

The following article was written by Barbara Silverman, CSW, and Kim Barra, RPA and appeared in the Center for School Based Mental Health Assistance newsletter this Spring. Ms. Silverman is the Director of Mental Health Services and Ms. Barra the Clinic Manager at Erasmus High School Teen Health Center in Brooklyn, New York. Ms. Silverman is also a trained performance social therapist and is on the faculty of the East Side Institute for Short Term Psychotherapy.

Let's Talk About It: A Model for Youth Involvement

Youth Involvement, Asset-based approaches, Resiliency, Positive Psychology – these are some of the ‘buzzwords’ frequently being used in the mental health arena today. But given that most of us have been trained in the medical model, which has traditionally focused on deficit and pathology – how do we actually put these more positive approaches into practice? Specifically, what might that look like for those of us providing school-based mental health services to youth?

At the Erasmus Teen Health Center in Brooklyn, NY, we have successfully implemented a strengths-based approach to mental health services. It is based on the approach known as Performance Social Therapy. This method was originally developed 30 years ago, primarily as a new way of practicing psychotherapy. The approach has continued to evolve and now has applications and practitioners in the fields of psychology, education, health care, among others. Dr. Fred Newman, the founder of Social Therapy, describes it as an “anti-therapy”¹, and challenges us to look at the assumptions upon which the ‘science’ of psychology is based. For instance, one such assumption in traditional therapy is that we begin by assessing/diagnosing the client’s presenting problem, and formulate a provider-driven treatment plan to ‘fix’ the problem (and the client). Performance Social Therapy, on the other hand, focuses on *development*, via the continuous creation of new ensemble performances for both providers and clients.

We have found this approach very effective and well received by teenagers in our school-based clinic setting. Our clinic is in an inner-city high school with 3 distinct campus schools, and a total student population of over 2500, in the heart of the Caribbean community. Many of our students are recent immigrants living with extended family and in poverty. Those who come in for complete physical exams are often found to have undiagnosed medical and psychosocial problems.

Students receiving mental health services face problems reflecting the complex circumstances of an inner-city immigrant experience. Many have been victimized physically, sexually or emotionally, and have the experience of feeling unloved. Others face the debilitating effects of drugs, racism, violence, and poverty. Those who have come recently from the Caribbean are dealing with the change of countries, educational systems, and language, often resulting in being placed back a grade or more. Most experience serious tensions at home with parents or extended family for becoming too ‘Americanized’. Also prevalent are teen pregnancy, teen parenting issues, unemployment, gang involvement, past suicide attempts and past or current suicidal ideation.

Rather than diagnosing, labeling or assessing these youth according to their problems, the Social Therapeutic approach used here is an activity-theoretic method with a focus on the

development of young people. Our practice is a community-building one with an emphasis on promoting the strengths of young people, who co-create the program along with the therapists. This is based on the premise that when young people are given partnership responsibility for creating their own therapeutic program, their relationship to the clinic, the staff, themselves and each other changes. It is a radical departure from the medical/deficit model paradigm of presenting problem, diagnosis, treatment plan with short-term symptom management conceptualized by the provider for the client.

Also important in this method is the use of performance. Performance Social Therapy recognizes that we are all performers, in the sense that we go through life performing the various roles that we or others assign to us. For teens, some of these roles are “youth at risk,” “gang member,” “promiscuous,” etc. They then become accustomed to thinking of these roles as a fixed identity, and believe they can’t do anything different. This is evident when young people make statements such as “that’s just the way I am”. We support the young people to create new performances for their lives, to stretch beyond what they already know how to do. This is sometimes referred to as “being who you’re not”, i.e. being able to perform something other than the knee-jerk reactions to the various stresses they face each day. ‘

Most of the mental health visits in our clinic are group visits. Our group program, called “Let’s Talk About It”, is now in its 7th year and has been extremely popular with the students, who often self-refer and/or bring friends into the group. Using principles of inclusiveness and collective responsibility, group members build their community and create an environment in which each of them is supported to develop emotionally. Through being involved in a community-building activity, the young people develop their capacity to do something different to create and re-shape new performances for their lives.

One example of the depth of these communications is a series of letters we received from Shamell, a group member who was subsequently incarcerated. He had had a long history of gang involvement and had been imprisoned several times for gang-related activity. When he came to the group, he was open about his status as a Blood. In keeping with the Social Therapeutic model, he was related to not solely as a gang leader, but as a person with leadership ability. As you can see from the following letter, he was impacted on by this and took seriously his role as a group member.

We are proud of Shamell’s continued contributions to our group program and the clinic in general. While incarcerated, he maintained regular contact with us via phone calls and letters. Upon his release from the youth detention center in October 1999, he arranged with Barbara Silverman to do volunteer work in the clinic and in the Boys and Girls Club across the street from us until getting a paying job. He has also kept us involved in his future plans for college and/or a career in the music business.

Besides Shamell, several students have emerged as leaders of the group program. In addition to recruiting and orienting new students to the group, they serve as spokespeople for the program within the school, and co-present with us at conferences, grand rounds, etc. Their active participation in all phases of the program is both empowering for them and enhances the

impact of our presentations to colleagues. We feel this is a powerful example of the relevance of a strengths-based approach.

1. Fred Newman, The Myth of Psychology, p. xix.