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APPLYING CRISIS THEORY TO ABSORPTION OF SOVIET JEWISH IMMIGRANTS-- ADMINISTRATIVE AND ORGANIZATIONAL ASPECTS

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CHAPTER I

INTRODUCTION AND METHOD

Introduction

The essence of the State of Israel is expressed by the Law of Return, one of the first laws to be enacted by the newly born state. The law states that every Jew has the right to come to Israel and become an Israeli citizen. Over 2,200,000 Jews have exercised this right so far.

On May 15, 1948, there were only about 650,000 Jews in Israel. Between May 15, 1948 and the end of 1970 over 1,300,000 Jews had settled in Israel. The immigrants came to Israel in waves, affected by the political circumstances in the countries of origin; more than 200,000 Jews from forty-two countries arrived in Israel within her first year of independence and mass immigration of somewhat lesser numbers continued through to the end of 1951. During this period, Jewish communities were transplanted to Israel in their entirety--including those of

Bulgaria, Lybia, Yemen, and Iraq. After a lull of a few years the mass immigration was renewed in 1955, and from then until 1957 most of the immigrants came from Morroco, Tunisia and Poland. The next wave of *olim* came from 1961 to 1964. The six Day War, in turn, brought an influx of about 110,000 *olim* from Western countries during the period 1968-1970.

In 1971 Soviet Jews began to arrive in Israel in large groups after the gates of Soviet Russia had opened. Between the years 1971-1974 some 95,000 *olim* from the Soviet Union arrived in Israel. Soviet Russia, however, has not permitted free immigration to Israel. Indeed, among the immigrants there were relatively large numbers of aged people, one-parent families and families with many children. This composition of the immigration presented difficulties in the process of absorption.

Like most Israeli citizens, I was brought up on the concept of "ingathering the exiles" in Israel. Being the daughter of immigrant parents, I always admired the courage and strength of these people who left home with the knowledge that they would never be able to return, to build a new life somewhere else. It was only later,

however, that I became more aware of the full meaning and impact that immigration has on the life of the individual. The *aliah* wave that I could, personally, be involved with from the beginning was the Soviet-Jewish *aliah*. It was the wish to participate in this unique process of absorption that motivated me to change my place of employment and accept a positition with the Social Services Division of the Jewish Agency (hereinafter "the Division"), where I worked at the time when the *aliah* from Russia was at its peak.

The concept of "equal opportunities" is well accepted in Israel. In order to create equality of opportunities, however, the *olim* as a group need help. The State of Israel has created a system of universal services that each *oleh* receives, including housing, vocational training and re-training, learning the language, medical care and allowances for various purposes. This system is geared to provide the needs of all the *olim* according to universal criteria. But the *olim* are not a homogeneous group, and some people have special needs which have to be satisfied if they are indeed to be given an equal opportunity. The thorny

overall question, therefore, becomes how to develop an individualizing social service agency within the general framework of universal services. More specifically, how can an organizational structure be built to provide special treatment to *olim* with special needs? How will the needy be identified? What help can be given according to general criteria? What help should be given according to individual needs only--and who are the best people to provide each kind of help? And finally, what are the implications of each of the above decisions to the *olim* and to the absorbing society?

The core of any profession is its base on a body of knowledge from which any course of action is derived with its rationale in this body of knowledge. The conceptual-theoretical framework that guided the Division in treating Soviet Jewish immigrants was that of Crisis Theory--translated into administrative and organizational terms.

When I joined the administration of the Division, the formal structure was already there and I participated in the process of adding and improving. I felt the need to better understand the nature of administration, the

interrelation between administration and the theory of treatment, and the art of how to "get things done" once it is resolved what has to be done. It is this wish for greater understanding that brought me to choose the subject of Crisis and Organizational Theory. Work with immigrants is a suitable area in which these theories meet.

In all my deliberations and considerations I was greatly assisted by my supervisor, Professor Rosa F. Kaplan, D.S.W., of the School of Jewish Communal Service at the California School of the Hebrew Union College at Los Angeles. Her patience, intellectual capacity and clarity of thinking were among my most valuable guides. My gratitude and thanks to her are expressed hereby.

Professor Gerald B. Bubis, Director of the School of Jewish Communal Service, has assisted me in every conceivable way: administratively, financially and professionally. His warmth and guidance greatly enriched my stay at Los Angeles.

Mrs. Hannah Avidor, the former Head of the Social Services Division of the Jewish Agency and presently the Deputy General Director of the Israeli National Insurance

Institute, in charge of welfare and rehabilitation, has taught me much of what I know about social work. She also guided and advised me in the process of writing this paper and I wish to express my thanks and appreciation to her.

And last, but in no way least, my husband, Aaron, who encouraged me, bore with me and assisted me in every possible way--here words of thanks are not sufficient.

The Method

This is a descriptive rather than an experimental study. Consequently, I started by reviewing the literature on Crisis Theory. Out of the various concepts and ideas of its major writers--Lindemann, Caplan, Rapoport, Parad, Jacobsen, and Aguilera -- I pulled out those that in my judgment are the most meaningful.

In the next stage, I reviewed the material on crisis intervention in practice. I decided to present the practices of those agencies in the practice of which there was some outstanding component, either in the use of the social work method, the role of the social worker or the scope of services offered. My goal was also to present the range and variety of social service agencies

practicing crisis intervention.

The next step was to review and present basic concepts and findings about the nature of migration as a crisis situation. This was done in order to understand the problems which have to be dealt with in the absorption process and to link migration with Crisis Theory.

Next, I reviewed some basic concepts of organizational and administrative theories. I presented briefly the three schools of thought--Scientific Management, Human Relations, and the Structuralists--with a special emphasis on the components of bureaucracy. My goal here was to point out the major components of an organization that have to be considered when one implements a certain approach and attempts to accomplish its objectives. I then took the major ideas of Crisis Theory and "translated" them in terms of a treatment method and its administrative implications. In other words, I suggested certain operational elements that must be followed when operating under the theoretical framework of Crisis Intervention.

I then looked into the practices of two agencies, the Social Services Division of the Jewish Agency for Israel and the Russian Resettlement Unit of the Jewish

Family Service of Los Angeles. The practices of the two agencies were studied by observation, interviews, reading printed material, and an analysis of my personal experience as an administrator in the Social Services Division in Israel. The purpose of this presentation was not to compare the two agencies or to evaluate their practices in depth. The goal was rather to demonstrate the practices of two agencies in dealing with immigrants, to examine whether they utilize crisis concepts and, given an affirmative answer, to inquire how these concepts are implemented and whether the administrative structure is responsive to the method of treatment. A brief evaluation of the programs concludes this presentation.

In the last chapter some general conclusions regarding crisis intervention with Soviet Jewish immigrants were drawn. These conclusions were derived both from the analysis of the literature and from the study of the practices presented in the paper.

CHAPTER II

CRISIS THEORY PRESENTED

Introduction

A thorough review of the literature reveals that the conceptual framework of Crisis Theory was created mainly by the following theorists: Erich Lindemann, Gerald Caplan, Lydia Rapoport, Howard J. Parad, Gerald Jacobsen, and Donna C. Aguilera. Ego Psychology, Learning Theory, and Erikson's formulation of developmental stages and developmental crises were the general broad frames of reference.

Crisis Theory will be, therefore, presented here as a review of the theories of these experts. The question whether Crisis Theory meets the scientific criteria for being recognized as a "theory" will not be dealt with, as the purpose of this work is only to present a set of ideas concerning ways of helping immigrants, given a certain approach of treatment, that is crisis intervention. On

the basis of these ideas some professional-practical suggestions will be considered.

The Concepts of Erich Lindemann and Gerald Caplan

Most experts agree that Lindemann's action-research approach has served as a model for the development of Crisis Theory. The collaboration between Erich Lindemann and Gerald Caplan has created the first conceptualization of crisis and it is for this reason that their approaches are presented together.

In his first article on crisis intervention[1] Lindemann did not mention the term crisis but rather analyzed the acute grief experienced by disaster victims of the Coconut Grove nightclub fire in Boston in 1943. He focused on transient personality disorders which were precipitated by the environmental stress. He concluded that people who experience acute grief have five related reactions: (1) somatic distress, (2) preoccupation with the image of the deceased, (3) guilt, (4) hostile reactions, (5) loss of patterns of conduct. Lindemann also found that the duration of the grief reaction depended on the success of the "grief work." If the bereavement occurs

when the person is confronted with important tasks, a delayed grief reaction occurs.[2] This part of his theory centers basically on the symptomatology and predictability of the crisis pattern.

It was Gerald Caplan who associated the concept of homeostasis with crisis intervention. Caplan explained that every human organism constantly endeavors to reach a balance with the outside environment. In a crisis situation, the individual is faced with a stimulus which signals danger to a fundamental need satisfaction, and the circumstances are such that the habitual problem solving methods are unsuccessful.[3] Along with this concept Caplan defined and described the different stages and types of crises.[4] The first stage is the initial rise in tension; at this stage the individual will try to solve the problem by using familiar problem solving patterns. The second stage is increased tension, where emergency problem solving skills are called in. In the last stage, the individual may experience a major emotional breakdown or resolve the crisis by using a maladaptive pattern of behavior which may decrease the tension but impair future social functioning.[5] Caplan

was the first to point out the preventive aspect of crisis intervention; Lindemann and Caplan were the first to use the concept of task or goal in treatment.

The Concepts of Lydia Rapoport

Lydia Rapoport's conceptual framework is a refinement of the basic crisis concepts formulated by Lindemann and Caplan. Her main contribution is the linkage between crisis intervention and other treatment models.

In her first article on the subject,[6] Rapoport defined a crisis as "an upset of a steady state." Rapoport classified crises into three categories: (1) developmental crises, (2) crises of role transition, and (3) accidental crises. She submitted that three interrelated factors usually produce a state of crisis: (1) a hazardous event, (2) a threat to life goals, and (3) inability to respond with adequate coping mechanisms. Rapoport identified three phases in the crisis reaction:[7] during the initial phase, there is a rise in tension due to the stressful event. The tension forces the individual to apply habitual problem solving mechanisms. If these mechanisms fail, tension increases and the individual moves into the middle phase, where emergency mechanisms such as denial or flight

into ill health are called in. The third phase is that of restored equilibrium. This equilibrium can be the same, lower, or higher than what existed before. Caplan's and Lindemann's notion that a crisis represents both danger and opportunity is reflected here. As a crisis is limited in time (lasting usually from six to eight weeks), the individual is particularly amenable to help, if the proper type of help is offered.[8] The logical practical outcome is that immediate access to the person in crisis is crucial. During the initial interview the worker should develop a tentative diagnosis of the problem. The problem should be explored with the client simultaneously with setting goals and tasks that the worker and client can undertake together in order to solve the crisis. This can be done by identifying specific problem solving tasks.[9] Under this method, the minimum goal of crisis oriented treatment should be: (1) the relief of symptoms, (2) restoration to the optimal level of functioning, (3) understanding of the relevant precipitating event, and (4) identification of the available remedial measures.[10]

This approach has direct implications for the role of the social worker and the agency engaged in crisis intervention. It cannot be expected that the relationship

between the client and the social worker be developed over time, with elements of transference, but should rather have elements of authority based on expertness and competence, thus making for an approach which is more directive and focused on advice giving.

Rapoport's approach leans heavily on ego psychology, learning theory, and social casework. She develops a comprehensive conceptualization of the crisis approach and explores the treatment implementation.

The Concepts of Howard J. Parad

According to Parad,[11] a crisis is an upset in a steady state characterized by: (1) a specific and identifiable stressful event, (2) perception of the event as threatening and meaningful, (3) a response to the event, and (4) coping tasks for the successful adaptation. Parad added a new element here, the fact that the precipitating event has to be perceived by the individual as threatening. Crisis being a turning point, requires the use of new coping mechanisms. If these are not found during the crisis, the individual may suffer irreparable emotional and mental damage. Parad stated that the treatment should

be offered on a flexible basis, beginning with frequent home and office visits and tapering off when a new equilibrium appears to have been restored.[12] The worker's role is to cushion the impact of the stressful event through emergency emotional-environmental "first aid."[13] Parad was the first to suggest some administrative procedures that should be adopted by a crisis oriented agency.[14] These procedures should include: (1) elimination of the waiting list, (2) avoidance of complex intake procedures, (3) an open door policy, and (4) a pre-planned follow-up interview to measure the effectiveness of the treatment.

These suggestions reflect the public health approach of preventive work, and constitute a further step into the field of treatment strategies.

