

HEBREW UNION COLLEGE - JEWISH INSTITUTE OF RELIGION
California School

in cooperation with

UNIVERSITY OF SOUTHERN CALIFORNIA
School of Social Work

A STUDY OF THE SOCIAL SERVICE PROGRAMS
OF VALLEY BETH SHALOM SYNAGOGUE:
ITS EFFECTS ON SOCIAL SERVICES
AND IMPLICATIONS FOR THE SOCIAL WORK PROFESSION

A Thesis submitted in partial
fulfillment of the requirements
for the double degrees

MASTERS OF ARTS

IN

JEWISH COMMUNAL SERVICE

and

MASTER OF SOCIAL WORK

by

Rosalien Kaminski
..

June 1978

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A Thesis Presented to the FACULTY OF THE SCHOOL
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From the Nazi death camps of Europe to a struggling new life in the United States, he had a rare, untainted appreciation for life and belief in the goodness and dignity of all people. It is with admiration and love that I dedicate this work to my father. I only wish he were here to read it.

ACKNOWLEDGMENTS

I first heard about the Valley Beth Shalom's paraprofessional counseling program a year ago. Interested in the relationship of religion and social work practice and the place of the paraprofessional in mental health, I was intrigued. Convinced that I could combine these two areas of interest, I wanted to study the receptivity of synagogues to human service programs in their congregations. I also wanted to explore the feasibility of the establishment of a network of synagogue-base sponsored paraprofessional social services and the impact such a system would have on professional agencies.

This study has provided me with an opportunity to explore and trace the development of an organization--a social service delivery system--in a thorough, disciplined fashion. The most exciting and rewarding aspect of the study has been the chance to meet with people involved in the development of the program from different angles and in different roles.

I would like to thank all the paraprofessionals of the Valley Beth Shalom Counseling Center for their cooperation in this research project and the candor with which they responded. My deep appreciation goes to Dr. Arthur Sorosky for his enthusiastic involvement and guidance during the early phase of this research. I am thankful to Rabbi Harold M. Schulweis for sharing some of his time and thoughts with me. With pleasure, I thank the rabbi's secretary, Sheila Davis, for her kindness, help and interest in this project.

It was my good fortune to have been advised during the research process by the Dean of the School of Social Work of the University of Southern California, Maurice Hamovitch. His knowledge of research procedures and his ability to conceptualize themes have been invaluable. It has truly been a privilege to work with him.

Without the scholarly and emotional support of Dr. Rosa F. Kaplan from the Hebrew Union College, this document would not have been completed. Her brilliant editorial skills have been indispensable. She maintained the necessary balance between gentleness and persistence throughout this exercise--even when I didn't.

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I would like to commend Gerald Bubis, Director of the Jewish Communal Service Program of the Hebrew Union College on having the vision of such a program and the ability to transform the vision into a reality. I am proud to have benefitted from this man's dream.

I must thank my mother for her tolerance of my occasional short-temperedness during recent months. It is a delight to have all the scattered papers, strewn about her apartment, organized and discretely stored.

It is with much gratitude, respect and appreciation of the tireless group of individuals who work in this program, that I present this document on the Valley Beth Shalom Paraprofessional Counseling Center.

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CHAPTER I

THEORETICAL FRAMEWORK

This is a report of a study of one innovative program. The idea for this paraprofessional counseling service under study was conceived by the rabbi of a synagogue in response to his assessment of the needs of his congregants. This document represents an exploratory, descriptive study of the development of this organization.

Amitai Etzioni defines an organization as follows:

Organizations are...planned units, deliberately structured for the purpose of attaining specific goals...their very raison d'etre is the service of these goals.¹

The specific goals of an organization define the future state of affairs which the organization strives to achieve. It is the justification for the existence of the program. The program goal also serves as the ideal situation against which the success of the program is measured.²

An organization must also have operational tasks or a system of action which will lead to the realization of the stated goal of the

¹Etzioni, Amitai. Modern Organizations. Englewood Cliffs: Prentice-Hall, Inc., 1964. pp. 4-5.

²Ibid. pp. 5.

organization. The criteria used to assess the progress of an organization are (1) its effectiveness--degree to which it realizes its goals--and (2) efficiency--measurement of the amount of resources used to produce the output.³ In other words, these two dimensions need to be considered when one evaluates a program. They lead one to the question, "To what extent does the organization's activity result in the attainment of the purpose of the organization?"

The degree to which the answer to this question is positive generally depends on how well the organization's specific goals and organizational activity are planned, coordinated and monitored. An effective and efficient system must be able to use its resources, including personnel, in a way which will lead toward the goal of the program. In order to do this efficiently, the needs of the participants in the organization must be considered. If these are ignored, the participants may feel alienated and fail to direct themselves to the goals of the organization. Goals and related operational design must be carefully planned to avoid the emergence of unintended consequences--unexpected results of action oriented toward the realization of the organization's goal.⁴

A problem of serious concern in any organization is that of "goal displacement." This phenomenon is the substitution of a goal for which the organization was not created to serve for the stated

³Etzioni, Amitai. Modern Organizations. Englewood Cliffs: Prentice-Hall, Inc., 1964. pp. 8.

⁴Ibid. pp. 7.

goal of the organization. In this process, priorities are shifted. Functional tasks, the means by which the organization's goal is to be achieved, actually replace the goal. The means thus become the "end" of the program while the legitimate goal is either in part or altogether abandoned.⁵

The Valley Beth Shalom Paraprofessional Counseling Center has set itself the goal of providing service to Jewish people in the area surrounding it. In doing so, it continued in a two-thousand year old Jewish tradition. The provision of human services is a fundamental component of Jewish normative behavior. This concept is stated in the Mishnah in the following way:

Upon three things the world is founded: upon Torah, upon worship, upon the practice of charity.⁶

Rabbi Sidney Goldstein, the late founder of the Social Service Department of the Jewish Free Synagogue of New York restated this principle in the following passage:

Education and learning are important, prayer and devotion are important, but no less so is social service.⁷

Although the importance of social services in Jewish normative behavior is uncontested, there is much dialogue within the Jewish communal service and mental health fields regarding the role of the

⁵Etzioni, Amitai. Modern Organizations. Englewood Cliffs: Prentice-Hall, Inc., 1964. p. 10.

⁶Goldstein, Sidney E. The Synagogue and Social Welfare. p. 315. Pirke Aboth--Mishnah. I:2. New York: Bloch Publishing Co., 1955.

⁷Ibid. p. 317.

synagogue (and other religious institutions) as a sponsor of such services. In this study an exploration of the question, 'Should synagogues provide social services?', will be undertaken.

The institution of the synagogue has always been essential to the Jewish community. The synagogue is universally recognized as a center of prayer and learning. However, there is much dispute over the synagogue's traditional involvement in the area of social services. Judah Shapiro, a Labor Zionist leader and a prominent figure in the Jewish community, addresses himself to this issue in the following passage:

The earlier Jewish community not the synagogue maintained communal and social services.⁸

The following statement will illustrate a different interpretation of the historic role of the synagogue in the social service arena.

The synagogues (maintained) the original concept of an institution with a three-fold purpose, that is, worship, education, and social service.⁹

Regardless of these differing perspectives of the role of the synagogue in relation to social services, it is beyond dispute that even if the synagogue did not house the various human services provided in the Jewish community, these societies and their members were

⁸Shapiro, Judah. Journal of Jewish Communal Service, "The Jewish Community and Synagogue in Perspective." Fall, 1956. p. 29.

⁹Goldstein, Sidney E. op.cit. p. 53.

very strongly affiliated with the synagogue. At the least in an indirect way, the synagogue was very much involved with the delivery of social services.

In the United States during the latter part of the nineteenth century, largely secular Jewish agencies in the form of Jewish Federations emerged. This phenomenon established a distinct pattern of social service delivery through a secularized bureaucratic structure. As the profession of social work developed in the 1920's and these professionals began to work for Federation social service agencies, the synagogue could no longer be considered a base for counseling services. As a result, the focus of the synagogue was narrowed. It became a provider of a series of services of a religious, educational and/or recreational order only.

The complexion of the Jewish community changed. Social service workers in the Jewish community were no longer necessarily affiliated with the synagogue. No longer was there an interdependence between the synagogue and the delivery of social services. In fact, the rise of the Jewish Community Center of the 1930's was even seen as a competitive institution by the synagogue and vice versa as it developed recreational and educational programs of its own. Nonetheless, in the 1950's, synagogue involvement in social activity programs for congregants increased in design and implementation.

Today there is a growing interest on the part of synagogues in providing social services to their congregants. This move is challenged by many in the Jewish communal service and mental health fields.

Such a network of social services presents a potential threat to secular sectarian and non-sectarian professional social service agencies for several reasons. On a concrete level, synagogue-based services may become competitors for financial support from various funding sources. Rabbi Goldstein has expressed the reality of this threat in the following passage:

Federations should financially encourage...synagogues to organize social service departments and to develop various projects in the Jewish community.¹⁰

Synagogue-based social service programs have been attacked as an inappropriate self-serving means to enhance the position of the synagogue in the Jewish community. Judah Shapiro has gone so far as to say that such involvement on the part of the synagogue may be an attempt to make the rabbi and the synagogue central in the life of the congregant.¹¹ Implicit in this statement is the possibility that such synagogue initiatives may be more of a means to maintain synagogue membership than to meet the social service needs of the community. In his opinion, representative of many opposed to human services based in religious institutions, the concept of Jewish communal living will be diminished unless the skills of other disciplines in the community such as social work agencies are used.¹²

Human service programs sponsored by religious institutions have been criticized as "competitive services but not cooperators in

¹⁰Goldstein, Sidney E. op.cit. p.53 .

¹¹Shapiro, Judah. op.cit. pp. 29-30.

¹²Ibid. p.33.

community-based, community-organized efforts...(a system which) overall community goals and a common search for solutions is not prevalent."¹³ This statement raises the issue of role definition--or limitation--between the community social service agency and the religious institution-based social service system. Most significantly, the question to be asked is, 'Should the religious institution provide needed social services or merely refer people to professional mental health facilities in the greater community?'

According to Rabbi Goldstein the responsibility of the synagogue must be to study unmet social and welfare needs of the Jewish community and to initiate programs to satisfy these needs. Goldstein would also suggest that in the event of a lack of expertise to cope with the presenting problem, the synagogue should act as a source of referral to the appropriate community social service facility.¹⁴ However, Goldstein does not establish any criteria by which to determine what sorts of problems can be handled in the synagogue.

Closely related to the issue of the delineation of the appropriate scope of human services to be sponsored by the synagogue is that of the professional qualifications and credentials of the social service staff of synagogue-based human service programs. This concern touches upon a broader issue which confronts the social work profession, the controversial use of the volunteer and/or paraprofessional--

¹³Cull, John G., Hardy, Richard E.: Applied Volunteerism in Community Development. Springfield: Charles C. Thomas, Publisher, 1973. p. 94.

