeling meaning is not an inborn trait or something acquired from outside and therefore the individual must discover the meaning of his life through active and continual search. This search for meaning allows intensive delving towards active participation in a group and experiencing interpersonal processes and inner-personal processes within the search. In order to arrive at discovery of the truth about ourselves we must remove our masks. A person tends to wrap himself in masks to hide his true or imaginary weaknesses and to protect himself from rejection. Often it seems the mask is one's true face. Looking at what is under the mask is what leads to a feeling of meaning.

Participation in a group invites opportunities for the individual to look inwards to his soul. H is in the middle of this process of journeying

inward and outwards: "*Everyone around me gives me a lot of love, but I don't feel like I love them like they love me*".

Quotes Regarding Perception of the Change

"*After I got my hair cut and got organized I went to a family event. Here I had to use my reasoning whether to go to the event or not, and was it dangerous for me to drink and the other activities that would be there. I decided to go from a complete place, without fear... I depended on myself and was very careful. In short, I went for it.*"

In the assignment he was given a task to go to a place where he had used drugs - "*When I sat there I did not connect to emotions, only memories, to technical things. I only had curiosity around the drugs at the time and the violence that was there*".

"*Monday 10:10. I felt not really good. I did not get up on time. I felt weighted down and empty. It was boring again and there was nothing to do. I had no patience to do anything and I had a feeling of weakness and boredom. In short today was not very useful, and even quite a bummer, because I planned other things to do and they simply did not work out. But that is the difficulty that I had to get over, and get over all of the feelings, not letting them control me and depress me.*

"*I sort of let things spread out until I called Alek and then I understood that I just had to get up and do something and not to cry about what I did not do. In short, I understood that I lost myself a bit out of confusion and pressure, and did not do anything*".

Analysis of Quotes from the Assignment

H is already in Stage B, which is a significant and advanced stage in the hierarchy. This stage adds two new and significant elements - one is responsibility for administering the community. Position holders in the community are chosen from this stage. In the second stage the youths begin to visit their parental homes, and for the first time practice the skills that they learned in their natural habitat. This situation exposes the weaknesses and central difficulties that they must still work on within the framework of the therapeutic community.

The assignment that H performed connected him with his internal places in the therapy process. This can be compared to a sort of "black hole", which, if you do not overcome it, controls you. The black hole is that feeling of emptiness, loneliness and lack of belonging that H expresses so clearly: "*...Inside I am not enjoying anything, and the truth is that I feel isolated... everything is empty inside*". H attempts to cope with his feeling of emptiness by performing his assignments, and this does not always work. Inside he is having an internal struggle between the desire to "be

okay and feel okay" (doing what is expected of him), and the feeling of emptiness and helplessness. While doing his assignment we see the process that H goes through which begins with a type of euphoria: "…*Thank God it is going well... I spoke nicely, convincingly, truthfully. I stood up for myself... and it made me feel good with confidence and strength, happiness and self worth".* Afterwards there is regression: "*I feel that I lack someone who understands me and that I can speak with, and in general anyone that I can give love to. Everyone around me is giving me a lot of love, but I don't feel like I love them like they love me. Everyone around me has a partner and their entire life runs around that, and suddenly I feel like I don't have anyone significant in my life, and that explains my emptiness and loneliness*". In these words, H chooses to express the source of the illness that he had, his drug addiction, expressions of violence, etc. which stem from that "black hole" of loneliness and emptiness that apparently stem from the first stage that Erikson describes (1950) "basic trust versus basic mistrust, at age 1-2 years". During the first period of his life, the child is still absolutely dependent on his environment for everything related to satisfying his immediate needs. According to Erikson, the central developmental task at this first stage is to come to his aid and give him the care that he needs. If the mother's care is provided consistently and in a calm atmosphere, the baby will be able to develop confidence in his supportive environment. If the mother's care is less good it may cause a feeling of lack of confidence regarding the environment. If a mother's care is provided under less positive conditions and out of anxiety or apathy, this can lead to basic mistrust.   The healthy and positive result is developing the ability to trust others and trust oneself.   Later, the individual is able to trust his environment as a result of the positive experiences provided to him at this early stage. A negative result of this stage occurs when the mother is not available to her baby and his needs. This will lead to the development of mistrust of others and mistrust of the self. A lack of trust in infancy causes identity confusion during adolescence.   A lack of experiences creating the development of trust in early childhood may damage the child's ability to sense identification with others during adulthood. We see therefore, that H is hurt during this developmental stage in a very primary manner.

These feelings arise in Stage B, seemingly an advanced stage in which the youth should already be in a stronger and safer place, and even be able to play roles in the community hierarchy. In fact, in the community, H is considered strong and full of self confidence. But his unique and ongoing assignment which lasts a number of days, made H encounter a feeling of freedom and home, experiences which he was not used to, and therefore

the same feelings of emptiness arose that will accompany him, apparently, throughout his life. The therapy system aims to lead him to a state where he can learn to live with this feeling and not let it overtake him. This is mainly through self awareness regarding perception of the change: ".. *the difficulty that I had to overcome and the feelings that I overcome, without letting them control me and depress me...*". In H's case, self awareness helps him overcome the black hole that takes over him.

