HEBREW UNION COLLEGE-JEWISH INSITUTE OF RELIGION
LOS ANGELES SCHOOL

SUBMISSION AND RECEIPT OF COMPLETED PROJECT

I, Shauna Raffety
Name of Student (Print Clearly)

hereby submit two (2) copies of my completed project in final form entitled:

A Resource Guide on Stigma in the Jewish Community for Rabbis,

Educators, and Jewish Communal Professionals

5/1/06
Date

Shauna Raffety
Student Signature

RECEIPT BY REGISTRAR

The above named project was received by the Registrar's Office on _____.
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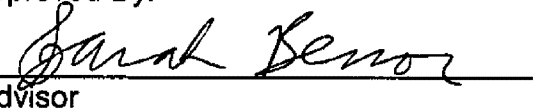
HEBREW UNION COLLEGE-JEWISH INSTITUE OF RELIGION
LOS ANGELES SCHOOL

SCHOOL OF JEWISH COMMUNAL SERVICE

A RESOURCE GUIDE ON STIGMA IN THE JEWISH COMMUNITY FOR RABBIS, EDUCATORS, AND JEWISH COMMUNAL PROFESSIONALS

Approved By:



Advisor

Director

A RESOURCE GUIDE ON STIGMA IN THE JEWISH COMMUNITY FOR RABBIS, EDUCATORS, AND JEWISH COMMUNAL PROFESSIONALS

By

Shauna Raffety

A project presented to the School of Jewish Communal Service of the Hebrew Union College-Jewish Institute of Religion, California School and University of Southern California in fulfillment of the requirements for the degrees of Master of Jewish Communal Service and Master of Social Work.

May 2006

A Resource Guide on Stigma in the Jewish Community for Rabbis, Educators, and Jewish Communal Professionals

CONTENTS

SECTION 1- Introduction

"I'm the mother of a recovering alcoholic who sought help years ago from members of the rabbinate, who vehemently denied that there were Jewish alcoholics. She was fortunate that she found Alcoholics Anonymous and the help she needed. However, I'm saddened that she has turned from Judaism and found solace in another faith . . . Perhaps there is something more to do."[1]

The Jewish community is made up of families and individuals who are affected by issues that are hard to deal with alone. Issues such as alcohol and substance abuse, family violence, and mental illness are devastating to a family or individual. These families and individuals could benefit from being connected to a larger community for resources and support. It is important that Jewish community professionals are educated about potential issues and serve as agents to help connect the individuals or families to community resources.

Stigma may serve as a barrier between the individual or family and the necessary community resources to alleviate their already difficult situation. Jewish communal professionals can alleviate and contain some of the stigma that accompanies issues such as addiction, family violence, and mental illness. Specifically, Jewish communal professionals can work toward decreasing feelings of isolation by bringing these issues into the public forum. This guide seeks to increase knowledge about stigmatized behaviors among rabbis, educators, and communal professionals. It provides information about appropriate resources, as well as suggestions for increasing public awareness through programming, sermons, and other inclusive tactics.

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[1] http://www.jacsweb.org. Retrieved on April 20, 2006.

The format of this guide is as follows: after introducing the need for such a guide by detailing what stigma is and how it manifests, it focuses on three stigmatized behaviors in the Jewish community: addiction, family violence, and mental illness. Each behavior is explored in a case study that shares some of the complicated issues a Jewish professional might encounter when the behavior presents itself in different Jewish communal settings. Based on this case study, this guide offers tips on best practices, referral sources, and relevant texts and websites.

The goal of this resource guide is not to make a clinician of all professionals in the Jewish community, but rather to educate the community professionals and make the Jewish community inclusive of families and individuals who are coping with difficult situations. This resource guide is not representative of all behaviors that are stigmatized but uses alcohol and substance abuse, family violence, and mental illness as examples to suggest how non-clinical Jewish communal professionals might approach difficult issues effectively while avoiding the traps of stigma. This guide is relevant for Jewish communal professionals, rabbis, and educators in North America because it demonstrates how to conceptualize stigmatized behaviors that present in every community. This guide is especially useful in Los Angeles, though, as most of the referrals are specific to Los Angeles.

SECTION II- What is Stigma?

