



A Community Adolescent Self-Help Center



Bernard A. O'Brien (right) is an Associate Professor of Counselor Education and Counseling Psychology at Boston College in Chestnut Hill, Massachusetts. He has worked with adults and delinquents in institutions and outpatient clinics and as a director of counselor training in a college counseling center. He is interested in adolescent problems and the integration of local community resources to help adolescents cope more effectively with critical developmental difficulties, and he encourages the use of groups at all school levels and in the community. His current projects include women's groups, integrated elementary groups with special emphasis on differences and prejudices, and self-help training groups. For the past three years he has been a volunteer consultant to *The City*, the center described in this article. **Mel Lewis** (left), Director of *The City*, received his BA in business management from Miami University in Ohio. After working in retailing for several years, he felt the need for more intimate contact with people and returned to Miami University for an MS in personnel and counseling. He moved to the Boston area in search of a position in an alternative mental health program and spent six months as co-director of an outreach center that was part of a multimodality self-help program. In his capacity as director of *The City*, a post he has held for three years, he has emphasized community coordination and involvement in the development of a viable adolescent self-help center. His long-range plans include work on his doctorate in counseling psychology.

Youngsters helping themselves and each other—that's what this self-help center is all about.

A counselor directs an evolving and dynamic self-help center from a storefront site identified by a sign bearing the name chosen by the center's adolescent population: "The City . . . People Growing and Becoming." This center is one of many adolescent self-help facilities across Massachusetts that were born as drug centers during the panic of the late '60s and early '70s. Self-help is hardly a new concept. Alcoholics Anonymous, United Farm Workers, and volunteer fire departments all exist on a self-help model. But self-help as an alternative delivery system for mental health is a relatively new concept, initiated in response to the gaps in service within traditional therapeutic modalities.

The self-help concept denotes members who work on their own behalf, striving to control their futures and change those conditions that affect their lives. Members gain a sense of prestige, self-esteem, and responsibility as positions of leadership and control within their organizations are made available to each of them. Self-help centers narrow the social distance between the care giver and the recipient by empowering members and equipping them with the tools and information necessary to meet their needs.

Since adolescents are placed primarily in situations that foster dependent relationships—most significantly, the schools—their involvement is seldom sought. Traditionally they are treated as passive recipients of whatever service is offered, be it education, counseling, or recreation. Participants therefore had to feel that by investing themselves in *The City* they would in fact be controlling their programs and their lives. A self-help center with a philosophy of adolescent involvement and responsibility was a chal-

lenge to implement. The tasks of training adolescent staff, of establishing outreach, advocacy, and counseling programs, and of nurturing community contacts and resources were demanding and often frustrating.

Staff Evolvement

The City is run much of the time by student staff volunteers who manage the center; they coordinate activities, engage in crisis counseling, and handle discipline problems and referrals. They have the authority to open or close the center as they deem necessary, and they assist the senior staff in deciding what programs and activities should be initiated and funded.

The input of adolescents at all levels of the organization—staff and board of directors as well as service recipients—enables the director to understand the particular needs of our community's adolescents and to help implement new programs to meet these changing needs.

Although counseling is not the primary purpose of those students who have joined the volunteer staff, their expectations at first ran high. In fact, a large part of their training was directed at supplying them with the necessary skills for peer

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counseling. They soon became frustrated when peers turned to the director with many of their concerns. It was this mounting frustration of being unable to fulfill their own expectations of themselves as peer counselors that eventually led to the broadening of their role within the program. This included using peers as workshop leaders, activities coordinators, and co-facilitators in groups. In this capacity they now facilitate outreach programs, coordinate workshops, and plan and implement dances, activities at coffee-houses, and special fund-raising projects.

Outreach. A viable outreach program was difficult to establish because The City was reputed to be a hangout for a small group of drug-involved hippies. Speaking engagements by the director and staff consultant at local organizations and church groups were important in changing the narrow opinions of the townspeople about the value of the self-help center and in supplying them with accurate information about the purpose and activities of The City. The workshops in art, photography, and bike repair, plus the bicycle and camping trips, attracted different sectors of the adolescent population, and the number of participants doubled within the year. Outreach efforts certainly facilitate an increase in active membership, but their greatest value lies in the opportunities they offer for the development of self-esteem among participants, which makes outreach activity therapeutic in itself. The success of this approach is illustrated by the self-actualization that developed in Tony over a period of two years.

Tony came to The City when he was sixteen years old. At that time he was struggling with a number of interpersonal conflicts: Both his natural father and his stepfather had died; he had been in several detention schools; he was withdrawn, depressed, drug-involved, and on the brink of dropping out of society. Tony became interested in the racing and bicycle repair workshops. His mechanical skills improved rapidly, and he began instructing his peers. His interest in living perked up; he joined the volunteer staff and assumed greater responsibility for his own behavior and for helping other adolescents. Tony completed his senior year of high school and, with an older brother, established the first successful bike shop in town.