¹⁴Goldstein, Sidney E. op.cit. pp. 61-62.

the source of manpower for many non-sectarian as well as sectarian social service programs. The increasing use of the volunteer and paraprofessional, who is a paid staff member or volunteer non-case-carrying provider of direct services, supervised by a professional social worker¹⁵, is opposed by many mental health professionals. The following statement represents the resistance to this development in human service delivery system:

The idea that volunteers with relatively brief training can be expected to do some of the things the professional spent years getting trained for is a threat and a source of genuine professional concern. They are not paid and can come and go as they please...They are not professionally competent.¹⁶

To explore fully the issue of the synagogue's appropriate level of involvement in social services, the reasons why mental health care is sought must be examined. In a study conducted by the University of Illinois at a regional mental health center serving a local population of 270,000, it was found that in a significant number of cases, hospitalization for mental disorder could be traced to common events in the life cycle. Listed as frequent times of crisis were birth, marriage, separation, divorce and death. In response to the stated pivotal value of primary prevention in community mental health care, it was the contention of the researchers involved in the study

¹⁵Finch, Wilbur, D.S.W. "Paraprofessionals in Public Welfare: A Utilization Study." Washington, D.C.: American Public Welfare Association, Winter, 1976.

¹⁶Lippit, Ronald, Schindler-Rainman, Eva. The Volunteer Community. Washington, D.C.: N.T.L. Learning Resources, Inc., 1971. p. 60.

that a delineation of critical situational crises could and should be determined. Upon completion of this project, a plan for prevention could then be designed and applied to these life situations before problems of critical proportions might arise.¹⁷

These findings suggest a potential for a positive development of social services in the synagogue. It is the traditional role of the synagogue to provide services to congregants related to events in the life cycle. Moreover, one of the responsibilities of the rabbi has historically been to provide marital advice to congregants. These factors illustrate the accessibility of the institution of the synagogue to its congregants through life cycle passages and the naturalness of such associations during such times of potential trauma. For these reasons it has been argued that the synagogue is a very appropriate institution to house social service programs. The results of Smith's study would also reinforce the potential to implement primary preventive strategies in mental health work in such synagogue-based human service programs.

There are other reasons why congregants might seek mental health care through the synagogue rather than a secular mental health facility. In a study of mental health center users made in 1962, Charles Kadushin came to the conclusion that a most stable relationship between a professional mental health specialist and his client

¹⁷Smith, William, M.D. Archives of General Psychiatry. Vol. 25. "Critical Life Events and Prevention Strategies in Mental Health," August, 1974.

occurred in instances in which there was little social distance between them. It was found that professionals who are socially close to potential clients are most likely to be consulted.¹⁸

The conclusions reached by these findings certainly raise important issues for the field of mental health. The most obvious of these concerns is its inherent, if subtle, challenge to the concept of 'confidentiality' in professional social services. Traditional, operational demands of social distance and confidentiality may well be questioned by the contemporary theory that past social familiarity might prove beneficial rather than detrimental to the progress of a client in a social service contact. This is certainly an interesting theory to consider in relation to synagogue-based service programs as consumers and staff are known to one another through prior affiliation with the synagogue. Furthermore, this issue raises questions regarding the actual types of services that are needed by the social service clientele. Perhaps sympathetic listening and direct advice-giving are in demand. If this is so, it might be that professional mental health personnel are unnecessary--in which case the concern over the use of paraprofessionals in such programs might be an over-reaction on the part of professional mental health workers.

Some theorists in the social work field would suggest that there is a reluctance among a substantial segment of prospective

¹⁸Mechanic, David. Mental Health and Social Policy. Englewood Cliffs: Prentice-Hall, Inc., 1969. p.72

social service clientele to seek such help from programs established under the auspices of religious institutions. These instances, it is believed, reflect a fear of having one's actions and personality judged in a moral way, consistent with theological doctrine.

All of the presented issues will be explored as they relate to the greater question of whether the synagogue should sponsor social service programs.

CHAPTER II

METHODOLOGY

This descriptive study explores several facets of the paraprofessional counseling program of Valley Beth Shalom Synagogue. With this purpose, the researcher addressed herself to the following aspects: collecting descriptive information about the development of the social service offered by the synagogue, exploring the objectives of the program, the motivations and their consequences of the participants, and communications of objectives. In addition, the effects of this program and implications for neighboring programs were considered.

Three groups related to the program were interviewed. The first group consisted of key initiators and functionaries of the program: the rabbi of the synagogue, the supervising psychiatrist of the counseling service and the administrator of the program. The second group consisted of eight paraprofessional graduates of the first training class of the Valley Beth Shalom paraprofessional program. The third included seven representatives of professional social service agencies in the Los Angeles area.

All interviews were conducted by the researcher using a different interview schedule for each group. Although

phraseology in each set of questions is different, there are several basic areas of concern which are addressed in each. These areas may be delineated as follows:

1. The factors leading to the concept of the paraprofessional counseling program

2. The objectives of the counseling service as they have developed over time

3. The structure of the paraprofessional training course and the operating mechanisms of the program

4. The perceptions and assessments of the program by people involved with it

5. The relationships between the paraprofessional program and professional social services in the area

6. Future plans for the synagogue's counseling program

7. The roles of the paraprofessional and the synagogue in mental health

All individuals interviewed were encouraged to provide pertinent anecdotal material. The rabbi was asked to discuss the source of his interest about having such a program within the structure of the synagogue. He was also encouraged to reflect upon the current and future relationship of this program with the other services and functions of the synagogue.

The psychiatrist was asked to elaborate upon the training course of the paraprofessionals. In the course of his description, he also discussed the original notions of services to be provided by the center, treatment modalities to be used and supervision to be provided to the paraprofessionals. In his narration, the psychiatrist also revealed how the current program outlined evolved.

The business administrator of the Valley Beth Shalom counseling program offered information on the development of the procedural operations of the service delivery system.

Paraprofessionals interviewed were given an opportunity to express their concerns, hopes, perceptions and evaluation of the program. All members of this group shared information and reactions to various experiences encountered in their work as Valley Beth Shalom paraprofessionals. Personal plans for the future were also often mentioned.

The professional social work agency representatives were encouraged to discuss their views on the role of the paraprofessional worker in the human services. Most of them also discussed the appropriate function of the institution of the synagogue in mental health. Finally, reactions to the Valley Beth Shalom program and its relationship to and implications for their own respective programs were elicited.

Contact was first made with the psychiatrist responsible for the design of the Valley Beth Shalom paraprofessional counseling program. He invited the researcher to attend one of the regularly scheduled discussion groups of the paraprofessional class. Presence at this meeting was helpful in providing an opportunity to make the acquaintance of many of the paraprofessionals and observe a routine training session. At this meeting, the researcher explained the focus of study. Most people present expressed interest and willingness to participate in the project.

Two weeks later, an appointment time to interview the psychiatrist was arranged. The interview took two hours to complete. Hand written notes and a tape recorder were used to record the session. Upon conclusion of the interview, the psychiatrist shared published material on the program and a complete list of the paraprofessionals involved.

The next person interviewed was the business administrator of the Valley Beth Shalom program. Again, hand written notes and a tape cassette were used to record the interview process. The interview schedule used was a combination of the one used with the psychiatrist and, later, the rabbi and the one used in encounters with the paraprofessional group. The reason for this combination of questions was because of the business administrator's double involvement in the program as administrator and paraprofessional counselor. This interview was completed in seventy-five minutes.

After a series of phone calls made over an eight week period, arrangements for an interview with the synagogue's rabbi was arranged, with the persevering assistance of the rabbi's secretary. The rabbi was seen at the synagogue, for an interview which lasted a little over an hour. In contrast to the two prior interviews, this one was less structured. Although all the areas of interest were explored, most of the information was provided through anecdotes told by the rabbi, rather than by direct questions and answers.

In preparation for the next group of interviews, the researcher began to contact paraprofessionals. Based on the

psychiatrist's suggestion, a population of interviewees was sought from among the first class of Valley Beth Shalom paraprofessionals only. The reason for this decision was that only the first class of Valley Beth Shalom paraprofessionals is currently practicing in that capacity. Interviewees were randomly selected from among this group. Although only eight people were selected to be interviewed, telephone contact was made with most paraprofessionals. Following the first two interviews, the content of responses and respective questions was reviewed. Attention was focused on the clarity and sequence of the questions. At this point, no revision in the phraseology or body of inquiries seemed necessary.

One question was added to the interview schedule, following the fifth paraprofessional interview. "Does the fact that this program is located in a synagogue have any impact?" It was added because of a noted trend among respondents to address this issue when discussing the Valley Beth Shalom program.

All interviews of this group lasted between seventy-five minutes and two hours. The first two interviews took longer than later ones. Hand written notes were taken during all interviews. A tape recorder was only used during the first interview of a paraprofessional. The original plan to use this device in all interviews was abandoned in consideration of the number of interviews to be conducted, the cost, and the fact that notes taken during the session appeared adequate.

The initial research design included the interviews of no more than four professional social service representatives. As the

researcher began to fill this quota, the responses to the interview questions often indicated the involvement of particular agency representatives, not already included on the list of people to interview. The agencies represented in this study include: Jewish Family Service--Central Los Angeles and San Fernando Valley offices, Valley Cities Jewish Community Center, Gateways Mental Health Center--Panorama City, the Jewish Federation-Council--Community Planning Department. All the interviews lasted between thirty and fifty-five minutes. Tape recordings and hand written notes were used to document these interviews.

Most of the people contacted in this study expressed an interest in it. It was, at times, difficult to arrange for interviews, most notably, with the rabbi. Only one individual did not attend the scheduled interview. Overall, the people were cooperative, pleasant and very generous with their time.

After the completion of each interview, notes were read and comments added for clarification if necessary. Upon the conclusion of the interview stage of this research, all the sets of notes were re-read and the content of each transferred into a condensed version. The next step taken was to represent the range of responses for each question in each respective interview group on a third set of records. The frequencies of answers were noted.

Following the above steps of codification and organization, the data were ready for presentation. Two different approaches to this process were considered. The first was to record all the answers to

questions in each respective population, in sequential order. The second was to discuss data according to general themes evident throughout all interviews conducted. The latter option was taken as it seemed to be more conducive to a comparative analysis of responses to the areas of concern addressed in this study. It also appeared that this approach would result in a more cohesive, better organized and more "readable" document. This approach also provides more assurance of confidentiality in the presentation of data collected.

Having made this decision, all the questions were organized according to the topics delineated earlier. Reviewing the types of responses elicited in relation to the major question posed in this research project, an order of presentation of the information was arrived at. Basically, the sequence decided upon was as follows: an historical overview of the development of the Valley Beth Shalom Paraprofessional Counseling Program, an introduction to the plan of the program, a description of the people directly involved in the project, experiences with and reactions to the service center, a presentation of the procedural operations of the program, a discussion of how this service is currently looked upon by the greater community and future prospects for service linkages, the role of the paraprofessional in mental health and, lastly, the role of the synagogue in mental health. No strict order of recounts in any given topical area, was adhered to. Rather, all material is presented in an attempt to achieve a coherent, interesting order, based on the impact of the response and importance of the respondent's position in relation to the given topic.