On top of what already can be a very distressing situation, misconception and stigma cause additional pain and isolation to individuals and families suffering with addiction, abuse, or mental illness. Stigma and misconceptions are dangerous; they can erode confidence that addiction, abuse, or mental disorders are conditions that are real and treatable, and they can prevent those who are afflicted from seeking help immediately. Misconceptions about addiction, abuse, and mental illness include a sense that the situation can be overcome through "will power" or that the situation is related to a person's "character" or intelligence. The antidote for misconceptions is education: explaining that addiction, abuse, and mental illness require more than will power to cause change.

Education must also be used to reduce stigma; however, stigma is a little more complicated. Often derived from early-learned experience to judge and marginalize that which is feared and unknown, stigma has elements of shame and fear that must be addressed before education can be effective. The Jewish community must break down these barriers of shame and fear through an active campaign of public awareness and acknowledgement. This can be accomplished by raising the topic in the pulpit, communal organizations, and the classroom. By publicly addressing taboo associated with these stigmatized behaviors, the Jewish community can create a more supportive, caring environment in which education can be better received and absorbed.[2]

[2] Address, R. F., editor. (2003). *Caring for the Soul: R'fuat HaNefesh: A Mental Health Resource and Study Guide,* URJ Press.

How does stigma manifest?

Stigma is a social process characterized by exclusion, rejection, blame or devaluation that results from experience of an adverse social judgment about a person or group identified with a problem.[3] Stigma may be motivated by inappropriate fears of contagion or danger or by moral judgments about people with the condition. Proposed possible effects of stigma include its contribution to suffering, delay in appropriate help-seeking, and treatment effectiveness.

Stigma is understood to be composed of five interrelated components, including the following: individuals identifying and labeling human differences, stereotyping the labeled person as linked to the undesirable characteristic, the labeling group separating the stigmatized group as "them" from "us," stigmatized people experiencing discrimination and loss of status (devaluing, rejecting, and excluding), and exercising power over the labeled person.[4] The labeled person's loss of status and power leads to a substantial social disadvantage with respect to resources. Ultimately, individuals whose conditions are stigmatized have increased risk and stress because of their social disadvantage, causing a compromised quality of life.

Stigma has psychological and anthropological roots; our brains are wired to fear the unknown, unpredictable, and potentially dangerous. We must acknowledge this natural response to issues such as addiction, abuse, and mental illness and respond vigilantly with education, public acknowledgment and advocacy, and provision of accessible resources. Without a proper response to the natural process of stigma,

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[3] Weiss, M. (2006). Stigma Interventions and Research for International Health. *The Lancet*. London. 367(9509), pg. 536.

[4] Link, B. & Phelan, J. (2006). Stigma and Its Public Health Implications. *The Lancet*. London. 367(9509), pg. 528.

misperception and fear will have a painful impact for individuals and families. A community cannot pretend issues do not exist and affect large numbers of community members. Rather, a community must be more inclusive with programming, general public acknowledgement, etc., helping to heal the family and individual with presence and support.

SECTION III: Stigmatized Behaviors Exist in the Jewish Community

Addiction, family violence, and mental illness do not discriminate. Mental illness is a classic example. Approximately 23 percent of Americans over the age of 18 suffer from diagnosable mental disorders at some time in their lives. Twenty percent of children, approximately eleven million, are afflicted with mental health problems.[5] In the United States, Jews represent approximately 1.8% of the population and therefore 1.8% of the 23 million adults and 11 million children who suffer from mental illnesses.

Addiction, family violence, and mental illness affect Jews as frequently as any other group, as many issues that are stigmatized do. For many years, much of the Jewish community denied these problems existed, accepting the myth that few, if any, Jews suffer from addiction, family violence and mental illness. This may be related to the concept many people hold that those who have addiction, are perpetrators or victims of family violence, or suffer from mental illnesses are not highly functioning, are not employed, cannot have families, or cannot maintain friendships. Additionally, individuals may be under the assumption that if an individual is from a Jewish home then he/she is a successful, highly functioning person who is family and community oriented. This line of

[5] Address, R. F., editor. (2003). *Caring for the Soul: R'fuat HaNefesh: A Mental Health Resource and Study Guide.* URJ Press.

thinking may cause people to believe Jews are not susceptible to the traps of behaviors that are stigmatized or that individuals with stigmatized behaviors cannot be successful individuals with family and friends. We must train ourselves to avoid this kind of faulty thinking. Stigmatized behaviors can be found among all groups, including Jews.

