

THE ARGUS COMMUNITY LEARNING FOR LIVING PROGRAM

REPLICATIONS MANUAL

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Introduction

This manual describes Learning for Living, an approach to youth development which evolved at Argus Community in the South Bronx.

The method has proved successful with adolescents and young adults who are survivors in an urban war zone. Easy access to firearms makes the crimes young people commit deadlier than ever. Young males are the group most often arrested and most often victimized. Frequently, innocent bystanders are killed. The young people at the Learning for Living Center ask themselves when they wake up in the morning, "Will I still be alive at the end of the day?"

And they ask other questions as they struggle with their own rage: rage at the extraordinary meanness and brutality of life, at the neglect and abuse which many have experienced daily since birth, and rage against poverty, lack of opportunity and discrimination.

Feeling overwhelmed, young people ask themselves: Will I be able to keep control? Will I kill someone? Will I end up killing myself?

It has been known since Marvin Wolfgang's studies beginning in the 1950s that young black males commit a disproportionate number of homicides. Less well-known are Wolfgang's findings that young blacks, male and female, commit suicide in far greater numbers than their white counterparts. A The late chairman of the Eisenhower Foundation, Wolfgang made us aware of the fine line between homicide and suicide, and of the societal stressors and the inner rage and despair that can tip the scales toward killing, putting yourself in the way of being killed, or killing yourself outright.

The question for us becomes: How can we deal with pain and rage so deeply rooted and of such intensity? Can we deal with it at all? Many would argue that it cannot be done, that it is too late. Our reply is that Learning for Living can make an enormous difference for many of these young people. If the door is still open, even a crack, we can get in and do our work. A community such as Learning for Living has the power to heal. Even those most angry and alienated can find nurturance, affection, warmth, structure and safety in our extended family. They come to feel that they are cared for, that they belong. Rage-- and the pain and fear that fuel it -- lose some of their compelling force.

What is it that makes Learning for Living different? Why does it work? Many programs provide education and employment training. Why does it work at Argus? Are we talking about original methods and approaches? Have we discovered some formula known only to us? Is our way of socializing young people, of folding them into the larger society, imbuing them with the work ethic unique?

The answer is no. Our goals and methods are as old as human society itself. Both present-day and historical evidence confirm that in all societies worldwide where families and communities define their moral code and exert a sustained influence, the young are

largely incorporated into the system of community held values. In such societies the problems confronting us today would scarcely exist. Conversely, where families and communities are disorganized, where social networks are weakened, and values are not transferred, problems are rampant: crime, mental illness, substance abuse, suicide, child abuse, delinquency, divorce, illegitimacy, elder abuse, and more. The work ethic fails, unemployment flourishes and welfare and the underground economy become a way of life for many.

Honesty, obedience to the law, respect for self and others, motivation toward school and work are everywhere fostered and nurtured by strong family and community consensus and by positive networks, affiliations and supports throughout life. Although we are a multi-ethnic society with many religions and diverse beliefs, we can all agree that our country will be stronger and better when we find a way to rebuild families and communities, socialize and educate our young and provide them with employment opportunities.

Until that day comes, Learning for Living provides a substitute family and community, where a value system can take hold, where growth and learning are seen as important, and job opportunities await those who develop themselves.

What is different about Learning for Living is our commitment to recreating for high risk young people the nurturance, structure, moral values, education, skills and opportunities denied to them by their broken families and communities.

We are different also in that we believe these young people can grow and change--and substantial numbers do.

Another difference--and it may be the most crucial one--is our recognition that Learning for Living is a very special program--difficult to operate, requiring continuous attention. It needs constant supervision, devotion to ongoing weekly staff development, willingness to amend, augment or curtail the program in response to bottle necks and hindrances of any kind, including staff whose behavior is irresponsible. We know that if, out of sentiment or ambivalence, we keep people on staff who are negative role models, it is the kids who will be the losers.

We believe in the old maxim: if anything can go wrong, it will go wrong. But we also believe that we can fix it.

So, perhaps the most important message we can impart is: Work on your program. Mend it. Repair it. Maintain it. Do whatever you have to do, suffer whatever pain may be necessary, but don't let sleaze take over in your program. Keep drugs out. Keep weapons out. Learn how to nip violence in the bud. Get kids and adults talking to one another openly and honestly. Uphold the value of lawful normative behavior, of consideration for others, of school and work and having fun with friends in a substance free setting.

The only unique thing about us may be our stubbornness and our persistence. Kids are our most precious possession. We should not abandon them as long as there is a gleam of hope that they can learn to live lawfully, peacefully, happily.

The Learning for Living Center was designed as a safe haven--at least in the daylight hours--and as an alternative to destruction or self-destruction for these beleaguered youths. But we believe the concept is applicable in any setting, rich or poor, where young people are struggling to grow up in complex and baffling circumstances. The passage to adulthood is frequently left uncharted and unattended, even in well-to-do families and communities.

Some of the risk factors that characterize our young people are found at many levels of society: broken homes; ineffective schools; a parent unable or unwilling to help with homework; teachers obliged to act as disciplinarians in rowdy, drug invaded and sometimes dangerous classrooms. Participants in the Learning for Living Center are all school dropouts or pushouts. Many are teen parents, and most are at risk for STDs and AIDS through unprotected sex.

A sizable number of participants are afflicted by the common personality immaturities as defined by Bert Pepper, psychiatric consultant to the Center. They manifest low frustration tolerance, cannot work consistently toward a deferred goal, lie to avoid punishment, and have a conflict between autonomy and dependency that makes it difficult for them to interact constructively with adults. They engage in limit testing--sometimes to the point of provoking violent responses. They do not know how to express their feelings in words and so resort to acting them out. They tend to live in the present tense only; their behavior is not based on past or future experiences. They avoid unpleasant but necessary duties in order to go on playing. They seek approval by promising too much. They make dualistic, not contextual judgments, leading to all or nothing decisions--no moderation.

How do we address these issues? Again, our family-like environment is key. Staff act as substitute mothers, fathers, sisters, brothers, aunts, uncles and cousins. Everybody speaks with one voice. We set up rules and limits that are clearly defined and strictly adhered to, but where there is also an abundance of love. In this environment nurturing and socialization can take place: maturation can occur. Youths are able to grow toward age appropriate, socially acceptable behavior and thinking.

And, like any good (and lucky) family, we help young people to set realistic goals and provide resources that make their achievement possible. In classrooms free of disorder and violence, teachers are not compelled to act as disciplinarians and are free to teach; students are able to learn. Those testing below grade six are assigned to computerized instruction in basic education, using the latest software. Under these conditions, a large percentage of our enrollees complete one year of education in five months. Mastery and competence, based on real achievement, produces genuine self-esteem.

This manual provides the principles, theoretical underpinnings, and details of the Argus model – so that they can be used in replications of the model. We have avoided technical or bureaucratic language wherever possible. With this manual, dedicated community-based organizations, given sufficient resources, should be able to recreate the model.

I

Personal and Social Growth

We were like a little family. We all pushed each other. We had fun. Our counseling and groups were emotional. The groups taught me how to talk things out. The individual counseling was about once a week. My counselors still call me and always support me. They are always concerned about what is really going on.

S.S., graduate of Job Horizons, mother of two, now earning 22,000

Chapter 1

Starting Out in the Program

Outreach, Intake, Assessment and Orientation

Outreach

The Argus Learning for Living Center recruits 90 percent of its enrollees from local schools, social service agencies, the Bronx Family Court, and the justice system. Approximately one-third to one-half of new recruits are referred by former enrollees, their relatives or friends. In addition, public awareness of our services is increased through presentations made to school officials and probation officers, flyers that are sent out in the community, and announcements that are made on local radio stations. The Program Director and the Intake Counselor maintain contact with referral sources through telephone calls, letters, pamphlets and personal visits.

Replications of Argus can do the same using the resources available to them. Enrollment is an ongoing process. Young people transfer to other schools, move out of the area, attain their GED, find jobs and graduate. There are always newcomers in Orientation.

Intake

Criteria for Admission

Few people are turned away when they apply for admission to the Learning for Living Center. However, new enrollees must meet certain criteria. They must:

- Be 14 to 21 years of age
-
- Have a history of involvement with drugs or alcohol, or have parents or siblings who are substance abusers (those who enrolled directly into the Job Horizons program generally meet these qualifications but may not be willing to discuss their problems at first for fear that they will not be admitted.)
- Not have a major mental illness or serious psychiatric symptoms (for example, hallucinations, delusions, or clinical depression with recent suicidal attempts)
- Not require detoxification or residential treatment for alcohol or other drug use
- Understand that the Learning for Living Center includes drug prevention and intervention and be willing to participate in all phases of the program (often new enrollees do not admit to drug use but discuss it freely later on.)

- • Be able to refrain from substance use while attending Learning for Living.

No person is excluded from the program on the basis of race, creed, color, national origin,

Referral Procedure

Prospective participants are almost always referred by telephone. Referring agencies able to do so are requested to submit the following information in writing:

- Legal history, including any current or outstanding legal issues
- Applicant's current source of support, if any.

Next, a screening/admissions appointment is scheduled for the prospective enrollee and parent or guardian. They are asked to bring the following documents:

- Birth Certificate
- Social Security Card
- Proof of Income (a pay stub or public assistance letter and budget)
- Proof of Address (a utility, telephone or other bill)
- School transcripts and, if available, a letter of discharge from the last school attended
- For males 18 years and older, their Selective Service card.

(These documents are required by funding agencies. They also help to form a background picture of the participant.)

Admission Interview

A parent, legal guardian or responsible staff from a group home must accompany the applicant to the admission interview. After a friendly greeting, the Intake Counselor describes the program and what is expected of participants. This person assesses the motivation and willingness of the prospective enrollee to abide by the rules and to benefit from the program. It is our goal to accept as many applicants as we have room for, not just to take in those who will obviously be able to do well. We have found that most of these young people have talent and potential, and that often they can grow beyond their negative, self-defeating or antisocial attitudes and behavior. Whenever possible, we give them a chance. (An outside, objective evaluation found that the Argus Learning for Living Center enrolled young persons with many more risk factors than any other program in the area. See IV Measuring Effectiveness.)

During the first part of the interview, the Intake Counselor explains that the Learning for Living Center is not a high school or alternative school, although attending classes is part

of the program. The Learning for Living Center is "an intervention and prevention program for high-risk youth" who have been involved in drugs to some extent. It is not uncommon for the young persons seeking admission to say that they do not use drugs and that they don't need or want a drug treatment program. Parents often contend that their children don't have a drug problem. The staff member explains the difference between treatment for hard core drug use and our program for young persons who have experimented with or use drugs occasionally (i.e, on weekends) and may have family members involved with drugs. We explain that persons with this history are at high risk for becoming addicted to drugs, especially if they have dropped out of school, have few skills and are unsure of what to do with their lives. We tell them that the Learning for Living Center offers help in several important areas and ask them how they see the young person's needs. The Intake Counselor should listen carefully, come across as genuinely sympathetic and interested, and keep in mind that people may be reticent about sharing information at first.

The Contract

The applicant and parent or guardian are given a copy of the Argus Learning for Living Rules which includes the Cardinal Rules and other program rules. Cardinal rules include:

- No drugs or alcohol involvement
- No threats or acts of physical violence
- No weapons
- No inappropriate sexual behavior
- No stealing, no destruction or defacing of property
- No leaving for the day without permission.

The reasons for the rules are explained. The applicant and the parent or guardian are then asked to sign separate sections of the Enrollee Contract. This document spells out the mutual obligations of enrollee, parent or guardian, and Learning for Living staff. It also contains the program rules.

Federal laws and regulations regarding confidentiality are reviewed. The young person's parent or guardian is asked to sign a "Confidentiality Summary" which outlines the policy and laws designed to protect the privacy of the enrollee and the limitations on privacy; for example, when staff need to share information in order to help enrollees.

Parents or guardians are also asked to sign a permission form for TB testing. This form is needed for the New York City Department of Health where enrollees are taken to be tested.

Finally, parents or guardians are asked to sign a Board of Education Lunch Form.

Then parents or guardians are asked to wait in the lobby while their children are given a private interview. The Intake Counselor asks the young person the questions on the Argus Management Information System Intake Interview form and on the Office of Alcohol and Substance Abuse Services (OASAS) intake form, writing down the answers. The Intake Counselor asks if the applicant is taking prescribed drugs for medical or psychiatric problems and notes this information on the form.

During the Intake Interview information is obtained about:

1. Present living situation; source and amount of income.
2. Household members, family history, history of substance abuse, crime and any psychiatric treatment the enrollee or family members have had
3. Legal history and/or previous legal involvement, both criminal and civil
4. Transcripts from the last school attended and, if available, a discharge letter from the school
5. How the candidate and parent experienced the public school system.

Where possible the interview should be conducted without taking notes. This makes interviewees less anxious. The necessity to write down names and respond to the questionnaires is explained. After the interview, the Intake Counselor prepares the Intake Psychosocial Form, leaving parts of the form to be completed by the Health Educator/Counselor and Vocational Counselor/Job Developer during the Orientation phase of the program.

The Intake Counselor reviews impressions and information with the Orientation Counselor, and they decide whether a candidate should be accepted. (Very rarely is a candidate rejected.) The Intake Counselor informs the new participant by telephone when and where to start the Orientation part of the program. Starting day is usually the first Monday after the interview. Some referring agencies may wish to be notified if an applicant is accepted and this should be done.

Orientation

New enrollees start on Monday. They are welcomed by the Orientation Counselor who acts as their guide and mentor for the next 2 to 4 weeks. After new participants are welcomed, rules and regulations are reviewed. Those already in Orientation are asked to explain to new enrollees how the program works. Enrollees obtain a schedule and transportation passes from the Board of Education office on the premises. They then start their regular Monday through Thursday Orientation Schedule:

Morning Meeting	8:30 - 9:15
Group	9:15 - 10:05

Board of Education Classes	10:05 - 12:30
Lunch	12:30 - 1:30
Groups	1:30 - 3:30

On Friday, those in Orientation are free to leave after 12:30 p.m.; the Orientation Counselor uses the afternoon to bring counseling notes and folders up to date.

The small size of Orientation groups fosters intimacy. Young people begin to trust peers and staff and to see how Learning for Living works.

The Orientation Counselor consults frequently with the Clinical Supervisor, who oversees this phase. Together they evaluate participants' responses to the program. Unless they sell drugs or hurt someone, young people are given many chances to remain in Learning for Living and to conform to the demands of the program. In a few cases where rules are repeatedly flouted and there is unrelenting hostility, the participant may be terminated and referred to another program. This puts the remaining participants on notice that Learning for Living is a serious program and that staff are willing to take the necessary steps to maintain an environment where growth and learning can take place.

Orientation groups are similar to those in the larger program but fewer demands are made on participants. The Orientation Counselor, who facilitates the groups, combines warmth with firmness. New enrollees feel that they are in a safe place with a definite structure and expectations.

In Orientation groups, program rules and expectations and the consequences of breaking the rules are discussed. The counselor might say to a young person who is threatening someone: "You're mad at Kevin. So what can you do? If you hit him, you'll be terminated and he will be sitting here with no problem. So isn't there something else you can do? Maybe if you talk to Kevin, tell him how you feel, and then listen to what he has to say, the two of you can work something out." The new enrollee may not be ready to work things out, but he gets the message: violence is unacceptable and there are other options.

Enrollees stay at least two weeks in Orientation. If the Orientation Counselor and Clinical Supervisor believe that behavior and attitudes are positive enough, enrollees move on to participation in the main body of the program. Those who continue to flout the rules, dress in an extreme manner, use street language or exhibit hostile, negative attitudes, may be held back for up to two more weeks. Some enrollees leave at this stage, but most come to see how making changes will work to their advantage in getting an education, employment training and a job.

The Initial Treatment Plan: Developed by the Orientation Counselor

The Initial Treatment Plan should be completed within 21 days of admission. The plan is prepared by the Orientation Counselor in consultation with the enrollee. It is reviewed by the Clinical Supervisor, the Program Director and the program counseling staff. The plan is based upon:

- The health history of the enrollee; and, if considered necessary by the Health Educator/Counselor, a physical examination by a physician
- Living situation: relations with parents, guardians or other family members
- Academic history: school transcript from the last school attended, and, if available, a school discharge letter
- How candidate and/or parent experienced the public school system
- Educational testing and evaluation, including the Adult Basic Learning Examination
- Vocational assessment.

It is important that enrollees participate in the development of their treatment plan. The enrollees are encouraged to state in their own words what they think their strengths and problems are and what they need to do to make the most of their potential. After a good deal of discussion, goals are decided upon and the plan is written. The enrollee reads the plan, agrees with its contents or makes suggestions for amendments.

The Initial Treatment Plan should include:

- Name of enrollee
- Referral source and reason for the referral
- A substance abuse history and evaluation of current use and degree of use
- Enrollee's life situation, problems, and need for resources and growth
- Vocational and educational situation
- Strengths
- Support systems; for example, family members who are supportive
- Initial treatment goals, including any known emotional, behavioral, substance abuse, medical, legal, financial and family issues to be addressed in the first weeks of treatment
- Evaluation of the enrollee's insight and acceptance of his or her problems, including substance abuse
- Evaluation of the enrollee's motivation to change and remain in the program
- Long range treatment goals
- Short term treatment goals

- Treatment strategies which address the short-term goals with time-frames for review of these goals.

The information which has been gathered is placed in a folder with a checklist attached to the outside, listing each piece of information needed for the Initial Treatment Plan.

Once the plan is completed, the Orientation Counselor presents it to the Clinical Supervisor who also has input in the development of treatment strategies and goals. The enrollee then signs the treatment plan.

The plan is then given to the Primary Counselor who presents it at a regularly scheduled Progress Review Meeting.

If the Initial Treatment Plan is acceptable to the Progress Review Committee, it is signed by the Program Director, the Clinical Supervisor and the Orientation Counselor.

Comprehensive Treatment Plan

The Comprehensive Treatment Plan is the second stage in planning and goal-setting with the enrollee. This plan should be developed by the Primary Counselor within 45 days after admission, with input from the enrollee and the Clinical Supervisor. This plan is reviewed and updated at 90 days. Whenever there is a significant change in the enrollee's situation, behavior or attitudes, the plan is discussed with the enrollee and the Progress Review Committee and then is revised or updated. Changes in behavior or attitudes should also be noted in the counseling progress notes.

The Comprehensive Treatment Plan should include:

- Short and long range goals formulated in clear, objective terms with specific actions and target dates for completion
- Problem areas, needs and aspirations
- Designation of the Learning for Living Center educational and vocational classes to be attended
- Any offsite educational and vocational programs to be attended
- Any special services needed, including housing, health care, child care, legal assistance, AIDS counseling and case management.

The 90-day review should state whether the enrollee is:

- Responding (or not responding) to the program
- Functioning in the various areas of the program
- Benefiting from counseling, education and/or job training

- Making progress toward goals.

Each revised plan update should be written on a new form and should include:

- Revised short and long term goals
- The staff members responsible for helping the enrollee achieve these revised goals
- The time frame in which the staff and enrollee believe these goals can be achieved
- A review of the tentative program completion schedule and anticipated outcomes (school, college, job training, work, social life, family, etc).

Each revised treatment plan is discussed with and signed by the enrollee to indicate agreement and willingness to work toward the new goals.

Unscheduled Treatment Plan Reviews and Updates

A treatment plan may be reviewed and updated at any time that the counselor or supervisory staff thinks necessary. The reasons for such an update can include:

- an incident showing that special help or counseling is needed in a particular area
- change in behavior, signs of depression
- changes in enrollee's family circumstances that could impact treatment
- a serious medical condition that could influence treatment or the attainment of goals.

Treatment Plan updates are presented at the Progress Review Meeting. The changes are noted in the treatment planning section of the clinical record. The reason for the update should be recorded in the counselor's progress notes.

Chapter 2

Modalities for Personal and Social Growth:

Morning Meeting, Friendly Forum, One-to-One Counseling, Groups, Discipline

After Orientation, enrollees enter Phase One of Learning for Living and are assigned to a Primary Counselor. Here are some of the activities that take place in the main body of the program.

Morning Meeting

At 8:30 a.m., after breakfast in the lounge, those enrollees who are on time participate in morning meeting.

This is a 45-minute forum, where young people learn to relax and have fun without resorting to drugs or alcohol. They make the transition from home and street to the classroom.

During this period, a counselor continues to serve breakfast and talks with stragglers. Those who come in late are not allowed to take part in Morning Meeting, but are encouraged to be on time the next day.

Meantime, a counselor walks the halls, making sure that everyone is in Morning Meeting and that there are no disturbances.

Friendly Forum

On the first Wednesday of each month at 9: 15 a.m., positive achievements are celebrated. Certificates and awards are given out. Recognition goes to enrollees who have shown:

- Overall improvement
- Good attendance
- Academic achievement
- Participation in groups
- A positive attitude
- Achievement in job training and internships.

An Enrollee of the Month Award is presented. Peers put on skits, sing songs and recite poems.

One-to-One Counseling

Each enrollee meets with a Primary Counselor once every other week. Treatment plan goals are discussed.

Some young people find it easier to talk with adults in a less formal setting. Discussions that occur in the gym, in the halls, in the lunchroom or in an empty classroom can be productive. Enrollees may be less defensive. Whatever the setting, rapport and trust have to be established; counselors need to spend time in listening, interacting and building relationships with enrollees.

Crisis counseling is undertaken when necessary.

Groups

Held four days a week, groups provide information and help enrollees deal with feelings, behaviors and attitudes. Group members develop an awareness of the image they project, of how their behaviors affects others and what changes need to be made. Alternative ways of behaving and thinking are explored. Peers and staff suggest ways to handle troublesome situations at the Learning for Living Center or on the outside. Anger is vented, but the staff make sure that underlying issues and feelings are addressed, and that no one is attacked or scapegoated.

Staff and positive (advanced) peers always "patch up" group members who are in pain or who are left with unresolved feelings at the end of a group. A hug, a pat on the shoulder or an encouraging word may be enough. A person who feels hurt and rejected or otherwise disturbed is taken into the counselor's office for an extended talk.

Groups allow adolescents--perhaps for the first time in their lives--to talk about what they are thinking and feeling. They may talk about relationships, parenthood, what they like to do, their dreams, sex, drugs and other issues in their lives. The group atmosphere needs to be respectful, caring and receptive. Group leaders and facilitators have to be clear about their own views on drugs, violence and other issues--but they don't come on like steamrollers. With teens and young adults, "less is more." Counselors should not talk too much. Hard confrontation, lectures and harangues are counterproductive; group members will stop listening and react negatively. On the other hand, if encouraged to speak freely, young people may realize that their behavior has to change. They will be more open to information, constructive viewpoints and suggestions, particularly from peers.