Limitations of Study

It must be remembered that insights in this study of the Valley Beth Shalom paraprofessional organization will tend to lead more to the formation of hypotheses or the testing of hypotheses for viability than to the verification of hypotheses. Because of the idiosyncratic nature of the system studied, there will be the following limitations:

1. The research data gathered is only pertinent to the specific institution under study, the Valley Beth Shalom synagogue. Any results or conclusions extrapolated from this report cannot be accurately or appropriately generalized to other institutions. Moreover, it is possible that long-range predictions of the future of these programs at Valley Beth Shalom may be premature as the service system under study may not yet be well-established.

2. A dearth of information of other such synagogue-based human service programs further hinder the potential for comparison and prediction of this report's findings.

3. There is a possibility that the random sample of respondents does not truly represent the population studies.

Throughout the research process, the objective of the study remained unchanged. The purpose has been to review the development of the Paraprofessional Counseling Center of the Valley Beth Shalom Synagogue of Encino, California. A continuous effort to gather as

much information and from as many different perspectives as possible was exerted. Attention was directed to every stage of the program's development--from its inception to its future prospects.

CHAPTER III

THE VALLEY BETH SHALOM PARAPROFESSIONAL COUNSELING PROGRAM: THROUGH THE EYES OF THE PARTICIPANTS

An Historical Development of the Valley Beth Shalom Paraprofessional Counseling Program: The Rabbi's Expectations

The Valley Beth Shalom paraprofessional counseling program was formed in 1973. It was first conceived by the rabbi of the synagogue. During the few years of his position at the the temple, the rabbi had become increasingly concerned about the number and range of problems brought to him by congregants. He found himself confronted by problems ranging from those for which, in his opinion, "one might seek advice from a good friend" to more severe situations "requiring psychotherapy". Some examples of presenting problems included newly-wed spats, marital counseling, dealing with bereavement and counseling parents whose children had run away from home. It was because the rabbi found himself deluged by problems for which he felt he hadn't enough time and/or competence that he developed his idea for the paraprofessional program.

The rabbi invited the psychiatrists and psychologists of his congregation to his home to share his concerns with them. At that meeting in the Spring of 1973, he asked for volunteers to organize a

counseling program. According to the rabbi, the program was to "try to inject as much Jewishness as possible into (the program and) the obvious secular (psychological) material."

Because of his concern about the depth and breadth of human problems being brought to him--for which he felt he had insufficient time and/or psychological expertise, the rabbi conceived of the notion of a paraprofessional counseling service to be provided in the synagogue. Convinced of the inherent positive mental health base of Judaism, the rabbi's expectation of this program was--and is--to promote mental health and counseling within the framework of Jewish attitudes and values.

The Psychiatrist's Perspective

A psychiatrist who attended the Spring meeting, contacted the rabbi a few days later. He volunteered to assume responsibility for organizing, as he put it, "a complementary, short-term, crisis-intervention-oriented paraprofessional counseling program", which would, "provide complementary services to the rabbi's pastoral counseling and offer services to people who might not be able to afford professional counseling".

At that time, the psychiatrist had just completed a study of paraprofessional counseling programs for the San Fernando Valley Mental Health Association. Having familiarity with the concept of paraprofessionalism in mental health, he re-considered the rabbi's suggestion. Convinced of the talent of many of the synagogue's

members, their availability, and the possibility of providing a preventive out-reach service to the community, he decided to become involved in the effort.

In explained his initial reaction to the prospect of such a program, the psychiatrist stated that he had felt "negatively" toward it for a particular reason. His concern revolved around the issue of assurance of quality training of the paraprofessional counselor.

I felt that a paraprofessional would end up with very limited skills and would feel that they would be qualified to handle all kinds of psychological problems. My concern was that they wouldn't know when they were getting in over their heads and wouldn't know when to refer out and would tend to treat everyone the same way.

Although initially unreceptive to the rabbi's proposal for a paraprofessional counseling program within the synagogue, the psychiatrist decided to offer his assistance in this effort. He conceived this program to be, primarily, a complementary short-term service--an adjunct to the rabbi's pastoral counseling. He also saw it as a source for help for people unable to afford but in need of professional counseling.

And So People Learned About the Paraprofessional Counseling Program

Following an agreement between the rabbi and psychiatrist to launch the program, the rabbi informed the congregation of the plans to form the group, as he spoke from the pulpit. The Temple Bulletin and local newspapers were also used to publicize the program and urge people to participate in it. All of the paraprofessionals interviewed learned of the program from either of these two sources.

In line with instructions, potential applicants approached the psychiatrist who then began his interview and screening process. By the Summer of 1973, twenty congregants had been selected to be trained as the first paraprofessional counseling class of the Valley Beth Shalom program. In September, 1973, their course of study, as designed and supervised by the psychiatrist, began.

The Paraprofessionals: Why Get Involved?

In response to this question, most paraprofessionals said that they decided to apply to the program because it "sounded interesting." One person said she*¹ "felt a sense of obligation" to become involved in such a service. Another felt that an experience of this sort would help her "interact in (her) work." A third volunteer stated, "I had been looking for something to get involved in, other than my work, for a long time." Another said, "I always wanted to be a therapist."

As indicated in these statements, the reasons for involvement in this paraprofessional program vary. Despite individual motivational differences, all paraprofessionals interviewed expressed a need to participate in "meaningful activity", usually defined as social or civic service. Further, all respondents discussed a particular interest in psychology and the counseling process.

*¹In order to protect the confidentiality of all paraprofessionals, the female gender will be used in all quotations and otherwise identifiable references.

The Paraprofessionals: Their Expectation of the Program

When asked about their expectations of the training program, the paraprofessionals' answers included, "To be a lay or part-time counselor", "To fill a space in my life and express a talent I have (empathy)", "To help me in a work situation" and "To learn about myself."

Again, the replies to this question varied. Most significantly, however, is the overall similarity to the responses given when asked why they decided to participate in the program. From the comments listed above, it is apparent that involvement in this program was seen as a means to enhance the paraprofessionals' life activities, work experiences and interpersonal interactions.

The Paraprofessional Selection Process

The selection of the first class of paraprofessionals was carried out by the psychiatrist. In his deliberations, he looked for people who exhibited a sense of empathy and psychological awareness. Prior human service volunteer work or past experience in some form of mental health treatment was considered an advantage. The potential paraprofessional's likelihood of maintaining a long-time commitment to the counseling program was considered an important criterion. This was determined by the volunteer's enthusiasm for the program and his or her financial security.

Applicants were interviewed for two months and twenty were selected--eighteen women and two men. During the second year of the

training program, six people left the program. According to the psychiatrist, this attrition was due to reasons ranging from a personality clash to a move out of the area to a need to seek gainful employment. A few of the paraprofessionals interviewed suggested another factor that might have played a part in the loss of these students, namely the requirement to undergo group therapy together with other members of the class. The groups were led by a psychoanalyst selected by the psychiatrist and had to be paid for by each paraprofessional.

The Paraprofessionals: A Profile

Personal Data

All of the paraprofessionals interviewed were married. All had at least three children. The ages of their offspring ranged between four and twenty-four. All of the paraprofessionals interviewed had at least one and one-half years of college.

Of the seven women interviewed, only one had had a history of steady employment. Others had had brief work experiences as elementary school teachers, camp counselors or bookkeepers.

Attachment to Valley Beth Shalom Synagogue

The paraprofessionals interviewed have all been members of the Valley Beth Shalom Synagogue for at least six years. The reasons for joining the temple include: "It's close to our home," "We were new to the area," "For social purposes", and, most frequently, "Our children needed religious education." The religious services were compatible and we liked the rabbi."

The Paraprofessionals' Volunteer Activity Within the Valley Beth Shalom Synagogue

All paraprofessionals were active in the temple's programs, at least as participants, or, often, in leadership positions. To the rabbi's satisfaction, all the paraprofessionals are either in havurah*² groups or in the process of joining one. In one case, the paraprofessional interviewed has served as a co-ordinator of the havurah program. Other Valley Beth Shalom volunteer involvement included the choir, sisterhood, Ethical Actions Committee, the Food Bank, leadership roles in the nominating and religious committees, the education program, the Multi-Interest Day and the Board of Directors--Planning. One paraprofessional taught a class on "Jewish humor" at the synagogue.

Outside the Valley Beth Shalom Synagogue

Most paraprofessionals interviewed have had extensive volunteer experience outside of the Valley Beth Shalom synagogue. One paraprofessional teaches an "awareness" class at a neighboring synagogue. Another volunteer teaches folk dancing at a local synagogue. Some of the non-synagogue volunteer activity involve the following organizations and projects: the City of Hope, Hadassah, the Brownie Scouts, the Cancer Society, the League of Women Voters, the California

*²havurah--a fellowship group of families who meet to worship and study together; sometimes serves as a quasi-extended family.
(plural: havurot)

Home for the Aged, the Jewish Family Service, the Freda Mohr Center and public school tutorial programs. The paraprofessionals' involvement in volunteer activity, other than the paraprofessional program itself, has greatly decreased as a result of lack of time or, in some instances, interest.

The Rabbi Reflects Upon the Paraprofessional Group

Reflecting upon the people in the paraprofessional program, the rabbi states that some had been "marginal" Jews prior to their participation in the program. He noted that since their affiliation with the service they have been increasingly involved in Jewish life as reflected in their attendance at religious services and synagogue-sponsored lecture series. According to the rabbi, a deepening "Jewish insight" to situations is in evidence among this group. He also stated that all were motivated to identify with the program in the tradition of "Jewish altruism". All the paraprofessionals appear to have an investment in Judaica as demonstrated by their participation in havurah groups.

Professional Social Work Agency Representatives Give Their Impressions of the Paraprofessionals

Of the representatives of professional social work facilities interviewed, only two had had any contact with or impressions of the paraprofessional staff. One said that he knew a couple who was seeing a paraprofessional at Valley Beth Shalom and though they seemed pleased with the quality of the treatment, he felt that the nature of their

problem was severe enough to warrant the attention of a trained professional. The other professional had once given a lecture to the paraprofessional class. She noted the usefulness and contribution of the paraprofessional's function. She described the group as being, overall, "nice, sensitive, middle-class people looking for some meaningful activity in their lives: not unlike much of the corps of Jewish Family Service volunteers."

Evident in these impressions of the paraprofessionals are some concerns and role definitions set by the rabbi, the psychiatrist and the paraprofessionals, during the early stages of the program's development. These common areas involve the individuals of the paraprofessional group to find meaningful activity in their lives, and accept the limitations of their skills.

The Paraprofessionals: Are They Satisfied?