It is also important to recognize that stigmatized behaviors come in many forms. Usually there is a scope of difficult behaviors as well as a continuum of severity. For example there is a scope of addictive behaviors (e.g., alcohol, gambling, online chat rooms, and cutting one's body). These behaviors can range from only slightly impacting an individual's life to completely incapacitating an individual and affecting others in a significant way. It would benefit Jewish communal professionals, educators, and rabbis to understand that a family or individual who is having difficulty might be suffering from one or more of several types of different addictions that range from slight to significant.

In short, stigmatized behaviors are present in the Jewish community, exist in many forms, and call out for professionals' attention. The case studies that follow illustrate these points.

SECTION IV- Alcohol and substance abuse in the Jewish community

CASE STUDY

A parent comes to you, a synagogue youth group advisor, to seek help for her daughter Sarah, a 16-year-old youth group participant whom you have known for the past four years. Sarah's mother reports that Sarah's behavior towards her parents and her youth group friends has become withdrawn. In the past the girl was an excellent student, but her grades began to drop recently when she began to spend time with older friends. One night her mother discovered she was using cocaine. Sarah's mother grounded her for being irresponsible and reckless.

After failing her courses, Sarah told her mother she thinks she needs to get help. She told her teacher at her Jewish high school that she felt spiritually empty, and he advised her to see the rabbi at the high school. The rabbi admonished her use of drugs, and told her that it was a disgrace for a Jew to use substances. The rabbi offered no response to her feelings of spiritual bankruptcy.

Sarah is depressed, and her mother does not know who to turn to for help. Sarah's mother has heard that programs such as Narcotics Anonymous have a Christian orientation and are "off limits" to Jews.

Points of Interest:

1) Sarah's mother only looked at the surface level of the problem. Substance abuse may be a coping mechanism to cover up pain. Sarah's use of substances helped Sarah cope with the deeper issues she was struggling with and needed support for.
2) Rabbis, educators, and communal professionals should pay attention to changes in behavior and question whether new, destructive behaviors are symptoms of a larger problem.
3) Rabbis, educators, and communal professionals should have several options for referrals. If Sarah's teacher could have offered other resources to Sarah and her family, they might have found a response to her feelings of spiritual emptiness.
4) Sarah's rabbi could have helped tease out how she felt about her spiritual emptiness rather than condemning her for it. If the rabbi did not feel he could handle Sarah's situation without judgment, he should have referred Sarah to a counselor.
5) Jewish professionals should recognize that addiction affects all age groups. Additionally, addiction is a complex problem, and individuals and families can use the help of professionals to assess what services could be beneficial and appropriate.
6) Parents may need support to understand and deal with their child's addiction. In this case, it would be appropriate to refer Sarah's family to AL ANON (see referral section), which supports family members of addicts.

TIPS

What to avoid:

* ASSUMPTIONS- Jewish communal professionals, educators, and rabbis should never make assumptions about what addiction looks like; addiction can be present in an 80-year-old who overmedicates and a 10-year-old who inhales glue.

* MAKING REFERRALS BEFORE ASSSESSMENT- Jewish communal professionals, educators, and rabbis should never make referrals directly to treatment centers before an assessment has been made by a clinical professional. Treatment centers are for-profit organizations and may not always be the best place for an individual. A trained clinician can better help the family decide what is best for them.

* MISPERCEPTION OF WHAT ADDICTION IS- Those who have addiction issues are not always totally dysfunctional. For example, 80% of alcoholics are employed. Additionally, addiction is not caused by personal failure. Much of what predisposes one to addiction is genetic.

* YOU ARE THERE FOR SUPPORT, NOT CLINICAL ASSESSMENT- Non-clinical professionals' role is to be there to support the family, not to treat the family. Beware of being put in the middle of a situation where the client does not agree with the assessment of the clinical professionals and seeks support and confirmation from the non-clinical professional to discount the clinical care professional's role (this behavior is described as "splitting".) In this case, non-clinical professionals should help the family understand his/her role as supportive rather than clinical.

What to look for:

* UNDERSTAND BIGGER PICTURE- It is important to get an understanding of the bigger picture in the individual's life, including information about the family structure, as many individuals who have an addiction are part of an unhealthy family dynamic.