It is best to avoid statements with an accusatory "you." Counselors need to give information, to state their own views, experiences and feelings, to let people know what is acceptable and unacceptable, to describe consequences and to take action, if necessary. Dumping hostility, anxiety and other bad feelings while confronting someone about their behavior is not appropriate or productive. But anger can be used as a tool if concern for the other person is expressed and comes across as genuine and heartfelt. Generally, a group is not the best place to confront behavior; this should be done with a couple of counselors or in a one-to-one session.

Participants are asked to identify and talk about their feelings. If someone says "I'm all messed up," but can't describe the feeling, it may clarify matters to write a list of feelings such as pain, anger, fear and love on the blackboard. Counselors ask participants to identify specific feelings and to explain the differences between feelings and thoughts. For example, the Orientation Counselor might ask, "What happened to you this summer? What did you feel about that? How did you feel?" When enrollees have been in the program longer, the counselor might ask, "When your mother yells at you, what do you think? What do you feel?"

Touching on painful situations, such as living with an alcoholic parent, can set off a reaction in other group members who face similar problems. Some may be ready to talk, others may not. But generally, the group will feel more bonded.

Groups for enrollees at the Learning for Living Center are structured. Activities, information to be conveyed and questions to be discussed are planned in advance. The curriculum may be extracted from books, but generally the form and content are shaped by the staff at a prior meeting. All groups on a given day use the same curriculum, though their approaches may vary. Growth and Learning groups are designed in Staff Development meetings on Mondays. Staff then go through an actual experience of the group that they have designed. After being tried out by the staff, the curriculum is presented in the enrollees' groups on Tuesday.

Staff may bring up their own experiences in enrollee groups. Dealing honestly with their own struggles and feelings can be helpful, but it must be done within boundaries. Young people ought not to be asked to take care of staff. A counselor might say: "I come from a family where there was alcoholism. I know how it feels, and I know the problems alcohol can cause. We need to talk about how we feel and what we can do about it." This kind of statement models coping behavior and the sharing of feelings. It conveys the idea that things can get better, but young people in the group are not being asked to take care of the counselor.

Everyone should be encouraged to participate. Those unwilling to talk about their experiences should not be pressured. Counselors say: "When you're ready." or "You don't want to talk about this now. OK. I'll come back to you later." Some enrollees may not feel comfortable in a particular group or be ready to talk about certain feelings. The counselor pushes for openness, but allows room for individuals to move at their own pace.

In sharing their experiences counselors should take care not to overdramatize themselves or come off as condescending or superior.

A different kind of group is scheduled each day of the week.

- **Caseload Groups** are held on Monday. In these groups the Primary Counselor acts as facilitator; another staff member is co-facilitator. The role of the co-facilitator is to observe the group. Once the co-facilitator has sufficient experience and understanding of the process, he/she may exchange roles with the facilitator and become the group leader, thus gaining another level of experience and skill.

Caseload Groups focus on what people experienced over the weekend: relations with family and friends, leisure activities, etc. Many enrollees "party" on the weekend; others isolate themselves and do nothing but may claim to have partied. Many young people have no idea how to spend their time in enjoyable, constructive activities: for high-risk youth this is especially difficult. Monday groups bring up this topic and explore possibilities. Counselors follow the direction of the group. When one or two members bring out their thoughts and feelings, the facilitator should encourage others to talk about the same subject.

- **Growth and Learning Groups** are held on Tuesdays. This is the group mentioned earlier which staff plan and experience for themselves on Mondays. Thus, these groups help both staff and enrollees to acquire specific self-management and interpersonal skills. The groups are structured but participatory. Growth and Learning exercises are designed to increase the ability to communicate, understand and express feelings and assess oneself with emphasis on the positive. The exercises are varied, fun and engaging.

- **Gender Groups** take place on alternate Wednesdays and are facilitated by a counselor of the same sex as the group members. Sexuality, reproduction, gender roles and related themes are discussed. Responsible reproductive behavior is emphasized.

- **Health Education Groups**, also held on alternate Wednesdays, are led by the Health Educator/Counselor. (See section on Health Counseling and Education, in Chapter 3, for a description of these groups.)

- **Substance Abuse Groups**, held on Thursdays, are really workshops designed to help enrollees who use alcohol or drugs, or whose family members are users. Before we explain what we do about substance abuse we ought to tell you what we believe about it. In other words, what is our conceptual base? What causes substance abuse? And what should we do about it? What approaches are likely to be effective with teenagers and young adults?

Here are questions and (some) answers.

Question: Are people who use drugs "bad" and immoral? Should they be punished?

Answer: No. We don't believe it, though we are flying in the face of some law enforcement experts who say, "Let's lock up drug users." And they are doing it. But it doesn't work. Even in prison, drugs are available. And when users get out they are less able than ever to take control of their lives. Research has shown that drug treatment does work-but not all of the time and not for all persons treated. But can treatment of any sort of problem claim a perfect success rate?

Question: Does this mean that drug addiction is a disease?

Answer: Not as we see it, although alcohol, cocaine and other drug use can lead to conditions that require medical and psychiatric treatment. By coming out against the disease model of substance abuse we are again taking issue with a lot of heavyweights in the field. You often are told that "substance abuse is a chronic, relapsing disease." But

apart from genetic factors that seem to predispose some people to become serious alcoholics (this has yet to be proven about any other drug, so far as we can ascertain), substance abuse seems more like a social and a spiritual disease-if we insist on calling it a disease at all. The best thing about the disease model is that you don't have to think that users are evil--moral degenerates, etc. People caught up in alcohol and drugs have enough shame and guilt to last a lifetime without our adding to it.

But there is very little scientific evidence to support the notion of addiction as a disease.

Question: Well then, is substance abuse a mental illness? Can psychiatry or psychotherapy help? Is psychosexual pathology, the id or the ego or the Oedipus Complex involved? What about oral or anal fixations? Is it a death instinct?

Answer: No. Not as we see it. And there is no evidence that these constructs actually exist or have ever existed outside the minds of Freud and some of his followers. But however you view these notions, they aren't useful in the treatment of substance abuse or most other behavioral problems. Not many psychoanalysts today would ask a drug abuser to lie on the couch and try to arrive at "insights" about any of these so-called parts of the self. But denial, rationalization and defense mechanisms--concepts widely used in drug treatment--originated in psychoanalysis. The psychoanalytic approach made us realize the importance of childhood experiences, the influence mothers and fathers and families have in shaping behavior and outlook. But there are many other factors as well--inborn temperament and societal influences--which are probably just as important.

Question: Is it true that people begin to use drugs because they are depressed, anxious and feel that they are no good?

Answer: Some people do. But you can't lump all substance abusers in one category. Part of the reason people use drugs is that drugs are available. All too easily available. Peer pressure is another reason. Your good ole buddies making it seem like a fun thing. And eager beaver pushers on all the comers trying to make sales. And there is stress. People--especially adolescents--experience stressors that make them vulnerable.

Question: Do high risk teenagers turn to drugs and alcohol because they are depressed and anxious and have low self-esteem?

Answer: Some do. But they seem to be in the minority. The young people in Learning for Living are often depressed and anxious when they arrive at our doors. But this may be the result of substance abuse rather than the cause. Chemical abuse and the life-style that goes with it can make people anxious, depressed and even desperate. But most of our young people don't fit the picture of clinical depression. They don't need antidepressant medications. Prospective studies of young substance abusers show that the majority got into drugs in a spirit of adventure. They were non-conformists, they were impulsive, and they liked to take risks. A small number went into substance use because they had felt really low for a long time and were trying to make themselves feel better--to medicate themselves, as it were. Staff should be on the alert for enrollees who have this history.

They may need special help. If kids talk or think seriously about suicide, we get them to see a psychiatrist.

Generally though our kids are feeling bad because of the stressors in their lives. And drug use, even the occasional sort, can involve people in stressful circumstances. They can begin to drift, to feel powerless, aimless and out of touch. They may feel that they are in danger-and they may be. They may feel that they are adding to their mother's burdens-and they are.

Question: The kids that got into substance use out of non-conformity and risk-taking--can Learning for Living help them?

Answer: Yes. Often we can. Without quite realizing it they may be hungry and thirsty for a family and a community, people who care enough to demand that they shape up and go somewhere with their lives. Moralizing, telling them they are bad, going analytic or intellectual won't help and will turn them off. It's more like: This is your family. We've got some rules. They're for everybody. Abide by our rules, get involved. We'll listen to you, we'll help you figure out where you want to go with your life, and we'll do all we can to see that you get there.

Now that we have presented our approach to substance abuse, we can go back to our discussion of substance abuse groups, and our approach to group work in general.

Through questions or exercises, staff encourage participants to talk about their experiences, feelings and thoughts about drugs. Information is provided in the context of what the participants are saying. For example, if a young person says that crack is bad but marijuana is OK, the group facilitator could point out that marijuana is much, much stronger than it was a few years ago and that nowadays marijuana bought on the street is frequently laced with embalming fluid, roach spray, PCP or other substances. If an enrollee suggests that you can find a trustworthy dealer, the counselor might describe the realities of the drug distribution system--that there aren't any pushers who are truly trustworthy. All of this is done in a matter of fact tone of voice and briefly stated. Group members are encouraged to express their ideas. It should be remembered that many enrollees grew up in homes where substance abuse was common. Often those experiences were painful, and these young people may themselves have turned to drugs in an attempt to escape from pain and turmoil, hoping to find comfort and pleasure. The details of how drugs become a dead end and a trap are best elicited from peers in the group.

All of the groups address issues relevant to participants' treatment plans; if a number of enrollees need to deal with a particular problem, a group will be created to address that problem. Over the course of a year, counselors will be able to see a definite growth in individual participation, as well as in the cohesion and dynamic quality of the group as a whole.

At first, counselors should not push the young people in their group. Often participants will disclose painful issues in one-to-one counseling before they are ready to do so in a group.

What is hinted at or left unsaid in group can be followed up in depth in one-to-one counseling sessions. As bonding takes place members will open up and discuss difficult subjects and share their feelings. Eventually they will talk about how much they want to succeed, how they need to be respected, admired and loved. These members will act as catalysts for others who in turn will talk about their feelings.

Group members will not open up unless they know and trust the counselor. This takes time. It may take three months or more to build trust and bonding in a group. Feeling safe is essential; many young people have not had this experience and they need it to grow. Young people and staff get to know each other. Group members come and go. Even the group facilitator may leave. We don't want it to happen but sometimes it does. But the group takes on a strength of its own. Members can deal with losses, learn to trust a new leader and move on. That's life. Above all, they see that the extended family and community are still there for them.

The counselors must have a detailed knowledge of the young people on their caseload. They should read the participants' folders cover to cover and know everything in them. Staff spend time with enrollees at Morning Meeting and at other times during the day meet with them for one-to-one counseling. Above all, counselors need to listen, to pay attention not only to what participants say, but how they say it. They need to study body language and facial expression. This helps a good counselor to know what to say, when to push, when to probe and when to back off. Counselors should start slowly and be careful not to overwhelm, embarrass or frighten participants.

When people break down and cry or show pain in some other way, it's important to "patch" them up immediately after the group. Counselors should talk with them until they feel better. Persons who are hurting should never be sent into the outside world without this patching-up. And it's important to follow up the next day to see how those enrollees are doing.

Groups help enrollees identify and sort out their feelings. Many enrollees were not able to do this before entering the program. In the group participants learn to express and handle painful emotions. They may break through their tough street images and get to what lies underneath.

Bonding, feedback and concern from peers and staff help participants to grow. Like flowers, young people begin to unfold. Most are from poor single parent homes where the struggle to survive--and sometimes substance abuse have subsumed every other concern. Often children blame themselves for what went wrong. Enrollees need to understand that their parents' problems are not their fault and that their parents are human beings who tried to deal with their own hurts--at times with "remedies" that did not work. Freed from self-blame, enrollees can go on to do things for themselves.

The groups teach members to deal with other people's anger. Participants learn that when people get angry at them, they don't have to feel shattered. Those persons may be reacting to their own inner problems and taking it out on the nearest target. It's not

pleasant to be targeted, but once you understand what's going on you don't have to feel hurt or get angry. Group members learn not to take other people's upsets personally.

Groups foster a sense of extended family. Enrollees have many needs when they come to Learning for Living--but most of all they need the warmth, caring, direction and resources their families would have provided had they been able to. Learning for Living can provide some of what they missed: opportunities, resources and responsible adults who teach them how to take advantage of what is being offered. Positive peers reinforce and add a special dimension to the process.

A note of caution: Young people are still developing and working out issues of independence. It is important, especially for counselors who have only worked with adults, to understand these differences, to slow down and to allow young persons to take the time they need to change. It may be years before they can make use of what they learn in groups. We may not see all the changes they are undergoing, but it is happening. When they are ready they will make use of what their counselors and the extended family and community have given them.

Important Points To Remember When Facilitating Groups

- Use open-ended questions to encourage conversation. For example: "How do you feel when one of your family members gets drunk?" rather than, "Do you get mad when someone in your family gets drunk?" Encourage young people to talk about themselves, their ideas, their feelings; let them come up with the answers.
- Make sure participants know the rules and follow them. The rules are designed to make the group safe and productive for everyone.
- Get to know all the group members on an individual basis. When young people know and trust the facilitator they are more open and comfortable in the group.
- Less is more. Don't take over the groups and don't talk too much. Ask the group members to define the objectives: Why are we sitting here together in this circle? What are we trying to achieve? Let them tell you. Encourage group members to take over the responsibility of making groups work, but maintain control. The facilitator might ask participants if they would take on certain responsibilities--making sure that everyone has a chance to talk, that members are respectful of each other and follow the rules. If they agree, the facilitator will "step down" and become a member of the group. Usually group members are willing to take on this responsibility, and a peer facilitates the group.
- Here are some points to remember. When group members confront one another about behavior it usually means that they care. The person being confronted may not like what is being said, but will realize that the motive is concern. Often when people confront one another they are also identifying aspects of their own behavior or attitudes that bother them. The counselor should note what they are saying and use the information to work with that person.

- Encourage enrollees to give each other tasks: "Why don't you try not using four letter words for one day? If you do, I'll do 50 pushups." The tone may be playful, but the message is clear.
- The job of the facilitator is to see that the discussion stays on course, that the group follows the planned curriculum and at the same time makes use of the peers and responds to their needs. The facilitator should go back to the questions, repeating them so that group members are reminded of what is being discussed.
- Self-disclosure can be an effective tool. The facilitator may reveal that he/she came from a poor family, had a problem with drugs and alcohol. This may encourage group members to reveal aspects of themselves. And it gives hope that anyone who has similar problems may be able to overcome-if they hang in and do the work.
- Counselors should remain in control of the group, making sure that the environment is safe for participants. Group attacks ("rat-packing") and other abusive behavior should be aborted. The reasons for rat-packing, scapegoating, etc. should be explained. For example: "People who need to attack other people often feel bad about themselves."
- Though participants are encouraged to talk about past or current problems, experiences and feelings, the focus should be on the here-and-now and the future. Yes, you had it hard. It was unfair. You hurt. But what are you doing now? The past doesn't have to dictate the future.
- Objectives should be mapped out for each group. Counselors should go into group with a written plan of what they want to cover and how they will approach the issues. When members have crises or pressing issues, these can be dealt with and then the group can return to the curriculum.
- Members can be given tasks that address problem areas. For example, if young persons feel cut off from their parents, the counselor might suggest that they talk with their parent every afternoon for two minutes and describe what they did during the day. The time can be expanded to four minutes. Our kids probably don't spend quality time with their parents; neither parent nor child knows how to do this. By talking with each other, they may develop a relationship both wanted but did not know how to achieve.
- Other tasks may address the limited choice of activities available to these young people. There are numerous reasons why people use drugs and we should not oversimplify. But in our experience some drug use can occur because young people don't have satisfying activities available to them. Young people in Learning for Living may never have been out of their own neighborhoods. A trip downtown can be scary but it can be exciting. If the trip is taken with a parent, this could strengthen the relationship. Staff should assist peers to plan and organize as many trips and excursions to different sights and events as time and resources permit. And they should be encouraged to find interesting things to do on weekends.

Encounter Group Concepts

Groups for teenagers are different from encounter groups for street addicts. The Therapeutic Community (TC) approach has to be toned down and modified for the adolescents in a day program. But some of the concepts are relevant; counselors ought to be familiar with them--and so should the kids--even if we don't call them by the TC names. Here are some of the relevant terms. They describe situations that can arise in any group.

Rat Packing is when group members gang up and verbally attack someone for whatever reason. Rat packing calls for the immediate intervention of the staff facilitator, who stops it, explains what is happening and models a better way of dealing with someone whose behavior is annoying.

Red Crossing is defending and making excuses for a peer whose behavior is being questioned. Red Crossing is prohibited. Individuals are required to stand on their own feet, account for their behavior and listen as they get feedback. The counselor or the positive peers explain that group members have a duty to help one another take responsibility for behavior. Often Red Crossers have 'contracted' or implicitly agreed to cover up or abet the other person's negative behavior--with the expectation of being "Red Crossed" when they are confronted.

Hostility. As opposed to direct, healthy anger, hostility occurs when people "leak" their anger by demeaning or undermining others. Or they may "dump" their anger in a vicious attack. The peers ask, "Why are you so hostile? What are you really angry at? Tell the group what it is that made you so angry. Let your anger come out straight!" They try to help the person get to the real source of the anger and to the underlying pain and fear. The group accepts anger that is in a reality context. It frowns on personal attacks. Scapegoating is not allowed.

Projection is accusing someone of doing what you yourself are doing or would like to do. This may be a way of diverting attention from yourself, making sure that people will not examine your behavior--which you may not be fully aware of yourself. Or you may see another's negative behavior, but fail to see the same behavior in yourself. Or you may say to someone "I know you think I'm an awful person," when you are the one who thinks you're awful. The other person may never have had such a thought at all.

Acting As If is the theory that if you act in a positive way long enough, you will become a positive person. "Act like an adult, even if you aren't. You'll become one." It's worth trying and may help change attitudes and behavior. Participants who express negative feelings in groups are told that they are entitled to their feelings, but that they need to change their behavior.

Shooting a Curve is evading the structure, going around established procedures to achieve your goals. You may shoot a curve because you are scared, passive or manipulative--trying to avoid or get over on authority figures. Or you may be playing people against one another. This is typical seven- to ten-year-old behavior.

A Negative Contract is when two or more people agree to cover up negative behavior for one another.

Behavior and Attitudes

A major goal is to eliminate or reduce behaviors that prevent high-risk youth from joining the economic mainstream and leading successful lives. Some examples are:

- Self-damaging behavior. Lateness, absence from school, not doing homework; seeking to be a big shot by acting "bad," breaking rules or laws; making a girl pregnant, getting pregnant; neglecting health and hygiene; hanging out with negative peers; using and/or selling drugs.
- Behavior harmful to others. Includes all of the above, since self-destructive behavior hurts those who care or depend on you. Stealing, being sneaky, "getting over" on others, bullying, threatening, hitting out, not keeping appointments, acting in a hostile manner, stopping at nothing to get what you want—all of this hurts the person doing it and the community as well.
- Negative self-image. Includes, for males: a swaggering, hostile manner (we would not use street words such as "gladiator posture" or "jailhouse image" because such language glamorizes antisocial behavior). Wearing hats indoors; brass knuckles; nose rings and inappropriate earrings are other examples. For females: sexually provocative clothing, gait, and gestures; mini-skirts; very tight pants; heavy make-up, press-on nails; exaggerated jewelry; nose rings; loud talk; shrieking; sucking in the lips; rolling the eyes; and so on.
- Putting on a front Pretending to be something you are not; lying to yourself about how you feel; claiming you don't care when you do; insisting that all you want are designer jeans, gold necklaces and running shoes; pretending that everything is okay, laughing and jiving when inside you're scared and angry because you're not going anywhere with your life; playing to the crowd; being negative, even though you don't want to be, because you think other kids would Aextort you" and Abully you around."
- Being easily led. You let yourself be led around by negative peers because you don't have the strength of character to stand up to them; you go along because you don't believe you are worth much. Low self-esteem has to be addressed again and again and related to everything going on. If you've heard your mother say twenty times a day, "Get outta here, you low-life bum!" you only feel comfortable with other low-lives.
- Not taking directions or criticism.
- Flaring up easily.
- Putting other people down, make negative remarks; jeer, play nasty tricks on people and laugh when they get hurt.

- Encouraging others to engage in negative behavior.
- Entering into negative contracts ("I won't tell on you if you don't tell on me.")
- Being a follower, going along with anyone and everything, craving acceptance. Somebody finally accepts you: "Let's jump on the subway and go to 42nd Street and bother people, rob someone. "
- Blaming others or society for failures; "Everyone else is doing it so why shouldn't I?"
- Denying a need for positive acceptance, approval and affection: "I don't need you."
- Insisting that being competent and positive is neither important nor desirable.

Discipline

Learning for Living is a day program. Participants face a different world outside. When Cardinal Rules, such as no violence and no drug use on the premises, are broken, offenders are "put on research;" i.e., suspended so that they can "think" about changing their behavior. Most infractions are handled with patience and persistence. Everyone is told what the rules are. And told again. Those who do not obey are informed that their behavior is not acceptable. Counselors understand that changing behavior can take time and that acting out is often linked to personal or family difficulties. Counselors need to find out what lies beneath unacceptable behavior. However, the bottom line is that continued drug use on the premises or any sale of drugs will cause you to be barred from Learning for Living and referred to residential treatment.

Verbal Reprimands are when a counselor raises questions about personal behavior, and suggests better ways to handle a situation. A verbal reprimand is not hostile; it is not an attack. It is instructive.

Verbal Contracts are entered into informally by a staff member and an enrollee; a specific change in behavior or action is agreed to for a specified length of time.

Written Contracts are carefully thought out and put on paper for individuals who have violated the rules. The contract should be related to the offense, drawn up, signed by both parties and reviewed in counseling sessions or in groups. Usually contracts are for 30 days and stipulate consequences if not carried out.

In general, we should keep in mind that growing up takes place in stages. The process of maturation involves taking on responsibilities in ever increasing and more complicated amounts. Mastering the basic tasks at Learning for Living in counseling sessions and in the classroom and receiving praise and recognition for work well done is vastly important in this process. Their daily experiences with us, our expectations, our caring and kindness, our firmness and consistency will shape their behavior and their future lives. We have to become the responsible parents who encourage them to do their homework, help out around the house, guide them as they negotiate with their peers, attend classes on time, pay attention and move ahead. We have to teach them to get a library card and a driver's

license, to open a savings account and be responsible for their money, and to get ready for the world of work. We have to help them go to college or to get jobs and then see that they resolve whatever problems come up so that they stay on the job or in college. We have to do what good families do. It is up to us. By and large, we are all that they have.