When asked if they were satisfied with their activity in the paraprofessional program, six volunteers answered "Yes," one answered, "No," another said, "Mostly satisfied". Some of the other comments were, "I have my own life now. At one point this was more than enough. Now I don't have to push myself. I only volunteer when it's convenient." "I feel more confident now. I'm accomplishing more in a shorter amount of time." "The training has helped me work with actors on the set (T.V. director)." "It's nice to see growth in a client but I feel like I've failed when people leave (counsel)."

Of the nine paraprofessionals interviewed, six have pursued classes at various colleges and universities since they entered the paraprofessional program. A seventh paraprofessional is seriously considering a return to university. Of those interviewed, one returned to school, completed work toward a master degree in marriage and family counseling and now manages a private practice. Another paraprofessional interviewed resumed study at a university, received a Master of Social Work degree and is now gainfully employed in that capacity. Both of these women remain active in the Valley Beth Shalom program, one as a counselor, the other as a teacher. Others from the class, who were not interviewed, were also said to have returned to credential-oriented courses of study, since involvement as a Valley Beth Shalom paraprofessional.

Although most of the paraprofessionals interviewed expressed an interest and plan to continue in the program, most want to shift their focus. Three expressed an interest in the supervising of other paraprofessionals. Three stated a desire to teach classes in the group. One would like to engage in psycho-drama therapy. Another person wants to organize a group for middle-aged people with aging parents. Most of the paraprofessionals have had little experience in their selected areas for future activity.

Most of the paraprofessionals interviewed expressed satisfaction with their involvement in the Valley Beth Shalom paraprofessional program. For most, it did provide meaningful activity, at least initially. For others, this volunteer activity did enhance their

performance at work. Thus, the program seems to have provided fulfillment of some of the paraprofessionals' expectations of it. The experience of success in the mental health field, coupled with the psychiatrist's and supervisory staff's assurances that they were performing on a par with professionals, caused the paraprofessionals to feel dissatisfied with the limited rewards of their status. This underlying sense of discontent is illustrated by the desires of all the paraprofessionals interviewed to pursue and develop services focused on problems with which they have had little contact or training.

The Psychiatrist's Reactions to Paraprofessionals' Resuming Formal Education

In reaction to this phenomenon, the psychiatrist said he was "flattered" that the instruction he and his colleagues had invested in the paraprofessionals resulted in their pursuit of formal education, but that he could not help but feel a "loss". As a result, he has been more careful in his attempt to select people, for the second class of volunteers, who might be content in their work as paraprofessionals. In this process, he has been aided by paraprofessionals from the first class who helped him interview applicants.

The Training Program

In designing a training program for the Valley Beth Shalom paraprofessions, the psychiatrist decided that the duration of the program would have to be at least two years because he felt that it would take that long for the volunteers to develop a "sense of identity

as counselors." The first year of weekly sessions was to explore normal psychological growth and development. The class, consisting of twenty students, studied texts focusing on the life cycle of Man. Many mental health professionals, representing different theoretical frameworks and approaches to treatment, were invited by him to lecture to the class. In conjunction with these classes, field trips to various mental health facilities dealing with the age group under study, were arranged. The rabbi conducted a couple of seminars focusing on Jewish attitudes concerning various psychological problems. During the course of the first year, class members were encouraged to develop programs in areas of interest of a preventive or out-reach nature.

The second year of the program was devoted to the study of psychopathology and methods of intervention. As stated before, all class members were also required to undergo group therapy. For this purpose, the class was split into two groups, both of which met on a weekly basis with a psychoanalyst, selected and contracted by the psychiatrist. These groups met over a nine month period. The costs, absorbed by the participants, averaged about \$12.00 per session.

On-Going Education

Although the formal education of the first class of paraprofessionals in the Valley Beth Shalom counseling program was completed in May, 1974, the paraprofessionals are expected to participate in an on-going lecture/seminar which meets every two weeks.

The Training Program: The Rabbi's Perspective

The rabbi had only praise for the psychiatrist's training program. He not only seems pleased over the obvious growth he has observed among the participating paraprofessionals but also about his own maturation of psychological awareness and sensitivity. The only weak area in the program that he could identify was an insufficient amount of instruction in Jewish ethics and approaches to various human issues. The rabbi regrets his inability to direct attention to this area caused by his many other time-consuming responsibilities. Ideally, he would like to delegate such a project assignment to an assistant rabbi.

An analysis of the rabbi's comments regarding the Valley Beth Shalom paraprofessional training program appears to reflect some unanticipated events. As he sees it, the program has enhanced psychological awareness among the paraprofessionals and in himself. He also noted a lack of sufficient instruction in Jewish ethics in the program. The rabbi's original goal for this program was the provision of counseling within the context of Jewish ethics. Therefore, an identified deficiency of such content in the program curriculum suggests that there was only limited fulfillment of the objectives of the rabbi's original program design.

The Training Program: The Paraprofessionals' Perspectives

Most of the paraprofessionals interviewed described the training program as "excellent." Some felt that there were too many

guest speakers. A few commented that the first year life cycle outline of study as being "very helpful." Two people mentioned that the second year of study was not as good as the first because the psychiatrist was not as strict and demanding as an instructor during that year. A few people mentioned that the group provided a "warm environment", conducive to study. Another asserted that there was "no real trust in the group" and that what she has learned about "empathy" and "trust" during recent contacts in an extension class taught at a neighboring university exceeds that of what she learned in the two year program at Valley Beth Shalom. One former paraprofessional said that the psychiatrist's program was better than that of a local graduate school in social work. Some of the other criticisms of the program of study were as follows: a few felt that more lectures and discussion groups were needed. One woman felt that training in crisis intervention theory and technique was lacking. A few of those interviewed were very concerned with the insufficient amount of rabbinic input and neglect of Jewish ethics regarding mental health in the program. One person suggested that more measures of the paraprofessionals' mastery of the material, (exams, etc...) was in order. All people interviewed felt that more clinical experience was needed before completion of the program.

These responses illustrate the differences in perceptions, methods of learning and, perhaps, program expectations, of the paraprofessionals. Some felt there were too many lectures. Some felt there were not enough. Several volunteers expressed a need for a

highly structured educational setting. Others felt that teaching methods used were too strict. A few felt that the group provided a warm, trusting environment--another paraprofessional strongly disagreed with this statement. The only point that each individual agreed upon was the need to have more clinical experience prior to completion of the program.

Several of the program deficits described by these paraprofessionals coincide with the rabbi's and the psychiatrist's initial goals for the service program. A few of the paraprofessionals expressed considerable concern over an insufficient amount of rabbinic guidance and input, as mentioned earlier, a concern shared by the rabbi. Another person mentioned a need for more short term training and crisis intervention work in the program. This type of work was precisely what the psychiatrist had planned for the paraprofessionals. These criticisms expressed by the paraprofessionals might indicate that the program is not achieving some aspects of what its key initiators had hoped and planned that it would.

Supervision

The paraprofessionals are all supervised by psychiatrists, psychologists or social workers. Most of the paraprofessionals share weekly supervisory sessions with one or two other paraprofessionals. These sessions are usually scheduled for one and one half hour blocks of time. One paraprofessional reported that she meets with her supervisor once every three weeks.

Supervision: The Paraprofessionals' Reactions

Most paraprofessionals interviewed were pleased with the quality of their supervision. One expressed a desire for more "practical" supervision as opposed to psychoanalytic. One paraprofessional felt that she had an insufficient amount of supervision. All paraprofessionals interviewed found their supervisors (psychiatrists, psychologists and social workers) to be helpful and available in times of crisis.

Training and Supervision: Reactions of Professional Agency Representatives

Only one person from among the professional mental health workers interviewed, was familiar with the length and breadth of the Valley Beth Shalom paraprofessional training program. All expressed a concern about the type and amount of supervision of the paraprofessionals. A few expressed skepticism in reference to the quality and amount of supervision received by the Valley Beth Shalom volunteers.

This information is important for two reasons. First, it establishes "supervision" as the most common concern about the Valley Beth Shalom program, as seen by the professionals. It also suggests a lack of communication between the Valley Beth Shalom paraprofessional counseling center and the represented mental health agencies.

The Valley Beth Shalom Center: Structure

The Role of the Business Administrator

In May, 1974, the paraprofessionals were ready to begin counseling. At that time, one paraprofessional assumed responsibility as the business administrator of the program. She saw to it that needed furniture was collected and an answering service account was opened for the Center. The most difficult of her duties was the arrangement for malpractice insurance for the paraprofessionals. An insurance sales representative and a lawyer, both congregants of the temple and otherwise unaffiliated with the paraprofessional program, were called upon to help in this matter. Although there is some question as to how supportive the synagogue's Board of Directors has been to the program, the Board did provide a loan to finance the insurance coverage initially. The Center has since repaid the loan and has even provided a gift to the synagogue.

How the Center Functions

The Valley Beth Shalom Paraprofessional Counseling program is financially independent of the synagogue. Apart from contributions from one of the paraprofessionals, revenue is collected from fees of clients for the use of the Valley Beth Shalom services. Currently, the fees, based on a sliding scale, range from \$2.00 to \$10.00 per session. The minimum charge will probably be raised to \$3.00 in the near future. In any event, no client is turned away from the Center because of inability to pay.

The paraprofessional program does not fall under the jurisdiction of the synagogue's administration in the same way that the social, religious and education services provided by the synagogue do. Although the Center uses space in the synagogue, it functions independently of the synagogue. Most paraprofessionals venture that the separation from the synagogue will be enhanced by the completion of the Center's new office suite located outside of the main building, which is now under construction.

During the second year of the program, one of the students applied for a city grant to fund a senior service center. This request was approved and resulted in the opening of the Van Nuys Senior Center. This center is soon to be closed as the grant money is expended. However, another similar center will be opened in Reseda. Not only has the Van Nuys Center provided a resource for the greater community, it has functioned as a clinical training program for the paraprofessionals currently enrolled in the second class of study.

System For Case Assignment

In addition to counseling responsibilities, each paraprofessional has another duty. On a rotating basis, each paraprofessional is responsible for picking up all messages from the answering service, for a week at a time. That individual is responsible for screening new requests for service and referring them to paraprofessionals. Referrals are made at the discretion of the paraprofessional handling intake services during a particular week. Usually assignments are

based on the distribution of case-loads. Sometimes, a paraprofessional might know of a particular project, expertise or interest of a paraprofessional which relates to the presenting problem or the request and makes an assignment accordingly. Formally, however, no criteria for the referral process have been instituted.

Problems and People Addressed

According to the rabbi, psychiatrist and business administrator, the types of problems addressed by the paraprofessionals cover a broad range including family problems, divorce, geriatrics, adjustment reactions and depression. In the psychiatrist's words, some paraprofessionals have been "courageous" enough to take on more serious types of problems such as schizophrenia. The paraprofessionals interviewed added that what types of problems or personalities they work with depends on the volunteers' comfort with the presenting situation in conjunction with their supervisors' assessment of their abilities to handle the problem.