* LOOK FOR SPIRITUAL COMPONENT- There can be an intersection between spiritual emptiness and addictive behaviors. A recovery program consisting of a spiritual component can be helpful for some Jewish community members' recoveries. Additionally, the community can serve as partners to help find rituals that symbolize a new beginning or other meaningful themes for the individual or family.

* PEOPLE HIDE THEIR ADDICTION- When people mask their addictions some cues are isolation, mood shifts, dysfunction, erratic finances, etc. Early interventions may be met with denial, as addiction is one way an individual who masks his/her true self and hurt copes. Knowing this may help non-clinical professionals to offer resources to an individual or family when they suspect there are issues of addiction.

Suggestions:

* COMMUNITY MEMBERS MUST BE MADE AWARE THAT RABBIS, EDUCATORS, AND OTHER PROFESSIONALS ARE PEOPLE THEY CAN TURN TO FOR HELP- Non-clinical professionals can make themselves available and decrease stigma by having a 12-step recovery manual on their office bookshelf, giving a sermon on the topic to the entire congregation, knowing who to call in the area to offer resources to a family or individual, etc.

REFERRALS

NOTE: It is important to encourage those seeking help to speak to a trained clinician, some of whom are listed here, before calling residential programs directly. These referrals are a starting place that can lead to trained professionals who can further assist the individual or families.

If you, the family, or the individual have a question about a particular situation, try consulting with an expert in the Jewish community:

Harriet Rosseto, CEO and founder of Beit T'shuvah
310-204-8910

Linda Gingrass, Jewish Family Service, Alcohol and Drug Abuse Program
310-247-1180

Rabbi Jonathan Kupetz, Temple Beth Israel of Pomona, former coordinator of JFS co-sponsored 12-Step recovery retreat
909-626-1277

Rabbi Paul Kipnes, Congregation Or Ami, former coordinator of JFS co-sponsored 12-Step recovery retreat
818-880-4880

Suggest the family or individual request information from or be connected with a trained clinician at a local organization:

AL ANON (Support for family of addict, not treatment)
818-760-7122/ 800-4AL-ANON
http://www.al-anon.alateen.org

Alcoholics Anonymous (Support for addict, not treatment)
323-936-4343
http://www.aa.org

Jewish Family Service, Alcohol Drug Addiction Project (ADAP) (Referral and assessment)
323-761-8801
http://www.jfsla.org

Cedars Sinai Medical Center, Thalians Admissions (Includes 12-step program, drug screening, inpatient detoxification and education)
310-423-3504/ (310) 423-3411
http://www.csmc.edu

Encourage the family or individual to ask a trained clinician about Jewish residential options for recovery if appropriate:

Beit T'shuvah (Residential, therapeutic community based on Jewish spirituality integrated with the 12 Steps of Alcoholics Anonymous and psychotherapy)
310-204-8910
http://www.beittshuvahla.org

Chabad Drug Abuse Treatment Program (Residential recovery program)
323-965-1365
http://www.chabad.com

WEBSITES

To find information on Jewish support groups and counseling in your community:
http://www.jacsweb.org

For information on Los Angeles County resources:
http://dmhconnection.lacounty.info/ul_alcohol_drugs_co-oc.asp

To learn about addiction issues and resources specific to the elderly:
http://www.americangeriatrics.org/products/alcohbib.pdf

For information regarding addiction specific to youth, the National Youth Anti-Drug Campaign:
http://www.freevibe.com

For general information on alcohol and drug abuse: http://www.health.org

JEWISH ADDICTION AND RECOVERY READING LIST

Resources with Jewish themes that may be of interest to an individual who is seeking an understanding of addiction

- ☐ Borowitz, Mark. (2005). The Holy Thief: A Con Man's Journey from Darkness to Light. HarperCollins.

  (A memoir.)

- ☐ Ezry, Eli. (2000). Praying for Recovery: Psalms and Meditations. Simcha Press.

  (Dedicated to helping all recovering addicts find and deepen a connection to their Higher Power, however they define it.)

- ☐ Kurtz, Earnest. (1993). The Spirituality of Imperfection. Bantam Books.

  (Weaves past traditions into a contemporary spirituality to create meaning within suffering.)

- ☐ Twerski, Rabbi Abraham J., M.D. (1997). Addictive Thinking. Hazelden Publishing.