Apparently this is the first time that H is forced to truly cope with the outside world. From what he wrote in his journal we see that he is not really ready for this difficult task. At this stage a gap begins to develop in the youths between what happens in the therapeutic community and what happens outside of the protected community. To close this gap, he was given an assignment which aimed to raise internal issues. This in fact occurred to H. Despite the difficulty he manages to cope with the gap, and a telephone conversation to the community helped him get out of his despair: "... *until I called Alik (the counselor) and then I understood that I simply have to get up and do something and not cry about what I did not do, in short, I understood that I lost myself a bit and out of confusion and pressure I did nothing...*". A conversation with Alik the counselor in the community helped H get organized and gather himself. It is important to note that Stage B is a stage in which the community still plays an important and formative role. The connection with the community is like the umbilical cord that still provides power and energy, a stage in which the resident still needs to be fed from the origin, and is not yet ready to leave totally to the real life environment, that the world outside the protected community invites.

Compared to Stage A, which was described above, in Stage B we already see deep work, internal connection to sensitive and deep areas regarding belonging and "ego" identity. However, without the inoculation received in Stage A, H would not have been able to cope with the complexities of Stage B.

In this deep therapy situation, there is a paradox, that the more deep therapy work becomes, the broader the area of encounter becomes with places of pain and frustration, and the greater depression, tension and anxiety become. At this stage, there are cases in which youths break and leave the community. The wisdom of therapy at this stage is therefore to help and support the youth in his problematic stage, by providing additional tools for emotional coping, such as art therapy, reflexology, Tai Chi etc., which are areas of therapy that connect the body and soul. Sometimes when anxiety and depression show up, there is even a need for pharmaceutical intervention (antidepressants and anti-anxiety drugs).

<u>Preparation for Life Story - Transition to Stage C</u>

(From the original Malkishua Form)

Name: H.

Date: 6.10.05

Life Story:

1. History of Drug Use.

 a. How do you understand or explain the reasons for which you began to use drugs.

 b. How did you begin to use, what led you to drugs and what led you to use them?

 c. What characterized you during use, i.e., what were your behavioral patterns?

 d. Tell about the school in which you learned.

 e. Tell about your family - what were the relationships between you and what happened when you were using drugs?

 f. What were the circumstances leading you to the Malkishua community?

2. Period of Therapy In the Malkishua Youth Community

 a. Describe the therapeutic-educational process you went through.

 b. What tools did you use, what helped you in particular?

 c. What was the position of the community, the house and the different stages, in the help provided to you during therapy?

 d. Individual and group therapy - how did you use them?

 e. How did you cope during therapy with feelings of anger, fear, despair, happiness, sadness, hope? Tell about special cases that happened to you and how you got through them.

3. School in Malkishua

What was school for you? How did you manage to do the different assignments? What are your plans for further education?

4. Family

Did new relationships become created? Do you manage to share what you are going through with your family? How do you see your future relationship?

5. Summary

a. Central and important issues to summarize my period in the community that should be noted that I made a big change in.

b. Plans for the future.

c. What will you continue to work on and what are your important goals?

d. What are your expectations of the staff and the place?

Quotes from the Life Story - Motivation for Therapy

"I arrived in the community really confused, but with a great degree of submission. I was tired of everything. I said, whatever will be will be and threw myself here... in short, for the first three months I was very confused and undecided. I had a lot of bad behaviors, opposition that created violence and anger.

After three months I had a trial and therefore something turned over in my box. More correct, what I was thinking in my head about the place went into my stomach. I need this place and it can help me, but this was in my head before the trial. At the trial I understood more and remembered what I was facing and where I want to be, and I simply felt that this was the place I wanted to be.

Later, after receiving a negative response in the Stage B Intake, I gave up. I packed my equipment and wanted to go home, because I could not cope with all of those feelings.

At that time I had my first visit home, which was very difficult and because I didn't know what to do, how to continue and how I could cope with all of these findings, I simply wanted to get down and escape from everything".

Analysis of the Life Story - Motivation for Therapy

The life story is a community ceremony in which the youth shares his journey through therapy in Malkishua with the community. H describes the beginning of therapy and shares the importance of coercion at the beginning of the process. The court and the court order play a significant role : "He is forced until he says he wants to". The need for an external police is critical, particularly because of the difficult decisions and difficulty coping with the force of emotions. Outside (of the community) H ran away from coping through drugs. In the therapeutic community there are no drugs and therefore one must cope with existential questions and questions of identity (Erikson) all day, every day.

Quotes from the Life Story - Self Image

H describes the beginning of therapy - "*I really like what happened here, the help, getting into the soul, understanding what happens, speaking about it, and for the first time that someone cares and listens to you... and a lot of other things, like the jumping, the group conversations that were very special to me, really touching me, and I felt that maybe this is what I had been searching for the entire time, and this is what kept me here. But on the other side were all of the initial difficulties of questions regarding myself and in general, who I am and what is happening, and fears of how to bring myself into it.*

After I received a detachment contract from June, I felt judgment regarding myself and failure. I was very angry at myself and by the way they took my friend away from me. After a time, I had an Intake in front of my friends for the fist time, and this was the most difficult thing that happened to me. I was given a negative, and everything that took place inside the Intake itself, the lack of confidence, and confusion and that I did not answer the questions as I should have, it was a big embarrassment because my friends were there. In short, I was flooded by great failure and disappointment and anger with myself and with them also.

