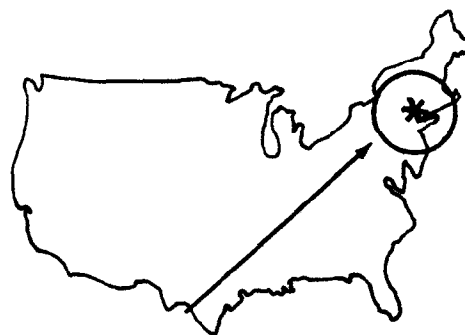


IN THE SPOTLIGHT



"The John Dewey Academy: A Residential Therapeutic High School"

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THE RESIDENTIAL THERAPEUTIC high school attributes its origins to much of the program philosophy of the professional model of the therapeutic community and the treatment technology of the self-help concept. Rather than remaining primarily treatment oriented, as both therapeutic community paradigms do, the residential therapeutic high school expands its program to include education that is designed to help its graduates attend colleges of quality. Most therapeutic communities view their educational programs to be subordinated to treatment concerns. The residential therapeutic high school, in contrast, eliminates those whose psychopathology is so incapacitating that they need the more intensive treatment services offered by a therapeutic community, stresses academic excellence while simultaneously providing an environment that nurtures individual growth and development.

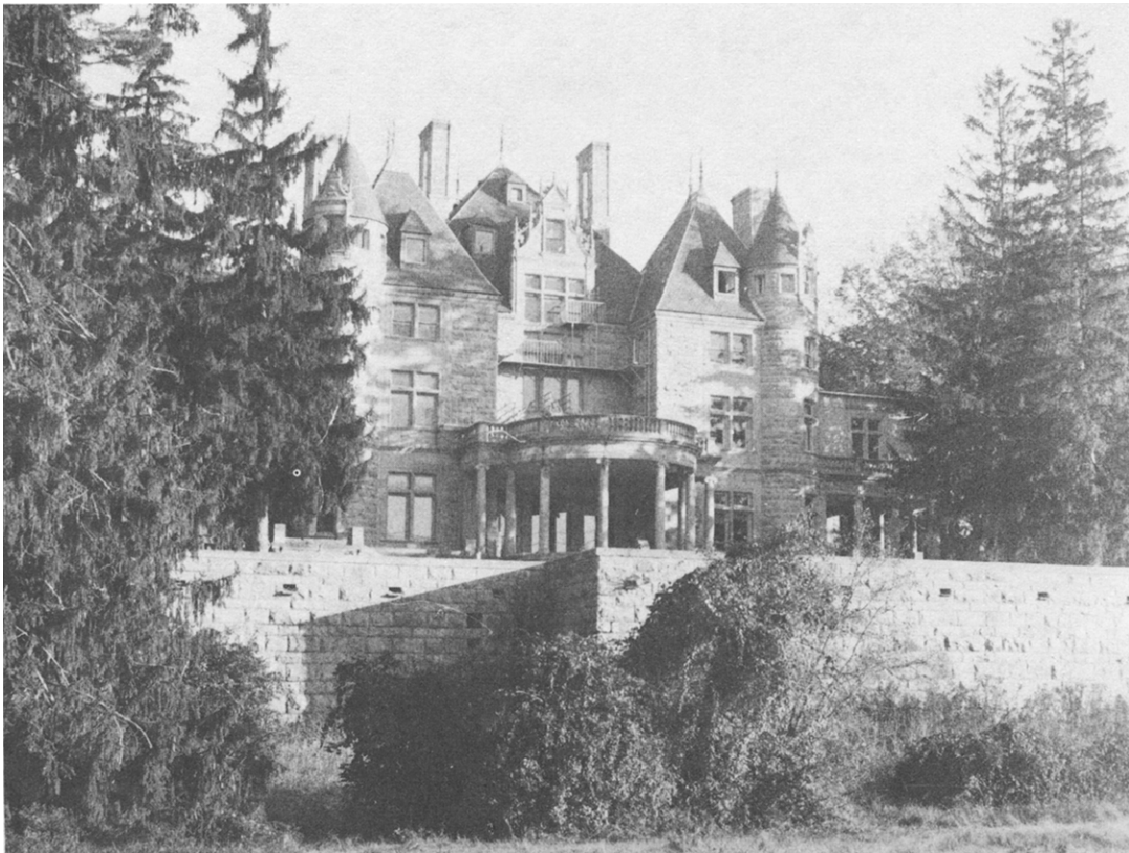
Within the last 30 years in Europe and America, there have been two divergent therapeutic community movements which are a revolt against not only the repressive and oppressive but also the punitive treatment theory of mental institutions. Bratter (1983) condemns mental institutions that stress custody, control, and conformity which neglect the needs of patients for the convenience of physicians and psychiatrists. In these settings, patients are raped of their sense of dignity and expected to remain passive and compliant.