  (Explores self-deceptive thoughts and how they can undermine self-esteem and threaten the sobriety.)

- ☐ Fighting Substance Abuse: A Program of Action and Education. (1993). VIDEOTAPE. UAHC.

  (Explores substance abuse advocacy and education.)

- ☐ Olitzky, Rabbi Kerry M. & Copans, Stuart A., M.D. (1991). Twelve Jewish Steps To Recovery. Jewish Lights Publishing.

  (Explores 12-step programs from Jewish perspective.)

- ☐ Olitzky, Rabbi Kerry. (1993). 100 Blessings Everyday. Jewish Lights Publishing.

  (Explores Jewish inspirational themes.)

SECTION V- Family violence in the Jewish community

CASE STUDY

You are the rabbi of a large synagogue. One of your congregants, Tallie, tells you that her husband, who serves on the synagogue board and is a prominent philanthropist, has been controlling and intimidating for the past five years they have been married, including limiting her access to money, throwing tantrums that escalate beyond her control, swearing, screaming and threatening to physically harm her. Tallie expresses that she cannot handle her situation anymore because she does not see the cycle of intimidation and apologies ending any time soon. Tallie tells you she feels like she cannot stay with her husband but is afraid to leave because she does not want to provoke her husband nor does she know where to go. Her family has suggested couples counseling to her, but she knows her husband will be on best behavior for the therapist. As a leader of your executive board, her husband plays an important role in your congregation. You are worried his inappropriate behavior may be overlooked because of the major gift he donates annually.

Points of Interest:

1) Tallie is suffering from family violence. Tallie does not have to be physically harmed in order for her situation to be considered abusive. Abuse is an ongoing pattern of power and control in a relationship, where one person repeatedly controls the other through fear, intimidation, or threats. Abusive relationships usually include verbal and emotional abuse (insults, name calling, humiliation, psychological manipulation, and isolation from friends, family, and community.)
2) When someone like Tallie comes forward as a victim of family violence, Jewish communal professionals, rabbis, and educators need to support the victim. Additionally, the professional should link her/him to resources. The rabbi in this scenario needs to encourage Tallie to seek help from a trained counselor to find out about her rights, make a safety plan, and get information about shelter, legal help and other important resources.
3) Despite her family pressures, Tallie should not seek couples counseling with her abusive partner. This is a very dangerous practice since it may well escalate the problem. Couples counseling is counter-indicated where there is abuse.
4) Tallie's case presents itself in synagogues, schools, and other Jewish communal settings. Professionals should be prepared for a situation in which the perpetrator is a well respected member of the community and the victim may not be listened to or believed by others in the community. It is important for professionals to hold perpetrators accountable for their actions while supporting victims and ensuring their safety.

TIPS

What to avoid:

* MISPERCEPTION OF WHO IS INVOLVED IN ABUSE- Abuse happens in marriages, families with children, older adults (65+), disabled adults, same-sex partnerships, and dating relationships, regardless of age, socioeconomic status, education, ethnicity and religious affiliation.

* MISPERCEPTION OF WHAT ABUSE IS- Abuse does not have to be physical. Abuse is emotional control, financial control, sexual control, threats, intimidation, and isolation. None of these behaviors is tolerable.

* THERE ARE NO QUICK FIXES- Often, it takes women in a domestic violence situation several attempts to leave before they leave for good. Leaving a relationship has to be the woman's choice. Professionals should not convey disappointment if the victim elects to return to a violent situation. It is important to share concern, but one must always respect and support a victim, if the victim is not a child, elderly adult or disabled adult. If the victim is a child, older adult, or disabled adult, the abuse must be reported to proper authorities (see Mandatory Reporting section.)

What to look for:

* ABUSERS CAN ALSO BE WELL RESPECTED COMMUNITY MEMBERS- An abuser can be an important, capable, responsible person in the community, never presenting him/herself as threatening.

* "JEKYLL and HYDE"- The abuser can be threatening to the victim one moment and apologetic, kind, and extra loving the next. Often what we see with abusers is that they are completely calm in social and business settings but become abusive at home with

their partners. Abuse is about power and control. Part of the power and control for perpetrators is to switch from one persona to the next, often masking their threatening side to the public.