The Concepts of Gerald F. Jacobsen

Jacobsen[15] conceptualized the term crisis by quoting directly from Caplan. He stated[16] that any classification of crisis must include reference to the social, intra-psychic and somatic factors. The social factor of crisis refers to any role changes or any alterations in the interpersonal behavior.

Jacobsen's major contribution is in identifying two approaches to crisis treatment--a generic one and a specific one--and in developing treatment strategies for the generic approach. The central theme of the generic approach is that for each crisis (for example, the birth of a premature baby, or divorce) there are certain identifiable patterns that require specific psychological tasks for the crisis to be successfully resolved.[17] The treatment strategy is designed for a target group as a whole and focuses on completion of certain tasks associated with a particular crisis. This calls for the worker and the client to engage in a mutual problem solving activity. The specific approach emphasizes the professional assessment of the individual in crisis and the inquiry why the habitual coping mechanisms are no longer adequate. There is no explication in Jacobsen's writings of treatment strategies to be followed in the specific approach.

The Concepts of Donna G. Aguilera

Aguilera's conceptualization of Crisis Theory and practice is based on Lindemann's and Caplan's work. She underlines the concept of crisis as a transitional stage,

limited in time, representing both danger and opportunity for growth when appropriate help is available. Aguilera classifies crises as maturational and situational ones.[18] She conceives the first step in crisis practice to be the assessment of the individual and his problem. After this phase, crisis intervention is planned, with the goal not major personality change, but rather the restoration of at least the pre-crisis level of functioning. The client has to gain an intellectual understanding of the situation prior to a joint exploration of alternative ways of coping with the crisis. The next stage is anticipatory planning. The basic prerequisites and features of crisis treatment, according to Aguilera, are:

1. The therapist must view his work not as the "second best" but as the best course of treatment
2. An accurate assessment of the presented problem rather than an extensive diagnostic evaluation is needed
3. Both the therapist and the client should be aware of the fact that treatment is limited in time and should direct their energies toward resolution of the presented problem
4. Dealing with material not directly related to the

crisis, therefore, has no place in this model of treatment

5. The therapist must be willing to take an active and directive role
6. Maximum flexibility of approach should be encouraged and techniques such as serving as a resource person or information giving may often be appropriate
7. The treatment goal should be explicit--that is, to bring the individual back to his pre-crisis functioning.

Aguilera's contribution to Crisis Theory is in crystallizing some of the treatment goals and approaches.

Other Crisis Conceptualizations

Other theorists have elaborated on some of the concepts of Crisis Theory. The concept of crisis reaction, for example, was redefined by Reuben Hill.[19] He suggested that upon meeting a crisis situation, the individual is numbed by the blow and, at a later phase, the full impact of the situation forces the individual to face reality. The new level of equilibrium may be the same, higher, or lower than the pre-crisis level of functioning.

Suggestions[20] were also made regarding the level and content of treatment. Among them: (1) environmental

manipulation, (2) general support, (3) generic approach, and (4) individual approach.

Parad stated that the probability of a crisis situation occurring is a function of the interaction between the event, the exposure of the individual to the event, and the vulnerability of the individual. This conceptual framework has particular merit for the planning of preventive measures.

Summary

Crisis Theory is eclectic in its nature and much of its body of knowledge is a synthesis of other theoretical frameworks such as ego psychology, developmental psychology, learning theory, and short-term treatment.[21] The crux of Crisis Theory can be stated in the following formulations:

A. Crisis is an upset of a steady state. It is a situation where the regular coping mechanisms are no longer adequate. Crisis is time-limited, represents both danger and opportunity, and is the function of the interaction between the hazardous event, the exposure of the individual to the event, and the individual's vulnerability. Early access and

intervention are essential and serve both as preventive and remedial measures.

B. The social worker's role in a crisis situation is active, is based on elements of authority, expertness and competence, and involves the design of concrete remedial measures.

FOOTNOTES TO CHAPTER II

[1]E. Lindemann, "Symptomatology and Management of Acute Grief," in H. J. Parad, ed., Crisis Intervention: Selected Readings (New York: Family Service Association of America, 1965), pp. 7-21.

[2]Ibid., p. 13.

[3]G. Caplan, Principles of Preventive Psychiatry (New York: Basic Books, 1964), p. 39.

[4]Ibid., pp. 40-41.

[5]For an elaborated discussion, see N. Golan, "When is a Client in Crisis?" Social Casework, 50, No. 7 (1969), pp. 389-394.

[6]L. Rapoport, "The State of Crisis--Some Theoretical Considerations," Social Service Review, 36, No. 2 (1962), pp. 211-217.

[7]L. Rapoport, "Crisis Intervention as a Mode of Brief Treatment," in R. W. Roberts & R. H. Nee, eds., Theories of Social Casework (Chicago: The University of Chicago Press, 1970), pp. 265-312.

[8]In Rapoport's own words: "A little help, rationally directed and purposively focused at a strategic time is more effective than more extensive help in a period of less accessibility." L. Rapoport, "Crisis Oriented Short Term Casework," Social Service Review, 41, No. 1 (1967), p. 38.

[9]Rapoport applied this concept in her work with mothers of premature babies. The psychological tasks that the worker should help the mother accomplish include, first, the acknowledgement that the infant's life is in danger and, later, the assumption of the nurturing role and responding to the infant's special needs.

[10]See Rapoport, op. cit., pp. 296-297.

[11]H. J. Parad, "Preventive Casework: Problems and Implications," in H. J. Parad, ed., Crisis Intervention: Selected Readings (New York: Family Service Association of America, 1965), pp. 288-289.

[12]H. J. Parad and G. Caplan, "A Framework for Studying Families in Crisis," in H. J. Parad, ed., Crisis Intervention: Selected Readings (New York: Family Service Association of America, 1965), pp. 58-61.

[13]Ibid., p. 57.

[14]H. J. Parad, op. cit., p. 297.

[15]G. F. Jacobsen, M. Strickler and W. Morely, "Generic and Individual Approaches to Crisis Intervention," American Journal of Public Health, 58, No. 1 (1968), pp. 338-343.

[16]Ibid., p. 338.

[17]In his first article on the subject Lindemann outlined the tasks that have to be accomplished by the grieving patient in order to resolve the crisis successfully.

[18]D. C. Aguilera, J. M. Messick and N. S. Farrell, Crisis Intervention Theory and Methodology (St. Louis: The C. V. Mosby Co., 1970).

[19]R. Hill, "Generic Features of Families Under Stress," in H. J. Parad, ed., Crisis Intervention: Selected Readings (New York: Family Service Association of America, 1965), pp. 32-52.

[20]See W. E. Morely, "Theory of Crisis Intervention," Pastoral Psychology, 21, No. 203 (1970), pp. 14-20.

[21]Since my purpose here is not to analyse Crisis Theory in depth but rather to present its major concepts and approaches, I did not deal with the differences between short-term treatment and crisis intervention. Let me only say in a nutshell that two fundamental differences, in my opinion, are, first, that the role of the social worker in crisis oriented treatment is more directive and active than in short term treatment and, second, that crisis intervention focuses on present difficulties, whereas in short term treatment the focus may be on past pathologies or difficulties.

CHAPTER III

PARADIGM SITUATIONS FOR CRISIS INTERVENTION

Introduction

Although Crisis Theory has been called a "theory in search of a program,"[1] and although there is little research on the effectiveness of crisis intervention, experience is accumulating in agencies practicing crisis intervention. The purpose of this chapter is to review briefly the practice in a few agencies. This review will give some clues as to when, where and how crisis intervention is being used and will take us a step further in the process of applying Crisis Theory to work with immigrants.

Crisis Intervention Practiced

Rosenfeld and Caplan[2] described their work at the Lasker Center in Jerusalem as consultants to immigrant children settled in communal agricultural settlements. Although they did not use the term crisis intervention,

many of the concepts and strategies that were used reflect the basic assumptions of Crisis Theory.

The consultant was initially invited to the settlement to discuss the problems with the child's instructor. He discussed those aspects which appeared disturbing and then gathered information about them from the concerned people around the child. He then met again with the instructor to help him deal more effectively with the child. The first stage was thus the identification of the problem. The second stage was that of designing tasks to be performed by the instructor in order to help the child. The important element in the Rosenfeld-Caplan experience was the fact that the consultant worked with the person who later assumed major responsibility for the child. The same approach was utilized in helping parents after the California earthquake.[3] Crisis intervention is also being practiced in some child guidance clinics.[4] There the focus is on the identification of the problem with the parents and child jointly. The question of why customary coping mechanisms are not sufficient is explored next. The treatment process is one of determining what specifically can be done to solve the problem. Some

problems were solved by this process in four to six weeks.

Armsby[5] described the experience of the Adolescent Team at the Hawaii State Hospital. This team was designed to respond to requests for admission to the Adolescent Unit by focusing on the system in distress. This was accomplished by referring all adolescents' requests for admission to the crisis team coordinators. If the coordinators determined that the adolescent was dangerously psychotic or suicidal, he was hospitalized. If his condition was not so grave, a two-men team, usually a social worker and an aide, was assigned to meet with the adolescent at the scene of crisis (usually at home). The team used action-oriented psychodrama techniques with the client and his family. The treatment lasted for eight weeks and there was a follow-up visit after three months, six months and one year. The important element in this project was the treatment of the client in his own milieu.

Describing the role of the social worker in a Suicide Prevention Center, Heilig and Klugman[6] state that the social worker accepts an unusually heavy responsibility in working with suicidal crises, because he carries primary responsibility for his cases. In most cases the

casework process begins when a patient contacts the social worker by telephone. The main task of the social worker in this initial phase is to sustain a line of communication, obtain pertinent information regarding available resources and evaluate the suicidal risk. The workers use several criteria to assess the seriousness of the crisis. Older people, for instance, are considered more serious in their attempts than younger people. If a person has a specific method planned, the situation is more serious than when a person talks in general terms about various methods. The availability of resources and social supports such as family, job, or friends, is also very important. The diagnostic impression is another good criterion. If a person rates low on items related to risk and the social worker is reasonably assured that the suicidal risk is low, the patient is referred to the appropriate community agency. Contact by telephone is maintained with him, however, until treatment begins. A person who rates high on all risk-related items is seen in the office on the day of the call. Recommendations are then made for hospitalization or outpatient clinic treatment. The "significant others" are always involved in the process of helping the

patient. The social workers in the center also serve as consultants to family members, friends, physicians, therapists, police, social workers, and other professionals. In such cases the role of the social worker is to obtain information, evaluate the suicidal risk and recommend a course of action.

The social worker must be secure enough to trust his own judgment, and must be able to act quickly and not be overwhelmed.

The preventive aspect of crisis intervention is presented by L. Rapoport.[7] Prevention in the public health field is conceived by Rapoport as a continuum of activities to protect the health of the community. These activities include: (1) health promotion, (2) specific protection, (3) early diagnosis and treatment, (4) disability limitation, and (5) rehabilitation. The aim of the work with mothers of premature babies was to prevent consequences detrimental to their mental health, that of the new-born baby, and of the family. The frequency, spacing and duration of contacts were arranged flexibly on the basis of the identified needs. The activities ranged from keeping an explicit focus on the crisis to

offering basic information and education and creating a bridge to community resources.

The use of the crisis approach in group work is described by Strickler and Allgyer.[8] The pilot group in this walk-in clinic was composed of individuals who came to the center for help and its members reflected the general admission policy of the agency. The group was heterogeneous in age and in ethnic, socio-cultural, intellectual, and diagnostic characteristics. The crisis group treatment process followed the phases of crisis resolution. In the first phase, the formulation of the crisis situation was explored with each individual. In the second phase, the group was utilized to help the patient attempt to solve his problem. In the third phase, the group reinforced and sustained the patient's confidence in his new ways of coping. In group meetings the therapist made it his point to discourage the group from lapsing into discussing problems of chronic character. The last phase was the termination of treatment. Throughout the process, the focus was on a high degree of cognitive as well as emotional recognition, and a general atmosphere of hope and trust was created.

Crisis approach has also been implemented in the process of relocating families.[9] In order to ensure the quality of work with relocated families and make social welfare services available, key positions were filled by professionally trained and experienced social workers. In order to maintain the quality of services, weekly staff supervision sessions were established. Seven specific steps were identified in the relocation process:[10] (1) getting to know the family, (2) helping the residents face the reality of relocation, (3) exploring and handling problems interfering with the relocation, (4) agreeing about "safe, sanitary, and decent housing," (5) considering alternative choices, (6) finding "the place," and (7) cementing the relationships in the new neighborhood. Throughout the process, the relocation workers remained the primary helper, as it naturally was difficult for a family in the midst of such a crisis to accept a helping relationship from more than one person. In case of a need for specific services, referrals to other agencies were made. As the families often displayed feelings of hostility, suspicion and fear, the social workers expressed a great need for support for themselves in order to be

able to function.