Chapter 3

Other Program Areas:

Recreation; Health Education/Counseling/Case Management;

Case Management in other Areas

Recreation and Other Activities

It is crucial that young people learn to feel comfortable, socialize and have fun without propping themselves up with drugs and alcohol. Many of them like to feel that they are being challenged, that they are taking part in an important enterprise or adventure. A variety of recreational activities help them to have fun while staying straight and offer challenge and adventure.

- Morning Meetings
- Baseball
- Basketball
- Aerobics
- Cultural outings
- Picnics, parties, dances
- Outings and trips
- Peer Leadership Groups (facilitated by peers)
- Student Council Meetings
- Participation in planning and activating all of the above.

Health Education/Counseling/Case Management

Poor people, especially minorities, fall behind the general population on nearly every measure of health and access to health care. Many face stigma and/or financial barriers so discouraging that they opt out of the health care system altogether or in acute situations turn to the emergency room. Our teenagers, like so many others, need help in finding a primary care clinic that is clean and decent, where they see one physician or one medical team that takes charge of their health care, where their records are not lost, and where the medical team treats them with respect and sensitivity. Who wouldn't want that kind of medical treatment?

Young people in Learning for Living may not realize that they have a medical or dental problem. A health educator on staff can be sensitive to this, find out whether problems exist and become both counselor and case manager (aggressive advocate) in searching out the right health care resources.

Health Education and Counseling

In the role of health educator/counselor this person needs to be knowledgeable about adolescents and young adults, sensitive to language and cultural differences, possess the ability to engage high risk youths in groups and seminars, and be able to get them to "buy into" life-styles and behaviors that can keep them well--and save their lives.

Teenagers, like the rest of us, are assaulted daily by purveyors of tobacco, alcohol and drugs, not to mention hyped-up sex, firearms and violence.

So much ground to cover. It boggles the mind. Experts can be invited in to speak on various subjects. However, this can be tricky. Videos and multimedia props can make seminars more palatable, but audience participation is a must if kids--or others--are to take ownership of the program, incorporate its messages and act on them.

It's probably best to choose a health educator who is a good communicator and an empathetic person and let him/her bring together needed materials and present them at a level the kids can comprehend and respond to.

Teaching kids personal hygiene and to eat a healthy diet may seem trivial compared to their need to protect themselves from HIV/AIDS, STDs and early pregnancies. Yet these topics are related to one another. For example, it is known that the more fatty foods people eat, the more they feel the need of "pick-me-ups" like nicotine, caffeine (in coffee, cola drinks and chocolate) and even cocaine or amphetamines. Irritability, nervousness and sleeplessness are widespread, especially among children who are allowed to drink two or three colas a day. (We consume 6 billion gallons of sodas each year in the U.S. We could be undermining the health and growth of our children while making the soft drink companies rich.)

And there's the question of nicotine. The best advice a health educator can give young people is: "If you smoke, quit. If you don't smoke, don't start up."

Parents try to get this message across to their kids. But still the tobacco industry sells \$1 billion worth of cigarettes each year to children alone. Every day in the year, 3,000 to 5,000 kids start to smoke. Maybe we should ask kids if they really want to be chumps for the tobacco moguls. Because that's what they are doing when they smoke. If people reach adulthood without smoking they generally have enough good judgment not to start.

The Health Educator/Counselor's task is enormous and complex. Safer sex, HIV/AIDS, TB, Hepatitis B, and STD prevention have to be presented in a manner capable of engaging adolescents. And somehow adolescents must be led to modify their behavior. A Harvard study indicated that just a lecture or two is not enough, especially if presented by an outsider. This study showed that what works best for young people is a year or more of

relating in groups led by someone who lets them talk, who listens and cares--someone they feel close to. Under these conditions, many modify health related behaviors.

Teen Parenthood

Early parenthood is a major cause of dropout and low educational status. It is one of the main reasons women and children are mired in the welfare system and in poverty. Teen parenthood is also associated with child neglect and abuse. In one survey, 30 percent of mothers who neglected their children were under 20 years of age--three times the number in the population at large.

Living in poverty is associated with early sexual activity and early pregnancy. Young people who are poor often believe that they have few options and severely restricted futures. Many young girls are below grade level and suffer from poor self-esteem at the time they become pregnant. In too many cases girls in their early teens become pregnant as a result of rape or incest. Young mothers who themselves were subjected to neglect and physical violence are more apt to treat their own children the same way. Clinical evidence shows that young women with histories of abuse are more prone to psychiatric illnesses, including suicidal tendencies, drug addiction and alcoholism.

Young girls with low self-esteem may believe that they are valuable only as sex objects. Recently a young girl said to her counselor: "You're really attractive. How would you like to give me a baby?" The counselor's reply was: "You're an attractive girl. But I'm not planning to have any children now--not until I can take really good care of them. And anyway, that wouldn't be an appropriate thing for a counselor to do. I'm here to be a reliable adult for you and all the kids in the program. I want to help you go some place with your life. And you know what? As you begin to move ahead and learn to do things you'll realize that sex is not the only thing you have to offer. You'll value yourself for a lot of other things or just because you are a human being. Other people will value you too. If you had a baby, you'd probably have to drop out of school again. Where would you be for the next 20 years? Hey, what would you be able to do for your child?"

Initiating sex and childbearing at a very early age occurs these days in every walk of life, but the numbers are far higher among young people in poverty. Less than half of young mothers are married. Less than 5 percent give their babies up for adoption. An extremely high proportion of the women receiving federal assistance had babies when they were teenagers.

Contraceptives are used intermittently, if at all. Most teenagers have not been prepared by any effective process of education in the family or in school to assume responsibility for their sexual behavior. In Scandinavia all children from an early age receive factual information about sex and reproduction as a matter of social policy. Since early and out-of-wedlock pregnancies are far fewer, this policy seems to be working.

Learning for Living tries to teach young people to be responsible about sex and reproduction--in groups, in seminars and in one-to-one sessions with the counselors and with the Health Educator. Some topics should probably be reserved for gender groups.

Again, lectures should be avoided. Preaching to young people is seldom effective. It is more productive to get a discussion going.

For example, in their gender group, girls might report being asked by a boy: "When are you going to make me a father?" (This is an accepted courtship approach by some young men when they find a girl attractive, even if they don't know her.) Group members can be encouraged to make up a story of what happens to the girl if she says yes, and another scenario in case she says no. The group can explore questions such as: Can the girl who says yes expect help or support from the boy? Where can she turn for help? Would her mother help her? Her grandmother? How would her mother react to her daughter's pregnancy? Was the mother herself a teen parent? Would the girl go on welfare? What would that be like for her and her child? Would she have a chance to finish her education? How? On the other hand, the girl who says no: Would she be likely to finish school? Get a job? Get married in her twenties? Have a baby with a man who would stay around and help her raise the child? Which girl would have a better chance for happiness? Which girl would be likely to have more skills, earn more money, feel worthwhile?

Teen mothers in the group would have a lot to contribute to the discussion once they are drawn into it.

The girls might decide to do some role playing; for example, someone might play the girl, someone else her mother. Or one girl could act the part of the girl who said yes, and another of the girl who said no. They could exchange stories of what happened to them, how they are doing and feeling. Improvising, role playing and dramatizing situations or dilemmas can stimulate discussion. Teens will introduce their personal experiences. Group members will offer advice.

Drug Abuse and Health

The youths at the Learning for Living Center are not addicted to drugs. However, high risk factors common to most of them are highly correlated with drug dependency down the road. Even so, many enrollees insist that they don't have a drug problem because they only use "a little pot on the weekend" or "once or twice a week," etc.

But even intermittent use can jeopardize health and undermine social, educational and career development. And even casual users may be thrown into association with those who inject drugs, and may have sex with them. They need to know and absorb the fact that heterosexual transmission of HIV now accounts for the largest increase in AIDS

in the U.S. Two-fifths of these cases are attributed to sexual activity with a person who injects drugs. Three out of five female users 13 to 24 years of age who have AIDS were infected by needle use or by sexual involvement with an injecting drug user.

Needle users are also at greater risk for tuberculosis and for passing along this airborne disease to others. It is extremely difficult to get drug addicts into TB treatment and even harder to keep them on the long term course of medication necessary to bring the disease under control. Even when addicts start TB treatment they tend to stop as soon as their symptoms disappear--after two or three weeks. This fosters the development of stronger

strains of the TB bacillus not responsive to antibiotics, thus causing widespread illness and death.

Syphilis and STDs are escalating as a consequence of drug abuse. One in four adolescents who are sexually involved become infected with STDs. Some of these diseases can cause infertility, ectopic pregnancy and miscarriage. One-third of high school students who use drugs reported in a recent national survey that they had many sex partners and did not use condoms. Few people like condoms; they do not even guarantee 100 percent safety. But no one wants to die an early death either. When condoms are used correctly, the chances of avoiding infection improve.

Our adolescents need to know that crack is a fiercely addicting drug that can drive people to do things they normally would not do. Girls prostitute themselves for crack. Parents may sell their children to obtain the drug.

Babies and Drugs

Four million women give birth each year in the U.S. Five percent--or 221,000 of them--use illicit drugs while pregnant.

Young people need to know the facts about substance abuse and pregnancy. In New York City, an analysis of birth and death certificates revealed that infants of drug using mothers are two and a half times more likely to die than babies born to non-using mothers. Mothers with a positive toxicology for drugs are subject to charges of neglect and may have their babies taken from them. If there were more residential programs where pregnant women, mothers and babies could be treated under one roof, these problems could be addressed more productively and at less cost to the tax payers. As things stand, one crack damaged baby can cost over \$1,000,000 by the time it reaches the age of 21. The costs in human suffering to mother and child cannot be measured.

Prevention/Intervention programs like Learning for Living can help bring these realities home to young parents and those at risk for early, drug involved pregnancies. Unfortunately, very few drug free treatment programs admit women--and almost none will treat pregnant women. Pre-natal care is just as important as everyone claims it is; and we should see that pregnant girls in Learning for Living get it. But pre-natal care without drug abuse treatment, when needed, is less likely to be effective.

Drug-abusing women tend to hide their pregnancies as long as possible, and not to seek pre-natal care. They are afraid their children may be taken from them and put into foster care. Indeed, this is what happens in many cases--a punitive response to the problem which doesn't fix anything. Drug free treatment of pregnant women, mothers and their young children under one roof is a solution we will have to come to in time. Separating mothers and babies is not an answer. Precious bonds are broken and deep hurts are inflicted--without either mother or infant receiving proper care.

The message we need to get across is that drug abuse and motherhood--and fatherhood also, for that matter--carry heavy penalties.

- Both mothers and infants are more likely to die
- Babies may be born with a range of problems, such as low birth weight, listlessness, mild retardation, impaired. motor skills, and delayed language development
- Families are broken up, parents may go to prison, and children to foster care or congregate care facilities.

Health Counseling

During the intake process, the Health Educator/Counselor interviews each new enrollee and fills out the Health History section of the Intake Form. This interview can take anywhere from a few minutes to over an hour. The actual form may not take long, but often the young person will have questions or want to discuss health problems.

The Health Educator/Counselor schedules another meeting with anyone who has a medical problem, sets up an appointment, and follows through to see that the problem is taken care of. He/she is available to any enrollee who needs health counseling. Participating in Morning Meetings and other Learning for Living activities enables the Health Educator/Counselor to observe any obvious health difficulties and to form relationships with young people. Building up trust and rapport is an important part of the job.

Case Management for Health

Referrals

Finding good health care for high-risk adolescents can be difficult. The Health Educator/Counselor should visit clinics and hospitals and establish relations with health advocacy groups. Young people are likely to need:

- Basic medical care
- Gynecology
- Perinatal care
- Psychiatric assessment
- Dentistry
- Eye examinations and glasses
- Pediatric care for their children
- Testing and case management for HIV / AIDS.

Medicaid and Health Insurance Coverage

The Health Educator/Counselor helps enrollees obtain Medicaid cards whenever possible. Working parents may or may not have health insurance. Mostly they do not. Or when they do, their children may not be covered. The Health Educator tries to get enrollees' parents to obtain coverage for their children. If parents can't or won't, the Health Educator has to locate a free clinic. This is difficult when young people are over 18 and still living at home. Many free services cut off at age eighteen.

Older adolescents are in a health care limbo. This and other barriers to adequate health care for people in our area has motivated Argus to set up its own primary and family health care center, to open this year. At Argus Community Health Center (ACHC) teenagers, families, children, and special populations (substance abusers, people living with HIV/AIDS and others who often are stigmatized) will receive "user friendly" ongoing and preventive treatment from a primary health care team. ACHC will be clean, records will be carefully maintained, and the staff will be conscientious and caring.

When Health Educators cannot find this kind of care, their only recourse is to make friends with the staff in the best existing facilities and advocate as forcefully as they can for good care. The fact that someone is following up can make a difference in the attention teenagers and others receive.

Case Management in other Areas

The two Primary Counselor/Case Managers work with outside agencies to solve a tangle of problems that cannot be addressed by Learning for Living staff. If the resources are not available onsite, then Case Managers become advocates for enrollees, making appointments, following up aggressively, and keeping on good terms with outside agencies. Referrals are often made in the following areas:

- Counseling related to physical and sexual abuse
- Counseling and education for teen parents and pregnant women. Referrals to pre- and postnatal services
- Residential drug treatment
- Assistance and advocacy with criminal, family, and civil court cases
- Entitlements
- Housing
- Transportation
- Intensive family counseling

- Support groups and 12-step programs (AA, NA, Al Anon, Non-Smoking groups, Overeaters Anonymous, etc.)
- Psychiatric diagnosis and treatment.

It goes without saying that the Case Manager needs to be assertive (aggressive in the positive sense) and needs to make as many friends and contacts as possible in a wide variety of social services agencies and facilities. This person also has to work well and persistently with young people who don't always want to take care of business. In a crisis everybody wants help. It's the steady everyday application with the kids and with the relevant agencies and resources that requires a high level of energy and dedication.

Chapter 4

Basic Methods and Processes:

How to Ensure That Your Program Is Effective

Creating a Substance-Free and Orderly Environment

Creating and maintaining orderly, drug-free environments is not easy. Continuing education, commitment and vigilance by the entire agency is necessary. Here are the requirements:

- No tolerance of on-the-job, weekend or "recreational" drug use by staff. Urines are taken when there is reason to believe that a staff member is using drugs or alcohol.
- Rules regarding drug abstinence and penalties for breaking those rules should be clearly spelled out and be a part of the agency Policies and Procedures Manual, agreed to and signed by every employee.
- To be effective, staff have to accept the drug free concept and model it for participants.
- Staff must pull participants into the concept. They should develop a core group of positive peers who will draw in other participants.
- Drug use by participants is never permitted in the Learning for Living facility. A major aim of counseling is to reduce and eliminate substance abuse outside the program as well.
- Infractions must not be swept under the rug but dealt with immediately. For example, the moment a drug-related incident occurs, all other business is brought to a halt. A meeting of the entire Learning for Living community is called. The incident is discussed in detail. Peer leaders are asked to give their opinions on what should be done.
- It is made plain that the entire community is responsible for maintaining a drug-free environment.
- In cases where enrollees escalate their substance abuse they should be referred to residential treatment programs. Substance abuse by staff is grounds for immediate dismissal.
- Safety is an equally important issue. It must be clearly stated that violence and the possession of weapons will not be tolerated. Threats of violence as well as profanity, which can escalate into physical violence in a volatile population, must be dealt with expeditiously and forthrightly.

- Conflict resolution, ways to mediate disputes and de-escalate violence, should be a part of staff development and training to be passed on to the enrollees in their groups.

The entire staff from Chief Executive Officer to maintenance men need to be involved in this effort. The Agency Personnel Practices Manual should spell out what is expected of staff in regard to substance use. In reading and signing the manual, staff members agree to take urine tests if suspected of drug or alcohol use. (See Urine Testing, Chapter 12.) Enrollees are sent home when under the influence of drugs or alcohol with the warning that they have broken a Cardinal Rule. They are allowed to return with a parent or guardian when they are sober. They are told that they will not be able to do good work while under the influence of drugs, and that their drug use hurts not only themselves but the entire community. Young people are given quite a few chances to make a change. Staff use of drugs is grounds for immediate dismissal. Once people realize that the program is serious about the ban on drug use, the infractions are few and far between.

Young people hear in their groups and counseling sessions that substance abuse is harmful to the human body and brain, leads to chaos in the family, and interferes with personal development, education and the achievement of career goals. Enrollees who have experienced drug abuse in their own families realize that while drugs appear to offer an escape--the only comfort and pleasure many have had--substance abuse is in reality a dead-end and a trap. One of the most important tasks of Learning for Living is to teach young people to relax, have a good time and feel comfortable with themselves and other people without resorting to alcohol or drugs. Young people who have used substance abuse as a way of expressing their independence, non-conformity and risk-taking impulses must be helped to find challenges and excitement in other areas. Some may become positive peer leaders, counselor aides or go on to train as substance abuse counselors.

Structure and Value System

It is by now a cliché that adolescents need structure; but for youths who have had no structure in their lives, the need is even greater. Like the drug and violence free environment, structure provides a sense of security by letting participants know what is expected of them. As bonding takes place, the new value system is incorporated and becomes part of one's inner being. Honesty, respect for oneself and others, caring for and looking out for one another, and a commitment to change and growth are values that can be incorporated--to the best of our knowledge--only in a caring family and community. Even a substitute family and community like Learning for Living can accomplish this all-important task with substantial numbers.

Argus believes that it is important to draw inner-city youths into the mainstream in dress, speech and behavior. Outlandish dress and behavior is a form of withdrawal, a way of saying, "So what if you don't want me! I don't want you either! Or any part of what you represent!" Learning for Living reassures young people: "If you do your part, the doors of opportunity will open. We will help you get used to dressing and behaving in ways that employers will respond to." Thus, we have established a dress code to which staff, as well

as enrollees, conform. Symbols of the prison and drug culture are banned. Wearing hats or "shades" in the building, cutting oneself off from others by listening to a Walkman, wearing hot pants or mini-skirts--which promote the idea that girls are merely sex objects--are forbidden. Exaggerated hair styles are discouraged. One youth had to choose between getting a good job or keeping his dreadlocks. He finally told an employer that he would cut his hair, having resisted the suggestion the entire time he was in training. P.S. He got the job.

Some participants view the dress code as an infringement of their rights. But we explain that Learning for Living has a duty to prepare them for the labor market where they will need to be at ease in business attire. We tell them that one of their most important rights is the right to employment. And that right, like all other rights, carries with it responsibilities and duties. The reality is that all of us have to dress and behave in ways that are acceptable to employers.

Socialization

A basic thrust of Learning for Living is the re-socialization of distrustful and alienated young people. The dress code is one aspect; the incorporation of new values is another. Working successfully with other people and treating them with respect are as much tools for the workplace as occupational skills. As one employer said, "It may not be politically correct, but my customers won't come into the store if one of my staff is wearing dreadlocks."

Written rules, clearly spelled out and circulated to participants and staff, reinforce the idea that we mean what we say: our family and community here at Learning for Living offers many advantages, but it stands or falls on whether we all abide by the code of conduct. Here are our rules:

Learning for Living

RULES

Cardinal Rules are basic to the survival of the community. Breaking these rules is grounds for termination.

1. NO DRUGS or alcohol consumption, sale, purchase or involvement on any level.
2. NO threats or acts of physical VIOLENCE.
3. NO WEAPONS including brass knuckles, studded wristbands, canes, sticks, whips, etc.
4. NO SEX or inappropriate sexual behavior while on the premises of the Learning for Living Center.
5. NO STEALING.
6. NO DESTRUCTION or DEFACING of property including graffiti.
7. NO LEAVING for the day without the permission of a counselor.

General Rules are designed to promote responsible, mature and considerate behavior within the extended family and community, and to prepare people for business life.

1. NO inappropriate clothing including the wearing of hats, large earrings or sunglasses in the building.
2. NO eating in hallways, classrooms or other non-designated areas.
3. NO displays of disrespect or disruptive behavior:
 - a. NO yelling, screaming or loud talking in the building except in groups.
 - b. NO profanity outside the group setting.
 - c. NO tussling or clowning around during non-recreational time.
 - d. NO talking back or ignoring directions given by counselors, teachers or other authority figures.
 - e. NO throwing of food or other items.
 - f. All disputes are to be handled in the group setting.
4. Radio~ walkman or cassette devices may not be used in the building, and they must be concealed from sight if brought into the building.

5. NO beeper devices are allowed in the building.
6. Keeping the facility clean:
 - a. It is your responsibility to clean up behind yourself after breakfast and lunch: empty your tray in the garbage, place the tray in the appropriate location and do whatever is necessary to maintain a clean, rodent free environment.
 - b. To do your part to maintain the building and grounds: candy wrappers, papers and other disposable items are to be placed in the proper containers. Spitting in the building or on the grounds is unacceptable.
7. NO loitering around the building or in the neighborhood before, during, or after program hours.

Promoting Bonding

What is different about Learning for Living? Why do young people accept the rules and begin to change?

The answer is that the extended family and mini-community satisfy deep and very old human needs for closeness, warmth and order. Learning for Living is a safe haven for young people with little experience of intact families, schools and communities. They need to believe that people care. They need to return that caring. Yes, staff make demands and yes, drugs are forbidden, and yes, there is a dress code. They grumble and resist, but the message comes across: you are valuable, these people care. And the young people respond.

Structure and rules provide a safe environment in which bonding can take place. Other ingredients are:

- Forums where young people express themselves freely and listen to their peers, and counselors do the same. Groups and one-to-one counseling provide these opportunities.
- In these settings enrollees also can experience different emotions and can learn the language of feelings so that they can communicate in an intimate way with others.
- Staff development groups and proper supervision provide support for the staff while giving them a chance to talk about their concerns and to receive feedback. This deepens the staff's understanding of themselves and of the young people they are trying to help.
- The program rules provide protection against hostile, destructive peer behavior. Cruelty and bullying are discouraged, as are making fun of others and attacking persons instead of dealing with their behavior in a constructive manner. When counselors need to reprimand a person they do it tactfully, waiting until they can have a private discussion. In groups of young people they make their points with tact and sensitivity. Public humiliation is avoided.
- Friendly Forum, Morning Meeting and other activities provide opportunities for participants to have fun, interact and work together while building relationships and group solidarity. In all these situations, staff need to see who is withdrawn and who is having difficulty focusing. They try to understand the dynamic of the group, get people involved, deal with upsets, mediate quarrels or remove the instigator.
- In one-to-one counseling and groups, enrollees are helped to examine behavior, thoughts, and feelings which keep them from getting close to each other or to staff members.