The following list illustrates the scope of situations dealt with by the paraprofessional counselors: a man suffering from involuntarily depression, a mentally-retarded teenager with a police record, a schizophrenic young man in search of a Jewish identity, the parents of schizophrenic children, an elderly lady who needs companionship, couples with marital problems, a young, confused woman, a woman whose son had recently committed suicide, a woman who was having difficulty accepting her son's homosexuality, a suicidal young woman,

several men with sexual malfunctions, a woman with a paraplegic son and an alcoholic husband, a depressed young man whose parents are Holocaust survivors and, finally, two elderly women with Parkinson's Disease.

Although one paraprofessional has reported to have worked with children under thirteen, it is the only age group with which the Valley Beth Shalom paraprofessionals do not work. A few of the paraprofessionals interviewed stated that the psychiatrist discouraged the group from working with this population, emphasizing the point that a special type of skill, training and sensitivity, beyond the ken of the paraprofessionals, was necessary in the treatment of this population. Others suggested that children were not seen by the Center because of the paraprofessionals' own discomfort with that age group. Some also said that if any of them would want to work with children, it would be permitted.

There is some question as to who in the community is eligible to receive services at the Valley Beth Shalom paraprofessional facility. Many of the people directly involved with the program stated that the Center was open to all people in need, regardless of religious affiliation. This conviction was based on the rabbi's concern for a sense of "community." Four of the professionals interviewed also believed that the Valley Beth Shalom counseling service was open to the greater community.

The rabbi, addressing himself to this issue, spoke about a "coherence in the community (Valley Beth Shalom synagogue)" and of a

"natural priority to one's own community." He states, "I know that Jews not affiliated with the Temple use the services. I know that non-Jews are served by our Food Bank. I don't think they are served here.. We wouldn't turn away non-Jews but I would discourage it...There is a Jewish value system involved...There are Church groups that provide similar services. They would even look with displeasure on it (Valley Beth Shalom serving non-Jews)."

As of March 19, 1978, forty-nine people were being seen by the Valley Beth Shalom paraprofessional counselors: thirty-seven women, twelve men; five of the clients are Valley Beth Shalom congregants, forty-four come from the greater community; forty-one of the clients are Jewish, eight are Gentile. Clients are seen on a weekly or bi-monthly basis for a time period ranging from "a few sessions" to, in a few cases, three years (since the counseling service opened). The average length of client/paraprofessional contact is one year.

These responses, if not contradictory, reveal a lack of clarity as to the focus of services and service users to be addressed by the counseling center. There is disagreement about the treatment of children. There is also confusion over the appropriateness of providing services to Gentiles. Several paraprofessionals discussed the rabbi's hope that the counseling center serve the greater community--including non-Jews. Yet when discussing the matter with the rabbi, it became evident that he did not consider this population to be appropriate Valley Beth Shalom service users. He also was unaware that Gentiles were, indeed, using the counseling center services. In any

event, the nature of many of the presenting problems and length of paraprofessionals' active involvement would suggest the program is not fulfilling the original goals of the counseling service; to provide short-term and crisis treatment within a framework of Judaic values.

Special Projects

In addition to individual or con-joint work, many of the paraprofessionals are engaged in various types of group activity. One such group is called, "L'Chaim." It is an on-going "gentle social group" for people in their 50's and 60's. There is an "eight week only" group for the newly widowed. Paraprofessionals in the Center also run rap groups, grief workshops and a six session group for single parents.

Some of the paraprofessionals have developed other "special projects" and expertise than the group involvement listed. One paraprofessional lectures on "the reconstituted family", a former paraprofessional teaches a six week course on short-term treatment to the paraprofessional group. Another person leads a workshop on "assertion." One of the paraprofessionals handles all areas of publicity for the program. The management of the Senior Center and the responsibilities of the business administrator, now carried out by the current volunteer business administrator, are significant major "projects" of the program.

The Paraprofessionals' Work:
The Professional Social Workers' Thoughts

The professionals interviewed, on the whole, did not have a clear idea of what the paraprofessionals do. One person interviewed thought the paraprofessionals provided pastoral counseling. Another believed that the Valley Beth Shalom workers co-facilitated in counseling groups with professional mental health workers. Half of the group of professionals interviewed knew that the paraprofessionals work with elderly, at Valley Beth Shalom and the Senior Center site.

These data reinforce a statement made earlier: that there is a lack of communication between the Valley Beth Shalom counseling center and the social work agencies represented in this study. In fact, there are contradicting accounts as to whether social work agencies in the area have had any contact with the Valley Beth Shalom paraprofessional program. Although the psychiatrist and business administrator both stated that a formal announcement of the Center's opening was mailed to all agencies, almost one half of the paraprofessional population interviewed said that there had been no contact.

Furthermore, when asked about reactions to the Valley Beth Shalom program from casework agencies, the paraprofessionals made the following remarks: "The social workers 'pooh-poohed' the program at first. Jewish Family Service wasn't sure we were qualified." "Jewish Family Service wasn't comfortable with it because there is no on-site supervision." "Some (social workers) were in favor of it, some not... Some might think we were stepping on their territory being voluntary and a pilot program."

All of the professional social workers interviewed heard of, at least, the Valley Beth Shalom-Van Nuys Senior Center. Most, however, said they didn't know much about the paraprofessional counseling program. One person said, "It's not visible enough." A few other interviewees, though, had "good feelings" about this Valley Beth Shalom program.

These remarks made by professional social work agency representatives about the Valley Beth Shalom counseling program suggest that, although they are not very familiar with the program, they are receptive to it and even have generally favorable feelings about it. All professionals interviewed expressed interest in the program. All professionals wanted to know more about the functions of the Center, before forming an opinion of it. They did not appear to be as hostile to the service center as the paraprofessionals suggested.

Referral Sources Used by Paraprofessionals

When asked if there were instances in which the paraprofessional felt dissatisfied with what he or she could do, all but one replied affirmatively. Only one, a person who went directly into a Master of Social Work program upon completion of the paraprofessional training program responded, "This question is non-applicable." The situations in which the paraprofessional felt less than satisfied include the following: schizophrenic clients, an impotent middle-aged man, a suicidal adolescent, an extremely manipulative woman, a person with a speech impediment and a disturbed woman who belonged to the Mormon Church.

Some of the paraprofessionals interviewed offered their reactions in these situations. One said, "I feel I need more learning." Another response was, "Maybe a more skilled person wouldn't have to see a woman for three years." One volunteer said, "It was hard to get the middle-aged woman to look at herself...But my supervisor told me, 'You can't help everyone. You did as good a job as anyone could.'"

None of the paraprofessionals interviewed have used or felt a need to seek consultation from anyone other than their assigned supervisors. All but four of those interviewed have made referrals to other resources. Some of these facilities include the Northridge Day Treatment Center, Portals House, the Veterans' Administration Hospital, Rancho Los Amigos, a speech pathologist, a family doctor, the U.C.L.A. Psychiatric Center and, the most frequent place of referral, private psychiatrists. One respondent expressed an interest in referring a client to the Jewish Family Service but said she did not do so because "she [the client] had been on waiting lists at Jewish Family Service and U.C.L.A., so I didn't refer her there."

Referrals to Social Work Agencies:
Paraprofessionals' Perspectives

When asked how the Valley Beth Shalom program fits with social work agencies, the paraprofessionals made the following comments: "Social workers can do everything that we do. We're not professionals but we are skilled." "It could fit if we were all creative." "I'd refer clients to Jewish Family Service if they had functional [daily living] problems...or economic problems. We're not set up to handle

that. Some casework agencies are." "I could see co-operative programs and to get referrals from the casework agencies." "I'm angry with the Jewish community...We function well...Many clients are dissatisfied with Jewish Family Service...We're equal to their social workers. The problem with the Jewish community is that it's wedded to professionalism." "I'd refer to Jewish Family Service if any client needed family involvement or homemaker chores or if there are physical problems in the family." "I'd like to see role clarifications." "They treat mentally retarded, don't they?" A most frequent comment was: "I can't see it fitting, I don't know what they (social work agencies) do."

None of the paraprofessional counselors interviewed have sought consultation with professionals other than their supervisors. However, all the paraprofessionals agreed that there were situations which they felt might be better handled by professional mental health workers. These situations involved severe psychological disturbances. Many attributed their lack of confidence in dealing with these cases to insufficient training.

Several of the paraprofessionals have made referrals to other mental health facilities. These referrals have all been to psychiatric clinics. When asked about referrals to social work agencies, many of the volunteers replied that they did not know what social workers do. Many others had negative comments to make about social workers and social work agencies. In these criticisms, the social worker was often compared to the paraprofessional.

Many paraprofessionals maintained that social work agencies should refer clients to the Valley Beth Shalom paraprofessional center. However, the paraprofessionals could only think of two types of situations which they felt could be better treated by a professional social work agency. These situations include economic assistance and the treatment of families.

Referrals to Social Work Agencies: The Rabbi's Opinion

The rabbi of the synagogue stated that he has referred people to Jewish Family Service at various times for vocational and financial requests. He also stated that he would send someone to Jewish Family Service who did not feel comfortable seeking help in a synagogue setting.

Referrals to Social Work Agencies: The Psychiatrist's View

The supervising psychiatrist neither knew or could foresee any type of situation in which a referral to a social casework agency was or should be made. He stated:

I think that our program (Valley Beth Shalom) is superior, not that the people are superior to the social caseworker but that they probably take a little bit more of an interest in their clients. Most of the clinics are very busy, the workers are harrassed, working a 9:00 to 5:00 day job, They see people all day long and after a while end up doing primarily crisis therapy...One of the surprising things about this is the clients keep coming over long periods of time and the paraprofessionals are doing intensive psychotherapy-reconstructive type of work. They have the kind of interest and involvement in their clients that you would not get in a facility. Their involvement is closer to a private practice than a clinic type...We could handle all that they do.

These opinions of the rabbi and the psychiatrist are quite significant. There is a strong possibility that the biases about social work agencies have been transmitted to the paraprofessionals. In a sense, the rabbi has defined the appropriate realm for casework agency involvement: to handle vocational and financial requests. The psychiatrist has harshly criticized the social work agency and its effects on the social worker. It is obvious that he prefers long-term, intensive psychotherapy to short-term or crisis treatment modalities. He also compares the Valley Beth Shalom paraprofessional to a private practitioner, one most likely to engage in long-term counseling plans. It is very likely that these attitudes have been included in the course of training and type of supervision established by this psychiatrist.

From Valley Beth Shalom Referrals to Social Work Agencies:
Social Workers' Opinions

Only one Jewish Family Service worker could recall any referral made to the Valley Beth Shalom program. All the representatives felt, however, that Valley Beth Shalom workers should have an information and referral service. Some of the following statements were made: "If Valley Beth Shalom amateurs were to identify psychiatric problems that need professional help, those people should be referred out." "Valley Beth Shalom should refer people to the Jewish Community Center who have social re-entry problems." "They [Valley Beth Shalom] must be aware of their limitations."