Conclusions

In this chapter I have tried to demonstrate how the questions of "when, where, and how" regarding the use of crisis intervention are answered in various agencies. It seems that Crisis Theory cannot solve all the problems. Long term chronic problems exist and require other modes of treatment. The crisis approach, therefore, should be used selectively. When implementing its concepts, it is important to keep in mind the social forces in the environment and their interaction with the individual's psyche. It is for this reason that casework is particularly applicable to crisis situations. Flexibility of procedures, physical proximity, and inclusion of social factors are the key elements in the implementation of Crisis Theory in practice.

FOOTNOTES TO CHAPTER III

[1]R. Pasewark and D. A. Albers, "Crisis Theory, Theory in Search of a Program," Social Work, 17, No. 2 (1972), pp. 70-77.

[2]J. Rosenfeld and G. Caplan, "Techniques of Staff Consultation in an Immigrant Children's Organization," American Journal of Ortho-psychiatry, 24, No. 1 (1954), pp. 42-62.

[3]H. Blaufarb and J. Levine, "Crisis Intervention in an Earthquake," Social Work, 17, No. 4 (1972) pp. 16-19.

[4]K. Baldwin, "Crisis Focused Casework in a Child Guidance Clinic," Social Casework, 49, No. 1 (1968), pp. 28-34.

[5]R. Armsby, "The Adolescent Crisis Team: An Experiment in Community Crisis Intervention," Proceedings of the Convention of the American Psychological Association, 6, No. 2 (1971), pp. 735-736.

[6]S. Heilig and D. Klugman, "The Social Worker in a Suicide Prevention Center," in H. J. Parad, ed., Crisis Intervention: Selected Readings (New York: Family Service Association of America, 1965), pp. 274-283.

[7]L. Rapoport, "Working with Families in Crisis: An Exploration in Preventive Intervention," in H. J. Parad, ed., Crisis Intervention: Selected Readings (New York: Family Service Association of America, 1965), pp. 129-139.

[8]M. Strickler and J. Allgeyer, "The Crisis Group: A New Application of Crisis Theory," Social Work, 12, No. 3 (1967), pp. 28-32.

2. The Dilemma Between Professional Convincement and Organizational Authority[15]

The professional authority is derived from internalized ethical standards. The ultimate justification for the professional's action is in his knowledge. The authority for professional criticism lies within his peer group. But within the administration, the justification for an act is that it is in line with the organization's rules and regulations and that it has been approved by a superior rank. Thus a social worker in an organization has to base his actions on two norm structures that, at times, may conflict. It would appear that, in the case of social work, this dilemma is especially severe, regardless of whether one accepts the definition of social work as a "semi-profession" or not.[16]

3. The Dilemma Between Administrative Centralization and Personal Initiative

The relations between central administration and initiative are very complicated and a careful balance must be maintained between these conflicting goals.

CHAPTER IV

MIGRATION AS A CRISIS

Introduction

Migration is defined as the physical transition of an individual or a group from one society to another.[1] Conceptualizing migration as a crisis in the life of the individual hardly needs any elaboration. It is sufficient to look at the terminology used by various theorists to ascertain this fact. The purpose of this chapter is to present the theoretical and empirical work describing the nature and process of migration. Understanding the nature of this particular crisis is essential for the development of operational guidelines for work with Soviet Jewish immigrants. It seems to me that the most comprehensive analysis of the migration and absorption processes was formulated and researched by Eisenstadt[2] and Shuval[3] and, therefore, the following presentation will lean heavily on their works.

The Nature and Process of Migration

Three stages can be distinguished in the process of migration: (1) the motivation to migrate, (2) the social structure of the actual migration process, and (3) the actual process of absorbing the immigrants within the framework of the new society.

The motivation to migrate is composed of "pushing powers" and "pulling powers." The reasons that "push" a person to leave his native country are: lack of security of physical existence, impossibility to achieve instrumental goals because of the social structure, and lack of identification and solidarity with the people and society. "Pulling powers" may be ideological, social, or economic. It may be said that the difference between Jewish migration to Israel and Jewish migration to other countries consists in the ideologic component. Whereas immigrants to other countries are not concerned with economic gain and security, the immigrants who come to Israel are ideally more concerned with the advancement of the country and only secondarily with their own advancement.

The motivation to migrate constitutes the initial phase of social change and influences the consequent phases

of absorption.[4] The physical transplantation causes a shrinkage in the field of social participation. The individual cannot perform many of the tasks which he performed in his old country and his life is now centered around several primary groups. Institutional channels of communication between these groups and the larger society are not yet adequate at this stage. The immigrant has to go through a process of desocialization and a change of values because many old roles are not appropriate any more. The immigrant lives in an unstructured situation which gives rise to feelings of anxiety and insecurity. This insecurity is connected with the wish to resolve the inadequacy. The outcome of this wish is a readiness to accept new roles.[5] Thus the process of social change inherent in most migration processes involves also re-socialization and re-forming of the individual's entire status image and set of values.[6]

The individual has to form a new identity and a new role set. Because the role is a means of social interaction, the social identity of an individual is also anchored in the nature of his roles.[7] The immigrant does not have a clear concept of the roles that he is expected to perform,

nor does he have any knowledge about the opportunities open to him. Society usually gives him a moratorium after which he is expected to resume functioning. The period of re-socialization is actually a search for a new identity. It is in this period that the activity of the defense mechanisms rises. The immigrant does not "adjust" to his new environment, neither does the new society "integrate" him. Rather, it is a long transaction between the immigrant and his new environment.[8] Two components of this transaction are: (1) development of new channels of communication with the wider society and extension of social participation beyond the primary group, and (2) the development of group values and aspirations compatible with those of the new society.

During the process the equilibrium of the ego is impaired because the guidelines for social roles can no longer serve as a yardstick. On one hand, additional strain is being put on the primary group--mainly the family. Primary needs and their satisfaction occupy a major part of the personality. On the other hand, an emotion dependence on the officials of the absorbing society develops. Much has been written about the impor-

tance of the material environment which provides the basic tools for survival and performance of social roles. Expectations from the material environment play an important role in the pre-migration (to Israel) situation. Both the image of "the golden country" and the "desert" create disappointment, because there is always a gap between the expectations and the reality provided by the absorbing society.[9]

The other most important environment is the organizational one. Dependency on the organizational environment limits the field of social participation. It was also found[10] that only in so far as there is unity in the norms and ways of treatment, are immigrants able to perform their roles and establish a degree of stable behavior. The primary principle in designing the organizational environment is that a balance should exist between the help provided to the immigrants and demands made on them. It was found that when the bureaucratic structure is infused with primary non-formal elements of behavior, social participation of the immigrants increases. Value orientation plays a very important role in this process. Conversely, lack of clear administrative policies

may give rise to regressive tendencies, personal disorganization, and organized pressure groups. Thus we see that the process of absorption is indeed two-sided. One has to look into the absorving society and examine the demands it makes on the immigrant and the opportunities it offers as well as what the immigrant brings to the situation to understand the absorption process fully.

Eisenstadt discusses at some length the indices for evaluation of the absorption process:[11] (a) acculturation, (b) satisfactory and integral personal adjustment, and (c) the dispersion of immigrants as a group within the absorbing society--the foremost indication, according to him. In his opinion, the immigrant may only be considered integrated when a good balance between the universal and the particularist identity is reached.

The research conducted by Shuval[12] and her colleagues about the patterns of adjustment of Soviet Jewish immigrants to life in Israel, found that the "social integration" of these immigrants in Israel is problematic. In the early stage of absorption they tend to engage in intragroup social activities and have relatively few exchanges with Israelis. The Russian

immigrants were usually satisfied with the social life in Soviet Russia and this satisfaction creates high expectations that are not fulfilled in Israel. Yet, the research concluded, the existence of a particularist pattern of social life is not necessarily negative. In the long run, the in-group interaction can contribute to the positive identity of the group members and can also contribute to the cultural pluralism of the absorbing society.[13] Thus, when one tries to evaluate the absorption process, he has to remember that it is a multi-dimensional process consisting of differential adjustments in many areas in life.

The Tasks Imposed on the Immigrants and on the Community in the Immigration Process

R. Grushka and N. Golan,[14] conceptualizing migration as a crisis, inquired into the problems of social functioning and the social tasks involved in coping with these problems. They further asked, "What is the service system needed to carry out these tasks, both from the immigrant's and the community's points of view?" Six potential problem areas were identified[15] and specific problems that might be encountered within each area (by the immigrant or by the community) were outlined. The

problems were delineated along two dimensions--"material-arrangemental" and "psycho-social." Along the material-arrangemental axis the immigrant must assume the following tasks:

1. Explore available solutions and resources
2. Choose an appropriate solution and resource and obtain training and eligibility to qualify for it
3. Apply formally for the solution or the resources
4. Develop new patterns of operation
5. Undergo a period of supervision or apprenticeship until functioning rises to an acceptable level.

Parallel to this process, the community, too, has to perform specific tasks. It must collect information on possible solutions and resources and make it available to the immigrants. It should specify qualifications and eligibility standards and set up orientation and training programs. Simultaneously, psycho-social tasks[16] which are interwoven with the arrangemental tasks, must be carried out by the community and the immigrants, respectively. Golan and Grushka considered the social worker's role as primarily being an enabler and catalyst, but did not outline specific functions following from this role definition.

Summary

The migration process is seen as a psycho-social situation, characterized by the disorganization of roles and disorientation. Successful integration involves re-socialization, and creation of a new identity and role set. The factors affecting the immigrant's ability to adjust are his motivation for migration and the flexibilty of his expectations. Both the immigrants and the absorbing society have tasks to be performed in the process of re-socialization. Integration is accomplished through an extended and mutual transaction between the immigrants and the community during which the immigrants are vulnerable, but also susceptible to help. Appropriate treatment at that time, therefore, can be very meaningful.

FOOTNOTES TO CHAPTER IV

[1]Hebrew Encyclopedia (Tel Aviv: Massada, 1961), 13, p. 371 (Hebrew).

[2]S. N. Eisenstadt, The Absorption of Immigrants (London: Routledge and K. Paul, 1954); "Social Problems of Absorption," Saad, 6, No. 6 (1962), pp. 183-188, (Hebrew); "The Leadership Problems of Olim," Megamot, 4, No. 2 (1953), pp. 182-185 (Hebrew); "Institutionalization of Immigrant Behavior," Human Relations, 5, No. 4 (1952), pp. 373-395.

[3]J. Shuval, "The Family as a Factor in the Adjustment of the Immigrant Child," Megamot, 7, No. 2 (1956), pp. 181-203 (Hebrew); Immigrants on the Threshold (New York: Atherton Press, 1963); "The Role of Ideology as a Predisposing Frame of Reference," Human Relations, 12, No. 1 (1959), pp. 51-63; "Value Orientation of Immigrants to Israel," Sociometry, 26, No. 2 (1963), pp. 247-259.

[4]See S. N. Eisenstadt, The Absorption of Immigrants, note 2, op. cit., p. 4.

[5]In Crisis Theory terms it may be said that the immigrant is amenable to help at this phase.

[6]See S. N. Eisenstadt, The Absorption of Immigrants, note 2, op. cit., p. 6.

[7]See R. Bar Yosef, "Desocialization and Resocialization: The Adjustment Process of Immigrants," International Migration Review, 2, No. 3 (1968), pp. 27-45.

[8]Ibid., p. 43.

[9]R. Bar Yosef, note 7, op. cit., states that the material environment has instrumental and status symbol functions.

[10]S. N. Eisenstadt, The Absorption of Immigrants, note 2, op. cit., p. 173.

[11]Ibid., p. 8.

[12]J. Shuval, Patterns of Integration Over Time: Soviet Immigrants in Israel (Jerusalem: Institute for Applied Social Research, 1975), p. 5.

[13]Ibid., 157.

[14]N. Golan and R. Gurshka, "Integrating the New Immigrant, a Model for Social Work Practice in Transitional States," Social Work, 16, No. 2 (1971), pp. 82-87.

[15]Income management, health, housing, education, leisure time, activities and citizenship. Ibid., p. 84.

[16]For a detailed description of these tasks, see ibid., at p. 85.

CHAPTER V

THE NATURE OF ORGANIZATIONS AND A LOOK AT THEIR ADMINISTRATIVE PROCESSES

Introduction

Concluding that Crisis Theory is applicable to the situation of migration, the next natural step is to examine its application to work with Soviet Jewish immigrants. As social services are provided under given organizational structures, this examination will be preceded by a brief look at the nature of organizations and their administrative processes. The organizational and administrative implications of crisis intervention will be considered next.