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In the beginning the director was the only staff member, and the tasks of training student teachers and getting the youth to assume greater responsibility for their programs were time-consuming. Tools and equipment for workshops had to be

solicited from local business people. Dances and car washes were held to raise additional funds for needed workshop materials. And publicity in the form of front-page articles about The City and paid advertisements of its services and activities appeared in the local high school newspaper throughout the school year.

During this period The City received funds from a state agency to hire an outreach worker. He integrated and intensified outreach efforts and started a joint coffeehouse for the youths of The City and the local community center; this coffeehouse attracted more than 120 adolescents from a variety of peer groups.

Advocacy. In addition to developing the outreach work, the staff was committed to supporting the rights of individuals who used the center and in pleading for increased youth services in general. There have been numerous instances in which the outreach worker and the director have come to the aid of young people in town, such as in the following incident between some youngsters and certain members of the police department. A group of adolescents was being illegally evicted from the town common (a central town park) by the police. The City staff provided training in youth rights and town bylaws and helped the youth examine their responsibility for their own behavior. The next encounter led to the youths presenting their case, suggesting alternatives, and eventually being allowed to stay on the town common.

In another instance a teacher was upbraiding a fourteen-year-old student for lack of participation in class at a time when this student was struggling with the issue of her isolation and her inability to break out of her depression. The outreach worker spoke to guidance personnel at the school, and a conference with the teacher ensued. Here the teacher agreed to work with the girl in a more positive and helpful manner.

Realizing The City's inability to provide all the necessary services, we have worked with other groups to develop new programs and strengthen existing ones. A youth employment program initiated at the center was floundering. When another organization in town decided to begin its own youth employment service, The City's director served as a consultant and assisted in the design of a more comprehensive service.

The local recreation program, operating under the auspices of a community center, had a teen program that was deficient. As a result of many meetings and much youth dialogue, the community

center and The City developed several joint offerings that provided the impetus for increased teen activities. The schools, which had not been available for after-school activities, were persuaded to allow The City to use the junior high gymnasium one evening a week. During the hours that the gym is open, the outreach worker teaches yoga for one hour, and student staff members organize volleyball and basketball games.

Such an active advocacy program has contributed to an increase in youth ac-

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tivities in our town, but it has at times created friction with other segments of the population. Some people in town feel that we have been too “soft” on the kids, that The City pampers the “bad kids” while doing little for the “good” ones. In one instance the police accused the director of harboring a suspect when the director continued to offer counseling to Gary, a seventeen-year-old high school dropout who had a warrant against him for an alleged bicycle theft. Through crisis counseling Gary decided he would surrender to the court, but he did not wish to spend a night in jail awaiting his arraignment. The outreach worker picked Gary up the next morning and then called the police, requesting that they meet him at the court so he could be arraigned. The charges were eventually dismissed, and the tension between the police and the center subsided.

Direct Services

Peer volunteers and the outreach worker assist the director in crisis and prevention counseling. The director, who is a professional counselor, has a limited counseling case load, supervises counseling activities, and is available for crisis intervention and consultation. A staff training and personal growth group, teen alcohol discussion groups, values clarification groups, and young women's personal awareness groups supplement individual counseling and peer activities.

Crises involve drug emergencies, runaways, legal problems, suicide, and sexual concerns, including problem pregnancies, birth control, and venereal diseases. Many of these issues are such

politically hot issues that counselors are often unable to deal with them in the arena of the public schools. The inability of schools to confront these adolescent needs has accentuated the need for complementary community-based self-help programs.

A doctoral psychology intern offers added services for young women. With a young adult volunteer, she co-leads a two-hour weekly adolescent women's group at the center, which allows her to work with a greater number of young women than if she were doing individual counseling. So successful has this first group been that a second group has been started. The second group, unlike the first, is meeting at school in an attempt to develop still greater coordination with school personnel and to involve a wider range of students.

The area council on alcoholism provided a master's counseling practicum student to lead a teen alcohol discussion group. The co-leader is a fifteen-year-old student who was in Ali-Teens for three years. This group has a threefold purpose: to assist adolescents in developing the skills to cope in an alcoholic family, to help them look at their own drinking pat-

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terns, and to provide them with information on the use, abuse, and nonuse of alcohol.

The establishment of these groups has had an impact on services beyond the groups themselves. Caseworkers and therapists from the mental health clinic and the council on alcoholism have been more disposed to contact The City staff when seeing a client from our community. In many instances The City then works in a supportive manner with adolescents while they are in treatment at the mental health clinic or the council on alcoholism.

Finally, staff members in the area network of self-help programs submitted a joint proposal to establish a short-term foster home program for runaways and children in crises, since they felt this to be the major need in the area. The program

is now accepting referrals from the police, courts, schools, and community programs. Each community in the area has a group of trained host families who are available to receive placements for one to thirty days. The establishment of this program was beyond the limits of any one program, but cooperatively the network was able to develop a much-needed service at no additional cost to individual programs or communities.

Most mental health programs are neither funded sufficiently nor staffed adequately, but community-based programs such as self-help centers are particularly plagued by this problem. The City staff and the volunteer clinical consultant determine what needs within its target population it can meet realistically, and they use an organized referral network to help augment services. The implementation and coordination of direct services are demonstrated by the following case study.