Referrals to the Valley Beth Shalom Counseling Center:
Social Work Agency Perspectives

Several agency representatives described referrals they had made to the Valley Beth Shalom program. One said that the agency referred elderly people who "need others to listen to them." Another described an attempt to refer a recent widow who "just wanted a chance to talk with people" to Valley Beth Shalom. During the month that the social worker and the woman tried to arrange contact, the Valley Beth Shalom workers never returned their telephone calls.

A majority of the professionals interviewed said that they would refer clients to Valley Beth Shalom if they (workers) could be assured of the quality of the service and skills of the paraprofessionals. Most felt that the Valley Beth Shalom counseling service could be a valuable resource in the community if it were to offer supportive counseling, crisis intervention, diagnostic assessment and referral and social activities. One persons suggested that a system of consultation be established with Jewish Family Service, another, the development of a co-operative telephone reassurance program for the elderly and home-bound to be set up and operated from the synagogue.

Several suggestions added some dimensions to the work of paraprofessionals in the synagogue. One suggestion was to work with families in a Jewish Life Education program in which they would explore their Jewish identities. Other areas proposed as appropriate for paraprofessionals were pre-marriage counseling work with individuals after bereavement and other critical events in the life cycle. This approach

to paraprofessional work in the synagogue was seen by the professionals interviewed, of significant preventive mental health value. One professional stated, "It's appropriate for communities where the temple is the center to use paraprofessionals...It's a significant role to play in mental health--that of a supportive nature."

All the social workers interviewed were concerned with an assurance of the quality of treatment by the paraprofessionals. Several of the social workers felt that the Valley Beth Shalom center could be a very helpful resource in the community. It was seen as a referral and information center, a provider of social activities, crisis intervention and supportive counseling. The synagogue setting was seen as an excellent place to explore many preventive mental health programs, particularly those involved with Jewish Life Education programs and the exploration of Jewish identity. These attitudes encompass precisely what the rabbi and psychiatrist envisioned for the Valley Beth Shalom Paraprofessional Counseling Center. The professional social work agency representatives are responding to the program as it was first conceived by the rabbi and psychiatrist--not to the actual services and procedures of the counseling center.

The Role of the Paraprofessional:
The Social Workers' Perspectives

It was agreed by the social workers interviewed that paraprofessionals can act as important adjuncts in the delivery of concrete services such as teaching clients to ride a bus, go marketing, etc. Most of the professionals mentioned the important role paraprofessionals

can play in making clinical diagnoses and subsequent referrals. Some other possible responsibilities for paraprofessionals include advocacy, short-term crisis intervention, abortion and rape counseling workshops, and legal aid. All of these (ideas) suggested by the professional social workers interviewed, assumed adequate training and supervision and a clear line of accountability for the delivery of quality service.

The Role of the Paraprofessional:
The Paraprofessionals' Views

In differentiating between their work and that of the psychiatrist or social worker, the paraprofessionals made the following comments: "We deal with emotional and financial problems." They /clients/ are cared about here. We have more time and warmth. It makes up for our lack of expertise." "We work with individuals." "We're cheaper than psychiatrists and social workers." "We're not a poor man's therapy." One paraprofessional, who resumed her studies and graduated with a Master of Social Work from a local university, commented, "There's a difficulty in differentiating between a social worker and a paraprofessional. The individual is the key, not the credential."

These responses represent the range of answers given by paraprofessionals in their attempts to differentiate between the roles of a psychiatrist, social worker and paraprofessional in mental health. It is evident that they don't really have a clear understanding of role distinctions, particularly between a social worker and a paraprofessional. Perhaps this is an issue worthy of attention by the

Council of Social Work Education. The lack of awareness of the role of social work by this group of paraprofessionals, may be indicative of a much larger population that is ignorant to the functions of social work.

Differences Between a Social Worker and Paraprofessional:
The Psychiatrist's Views

The psychiatrist discussed a spectrum of sophistication in training and education in mental health. He pointed out that, although paraprofessionals and social workers might deal with the same types of problems, a social worker was generally more qualified. A fact to remember, though, he continued, is that a paraprofessional is a volunteer and a social worker would ordinarily ask for a salary for his work. This would be an important consideration in making client referrals.

Differences Between a Psychiatrist and Paraprofessional:
The Psychiatrist's Views

The program's psychiatrist emphasized that a clear differentiation between the types of problems and people only a psychiatrist is qualified to deal with and those appropriate for a paraprofessional does not exist. However, he did mention that in cases of more severe pathology and personality disorders or if medication is necessary, a psychiatrist should be managing the situation.

The Role of the Psychiatrist: The Paraprofessionals' Opinions

The paraprofessionals were asked to define the role of a psychiatrist. The most common response was that a psychiatrist, unlike other mental health workers, could prescribe medications. Another statement suggested that it is appropriate for psychiatrists to deal with more severe types of problems like psychoses, personality disorders, severely depressed, suicidal individuals, and those who express the symptomatology of conversion-hysteria and anorexia nervosa. One paraprofessional thought that the treatment of children belonged in the purview of the psychiatrist. Another person remarked, "Psychiatrists are too highly specialized for today's life. Other therapists are more effective."

The Psychiatrist: A Few Comments by the Rabbi

The rabbi of Valley Beth Shalom made the following statement about the professional values of the psychiatrist and underpinning tenets of Judaism:

The psychiatrist is in a dilemma. Traditionally, he's value-free but the problems we face today are so value-fraught that I think it could help him to understand a Jewish value system for its health aspect.

The rabbi elaborated upon this point by describing how the Jewish family unit, according to Jewish tradition, transmits love, mutual aid and other qualities which are important for the mental health and well-being of the individual.

Satisfaction With Different Roles as Developed Over Time:
Paraprofessionals Speak Up

The Business Administrator

All the paraprofessionals were satisfied with the functions of the business administrator as it has developed. However, most anticipate the need for a receptionist or a re-structuring of the job responsibilities, once the new counseling site is opened. Some people interviewed also felt that a system for peer supervision should also be established and coordinated, possibly by the administrator.

The Psychiatrist

The psychiatrist heading the program was referred to as, "the spirit of the program" by most of the paraprofessionals interviewed. Only one respondent questioned the role of a psychiatrist in the service system, "I don't know if this program must be taught by a psychiatrist."

The Rabbi

Each paraprofessional interviewed acknowledged that without the rabbi's initiative, the counseling program would not have been developed. It was also generally agreed that the rabbi's responsibilities should be of a supportive nature--to promote the program within the congregation and greater communities, to serve as a liaison between the program and the synagogue's Board of Directors. A few of the paraprofessionals felt that the rabbi should refer more clients to the paraprofessional program than he currently does. One respondent said that the rabbi should spend more time with people. The woman stated that she had referred a client to him who was "undergoing a

Jewish identity crisis." The client felt dissatisfied with the treatment she received from the rabbi. Most of the paraprofessionals felt that the rabbi should take more of an active role in the program. One person said, "The Judaic aspect has been lost, neglected. Otherwise, why have it in the temple?"

The Paraprofessional

When asked if they were satisfied with their roles as they have evolved over time, all the paraprofessionals interviewed replied that they were. Most had additional comments to make. Some of these were, "Our responsibility is to do as much good and as little harm as possible." "We are the backbone of the program but after a while, our job is to be available for counseling." "We must help clients see alternatives." "People [paraprofessional counselors] will want to go back to school."

The Psychiatrist Discusses His Role

The program's supervising psychiatrist expressed satisfaction with the rabbi's participation in the program. He then reflected upon his own role in the program. The psychiatrist stated that he was pleased with the success of the program but that he didn't think that such a program could only be designed and managed by a psychiatrist. Indeed, the expertise of a psychiatrist, he asserted, was not needed.

The Rabbi Reviews His Function in the Counseling Program

The rabbi discusses his responsibilities in the Valley Beth Shalom paraprofessional counseling program. In addition to the task of serving as a liaison and public relations spokesman within the 55

community, the rabbi mentioned his obligation to inform the psychiatrist of any human problems which he perceives among the congregation. The rabbi stated that his major responsibility is to convince people to go to the center, or anywhere, for help. In his words, he "legitimizes the notion of seeking help before, during and after a crisis."

Concerns About Synagogue-Based Social Service Centers:
Those Directly Involved
With the Valley Beth Shalom Program Discuss Them

All the people directly involved with the Valley Beth Shalom program stated that a social service center located in a synagogue would serve as a deterrent for some people who might seek help, while it would comfort and attract others. Another concern was whether congregants would feel comfortable seeking help at the Temple. The pitotal issue in that connection is that of "privacy and confidentiality."

The rabbi of the synagogue expressed possible negative developments which should be avoided in a synagogue-sponsored program of this type. The first pitfall could be that the program might operate independent of the Jewish value system. Secondly, the rabbi stressed the importance of professional supervision of the paraprofessionals.

The paraprofessionals interviewed added the following criticism of the Valley Beth Shalom counseling program. "We have no prestige." "People think we're cheap shrinks." "Others

[congregants] feel paraprofessionals are 'elitist.'" "There is resentment in the synagogue as many of its leaders are now only involved in this program."

Concerns About Synagogue-Based Social Service Centers:
Professional Social Workers Discuss Them

The professional social workers interviewed had the following apprehensions about social services in a synagogue milieu. One respondent said, "Sectarian agencies have many years of experience in developing efficient delivery systems. We can meet the needs of the community. It's not the role of the Synagogue. The role of the Synagogue is for religious services and theological study. The Synagogue should offer social functions and activities. There is a lack of it." All the professionals interviewed were concerned about safeguards in quality service and accountability. One commented, "There could be a conflict between Jewish and mental health responses!"

Advantages of Synagogue-Based Social Service Centers:
According to the Paraprofessionals

The paraprofessionals interviewed listed the following advantages for synagogue-based social services, "It's open to the community, can provide supportive care and alternatives for mild neuroses and/or crises. Such programs provide more leeway to create programs, a supplementary service to the rabbi and Jewish counseling."

The Prospects For Synagogue-Based Social Services:
According to the Social Workers

Some of the professionals were optimistic about the prospects of social services in a synagogue. The possibilities suggested included primary preventive and out-reach activities, counseling with a Jewish perspective and a communication system for information and referral. Another professional felt that synagogues should house social service programs which are directed and sponsored by Jewish Family Service.

One professional social worker added the following comment when discussing the concept of social services in the synagogue environment:

It's a good model that when you're hurting you can turn back to the Synagogue for help--to be taken care of there. One problem in American life is that the Synagogue is now irrelevant to most Jews. This could attract them to the Synagogue.

The Role of the Synagogue: As Delineated by the Rabbi

The rabbi of the Valley Beth Shalom synagogue had the following remark to make regarding the role of the Synagogue in mental health:

The Synagogue is a place to turn to when in need...The Synagogue must be an wholistic institution...To help and to heal is the purpose of the Synagogue.