The professional model, developed by Jones (1952, 1953 & 1968) provides a humanistic and effective alternative to the noxious punitive treatment environments of traditional mental institutions. Independent of Jones, Dederich developed the self-help concept of treatment at Synanon which has been described by Casriel (1963), Yablonsky (1965), Endore (1968), Sugarman (1974), Bratter (1978), and Bratter, Colabolletta, Fossbender, Pennacchia & Rubel (1985).

Upon the conclusion of World War II, a group of American psychiatrists toured England to learn about the innovative and humanistic treatment techniques developed by their British colleagues. Sullivan (1937, p. 989) was among the first to offer an idealized portrayal of the mental institution when he concluded, "The mental hospital . . . can become a school for personality failures. The situation is one of education, broadly conceived, not by verbal teaching but by communal experience, good tutoring." To their credit, British physicians and psychiatrists relinquished much of their acquired power and distributed it to patients who were encouraged actively to become involved in their treatment and subsequent recovery. Rather than relying on the traditional treatment relationship between the doctor and the patient, the curative aspects of the environment were utilized. Jones (1976) enumerates this egalitarian principle, "Responsibility and authority within the system rests not in one director or administrator, but is shared by a large number of individuals representing significant parts of the system" (p. 68).

Main (1946) perhaps the first to use the term,

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therapeutic community, portrayed the Northfield Military Hospital as "an attempt to use a hospital not as an organization run by doctors in the interest of now greater technical efficiency but as a community with the immediate aim of full participation by all its members in its daily life and the eventual aim of re-socialization of the neurotic individual for life in an ordinary society (p. 69). Wilmar (1958) differentiates the therapeutic community from the mental institution when he focuses on the:

emphasis that it places upon the socio-environmental factors in the patient's hospital experience . . . The hospital is conceptualized literally as a form of community with its special culture and subculture, similar both to the outside world from which the patients have come and to which, it is hoped, they will again be able to return . . . The basic therapy of the therapeutic community is milieu therapy (pp. 824-825).

Wilmar's conceptualization of the therapeutic community stresses the importance of the professional staff's interaction with the patient and the sharing of decision-making, which tends to blur, but does not obscure, the distinct lines between the two. Jones (1959, 1975, 1976) successfully humanizes the relationship between the providers of treatment and the receivers. Jones wants to reduce the traditional treat-

ment barrier, the "we-they" dichotomy, which he views as a deterrent to recovery. Jones (1985) is adamant about the virtue of social learning, i.e., "decision making without process is not learning but simply forcing people to make decisions (pg. 245). But consensus decision making is learning." This represents a revolutionary departure from the traditional institutional policy where the psychiatrist's status is supreme and absolute. Aside from having the same name, there is little similarity despite Jones' (1979 & 1980) attempts to link the two.

The self-help therapeutic community deliberately creates a structured learning environment monitored by recovered persons who serve as the primary treatment agents. These recovered persons become responsible role models who offer instruction both by example and advice. Bratter (1977, p. 166) has written:

The staff function as responsible role models who are living proof that creative positive personal change is possible. In addition, the staff are prepared to share significant experiences in an effort to identify with and relate to the resident. The staff become involved with the resident. Credentialed professionals, in contrast, have been trained to treat symptoms, not to identify with the patient.

The staff constantly confront the resident to demand improved behavior.

Confrontation is the primary psychotherapeutic tool which pierces attempts at self-deception and avoidance of reality. There are two phases of confrontation, i.e., the painful unlearning process and the supportive relearning process. It is precisely this confrontation process which differentiates the two therapeutic communities and creates controversy. Critics do not understand that the "sine qua non" of treatment with dishonest, immature persons who are self-destructive is constant confrontation and attempted therapeutic control of their behavior. Deitch and Zweben (1984) suggest:

The treatment of character and personality disorders, and some psychiatric disorders, absolutely requires some coercive elements to break down the character defenses and promote the acquisition of impulse control. But the critical questions are: What are the checks and balances? Are there limits placed on the use of coercion (p. 38).