Many of these experiences are not easy for young people, particularly those that involve revealing something of yourself or changing behavior--for example, talking with others rather than going into a corner by yourself. But those who stay at Learning for Living gradually open up and share themselves and their feelings. Counselors and peers provide support and suggestions. Angry feelings that keep peers and staff apart are expressed as well. None of this is easy, but over time there is a progression toward bonding.

How to Build Positive Peer Groups

Most young persons who enter Learning for Living distrust authority figures; some have difficulty trusting anyone. They are rough and sharp with one another; teasing and picking on flaws and shortcomings. They call each other "bushead," "ugly punk," "welfare ass," and worse. It's hard to set up a safe, trusting climate with young people whose hurts and doubts about their acceptability drive them to sneer at others. Lecturing and scolding are useless; they've heard it before. How then can a counselor get a group going with kids who are ashamed to reveal that their father is in jail; that their mother drinks and has a boyfriend who beats her up and steals her welfare check; that a brother addicted to crack regularly breaks into their apartment and steals the family's clothing and furniture? The kids often feel disgraced, as though the circumstances of their lives are their fault. There is the feeling that their families are no good, that they themselves aren't going anywhere. Some come to Learning for Living because their probation officer demands it or because they will be removed from their mothers' welfare budget if they aren't signed up for school.

How do we engage these young people and make them see that we are for real?

Here is what one counselor says: "To get these kids talking in a group about what is really happening, a counselor has to bond with them first individually. I pull each kid into my office and try to find out what the main problem is. So when I sit them down together in a circle they feel that I'm interested in them. I may say, "You know what, everyone in this group has been through a lot. And that includes me. Maybe if we talk about it we might help each other." If no one speaks up I tell them that I myself go to a group and that sharing what I'm feeling and bonding with people who have similar problems helps me a lot. It's hard for them to believe that their counselor needs help. They say, "Is that really true? Are you really in a group?" Then I tell them how I grew up with a mother who was an alcoholic and what I went through. I was a middle child so I ask, "How many of you are the middle child in the family?" Some hold up their hands. I ask "What's it like to be the middle child?" Someone starts talking and others follow along. We're sharing something that's real but not very threatening. Then I tell them how much I hurt as a kid--and still hurt sometimes. I say, "The people in my group, we share very sensitive information, stuff we might not bring up anywhere else. But it makes us feel better to tell someone and even to cry. Whatever happens, we keep it within the group. We respect each other's confidences."

"Even in the first group someone may open up. I'll say, "Thanks for sharing that. That took a lot of heart. I hope everyone in the group will respect that. I know I won't tell it to anyone else. Hey, I like you for putting that out.""

Our counselors, most of whom have street backgrounds, say that bonding in a street gang or a posse is a lot easier. Gang leaders offer protection. Your place in the pecking order is defined. You have a chance to act out hostile feelings on outsiders and to feel that you're part of something powerful. No demand is made of you to be honest or real. You are expected not to show vulnerability or tender feelings. You defend yourself with your anger and deny your fear and deeper needs.

Peer support is an invaluable resource in developing trust and bonding. Peer Leadership groups are one way to accomplish this. Enrollees who demonstrate good attendance, academic improvement and participate in groups are asked to form a Peer Leadership Group. The group meets once a week. A counselor sits in the group but peers select the group leader. They are empowered to run the group on their own, within Learning for Living guidelines and rules. The group considers such questions as "How can you, as a young adult, help pull other young persons into our process?" "Why are some young people resistant? What can we do to get them interested in Learning for Living?" They may plan an outing, go to the proper people to get approval and money for a trip to the beach, an adventure park or an ice skating rink. They may help plan an Achievement Day event, put on a skit, a play or a dance. This can be fun. For example, one group worked with the Orientation Coordinator to create an adaptation of The Wiz (Michael Jackson's version of The Wizard of Oz), adding characters, revamping the script to their situation in the South Bronx. They called it "Lost in the Land of Ar" (Argus).

The Student Council has been popular at Argus. Guidelines are set forth in a brief document: Purposes, Goals, Membership, Election of Officers, etc. Robert's Rules of Order is consulted by the Chair and the members. It is clearly spelled out that the Council must operate within the general parameters of the Learning for Living Center. Within those guidelines the Council may propose plans and projects for consideration by staff. Whenever possible, the staff approves and assists.

It is fairly easy to pick out the strong individuals in a group. Five or six may be asked to set up a cake sale to pay for buttons stating unity within the program or taking kids from the neighborhood on a trip. They could be asked to identify and define a problem, seek a solution, set goals and decide on steps needed to accomplish them. The peers will discuss the issues and find a solution acceptable to all. They learn to work together by trial and error. When they have worked out a plan, they go back to their peers in the larger group and pass their knowledge along. "This is how we go about it." "Let's try to agree." "Let's work on the problem--how do we get together?"

They learn how to solve problems, resolve conflicts and compromise on their own, with minimal advice (when sought) from staff. Once we did an experiment. An adult group and an enrollee group were given the same problem to solve. The young people came up with the answer faster--suggesting solutions the adults never thought of.

Hats Off Groups are held by one counselor at least once a month. He asks, "Do I come off as too much of an authority figure? If you don't like some of the things I do or say, tell me about it. This is the forum." They tell him. He listens. He lets them know that he is taking their point of view into consideration. And he does. But he makes it clear that the basic

rules are not negotiable because the well-being of each individual and the entire community depends upon the rules being upheld.

A young man who used four-letter words continuously was asked by peers to keep count of the times he "cussed" during the course of one day. He did, and reported back to the group. They asked him to cut back to half that number, then to a fourth and so on. He complied. This young man lives in a group home. He clowns all the time. Sometimes he goes too far and hurts somebody's feelings. Once, when he wouldn't listen to the feedback, he was given two days away from Learning for Living to do his school work and think about what had happened. The next day he came back and said, "I did go too far. I see that I need to find a different way to approach people." With grades in the 80s and 90s, he is one of our best students. Now he expresses his true feelings and is less of a clown. His counselor says, "The best training for becoming a group counselor is sitting in with a really good facilitator. Until I went through the process I did not have any idea how to facilitate a group. A good "listening ear" is key. Know when the group isn't going anywhere. Change direction, bring up a new subject. Ask a kid to take over the group. Sit back and listen. The group becomes their group. This is one way to get peer support going."

In a positive peer group at Learning for Living it's a whole new world. If the leader is sincere, if he/she makes self disclosures, it won't be long before other kids follow suit. They may break down and cry. Others will "patch them up"--give them support and reassurance and stay with them after group to see that they are okay.

The staff are the bridge. After two or three groups most kids are convinced that the program is for real.

Counselors have been clean and sober for several years and have worked in the field before we hire them. They learn more about group dynamics in staff development groups which meet once a week. What they learn in staff development, they pass along to the kids.

"We encourage a mainstream way of dressing," one counselor explains. "We try to get kids to leave their big earrings, nose rings and gold chains at home. We ask the guys not to come in with dreadlocks or earrings. We have dressup day twice a week. (It's dress-up day every day in Job Horizons). Kids are critiqued when they come in: they tell me, "I don't feel comfortable in these clothes," and I'll say, "I like to wear informal clothes myself. But I don't do it on the job. I have to feed my family."

One thing a counselor has to do: study the folders. Know what's in those folders. Knowing a kid's history helps you to do the right thing, say the right thing, treat them each individually. It doesn't do any good--it even makes things worse--to arrange kids in a group, lecture them, give them advice wholesale. Don't lecture, don't yell. Adolescents are not hard core street addicts. Their shell is much thinner. They will peck their way out with just a little of the right kind of help. And they'll stand there shivering and vulnerable. A counselor has got to be there to warm and reassure them, and guide them towards an

independent, happy life. We keep stressing that we're preparing them to go out in the work place and get a job--and keep it.

We tell them that going through Learning for Living is going to take a lot of heart. But they've shown that they have heart already, just by surviving out there, by coming to Learning for Living, by taking a chance and opening up. We tell them they deserve a lot of credit. They should give themselves credit. They're moving on. They're moving up.

Even the most macho and hostile kids will begin to buy in. They learn to express their anger in the group in ways that don't hurt anyone and where they don't get hurt.

As they get more skills they are less frustrated, less hostile. They begin to take pride in their work. We praise them for jobs well done.

"They begin to see that Learning for Living is their second family, offering a lot of opportunities that they never had before."

Chapter 5

Programs Phases and Milestones

To give some idea of what to expect of young people as they go through Learning for Living, we have designated these phases: Orientation, Phase I, Phase II and Phase III; and we have decided upon certain milestones to be achieved in each phase. All of the youths who enroll in Learning for Living will not achieve the milestones in the time frames outlined here. A considerable number will drop out in Orientation or Phase I. Most of the remaining youngsters will be struggling against authority, discipline and structure. Many will spend more time in earlier phases of the program until, through collaboration between Learning for Living staff, parents and/or guardians, court personnel or welfare case workers, pressure is brought on enrollees to get serious about the program. A great deal of input will be needed from counselors and positive peers before enrollees become motivated to help themselves. Some enrollees will need to stay in Orientation a little longer because of problems which need to be addressed before they can settle down and focus their attention on classes and program activities.

The phases described here should be seen as guides of expected progress if all goes well. We are defining milestones that we hope young people can achieve as they struggle to overcome severe personal and societal problems.

1. The Orientation Phase

The average length of stay in Orientation is two weeks. However, as previously stated, some may need to stay longer. Others will drop out during this phase. The maximum time is usually four weeks. Those who complete the Orientation Phase will:

- Be familiar with the Learning for Living rules, program methods and activities
- Have been pre-tested for academic achievement
- Have participated in the development of their Initial Treatment Plan and have an understanding of their goals
- Have been interviewed and assessed by the Vocational Counselor who will have developed a vocational plan with their active participation
- Have been tested and assigned to classes appropriate to their actual levels of achievement.

Orientation staff will have met with parent(s), guardian(s) or supervisory personnel such as probation officers or foster care staff to establish how they will collaborate in the progress of the enrollee.¹

Before enrollees move out of Orientation, their readiness is evaluated at Progress Review Meetings by counselors, teachers and vocational staff. Peer interactions, reports from probation officers and, whenever possible, from parents or guardians are considered.

A few enrollees, upon completion of Orientation, may be eligible to move straight into the Job Horizons employment training program. However, they must possess the social skills and job readiness, as well as the academic competencies, that will enable them to succeed in job skills training and move into jobs. Our advice: proceed with caution. Be sure those chosen are really ready to take advantage of skills training. Don't set them up for failure!

2. Phase I (about three months duration)

Those who successfully complete Phase I will have:

- Attended and been involved in program activities and academic education
- Acquired a better awareness of the effects of substance abuse and have either decreased or stopped the use of drugs and alcohol
- Begun to make positive behavior changes while in the program and at home
- Started to participate in leisure activities which are not centered around drug or alcohol use
- Gained a better understanding of behaviors which put them at risk for AIDS and sexually transmitted diseases
- Taken part in vocational seminars and individual sessions with the Vocational Counselor.

3. Phase II (about six months)

As enrollees near completion of Phase II they will have greater involvement with the Vocational Counselor who will regularly review their goals, strengths, weaknesses and

¹ 'Please note that at Argus we have had little success in getting parents to follow through with the commitments they make when enrolling their youngsters. Most are overburdened and struggling with a variety of other problems. They are glad that someone else has taken their kids off their hands. After Intake, parents tend to come to Learning for Living only in a crisis. We are still trying to devise ways to get them more involved and we will continue, but it is an uphill battle.

interests with them and make the necessary adjustments in their treatment plans. By the end of this period, enrollees will have achieved all or some of these milestones:

- In addition to being drug free during program hours, almost all will have stopped or greatly decreased drug use on the outside or will have been referred to residential substance abuse treatment.
- Most will be involved in drug-free social activities.
- Most will show significant improvement in their behavior and will have a more positive attitude about themselves, their abilities and their future.
- Many will have improved relationships with positive family members and or friends and will have worked out a better way to deal with those whose behavior is negative.
- Those with court cases will be in good standing with the courts and have no additional involvement with the juvenile or criminal justice systems.
- All will have been post-tested, and will have taken the Predictor Test; some will be ready to take GED examinations or will have made significant progress toward educational goals.
- Some, under the guidance of the Vocational Counselor, will be seeking outside training.
- Some who have passed the GED or completed high school will be enrolling in college or joining the military.
- Others should be ready to enroll in Job Horizons.
- All should have progressed to the point where they are role models for newer participants.

4. Phase III (to be achieved in six months to a year or longer)

Phase III milestones can be achieved by those staying in the program long enough to realize most of their goals. Youths who started with fewer skills and/or more severe problems may need two or more years to achieve their goals. The age of the enrollee is also a factor: younger enrollees do not feel as pressed to find a place in the adult world; they need more time and guidance to mature. All of the milestones for Phase II apply to Phase III. In addition they should:

Be substantially drug-free and functional

Have made important gains in achieving their social, vocational and educational goals

Be the most advanced peer group and the strongest role models and be eligible to serve as counselor aides in groups, on trips and during recreational activities.

Some of these youths will have completed their educational and vocational requirements and will be waiting for admission to colleges, training programs or the military. Others will be seeking employment. They will have an individualized schedule to fit their needs and circumstances.

II

Academic Education

When I was younger, I guess I just chose a wrong crowd of friends. I was called the "Cutting Queen" because I stayed out of school so often; I got used to being outside and having fun. In public school, the classes were really big and the teachers didn't seem to care and were boring. These are reasons kids drop out. Classes at the Learning for Living Center are a lot different: they're smaller and the teachers take time with you. I loved Mr. Chesterson's computer class. He's nice, but when he puts his foot down everybody listens. Basic Skills class was not that hard-I was more focused than I had ever been in my life. I just took my GED and am waiting for the scores.

- T.M.

Chapter 6

Basic Education, GED Preparation, Computerized Learning

Hector Gaeger, Former Education Director of the Argus School Talks about the Program.

"For our population. it is best to have a triad of counseling. academic subjects and vocational training. These kids are dysfunctional and often emotionally disturbed. They need a safe nurturing environment in which to learn. In the regular schools they fear for their safety. There are cliques and gangs; here they don't have to worry. This, along with the smaller classes and counseling, makes our teaching more effective. At Learning for Living, we have many more students graduating than at the public schools they would normally attend. When we get them, students are usually two to three grades below average in reading and math. They go up one to two grades and start catching up because they are more motivated and focused. Despite what some people say, these kids can do the work and often ask for more assignments.

"We are strict when it comes to rules and regulations. We have to be. These students have no structure in their homes. They come from broken homes, often from several generations living in poverty; girls have babies at fourteen to sixteen. Parents are hustling and kids are learning to do that too. Or the parents work and have no time to spend with their kids. Also, parents often do not have enough education to understand what their kids need. By educating kids, we are putting a dent in generations of poverty, teaching pride in oneself."

After Morning Meeting enrollees attend classes staffed by Board of Education teachers. Classes are small (14-18 students) and individualized, allowing teachers to give students the individual attention they need.- Classrooms are free of drugs and disorder. Teachers are not asked to keep order. Counselors handle disciplinary problems; teachers concentrate on teaching, enrollees focus on learning. Teacher aides are used to good advantage. Reading, math, social science and science are taught. The curriculum includes basic literacy, computer-aided instruction and GED preparation. Preparation for college entrance is provided and encouraged when appropriate.

Program staff and teachers are part of a team; they speak with a single voice. Teachers support the program; and many express gratitude that the counselors are there. The on-site School Administrator works closely with the Learning for Living Program Director. Teachers participate in Progress Reviews. Funds from foundations and businesses provide state of the art computer equipment rarely found in public schools. Using Argus machines, Board of Education staff provide instruction in computer literacy, word processing and office automation, as well as computerized basic and remedial education.

An agency working with the Board of Education in its city will need to develop a collaborative effort.- This may or may not be easy. Over the years, Argus has sometimes had to deal with uncooperative administrators, or teachers dumped on us because they couldn't get along in other settings. A few teachers in the past have used or sold drugs or engaged in antisocial behavior. They were barred from the premises. We don't tolerate this behavior in our staff, nor in a collaborating agency. We have also had to cope with declining school budgets. But by and large, relations with the Board of Education staff have been cooperative and productive. We have always had some splendid dedicated teachers who act as full partners in the high enterprise of helping kids reach their potential.

Over the years, Argus has not allowed Learning for Living students to be "certified" as "behaviorally and emotionally disturbed". The stigma of psychological labeling is damaging: most problems can be solved with resources, good teaching and attention to issues that interfere with students' ability to focus and move ahead.

About four years ago, the New York City Board of Education delivered an ultimatum: certify the kids or lose teachers. We couldn't in good conscience comply: we had to say no. Special education services and resources were withdrawn from Learning for Living, leaving only a GED preparation unit. This was a serious blow to our program for low achievers. Those reading below a 6.5 level were not ready for GED preparation nor for entry into a skills training program. For example, one enrollee in building maintenance training was only reading at a 4.3 level. He had talent and could have been trained. However, he couldn't follow written instructions, couldn't complete the requirements for his boiler's license and couldn't find a job. Indeed, none of the participants who were reading below 6.5 were able to obtain their GED or a job. The best results in skills training and in the job market were with trainees who entered with levels of 8.0 or better and who were able to obtain further education in the program. We continued to take students with lower scores and provided students with teachers paid from other funding sources. Finally, the Board of Education relented and sent a teacher for the computerized learning lab which

now provides remedial and basic education for lower achievers. Argus is now in the process of upgrading this lab with the help of consultants who will teach our staff to diagnose and prescribe the proper software and programs for those with learning disabilities.

Computerized instruction is especially helpful for young persons who have fallen behind, allowing them to learn at their own pace. Only the computer knows when they make mistakes and reminds them in an objective way, without rancor or condemnation, that they need to do it the right way.

Learning for Living at Argus is suffering from the loss of its art teacher. Art is not a luxury. Painting, drawing, modeling, making masks, writing poetry and stories, and putting on skits can open doors for youths who find it difficult to communicate or make progress in the classroom. In the past, exciting work took place in the art room under creative teachers. We advise any group setting up a Learning for Living Center to provide art if they can.

We would also like to provide recreation and other activities, including tutoring, in the late afternoon and early evening hours. But we don't have the resources to do it.

III

Making Young People Employable

I never liked school and only completed the seventh grade. I used to deal drugs but stopped about eleven months to a year ago when I met my girlfriend. It only took me five months to get my GED. I finished the program because I wanted something for my girlfriend and myself.

Mike Stewart, my building maintenance teacher, was very supportive. He always asked if you were all right. He was understanding and didn't push you to the limit. He still gives me information now that I'm working and is helping me to get a foot in the door.

- G. O.

Chapter 7

Job Horizons:

Intensive Training in Preparing for, Getting and Keeping a Job

The employment training component is a vitally important part of the Learning for Living Center. Our Job Horizons program provides training in building maintenance and in office skills, including word processing, typing and computer literacy. Any eligible youth aged 16-21 may apply. However, first priority is granted to those Learning for Living enrollees who have resolved their behavioral problems, are prepared academically and have profited from the job readiness preparation they have already received. Job Horizons, funded by the New York City Department of Employment, offers one training cycle each year. Participants receive a stipend of \$30/week; academic and financial eligibility are determined by the Department of Employment.

Job Horizons benefits from being part of a comprehensive youth development program that is drug and violence free and offers necessary supports to those in employment training. Participants receive GED preparation and individual, group and substance abuse counseling. While they are attending Job Horizons, their counselors in Learning for Living help enrollees set goals and prepare for the world of work. The result of this comprehensive preparation is that substantial numbers are hired as soon as they complete the program in a job market that shies away from young, inexperienced people--preferring to take their chances with more mature applicants who have work histories.

Screening, recruitment and assessment for Job Horizons should be geared toward enrolling participants who can flourish in skills training and obtain employment at a negotiated wage above the minimum. Argus advertises the training cycle in newspapers and on radio. Those who apply are sent to be screened at assessment centers sponsored by the NYC Department of Employment. At these centers candidates are tested, screened and referred to training sites such as Job Horizons. (Learning for Living replication sites may find that their cities have similar assessment procedures.) Everyone in New York is given the Test of Adult Basic Education (TAB E). Anyone sent to a ITPA program such as Job Horizons with a score of less than 6.5 may not be able to meet the milestones of the program without long term preparation; they may fail. Higher scores (of 8.0 or better) are indicators of likely success.

Once referred to Job Horizons, candidates are scheduled for an intake interview with the Job Horizons Job Developer and the two Primary Counselor/Case Manager. If new to Learning for Living they must go through the intake process and must sign a contract agreeing to the rules and regulations. A parent or legal guardian also signs an agreement that she or he understands that the program participant must give permission before any confidential information can be revealed to them or anyone outside the program.

Enrollees in Job Horizons go through a three-day Orientation before being assigned to skills training in Building Maintenance or to Computer Literacy and Office Automation.

The Building Maintenance Component

In the morning, if you drop by the Building Maintenance Shop, you may find young men and women completing a dJI wall. For a few hours each day the Argus Facilities Director teaches Building Maintenance to Job Horizons enrollees. He combines lectures, group projects and individual instruction.

The Instructor encourages participants to think for themselves. He integrates classroom teaching with hands-on work at a real task. This motivates and empowers young people who have been uncomfortable with written materials. At the same time, he builds into each task the chain of command and teamwork they will find on the job. Finally, he encourages trainees to apply their own experience to the task at hand.

In a class on boilers, for example, the instructor presents trainees with written material, has them look up words in the dictionary and make their own concise definitions. He helps them identify the parts of the boiler: He may divide enrollees into two teams, each responsible for one boiler component. Such exercises are fun and engaging but also lead to a clear understanding of how a boiler works. Enrollees learn to speak in front of others in the class. Trainees are asked to develop their own safety rules, bringing their own experiences to the task. When they compare what they have devised with official safety rules, they are amazed to find how similar they are. This approach motivates students to remember and obey the safety rules, engages them in the learning process, and helps develop critical thinking skills and confidence in their abilities.

Building Maintenance students also attend classes in math and basic skills. The daily schedule for the Building Maintenance trainees in Job Horizons includes:

- 2 hours of building maintenance
- 1 hour of math
- 45 minutes of job finding techniques
- 1 hour of basic skills
- 1 hour of pre-employment training using Adkins Life Skills training materials.