I entered the role of Chick Staff Head after a time, and it was really good for me. The role filled me up and I felt I was doing something significant. In general, since the detachment I have felt really full and happy and I invested in my role. I felt I was not just on task or just in the community but that I really contributed and was doing something serious".

Analysis of the Life Story - Self Image

H describes the experience of support that he received from the community members: "*I really like what happened here… it is the first time that someone cares and listens to me…*" Apparently the group/community has a strong impact over H. As we see in Dinkmeyer and James (2001): The group provides support and immediate feedback on progress. The group allows mutual assistance aimed at removal from social isolation. The group allows the individual to develop his personal identity[35].

Accepting a role in self administration has a strong impact on self image: "*I entered the role of Chick Staff Head after a time, and it was really good for me. The role filled me up and I felt I was doing something significant".* From a situation of being impacted by the environment H became one who impacted the environment. This stage according to Erikson is called "Industry v. Inferiority". It is leaving the world of childhood made up of imagination and imaginary games and gradually entering a structured reality of studies and fulfilling obligations and tasks. At this stage there is an emotional and social need to achieve: "*The role filled me up and I felt I was doing something significant… I felt I was not just on task or just in the community but that I really contributed and was doing something".*

Quotes from the Life Story - Interpersonal Relationships

Quote from a description of being a Chick - "*What actually stood out was a lot of support and love from the older sister and in general from people in the community.*

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[35] In: Group Journey, Yaron Ziv and Yael Bahrav, 2001, p. 14

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After a certain time I fell and I acted out towards people and towards Alik (the counselor). At that time, afterwards my friends encompassed me and pressured me and did not leave me alone. They really supported me even though I distanced them from me and did not want to get close to them".

Later after a result - *"I also felt more alone, less support from friends and more distancing. I felt hurt by them and that they were not real friends".*

After "rock diving", and breaking into the therapy room - *"I also continued to do work in the field with friends, which is something really significant that I really acquired friends over the past six months, but really, true friends that I could speak to about the thing that was most painful and difficult for me. There is a great deal of trust between us, and serious ties, that I did not have at all. I learned to do this after I lost a few friends on the way... never did I believe I would have real friends like these that I could really trust and be really open with them. This is something that for me there was no chance and something that was not true or safe."*

"Rock diving" - Diving is a type of response given as a result of behavior that is in opposition to the rules of the community, only after receiving feedback through the bench or the wall. In diving, the youth is detached from the community. He may not speak with friends, and friends may not speak with him. When he is diving, he wears a white apron which highlights the fact that he is having a result. In rock diving, he must build a wall from rocks that he gathers from the environment, and when he finishes building it the community coordinator comes and takes apart the structure, over and over. Diving is a simulation of a state in which the youth is acting like an active user of drugs, and therefore he is detached from his environment and only busy with himself. This is time for soul searching and introversion. During rock diving there is also a Sisyphean aspect. The youth creates a wall of rocks and friends destroy it. This is a symbolic situation expressing the destructive behavior he has done.

H summarizes the change that occurred in him: *"In my ability to speak with people and be open to them".*

Analysis of the Life Story - Interpersonal Relations

H speaks about support of friends. In general we see that H's interaction with the community is positive. H describes friendships that stand the test of pressure in the community. The role of friends is to confront the individual within the group. H has difficulty accepting confrontations of this type. Victor Frankl (1970) addresses the fact that he group is an opportunity for concentrated looking in mirrors. A concentrated mirror room is the only way to be aware of parts of the ego, patterns and

behaviors of the ego. The group mirror neutralizes the possibility of "ignoring feedback" out of a sense of getting even[36].

<u>Quotes from the Life Story - Perception of Change</u>

Description of Chick Stage - "*It was like the growth process of a small child. There is someone attached to you and explaining everything, teaching you how to speak, what to do, what feelings are. There is a feeling that I know nothing and I am learning everything new. A new way, a new life*".

After the detachment contract between H and June - "*Afterwards I also did not speak with anyone, and I did not even to go individual therapy, which was very serious because in individual therapy, from the start I felt it was good and the only significant place during my beginning period that really helped me. There I really spoke about things and got off the load I had, and it was a very significant part of therapy that helped me*".

"*During this process I understood and learned that it was okay to fall and that nothing happened, and you can move on*".

Later, after receiving a negative response in the Stage B Intake - "*In short it was very powerful and difficult to contain and I held on tight and made it look like everything was okay, and I only mentioned it once in passing in the therapy group. And with Sigal (social worker) I only spoke about it, and with Etti (reflexologist). It was one of my hardest times, slowly I started to fall and deteriorate. Because of this power I began to be self destructive, which was very hard to stop and almost even impossible. Later I went into rock diving and that pulled me together. Generally, almost every result helped me. I got a lot out of it. Every diving and also small day to day results really helped me and I really believed in these tools.*

At that time I had my first time going out, and because I did not know what to do and how to continue to cope with all of these feelings I simply wanted to go down and run away from everything, but inside I knew that there was nowhere to run and it would not help me if I went home".