The Nature of Organizations and Administration

Organizations may be defined as social units (or human groupings) deliberately constructed and reconstructed to seek a specific goal.[1] Administration may be defined as the process of defining and attaining the objectives

of an organization through a system of coordinated and cooperative effort.[2] Organizations may be classified by their goals. The goals serve as a source of legitimation and as a source for drawing the guidelines for the organizations' activities. Goals may be set formally and have a legal base or they may be set by a power play. Many factors are involved in the goal-setting process. The personalities of the people involved and environmental forces are among the most important factors.

Social service agencies may be classified by their goals as organizations concerned with: (1) socialization and development, (2) therapy and rehabilitation, and (3) access, information, and advice.[3] Understanding organizations according to their goals presents, however, some difficult problems, because of phenomena such as displacement, succession, and multiplication of goals.[4]

Over the years, some schools of thought on ways of understanding and improving organizational structure have developed. The main schools are the Classical or Scientific Management school, the Human Relations school and the Structuralist school. Recent writers tend to develop revisions of the Structuralist school.[5]

The Classical Approach-- Scientific Management

This school, of which the main spokesman is F. Taylor, sees the organization as characterized by a clearly defined division of labor, highly specialized personnel, and a distinct hierarchy of authority. According to these principles, a blueprint of the organization can be drawn. The division of labor has to be balanced by a unity of control which means that the tasks have to be broken down into assignments by a central authority. The efforts of each work unit need to be supervised and all the job efforts have to be coordinated. The result is a pyramidal control structure. Specialization is the most important component under this approach and some basic principles were shaped as to how it should be achieved. One is that specialization should be based on the purpose of the task. A second calls for the grouping together of all work based on a particular process. A third suggests that all work done in the same geographical area should be placed together.

This approach is prescriptive rather than descriptive. Simon[6] notes that these principles fail to suggest ways to choose among alternatives and that they do

not explain why organizations which apply contradictory principles have been successful. He suggests some basic values of administration--accountability, expertness, economy, level of conflict settlement, program development, and the decision making process--as evaluating tools. The higher the rank of a staff member, the more his job consists of decision making and the fewer the actual performances. Policy is broken down into more detailed decisions as one descends the ladder.

The major focus of this approach is the formal organization. The questions asked are, "What is the best pattern in terms of division of labor and authority?" and, "Which patterns of coordination are most effective?" The nature of the answers indicate the efficiency and rationality of the organization.

The Human Relations Approach

This approach emphasizes the emotional, unplanned, and non-rational elements in organizations. It draws on friendship, leadership, and emotional communication. Out of observations in these areas, the concept of the "informal organization" has developed. Elton Mayo[7] is considered the father of the Human Relations school. His approach assumes

that the most satisfying organization will be the most efficient one. A cold, rational organization, satisfying only the economic needs of its employees, he considers, cannot be the most efficient one. Human Relations research has indicated the importance of leadership in determining productivity and the differences between the formal and informal leadership. The relatively low place of the economic reward and the importance of group norms are other important factors in the understanding of organizations. Once the social and emotional needs of the workers are met, it is expected the happy employees will cooperate and efficiency will increase. This approach requires that balance be reached between the organization's goal and the workers' needs. Human Relations theorists did not see any inherent conflict between the workers' quest for happiness and freedom and the organization's goal of control and supervision for the purpose of production. Neither did they concern themselves with the relation between the formal and informal organizations.

The Structuralists

The Structuralists see the inevitable dilemma between rationality and non-rationality, between the

organization's needs and the individual's needs, between obedience and freedom.

Social groupings constructed for the attainment of certain goals, they believe, should be distinguished from other types of organizations. One type of organization may have no specific objectives but the purpose of furnishing mechanisms for establishing consensus on common goals. Another type (e.g., a social club) may be merely designated to supply its members with intrinsic satisfaction.

If an organization is established for the explicit purpose of realizing specific objectives in the most efficient way, it may be defined as a bureaucracy.[8]

Bureaucracy

The first to spell out the features of bureaucracy was Max Weber.[9] He described an ideal type organization as containing features that may be found to a varying degree in existing organizations. The first characteristic of the "ideal type" of bureaucracy is a clear-cut division of labor and specialization. The regular activities required for carrying out the purpose of the organization are distributed in a fixed way as official duties. Secondly,

the organization of offices follows the principle of hierarchy. Every official in this hierarchy is accountable to his superior for his subordinates' decisions and actions. Thirdly, operations are governed by a consistent set of rules, formulated and recorded in writing, applied to specific cases under a system designed to ensure uniformity of treatment. Fourthly, employment in the bureaucratic organization is based on technical qualifications and is protected against arbitrary dismissal.

The same factors that enhance efficiency, however, often also tend to threaten it through excessive rigidity, goal displacement, or bureaucratic personality.[10] Bureaucracies need not be rigid structures.[11] In the process of responding to new problems an organization may evolve into a new form.[12] In the process of coping with new problems, members of the organization may establish new procedures and transform their relationships. In other words, dynamic efficiency can only be served by unofficial practices which promote the achievement of the organization's goals.

Some general measures can be taken in order to enhance the adjustive behavior of a bureaucracy.[13] The employees must be made responsible for a performance of

a challenging task and not for a rigid routine. This internalized standard of workmanship should be assured by proper training. Cooperation should be promoted through cohesive work groups, explicit personnel practices and low turnover of personnel. Workers should be evaluated on the basis of clearly specified results and, finally, the method of hierarchical control should minimize the harmful consequences of work motivation.

Inherent Strains and Dilemmas

The key elements of the bureaucratic organization, which can assure maximum efficiency and effectiveness, can also be dysfunctional. The following dilemmas and strains are inherent in the nature of the organization:

1. The Dilemma Between Coordination and Communication [14]

Frequent consultation reduces anxiety and the experience of consulting creates self-confidence. Communication processes provide a tool for correcting mistakes and adjusting procedures. Excessive communication, however, particularly informal communication, creates a major problem of coordination.

2. The Dilemma Between Professional Convincement and Organizational Authority[15]

The professional authority is derived from internalized ethical standards. The ultimate justification for the professional's action is in his knowledge. The authority for professional criticism lies within his peer group. But within the administration, the justification for an act is that it is in line with the organization's rules and regulations and that it has been approved by a superior rank. Thus a social worker in an organization has to base his actions on two norm structures that, at times, may conflict. It would appear that, in the case of social work, this dilemma is especially severe, regardless of whether one accepts the definition of social work as a "semi-profession" or not.[16]

3. The Dilemma Between Administrative Centralization and Personal Initiative

The relations between central administration and initiative are very complicated and a careful balance must be maintained between these conflicting goals.

4. The Informal Organization

Every organization tends to create within itself an informal power structure. The organization's goals are modified by processes taking place within both the formal and the informal organization. This fact has to be taken into account when evaluating the organizations' structure.

5. Ritualism, Mediocrity, and Overconformity

In dealing with organizations, one has to realize that ritualism, mediocrity and overconformity are outcomes of rules, regulations, and guidelines.

6. Towards a Modified Model

Applying the definition of the bureaucratic organization to the field of social work, it would seem that most social service agencies have some characteristics of bureaucracy. Awareness of this fact and readiness to adopt remedial measures stemming from the bureaucratic nature may, therefore, improve the performance of social work agencies.

Indeed, the developments in research and theory suggest various remedies to the strains and dilemmas

inherent in the bureaucracy. A modified model of organization in which a balance between a participatory administration and a strictly hierarchical administration will be achieved is being formulated. This balance can be reached by the use of preventive measures[17] which are in line with the general goals of the organization and by delegating the power of discretion to the lowest possible level in the hierarchy. Ritualism, for example, can be prevented by orienting the personnel to the general goals of the organization, provision of opportunities for new ideas, brain-storming sessions, and sound supervision. Allocating authority and discretion in foreseen emergency situations will prevent rigidity. Adaptation to change can be promoted by conscious planning and encouraging workers' and clients' participation in the decision making process.

While the formal structure is composed of job functions, procedures and regulations, lines of authority and staff positions, the informal structure consists of sentiments, loyalties, friendships, and cliques. When the goals of the formal and informal organizations coincide, efficiency and productivity are high. This fact should be kept in mind when attempting change in the organization.

The general direction of the organization should be to maintain enough structure so as to minimize role confusion, personnel insecurity, and policy ambiguity, without sacrificing values such as adaptability and informality.

Summary

The ways in which the organization and the administrative processes are conceptualized depend greatly on one's concepts of human behavior, motivation, and societal forces. The provision of comprehensive services of any kind leads to the forming of a formal organization. Funding and accountability call for hierarchy and rule-making, and professional services require supervision. These are inherent features of social work organizations and, rather than seeing them as pathologies, they should be considered as crucial bases around which preventive measures can be planned.

It is with this basic understanding of the nature of organizations and administration that the application of Crisis Theory to social work administration with immigrants will be examined.

FOOTNOTES TO CHAPTER V

[1]As quoted by Etzioni, from Parson's "Structure and Process in Modern Societies," there are many other definitions of organizations, yet the main elements of grouping and the purposive manner of construction are common to all. A. Etzioni, Modern Organizations (Englewood Cliffs: Prentice Hall, 1964), p. 3.

[2]Encyclopedia of Social Work (New York: National Association of Social Workers, 1971) 1, p. 58.

[3]A. J. Kahn, Social Policy and Social Services (New York: Random House, 1973), p. 28.

[4]A detailed discussion on this subject is found in G. Smith, Social Work Organizations (London: Routledge and K. Paul, 1970), Chapter 1.

[5]A. Etzioni, op. cit., pp. 20-40.

[6]A. Simon, Administrative Behavior (New York: The Macmillan Company, 1961), pp. 20-44.

[7]A detailed presentation of Mayo's theory is found in N. Mouzelis, Organizations and Bureaucracy, an Analysis of Modern Theories (London: Routledge and K. Paul, 1967).

[8]P. Blau, Bureaucracy in Modern Society (New York: Random House, 1965), pp. 14-28.

[9]M. Weber, "The Essentials of Bureaucratic Organization:An Ideal Type Construction," R. K. Merton, A. P. Gray, B. Hockey and H. C. Selvin, eds., Reader in Bureaucracy (Glencoe: The Free Press, 1952), pp. 18-27.

[10]R. K. Merton, "Bureaucratic Structure and Personality," R. K. Merton, A. P. Gray, B. Hockey and H. S. Selvin, eds., ibid., pp. 361-371.

[11]See P. Blau, op. cit., pp. 85-100.

[12]R. Likert, "A Motivational Approach to a Modified Theory of Organization and Management," in M. Haire, ed., Modern Organization Theory (New York: John Wiley and Sons, Inc., 1959), pp. 208-214.

[13]See P. Blau, note 8, op. cit., pp. 61-67.

[14]P. Blau and R. Scott, Formal Organizations (San Francisco: Chandler, 1962), pp. 28-58.

[15]See A. Etzioni, op. cit., pp. 79-89.

[16]H. Stein, "Administrative Implications of Bureaucratic Theory," Social Work, 6, No. 3 (1961), p. 39.

[17]Ibid., pp. 14-21.

CHAPTER VI

CRISIS THEORY AND SOCIAL WORK WITH IMMIGRANTS--ORGANIZATIONAL AND ADMINISTRATIVE IMPLICATIONS

Introduction

This chapter outlines the administrative implications of the basic major formulations of Crisis Theory in social work practice with immigrants. While the content of treatment will be only touched on, specific needs for help will be outlined and general operational avenues will be suggested.

"Crisis Is Time-Limited and Represents Both Danger and Opportunity. Early Access and the Right Type of Help Are Essential Preventive and Remedial Measures"

Every agency of which the primary goal is to help immigrants in the absorption process should eliminate the waiting list procedure and should design ways to ensure the immediacy of treatment. In the initial phase of absorption, the immigrant and the absorbing society are

most concerned with the satisfaction of primary needs. The ways in which these needs are satisfied and the initial interaction with the "receiving" community determines to a great extent the success of absorption. The work done with immigrants in this phase has therapeutic and preventive aspects as well as concrete ones consisting in the provision of material help. It would appear, therefore, that social workers are best equipped to perform this kind of work. They can draw on their particular body of knowledge in the areas of human behavior and dynamics as well as on the society and the community. For professional and administrative reasons, it seems essential that one person provide all the services that the immigrant needs. This means that the social worker offers help in housing, education, income maintenance and occupational counselling to the whole family. There should be no differentiation with relation to clients' age or services offered.