The Building Maintenance class is assigned to repairs and rehab work within the six buildings owned by Argus. This experience is valuable to the trainees and helpful to Argus. The instructor uses the Argus buildings, including the plumbing, electrical and heating systems, as a teaching laboratory. Trainees learn to use power tools (buffing machine, circular saw, sander, hand drill, screw gun, electric plane, table saw, key machine); hand tools (screwdriver, hammer, hand drill, etc.); cleaning tools (for floors, walls, windows, etc.) and painting equipment.

Although entry-level jobs do not require licenses, the Building Maintenance Instructor encourages participants, while still in training, to acquire licenses as a competitive edge when applying for a job and to increase their wage potential. The Instructor helps trainees

obtain licenses during the training cycle. Participants may also obtain licenses during the 90 days following the program. These include a driver's license, a Certificate of Fitness from the Fire Department for the Number 6 Boiler; a Certificate of Instruction from the Department of Environmental Protection; and a Fire Drill Certificate of Fitness from the Fire Department. A driver's license is almost a necessity in getting certain jobs. The staff should do everything possible to see that enrollees get their licenses, including going with them to the Motor Vehicles Bureau and seeing them through the process.

Once participants are ready for employment, he gives them down-to-earth advice on how to go about getting and keeping jobs as assistants to plumbers, carpenters, electricians, locksmiths and handymen, etc. He puts in a lot of time persuading employers to hire trainees. Vendors who sell to Argus and know that we turn out responsible kids often hire our graduates. Students from former years call him for advice when they want to make a career change.

The Learning for Living Building Maintenance program is open to women. A few enroll and receive training and employment in this non-traditional field.

Office Automation

In the second floor computer lab, Job Horizons trainees are typing a letter in WordPerfect. The head of the lab passes from student to student giving help. Besides instruction in word processing and other computer skills, students learn typing and basic bookkeeping. The instructor knows how to keep a class mesmerized. Students do not act out in his class. All the same, he appreciates the fact that counselors are ready to help should things get out of hand.

Trainees in each cycle of 20 weeks receive two hours of occupational instruction a day from Board of Education computer and typing teachers. Instructors create a professional environment in the classroom so that participants learn what will be expected of them in the workplace: punctuality, neatness, accuracy and speed. They attend classes in Basic Education and GED preparation each day.

The Computer Laboratory

The hardware and software provided by Argus is identical to that used in today's business world. Computers are intrinsically enjoyable and allow participants to proceed at their own pace. Trainees learn the fundamentals of computer use and office automation skills-- keyboarding, word processing, memo and business letter writing, database management and electronic spreadsheets. They are introduced to the rudiments of desktop publishing, allowing them to express themselves creatively by using texts and graphics.

The computer class reinforces reading comprehension and the development of writing skills. For example, the instructor may ask students to compose a memo which briefly discusses the no-smoking policies that are being put into effect. He may ask them to write a memo to employees from their boss explaining that smoking is now forbidden everywhere in the building.

Typing Instruction

Instructional methods are identical to those used in computer training. The typing teacher covers such basics as the keyboard, layout of business letters, letter styles, envelopes, inter-office memorandums, invoices, salary computations (methods of payment, overtime, deductions, gross and net pay) with an emphasis on typing speed and accuracy. Again, training is designed to prepare participants for the workplace and to increase their vocabulary and writing skills.

Other Components of Job Horizons

Basic Skills

The Basic Skills Teacher needs to adapt the curriculum to the special vocabulary and knowledge Job Horizons students will need in their particular area of training.

In addition to worksheets in each milestone for reading, writing and mathematics, the teacher draws on magazines and videos to encourage reading for comprehension and pleasure. Participants write about the article or video. They look up words in the dictionary and compare definitions in various editions. The teacher also uses GED texts as a resource to familiarize participants with material they will need to pass the GED test. The Board of Education administers a Predictor Test to potential GED candidates. Only when the Predictor Test indicates that they are ready are they scheduled for the GED exam. Should they fail the exam for whatever reason, they are encouraged to take it in stride and try again. They are assured that failure is not all bad. People learn by failing. What's bad is giving up, refusing to try again.

Trainees may be asked to look at a subway map and find their way from the Bronx to Manhattan or other parts of the city, estimating how long it will take them to reach their destination. This exercise is preparation for travel to interviews. In math class, as well as in world" of work, trainees are taught how to make a budget of their personal expenses.

World of Work

In World of Work groups, skills related to finding, getting and keeping a job are discussed. Participants role play interviews and job situations or watch a video on employment. They fill out application forms and write resumes. They are taught personal money management, grooming, how to behave on the job and how to deal with their fears of the world of work.

Adkins Life Skills Training

The Adkins Life Skills multi-media curriculum is taught once a week in all Argus pre-employment programs. This training covers all the areas described above in the World of Work and provides useful information needed by those preparing to enter the job market.

Adkins training encourages participants to develop short- and long-term career goals to increase their opportunities and wage potential. Additional education and training

necessary for advancement, the institutions which provide this training and the availability of financial aid and scholarships are discussed. Adkins Life Skills opens trainees' eyes to new career possibilities.

Counseling

The Job Horizons program per se employs a part time Building Maintenance Instructor, a Job Developer, a part time administrator and provides stipends for trainees. The Board of Education provides the Computer and Typing teachers and GED preparation. In order to succeed the program must draw on the resources of Learning for Living, the Primary Counselor/Case Managers, the Health Educator/Counselor and the Vocational Counselor/Job Developer. These additional resources from the main body of the program allow Job Horizons staff to focus on work-related behavior. Thus, Job Horizons is a collaborative effort involving several funding agencies and the Board of Education.

The Argus Director of Training and Treatment, who oversees Job Horizons, says that all those who work in Job Horizons have to know how to motivate people. "This means phone calls, weekly counseling sessions, interviews with family, boyfriends and girlfriends. Young people can be difficult. Adults must approach them a certain way, or they will react. For example, if a teenage boy comes in wearing shorts, raging at him is ineffective. You have to explain: We are getting you ready so that you can get a job. We are doing all we can to give you an edge. To be the one to get the job, you need something that the other guy doesn't have. One part of this is dressing in the right way when you go on the interview; this includes not wearing shorts." Don't humiliate people. They may leave and never come back. Also, it is important to give kids something to work toward; staff have to explain the rules and how they can find a job and build a career if they go along with the Learning for Living way of doing things.

Many Job Horizons enrollees take pride in their accomplishments and work toward new goals, both personal and vocational. They learn to deal with life and family issues, express anger appropriately, leave off self-defeating behaviors and develop problem-solving skills.

"Participants are encouraged to make their own decisions and to be assertive in a constructive manner. This approach helps to develop confidence and a sense of empowerment."

Case Management

A Primary Counselor/Case Manager meets with each Job Horizons participant every two weeks to address barriers to employment. Referrals may be made in a number of areas, including:

- Counseling related to physical and sexual abuse
- Counseling and education for teen parents and pregnant women, including referrals to peri-natal services
- Residential drug treatment for significant others who are substance abusers

- Assistance and advocacy with criminal, family and civil court cases
- Help with entitlements, housing and transportation
- Intensive family counseling
- Support groups and 12-step programs
- Psychiatric diagnosis and treatment.

The Primary Counselor/Case Manager makes referrals and follows up, maintaining friendly relations with staff in numerous public and private agencies. This person should be assertive and enterprising--always in search of new resources and making the best use possible of whatever is available.

Job Readiness: Preparing Young People for Jobs

In preparing youth for employment, the staff has to take the same position as an employer and enforce rules in the same way. Both the staff and the employees have to show acceptable behavior, appropriate to working situations, in language, dress and attitudes. Staff members need to wear two hats: they have to support the young trainees, and yet be authoritative. They must set standards of dress and behavior that will help youths find and keep jobs.

Every activity stresses punctuality, participation and behavior appropriate for the world of work. In Learning for Living a dress code is in effect and there are the two "dress days" a week. But in Job Horizons everyone comes dressed as if for a job interview or work: males in suits and ties; females in dresses or skirts and blouses. Every day is a "dress day" and participants are ready at all times to be interviewed for internships or jobs.

During the training cycle, the Job Developer works closely with enrollees, Counselors and Instructors to assess each participant's abilities, skills, interests and progress. Attitudinal growth, attendance and behavior are scrutinized before job referrals are made. Employers are reluctant to hire any young people and are downright suspicious of highrisk youth. In World of Work pre-employment groups, enrollees develop skills which will help them to overcome employer resistance. These skills are reinforced in individual counseling and in Growth and Learning groups. The Job Developer helps participants prepare for job interviews, warning them that not all applications and interviews are successful and that they might not get the job. The Job Developer explains that interviewing in and of itself is a valuable experience. If they don't get the job, participants are encouraged to try again.

Counselors and Job Developers hold groups and individual sessions with participants to discuss employment opportunities, qualifications and career goals. The Job Developer takes trainees on field trips to such places as Chemical Bank, the Fortune Society, New York Hospital and Memorial Sloan Kettering.

Internships

The program develops internship opportunities-on-the-job experiences that ease the transition to the workplace. Internships can open doors for permanent employment at the same site or through contacts provided by the site supervisor.

The Job Developers write to, call and visit potential internship sites from leads provided by the Job Horizons Private Sector Advisory Committees (PSAC), Argus staff and others. "Cold calls" are made to businesses listed in the Yellow Pages; Job Developers describe the kind of training we provide and suggest how interns might be of help to their organizations.

Each week interns bring back slips signed by their supervisors stating the hours they worked and whether they performed their assigned tasks. Interns themselves provide a verbal report. Job developers ask that supervisors in collaborating agencies call them if a problem arises. Supervisors fill out an evaluation form for each intern when the placement comes to an end.

Trainees in outside internships come back regularly for counseling. In these sessions, they talk about the job and get help on how to handle any difficulties they are having.

Most site supervisors report that the experience has been positive and offer internships to other trainees as opportunities arise. Many agencies offer permanent employment to the interns.

Job Development and Participant Placement

Job Developers contact potential employers by phone and mail, make site visits, determine what employers are seeking and invite them to tour Argus. The Job Targeted Tax Credit serves as an incentive to potential employers to hire graduates. Job Developers update and expand their job banks which they refer to when placing participants in jobs.

Competition for jobs in corporate America is fierce; opportunities are largely closed for young people without college degrees. The Job Developers focus their efforts on smaller companies, including firms we give our business to, who are often willing to take a chance on our trainees because they know that we teach kids to be responsible. All staff members keep their ears open. For instance, one staffer heard about employment opportunities for civilians in the Police Department and arranged for a police recruiter to talk to participants about how to apply. The Fire Department holds briefing sessions to inform young people about a possible career in fire fighting.

The bread and butter of Job Developers is the relationship they have with the employers. It is crucial to develop friendships. Calls need to be made monthly, twelve months out of the year. Site visits have to be made. Job Developers should ask the employers "How's the family?" They should know the names of employers' kids and be able to talk to them about what is going on in their lives. Then, if the organization has a job opening, the employer will call a friend at Job Horizons rather than someone they barely know. In

placing people, you have to make sure that you have the right person for the job. The match is the key. Job Developers want to place everyone, so it is difficult not take advantage of an opening even though it isn't right for any of the available trainees. Job Developers have to restrain themselves for if they make an inappropriate placement, two months later that employer is not a friend but an enemy. No more placements there.

Tenacity is an important quality for Job Developers. In order to succeed they have to keep going back; they can't take "no" for an answer. Many new prospects must be approached before an employer agrees to hire our graduates. Grinding and sometimes discouraging work may be necessary before an employer agrees to give a Job Horizons graduate a chance.

The Job Developers should be given status and support from the administration: they need to be right under the Learning for Living Director. The Director should also do some job development so that he or she is familiar with the process and understands the difficulties and challenges.

Employers are often swayed by trainees' attitudes. They will provide training on the job if the employee's behavior is responsible.

The Job Developer and other Argus staff continue to send enrollees for job interviews until they are placed. The Job Developer and the counselors encourage newly-placed trainees to keep in touch and to call on them if they need help of any kind.

Job Developers are responsible for communicating with the counselors. In daily meetings, staff bring up their problems and offer suggestions. The Job Developers report on their activities and the counselors advocate for specific trainees. This serves to put pressure on the Job Developers to come up with jobs. Also, in the process the counselors tell the Job Developers what is good about the youngsters they are promoting and what kind of job they need-giving the Job Developers ideas about where to look as well as positive information about each trainee to be passed on to prospective employers.

A bulletin board in the main office lists the names of those who have been placed in jobs and those who are looking for employment. Regularly, the Program Director questions the Job Developers: "Did you find a job for this one? What have you done to find her a placement? When did you call?" Question staff, but don't attack them or make them feel bad. The point is to motivate them.

If we have hard-to-place applicants, it is the Job Developers' responsibility to find a job they can handle. In the daily meetings, counselors ask the Job Developers to help, pointing out their weaknesses and strengths. The Director of Training and Treatment may ask questions about what avenues have been explored and offer suggestions.

If the Job Developer thinks a young person is fearful and might not show up at the interview, it may be a good idea to escort the person to the site and wait downstairs, or even to sit with the applicant in the interview. The presence of a caring adult can reassure employers who might be concerned about hiring a young person. The staff member can help the young person answer questions and assure the employer that Learning for Living

will help if there are problems. Many participants in Learning for Living have never set foot out of the South Bronx, let alone gone on a job interview. They need help and support. After the interview-either on the way back or in a phone call that evening-the Job Developer asks the teenager how it went and how they feel. Teenagers have a lot to say if someone asks. Later, in groups, the young person can share feelings and thoughts sparked by the interview, allowing peers to form an idea of what the experience is like.

Adolescents may not show fear; often their fear comes out in anger or in acting out. The staff must have the insight to look below the surface. They need to say more than, "I guess this kid doesn't want to work; he didn't show up for his interview." It is necessary to look underneath to the fears that are preventing them from reaching for what they want and need. But it is also important to use tact and sensitivity. Being too direct in questioning or probing youth inflames their resistance--which is fueled by fear.

Our Director of Training and Treatment, who oversees Job Horizons, sees it this way: "The reason many kids don't work is that they have learned not to. Their parents don't work. They see mothers, fathers and other adult figures lying around the house, watching TV. This is all that some of the young people in the Learning for Living Center have ever seen. These young people may sell drugs, rob, shoplift. They crave excitement, have a desire to do something but don't know what to do or how to do it. Watching TV is not the way they want to spend time. The challenge of the Job Developers and counselors is to channel these feelings into the adventure of succeeding in life."

The Director of Facilities, who teaches building maintenance, sees it this way: "The staff needs to be responsible and not blame enrollees if they don't do well. If someone has trouble, the staff is accountable. The counselor needs to review the folder and think about what else they could have done to help that young person. Why couldn't they establish a bonded relationship? What did this person need? Did I teach them everything they need to function in the job market?"

"A young woman had her electricity turned off by Con Ed and, as a result, had to go back to her mother who lived too far from the program for the young woman to commute each day. Rather than criticizing her for not attending, the counselor took a helpful action: he called Con Ed. Though her electricity was not turned on again as a result of the call, she saw that the staff member cared and had tried to do something. Later, when she was able, she returned to Job Horizons. When someone is having problems during training or while looking for a job, staff members need to call people at night to see how they are doing. They must make that extra effort; show that they are interested.

"Support and counseling doesn't stop when enrollees find employment. Staff support them for as long as they accept it. After they start work, their counselor may want to see bank books to see how they are managing their finances. Effective job placement also includes calling frequently to see how the new employee is doing. Counselors call the Job Horizons interns or graduates; Job Developers call their bosses. The idea is to train good job applicants and support them for as long as they need it."

IV

Measuring Program Effectiveness

Chapter 8

Program Outcomes

Every Learning for Living program should try to set up a data base and gather information for management and program evaluation. Learning for Living at Argus has been studied by outside evaluators. Here are some of the results.

In the late 1980s, the Eisenhower Foundation evaluated Argus. The evaluation was undertaken by the Foundation's then Director of Evaluation, Dr. La Rue. (U.S. Department of Health and Human Services Final Report Grant Number 0090PD1403, The Minority Inner-City Youth Employment and Crime Reduction Evaluation. 1987). Argus participants were compared with those in a program that did not provide the kinds of supports offered at Learning for Living.

The Eisenhower Foundation evaluation found that Learning for Living admitted young persons with more severe problems than any other program in the area and showed "positive impact in several areas, including increased scores on conduct and morality, increase in use of professional services, higher salaries, more taxes paid, and more job benefits received... The Argus program leads to changes in the most difficult, hard-to-reach youth known to intervention programs. There are no signs of negative impact, and many signs that the program is changing the lives of its young clients for the better: ..

Another study was undertaken in 1992-94 by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) . Conducted by Dr. Lorinda Arella, this study compares at-risk youths from the Argus Learning for Living Center and several residential TCs with two residential programs: 1) the Gateway Job Corps, a residential employment program enhanced with substance abuse counseling, and 2) a Job Corps program offering only the traditional education and employment training. Dr. Arella's report, GJC-OASAS Field/Comparison Study, is not yet complete and has not been released, but a memorandum from Dr. Arella provides preliminary findings on participants enrolled in Learning for Living from 9/1/92 to 2/28/1993.

Dr. Arella studied 107 youths enrolled in the Orientation Phase of Learning for Living and in Job Horizons (the ITPA-funded employment training program). Data were collected on race and ethnicity; age; education (GED or highschool diploma, achievement test levels in reading and math); counselor-assessed psychosocial characteristics (family of origin; has own child; criminal justice background); child of alcohol/substance abusers; alcohol/drug related behavior to prior arrest; and medical attention. Problem areas, such as criminal history/tendency; family relationships; authority relationships; friend/peer relationships; aggression/violence; education/literacy; training/work readiness; physical health; mental health; housing; financial status; and whether a youth had four or more problem areas. Data were also collected on recent alcohol and drug abuse, the sale of any substance, and on those who reported five or more stressors in the past year.

A self-report instrument entitled "Adolescent Assessment and Referral System: Problem Oriented Screening Instrument" or AARS/POSIT was used to gather information. The

AARS was developed by the National Institute on Drug Abuse. The study also used the Substance Abuse Problem Checklist, adapted from an Alcoholics Anonymous checklist.

Dr. Arella studied retention rates in the Learning for Living Center and in Job Horizons:

- 48% stayed in Learning for Living 90 days or longer
- 39% stayed 180 days or more
- 100% of those enrolled in JTPA stayed 90 days or more
- 51% stayed 180 days or more.

A study of post-discharge vocational/educational status revealed that 50.9% of Learning for Living enrollees were employed .or enrolled in school or training; 60% of ITPA trainees were found to be employed and 15.6 were in school or training at the time of follow-up; 69.6% of the JTPA trainees who stayed the 180 days were employed at follow-up.

Dr. Arella reported that these outcomes are remarkable in a population at such high risk. Earlier in her study Dr. Arella had found that in the six months prior to enrollment:

- 52% had two or more drug-related problems
- 45% were weekly/heavy drug/alcohol users
- 45% were occasional drug/alcohol users
- 79% were probably children of an alcoholic/substance abuser
- 67% entered Job Horizons with a high school or GED diploma
- 44% entered with 8th grade reading level; i.e., actual achievement level as revealed by testing.

Findings from post-discharge follow-up interviews among Argus subjects showed positive and negative indicators.

Positive Indicators:

- 75% were either currently involved in school/training/job or had been involved in some combination of voc-ed-jobs during two or more of the past 12 months
- 25% had sustained a period of work--at least 11 of the first 26 or at least 21 of the first 52 weeks since discharge
- 17% described 9 out of 10 areas of their current lives (e.g., voc., educational, family, romantic ...) as excellent or good

- 75% reported they were either abstinent, had decreased drug/alcohol use since discharge, or had received aftercare, counseling or other help for substance abuse (e.g., NA/AA) since discharge.

Negative Indicators:

- 6% had died, been institutionalized or were reported homeless since program discharge
- 2% reported having been arrested or other legal problems since discharge
- 15% reported having become/made a girlfriend pregnant since program discharge
- 17% reported using alcohol or other drugs regularly, daily, at least three times in the past month, or "increased" since program discharge
- 48% described 4 out of 10 life areas as "poor or fair"
- 35% had only negative (and no positive) comments to make about the program.

Beyond these evaluations of the original Argus in the South Bronx, the Eisenhower Foundation has replicated the Argus model in two other locations – Washington, DC and Des Moines, Iowa. Three separate cohorts were examined, using a comparison group design. Despite small group sizes, which make statistically significant results difficult to achieve, the results of the evaluation clearly demonstrate the effectiveness of the program model.

The outcome evaluation found significant positive effects in terms of key outcomes such as employment and wages for cohort 1 and prosocial behaviors for cohorts 2 and 3. For cohort 1, employment levels and weekly earnings were found to be significantly higher for program participants than for the comparison youth in both Washington, D.C. and in Des Moines. For cohorts 2 and 3, drug use was found to decline significantly more among program participants than among the comparison group in Washington, D.C. and in Des Moines, and arrests and reliance on public assistance declined significantly for program participants in Des Moines compared to the comparison group. Arrests and reliance on public assistance were very low compared to the comparison group in Washington, D.C., however the sample size did not provide great enough power to determine a statistical difference in most cases where one exists.

These findings are nevertheless important because employment stability and advancement over time require a foundation of behaviors that contribute to the ability to obtain and hold a job and do well. The program in both cities was able to demonstrate improvement in key prosocial behavior—less drug use and almost no criminal justice problems during the program. More importantly for future employment, these effects remained strong after the program as well. The significant decrease in public assistance found in Des Moines, and the low levels of public assistance of program participants

relative to the comparison group in Washington, D.C. can be expected to be a precursor of increased employment.

Chapter 9

Selecting, Training, and Developing Staff:

The Key to Learning for Living

Learning for Living at Argus has a ratio of from 25-28 enrollees to 1 Primary Counselor. Two Primary Counselor/Case Managers carry full counseling loads and act as Case Managers to those most in need. Two additional Primary Counselors carry full counseling loads. The Orientation Counselor's case load depends on the number in Orientation, but ranges from 10 to 25. A Senior Counselor has about 10 to 15 and the Clinical Supervisor takes a small caseload when we are short of staff.

With a static population of 140 and a dynamic population of approximately twice that, we need the following staff:

- Learning for Living
- Program Director
- Clinical Supervisor
- Senior Counselor
- Vocational Counselor/Job Developer
- Health Educator/Counselor/Case Manager
- Two Primary Counselors/Case Managers
- Two Primary Counselors
- Intake Counselor
- Orientation Counselor

Job Horizons

- Job Developer/Case Manager Administrator
- Building Maintenance Instructor
- Part time Administrative Assistant (for billing and liaison with the Department of Employment).