* ABUSERS DENY ACCUSATIONS- Abusers can deny or minimize accusations and can also portray themselves as the victims.

Suggestions:

* SAFETY IS CENTRAL- The most dangerous point in an abusive relationship is when the woman leaves. For that reason the victim needs to be encouraged to have a "safety plan," preferably developed by the victim and a trained professional.

* MANY VICTIMS WILL LEAVE THEIR LIVES AND BEGIN A NEW LIFE- In order to successfully escape danger, a victim usually will have to make a safety plan that includes relocating to an area where their abusive partners cannot have access to him/her. This new location cannot be disclosed to the perpetrator or anyone the perpetrator has access to. This may mean a victim leaves a community and begins a new life as a survivor in a different community with a new synagogue, school, or Jewish communal institution. Jewish communal professionals should be aware of this process, as some of their community members may have experienced this process.

* VICTIMS MAY NEED HELP HEALING- Once a victim is safe, it is a long journey to heal from wounds of abuse and find wholeness. The community can serve as a partner to help find rituals that symbolize a new path to freedom. Opportunities such as support groups, freedom seders, mikveh rituals, etc., should be available. Congregants must be made aware that rabbis, educators, and other professionals are people they can turn to for help.

REFERRALS

Try consulting with an expert in the Jewish community:

Ellen Goldsmith, LCSW, Director of Domestic Violence Program, JFCS of Long Beach
562-427-7916

Karen Rosenthal, LCSW, JFS, Director, Family Violence Project
818-789-1293

Lauric Tragen Boykoff, LCSW, JFS Child Advocacy Coordinator
323-761-8800

Karen Leaf, LCSW, Director, JFS Valley Storefront (Older Adult Specialist)
818-984-1380

For information on or to report abuse of elderly or disabled adults:

Adult Protective Services
800-992-1660
http://www.dss.cahwnet.gov/cdssweb/Protective_175.htm

For information on or to report abuse of a child:

DCFS Child Abuse Hotline
800-540-4000
http://dcfs.co.la.ca.us/

Suggest the family or individual request information from local organizations:

Jewish Family Service, Family Violence Project (Individual and group counseling for victim and children, shelters)
818-789-1293 / 800-505-0900 Crisis hotline
http://www.jfsla.org/

Vista Del Mar (Family therapy, child abuse treatment program, hotline, parent education)
310-836-1223
http://www.vistadelmar.org/

National Domestic Violence Hotline
800-799-SAFE

Los Angeles Domestic Violence Hotline
800-978-3600

WEBSITES

For rituals, complete services, and prayers on family violence:
http://www.ritualwell.org

For Jewish programs specializing in addressing violence in the home:
http://www.jewishwomen.org

For information on a faith organization that addresses the religious and cultural issues related to abuse:
http://www.faithtrustinstitute.org

For information on Jewish Women International, a Jewish organization that addresses issues related to abuse:
http://www.imakenews.com/jewishwomeninternational

For information from Los Angeles County on domestic violence:
http://da.co.la.ca.us/domv.htm

JEWISH FAMILY VIOLENCE READING LIST

- ☐ Eliav, Irit. (2003). Yad B'Yad: Working Hand in Hand to Create Healthy Relationships: A Curriculum for Grades 6-8. Faith Trust Institute.
- ☐ Enger, Cindy and Gardsbane, Diane, editors. (2002). Domestic Abuse and the Jewish Community: Perspectives from the First International Conference. Haworth Pastoral Press.
- ☐ Gardsbane, Diane, editor. (2002). Healing and Wholeness: A Resource Guide on Domestic Abuse in the Jewish Community. Jewish Women International.
- ☐ Gardsbane, Diane, editor. (2002). Embracing Justice: A Resource Guide for Rabbis on Domestic Abuse. Jewish Women International.
- ☐ Landesman, Toby. (2003). You Are Not Alone: Solace and Inspiration for Domestic Violence Survivors, Based on Jewish Wisdom. Faith Trust Institute.
- ☐ Lev, Rachel, editor. (2002.) Shine the Light: Sexual Abuse and Healing in the Jewish Community. Northeastern University Press.
- ☐ Stein, Rabbi David E. S. (2001). Initiatives to Address Physical Violence by Jewish Husbands, 218 B.C.E.–1400 C.E. *Journal of Religion & Abuse* (2/3).
- ☐ VIDEO: To Save a Life: Ending Domestic Violence in Jewish Families. Faith Trust Institute.

