

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

Let's Talk About It: A Community Building Approach to Prevention

School-based clinic providers often find ourselves operating in the mode of “putting out fires”. Given the usual scenario of limited staff/time/resources, it sometimes feels as though the best we can do is intervene in a problem or situation that has already occurred. This has certainly been evident in the wake of the recent school shootings in Jonesboro, Paduca, Littleton, etc. One of the most common responses of our youth here in the inner city of Brooklyn, New York, has been: “Why is it that youth violence is *now* all over the news, now that it’s happened to some kids in rural, white America? We’ve been dealing with this every day for years now.” This is clearly a valid question, which highlights the challenge of providing preventive services – can we really create a program that is preventive in the current culture of violence, anger, and depression?

At the Erasmus Teen Health Center, we believe the answer is an emphatic yes. Our program has shown that *development* is preventive. Using the cultural performatory approach known as Social Therapy, we have created a therapeutic program that young people want to be a part of. We’ve destigmatized therapy in a culture which presumes that only very crazy young people get sent for therapy. Rather than using the traditional model of diagnosis and treatment of ‘pathology’, we relate to teens as competent builders of their lives and their community, and invite them to co-create their therapeutic program along with us, the more experienced adults. The agenda here is not “stop the violence”, “prevent teen pregnancy” or “just say no to drugs”. Instead, we work to create a community in which people are supported to develop as choice makers. Members learn to create options where they thought they had none.

So, how does this look in practice? To begin, let’s look at our group mental health program, “Let’s Talk About It”, now in its 7th year. This program, implemented by Barbara Silverman, utilizes the Social Therapeutic approach to creating a developmental environment for members. In this approach, “developmental stages” are not viewed as something that *happens to us*, but as stages in the theatrical sense, which we can actively create, and upon which we can perform our growth.

We are all performers; it’s how we learn and develop. It is through performing – doing what is beyond ourselves – that we learn to do what we ‘don’t know how to do’. (One example often used to illustrate this idea is how babies learn to speak – first by babbling, and being related to by older children and adults as capable speakers, which they then become.) In Social Therapy, participants are encouraged to ‘perform’ both who we are and who we are not (or who we are becoming). In this way, performance is taking “who we are” and creating something new with it.

Young people often get labeled: “youth at risk”, “promiscuous”, “troublemakers”, “violence-prone”. They find themselves stuck in these roles with teachers, parents, and social workers relating to them as if this is “who they are” – people with nothing to give. The young people begin to believe

these stereotypes of themselves, adopt those identities, and act out the expected role. So how do we help them break out of the box of “identity” altogether and reignite their development?

Young people often recognize the boxes they are stuck in but believe they have no options, that they can't do anything different, it's “just the way they are.” In response to this, we may say to a student, *“you're right...you did get the short end of the stick...you were treated in a racist way...the conditions you deal with are terrible. So, what kind of 16-year-old do you want to be? Are you going to develop or be a jerk? I know you believe that going off on that teacher was a powerful response, but you know what, it wasn't. That's impotent. Do you want to learn how to be powerful? We can help you with that.”* The group experiments with new and different responses to the daily situations that enrage and humiliate them. In this way they begin to change the culture of their lives, to change their attitudes, to consider new ideas – to see in a new way. They go through a cultural transformation.

“Let's Talk About It” groups are heterogeneous by design. Students from the 3 different campus schools come voluntarily during their lunch periods. The group includes 9th through 12th graders, from many different countries, with as many young men as young women attending. We have a mix of kids who are shy, popular, bullies, former and current gang members, gay, straight, and bisexual, ‘good’ students and those who are failing school. With this mix of students, there are inevitable conflicts and tensions that the group must deal with, situations which in many circumstances might lead to violence. Rather than ‘getting rid of’ people they find annoying, group members are asked to provide leadership, and to pay attention not just to individual needs but to what the group needs. They develop an investment in the community that they've created, and are able to go beyond their usual ‘knee-jerk’ reactions to do something that will preserve and advance their community.

The success and popularity of the Let's Talk About It program has had an impact on the operation of the clinic as a whole. The sense of ‘community’ that originated in the group room has extended to the entire clinic. Staff and regular clinic users are now more likely to consider what our ‘performance’ needs to be to ensure that anyone coming in the door feels welcome and respected. The paradigm shift from ‘finding and treating pathology’ to working with whatever a student gives has changed the quality of the medical interactions. And, the group is an ideal resource to use for those “frequent flyers” that we medical providers are so familiar with...the ones who come in several times a week with headaches, bellyaches, etc. Knowing that such symptoms often represent underlying psychosocial stressors, we often encourage them to join the group program. This way, they get to be in the clinic daily and have an opportunity to choose for themselves what kind of ‘treatment’ they need.

I'm often reminded of something that Dr. Deborah Prothrow-Stith said in her keynote address at the 1997 National Assembly conference in Boston. She made the point that young people want and need our attention, and will get it “in any way they can.” Rather than waiting until our young people do the kinds of negative and self-destructive things that often do get them attention, it's encouraging to see that by building a community that they feel a part of, they can get the attention they need. They can also give back to the community that they have learned to create for themselves. In this community, violence, bullying, and self-destructive behavior are out of step with what they

have created. Having had this experience, many group members have reported putting these same performance skills to use in their 'outside' life – whether dealing with parents, handling conflicts with peers, or responding to teachers & other school personnel. They have developed a sense of empowerment and responsibility that is truly preventive.