In short, a comprehensive-generic approach is suggested. Such an approach from the organizational side means not adhering to the principle of specialization. It also means no separation of financial assistance from services, contrary to the prevailing attitudes in the

field of social work. Such an approach creates strains concerning the structure of financial assistance procedures, the staffing of the agency and the training of employees, the balance between accountability, work motivation and professional authority, and the system of supervision. Such strains must be alleviated before effective comprehensive treatment in the nature of crisis intervention can be applied.

A. Financial Assistance

The major problem in carrying out this function is how to do it without endangering the professional identity of the social workers. The following are some approaches which can help.

1. Guidelines for Financial Assistance

Although unity of treatment and help has been shown to be very important, the guidelines for financial aid must be so constructed as to leave some leeway to the discretion of the worker in direct contact with the client, without need for supervisory approval. The administrative principle of delegating authority should be applied in full to vest the decision-making power in

the lowest possible level. Open channels of communication regarding the adequacy of the assistance should be created. Moreover, every worker should be given the feeling that he is making a professional decision when deciding about the scope of financial aid.

2. The Use of Non-Professionals or "Clerical Help"

As administering financial assistance involves much paper work, the process should be carefully designed. Those activities which do not require high professional skills and knowledge may be performed by other employees, provided that assignment to non-social workers does not reduce the effect of the social worker's total activity. Home visits, for example, should be made by the social worker, while delivering and handing of the checks can be done by another employee. Para-professionals already deployed in many other professions can be utilized in such a setting. The distinction of roles between the social worker and the para-professional should be made on a functional basis. But strict role separation between professionals and para-professionals may be dysfunctional; some overlap in the roles of the social

workers and their assistants may serve a functional purpose of insuring adequate coverage. Competent paraprofessionals should be given the opportunity to exercise their skills to the fullest. Compensation should be commensurate with skill in performance. Skill and experience may be equated with some level of education, and experience may be professionalized through complementing training.

3. A Staff Development Program

A staff development program may be necessary to prepare social workers to treat Jewish immigrants from the Soviet Union. Such a program can take the form of an in-service training institute. Such an institute should concentrate on the special problems of migration and the specific problems concerning migration from Russia. It should also focus on the various aspects of handling money. Workers should be helped to see that at each stage of life, money is an important component in family life, affecting not only the physical well-being but also the personal relations. Hidden attitudes and prejudices about money and about the scope of help given to immigrants should be brought up and dealt with.

In summary, three built-in mechanisms are needed in an agency which offers help to immigrants on a generic-comprehensive approach: (1) guidelines which leave leeway to the discretion of the field social worker, (2) employment of para-professionals, and (3) a staff development program focused on the aspects of migration and aspects of financial assistance.

B. Staffing the Agency

The ideal social worker for such an agency would be a qualified experienced social worker who has mastered the language spoken by the immigrants and is knowledgeable about both countries, the country of origin and the absorbing country. The worker should have a strong professional identity and should be willing to be a generalist.

Such ideal workers are hard to come by and, therefore, the first decision the administrator has to make is where to compromise. It would appear that social work education should be a prerequisite. It is better to compromise about the language and the experience requirements than about the educational requirement. In the long run, sacrificing educational prerequisites can turn into a snowball that will impede the agency's entire professional image.

Difficulties in staffing can be partially overcome by an intensive recruitment program, serving as a field placement for social work students and by developing close affiliation with the professional and non-professional community. The other aspect of staffing the agency is that of deploying the staff optimally. This can be done by an initial development program, as noted above, and by proper supervision. An orientation program for new workers should be considered as an essential part of staffing.

It is a common mistake to assign a new inexperienced worker a sizeable case load and expect the worker to solve the agency's problems. Field work training hardly prepares any social work student for work with thirty clients simultaneously, and for the necessary organization of a substantial work load. The confusion and the feeling of being overwhelmed may frighten the new worker. The administrative principle that the worker has to be equipped and provided with tools to perform his job should be applied here. The beginner should be given a short moratorium while he is oriented, and the orientation should include insight into the broad functions of the agency and an understanding of the services and the routines. This moratorium should not be too long, however,

to avoid incubation of the anxiety, and should be adapted to the needs of the worker. In the supervision of workers both the administrative and the teaching aspects should be stressed and a balance should be found between them.

Promotion policy is another important aspect of staffing an agency. There must, of course, be built-in opportunities for promotion and staff members should be aware of them. Quite often promotion in the field of social work means that the field worker becomes a supervisor. But not always does a good field worker make for a good supervisor. The organizational principle that vertical movement upwards means an increase in span of control and a decrease in the actual giving of service needs to be reconsidered. Promotion should be designed also along horizontal lines so that promotion may involve an increase in discretion or responsibility (for example, for a special project) as well as financial benefits.

C. Accountability, Work Motivation, and the Professional

The requirement of accountability is a built-in component of every agency, particularly in an agency which dispenses financial resources. The question of how to make

accountability, work motivation, and professional identity co-exist, is difficult to answer. Monthly reports, announced and unannounced inspections, and close "administrative" supervision are often used. These measures, however, tend to raise feelings of frustration and inadequacy in workers, without measuring what they are supposed to measure. It seems that a follow-up program can serve better as a tool for the evaluation of the effectiveness of treatment while it also, in the long run, ensures the accountability of the agency. The "administrative" measures of accountability should be formulated in consultation with staff members rather than imposed by the higher level in the hierarchy. Although some conflict is inherent in the situation, many difficulties can be eliminated in this way. Whatever procedures are decided on should be acted upon. Measures that remain dead letters have harmful consequences on the workers' performance.

The Social Worker's Role in a Crisis Situation Is Active, Based on Elements of Authority, Expertness and Competence and Involves the Design of Remedial Measures

If we accept the conceptualization of migration as a desocialization and resocialization process, the role of the social worker becomes that of a liaison between the

immigrant, the agency, and the community. If we accept the formulation of absorption as a two-way process, accomplished by the immigrant and the community through a long transaction, one can see why the social worker's role is so crucial. The primary goal of the agency is to help the immigrant function independently, or, in Crisis Theory terms, restore his functioning level at least to a a pre-crisis level. The agency is supposed to be set up in such ways as to achieve this goal most efficiently, and it is for this reason that a bureaucratic structure is developed. The social workers are required to apply and interpret the guidelines, rules and regulations. Because of the comprehensive-generic approach, there is no distinction between administrative and professional duties. While such an arrangement prevents the creation of conflict between administrative and professional staff, it can cause some problems to the individual social worker.

A. The Social Worker Has to Take a Stand

The social worker has to believe that what he is doing is the best course of treatment. He should interpret the regulations not as something that comes from the

"authority up there," but as a course of action that he believes in and, therefore, follows. The worker functions as an agent of the society in the re-socialization process. He serves as a reality-tester for the immigrant--and this calls for the social worker to take a stand. His is not the role of the objective facilitator and this deviation from the role assigned to the social worker in the classical model may be very difficult for the staff. Just as the social worker in a suicide prevention center has to make crucial decisions and take the responsibility, so does the social worker who works with immigrants. If an immigrant is not satisfied with the amount of financial help given to him, the social worker should look into the matter. If he finds justified reasons for a change in the allowance, he should be his client's advocate and try to arrange an increase. If there is no professional justification for such an increase, he should face his client about the substance of the problem. He should not say, "I am sorry, I would like to help you but it is against our rules," but rather explain the substantive demerit of the client's request. This factor of taking a stand has its implications also on the supervision process.

Supervisors may tend to stress either the teaching or the administrative aspect of their task. The process of supervision should focus on helping the worker make decisions and accept the responsibility for the decision. On the other hand, the supervisor should help the line worker by moving the problems upward when this is justified. It is when the worker feels that the supervisor is effective "up the ladder" that the supervisor wins the respect of the supervisee. When the line worker is convinced that the client's requests are justified, the supervisor should exert his own influence to get an affirmative action from the administration. Only when the supervisor finds that the line worker was entirely wrong on the merits of the case, should he invoke the administrative rules. Manipulation here can be horrendous for the social worker, supervisor, and the agency.

The importance of taking a stand cannot be overstressed. It embodies a combination of the bureaucratic and the personal approaches which is most important in the absorption process. When dealing with immigrants from Russia, this aspect is especially crucial. In Russia, bureaucracy is seen as foreign and hostile, to be manipulated

if at all possible. The social worker's role is, therefore, also that of an agent in the process of re-learning and identification. It is a grave mistake to respond negatively to a request by invoking the rules of the bureaucracy. In this way a worker raises the hostility of the clients and interferes with the client's ability to perceive the new country and its society as different. When considering the immigrant's requests for help and services, the social worker should strive to form a balance between what the immigrant receives and what he does for himself, and he may have to take a stand here, too.

B. Intake

According to Crisis Theory, the intake interview should be the beginning phase of the treatment process. The intake should be so constructed as to obtain relevant information in a consistent, organized, and economic way. This information should relate to the roles of every member of the family, evaluation of their potential functioning in areas such as employment, health, and education, and relations within the family and with the environment. It should be the social worker's task to obtain all this information as soon as possible and he should conclude

the intake interview by suggesting a treatment plan.

C. Recording

As the relationship between the immigrant and the social worker is not based on transference and does not develop slowly over a long period of time, elaborate, detailed process recording is not necessary. The recording should merely reflect the essence of the meetings with the client, the decisions taken, the course of action followed and the referrals made.

D. Home Visits

The home visit is a very valuable tool in the context of absorption. Because of the nature of the work, however, there are two things that a home visit should not be. It should neither be an inspection visit nor a purely social event, including dinner or presents. Rather, a home visit should always be made with a professional goal in mind. The spacing, timing and duration of home visits should be left to the discretion of the individual worker.

E. Social Work Methods

It seems that the casework method, with its emphasis on ego strength, is an appropriate operational

method. Within the framework of concrete reality and task-oriented treatment, group work methods can also be used. Groups should be formed around a common task or problem, such as the difficulties of children in school or the problems of working mothers. The group can help its members to develop coping mechanisms and learn from each other's experience. The more diffuse feelings of anxiety and remorse should not be dealt with in these sessions. This is in line with the Crisis Theory concept that the person in crisis can be helped by structuring the situation and breaking it into tasks.

The generic social worker should also be engaged in some aspects of community work. On the one hand, the social worker's tasks here should be to help the community to respond to the special needs of the immigrants, develop resources, and open avenues to the power structure. On the other hand, the social worker should help the immigrants accept the norms of the community, and should be instrumental in facilitating the re-socialization process. Volunteers, especially one time bewildered immigrants now turned "new citizens," can be utilized in this process.

F. Termination of Treatment

Treatment should be terminated when the specified goals have been achieved. The agency's policy should allow for a renewed request for help. The immigrant may have accomplished one set of tasks, but may later need more help when faced with a new set of tasks. A follow-up survey on a routine and permanent basis seems the appropriate device here and is essential for the adjustive behavior of the agency. On-going research projects can further provide important feedback.

Summary

A crisis intervention approach to work with immigrants calls for a comprehensive-generic method of social work. One social worker is made responsible for the entire treatment of the immigrant family. Such a pattern of social work practice has implications on many aspects of the agency including the procedures for financial assistance, guidelines, the use of para-professionals, the nature of staff development programs, the policies of staffing and the problems of accountability. Moreover, a crisis intervention approach has direct implications on the social worker's role. When applied to work with

immigrants, it requires the social worker to be able to take a stand. It also affects the nature of supervision and recording, as well as other spheres of social work.

CHAPTER VII

THE CRISIS INTERVENTION PRACTICES OF TWO AGENCIES

Introduction

This chapter will describe the practices of two agencies in providing services to immigrants. One agency is the Social Services Division of the Immigration and Absorption Department of the Jewish Agency in Israel; the second is the Russian Resettlement Unit of the Jewish Family Service of Los Angeles. Many implications stem from the fact that the two agencies operate in two different countries, in entirely different general frameworks and social climates. Since it is not the purpose of this work to compare and evaluate the practices of these two agencies, but to examine how a crisis approach can be applied to work with immigrants, it will not deal with the fundamental differences but rather concentrate on the narrower aspects of administering crisis intervention with immigrants. The practices of the agencies will be examined against the ideal guidelines presented in the previous chapter.