SECTION VI- Mental illness in the Jewish community

(Mental illness can include such diagnoses as schizophrenia, bipolar disorder, depression, anxiety disorders, and obsessive-compulsive disorder.)

CASE STUDY

You are a teacher at the synagogue day school. You notice that one of your fourth-grade students, David, has been late getting to school and late getting picked up from school. When you call David's home to find out what is going on, you speak to David's grandmother who tells you that David's mother has had a relapse of depression and it has been difficult maintaining the kids' schedules. She explains that David's mother has had depression for years but was able to control it with medication. Recently, David's mother started displaying symptoms like sleeping a lot, calling in sick to work, and saying she feels hopeless and that her life isn't worth living. David's grandmother is not sure what to do; it has never been this bad before. David's mother isn't accepting help, and she says she is not "crazy."

Points of Interest:

1) David's mother, like many people suffering from severe depression or other mental illnesses, may not accept the help they need for fear of being labeled "mentally ill." Jewish communal professionals should recognize how painful and dangerous stigmas surrounding mental illness are, as fear of stigma may decrease individuals' likelihood of getting help.
2) David's mother could be suicidal. It is important to recognize the significance of hopelessness and have trained professionals assess for suicidal ideation.
3) Rabbis, educators and communal professionals should know what resources exist to help individuals with what could be a dangerous situation in the moment. Having the number for the suicide hotline or a mobile psychiatric evaluation team is essential for emergency mental health situations.
4) It is important for family members who are overwhelmed by mental illness to take care of themselves. In this case, it would be appropriate to refer the grandmother and son to the National Association for Mental Illness, which supports family members, as well as those suffering from mental illness.

TIPS

What to avoid:

* MISTAKING MENTAL ILLNESS FOR OTHER ISSUES- Large numbers of individuals (25%) suffer with diagnosable disorders in their lifetime. These disorders can be mistaken for aging, teen angst, or substance abuse issues (although there is a high rate of dual diagnosis, both addiction and mental illness).

* CLINICAL ASSESSMENT- Trained clinicians should make assessments of individuals with mental illnesses and make referrals to appropriate services. As a community professional, your role is to offer understanding and empathy and link the individual or family to experts who can provide the help they need. (Note: Severe mental illness tends to isolate people. Just listening or visiting an individual or family can be helpful.)

* POSSIBLY DESTRUCTIVE ASSUMPTIONS- The assumption that those who have a mental illness are not capable of having relationships, employment, and otherwise meaningful lives could be destructive because it may lower the hopes and goals for an individual with mental illness. When stabilized through psychotherapy or medication, an individual suffering from mental illness is capable of having a meaningful life.

What to look for:

* DRASTIC CHANGE IN BEHAVIOR- This is just one of many possible signals that a person has experienced a psychotic episode. This could include change in sleeping, eating, spending habits, or sexual activity, or disorganized speech that is noticeably fast/slow.

* MEMORY LOSS OR INABILITY TO FOCUS- This may signal the onset of dementia or a psychotic episode.

Suggestions:

* SAFETY IS CENTRAL- Above all, professionals should keep in mind that individuals who are suffering from a mental illness and are not stabilized may be capable of harming themselves or others. Always make sure safety is the first consideration when helping individuals and families.

* ENCOURAGE COMMUNITY MEMBERS TO SEEK OUT ACCURATE AND CURRENT INFORMATION ABOUT MENTAL ILLNESSES- Not only will this help provide the best possible response, but it will also decrease fear and stigma and increase understanding of what the individual is experiencing.

* ADVOCATE IN YOUR SYNAGOGUE, SCHOOL OR ORGANIZATION- Plan a program with a speaker to discuss how mental illness impacts your community and how to respond to mental illness. Object in writing and by telephone when media and gatherings stigmatize mental illness. Ask your governing body what your organization is doing to make all persons with disabilities, including persons with mental illness, feel welcome and a part of communal life.