Concluding Comments

In the course of this study, it has become evident that the Valley Beth Shalom Paraprofessional Counseling Center has developed

into a program different from the one first conceived of by the rabbi or, later, the psychiatrist. There does not appear to be clear communication and common understanding among anyone affiliated with the program. This phenomenon affects every aspect of the program: services offered, clientele to be helped, criteria to determine appropriateness of referrals elsewhere and even case assignments within the group. There seems to be no established network for communication, referral and cooperation of efforts between the Valley Beth Shalom program and professional social service facilities in the area. This lack of an information feedback channel has resulted in many misgivings and apprehensions on the parts of the paraprofessionals and the professional social work agency representatives.

Unaware of the details of the types of treatment and problems addressed by the paraprofessionals, professional social work agencies have made referrals to the program according to what the agencies have felt appropriate for paraprofessionals to handle: supportive counseling, out-reach services, Jewish identity problems, requests for short-term therapy and social activity. In essence, the professional social workers have responded to the program as the rabbi and psychiatrist first conceived of the paraprofessional service center. However, both groups expressed interest and hope in the future establishment of co-operative social service programs of an educative innovative and preventive nature.

CHAPTER IV

TOWARD AN EFFECTIVE AND CONTINUING PARAPROFESSIONAL PROGRAM IN A SYNAGOGUE

This study has revealed a creative and exciting venture in the delivery of mental health services; entered into cooperatively by representatives of several different professions and lay people. Under the guidance of a rabbi, a psychiatrist and with the assistance of some social workers an innovative program, utilizing the efforts of volunteer lay people, the Valley Beth Shalom Paraprofessional Counseling Center, was initiated. This body of individuals worked dilligently to create a mental health service system intended to meet identified needs of congregational members and the community. This program demonstrates that a useful service in the mental health field can be offered within the framework of a religious institution. Proof of the overall success of the program is the enthusiasm for it generated by its paraprofessional workers.

However, as is to be expected in any venture of this sort, problems will arise and lessons can be learned in dealing with them in this program. Some of these will be highlighted in the following pages. It is hoped that all analyses, criticisms and recommendations

will be seen as helpful for the future of the Valley Beth Shalom
paraprofessional program.

* * *

Once upon a time all the world spoke a single language and used the same words...They said to one another, "Come, let us build ourselves a city and tower...and make a name for ourselves"...Then the LORD came down to see the city and tower which mortal men had built, and he said, "Here they are, one people with a single language, and now they have started to do this; henceforward nothing they have a mind to do will be beyond their reach."

Genesis Chapter 11:1-8

The "Tower of Babel" remains the paradigm of the concept of a "meeting of minds"--complete understanding in communication expressed in cooperative, synchronized action. Coordinated understanding empowers any collective group and all efforts are thus enhanced. "Well-oiled" communication systems are few and far between--a long time in the making and difficult to maintain. Sometimes interactions between individuals are precise agreements but then sometimes communications may be misstated or misinterpreted: babble.

The development of the paraprofessional counseling program of the Valley Beth Shalom Synagogue is an illustration of how creative well-intended people sometimes combine energies to work toward an assumed goal in ways believed to be understood, accepted and

agreed upon by all, only to find later in the process that a complete "meeting of minds" did not exist. Unaware of a difference in perceived goals for the program, the rabbi and psychiatrist designed strategies for the achievement of these respective goals. The rabbi, with a strong investment in Judaica, is primarily concerned with the provision and promotion of psychological counseling to the Jewish community with an emphasis on Jewish values and tradition. The psychiatrist's primary loyalty is to the adherence of fundamental values in the counseling professions, most notably, the insistence on individual freedom and choice. These disparate objectives dictate different approaches and expectations in areas of training, practice and structure. However, these differences in goals for the program did not commit the service center to an irreversible path to failure.

More discussion of philosophical and operational goals between rabbi and psychiatrist might have corrected some miscommunications. Another variable damaged the program. Each of these two master schemes lacked a system of action related to the goals which would assure successful fulfillment of the stated objectives for the program. In the case of the psychiatrist's plan, the actual steps of the program implemented were not adequately thought through for they do not necessitate fulfillment of program objectives as defined by the psychiatrist. Although the rabbi has clearly expressed his goal for the Valley Beth Shalom program, he has never delineated operational steps which would result in the attainment of these goals. This overall confusion about program goals and operational content has probably,

inadvertently, stimulated the wide range of motivations and expectations of volunteers involved in the service center project.

This is an exploratory study of an organization--or part of an organization--which has come into vogue lately: a counseling service staffed by paraprofessionals sponsored by a synagogue. The particular institution, the Valley Beth Shalom Synagogue of Encino, California was selected for the following reasons:

1. It has initiated a social service program with the sanction of the rabbi and the synagogue's administration, which has been in existence for a sufficiently extensive period of time

2. The social service delivery system is supervised by a psychiatrist and has enlisted the assistance of professional social workers

3. Key figures in the program i.e., rabbi, psychiatrist and business administrator were agreeable to co-operate in this research project

In this study, attention was focused on the motivation between and objectives of the paraprofessional social service program at the Valley Beth Shalom Synagogue. Descriptive and anecdotal information pertaining to the development of the social services offered by the synagogue was collected.

Three populations were interviewed.

1. Key initiators and functionaries of the Valley Beth Shalom Synagogue's Paraprofessional Counseling Center--the rabbi, supervising psychiatrist and business administrator of the program

2. A group of eight paraprofessional counselors randomly selected from among the first Valley Beth Shalom training class

3. Seven social workers--representatives of local professional social work agencies

A different interview schedule was addressed to each population. All individuals interviewed were encouraged to provide pertinent anecdotal material. There were a few areas of specific exploration. These points of interest consist of:

1. The motivation for the initiation of the Valley Beth Shalom paraprofessional program
2. The development of the structure of the counseling service
3. The future plans for the counseling program
4. The future plans of the individual paraprofessionals
5. The relationship between the paraprofessional program and professional services in the area

The data were organized around topical themes. Consideration of the impact of responses and importance of the respondents' positions in relation to the given subject material was given in the determination of the sequential presentation of data.

Results and Conclusions of Study

The concept of the paraprofessional counseling program at the Valley Beth Shalom Synagogue was first promoted by the rabbi of the synagogue in 1973. Deeply concerned by the number and range of psychological problems brought to him by congregants, problems for

which he had insufficient time or expertise, the idea for the paraprofessional program was born. The rabbi's hope for the program is the provision of counseling to Jews within the framework of Jewish values. The manifest goal is to provide help to those in need. The latent goal was to further insure Jewish tradition and promote the image of the synagogue as an wholistic and essential institution in Jewish life.

Though initially reluctant, one psychiatrist decided to volunteer his time and expertise to develop such a service program. His reservation about this type of service was that the paraprofessional would have limited training and skills but might feel qualified to handle problems beyond his or her expertise. This could then lead to the overstepping of bounds and rights as a paraprofessional counselor. Nonetheless, convinced of the innate talent of many fellow Valley Beth Shalom congregants, the psychiatrist felt confident that he could design a training course which would assure the quality and competence of the paraprofessional group. Each professional social work agency representative interviewed also expressed concern about the assurance of quality training and supervision in the Valley Beth Shalom program.

The psychiatrist conceived the program to be a complementary short-term service-an adjunct to the rabbi's pastoral counseling and a source for help for people unable to afford it but in need of professional counseling.

Three reasons given for involvement in the counseling program by the paraprofessionals interviewed were: (1) All paraprofessionals

expressed a need to participate in "meaningful activity." This volunteer work was also seen as a means to enhance life activities and interpersonal interactions. (2) A number of paraprofessionals have returned to universities or colleges on a full or part-time basis since their participation in the Valley Beth Shalom program. This may suggest a lack of satisfaction with the status of paraprofessional work, once the workers have become aware of raw skills or they may be stimulated by the paraprofessional work to pursue professional training. (3) Moreover, all the paraprofessionals interviewed expressed interest in pursuing and administering services focused on problems with which they have had little or no contact and training.

Although the rabbi is generally pleased with the training program of the paraprofessional counselors, he has one basic criticism of the curriculum. He notes a lack of sufficient instruction in Jewish ethics in the program. He attributes this deficiency to his own inability to give adequate attention to the project. The promotion of mental health within the context of Jewish values, however, is the basic premise for the paraprofessional program, as conceived by the rabbi himself. Unless the religious component of this program is stressed, the objective of the paraprofessional service will not be achieved. A few paraprofessionals shared concern over a neglect of Jewish ethics and insufficient amount of rabbinic input.

The psychiatrist defined the extent and type of services to be provided by the Valley Beth Shalom paraprofessional counselors as short-term, crisis intervention work and supportive therapy. However,

the one year average length of active paraprofessional case involvement would indicate that long-term, rather than short-term, treatment is being offered at the Valley Beth Shalom center. One paraprofessional criticized the training program outline for not offering enough training in crisis intervention and short-term treatment theory and technique. Moreover, the range of problems addressed by paraprofessionals at the center include suicidal individuals, schizophrenics, manic-depressive individuals, sexually impotent individuals, mentally retarded and excessively manipulative people. These facts indicate that the psychiatrist's objectives for the counseling service and the paraprofessionals' activity are not being adhered to.

There are many possible explanations as to why the program has not developed as the psychiatrist had planned it. It is possible that details regarding course material and criteria for referrals outside of the Valley Beth Shalom Center were simply not formalized. However, there may be other, more subtle reasons for the displacement of the program's original goals. The supervisors selected by the psychiatrist were professional mental health workers with expertise in long-term therapy. Thus, the most common treatment model used during supervisory sessions tend to be of a long-term variety. The psychiatrist is critical of the type of services provided by professional social work agencies and the negative effects of such programs on social work staff. According to the psychiatrist, service is often limited to only a short-term treatment modality, irrespective of specific, individualized problems. Interestingly, this is

precisely the reservation he first stated when enumerating some of the pitfalls of paraprofessional counseling. Underlying these comments may be an ambivalence toward short-term treatment and a lack of clarity regarding its potential and the necessary skills for it. If this is accurate, it is possible that these attitudes may be transmitted to the paraprofessionals through the program's structure.

Most of the professional social workers interviewed were not familiar with the Valley Beth Shalom program. Several discussed referrals they have made or situations in which they would consider making referrals to the center. All of these incidents involved crisis counseling, supportive treatment, preventive and/or educational activity, and the exploration of Jewish identity. The professional social work population interviewed responded to the synagogue's counseling center as it was originally defined by the rabbi and the psychiatrist.

Overall, the professional social workers were optimistic and mildly enthusiastic about the prospects for the Valley Beth Shalom program in the future. The program was generally seen as a valuable resource for innovative projects aimed at the promotion of positive, preventive mental health in the community. This type of response contradicted the paraprofessionals' notions of the social workers' sentiments toward the program. Finally, the professional social work group did not seem to feel as hostile towards the paraprofessionals as the latter did towards them.

All of the people interviewed shared the following concerns raised by the synagogue-sponsored paraprofessional counseling service:

1. Some, perhaps many, potential clients may be deterred from seeking help at the center because of its location in and affiliation with the synagogue. It was generally agreed though, that others would be attracted to the service center for the same reasons

2. A concern about the maintenance of confidential information about the clients served at the center was an initial worry

3. A fear of the paraprofessionals functioning without adequate supervision and, perhaps in some cases, training, was expressed by all people interviewed.