H on the detachment contract - "*In the caravan I was there for a week and it was a very significant detachment for me. I did very serious work with myself. Really every day I thought about what I am doing and what I am deciding and what is right and not. Then I really connected with myself and left there after making very serious decisions and with clear goals. I felt really different, that I did not feel like that even for a second for those three months since the Intake*".

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[36] In "Group Journey", Yaron Gil, Yael Baharav, 2001, p. 17.

H lives in Gush Katif and was in Malkishua during the Withdrawal - "*After a short time again I became a deputy and it really came at a difficult time during the withdrawal, and it was very difficult for me and very bothersome. Other things arose that I did not speak about ever, and which really strangled me. And I started to deteriorate in my behavior. It was difficult for me to gather myself, a lot of escapes I had, and I felt that I was really falling. I asked to get out of the role and do diving. I entered hole diving and there I did very serious work emotionally. Behaviorally I was really in the dumps…*".

Finally I did the thing I was running away from since the beginning of therapy, and was the biggest step I took in therapy. From there I really saw that I was in a different place and it was difficult and I continue to work on it.

Before the task that I received and my life story there were a lot of fears that I had beforehand also. Truly this is a very difficult time now, a lot of questions and concerns. The task gave me more points to work on.

All of the tools in the community provided me and helped me more or less. There were tools that helped me more before and less now. For example, the wall and the bench helped me more at the beginning and today they are less significant for me.

A tool that really helped me in the community is diving. In Stage B I did not use it very much because I did not receive it, and in Stage A it really helped me. It was hard for me at the beginning of Stage B that I did not receive diving or very many results… but finally it is what built me up and helped me. Building myself up on my own and accepting more responsibility, without results. This is something I believed in and I still believe in. That they give me more responsibility helped me to uncover more of my internal strength and more desire, and I did the work in a more truthful and stronger manner….

I made a huge change. I am someone different. I changed in everything, my way of thinking believing and using my abilities, my belief in myself and others, seeing and understanding things correctly, looking inwards to myself… knowing how to get up when I fall and to admit that I erred".

Analysis of Quotes from H's Life Story

In the life story it is possible to see the interesting process that H went through from the day he arrived in Malkishua until he came to the stage of the life story, which is conducted at the end of Stage B. One may identify a recurring process during therapy. H has basic motivation to change. From what is written one sees that he has a good ability to function. In general, he knows how to get himself in hand, but inside he feels

emptiness - that black hole. Methodically, in a certain stage of crisis it comes up and controls him. At this stage there is a struggle between H's desire to succeed and fit in, and between this emptiness. In this struggle the tools that the community provides, diving, detachment, groups and therapy, allow H to cope with his feeling of emptiness and overcome it: "*Later I went into rock diving and that pulled me together. Generally, almost every result helped me. I got a lot out of it. Every diving and also small day to day results really helped me and I really believed in these tools.*" And he adds in another case: "*In the caravan I was there for a week and it was a very significant detachment for me. I did very serious work with myself. Really every day I thought about what I am doing and what I am deciding and what is right and not. Then I really connected with myself and left there after making very serious decisions and with clear goals.*" When H chooses to ignore it deterioration occurs: "*In short it was very powerful and difficult to contain and I held on tight and made it look like everything was okay, and didn't speak about it... It was one of my hardest times, slowly I started to fall and deteriorate. Because of this power I began to be self destructive, which was very hard to stop and almost even impossible*".

One may say that this is a summary of the outlook towards therapy in the therapeutic community, according to which the resident must cope with the painful and unresolved issues inside of him. The role of the tools is to help the resident touch on those places without emotionally coming apart. The community tools help the youth cope with crises and leave them stronger, as we learn from Erikson (1968) the actual appearance of a developmental crisis, as a special challenge that involves new opportunities for personality growth and development. We have already seen that each one of the developmental stages that Erikson describes is characterized by a conflict that has two possible results. If the conflict is constructively and satisfyingly processed, a positive quality becomes part of the "self", and encourages healthy development and continued growth. On the other hand, if the conflict continues or is resolved in an unsatisfactory fashion, a negative quality will become involved in the personality structure and will disrupt further normal development, which may sometimes be expressed in psychopathological phenomena.

There is no doubt that in the therapeutic community there are youths for whom these conflicts went awry, and therefore problems arose. Therefore, during the various stages, an attempt is made to create a remedial experience, and to reprocess some of the unresolved conflicts, providing the resident with the power to cope with the conflict using relevant tools, that will help him rehabilitate his negative experiences and to reconstruct his personality.

Quotes and Analysis of H's Personal Diary

19.3.05- H is in crisis: "*I feel really crappy, confused and tired... I have a lot of considerations right now. I really don't know what to do. I think I'll go home and get a job and be with my family and be helped by them, and to go to the army and then I will face the court. I can't know what will be there and what the judge will decide*".

Although H is already in Stage B, he still has crises that lead to thoughts of if he should continue therapy. From his words we may conclude that in this advanced stage these problem involve emotional depth, it is not a physical functional difficulty but rather essential questions of "ego" identity, and where he is aiming to go.