At its current level the program requires 8 teachers from the Board of Ed, including a Computer Lab Teacher for Job Horizons; a typing teacher and a teacher for the Computerized Learning Lab (for basic education instruction.) Staff turnover is our biggest problem. Occasionally, we are forced to let people go for misconduct or because they can't rise to the job. Our big problem, however, is that we need to offer higher salaries. Good staff who leave go to substantially better paying jobs.

Hiring Staff

Learning for Living hires many individuals from the same back-ground as the participants. - However, it is not a bad idea to have some mix of ethnic and social backgrounds so that young people can learn to be at ease in a minicommunity which reflects the broader society. The staff must be committed to helping enrollees change and grow, however tough the task may be. It is a plus when staff are committed to their own growth as well.

The Argus Learning for Living staff includes former substance abusers who have been abstinent for at least two years. They have overcome their addiction, adopted positive life styles and thus can offer themselves as role models. If they can "make it," then maybe enrollees can too. Enrollees will tell anyone who asks that they need counselors who understand what they have been through from first hand experience. Staff are in the front lines of creating the community; the program is jeopardized if staff are not able to make demands, while at the same time letting enrollees know that they have high expectations of them and will go all out to help them help themselves.

When hiring we find it useful to conduct group screening interviews, with several senior staff taking part and giving their reactions to the applicant. The interview provides valuable information on how the applicant handles a group and stands up under stress.

Code of Behavior for Staff

Since staff act as role models and mentors, it is important that they uphold a high standard of conduct. If staff members are using drugs on weekends or coming into the building with alcohol on their breath or hung over, enrollees will know it and will not heed any advice they are given about abstinence from substance abuse.

Counseling staff are required to maintain a professional demeanor with the young people in their care. They are surrogate parents and they must act responsibly. They pledge themselves to help young people, not use them to feed their egos or their need for dominance. They are not to behave seductively (even when enrollees behave that way with them) and they are not to enter into any form of flirtations or sexual relationship with an enrollee. Borrowing money from enrollees or eXploiting them in any way is strictly forbidden. To some extent enrollees develop an emotional dependence on us and we are not to take advantage of their vulnerability. Such behavior violates program and agency policies and is totally unethical.

New staff members at Learning for Living are given a Personnel Policy and Procedures Manual where the code of behavior for Argus employees is clearly spelled out. They are

asked to read the manual and sign a form stating that they have read it and agree to abide by our rules and procedures. The Personnel Coordinator discusses the manual with each employee, emphasizing key points and making sure that they understand what is required of them. (The Argus Personnel Policy and Procedures Manual is available upon request by any replicating agency.)

Weekly Staff Development Meetings

Any agency seeking to replicate the Learning for Living model needs to devote time and energy to developing staff. It is the staff who create the milieu which attracts young people and keeps them in the program. Their job is not easy.

Even if staff like young people and tolerate their sometimes outrageous behavior fairly well, the burden is great. They are expected to handle the necessary paperwork and facilitate program activities.

Staff constantly monitor halls and corridors to keep in touch with what's happening and to intervene before a situation gets out of hand. They ensure that enrollees are in class or other assigned activities and provide leadership as well as counseling. A staff with these demands placed upon them need a safety valve. They need to air their gripes, work out disputes, come together as a team and learn to cooperate and collaborate on creative projects. They need a place where they can take stock, review their achievements, receive praise, build ownership and take pride in the program.

Finding skilled staff is next to impossible. Training and developing the people we find has its ups and downs. It does not always succeed. Yet effective, ongoing staff development is essential.

Learning for Living holds weekly staff development groups which are both didactic and experiential. The meetings take place once a week. One task of this two-hour group is to design and rehearse the Growth and Learning exercises which they will facilitate in the enrollee group the next day. Groups deal with work issues and conflicts; they also address personal issues to the extent that staff wish to share them. Failure to deal with their own issues and emotions sometimes prevents staff from interacting effectively with enrollees and with each other. Gaining knowledge about human development in general and adolescents in particular is essential.

In staff development counselors learn to listen, to see and feel their fellow-workers--and this helps them to see and feel the adolescents in their charge. The groups also help counselors to work as a team to resolve issues that inevitably arise in work situations and to deal with their own frustration in what can be a very stressful job.

Some groups are didactic, conveying information about counseling and other subjects the counselors need to know. They learn to write progress notes and court reports. A highly skilled facilitator is needed for staff development groups. But the groups should be largely experiential. It is essential that counselors become skilled in group dynamics. The best way--perhaps the only way--to learn is to participate in an ongoing group led by a skilled facilitator.

Chapter 10

Personnel Practices and the Personnel Manual

It is important when staff are hired that they understand and agree to follow certain rules and standards of behavior: As previously mentioned, a personnel manual is handed out to all incoming staff. They are asked to sign a statement saying they have read and agree to its conditions. In the manual, every requirement is clearly explained.

We have included a selection from the manual which indicates how agency expectations are conveyed to employees:

Rules of Conduct from Argus Community Personnel Policy and Procedures Manual

To assure orderly operations and provide the best possible work environment, Argus expects employees to follow the rules of conduct that will protect the interests and safety of enrollees, employees and the organization.

Argus is dedicated to creating an extended family environment and a mini-community where safety, structure, and self discipline can be integrated. Argus employees are the most valuable resource we have for creating this environment. For this reason employees are required to adhere to the work rules and to be equally responsible in upholding them. Employees serve as role models for the program participants. Infraction of any of these regulations will be grounds for disciplinary action, up to and including immediate dismissal.

1. Possession or use of illicit drugs at any time on or off the job is against Argus rules. Anyone whose behavior is such that his/her substance free status is questioned or who is believed to have been drinking may be asked to undergo a urine test. Failure to do so will result in immediate dismissal.
2. Drinking of alcoholic beverages during working hours, lunch time and special extended working hours is prohibited.
3. Argus employees must maintain the highest ethical and treatment standards in relating to the individuals in our care. Therefore, sexual or courtship involvement with program participants is not permitted by any employee under any circumstance.
4. Theft or willful damage of agency property, or the property of an employee or participant is prohibited. The use of agency property and resources during working hours for personal business is prohibited.
5. Unexcused absences from work for three consecutive days are grounds for dismissal.
6. Gambling on agency premises is strictly forbidden.

7. Falsification of agency records, including, but not limited to, employment applications, payroll, financial reports, participant records and signing in for another employee is unlawful and grounds for dismissal.

8. Possession of guns, knives or other weapons on Argus premises is strictly forbidden.

9. Insubordination or other disrespectful conduct is forbidden.

10. Threatening behavior or fighting with another staff member is grounds for dismissal.

11. Borrowing money, accepting gifts from program enrollees or their families and friends is not allowed. Lending money to enrollees or their families and friends is not permitted. The lending and borrowing of money between staff members is discouraged.

12. The selling or buying of merchandise from participants or their family and friends is prohibited. Entering into any commercial contracts or transactions with program enrollees or their families and friends is not permitted under any conditions or circumstances.

13. Violation of personnel policies is grounds for dismissal.

14. Unauthorized disclosure of agency business or confidential information will not be tolerated.

15. Sexual or other unlawful harassment is grounds for dismissal.

16. Gambling or betting on agency premises is grounds for dismissal and may not be carried to excess under any circumstances by a staff member.

Sexual or romantic involvement between staff members is strongly discouraged. Involvement of a supervisor with an employee who works under him/her complicates supervision and may be seen as favoritism, thus representing a conflict of interest. Such involvement opens the door to charges of sexual harassment. The Executive Staff must be informed at the outset of any such relationship between supervisors and members of their staff; when feasible consideration may be given to the transfer of one of the parties to another program, but this is by no means a certainty.

Chapter 11

Incident Reports

Most incidents that need to be reported concern a cardinal rule being broken or an enrollee who is injured or is taken ill on the premises. A form is provided for this purpose. It should be completed by the staff member who dealt with the event. In the report, the staff member should describe the who, when, what, where, how and why of the incident in step-by-step detail. Actions taken and their consequences should also be described. If an enrollee is misbehaving, the tone of voice, language and behavior of the young person and the response made by others, including staff, should be noted. Name and phone numbers of Emergency Medical Service (EMS) operators, doctors, or hospital or police should be written down and contacted for further information. The same depth of reporting should be followed when a program participant is arrested, whether on or off the Argus premises. Particulars should be gathered regarding the charges, the names of officers and witnesses, the date, number of complaint, place of confinement (if in jail), information about the court, etc. Family members should be contacted and their version of events noted.

The report should be submitted to the department head or supervisor who will sign it and give a copy to the Program Director. They will discuss any further actions to be taken. A copy will be placed in the enrollee's folder and the Primary Counselor will be told of the incident, if he or she does not already know about it.

If the EMS or police are involved or anyone is injured, the head of the agency must be informed and must receive a copy of the report.

Chapter 12

Staff Urine Testing

Policy

A urine test is taken when a staff member's behavior, appearance or job performance give grounds to believe that substance abuse is occurring. There are an abundance of clues that abuse may be taking place. A few are: changes in behavior, poor hygiene and grooming, strange body odors, dilated pupils, blood shot eyes, dried saliva at the comers of the mouth, ashy skin, lack or coordination, excessive fatigue, fidgeting, odd facial expressions or gestures, obviously paranoid behavior (looking around nervously), abruptly shifting moods, depression, change in personality (for example, introvert to extravert or visa versa) and increasing inability to function effectively on the job.

Staff members agree to be tested when hired. Refusal to be tested is grounds for dismissal. When a urine is positive, the same sample will be tested a second time to ensure that the results are correct. If the results are ambiguous a new urine sample may be taken.

Procedure

A urine sample may be requested when there are signs of substance abuse. The Program Director will assign a responsible staff member to monitor and collect the sample. The person will witness the procedure, label the sample, and place it in storage for collection by the testing laboratory. The monitor and the person giving the sample must be of the same sex. Clearly, no staff member under the supervision of the person being tested should be allowed to take the urine sample. Latex gloves are worn by the monitor during the procedure.

Before the collection process begins, the monitor will fill out a form with the name of the person collecting the sample and the name of the person being tested. This form must be signed by both parties.

Urine collection supplies are kept in the staff office, including bottles, rubber gloves and labels. Labels are attached to the container in the presence of the person being tested. The name of the person being tested, his/her social security number and the date the sample is taken are written on the label.

The urine collection monitor will first check the bathroom and stalls to make sure that there are no substitute samples planted in the bathroom. Only one staff member at a time should come into the bathroom while the sample is being collected.

The monitor must witness the actual voiding into the collection container. This is necessary to avoid the substitution of clean for dirty urine. When a sufficient sample has been collected, it is given directly to the monitor. Only then may the bathroom or stall door be closed for privacy.

Any specimen must be put in the urine collection box in full sight of the monitor who is required to keep the box in sight at all times. The box with the sample is never left unsupervised.

Persons giving urine must wash their hands afterwards and sign the collection sheet. The signature is witnessed by the monitor.

If the person tested is taking prescription medications, these should be listed on the form along with other information: the date of the collection, name, social security number, date of birth and sex of the person being tested and the telephone number of the program.

Samples are then placed in a locked refrigerator to be picked up by the laboratory.

If these procedures are not followed, the validity of the test could be challenged. The program could be subjected to a hearing and if found to be remiss, could be forced to rehire the drug abuser and pay back wages.

Chapter 13

Enhancing a Learning for Living Program

High-risk youths need 1) personal development and resocialization; 2) academic education and 3) job readiness training before they can hope to succeed in a skills training program.

We believe that a period of actual work experience before employment would be extremely helpful in preparing high-risk youth for the job market. At present, we put as many young people as possible into practicums or internships.

But a program for youth modeled on Argus's New Leaf Work Experience would be very helpful we believe. In New Leaf, adults learn to work by working on sites which simulate, as closely as possible, conditions in the workplace. The sites in the New Leaf are a greenhouse and open gardens, an herbal vinegar enterprise and a copyshop. Participants sell the products of their labor at New York City greenmarkets, to retailers and wholesalers and to our neighbors in the community. The particular work site is less important than its function of developing responsible work attitudes and behaviors. These include punctuality, appropriate dress and speech, and ability to take orders, follow through on tasks and work constructively' with others. In the New Leaf, homeless adults learn to work by working and to enjoy and take pride in their work. We need such a program for high-risk youths.

Real job functions paying a stipend and promotions--or demotions--according to performance would allow youthful participants to learn from their mistakes in a supportive setting with feedback from staff and peers. This experience would expose trainees to the demands of the work place and enable them to overcome some of their fears about employment. They would develop confidence in their abilities. Work experience would also provide them with a work history to add to their resumes.

A Learning for Living program might be enhanced also by the addition of more activities, particularly sports, art, drama, dance or music. In programs for youth in their early and mid-teens this is important. Teens gravitate to group activities; they need alternates to hanging out--opportunities to interact with peers and adults in a positive setting.

Appendix A

Job Descriptions

LEARNING FOR LIVING CENTER
JOB DESCRIPTION.

Position Title: DIRECTOR OF LEARNING FOR LIVING	Reports to: Director of Training and Treatment and Executive Staff Supervises: Vocational Counselor/Job Developer; the Job Developer for Job Horizons; Clinical Supervisor; Intake Counselor; Health Educator/Counselor Works Closely With: Vice President for Clinical Services; the Board of Education administrator and teachers. Fosters productive relations with agencies and persons referring young people to the program.
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The Director is responsible for the administration and operation of the Learning for Living Center and for seeing that the program remains in good standing with its several contracting agencies. This person acts as leader, role model and teacher for the Learning for Living staff. The Director must become fully knowledgeable about the Learning for Living Center philosophy and methods and how the program provides treatment for high-risk youth within a drug and violence-free day treatment program. This is accomplished through close supervision by the Director of Training and Treatment, especially during the first six months on the job. This period of apprenticeship and close oversight is crucial when the Director is new to the agency. In addition, the Director of Learning for Living keeps in close communication with other members of the Executive Staff, seeking their advice and consultation on matters affecting the operation of the program when the Director of Training and Treatment is not available. The Director brings all matters about the program and participants to the Director of Training and Treatment; coordinates with the Board of Education; makes changes, redesigns the program and solves major problems, always with the input and approval of the Director of Training and Treatment and the Executive Staff. The Director of the Learning for Living Center is a member of the Argus Executive Staff.

- Duties: 1) Responsible for the administration, operation and meeting the contractual obligations of the Learning for Living Center; for the proper functioning of the staff and of the treatment program as designed by the President and Executive Staff. 2) Ensures that socialization, academic education, job training and job placement milestones are met. 3) Meets regularly with the Director of Training and Treatment; resolves all issues in consultation with this oversight person or, in his/her absence, with other Executive Staff members, as appropriate.
- 4) Attends weekly Executive Staff Meetings, reports on Learning for Living Center issues, lays out problems, recommends changes, seeks advice and assistance from other Executives in that body.
 - 5) Is responsible, as a member of the Argus Executive Staff, for providing advice and ideas concerning the administration, operation and development of other programs in the agency.

- 6) Relates regularly by phone and in person to schools, probation offices and other agencies to see that referrals to Learning for Living are made and that young people referred fit the program requirements. Makes presentations and visits to relevant agencies.
- 7) Sits on Selection Committee which reviews enrollees' readiness for the Job Horizons skills training and stipend program. Selects Learning for Living youths most able to make good use of this program.
- 8) Is responsible for seeing that the Health Educator/Counselor performs as prescribed in the job description for that position.
- 9) To the greatest extent possible, should be familiar with individual enrollees and their issues.
- 10) Sees that linkages and resources with outside agencies are developed, maintained and properly utilized.
- 11) Ensures that documentation and treatment plans are up to date.
- 12) Meets weekly with the Vice President for Clinical Services to plan the direction and content of Staff Development training and to discuss other clinical matters.
- 13) Meets weekly with the Board of Education Administrator to exchange information, coordinate the clinical, teaching and employment aspects of the program, address issues and solve problems.
- 14) Oversees Clinical Supervisor's efforts to teach the skills needed by the staff to produce their paper work. On an as needed basis, shows staff how to write treatment plans, progress notes and other documentation.
- 15) With the Director of Training and Treatment recruits, interviews and selects new staff, referring them to the Personnel Office for reference checks and hiring procedures. Sees that key staff are interviewed by the President of Argus before being hired.
- 16) Recommends promotions, terminations and other changes in staffing in consultation with the Director of Training and Treatment and the President. Consults with the Personnel Office to make sure that proper procedures are followed.
- 17) Sees that AMIS data on Learning for Living is entered and given to the Director of Special Projects. Prepares Monthly Progress Report for the President and Executive Staff.
- 18) Attends in-house and outside training, meetings and conferences as called for by Argus or funding agencies. Reports on these events to the Director of Training and Treatment and the Executive Staff.
- 19) Chairs Progress Review meetings.
- 20) Monitors the program budget in consultation with the President and the Finance Committee of the Executive Staff. Purchases necessary program equipment and supplies, following purchasing procedures.
- 21) Drafts reports and applications and works with Argus Development Department to renew contracts, fundraise and generate reports required by the President, the Executive Staff or funding agencies.
- 22) Takes an active, creative role in weekly staff development meetings.
- 23) Performs all other tasks required by the President, Director of Training and Treatment and the Executive Staff.

Qualifications:

- 1) B.A. degree or the equivalent. CSAC or CAC a plus. Must have experience working with high-risk youth/substance abusers. Recovered persons can bring special knowledge and skills to the job and are considered.
- 2) Strong administrative background.

- 3) Supervisory experience in a social service agency.
- 4) Leader and role model for staff and enrollees. Must not use or abuse chemicals; must adhere to the Argus Personnel Manual.
- 5) Self-starter who can handle routine situations and crises with discretion and good judgement.
- 6) Able to inspire, lead, train and direct staff.
- 7) Able to interact effectively with contract managers, evaluators, regulatory and other personnel.
- 8) Able to work productively with other programs within Argus and as Member of the Argus Executive Staff. 9) Good writing and verbal skills.
- 10) Interested in working toward further self-realization, both personally and professionally.

Employee 's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position Title
CL~CALSUPER~SOR

Reports to: Director of Learning for Living
Supervises: Senior Counselor
Consults on occasion with:
Vice President for Clinical Services

The Clinical Supervisor is primarily a clinician and staff developer. Is responsible for carrying out the Learning for Living Center mission of providing treatment for high-risk youth within a drug- and violence-free day treatment program and for implementing the agency's policies and procedures in the Learning for Living Center. Is responsible for the quality of clinical services and for enrollee folders and other clinical records. Is responsible for Progress Review Meetings and for supervising individual and group counseling, the writing of treatment plans and for anything else that affects performance. Must know the Learning for Living Center philosophy and methods and behave as a leader, role model and teacher for the staff.

Group counseling and positive peer development are central to the success of Learning for Living. The Clinical Supervisor sees that enrollee peer groups and activities are developed and carried out. Must demonstrate competence in group dynamics and work to upgrade his or her own skills, as well as those of the counselors. Takes a strong role in Staff Development.

Duties:

- 1) Responsible for seeing that enrollee progress is assessed. Identifies areas of positive potential and growth as well as issues which may impede progress; insures that strategies are devised for helping enrollees and that treatment plans are updated, developed and modified.
- 2) Helps organize Progress Review Meetings and conducts these meetings in the absence of the Program Director. 3) Monitors individual and group counseling sessions with the enrollees.
- 4) Reviews and approves Treatment Plans and updated Treatment Plans.
- 5) Meets with Counselors individually once a week and as needed to ensure that they understand their jobs, upgrade their clinical methods, learn staff training materials and work effectively with enrollees.
- 6) Works with the Director and senior staff in resolving enrollee and staff conflicts.
- 7) Reviews folders to ascertain that work is completed, accurate and up to date.
- 8) Participates in Department Head Meetings.
- 9) With Director takes an active role in Staff Development sessions. These groups are experiential and focus on and deal with situations which arise on the job. The purpose is to learn from a skilled facilitator, such as the Vice President for Clinical Affairs and/or the Director of Training and Treatment, how to work successfully with enrollees and with other staff members. In short, staff development is where you learn how to do your job, resolve conflicts and learn to cooperate and collaborate. The culture of Learning for Living is imparted in these

meetings. Didactic learning can be a part of Staff Development as the need arises.

10) Assists Program Director and other Executive Staff in selecting, planning and coordinating the work of outside trainers and consultants. Works closely with outside trainers to make certain that what they offer is relevant to the work the Counselors do and that the Counselors are able to apply what they learn.

11) Performs all other tasks as required by the Director of Learning for Living and the Vice President for Operations.

Qualifications:

- 1) B.A. degree or the equivalent. CSAC or CAC a plus.
- 2) Three years experience working in substance abuse treatment.
- 3) Good group work skills; the ability to lead and teach others.
- 4) Able to listen to, care about and work effectively with adolescents.
- 5) Able to set and uphold high standards for self and others.
- 6) Must have high expectations and believe that the enrollees, even those with very high risk factors, can make progress.
- 7) Good writing and verbal skills.
- 8) Background as a recovered person an asset.
- 9) Interested in working toward further self-realization, both personally and professionally.

Employee's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position title: SENIOR
COUNSELOR

Reports to: Clinical Supervisor
Supervises: Primary Counselor/Case Managers and
Primary Counselors
Works Closely With:
Learning for Living Director, Intake and Orientation
Counselors and Health Educator/Counselor

The Senior Counselor is the eyes and ears of the program. Plays a key role in maintaining a drug-free, orderly and safe environment where learning and growth can take place and enrollee goals can be met. The Senior Counselor makes sure that teachers are able to teach and students are able to learn by seeing that conflicts are resolved, disorderly persons are removed from classrooms, hallways, lounge and lunchroom, and are taken to a private place for counseling. Brings issues that stand in the way of this happening to the attention of the Clinical Supervisor and the Director of Learning for Living. Must listen and bond with enrollees, while making demands and moving them toward achievement. While there are consequences for negative behavior, the Learning for Living approach does not include being punitive or degrading. The Senior Counselor must be able to make demands in a firm, direct and consistent manner. At times it is necessary to be tough to show that you care. This is "angry concern" and is key to our work with enrollees. But the concern must always be present and felt. Getting off your own personal anger on enrollees, using them as an outlet, has no place in Learning for Living. The Senior Counselor must become fully knowledgeable about the Learning for Living philosophy and methods and must act as a leader, role model and teacher for the counseling staff.

Duties:

- 1) Supervises Primary Counselors; assists them in dealing with enrollee attitudes and behavior.
- 2) Is responsible for a relatively small caseload. Must get to know and interact with enrollees in his or her care. 3) Promotes peer participation, peer leadership, peer planned activities, peer recognition and awards.
- 4) Ensures that enrollees obey Cardinal Rules and other Learning for Living Rules.
- 5) Encourages the punctual arrival of enrollees at the Learning for Living Center and sees that they attend classes and program activities.
- 6) Is aware of enrollees' general affect, personal appearance, hygiene and social skills. Brings these matters to the notice of the relevant counselor and sees that they are addressed individually and with sensitivity.
- 7) Sees that enrollees behave in an orderly fashion:
 - a) in Morning Meeting
 - b) in the hallways during class breaks
 - c) in the lunchroom
 - d) in the classroom, when enrollees are acting out.