The Social Services Division of the Immigration and Absorption Department of the Jewish Agency in Israel

A. The Division

The Division is a unit of the Immigration and Absorption Department of the Jewish Agency. It functions, however, as a social service agency not only within the framework of the Department, but also for the Ministry of Immigrants' Absorption (Ministry). The Division has branch offices in all the Ministry's district and branch offices, and in all the temporary absorption settings such as *Ulpanim* (Hebrew language workshops) and *Merkazei Klita* (Absorption Centers). The director of the Division is a member of the administrative boards of both the Department and the Ministry and participates actively in their policy and decision making processes. The Division has about two hundred employees of whom a hundred and fifty are social workers. The clearly stated goal of the Division's professional intervention is the early detection of vulnerable *olim* and helping them become self-sufficient, adjusted citizens, by offering intensive supportive treatment. Vulnerable groups of *olim* are:

1. one parent families
2. families with disabled members
3. families with more than five children
4. the aged
5. families with adjustment problems due to a specific psychological or cultural situation

B. The Initial Contact

The vulnerable groups are located in the following ways:

1. A social worker is present at the Ben-Gurion Airport whenever a group of *olim* from a "stress country" arrives. This social worker's task is to identify and briefly interview *olim* who belong to a vulnerable category. He then notifies in writing the social worker in the absorption area to which the vulnerable *olim* are sent about their arrival and thus alerts the line social worker.
2. The Department unit in charge of *aliah* from a particular country gives the Division advance notice about the arrival of a vulnerable *oleh* whose *aliah* was pre-planned.
3. Ministry's officials refer *olim* to the social workers.

4. Social workers in *merkazei klita* refer *olim* to the social workers in the absorption areas when the leave the *merkaz klita*.

Upon receiving a notice from one of the above sources, the social worker initiates the first contact by a home visit or an office appointment. The social worker conducts an intake interview and, on the basis of the interview, decides whether the family is to receive treatment from the Division or from the Ministry's officials. If the *oleh* is to be treated by the Division, he will receive all the absorption services from the social worker. For this purpose, the worker has access to the regular budget of the Ministry and to the Division's budget. Service is delivered on a geographical basis, which means that when an *oleh* is transferred from a *merkaz klita* to an absorption area, he is transferred to another social worker. The written procedures require the social worker in the *merkaz klita* to notify the social worker in the absorption area about the arrival of the *oleh* and to send him or her a written report about the course of treatment. In most cases the contact between the social worker in the absorption area and the *oleh* is formed soon after the move. Time

is of essence here too, since the move to the absorption area presents the *olch* with new problems for which he needs help. There is no specialization in areas of treatment and one worker may have in his caseload, for example, aged, adolescents, and large families.

C. Type of Services

The Division has issued written guidelines regarding each area of service. The guidelines for financial aid state the maximal amount of money that may be given by the line social worker, in most cases without consultation. Financial aid is offered for the following purposes:

1. Maintenance allowance
2. Allowance for basic furniture and household equipment.
3. Allowance for clothing
4. Financing part of the tuition in day care centers and nursery schools for children of working and non-working mothers alike
5. Allowance for tutoring school children when such help is needed according to the opinion of the school counselor
6. Allowance for special medical accessories (such as a wheel chair)

7. Financing special medical treatment
8. Vocational rehabilitation for the disabled
9. Payments for the aged in nursery homes
10. Payments for foster care for children and the aged

Employment projects for the aged, special services for *olim* (such as housekeeping or groupwork with children) and rehabilitation by a small business (such as a shop or a workshop), however, are programs that need the approval of the Division's director.

Medical insurance through *Kupat Cholim* (Sick Fund) is financed by the Jewish Agency for every *oleh* for a six months period. After this period the *oleh* has to choose his own medical insurance program. The Division, however, pays for the medical insurance of needy *olim* as long as they are being treated by the Division. As many *olim* come to Israel with various chronic diseases and are not insured by the sick funds (which do not insure pre-existing diseases), an agreement was worked out between the Ministry of Absorption and the Ministry of Health under which *olim* with certain illnesses may be hospitalized free of charge in the governmental hospitals. Agreements with various municipalities enable the provision of free medical care in outpatient municipal clinics in certain cases.

Olim who are sent to *merkazei klita* study Hebrew in an intensive *ulpan* there. The criterion for being sent to a *merkaz klita* is the need of knowledge of Hebrew for future employment. *Olim* who come directly to the absorption areas can study Hebrew in a day *ulpan* or a night *ulpan*, the criterion for enrollment being the same. *Olim* who study in a day *ulpan* receive a maintenance allowance for the period of study which lasts six weeks.

The Division operates nine residences for the aged, in which five hundred aged are housed. Each housing unit is arranged for a couple or two singles and consists of one room plus a kitchenette and bathroom. The residents run their own households. The Division provides cleaning and gardening services, cultural activities and opportunities for employment.

The Division also operates a counseling service for pre-planned *aliah* for potential *olim* from free countries who have special health or social problems. The counselor offers services to the *shlichim* and to their referents in Israel and makes the necessary arrangements for families with special problems. The counselor also participates in training sessions for *shlichim* to increase their awareness to special problems and difficulties.

D. Geographical Boundaries and Administrative Structure

The geographical boundaries of the Agency are determined by the Ministry's geographical structure. Israel is divided into four districts: Jerusalem, Haifa and the North, Tel-Aviv and the Center, and Beer-Shebah and the South. The Ministry, therefore, maintains four district offices; in each district there are a number of branch offices.

Each district is managed by a District Director; a Social Work Unit Director is responsible for the social services in the district. The social workers are employees of the Division; they are professionally under the authority of the Social Work Unit Director, but have to comply with the administrative procedures of the District Office (for example, regarding working hours) and have to coordinate their activities with the Ministry's officials.

The Social Work Unit Director's responsibilities and authority are clearly defined in guidelines issued by the Division. The Units vary in their size which is a function of the absorption policy in any given period. As the work needs require, social workers are moved around within the district quite often. The supervision is

usually organized on a geographical basis and five social workers are supervised by one supervisor. The supervisors themselves are supervised on a sporadic basis by the Unit Director and the supervisors and Unit Directors meet with the Division's Director and administration on a bi-weekly basis. There is a special position defined as "Supervisor of the Districts" and the person in this office reports directly to the Director of the Division. The Head Office or main administration situated at the Head Office of the Ministry of Absorption in Jerusalem is composed of the Director, Assistant to the Director, Assistant for Research and Follow-up Projects, and a Coordinator for Pre-Planned *aliah*. The people in the Head Office report, of course, directly to the Director.

The Division served about ten thousand families in the year 1974. The average length of treatment was about a year.

E. The Procedure for Financial Assistance

The social worker conducts an intake interview. Based on the treatment plan which concludes the intake interview he approves financial help. The social worker fills out the necessary forms for financial assistance.

These forms are then routed to the Treasurer of the District Office, who has to sign them, prepare the check and return the forms with a check to the social worker who hands the check to the *oleh*.

F. Reports and Recording

The social workers have to fill out a report by the end of each month. This report includes the number of *olim* in treatment; their distribution according to country of origin, age, family size, length of treatment; the reason for treatment and the services offered to each client; and the number of clients whose treatment has been terminated during the month. The Unit Director then sums up all the reports in one final form which includes the details for each worker's caseload and this report is sent to the Head Office in Jerusalem. The information from all the Units is processed in the Head Office and a processed overall report is sent back to the Units. The Unit's reports are studied carefully at the Head Office and when necessary, actions are taken according to their contents.

The line social workers in the Units record briefly the treatment given to each client on a one-page form prepared by the Head Office for this purpose. The

forms are kept by the social workers, serve in the process of supervision, and may be occasionally reviewed by the Supervisor of the Districts or the Head Office. Guidelines regarding various matters are sent to the Units from the Head Office. These guidelines are usually clearly written and detailed and are kept in a special file in the Units.

G. Evaluation and Findings

1. The Unique Organizational Structure

The Division is organized as a pyramidal hierarchical structure and operates under written rules and guidelines. Specialization can be found, however, only on a geographical basis. The Division is a secondary agency within two bureaucratic structures--the Department and the Ministry. Because of this organizational structure some degree of conflict is inevitable. The extent of the conflict depends to a large degree on the personalities of those involved. Co-existence of the two agencies, the Ministry and the Department, is facilitated by their shared goals--absorption of *olim*-- and certain legal and political constraints.

The practice of the Division is now examined against the guidelines presented in Chapter VI, keeping in mind its organizational structures.

2. A Comprehensive Generic Approach

Given Israel's limited resources, the decision that social workers are to treat only the "vulnerable" groups seems to be sound. The approach used is generic and comprehensive. This approach was initiated only about five years ago and was presented to the staff by the Head Office. The switch to a comprehensive treatment created adjustment problems since the staff had to operate within a new and different framework. More internal discussions and considerations with the entire file and rank of the Division than took place in effect might have facilitated the implementation of the new policy. The generic-comprehensive method requires the social workers to operate under pressure, make difficult decisions, set priorities, carry, at times, heavy caseloads and be a one-person service in an absorption area and *merkaz klita*. To carry this load the individual has to be a mature and independent professional. There are about one thousand vacant positions for social workers in Israel and it is possible for any worker to find a less demanding position quite easily. Under such circumstances an

agency should compensate its employees by satisfying their "lower needs"--higher salaries, better working hours, and more fringe benefits--and their "higher needs"--a feeling of identification with the agency, appreciation of the work accomplished, and professional pride. The Division's Director did her best to improve the social workers' remuneration. Considering the fact that the Division is a part of a larger organization with fixed rules of compensation, and that salaries in Israel are negotiated by the Union of Social Workers, it may be said that the remuneration of the social workers in the Division is relatively good. The "higher needs" are partially satisfied through group meetings, one day institutes, formal and informal gatherings. It is my impression, however, that a more conscious and planned effort in this direction could have been made.

The generic-comprehensive method requires clear and open lines of upward and downward communication. The staff on each level has to see itself as part of the administration and it is the staff's responsibility to transmit accurate information upwards. It would

seem that adequate lines of communication exist but they could have been used perhaps more intensively. The early detection policy requires that social workers be situated in all the branch offices and at the airport. The administrative implications are that much time is spent on transportation and there are problems of long working hours, control and coordination. As most social workers in the Division are young married women, financial compensation is not always the answer and measures such as organized transportation and flexible schedules are worked out. The toll of the reach-out policy is paid in administrative time spent on coordination and manning positions.

Administrative and crisis intervention concepts call for placing social workers in the absorption areas. Yet, how many social workers live in such outlying areas as Dimonah or Kiryat Shemonah to begin with? The decision the administration had to make was whether to compromise and hire local non-social workers or to prefer commuting social workers. The administration chose the latter alternative and, in my opinion, rightly so. A price was paid for quality of treatment, but otherwise the generic approach could not be practiced.

3. Financial Assistance

The procedure for financial assistance as described above creates a lot of tension among the social workers. The guidelines leave leeway for the discretion of the social worker, but the District Treasurer often questions the decisions. The main problem is that both the social worker and the Treasurer believe that they have the authority to make the decision regarding financial aid. This is in clear contrast with the administrative principle that authority for a specific act should be vested in one source only. It is also a good example of the informal organization at work and of the Hebrew saying, "He who has the money has the opinion." For years the money was expended according to fixed guidelines without leeway for the discretion of the social workers and then there was not much friction. It is the discretion of the social workers that the Treasurer questions. The argument may go through the hierarchy-supervisor, Unit Head, and Division Director. The final authority is vested in the Division's Director and the Department's Treasurer, and, interestingly enough, there are almost no arguments on this level.

The best logical solution would be to state clearly the responsibilities of the treasurer and the social worker respectively. This means that the treasurer would keep track of the money given out but would not have the authority to question the social worker's decision. When considering a solution, however, one has to take into account the personalities involved, the organization's history, and the fact that the existing practice has lasted for many years. It is doubtful whether an official change will produce much change in reality. I am suggesting that by increasing communication with the treasurer, by demonstrating the social worker's skills and making his or her reasoning more explicit, a functional unity might be created. A degree of conflict is inherent in the situation, but a great deal of friction can be prevented. Another way to reduce the friction may be to give the Treasurer authority in another area to compensate for his loss of authority to the social worker. But as authority over the dispensation of money carries with it power, it is not an easy task to devise adequate compensation.

4. The Use of Para-Professionals

The Division employs para-professionals, or so-called "technical helpers," to assist the social workers. Although there is a clear job description for the "technical helpers," it seems to me that the social workers do not always know how to utilize this help. I observed a "technical helper" going out on a home-visit while the social worker was filling out some forms--purely technical work, a function termed by her as a "rest period." It would appear that special training as to "how to work with para-professionals" would be advisable. Such training would enhance the efficiency of utilizing the technical help and would produce a proper role allocation and specialization of the social worker and his technical helper.

5. Staff Development Programs

The Division carries out quite an intensive in-service training and staff development program. In addition to individual supervision, staff members have a bi-weekly unit meeting in the form of a case conference. New workers receive intensive supervision and participate in special group meetings, seminars and

institutes arranged by the Head Office. Special six-weeks-seminars, each on a specific problem of immigration and supervision, are conducted by the Head Office with the help of outside experts for the Division's supervisors. Thus staff development programs embrace the social workers of all levels and are very adequate.