"*...I'm really helpless. I really want to share with friends but I simply don't know about what. About these things that I wrote, I already shared, but beyond that there are more things. It is about a lot of things, and about these things I want to speak but I don't find them and I cannot connect to myself. Also, this first Intake adds to it, because it was very difficult and connected me to many places and made me feel failure, helpless, embarrassment, disappointment, and later I went home to my sister's wedding and cut my friends out, my cousins and my big brother, and then I went through the second Intake really successfully and I went up to Stage B. All the time I have been a deputy, and for that reason I could not be with all these things and speak about them and it is strangling me... Wow, that is what making me be in the situation I am in now, but I can't get inside and work on things and delve into them...*".

In this description we see a process of very high self awareness. H identifies the places that he has difficulty touching, he feels that he must ask for help but doesn't know how to do it. H continues to write: "*...I feel that I am going back to the beginning of my therapy. That I was in this situation and went through it and it was a nightmare, and here it is coming back to me. And this time with more awareness. And I don't want it. I already went through it and I want to leave it behind, but I can't. I have to cope with it and do the work...*".

The difference between Stage A crises and Stage B crises is the resident's awareness regarding the position of responsibility, personal example, and a desire not to let people down. This leads him to cope with his difficulty and to succeed. H explains in his journal, why he decided to write things in his journal: "*...I decided to write it down to let out some of the things from my stomach, and also so that I would have a notebook of things to pay attention to, and that is how I will better understand what helps me and it is working. I simply pay attention to the things that I write down, and I simply see the situation and what I need to do. Right now I have to*

rally my strength and enter this difficulty and not give up. Simply prove to myself, again, what I proved to myself at the beginning of therapy, that I got stronger from it, and now again, I fell back into the same place. Now I can get out of there and will be stronger if I succeed, and I will get back all of my confidence, my willingness, my power, my good feeling, my success, that I am missing at the moment...".

Journaling is a type of personal writing that addresses therapeutic difficulties, questions of personal identity, sexual identity, etc. H. began to write his journal in Stage B after about a half of year of therapy. Only then could he cope with those internal layers dealing with personal and sexual identity.

9.4.2005 - "*That's it, I totally lost direction. I don't know how to stop myself. I did the biggest mess up I ever saw in my life today. I am tired of myself. I don't know what to do. Enough, I've had it, I don't value anything here, do not attribute importance to anything, do what I feel like and don't see with my eyes. It only makes me fall, I cannot cope suddenly. After six months I am acting like I acted my entire life. Where was this until now, I don't know. Why did this come suddenly, I don't know. I don't want them to be angry. I want them to help me, and I don't even know how...*".

One of the principles of the therapeutic community (Lowinson, 1992) is the interpersonal support between community members and commitment to the therapy environment, feedback and confrontation regarding behavior and an approach of self exposure; focusing on "here and now" behavior; recognizing and reinforcing motivation, and emphasis on the approach according to which "only you can do it, but you don't have to do it alone". The members of the community confront H with his acting out behavior and encourage self exposure. This process leads H to some soul searching that takes place in the therapy room, and then again he goes out into the community to cope. The interpersonal pressure in the community is a catalyzing factor, that makes criticism into internal awareness aiming towards positive change, which will lead to a higher threshold of expectations and a higher level of personal commitment, as is expected of all members of the community.

We have already seen that the members and the staff serve as an assisting tool in the positive change process as the individual's awareness of his difficulties and problems occurs through group and interpersonal interaction. Learning through trial and error is much more influential in achieving significant permanent change. The therapeutic community emphasizes integration of the individual in community life. The individual's development is measured through the context of the

community's expectations of the individual. The community and the individual, both, facilitate the positive change for each of the community members. The tension created between the individual who wants to progress and be integrated in the community, and between the community (ibid. p. 57), and the connections between the individual and the community stand out in H's life story. The community serves as a moderator and catalyst for introspection, leading with coping with problematic behavioral patterns. In his writing it is clear that there is movement inwards and outward. This movement stems from functional difficulties based on distress that still has not been resolved. Addressing this internal distress, and going out, including returning to a social role, accepting responsibility through a role, and again, introspection and again going out, on this axis, H has been working until he can achieve a state in which he can function fully and out of internal acceptance with his improved social status.

In summary, we see that H goes through a developmental process in: 1. motivation for therapy; 2. self image; 3. interpersonal relations; 4. perception of change; 5. the tools of the model and their impact over the change occurring in therapy. H is typified by a complex personality. The more advanced he is in therapy, the greater the power of the conflicts that he must cope with. There is no doubt that the power of H's damage, particularly at a young age, is expressed during adolescence. The black hole described in his writing is a damaged and split personality that is trying to start over in a new place and with a positive attitude.

Text Analysis for T

T is in the advanced stage of Stage B before moving to Stage C. His writings are quoted from: 1. The Chick Summary; 2. Stage B Intake.