There appeared to be some confusion and disagreement about certain of the specific functions of the program. The rabbi was not aware that non-Jews use the services at the Valley Beth Shalom counseling center. Moreover, the paraprofessionals and psychiatrist assumed that the rabbi refers to the greater community when he discusses a "coherence" and commitment to the community. The rabbi explained to the researcher that he specifically means the Jewish community. The paraprofessionals stated conflicting information regarding the age requirements of clientele to be served by the counseling center, particularly regarding the treatment of children at the center. The professionals expressed general concern and confusion over some concrete aspects of the program i.e., criteria for "outside" referrals of clients by paraprofessionals and case assignments within the Valley Beth Shalom structure.

Most people interviewed expressed an interest in the establishment of co-operative programs between professional social service agencies and the Valley Beth Shalom Paraprofessional Counseling Program. However, no one had ever really thought about such a venture. No specific ideas for such programs were offered during these interviews. Accompanying these positive responses were expressions of ambivalence and uncertainty as to the appropriateness of social service programs within the institution.

Recommendations

Problems of the current Valley Beth Shalom Paraprofessional Counseling Program include: an inadequate information system within the organization itself and with other agencies in the community--affecting all levels--the top organizers as well as the volunteers. This results in ignorance and confusion about the program's goals, functions and structure, leading to possible misgivings and apprehensions about other local social service programs and mental health workers.

If the program is to provide an adequate source of human service work in the area, a positive connection must be established between this center and other local mental health services. The following steps may serve as beginning measures to improve the quality and efficiency of the Valley Beth Shalom social service delivery system:

1. An evaluation of the program's functions and structure, in light of the program's explicit objectives, should be carried out by those involved with it. When necessary, clarification of service parameters should be established. Consultation with professional mental health agencies might prove helpful in this process.

2. Formal communication with professional social service agencies should be designed and instituted. Such a gesture might facilitate and augment the possibilities for cooperative programs involving these different organizations i.e., preventive and educational mental health projects. Open communication would also make the Valley Beth Shalom program more visible to the community. It might also lend it credibility and legitimation in the community.

3. Rabbinic input should be increased in the training and ongoing aspects of the counseling program. Rabbinic supervision or consultation should be available to all paraprofessionals and other mental health workers involved in the program. Counseling services that are sponsored or housed within a synagogue does not necessarily insure the inclusion or consideration of Jewish values in its programs or practice.

4. The needs of paraprofessionals as human beings with potential for personal development must be considered. Once paraprofessionals are trained, Valley Beth Shalom staff cannot "rest on its laurels" but must make an effort to recruit and train other volunteers to replace the ones who move on to more formal professional training. The paraprofessional experience can still enhance the

Valley Beth Shalom program if former paraprofessionals-now professionals-are encouraged to continue as volunteers functioning as model workers or as trainers.

5. A system of sharing information and expertise might be established with other human service agencies and specialists in the community. Valley Beth Shalom paraprofessionals might be invited to lectures and training sessions at local social work agencies and medical facilities. Professional social work agency staff and/or psychiatric staff might be invited to participate in classes in Jewish values taught by the rabbi at the synagogue.

6. A wider representation of counseling expertise among the supervisory staff of the Valley Beth Shalom paraprofession center may prove helpful to the paraprofessionals in their work. Perhaps local social work agencies which do not operate within the context of the medical model hierarchy might be included in this process of modification of the current delivery system.

7. The use of paraprofessional help in mental health is a growing phenomenon. It would be beneficial for schools of social work to explore the effect of religious auspices on mental health services and the relation between professionals and paraprofessionals in their curricula.

8. It is evident that many people in the mental health professions as well as the lay community are unaware of the wide spectrum of social work functions and techniques. It could be helpful for future interdisciplinary efforts and relations, to facilitate the

education or re-education of these people in professional mental health establishments and educational institutions through the issuance of formal definitions and statements.

The hallmark of any successful organization is the degree to which it is effective and efficient. The question "Is the organization structured so as to move towards achievement of what it is designed to do and to continue to do it?" should be answered in the affirmative in all aspects. There are basic elements which each organization must have in order to pass such scrutiny. An organization must have a clear purpose. It must then have a comprehensive system of operational tasks which, when implemented and coordinated through a joint effort of all participants, will result in movement towards the planned goal of the organization. Unless all functional operations are directed to the program's goal, the danger of goal displacement exists. Evaluative criteria related to stated goals, quality of service and continuity of such quality must be used to monitor the program in an on-going fashion.

The establishment and maintenance of such a process is not an easy one. It requires careful planning before actual establishment of the organization, honest, continuous assessment of the program's operations in relation to the purpose of the structure. Creative, useful program ideas abound but it is only when this creativity is harnessed in an effective organization that it can achieve its potential.

This program meets a number of these criteria. Very few organizations meet all of them. It would appear that some of the hopes and dreams for the Valley Beth Shalom Paraprofessional Counseling Center as conceived by the programs' creators have been fulfilled. It is hoped that the analyses, criticisms and recommendations set forth here will contribute to a more consistent and comprehensive realization of their dream.

APPENDIX A

Interview Schedule for Key Administrators and Initiators
of Valley Beth Shalom Synagogue Paraprofessional Counseling Center

1. How did the Valley Beth Shalom Paraprofessional program get started?
2. What part did you play in it and at what point did you get involved? Why did you? What were your reactions to the program?
3. Could you tell me more about the program as it has evolved? And your part in it?

- Areas to Probe:
1. clients served
 2. problems addressed
 3. selection process of volunteers
 4. hierarchy of program structure
 5. training and supervision
 6. pay scale for clients--who determines it and how?
 7. funding of program

4. Could you tell me how you would differentiate from the people and services received at Valley Beth Shalom and the people and services dealt with in your professional capacity?

NOTE: When directed to the business administrator, this question was stated as follows:

Is there a distinction to be made between the people treated and services offered at Valley Beth Shalom and a professional social work agency?

5. What sort of role do you believe a rabbi should take in a program of this sort? A psychiatrist? A supervisor? A case-coordinator? A paraprofessional? How have your ideas on this evolved over time?
6. How does this paraprofessional program fit in with the other programs and services of Valley Beth Shalom?
7. What do you see are the pros and cons of such a synagogue-sponsored program?

8. Have you had any contact with social work agencies in the area? Are they aware of your program and if so, what has their response been to this program? How do you see this program fitting in with theirs?

9. What future plans and hopes do you have for the Valley Beth Shalom paraprofessional program?

10. If this program were to be started again, would you be in favor of it? And in the same way? What would be different?

APPENDIX B

Interview Schedule for Paraprofessional Volunteers
at the Valley Beth Shalom Counseling Center

1. How did you get involved in this program?

- Areas to Probe:
1. why?
 2. when?
 3. previous experiences in human services--what sort?
 4. expectations of program

2. What do you see as the pros and cons of such a synagogue-sponsored program?

3. Could you tell me about your personal background?

- Areas to Probe:
1. family situation
 2. educational background
 3. work experience (paid)
 4. other volunteer activity

4. How long have you been affiliated with Valley Beth Shalom? Why did you join Valley Beth Shalom?

5. Have you been involved in any of the other programs sponsored by Valley Beth Shalom? In what capacity?

- Areas to Probe:
1. user or leadership role
 2. type of programs or services involved with
 3. consistency in level of involvement over time

6. Could you tell me something about you and the Valley Beth Shalom training program? How about supervision at Valley Beth Shalom?

- Areas to Probe:
1. type and structure of training, supervision
 2. reactions to both i.e., helpful, sufficient, inadequate, etc...

7. Could you tell me about your work as a paraprofessional?

- Areas to Probe:
1. any "special projects?" expertise?
 2. types of problems worked with

3. illustrations of how worker handles different problems

How many hours do you spend working as a paraprofessional?
How many people do you see? For how long?

8. Do you feel satisfied with what you're doing? Has this changed over time?

9. Have there been incidents when you have been less satisfied with what you could do in the particular situation? Could you describe them? What did you do?

Areas to Probe: referrals elsewhere? consultations elsewhere? if so, where? what kind? (psychiatric, social worker, etc...)

10. If not answered in above question #9: Have there been instances when you have used consultation or referral elsewhere? If so, where? What sort of situation was it?

11. Could you tell me how you would differentiate between the people and services received at Valley Beth Shalom and the people and services treated and offered by a psychiatrist? A social worker in a casework agency? A group worker at a community center?

12. Are you satisfied with the roles of the following as they have evolved in the program? A psychiatrist? A supervisor? An administrator? A paraprofessional? A rabbi? How have your ideas on this evolved over time?

13. How does this paraprofessional program fit in with the other programs and services of Valley Beth Shalom? And with your personal life?

14. Have you had any contact with social work agencies in the area? Are they aware of this program and, if so, what has their response been to this program? And how do you see this program fitting in with theirs?

15. What future plans and hopes do you have for the Valley Beth Shalom paraprofessional program? And your own plans in it?

16. If this program were to be started again, would you be in favor of it? And in the same way? What, if anything, would you like to see different?

17. Added after the fifth interview with this schedule: Does the fact that this program is located in a synagogue have any impact?

- Areas to Probe:
1. differences in clientele
 2. effect on counselor
 3. effect on technique or plan for treatment

APPENDIX C

Interview Schedule for Professionals of Social Service Agencies

1. What do you feel the role of a synagogue should be in mental health?

2. How do you feel about counseling services under synagogue auspices?

3. Are you familiar with the paraprofessional counseling program at the Valley Beth Shalom synagogue? What is your impression of it?

- Areas to Probe:
1. types of clients served
 2. types of services provided
 3. structure of the program
 4. training and supervision

4. Have you had any experience with the Valley Beth Shalom paraprofessionals? Could you tell me about them?

5. Has the Valley Beth Shalom program ever made any referrals to this center (of which the professional is a representative) And vice versa? Could you tell me about them?

- Areas to Probe:
1. type of problem or situation
 2. satisfaction or dissatisfaction with the way the situation was handled

6. If no prior referral:

1. Could you foresee any type of situation which you'd feel a referral to the Valley Beth Shalom program would be appropriate? Any examples?
2. Could you foresee any type of situation which you'd feel a referral to your agency from Valley Beth Shalom would be appropriate?

7. If you knew your client belonged to Valley Beth Shalom would you encourage that client to avail himself of services offered there?

- Areas to Probe:
1. attitude to the Valley Beth Shalom Synagogue
 2. knowledge of programs and services provided there

8. What kind of role(s) do you think paraprofessionals should play in mental health? And in mental health facilities in the synagogue?

9. What do you think about such paraprofessional synagogue-based programs in the overall scene?

- Areas to Probe:
1. reputation of mental health services
 2. assurance of quality treatment
 3. funding
 4. the future of these programs--
competition or cooperation

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