- 8) Should it become necessary to remove an enrollee from classrooms etc., the Senior Counselor does not attempt this alone or permit the counselors to do so. At least one other counselor should be called to assist, and preferably two. Threats or counter-threats are not employed. Enrollees are approached with tact and everything is done to de-escalate the situation. The offender is escorted into the office and is asked with concern, "Is something the matter? What is going on in your life? At home?" The enrollee is allowed to vent and then the situation is discussed and resolved.
- 9) Enrollees are sent home only as a last resort. Sending an enrollee home is an admission of failure. Other approaches should be tried first. The situation should be discussed with the Counselor and Clinical Supervisor. Perhaps an individual contract could be devised or some other penalty could be imposed. Our aim is to keep youths enrolled, in attendance and working to improve their behavior.
- 10) The Senior Counselor plans and facilitates regular case load groups from 1 :30 p.m. to 3:00 p.m., Monday through Thursday. These groups address behavior and attitudes and see that resolutions and commitments to change are made. Other issues explored are family, teen sexuality, teen parenting, responsible reproductive behavior, health education, legal and vocational problems. Sensitive personal issues that arise may be discussed in group or later in one-to-one sessions. Follow-up on these issues is an essential part of bonding with enrollees and helping them to move ahead. The group schedule is:
 - a) Monday: Open Discussion Group
 - b) Tuesday: Growth and Learning Group
 - c) Thursday: Substance Abuse Group.
- 11) Conducts individual counseling sessions with each person on caseload once every two weeks and as needed. 12) Responds actively and creatively to enrollees on caseload when they need help or they are in a crisis. Should be aware of changes in body language and expression and, if problems are suspected, draw enrollee in for counseling. This is a key element in bonding with enrollees.
- 13) Documents enrollee progress in:
 - a) Treatment Plans
 - b) Progress Notes
 - c) Group Data Notes
 - d) Attendance Sheets.
- 14) If attendance of an enrollee is declining or behavior problems increase, institutes communication with parents/guardians and, if necessary, makes home visits. Follows up in a similar manner with young people who have dropped out of the program.
- 15) In the event that an enrollee is terminated, gives a referral to an appropriate program.
- 16) Plans and facilitates Gender Groups on Wednesday from 1:30 p.m. - 3:00 p.m. as assigned.
- 17) Attends and helps facilitate General Meetings, which are called by the Clinical Supervisor or Department Directors when a crisis or a special situation needs the attention of the entire community.
- 18) Helps to plan, attends and participates in the Friendly Forum each month. This meeting promotes peer participation and rewards positive achievement.
- 19) Attends Department Head meetings in the absence of the Clinical Supervisor.

- 20) Attends weekly Progress Review Meetings. Presents enrollee progress reports for discussion. In the event the Clinical Supervisor and the Director are absent, chairs meeting.
- 21) In the event a conflict arises with the Board of Education, brings issues to Director of Learning for Living, the Director of Training and Treatment, the Vice President for Clinical Affairs or the President of Argus.
- 22) Participates fully in Staff Development. Assists in teaching staff how to interact with enrollees and how to do their jobs.
- 23) Performs all other tasks as assigned by Clinical Supervisor and/or Learning for Living Director.

Qualifications:

- 1) B.A. degree or the equivalent. CSAC or CAC a plus. Status as Recovered Person an asset.
- 2) Three years experience in substance abuse field and/or work with youths.
- 3) Ability to facilitate groups.
- 4) Strong administrative background. Good verbal and writing skills.
- 5) Supervisory experience.
- 6) Warm, personable, projecting a take-charge, but understanding and caring, attitude and stand in relation to enrollees.
- 7) Interested in working toward further self-realization, both personally and professionally.

Employee's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position/Title VOCATIONAL COUNSELOR/JOB DEVELOPER	Reports to: Learning for Living Director Works Closely with: Orientation/Intake Staff, Primary Counselors, Primary Counselor/Case Managers, Health Educator/Counselor, and Teachers and Job Developers.
------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

This is a key position in Learning for Living. We set high standards and let young people know that we believe in their ability to succeed. This inspires them to build competencies and move toward success. The Vocational Counselor/Job Developer must embody this philosophy and must act as a leader and role model. Is responsible for carrying out the policies and procedures that support our mission of readying high-risk youths for employment. Must be fully knowledgeable about the Learning for Living Center philosophy and methods. Supports and actively participates in keeping the Learning for Living environment orderly and free of drugs and violence.

Duties: 1) Works closely with Learning for Living participants to insure that they learn to develop appropriate resumes and

that their job interviewing skills are refined.

2) Responsible for assessing enrollees' base line vocational/educational levels, their potential for growth and their achievements as they move through the program. Completes the vocational/educational section on each enrollee's psychosocial. Appraises enrollees' vocational assets, needs, interests and aptitudes.

3) Sits on the Selection Committee that reviews Learning for Living youths and chooses candidates for the Job Horizons Skills Training and stipend program.

4) Develops an individual educational, vocational and job placement plan for each participant. Completes Short Term Vocational Goals information within the first 21 days and the Long Term Vocational Goals information within the first 90 days. Produces the Quarterly Narrative of Comprehensive Vocational Goals.

5) Maintains Education/Vocational Department Monthly Progress Notes on each program participant.

6) Refers enrollees to colleges and training programs as appropriate.

7) Conducts Adkins Life Skills training and prepares enrollees for the work place.

8) Plans and implements weekly Vocational/Educational Group Counseling sessions. These groups focus on job readiness and how to search for employment, how to keep a job and how to make career plans and decisions.

9) Maintains up-to-date files on New York State and City training programs. Develops and maintains linkages with community based educational, vocational and support services resources.

10) Keeps a comprehensive job bank, including information about employers willing to hire or provide internships for Learning for Living youths.

II) Places trainees in internships as appropriate and sees that no gap between internship and job placement is

. allowed to develop; keeping in mind that should there be a gap young persons become anxious and demoralized

and may be lost. 12) Acts as a liaison between the enrollees and their potential employers. 13) Responsible for assisting enrollees with Summer Youth Employment Program (SYEP) applications and job

placement. 14) Helps enrollees obtain working papers. 15) Provides follow-up support, including verification and evaluation of enrollee participation in vocational or educational activities 30 days after placement.

16) Submits monthly vocational reports to the Program Director by the fifth of each month. This report includes a list of placements with start dates, places of employment and 30 day and 90 day follow-ups.

17) Attends weekly Department Head meetings, Progress Review meetings and other meetings as required by the Program Director.

18) Attends and participates in the Friendly Forum each month. This meeting promotes peer leadership and participation. encourages good feelings and rewards positive achievement.

19) Attends and participates in a wholehearted and constructive manner in weekly Learning for Living Staff Development groups. Engages in other training as assigned.

20) Performs all other tasks as assigned by the Learning for Living Director.

Qualifications:

1) Masters Degree in Vocational Rehabilitation or a B.S. with two years experience as a Vocational Counselor and/or Job Developer.

2) Must be enterprising and active in developing and securing jobs for young persons. even when employers are resistant; must be friendly, outgoing and aggressive in the positive sense of the word.

3) Experience working with high-risk youth population a plus.

4) Should be patient, warm, personable and able to engage enrollees, including those who are closed and lack trust.

5) Should be interested in continuing education and personal development.

Employee's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING
JOB DESCRIPTION

Position Title JOB
DEVELOPER

Reports to: Vocational Counselor/Job Developer
Works Closely With: Primary Counselors,
Vocational Counselor and Instructors

The Job Developer focuses on enrollees. Acts as a bridge between the enrollees and their future employers. Job Development requires effective communication with contacts in outside organizations as well as with the young people in the program. The Job Developer must be able to assess participants' potential and match individuals to jobs where they are likely to be successful. The Job Developer must become fully knowledgeable about the Job Horizons program and the Learning for Living Center philosophy and methods and must work to maintain an environment free of drugs, alcohol and disorder. It is essential that he or she acts as a role model for the participants. Must bond with young persons and move them toward achievement of their goals and their full potential.

Duties:

- 1) In partnership with the Vocational Counselor/Job Developer develops new jobs in the private sector and in public agencies, networks with employers, and establishes and maintains a job bank through mailings, telephone calls and field visits.
- 2) Interviews potential participants.
- 3) Facilitates enrollee groups as required.
- 4) Teaches Adkins Life Skills program.
- 5) Facilitates weekly job readiness workshops for participants.
- 6) Puts together and gives reports weekly on activities, placements and referrals pending in Progress Review meetings.
- 7) Develops and coordinates internship activities.
- 8) Responsible for assessing participants for job readiness in consultation with other Job Horizons staff and Board of Education teachers.
- 9) Responsible for job placement of enrollees and for the 30, 60 and 90 day follow-ups required by DOE.
- 10) Prepares biweekly reports for the Vocational Counselor/Job Developer and the Director of Learning for Living.
- 11) Participates in Morning Meetings, Friendly Forums and other enrollee groups.
- 12) Participates actively and constructively in weekly Staff Development groups. Attends other training as assigned.
- 13) Performs all other tasks as required by the Vocational Counselor/Job Developer.

Qualifications:

- 1) B.A. or a high school diploma and two years job development experience.
- 2) Two years experience working with at risk youth population.
- 3) Knowledge of substance abuse treatment.

- 4) Excellent interpersonal communications skills; ability to facilitate groups.
5) Patient, warm, personable and able to engage participants and to make progress even with those at highest risk. 6)
Working toward further self-realization, both personally and professionally.

Employee 's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position title:

HEALTH EDUCATOR/COUNSELOR

Reports to: Learning for Living Director

Coordinates with: Clinical Supervisor, Intake and Orientation Counselor, Senior Counselor

Relates to: Primary Counselors/Case Managers, Teachers, Outside agencies and resources

The Health Educator/Counselor must be able to go beyond conventional teaching methods. A didactic "preachy" presentation of health issues doesn't work with adolescents, young adults or with any group. Yet it is a matter of life and death to program enrollees that Learning for Living, through the Health Educator/Counselor, finds a way to get through to them. They are at serious risk of contracting HIV, TB and other life-threatening diseases.

This staff person, therefore, must know how to listen to enrollees, draw them out and engage them in participatory education. He or she must stimulate discussion, listen with care and empathy, and move young persons to avoid self-destructive behavior. The only known way to achieve this, especially with risk-taking, hedonistic teenagers, is to establish a long term relationship of mutual caring and trust. Only in that climate, we believe, will teenagers act on information about safer sex, responsible reproductive behavior, perinatal care, substance abuse, etc. Therefore, the Health Educator/Counselor must be responsible, dedicated and willing to include young people as partners in learning about and incorporating safer and healthier behavior. The Health Educator/Counselor must be knowledgeable of and fully support the Learning for Living philosophy and methods.

Duties:

- 1) Completes medical information on new enrollees' psychosocial history forms. Maintains enrollee medical files.
- 2) Sees that each enrollee has a physical examination and is tested for TB and Hepatitis B, and that treatment is obtained when needed and adhered to for the entire course of treatment.
- 3) Makes referrals for medical, dental and mental health care. Follows up on referrals and documents the outcomes. Arranges physical examinations and medical appointments.
- 4) Prepares the health education curriculum and lesson plans.
- 5) Facilitates weekly 90-minute health education groups, eliciting strong enrollee participation.
- 6) Actively participates in daily Morning Meetings and other recreational activities as assigned. Observes enrollees' behavior and appearance for indication of health and life problems.
- 7) Meets in regularly scheduled one-to-one sessions with enrollees regarding personal health issues (e.g., pregnancy, possible pregnancy, obtaining health coverage, illness, nutrition, exercise).
- 8) Obtains and distributes condoms and literature regarding reproductive health and responsible, safe sexual and reproductive behavior.
- 9) Arranges pre- and peri-natal care for pregnant girls and their infants.

- 10) Arranges parenting education for enrollees with children.
- 11) Gathers information on available health care. Schedules appointments with Planned Parenthood and health centers specializing in adolescents, family practice, perinatal care STDs and dentistry.
- 12) Helps eligible enrollees to obtain Medicaid cards; contacts parents or guardians to secure other forms of health insurance. Follows up to insure that coverage is obtained. Advocates strongly for medical coverage for those not covered.
- 13) Arranges health education presentations for enrollees by outside agencies, including American Cancer Society, People with AIDS Coalition and Planned Parenthood. Takes care to see that enrollees participate in these meetings.
- 14) Prepares monthly report documenting the number and names of enrollees seen by the Health Educator, with a list of actions taken.
- 15) Attends weekly Department Head and Progress Review meetings. Attends training and conferences as required.
- 16) Attends monthly Friendly Forums. Makes presentations on request.
- 17) Attends and participates constructively in weekly Staff Development Groups.
- 18) Performs other tasks as assigned by the Learning for Living Director.

Qualifications:

- 1) B.S. or B.A. Degree in a health related field or a minimum of three years in a hospital, clinic or another health related job which provided relevant experience.
- 2) Knowledge of high-risk youth and substance abuse treatment.
- 3) Able to listen and elicit enrollee input; in short to facilitate participatory education and group counseling sessions.
- 4) Patient, warm, personable and able to engage enrollees and to use participatory methods in presenting health issues vital to them.
- 5) Willing to work toward self-realization, both personally and professionally.
- 6) Able to relate effectively and appropriately with the Learning for Living Center enrollees and Argus Staff.
- 7) Computer literate, well organized and able to keep accurate records.

Employee's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position Title	Reports to: Senior Counselor
CASE MANAGER/PRIMARY COUNSELOR	Works Closely With: Intake Counselor, Orientation Counselors; teachers and job developers Relates to: Outside agencies that provide resources for enrollees

The Case Manager/Primary Counselor has a key role in maintaining a drug-free, orderly and safe environment where learning can take place and program goals can be met. He or she makes sure the instructors are able to instruct and the counselors able to counsel by handling a variety of problems and issues that are brought to the attention of the Case Manager/Primary Counselor. It is essential that this individual conduct him/herself as a role model. The Case Manager/Primary Counselor must be fully knowledgeable about the Job Horizons program and the Learning for Living Center philosophy and methods and must work to maintain an environment free of drugs, alcohol and disorder. He or she must know how to bond with young persons and move them toward achievement of their goals and their full potential. Case Manager assists with their life problems and finds outside, as well as inside, resources. Acts as advocate with outside agencies.

Duties:

- 1) Is responsible for caseload of approximately 20 active cases at any given time.
- 2) Works to resolve problems with housing, courts, entitlements, etc.
- 3) Work with the Intake and Orientation Counselors to identify and resolve these problems.
- 4) Sits on the Selection Committee that decides which enrollees are ready for training in Job Horizons and to receive stipends.
- 5) Keeps complete records for each program participant on caseload, complying with both OASAS and DOE requirements.
- 6) Meets biweekly with individuals on caseload and on as needed basis. Documents all individual sessions.
- 7) Provides follow-up services to members of caseload.
- 8) Disseminates relevant case management information to staff.
- 9) Acts as Primary Counselor to persons on caseload; facilitates three caseload groups each week: Mondays, Tuesdays and Thursdays.
- 10) Fills out sections of the Individual Strategic Services form: Program Achievements, Referral and Follow-up, and Progress Notes. Other information includes: Family Situation and Supportive Services, Work History, Education and Training, and Interests, Attitudes and Values.
- 11) Proctors educational assessment tests, including the ABLE and Predictor tests. 12) Develops and maintains linkages with referring agencies. Provides referrals for public assistance, education and social services.

- 13) In the event that a participant is terminated before training is completed, refers that person back to the local DOE referral and screening body for placement elsewhere.
- 14) Actively works to place trainees in jobs.
- 15) Prepares bi-weekly payroll for enrollees receiving stipends in the Job Horizons program.
- 16) Co-facilitates Tuesday Enrollee Groups with a Learning for Living Primary Counselor. Topics vary depending on current issues and needs.
- 17) Attends Morning Meetings, Friendly Forum and other Learning for Living activities.
- 18) Attends and participates constructively in weekly Staff Development Meetings. Attends any other assigned training.
- 19) Performs all other tasks as assigned by the Program Director and supervisor.

Qualifications:

- 1) B.A. degree or the equivalent.
- 2) Three years experience working with youth population and/or substance abusers.
- 3) Able to listen, empathize and make demands.
- 4) Able to locate resources and advocate for program enrollees, resolving their problems to the greatest degree possible.
- 5) Good writing and verbal skills.
- 6) Patient, warm, personable and able to engage participants.
- 7) Working toward further self-realization, both personally and professionally.

Employee's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position Title:

PRIMARY COUNSELOR

Reports to: Senior Counselor

Works Closely With: Other Counselors, Teachers,
Orientation Staff and Health Educator/Counselor and
Vocational Counselor

Primary Counselors have ongoing overall responsibility for enrollees once they leave Orientation. They must bond with enrollees and show that they care, but at the same time must see that program values are taught and that the rules of the Learning for Living Program are followed. Must move young persons toward achievement of their goals and their full potential. Must become fully knowledgeable about the Learning for Living Center philosophy and methods. Must work to maintain an environment free of drugs, alcohol and disorder. Facilitates groups which address behavior and attitudes and sees that resolutions and commitments to change are made. Groups also address family, teen sexuality, teen parenting, health education, legal, vocational issues and other matters that are relevant to enrollee development. Sensitive personal issues arise and are sometimes dealt with in groups but more often in one-to-one sessions.

Duties:

- 1) As Primary Counselor is responsible for the overall well-being, development and achievement of all persons in his/her caseload. Sees that enrollees receive group and one-to-one counseling and all other needed services at Argus and elsewhere. Carries a case load and acts as Primary Counselor.
- 2) Facilitates three Caseload Groups weekly from 1:30 p.m. to 3:00 p.m.:
 - a) Monday: Open Discussion Group
 - b) Tuesday: Growth and Learning Group
 - c) Thursday: Substance Abuse Group.
- 3) Holds individual counseling sessions once every two weeks with each person on his or her caseload and on an as needed basis. 4) Facilitates one Gender Group on Wednesday from 1:30 p.m. - 3:00 p.m. 5) Organizes and supervises Morning Meetings five days a week from 8:45 a.m. - 9:15 a.m. Attends, engages in and encourages enrollee participation in the Morning Meetings. 6) Attends and helps facilitate General Meetings called by the Clinical Supervisor or Directors. 7) Helps organize, attends and participates in the Friendly Forum each month. This meeting promotes peer leadership and good feelings while rewarding positive achievement.
- 8) Helps enrollees with their personal appearance, hygiene and social skills, addressing these issues only within one-to-one counseling sessions, using tact and sensitivity.
- 9) Encourages the punctual arrival of enrollees in the morning and sees that they attend classes and program activities. 10) Ensures that enrollees obey the Cardinal Rules and other Learning for Living Rules.

II) Monitors and interacts with young people:

- a) in the hallways during class breaks, lunch and in the morning
- b) in the lunchroom, when behavior problems are observed
- c) in the classroom, when teachers ask for assistance in addressing behavioral problems.

When necessary removes enrollees to a private place for counseling.

12) Documents enrollees' progress in:

- a) Treatment Plans
- b) Progress Notes
- c) Group Data Notes
- d) Attendance Sheets.

13) Attends Progress Review Meetings, presents material about individuals on caseload and discusses their problems and progress. Obtains information in this meeting about each enrollee from the Orientation who has moved into the larger program phase.

14) If an enrollee's attendance has declined or behavior problems have increased, telephones or writes to parents or guardians. If necessary, makes home visits. Follows up in like manner with young people who have dropped out of the program.

15) Provides family counseling when needed and if enrollee and family members agree. Usually counseling will help family members improve communications. 16) Meets with Clinical Supervisor for direction, guidance and training. 17) Provides case management to enrollees who need referrals to outside agencies. Provides advocacy with these

agencies. Many enrollees need services offered by other organizations including entitlements, child care, legal advice and services, and housing. Some need treatment for sexual or physical abuse; others need referral to drug treatment in a residential therapeutic community.

18) Attends weekly Staff Development Meetings and becomes involved in a sincere and constructive manner. Attends other training as scheduled.

19) Performs all other tasks required by the Senior Counselor, the Clinical Supervisor and the Director of the Learning for Living Center.

Qualifications:

- 1) High School or GED diploma. CSAC or CAC a plus.
- 2) Experience working with high-risk adolescents.
- 3) An understanding of group dynamics.
- 4) Good writing skills.
- 5) Ability to communicate and to develop effective relationships with young people and with fellow workers. 6) Willingness to learn conflict resolution and crisis intervention skills.
- 7) Experience in a drug free therapeutic community or in a prevention/intervention setting a plus.
- 8) Interest in pursuing continuing education and personal development.

Employee 's Signature

Date

Supervisor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position/Title

INTAKE COUNSELOR

Reports to: Clinical Supervisor

Coordinates Closely With: Orientation Counselor,
the Clinical Supervisor and the Director of Special
Projects (AMIS)

Relates to: Health Educator/Counselor

The Intake Counselor makes the initial contact with prospective enrollees and helps to form their first impression of the Learning for Living Center. It is important that he or she believes in the Argus philosophy and projects dedication, loyalty, sincerity and genuine caring for young people. Must have a positive view of the potential of Learning for Living participants even though many have severe problems. The Intake Counselor must become fully knowledgeable about the Learning for Living Center philosophy and methods. Must be able to engage with prospective enrollees, expressing genuine and friendly interest in them and concern for their need to deal with the things that stand in the way of their success in education and employment. Explains the need to maintain an environment free of drugs, alcohol and disorder, and lets them know that they would be expected to go along with that and even to help us pull other enrollees along.

Duties:

- 1) Responsible for scheduling intake interviews for prospective Learning for Living Center enrollees.
- 2) Conducts Intake Interviews.
- 3) Fills out the AMIS Intake Questionnaire and the Learning for Living Center Intake Applications. These forms must be placed in the enrollee folders.
- 4) Explains the Learning for Living concept and approach to prospective enrollees and parents/guardians. Explains the Enrollee Contract Agreement, Confidentiality Summary, Lunch Form and TB Forms. Obtains signatures of the young persons and their parents or guardians.
- 5) Sees that any pregnant enrollee signs a Release of Responsibility Form, releasing the program from liability for injury to her or her child.
- 6) Discusses with the Orientation Counselor and the Clinical Supervisor cases of young applicants who have special legal, health, personality, behavioral or academic problems; the Clinical Supervisor then determines appropriateness of enrollment in Learning for Living.
- 7) Completes folder for each enrollee. Places all documents in appropriate sections of the folder. (Also gives one copy of each form to the Board of Education, including discharge, immunization, registration and lunch forms.)
- 8) If enrollee is 14 to 17 years old, completes a High Risk Department of Youth Services Form. (The original form is placed in the miscellaneous section of the folder; the Intake Counselor keeps the copy.)
- 9) Completes the intake portion of the psychosocial form for each new enrollee. (Vocational and health sections will be filled out by the Vocational Counselor/Job Developer and Health Educator/Counselor.)