Quotes from T's Chick Summary

Quote	Criterion	Text Analysis
"I arrived in Malkishua with a court order and with a lot of desire" "My impression is excellent and I think this is a place for every teenage addict, and also if you know I came here out of free will and had the ability to go home to a day center"	Motivation for therapy	The therapy process generally begins with coercion - a court order. This is external motivation. In our case the youth chose to attribute the decision to himself also - If I have to be here, I will attribute it to my desire. This is a good starting point, because from the youth's standpoint, this is a default, but he discerns that the atmosphere in the community is taking responsibility, and therefore T chooses to address the fact that he is in Malkishua in a positive manner, and even feels that he would recommend the place for other addicted friends. T addresses the possibility of choice that he seemingly has. This is a significant situation from his standpoint even though it is not correct. In Malkishua an attempt is made to present the facts of their remaining in Malkishua as their own choice, which takes place very day, but in actuality they have been sent by court order. On the other hand, in a more true manner, the choice is in the hands of the youths. He can always leave and go back and get into trouble again.
"I expect to try and to do therapy in the best possible way	Motivation for therapy.	The first Chick stage is typified here in euphoria, from the standpoint of unrealistic

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Quote	Criterion	Text Analysis
with all of the difficulties and the fact that I miss home, and I expect that I will complete therapy".		assessment of abilities. In actuality, from what is written, there is a strong desire to succeed. Maybe we can sense that from this is also a desire to please the staff by formulating his words in this way. It is possible that this was also written out of a desire to express what the staff wants or expects to hear and this is not exactly how T really feels.

At this stage there is a legitimization for opposition and lack of cooperation. In actuality, this trend was not observed from what is being written, not even between the lines. Nevertheless, T describes difficulty and missing home. In light of the fact that youths in Malkishua detach from their pasts in a drastic manner and do not go home for at least six months after arriving, this detachment can be addressed as the main difficulty in the first stage of therapy. Experience has proven that only through absolute detachment from their natural habitat, is it possible to treat adolescent drug addicts. |
| "My goals are not to go back to using, to be a person who is successful and proud, and whose family is proud of me, learning as much as I can in Malkishua…"

"…I always knew | Self Image | The youth is expressing a desire that the environment treat him differently and see him as a successful person in the future, and even be proud of him. In the past, when he used drugs, he felt isolated and unvalued. |

Quote	Criterion	Text Analysis
that I would use drugs in the end". "I would escape from reality through drugs." "I was in a dormitory and I felt alone. I tried to find friends who used and partners in stealing but did not".		
The youth is describing a situation which caused him to use drugs: "The atmosphere by dad in the house was not good, and in general I felt alone there and that there was no one to talk with. I didn't to have a real bed there or a room of my own, and I feel like I totally did not belong".		From the youth's words we see a strong lack of belonging. There is no place in the world that is his, and the only way that remains for him is to escape to drugs.
"The atmosphere was cold at home and I did not receive any love or attention, and all the time I saw my father was sad. But I was helpless. I did not know how to make him happy and what would improve his mood, and just would take his feeling onto me… sometimes I felt		The youth is describing loneliness and guilt feelings regarding his parents' situation. He attributes their difficult situation to him and accepts responsibility for it. There are great lacks in his relationship with his mother, particularly in the early stages of life, as Erikson describes (1968). And these lacks have an impact during adolescence. According to Erikson appropriate and consistent mother's care will encourage a child to show

Quote	Criterion	Text Analysis
guilty because of the situation that happened to him because I knew that a large part of what he felt was because of me, because I was not studying and was disruptive in school, and every time he would get telephones about my awful situation". Regarding his mother: "Even with my mother I felt alone, even though not like with my father. But also sometimes when mother was tired from work and went to sleep I would be physically and emotionally alone and I always wanted to go out".		openness, to develop self confidence and to trust his environment and the world in which he lives. T's low self image and the distress of his loneliness led him to use drugs and perform other crimes. He used drugs and stole with his friends, and used this to achieve a sense of belonging and commitment towards his peer group. His friends were an alternative to a family. The professional literature deals at length with double loyalty to parents and friends and this tension. This led to beginning drug use at 13, until T arrived in the Malkishua therapeutic community.

Quotes from the Intake for Stage B

Intake 1 - 22.8.04

Quote	Criterion	Text Analysis
"I encountered functional difficulties in Stage A regarding accepting results, and also a lot of difficulty with patterns, particularly	Perception of change	T identifies his behavioral patterns and is aware of his difficulty with them and the price he pays. T has had difficulty with the intensive daily function of the community. The busy schedule and the response to every behavior has led to many signs of violence and lack

Quote	Criterion	Text Analysis
delayed gratification and violence, which rose up a lot in Stage A."		of ability to delay gratification, something that should take place in Stage A.
"Also difficulty separating between what I feel and how I act was very difficult for me to do because all of the results and frustrations that I went through in the Stage and also because of the busy schedule of the community. At first, in Stage A, everything went well, but then it was very difficult for me to cope and I broke the tools many times".		In this case there is a guiding principle of the therapeutic community in which The interpersonal pressure in the community is a catalyzing factor, that makes criticism into internal awareness aiming towards positive change, which will lead to a higher threshold of expectations and a higher level of personal commitment, as is expected of all members of the community, leading to positive change.
I think that all of the falls taught me to cope better with results, and the bottle task helped me in particular".		The therapeutic community emphasizes the interaction between the individual and the community. Development is measured through the context of the community's expectations of the individual. Learning through trial and error is much more influential in achieving significant permanent change.
"It was difficult with being a deputy or coordinator role (he was a substitute at one point in the hierarchy)".		T describes a process of change regarding the tools of the community and the results which begin to have an impact. Apparently at this stage he is less oppositional and begins to accept the fact that he is in Malkishua to change. He has difficulty being put in a position of responsibility and leadership. Since this is the opposite of what he was used to, a person who was drawn by others, who made problems and began affecting others. The role that he