6. Staffing the Division

The official policy of the administration is to staff the Division with social workers. Occasionally, an exception is made, but more than two-thirds of the two hundred workers are social workers. The Division conducts an intensive recruitment program: it offers fellowships to social work students; it serves as field placement for two universities; and it offers summer jobs to students. An individually designed orientation program is conducted for each new staff member.

Promotion is possible in two ways: by becoming a supervisor or by being assigned to develop special projects independently. It appears that the Division offers adequate opportunities for promotion and these opportunities are well known to staff members.

7. Follow-Up Mechanisms

Many surveys were conducted by the Division, among them:

(1) a study on transfers of *olim* to Welfare Agencies and reasons for the transfer and nature of the treatment given by the Division. This survey found that only those *olim* who, despite intensive treatment, cannot function independently, are transferred to the Welfare Agencies. Transfers are made only after all possibilities have been exhausted and any conceivable help and treatment have been given. The Division's policy is that *olim* should not add to the needy population of Israel and they are reluctantly transferred to Welfare Agencies when indeed all efforts fail.

(2) a follow-up survey of *olim* who arrived in Israel in March 1973. This survey was undertaken in order to ascertain whether the outreach system is effective. The data has not been processed yet, but the available information shows that within a month from arrival, *olim* are contacted by the social workers.

There is yet no built-in mechanism for follow-up on the effectiveness of treatment. Such a mechanism

is presently being considered and indeed it seems to me desirable that it should be introduced.

8. Some Special Programs

(1) The Division participates in financing the activities of a non-profit organization that supplies aged people with simple work to be done at their homes.

(2) Cultural and social activities are offered to the aged in temporary and permanent residences.

(3) A pilot project in the socio-cultural advancement of *olim* children was set up in cooperation with University personnel and volunteers. This project, carried out in one of the *olim* neighborhoods in Jerusalem, was based on individual teaching and tutoring of children.

(4) Recognizing that "institutionalized" intervention, being specific and focused by nature, does not always satsify all the needs of the immigrants, the services of volunteers were utilized for such purposes as translation, home-visits, and job-finding. Weekly exchange sessions of the workers with the volunteers proved to be quite cross-fertilizing. It seems that the Division has shown initiative in

introducing special programs to cater for specific needs of immigrants that could not be satisfied through the regular treatment. The experience with these programs has been excellent.

H. Summary

It seems that the basic crisis concepts have been applied in the design of the operational structure of the Division. The concepts of seeing migration as a turning point, of prevention, outreach and early access, of immediacy of treatment and of the authoritative and directive role of the social worker--all were translated into operational measures.

Crisis Theory suggests that the length of crisis is between four to six weeks. Yet *olim* in Israel are entitled to the universal absorption services and to the services of the Division for three years. There are two possiblities regarding Crisis Theory and migration: (1) Uprooting, cultural shock, and acculturation create such a massive disruption (and arrival at Ben-Gurion or Los Angeles follows a series of earlier crises) that the six weeks rule does not apply.

(2) Resettlement is a brief crisis followed by a protracted period of re-learning and re-socializing which lasts much longer than six weeks but is not considered as a crisis period.

Either of these observations may explain the disparity between the general crisis period and the eligibility period of *olim* in Israel.

As it has already been pointed out, the Social Services Division is part of a universal system of services and benefits provided by *Misrad Haklita* to which the *olim* are entitled for three years. The three years limit is basically an administrative one and its rationale is that it is a long enough period for the *oleh* to find suitable employment, settle in a permanent home, acquire household equipment and get a good start. The Division follows this rule. After three years an *oleh* who needs help is referred to public welfare offices. The average length of treatment by the Division is one year but the *oleh* has the right to ask for the Division's help during three years if problems arise. All said and considered, the eligibility period in Israel may be excessive. This problem relates, however, to the general policy of

absorption in Israel and is beyond the scope of this paper.

An examination of the data published by the Division reveals that the treatment of two-thirds of the *olim* is completed within a year. Hardly any *oleh* remains in treatment longer than two years. This fact indicates the effectiveness of the treatment.

The administrative application of the crisis approach in the Division encountered familiar conflicts and constraints. It can be generally concluded, however, that the Division achieved a "liveable balance" between its goals and their realization.

The Soviet Jews Resettlement Unit of Los Angeles

A. The Unit

The Soviet Jews Resettlement Unit is part of the Jewish Family Service of Los Angeles. This Unit is headed by the Director of Immigration Services who also administers the Vietnamese Resettlement Unit and the Unit for Services to the Foreign Born. The Director of Immigration Services is responsible to the Director of Professional Services and, in certain matters, reports directly to the

Executive Director of Jewish Family Service. The Unit works in close cooperation with other member agencies of the Jewish Federation--the Jewish Vocational Service, the Bureau of Jewish Education, and the Jewish Centers Association.

The following presentation of the practices of the Unit is based on interviews held with the Director of Immigration Services, the Supervisor of this Unit and social workers in the Unit as well as on written material. As some of the information was given to me on a confidential basis, it will only be referred to in general terms.

B. The Unit's Staff

The Unit employs eight social workers and one social work supervisor. All social workers have either the M.S.W. degree, have almost completed all work towards the M.S.W., have training in a related field such as counseling, or have experience in the field of social work.

Work is performed by teams of two--a social worker and a social worker's assistant. Each team has at least one person who speaks Russian or Yiddish and one team has a Russian immigrant as part of the team. The role differentiation between the social workers and their

assistants did not seem to be very clear. But, as noted above, strict role separation between professionals and para-professionals is not necessarily beneficial.

C. The Goal

The Agency considers its goal to be threefold: to help the immigrants achieve economic independence, to help them become an integral part of the Jewish community and to facilitate their becoming an integral part of the American community.

D. Communication of the Basic Policies and Treatment Procedures to the Immigrants

Soviet Jewish immigrants may come to the U.S.A. on one of three types of visas: a Parolee visa, a Conditional Entrance visa, or a Resident visa. Once in the States, an immigrant may not apply to a public welfare agency for help until he has acquired a resident's status (green card).

Prior to their arrival in the U.S.A., the immigrants receive a brochure describing the basic policies of the Jewish Family Service. Every immigrant has to sign a letter attached to the brochure stating that he understands and accepts these policies. The brochure, printed in

English and Russian, states clearly the policies but it is phrased in a neutral noncommittal way. The fact that the immigrant is to be assisted by a voluntary organization is pointed out and the implications are spelled out.

E. Immediacy and Length of Treatment

The immigrant is met upon his arrival at the airport by the social worker assigned to treat him and by relatives or volunteers. An overnight accommodation is arranged and an appointment for an intake interview is made immediately. Financial assistance is offered for a three months period, after which the immigrant is expected to become financially independent. The three months limit for financial aid is flexible so that if a job is not found or if a job is found but earnings are below budgetary need, financial supplementation is offered. The immigrant may--and is encouraged to--use the counseling services for any length of time.

F. Type of Assistance

Upon arrival, the immigrant is provided with "weekend money" and is helped to locate and rent an apartment. For three months the immigrant is given a

monthly allowance of a sum computed according to the Bureau of Labor Statistics' survey of Consumer Expenditures, based on the composition and age of the family members. The allowance is for items such as food, household equipment, clothing, and personal needs. Telephone, gas, and electricity are ordered and the installation fees are paid for directly by the Unit. The three months allowance is supplemented by an initial allowance for purchasing basic clothes, food, and a television set.

When needed, allowances are given also for job application fees, for licensing examination fees, for translation of documents, and for processing of visas for relatives in the U.S.S.R. Loans are offered by the Unit for the purchase of working tools or a car, the payment of Union dues and educational expenses or for training and re-training purposes. Clear and explicit written guidelines for the provision of the financial aid were issued by the Unit.

G. Other Services

The Unit conducts orientation meetings for immigrants immediately after their arrival in Los Angeles.

The orientation meetings are composed of three sessions and are run by a social worker and a vocational counselor. The immigrants are entitled to the free services of an outpatient clinic. The Jewish Vocational Service, a member agency of the Jewish Federation Council, plays a very important role in the process of absorption. It provides special English classes which last for a period of six weeks, three-and-a-half hours a day, five days a week. This agency also takes the responsibility for helping the immigrants find employment. As the difference between the meaning of work in Russia and in the United States is tremendous, and the nature of the job market is completely different, there is a need to interpret these constantly to the immigrant. Notions such as resumes, job interviews, mobility, and free competition have to be understood and internalized. It is a process which requires a great deal of empathy and patience by the vocational counselor. The Unit works in close cooperation with the counselors, and the social workers often serve as consultants to the counselors, just as the counselors serve as resource people for the social workers. Another supporting system is that of the volunteers. They perform a very important function by

covering these areas of need which the professionals cannot cover. Volunteers do the shopping prior to the immigrant's arrival and accompany the family later on shopping trips. Volunteers pick up families at the airport, help in locating apartments, orient the new arrivals to the neighborhood, help register their children in schools, accompany them to the clinic and dentist and invite them for dinner and social events. They are an essential link between the community and the immigrant.

The whole operation is coordinated and organized by the Supervisor of Volunteers' Services. When a social worker needs a volunteer she or he has to fill out a request form and note the specific task requested, the time and place, and transfer it to the supervisor. The volunteers have supervision sessions and joint meetings with the Unit's staff. It is important to note that such an "institution" is unknown in the Soviet Union and volunteers may need help in interpreting and explaining their function to the immigrants. As in other cities, the community centers in Los Angeles as well as synagogues, temples, and religious schools affiliated with the Bureau of Jewish Education, develop special programs for the immigrants. The various

institutions of the Jewish community in Los Angeles consider it their responsibility to participate actively in the process of "integrating" the immigrants.[1] This support system is invaluable since it was said by most of the Unit's people that they are very concerned about the inclusion of the new arrivals in the activities of the Jewish community. The Russian immigrant in the United States has to learn how to be actively Jewish in this free country. He may be confused and may not know the ways in which to express his Jewishness. Here is the point for intervention by community centers, synagogues, and religious schools for which the Soviet Jews present a new challenge.[2]

H. Treatment Procedures and Scope

Before the immigrant arrives, the social worker has usually already received certain material about him. The initial interview is conducted either at the Unit's office or, in most cases, at the immigrant's home. The intake interview serves as the occasion for explaining to the immigrant the basic policies of the Jewish Family Service and the purpose and features of the monthly allowance. The worker discusses the English classes with the immigrant and refers him to the Jewish Vocational Service. He explains

the clinic referral process and arranges for the immunization of the children and their enrollment in appropriate schools. Finally he arranges the immigrant's attendance in the orientation meetings. According to the immigrant's needs as revealed in the interview, a treatment plan is drawn.

The intake interview is usually conducted by a social worker but sometimes the secretary fills out the face sheet. After the intake, treatment proceeds according to the treatment plan and includes home-visits and office meetings, contacts with other special service agencies and contacts with community institutions, schools, employers, and hospitals, according to the needs of each situation.

I. Supervision and Lines of Authority

The Unit has one supervisor who has the administrative authority over the staff members and any deviation of financial assistance from the written guidelines requires her approval. The division of authority concerning the Unit, between the Supervisor and the Director of Immigration Services was not made entirely clear to me.

A weekly staff meeting as well as a weekly individual supervision session take place. Additional supervision

is provided as needed. The Supervisor acts as the go-between for the staff members and the Director of Immigration Services. Staff members participate in various institutes and seminars.

J. Evaluation

From October 1973 up to July 1975 the Unit treated three hundred immigrant families. The average caseload of a worker in the Unit is of twenty-five to thirty families at any given time. My general impression is that all the staff members feel that they are working under pressure and that the means at their disposal are meager and quite often inadequate. They question the "professionalism" of their work. They all recognize the importance of what they are doing and are very devoted. Yet they encounter frustration and doubts which diminish their job satisfaction. Only a minimal amount of discretion is given to the line workers, and even that is subject to the approval of the supervisor, thus burdening the supervisor with administrative decisions. Because of their feeling of not being professional, the workers need substantial supporting supervision. It may be questioned, therefore, whether, given her administrative duties, the

supervisor is deployed in the optimal way.

The Unit's treatment and work procedures are organized according to professional concepts derived from Crisis Theory. Central concepts implemented are those of immediate access, generic approach, and lack of separation of money from services. It should not be overlooked, however, that this approach is carried out in a society which does not provide any supporting mechanisms or resources that can help the social services agency. The Unit, has, therefore, to perform the universal and the specific professional functions within a society that is not geared to the absorption of immigrants and does not make any specific provisions for them. The immigrants come with high expectations and the social workers have to mediate between the expectations and reality.