An adolescent girl came to the director concerned about a friend, Sue, who she said was seriously depressed to the point of being suicidal. Sue had been to the center twice; she was noticeably withdrawn and depressed, and she would sit curled up on a couch in the fetal position.

Sue was a little more than thirteen at the time, weighed about seventy pounds, appeared anemic, had a poor self-concept, and lacked confidence. During her initial counseling sessions she spent the time crying. She admitted to having thoughts of suicide but agreed to call the director when she felt that she wanted to act out her impulses. Her father had died when she was very young, and her mother nurtured her neither emotionally nor nutritionally. Her major conflict was with her mother, whom she hated and feared physically. Yet at the same time she was frightened about the possibility of losing her mother and facing the world alone.

As time passed and the conflict intensified, Sue relied more and more on marijuana to help her cope with her anxieties. One day she had a fight with her mother, locked herself in the bathroom overnight, and left home the next morning. She came to The City, which became a home for her; she spent afternoons and evenings there until the center closed. The director arranged with the school nurse for her to receive free lunches. With staff support Sue maintained passing school grades and entered the young women's group. She was encouraged to consider a foster home, but she still experienced too much guilt to leave her mother.

When she turned fifteen, she had a

bitter fight with her mother and left home to live in a rooming house. Staff members urged her to consider a foster home. Shortly afterward she was placed with a

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foster family, with whom she felt comfortable and received warmth and affection. The foster parents were contacted initially through the self-help network program, but a permanent arrangement was finalized by a state agency, as Sue required a long-term placement.

The growth Sue has experienced has been remarkable, and she continues to maintain her progress.

Use of Community Resources

Coordination has been one of the center's most important functions, since some community agencies have been threatened by what they perceived as the center's attempt to encroach on their function in the town. The director has met with the caseworkers from the town's adult social agency, the coordinators of recreation programs, the clergy, guidance counselors, local town officials, and other administrators. Throughout these meetings there has existed a common feeling that local services and agencies were splintered, lacked coordination, and were misunderstood. A weekly luncheon meeting has altered the relationships of community service agencies. The improved communication has led to greater understanding among agencies, more meaningful referrals, use of clergy in housing and in working with runaways, and an open dialogue on the roles of the agencies and how they could serve the needs of the community more effectively.

Integration of services at The City with other local, area, and regional programs has been an essential element in its success, and it helped establish the credibility of the center's services. Too many self-help and other alternative mental health programs tend to view their modality as the best means of providing services. Although there are some philosophical differences between the self-help model and

the traditional service/medical model. The City's staff feels that it is essential to work collaboratively with all agencies. The following example is a case in point.

Paul was fifteen, and he visited the center on numerous occasions. The staff, however, was unaware of his mounting depression, which increased to a suicidal level as his parents' divorce became imminent. One day Paul came to the center after ingesting an overdose of street amphetamines, and he was in serious condition. The City's director immediately contacted a local physician who is closely allied with The City's goals. Paul was complaining of breathing problems, which were due to his hyperventilation when he became extremely anxious. Following a visit to the physician, who offered to see Paul immediately, Paul was able to relax somewhat, and his pulse dropped significantly. Paul returned to The City,

where the staff was able to observe his behavior.

During the course of discussion, Paul spoke of having seen a therapist previously at a mental health center. With Paul's permission, his therapist was called and a contract to reenter therapy established. Paul's parents were contacted by phone and then visited at home by the director, while a student volunteer remained at the center to watch Paul. Later in the evening he was returned home, where a staff volunteer remained throughout the night to monitor his condition. Again with the client's permission, the head of his alternative educational program at the local high school was made aware of Paul's difficulties and agreed to relax temporarily the academic demands on Paul until his condition stabilized. And Paul's mother was referred to a local agency for therapy, which enabled

her to cope with her divorce and her role as a single parent.

Concluding Remarks

The City represents but one alternative to meeting adolescent needs. The staff feels that The City has been effective because it enables adolescents to identify and change some conditions that affect their lives, to share their discoveries with other adolescents, and—through their participation in a self-help organization—to gain a sense of importance, self-esteem, and competence.

Although the self-help model is managerially difficult, due to the divergent points of view that must be integrated, it is extremely effective in assisting adolescents to deal more effectively with the freedom they strive for as they break out of the forced dependency of early adolescence.

P&G

DOCUMENTATION

“Don’t forget to document,” they said (From, 1975a; To, 1975z)
And footnote if you please (Turabian, 1963).
It’s important to substantiate completely (Year, 0001; Year, 1975)
Everything *they* said and the things *you* say (APA, 1959)
To account for every line.
It’s always been that way (Ibid, pp. 3–49)
And now it’s counseling prelims this July (Purdue, 1975)
My head is full of footnotes (Overload, 1935)
And references galore.
No wonder I don’t know which end is up (Inversion, 1944)
And doubt if I’ll survive (Hopeful, 1976).
If not, perhaps my epitaph will read:
See references at end of chapter (Terminal, 1975).
So be it (Lord knows I tried)¹

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