- 10) Logs all new enrollees in the master ledger and assigns them an OASAS number listing name, start date, DOB, age, gender, race, reference code, reason for referral, criminal history, number of arrests and whether on probation. Writes enrollee OASAS numbers on outside of their folders, as well as on their intake forms.
- 11) Completes a New York State TR-211ADM form and all other required forms for each new enrollee. (These forms will be filed with the monthly OASAS report.)
- 12) Sees that all documents are placed in proper folders or files or are passed along to appropriate staff.
- 13) Prepares intake information for enrollee folders prior to their entry into Phase I from Orientation.
- 14) Co-facilitates Learning and Growth Groups on Tuesdays, from 1 :30 p.m. - 3:00 p.m.
- 15) Attends weekly Progress Review Meetings and makes recommendations to treatment team based on Intake interviews.
- 16) Attends and participates actively in weekly Staff Development meetings. Attends other training sessions as required.
- 17) Performs all other tasks as assigned by Intake/Orientation Coordinator or Program Director.

Qualifications:

- 1) High School or GED Diploma. Computer skills required. Bi-lingual person preferred.
- 2) Prior experience in youth counseling a plus.
- 3) Warm, patient and personable; able to understand and empathize with kids; able to draw them out and listen while at the same time making clear the benefits and the demands of the program. Should project a strong but understanding image to the clients.
- 4) Good listening, oral and writing skills and the ability to handle a high volume of detailed paperwork.
- 5) Interested in working toward further self-realization, both personally and professionally.

Employee 's Signature

Date

SupervIsor's Signature

Date

LEARNING FOR LIVING CENTER
JOB DESCRIPTION

Position/Title: ORIENTATION
COUNSELOR

Reports to: Clinical Supervisor
Works Closely With: Intake Counselor, Primary
Counselor/Case Manager, Health Educator/Counselor
and Senior Counselor

This is a key position. The Orientation Counselor has the first extended contact with enrollees, letting them know what is expected of them and drawing them out to the greatest extent possible. The benefits of the program are discussed, as well as the rules and the necessity for them. This counselor explains the extended family and community in the Learning for Living Program and why this is so important. Meanwhile the counselor observes and learns about the future enrollees, discussing those findings with the Clinical Supervisor. Must be knowledgeable about the Learning for Living Center philosophy and methods and must work to maintain an environment free of drugs, alcohol and disorder. Must act as a role model for the participants. The Orientation Counselor must know how to bond with young persons and move them toward full participation in the Learning for Living Center program.

Duties: 1) Responsible for the Orientation of new enrollees who enter the program throughout the year. Enrollees remain

in Orientation for two weeks or longer if needed.

- 2) Facilitates Morning Orientation Groups from 8:30 a.m. - 10:00 a.m., Monday through Friday. Explains the Extended Family and Community and how that can be of great value to anyone, but especially to young persons who have not had access to the help they needed for whatever reasons. Describes counseling and education, how they are conducted and what benefits they can bring. Encourages enrollees to speak about their lives, their feelings, their hopes and aspirations. Asks them to share whatever they feel comfortable with about their families, friends and social life. Discusses the rules and the code of conduct and the importance of keeping drugs, alcohol and violence out of the program. Above all the Orientation Counselor must win the trust of the young people, get them to share their experiences, their goals and aspirations. The Orientation Counselor needs to be warm and motherly/fatherly, while at the same time clearly explaining the duties and responsibilities of enrollees, the rules that have to be followed and how these rules and their own conduct impact upon their potential for success as well as that of other enrollees.
- 3) Facilitates Afternoon Orientation Groups from 1:30 p.m. - 3:00 p.m., Monday through Thursday. Monday and Wednesday: topics are based on the issues currently faced by enrollees; Tuesday: Growth and Learning groups; and Thursday: Substance Abuse groups.
- 4) Enters notes on Group Data Form for all morning and afternoon Orientation Groups.
- 5) If an enrollee's attendance has fallen off or ceased, communicates with parents or guardians by phone, letter or home visit.
- 6) Sees that enrollees are escorted to a New York City Department of Health Station for TB Testing.

- 7) Presents a list of young people recommended for advancement to Phase I to the Clinical Supervisor for review. 8) Holds individual counseling sessions with enrollees recommended for advancement to Phase I.
- 9) Prepares Initial Treatment Plans, Statements of Substance Abuse Disfunctionality checklists and Progress Review Sheets for all enrollees prior to advancement.
- 10) Submits copies of Progress Review Sheets to the Clinical Supervisor and Board of Education Supervisor prior to Progress Review Meetings.
- 11) Prepares and presents at the Progress Review Meetings folders of enrollees who are being recommended for advancement to Phase I.
- 12) Keeps monthly statistics on orientation enrollees and terminations. Must submit this data to Clinical Supervisor by the fourth Monday of each month.
- 13) Attends and participates in Friendly Forums. This peer oriented monthly meeting promotes peer leadership and good feelings while rewarding positive achievement. 14) Attends and actively participates in weekly Staff Development Meetings. Attends other training as required. 15) Performs all other tasks as assigned by Clinical Supervisor and Program Director.

Qualifications:

- 1) High School Diploma or OED. Some college or the equivalent an asset.
- 2) Experience in counseling and/or teaching. Fluency in Spanish an asset.
- 3) Warm, patient, personable; able to draw out young people, make them feel at home, helping them to "buy into" the rules of the program and to appreciate the extended family and community and what they have to offer. 4) Ability to inspire young people with the concept of Argus as a family and community from which they can gain an education, prepare for employment and a brighter, happier future. 5) Must be able to listen and empathize. 6) Interested in working toward further self-realization, both personally and professionally.

Employee's Signature

Date

Supervisor's Signature

Date

**JOB HORIZONS LEARNING FOR LIVING CENTER
JOB DESCRIPTION**

Position/Title

BUILDING MAINTENANCE INSTRUCTOR

Reports to: Director of Learning for

Living Works With: Vocational Counselor/Job Developer,
Primary Counselor/Case Managers, Teachers

The Building Maintenance Instructor must be able use creative approaches in teaching building maintenance skills and motivating participants who have had few positive learning experiences, a limited education and usually little or no work experience. He or she will prepare enrollees for getting, keeping and advancing in building maintenance/construction jobs. The Building Maintenance Instructor must become fully knowledgeable about the Job Horizons program and the Learning for Living Center philosophy and methods and must work to maintain an environment free of drugs, alcohol and disorder. It is essential that he or she conduct himself or herself as a role model for the participants. The Building Maintenance Instructor must know how to bond with young persons and move them toward achievement of their goals and their full potential.

Duties:

- 1) Develops curriculum and lesson plans; teaches two 1 1/2 hour classes a day in basic building maintenance.
- 2) Coordinates and integrates curriculum with hands-on practical training.
- 3) Keeps a folder on each enrollee documenting their progress and evidence of achievement.
- 4) Administers six tests each cycle on the content of classroom study and projects:
 - 1) Safety, 2) Tools and Usage, 3) Cleaning, 4) Plumbing, 5) Drywall Construction, and 6) Boilers.Completed tests are placed in enrollee folders.
- 5) Coordinates class and individual projects.
- 6) Coordinates licensing of participants for driver's, boiler and other licenses.
- 7) Provides materials for certificates of fitness for Fire Drill, Sprinkler and #6 boilers.
- 8) Provides vocational/career counseling.
- 9) Provides counseling on personal issues that trainees bring up that might affect their performance in Job Horizons or on the job.
- 10) Works actively and consistently to develop and maintain internships and permanent job placements and to follow up on enrollee well-being and progress--or problems--in these situations. II) Attends and participates constructively in Staff Development Meetings and any other assigned training. 12) Performs all other tasks as requested by the Associate Director of Job Horizons.

Qualifications:

- 1) B.A. or equivalent.
- 2) Five years in a field related to building maintenance or construction. 3) Three years experience working with high-risk youth.

- 4) Knowledge of substance abuse treatment.
- 5) Ability to teach and to facilitate groups.
- 6) Contacts in building maintenance and/or construction related fields.
- 7) Patient, warm, personable and able engage those participants who are closed and find it difficult to trust others. 8) Working toward further self-realization, both personally and professionally.

Employee 's Signature

Date

Supervisor's Signature

Date

Appendix B

Schedules

Appendix C

Incident Report Form

Learning for Living
INCIDENT REPORT FORM

This form is used to document significant incidents for the record and to inform Program Administration.

Enrollee's
Name:

J.D. #: / Time:

Date: Location:

Incident in Detail:

Action Taken:

Counselor's Date
Signature

Coordinator's Date
Signature

Program Director's Date
Signature

Forward to the President immediately in case of injury, arrest, disorder or violence of any kind.

Appendix D

Enrollee Contracts

LEARNING FOR LIVING ENROLLEE CONTRACT

UNDERSTANDING

I understand the Learning for Living Center of Argus Community, Inc., is a drug-free environment for adolescents and young adults. The purpose of the program is to allow participants to be all that they can be, fully explore their talents and learn how to succeed as students, workers, friends and family members.

I understand a primary goal is to teach me how to stay drug-free by helping me to decide what is important to me, to work towards my goals and to take control of my life.

I understand that in addition to drug counseling, the Learning for Living Center provides other counseling, educational, vocational and job training and placement services.

I understand Learning for Living is a family where enrollees, staff and teachers work together to create a crime and drug-free environment. This will allow me and others in Learning for Living to pursue our goals safely and with all our attention. The Learning for Living family will also provide support, mentoring and companionship that I can count on as I move forward in my life.

COMMITMENT (Voluntary Participation)

This contract is a commitment to myself to do and to be my best; and a commitment to support the Learning for Living family that I will be joining.

I, _____, freely acknowledge that I need and want to participate in the program being offered to me at the Learning for Living Center of Argus Community, Inc.

I commit myself to become a member of the Learning for Living family.

- I commit myself to attend and participate in:

- Morning Meetings

- Assigned groups

- Individual counseling as scheduled

- Academic classes

- Other scheduled programs and activities.

- I commit to conduct myself in an appropriate and positive manner.

- I will do nothing to harm myself or any member of my Learning for Living family

- I will do my part to help keep our environment free of drugs and violence, and will prevent any acts destructive to the growth and future of my Learning for Living family and myself

- I will uphold the Cardinal and General Rules listed in this contract, for I recognize their importance in maintaining an environment in which I can learn and grow.

I commit myself to cooperating with the counseling staff by:

Arriving on time and participating for the full day
Identifying and developing my strengths and talents
Setting and achieving positive goals
Taking advantage of the resources offered Making
every effort within my power to progress.

I understand my participation is voluntary; however, I commit myself to discuss a decision to withdraw from Learning for Living with a Counselor or in a group setting. Here I will explore my reasons for leaving. Whatever my decision might be, it is important that I clearly understand the thinking that underlies my action.

I further understand that if I decide to leave and my enrollment was based on a referral from the courts, the Learning for Living Center must report my decision to the proper authorities.

Learning for Living RULES

Cardinal Rules are basic to the survival of the community. Breaking these rules is grounds for termination.

1. NO DRUGS or alcohol consumption, sale, purchase or involvement on any level.
2. NO threats or acts of physical VIOLENCE.
3. NO WEAPONS including brass knuckles, studded wristbands, canes, sticks, whips, etc.
4. NO SEX or inappropriate sexual behavior while on the premises of the Learning for Living Center.
5. NO STEALING.
6. NO DESTRUCTION or DEFACING of property including graffiti.
7. NO LEAVING for the day without the permission of a counselor.

General Rules are designed to promote responsible, mature and considerate behavior within the extended family and community, and to prepare people for business life.

1. NO inappropriate clothing including the wearing of hats, large earrings or sunglasses in the building.
2. NO eating in hallways, classrooms or other non-designated areas.
3. NO displays of disrespect or disruptive behavior:
 - a. NO yelling, screaming or loud talking in the building except in groups.
 - b. NO profanity outside the group setting.
 - c. NO tussling or clowning around during non-recreational time.
 - d. NO talking back or ignoring directions given by counselors, teachers or other authority figures.
 - e. NO throwing of food or other items.
 - f. All disputes are to be handled in the group setting.
4. Radio, walkman or cassette devices may not be used in the building, and they must be concealed from sight if brought into the building.
5. NO beeper devices are allowed in the building.
6. Keeping the facility clean:

- a. It is your responsibility to clean up behind yourself after breakfast and lunch: empty your tray in the garbage, place the tray in the appropriate location and do whatever is necessary to maintain a clean, rodent free environment.
 - b. To do your part to maintain the building and grounds: candy wrappers, papers and other disposable items are to be placed in the proper containers. Spitting in the building or on the grounds is unacceptable.
7. NO loitering around the building or in the neighborhood before, during or after program hours.

At the discretion of the counselors, you will be asked to surrender items not allowed in the building. In some cases, retrieving the items may require a parent, while in other cases items may be picked up at the end of the day.

- I understand that it is my responsibility to follow the rules and that there may be consequences if I decide to break any of them. The seriousness of the consequence depend on the seriousness of the rule
I understand that breaking the more serious rules could result in my termination from the program
I agree to abide by these rules and to do all that I can to help other members of the Learning for Living family abide by them as well.

I, _____, have read this contract and have initialed each "Understanding," "Commitment" and "Agreement" statement listed in it.

Enrollee

Date

COMMITMENT BY THE LEARNING FOR LIVING STAFF

We commit ourselves to help you learn and grow. We will help you:

1. With your problems or special needs.
2. Discover your strengths and talents.
3. Discover and achieve positive goals, so that you can move forward toward success and satisfaction in whatever areas you choose.
4. Discover resources and knowledge that will enable you to accomplish the goals you set for yourself.

We cannot meet our commitment to you if you are not committed to yourself. This means that we can only help you when you make the effort to help yourself.

Helping yourself involves: arriving on time, coming in every day and participating in all scheduled activities and academic classes, and being open to the teachings, guidance and support Learning for Living has to offer you.

Counseling Staff Member

Date

PARENT/GUARDIAN COMMITMENT

I want my child to enroll in the Learning for Living Center. I have read this Contract and I commit myself as a parent/guardian to abide by its terms.

I understand that the Learning for Living Center of Argus Community, Inc. is not a regular school but a program offering special services.

I agree that my child will benefit from the resources the Learning for Living Center has to offer.

I agree to do all that I can to help my child make the best use of all the resources offered.

I agree to support my child in ways that will promote:

Daily attendance

Punctuality

Participation in Morning Meetings, Groups and Individual Counseling

- Meeting academic and vocational goals.
- I agree to notify a counselor when my child has a legitimate reason for being absent.

I agree to meet with counseling staff and educational personnel at their request.

I agree to notify the counselor of changes in address or phone number.

I agree to attend three parent/staff conferences per program year.

I understand that my child must abide by the rules and attend faithfully and that his/her failure to do so can result in serious consequences and ultimately in termination from the program.

Parent/Guardian

Date

Appendix E

*Additional Resources
and Further Reading*

ADDITIONAL RESOURCES AND FURTHER READING

Here are a few books and articles that may shed light on aspects of treatment of high-risk adolescents. Literature selected investigates issues addressed in Learning for Living or clarifies aspects of our approach.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11, 56-95.

Botvin, G.J. (1983). Prevention of adolescent substance abuse through the development of personal and social competence. In T. J. Glynn, C. G. Leukefeld, and J. P. Ludford, eds., *Preventing adolescent drug abuse: Intervention strategies*. NIDA Research Monograph No. 47, Rockville, Md.: National Institute on Drug Abuse.

Brown, B. Bradford; Echer, Sue Ann; Petrie, Sandra (1986). The importance of peer group ("crowd") affiliation in adolescence. *Journal of Adolescence*, 9, 73-96.

Campbell, Timothy E, Ed. (1991). *Preventing HIV Infection Among Youth*, OSAP Technical Report 5, DHHS Publication No. (ADM)91-1774. Rockville, Md.: U.S. Department of Health and Human Services, Office for Substance Abuse Prevention.

Dornbusch, Sanford M.; Carlsmith, J. Merrill; Bushwall, Steven L.; Ritter, Philip L.; Leiderman, Herbert; Hastorf, Albert H.; Gross, Ruth T. (1985). Single parents, extended households, and the control of adolescents. *Child Development*, 56, 326-341.

Feldman, S. Shirley and Elliott, Glenn R. Elliott, Eds. (1990). *At the Threshold: The Developing Adolescent*. Cambridge, Mass.: Harvard University Press.

Goplerud, Eric N., Ed. (1991). *Preventing Adolescent Drug Use: From Theory to Practice*, OSAP Prevention Monograph-8, DHHS Publication No. (ADM)91-1725. Rockville, Md.: U.S. Department of Health and Human Services, Office for Substance Abuse Prevention.

Goplerud, Eric N., Ed. (1990). *Legal Issues for Alcohol and Other Drug Use Prevention and Treatment Programs Serving High-Risk Youth*, asAP Technical Report 2, DHHS Publication No. (ADM)92-1674. Rockville, Md.: U.S. Department of Health and Human Services, Office for Substance Abuse Prevention.

Kegan, Robert G. (1986). The child behind the mask: Sociopathy as developmental delay. In William H. Reid, Darwin Dorr, John I. Walker, and Jack W. Bonner, eds., *Unmasking the Psychopath*, 45-77. New York: W. W. Norton and Company

Pepper, Bert and Ryglewicz, Hilary. (1994). *Alcohol, Street Drugs and Emotional Problems: What You Need to Know*. Center City, Minn.: Hazelden Educational Materials.

Rutter, Michael; Graham, Philip; Chadwick, O.F.D.; Yule, W. (1976). Adolescent turmoil: Fact or fiction. *Journal of Child Psychology and Psychiatry*, 17, 35-56.

Steinberg, Laurence. (1986). Latchkey children and susceptibility to peer pressure: an ecological analysis. *Developmental Psychology*, 22(4), 433-439.

Sturz, Elizabeth L. (1994). *Dealing with Disruptive Adolescents and Drugs. Second Edition*. New York: Argus Community, Inc.

Sturz, Elizabeth L. (1983). *Widening Circles*. New York: Harper and Row.

Wolfgang, Marvin, *The Subculture of Violence: Towards an Integrated Theory in Criminology* (London: Tavistock Publications, 1967).

Wolfgang, Marvin, "An Analysis of Homicide-Suicide," *Journal of Clinical and Experimental Psychopathology* 19 (1958) 208-18.

Wolfgang. Marvin, *Patterns in Criminal Homicide* (Philadelphia: University of Pennsylvania. 1958);
Wolfgang, M.. "Suicide by Means of Victim-Precipitated Homicide." *Journal of Clinical and Experimental Psychopathology and Quarterly Review of Psychiatry and Neuropathology* 20 (1959): 335-49.

Appendix F

*Early Evaluation Findings
From The Replications*

Early Evaluation Findings From The Replications

The Milton S. Eisenhower Foundation and the Argus Community are replicating Argus in the Model City neighborhood of Des Moines and in the Anacostia neighborhood of Washington, D.C. Funding is from the W.K. Kellogg Foundation, U.S. Department of Labor, W.T. Grant Foundation and local matches. The three year Foundation evaluation will be completed in 1998.

The Anacostia replication is being undertaken by nonprofit Capital Commitment, Inc., which to date has placed almost one hundred percent of those who have completed training. The placement is in jobs repairing telecommunications equipment. Telecommunications is a \$700 billion industry, yet less than one percent of those employed are minorities. If the Argus/Capital Commitment replication proves successful, the Foundation will seek to replicate the hybrid and so expand information superhighway jobs minority dropouts and "welfare" recipients. Some Capital Commitment graduates have begun their own businesses, so there is an entrepreneurial dimension to the potential job creation, which the Foundation believes could be expanded to the design of home pages and other information superhighway employment presently out of reach of American inner city dropouts. There also is at least one international model which we will draw on, the Center for Research and Training in New Technologies -- in the City of Lille, France. Working hand-in-hand with local electronics industries, the Center trains and places high school dropouts, including many youth of North African origin, in computer hardware and software maintenance and electrical equipment installation for businesses.

Figure 1 and 2 show some of these trends.

Figure 3 and 4 show similar trends for the replication in Des Moines, being run by the YMCA.

Although much more evaluation work must be done, our expectation is that the Argus/Capital Commitment hybrid, in particular, may offer better *retention* than existing nationally recognized "welfare" -to-work experiments, like the Local Investment Commission (LINE) in Kansas City and programs run by Manpower, Inc. and Marriott International, Inc. Often JTPA trainees and "welfare" recipients pass the technical training needed for employment. Not uncommonly, however, they don't last long on the job -- because of problems with non-technical aspects of work such as not being on time, missing too many days, dressing inappropriately, using inappropriate speech, relating poorly to supervisors and being unable to solve workplace conflicts. Argus is strong and cost-effective in the corporate etiquette and life management skills needed for job retention. Without refinements like Argus, the Foundation concludes that state "welfare reform" is bound to fail.

If the Argus/Capital Commitment hybrid proves its worth, the Foundation will market replications to state "welfare" agencies, with the goal of furthering devotion of child poverty reform to the grassroots. This also may be done with the replication in Des Moines.

The Eisenhower Foundation has completed preliminary analysis for program and comparison group members at Capital Commitment. Data have been collected for 19 to 32 program participants (a completion rate of 59%) and for 36 to 49 corresponding comparison group members (a completion rate of 73.5%). (Note that follow-up samples

above the 50% rate are generally considered satisfactory in studies of at-risk populations, given the high geographical mobility among inner-city residents.) We now have interviewed each program and comparison youth three times. The average length time between Time I and 3 is 1.38 years.

There are some encouraging data on employment status, earnings, social/economic integration, and related issues:

	Time 1	Time 3
<u>Capital Commitment</u>	59%	89%
Comparison Group	78%	89%
<u>Capital Commitment</u>	11%	42%
Comparison Group	39%	28%
<u>Capital Commitment</u>	<u>1\$211.44</u>	<u>1\$307.17</u>
Comparison Group	64.89	1\$234.07
<u>Capital Commitment (Difference = 1.12)</u>	<u>13.47</u>	<u>14.59</u>
Comparison Group (Difference = .47)	I 15.00	15.47