REFERRALS

For emergency, high risk mental health assessment and response:

Psychiatric Mobile Response Team (PMRT) (In case of psychiatric emergency)
800-854-7771

Suicide Hotline
310-391-1253

In non-emergency situations, try consulting with an expert:

Peggy Avineri, Psy.D, Jewish Family Service
323-761-8800

Debbie Fox, LCSW, Aleinu Program (Orthodox), Jewish Family Service
323-761-8800

Suggest the family or individual request information and services from local organizations:

Jewish Family Service of Los Angeles (Case-management, counseling, specialized programs)
323-760-8800
http://www.jfsla.org

Cedars Sinai Medical Center- Thalians Admissions (Includes inpatient and outpatient services, day treatment programs, and education)
310-423-3504/ (310) 423-3411
http://www.csmc.edu

Daniel's Place/ Step Up on Second (Residential program for young adults diagnosed with major mental illness)
310-392-5855
http://www.danielsplace.org/

Alcott Center for Mental Health Services (Serves adults with Medi-Cal and persistent mental disability)
310-785-2121

National Association for Mental Illness (NAMI) (Support for family and individual suffering from mental illness, information on stigma)
310-820-4626
http://www.nami.org

WEBSITES

For information on mental health issues specific to the elderly:
http://www.mentalhealth.org/features/surgeongeneralreport/chapter5/sec1.asp

For information from Los Angeles Department of Mental Health:
http://dmhconnection.lacounty.info/ul_general_mental_health.asp

For information on Reform Judaism's approach to mental health issues:
http://urj.org/jfc/index.cfm

For information on mental health law:
http://www.bazelon.org

For information on mental health issues specific to adolescents and young adults:
http://www.feelbetter.com

For general information on mental health:
http://nimh.nih.gov/home.htm

JEWISH MENTAL HEALTH READING LIST

- ☐ Address, Richard F., editor. (2003). *Caring for the Soul: R'fuat HaNefesh: A Mental Health Resource and Study Guide,* URJ Press.

- ☐ Bulka, Reuven. (2002). Answers to Questions of the Spirit. Mosaic.

- ☐ Bulka, Reuven. (1998). Judaism on Illness and Suffering. Jason Aronson Publishers.

- ☐ Bulka, Reuven. (1992). Critical Psychological Issues: Judaic Perspectives. University Press of America.

(Other resources)

- ☐ Adamec, C. (1996). How to Live with a Mentally Ill Person: A Handbook of Day to Day Strategies. NY: John Wiley and Sons.

- ☐ Beard, Jean. (2002). Nothing to Hide: Mental Illness in the Family. NY: New Press.

SECTION VII- Guide to MANDATORY reporting of abuse or neglect:

As a rabbi, educator, or Jewish communal professional, you are a mandated reporter. Reporting should be done when a person either knows or has a "reasonable suspicion" that a child, older adult or disabled individual has been or is in danger of abuse or neglect. "Reasonable suspicion" means that most people, given the same facts and information, would suspect abuse. Hard proof is not needed to make a report. However, reports must be in good faith. Use common sense. A report of abuse is serious and may have a lifelong impact on the suspected victim and his or her family. If you have any doubts about whether to report a particular situation, simply call the DCFS Child Abuse Hotline (800-540-4000) or Adult Protective Services (800-992-1660) and discuss the situation. The identity of the reporter is not disclosed to the family or individual.

The social worker or law enforcement officer on duty will speak to the person making the report in order to obtain information about the child. The kind of information needed includes: What type of abuse has occurred? Who or what caused the abuse? Is the victim still in danger or in need of medical care? The agency receiving the report will determine how to proceed based on the information available. All reports which describe situations that fall within statutory definitions of abuse/neglect will receive a response. What the response is and how quickly it will be made depend on the seriousness of the events reported and the situation the victim faces. Where it appears the victim is still in danger, the response will be immediate. Not all reports are serious enough to require the assistance of a law enforcement agency. In these cases, the family may be contacted only by the welfare agency. The investigations by the welfare agency and law enforcement are conducted separately.

SECTION VIII- Conclusion

Stigmatized behaviors can be found among all groups, including Jews. Stigma leads to additional pain and isolation for individuals and families suffering with addiction, abuse, or mental illness. It is important that Jewish community professionals not only address stigma with education and public acknowledgement, but also be prepared to serve as agents to help connect the individuals or families to community resources. By educating community leaders regarding the traps of stigma, this resource guide helps to make the Jewish community inclusive of families and individuals who are coping with difficult situations. This is beneficial not only for those suffering but for the Jewish community as a whole.