The Unit's social workers do not receive as much appreciation and support as their very difficult task requires. The limited amount of discretion that they are allowed not only supports a negative professional identity but also makes it necessary for the supervisor to divert much time and energy to "checking up" rather than enhancing the workers' competence and sense of worthiness.

K. Summary

The Soviet Jews Resettlement Unit is part of the Jewish Family Service of Los Angeles, which is a voluntary organization. The Unit employs eight social workers and one social work supervisor. The work is performed by teams of two, a social worker and a social worker's assistant. Each team has one person who speaks Russian or Yiddish. Some additional services are provided by volunteers. The goal of the agency is threefold, to help the immigrants achieve economic independence, help them become an integral part of the Jewish community and facilitate their becoming American citizens. Treatment begins upon arrival in Los Angeles and is generic and comprehensive. The standard period for financial assistance is three months. The money is dispensed according to specific guidelines which leave little leeway for the discretion of the social worker. The Unit's workers feel that their professional identity and integrity is threatened because they are engaged in work which differs from what is considered prestigious in the mainstream of American social work in a society in which absorption of immigrants is not as significant a goal as it is in Israel.

FOOTNOTES TO CHAPTER VII

[1]See generally G. I. Jacobson, "Spotlight on Soviet Jewry Absorption in the U.S.," Journal of Jewish Communal Service, No. 2. (1975), pp. 190-194.

[2]B. S. Rubin, "The Soviet Refugee; Challenge to the American Jewish Community Resettlement System," Journal of Jewish Communal Service, 32, No. 2. (1975), pp. 195-201.

CHAPTER VIII

CONCLUSIONS

The Soviet Jewish immigrants leave a familiar authoritative regime, with all of its associated manifestations, to come to an altogether different environment, be it Israel or the U.S.A. The essence of the migration crisis that they encounter is a cultural shock. The language, the social norms and the social institutions are all new and different. The Soviet-Jewish immigrants are exposed and are expected to function independently with hardly any preparation in areas in which they were protected in Russia. Furthermore, the immigrants have suffered severe losses as a result of leaving Russia: in terms of property, pension rights, friends, language, culture, and the feeling of security associated with the familiar. In short, it must be remembered that the immigrants have left their home. They come with a set of ideas regarding government officials, attitudes of the absorbing society and work openings, all based on their experience in the Soviet Union. When a

service for helping the Soviet Jewish immigrants is planned, the immigrants' expectations and losses must be taken into account.

Conceptualizing migration as a crisis embodies three basic ingredients. Crisis is an upset of a steady state, when the old coping mechanisms are no longer adequate and new coping mechanisms have yet to be developed. It is a time-limited situation which carries within it both danger and opportunity. Early access and intervention are essential and serve both as preventive and remedial measures. The social worker's role in crisis situation is active, based on elements of authority, expertness, and competence, and involves the design of remedial measures. It is within this professional frame of reference that one has to evaluate the services for immigrants.

The extent of the "individual crisis" may vary according to each individual's vulnerability. Alleviating environmental difficulties of language and of lack of orientation in the societal structure and offering resources and opportunities to the immigrant should be the target of the initial help. In this phase, environmental and personal factors are interwoven and every "conquest" of the environ-

ment has a deep psychological meaning. It is for this reason that the treatment must be generic and comprehensive. This decision is based on a body of professional knowledge specific to the field of social work as a profession and is reinforced by the administrative soundness of such treatment.

A vocational training program for a widow with children, for example, must include attention to the role of the mother at home, arrangements for care of the children during the program and preparation of the mother for a vocation that she can practice without disrupting the interrelations and roles in her family. Through the concrete help offered by the social worker to the individual or to the family, they can be strengthened, learn new ways to cope with difficulties and resolve old conflicts. This can be achieved through intensive efforts in office and home visits and by relating to the clients as individuals and as family members. Convincing a partially disabled father who has lived on a pension for many years to try and resume working in a new country requires a great deal of persistence and of practical help through all the procedures and processes. It is not realistic to assume that if this individual wants to work, he will find his way around.

Helping a family member to stay in school and complete his or her schooling instead of going out to work and support the family is a casework process which involves not only the individual but the family and the provision of material help, so that the decision can be carried through. Help to children in school, from tutoring to providing budget for clothes, is a way to make the child feel more secure and competent. Making the necessary arrangements for medical care and treatment, when needed, can change the persons outlook on life and strengthen his ability to cope with the new situation. The concrete help which can be "touched and seen" should be the basis for the therapeutic relationships. It is the material-arrange-mental help that will bring the immigrant to trust the social worker. In contrast to the standard casework approach that the "relationships and trust" developed in the first interviews will bring the client and worker to act together, the immigrant develops trust and confidence only out of the joint actions on his behalf. In a later phase, after the immigrant has learned to master the environment, deeper problems can be dealt with on the basis of the worker-client relationships that have been

formed. The comprehensive-generic approach based on crisis theory is applicable to the first phases of absorption. As the process is a long one, other methods should be used when appropriate.

The social worker in the agency fulfills a dual role, that of mediator between the immigrant and society and that of a teacher of the concepts and customs of the new society. The immigrant sees the worker as a representative of the society and its value system and, consequently, the worker has to take a stand. It is the social worker's responsibility to demonstrate and interpret values and norms. This requires the use of authority and readiness to accept responsibility for decisions.

If we accept the generic-comprehensive method as the best mode of treatment for immigrants, there must exist certain administrative prerequisites. Discretion should be delegated to the lowest level--the line workers. To insure accountability proper safeguards can be developed, such as the requirement of specific knowledge and experience. Only with a certain amount of discretion can workers feel that they are responsible for a professional work. Para-professionals should be employed and utilized in a

way that makes full use of skills. Staff development programs on an ongoing basis should be instituted and every effort should be made to support and maintain the professional identity of the agency and its workers. Lines of promotion should be horizontal as well as vertical, which means that a worker can be promoted to be in charge of a specific project and be given more discretion. Recording should be kept and should reflect the various decisions made and the course of action taken. Flexible working hours, an open-door policy, and the elimination of the waiting list are, of course, basic prerequisites.

It is known that absorption is a two-sided process which involves the immigrant and the absorbing community. Not only the immigrant but also the community has tasks to perform if it wishes to facilitate the absorption of the immigrants. The community and its institutions can accumulate and provide information about the available resources and solutions and develop new ones. The community can provide the tools and procedures which will make these resources available to the immigrants. The community can provide training and supervision programs which will prepare and enable the immigrants to reach the

desired level of skill and functioning. It has to redefine functions and positions so that the newcomers can find their place and be included in the communal structure and activities. The community has also to deal with feelings of frustration of old members when newcomers are given priority in allocation of resources.

The various community agencies--schools, synagogues, professional organizations, and social services--should play the leading role in translating theory into practice and be instrumental in easing the migration crisis.

Both in Israel and in Los Angeles, the agencies involved in treatment of immigrants utilize a crisis approach. There are some major differences, however, in the social climate in which the two agencies operate and in their organizational structure and administrative procedures. In Israel, the society, the government offices, the institutions, indeed the entire social system is geared toward the absorption of immigrants. There is a well developed universal organizational system created to care for *olim*--the Ministry of Absorption. The guiding concept is that in order to achieve equality of opportunity, *olim* need special help. The absorption system provides for the

basic needs: there are special workshops for crash learning of Hebrew and special training and re-training programs, day care centers are available, and free or highly subsidized housing is provided. *Olim* are, furthermore, entitled to purchase duty and tax-free items for a three year period and are given many other privileges.

When one comes to evaluate the absorption system, he has to remember that it is part of a governmental system and that some equity must be maintained between what the "new citizens" receive and what the "old citizens" receive. Israelis understand the importance and necessity of *aliah* and are very glad to read in the newspapers that large numbers of *olim* have arrived. It is my evaluation, however, that the link between this intellectual understanding and actual participation in the process of absorbing the *olim* is not sufficiently developed. In other words, the official formal system, with all of its constraints and deficiencies, is working and the love for *aliah* is there. What is needed is a wider community participation in this process.

It is within this framework that the Social Services Division is operating. It is recognized that special groups

of *olim*, whose demographic, psychological, and social situation was already vulnerable in Russia, are more exposed to the danger aspects of migration. These groups need special help based on professional evaluation and not only the universal services, and they are treated accordingly by the Division. The goal of treatment is to prevent the situation of temporary disability from developing into permanent disability to function independently. A follow-up study conducted by the Division shows that this goal has been achieved. Most of the *olim* reach economic independence within a year of treatment. Only three percent of the *olim*, mostly the chronically ill and families with disabled heads of family, are transferred to the public welfare agencies. There are administrative constraints stemming from the unique organizational structure within which the Division operates and little can be done to change these constraints.

From a professional point of view, a social service agency should be in the forefront of social change and be a change agent. It seems that implementation of the generic-comprehensive approach calls for taking initiative in developing community oriented projects. As mentioned

earlier, such projects were developed but a more concentrated effort on group work methods and community organization methods would have been beneficial. The use of such methods can help in strengthening the link between the organization, the *olim* and the Israeli society at large. Organizing groups of *olim* around a specific shared problem, or mixed groups of *olim* and *vatikim* in communal activities may ease the crisis of absorption. Recruiting and deploying more volunteers may not only help *olim* but also help the *vatikim*, especially the Israeli born, understand the meaning and impact of migration upon the individual. In short, community work can play a crucial role in the acculturation process of both the *oleh* and the *vatik*.

The Russian Resettlement Unit in Los Angeles is part of the voluntary organization of the Jewish Community. It does not have a governmental supplementary system and has to fulfill all the functions by itself. This fact makes its task much harder not only in financial terms but also in terms of availability of resources and manpower. It is one thing to operate in a society where absorption of immigrants is one of the central themes and quite another to operate in a society where it is a one-time

episode. Much credit should, therefore, be given to the Unit's workers for the tasks they accomplish.

It is also very difficult to convey to the immigrants the meaning of a voluntary-sectarian system. This system is quite complicated to begin with, and it is so different from what was experienced by the immigrants in Russia that the first phase of the casework process--the contract--is complicated and involved. But what may seem to be a disadvantage may actually be turned into an advartage. Once the immigrant understands and accepts the concept of a voluntary organization, he is getting to know the essence of the Jewish community and becomes linked with it. It is, therefore, of crucial importance that all the other organizations of the Jewish community be involved in the initial phase of absorption and serve as supporting systems to the Jewish Family Service. Early intervention and availability of community centers, temples and the like will link the immigrant to the Jewish community. The fact that services are offered by voluntary agencies of the Jewish community, once it is understood, helps to avoid overdependence of the immigrant on the absorption system and lowers the wall between the immigrant and the resident.

It is important for this reason to help immigrants find their place in the existing power structure of the community.

Crisis intervention can be applied to work with Soviet Jewish immigrants and has been applied. In a nutshell, the essence of this approach is that during the initial period the immigrant is being helped in learning how to cope with the new situation with new coping mechanisms and resources. A skilled professional immigrant, for example, can be helped by the social worker because he or she has the knowledge about available resources or knows where to find this knowledge. The social worker can utilize professional associations for help or in combing the community for an opening. The social worker can help the professional examine the situation realistically, make his choice and discuss the plans with the family. He can initiate some organized action when needed. He can be his client's advocate or help the client accept the unchangeable.

Crisis intervention with immigrants can be most effective when it is accompanied by group and community work. Not only casework but also group work should be

built along the lines of cultural-environmental learning. Group work should gradually be transformed into community organization work, with the goal being developing leadership and admitting the immigrants into the community's decision-making processes. In addition to learning the environment, many Soviet Jewish immigrants face another task, that of learning Judaism and Jewish tradition, and they can be helped in this learning by using community methods.

The implementation of crisis intervention requires a clear conceptual framework, understood and shared by all people involved in the process, so that there is a feeling of identification with the agency and a good sense of direction. From the administrative point of view, a crisis intervention approach requires modifications and adjustments to cope with the dilemmas, difficulties, and strains inherent in the organizational system. Essential for an effective crisis intervention with immigrants are early and immediate access, a comprehensive method of treatment, delegation of authority to line workers and appropriate patterns of supervision. It has to be remembered, however, that the crisis approach is geared towards helping the

immigrant in the initial phase of the absorption process. The crisis intervention does not exhaust the treatment of absorption and should be seen as one link in a chain of actions designed to help and absorb the immigrant. Be it in Los Angeles or in Israel, the absorbing community must develop tools to support the absorbing agencies and should be prepared to take over the absorption process when the crisis intervention ends.

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