Quote	Criterion	Text Analysis
		fulfilled is at a relatively early stage, in which youths are still supposed to be busy with themselves, coping with antisocial behavioral patterns.
At the end of Stage A "I feel that I changed for the better in my separation between how I feel and how I act. Also I use the tools of the house when I am upset and do not act out. I internalize results, I cope with diving". "I know how to identify when I am falling and stop it."	Perception of change	The ability to count to 10 before responding is an ability that we clearly work on in Stage A. One must remember that most of the youths come to Malkishua from a reality lacking boundaries, in which "violence makes the man", and liberalism is absolute. The community, on the other hand, is a total framework with rules and laws, and the method used is based on event and response - the behavioral approach. This school of thought believes that the environment can form human behavior, and therefore at Malkishua there is a different environment from what exists in Israel, and coping is through trial and error. This way T learns to identify his own power and to make a change in his lifestyle and thinking.
"I share emotions and connect to advanced people. I can accept responsibility over time."	Interpersonal relations.	There is already an ability to identify who positive friends are who can have a beneficial effect and "pull him upwards". T is helped by friends and shares his feelings with them.
"I feel good in the house group. When I came to the house it was with a lot of help and advanced people, and I felt	Interpersonal relations	He copes with processes that occur in the house group and identifies with the leaders of the youth group that led and created a positive atmosphere. These youths moved on and left the house, and

Quote	Criterion	Text Analysis
safe and that they were example for me, and I felt a lot better than how I felt in the house now. Also half of the house went up to Stage C and it is a bit difficult without them. But in total, the house is real and I believe in us that we will succeed in rehabilitating the house".		this has affected the atmosphere, apparently. This is a stage in which new youths, including T, must accept leadership and have an impact. T describes how the house group impacted him at the beginning, the confidence he received there. Now he must give this to others, something that is not easy at all.
"In individual therapy I worked on violence, a strong pattern in me. With the help of the social worker I found different direction to cope with difficulties in the field. I discovered why I had difficulty with all kinds of emotions and I saw where I encountered those difficult emotions in the past, and why it was so difficult for me to feel them today. In therapy with the social worker I got lots of confidence because of her support and because she believed in me".	Perception of change	The therapy room is perceived by T as a safe place. There he allows himself to connect. The social worker does not test the youth like those in the therapeutic community, and ask how are you functioning? How do you accept responsibility? The social worker accepts T as he is and allows him to begin the process from a position of safety. T is helped by the social worker in coping with the community - "With the help of the social worker I found a different direction to cope with difficulties in the field", T makes correct use of the assistance of the social worker to cope with here and now.
"It is very difficult	Interpersonal	T describes difficulty with friends

Quote	Criterion	Text Analysis
for me to see my friends from when I was using when I got in trouble with them, coming to the community, and I spoke in therapy about feeling degraded and hurt by things they said to me and in general how to cope with it and take it to a positive place and not to despair out of it".	relations.	from the past who are in the community. This is a type of coping that is unfamiliar to him. Facing friends and confronting them for actions or having them confront him for his past and present actions.
Regarding family therapy "In therapy with my mother we go through a wonderful process. We speak about all of the feelings and all of the cases. We get it all out. If, for example, I am angry at her for something I tell her to her face, with all of the pain, and the same thing with her. We are there in the most real therapy possible crying together, hurting together… we try to get everything off our chests without barriers.	Perception of change	T and his mother show courage in handling their relationship and trying to rehabilitate it. There is no doubt that this is T's choice, testifying to his courage and true desire to make a change and succeed.

Quote	Criterion	Text Analysis
Things that I changed "When I can speak about emotion and I know how to identify what I feel and speak about it. In the past, even a simple question, they would ask me and I did not know how to answer. I would get angry right away… and I think it is a great change".	Self Image	T. describes a change that occurred in him since the beginning of therapy. There is no doubt that his self image has changed. He feels safer. Slowly he is creating emotional strength allowing him to delay gratification and cope with reality that is stressful and difficult (trial and error, as described above).
My ability to cope has changed greatly from how I used to cope. Once I would act out over every little thing and was unable to cope with what I felt. I would just go and use. The same thing in the community, I was unable to cope with my feelings and I would act out and break the tools. Today I am more restrained, more calm on the inside and act in an accepted way to release emotions. I even speak with myself so as not to despair in difficult situations".	Self Image	T has adopted behavioral patterns that allow him to cope with tension. He developed an ability to look inwards, allowing him to cope with the past and with emotions that arise during therapy. He is still at the beginning of the journey, but has already begun in depth work as expected in advanced Stage A (about half a year in the community).

Quote	Criterion	Text Analysis
"My expectations from friends in my stage are that they see the good things in me and reinforce me. To accept help in risky situations in difficult situations or when I am upset and about to act out".	Interpersonal relations.	T has difficulty coping with his peer group. He does not always seek their help and they do not always help him. Friends are the true seismograph of his situation because "they cannot be fooled". T's expectations is that they help him, but his friends throw the ball back into his court. Later they even reject his request to move up a stage. They relate to the fact that he is pleasing and does not always receive help from his friends.

T did not pass his first Intake. There was a sense of trying to please and a lack of ability to set boundaries in the community. T received points to work on and he relates to it in them in the following Intake

Intake 2: 2.5.05:

Quote	Criterion	Text Analysis
"T is a sensitive person who does not like to leave things inside." "Difficult situations cause me to act out."	Perception of change	T has a short fuse and tends to respond and act out for every little thing, which makes it difficult to have a relationship with friends. T identifies his situation and there has already been a change since the beginning of therapy.
"I have places where I please, sometimes with setting boundaries in roles, I look at how the staff looks at me." "My friends are Avner, Ben Eyal. I call them friends because I can share my difficult feelings with them and they help me. We have	Interpersonal relations.	Because of his low self image and lack of confidence, as noted above, and primary lacks that he described in the Intake, T is looking for reinforcement from the environment trying to please, giving into friends. Because of weakness in this area, his friends did not pass his Intake. He was forced to cope with the criticism and to work on it in the field. Later T describes another healthy relationship that he has with two

Quote	Criterion	Text Analysis
boundaries between us".		friends, friends that T seeks help from and sets boundaries with also.
"I do a lot of work on violent patterns, ask for help and use the tools of the house". "In the past there was a gap between speech and action. I would promise and tell stories. Today I see the gap has become smaller and I do more than I speak".	Perception of change	T is aware of his situation, that he is perceived as speaking a lot but doing little. He is trying to change his problematic image. He must use the tools of the house and be more real. The advantage of the therapeutic community is that there is no need to make up tools, because they already exist. These tools help people connect to emotions, such as in groups and using tools that aim to cope in daily life, such as the bench and the wall, which help with coping with violent patterns.
"I want to connect more with advanced people, want to advance in the community."	Interpersonal relations	Today he is able to identify which friends can help him, and T is attempting to connect to them and not with friends from the past.

2. Interview Protocol

Interview of Youths in the Therapeutic Community

Stage	Questions	Rationale
Beginning and presentation of myself	My name is Benny Fisher. I established and managed the youth community in the past, and today I am conducting a study on the impact of the therapeutic community. I would like your permission to record you. What you tell me will only be used for research purposes. Our conversation will last about an hour.	
Questions to assess progress in change dimensions over time.	1. What led you to Malkishua? 2. What keeps you here? 3. If it depended on you, how long would you stay here?	These questions aim to examine motivation and responsibility of the resident regarding the therapy process.
	4. What do you want to be, and where do you want to see yourself in another ten years from today? 5. What traits do you have that can help you get there? 6. What traits will make it difficult for you to get there?	These questions aim to examine self image, self worth and self awareness.
	7. How do you feel in your house/stage group? What makes you feel that way? 8. How would your friends describe you? 9. What does it mean to you to be part of the group? 10. What youths in the group affect you more than others? In what way? In what direction? 11. What youths in the group do you have an impact over? How? In which direction?	These questions aim to examine interpersonal relations and group function (I think analysis of the questions will not be simple, and it is possible that it will be difficult for the youths to answer these questions, especially in early stages).
Questions to clarify the perception of the residents regarding the therapy process.	12. Do you feel that a change has occurred in you since you arrived at the community, to date? What has changed? How is it expressed.	Question 12 aims to identify dimensions of change as perceived by the residents.
	13. What allowed you to make the change? Or what do you feel caused your change?	Question 13 aims to identify the causes of change in the residents' experience.

	I would like to ask you about the tools of the community:	These questions aim to clarify how the tools are perceived by the residents.
	14. What tools help you the most? Why?	
	15. What do you think is the contribution of the (tools that the interviewee did not mention in his response to the previous question)?	
	16. Are there tools that you think do not contribute to your progress in therapy: Which ones? Why?	
Summary	I want to thank you for sharing your experience with me. It was very important to hear how you see the therapeutic community, and I am sure that it will help me in my research.	

Graduate Interview Protocol

1. Describe what has happened to you since you completed therapy at Malkishua? (Ask for clarification in various areas - employment/ studies, social life, family, leisure).

2. Are you satisfied with what you are doing/ where you are at the moment? Why?

3. What are your accomplishments? What have you been less successful in? Where would you like to see yourself in 10 years? What will help and make it difficult?

4. What did your time in Malkishua contribute to you? What helped/facilitated? What made things difficult?

5. What are the central things that helped you make a change?

6. I want to ask you to address, through the perspective of time, the different tools of the therapeutic community (list tools), What do you remember as the most effective tool? What was less significant?

7. What tools that you learned in Malkishua do you apply/use in your daily life?