Confrontation becomes crucial because it prevents continued self-destructive behavior, forces an honest appraisal of one's assets and weaknesses, and stimulates intimate interpersonal relationships.

When the resident exhibits productive and positive attitudes and behavior, subtly he or she is encouraged to assume sponsorship of those who have not achieved the same status. The impetus for personal growth rather than remaining the responsibility of the staff is transferred to the older residents. Positive peer pressure becomes a curative and catalytic force that stimulates self-exploration and self-renewal in a supportive and structured social setting where there is a rigid reward and sanction system.

Shankman (1978) describes the self-help therapeutic community, which he appropriately suggests is similar to a university for self-awareness, self-realization and resultant behavior change:

The therapeutic community might best be described as a school which educates people who never have learned how to live or feel worthy without hurting themselves and others. The therapeutic community helps people who have tried again and again to get what they wanted from life and have continually defeated themselves. The principle combines the basic and universal human values of knowledge, love, honesty, and work with the dynamic of intense group pressure in order to recognize and help correct the personality defects which prevent people from living by their values. The results lie in rehabilitation so that the individual may re-enter his or her community as an independent and productive person (p. 158).

Implicit in Shankman's description of the self-help concept of the therapeutic community is a treatment assumption which Bratter, Bratter, Radda & Pennachia (1986) have identified:

The therapeutic community, therefore, is most reluctant to label any resident emotionally ill because implicit in this

process is the legitimization of irresponsible behavior. The therapeutic community explicitly assumes that persons can control their behavior by retaining the elements of freedom of choice as well as the capacity to grow and develop. The majority of those individuals who are rejected for treatment by the therapeutic community are those who appear to lack the internal control to regulate their thought processes and behavior. According to the therapeutic community, drug dependent persons do not have drug problems; instead, they have personal concerns which they attempt to solve by using and abusing psychoactive substances. Drug abuse is assumed to be a malignant self-destructive adaptive lifestyle which prevents individuals from achieving their potential. Drug abusers seek relief from their pain in self-annihilative ways without any regard for the present costs or future consequences. Addicts are weak and self-indulgent because they refuse to delay immediate gratification. The failures experienced by drug abusers are categorized by the therapeutic community as inappropriate and inadequate planning.

The John Dewey Academy agrees with this treatment assumption and the generalized goals of the self-help concept. The John Dewey Academy, however, is more flexible than the therapeutic community because the degree of dysfunction of our students is not as pathological as that of the residents of the therapeutic community.

THE STUDENTS: A PSYCHO-SOCIAL-BEHAVIORAL PROFILE

The John Dewey Academy's mission is to help 40 high school aged students who have become trapped in a no win, no exit labyrinth where there is a potent, negative, self-fulfilling prophesy of perpetual failure by giving them a final chance to prove to themselves they can become academically proficient. These adolescents' only success, pathetically, may be they have managed to persuade everyone (including themselves) that they are losers and failures.

Consequently, they have rejected their future by refusing to invest in their present because they judge their existence to be too painful, too sterile, and too pessimistic. Deitch and De Leon (1985) provide a helpful clinical description of why some adolescents remain immune from the traditional psychotherapeutic interventions:

They disbelieve or reject the possible physical, emotional, and social consequences of their lifestyle. In part, this reflects a realistic assessment of the relatively higher survival potential of young people. However, it reveals the adolescent propensity for unrealistic thinking concerning their invulnerability . . . There is a psychological basis for the adolescent's unrealistic sense of invulnerability . . . Adolescents, however, have not made substantial investments in the future and have relatively little to lose. They are more often protected from negative consequences by the support of peers and family (pp. 218-219).

These adolescents either act-out against the environment or act-in against themselves. They engage in self-destructive, impulsive, hedonistic, sexual or drug-related behavior which temporarily ameliorates the pain of failure and loneliness. The result is the same, however, because they fail and, in doing so, hurt themselves and the significant others who try to remain involved despite the cruelty and frustration. These adolescents are battered and bruised, though most of their pain has been self-inflicted. They are alienated against themselves and others because they trust no one. Not surprisingly, these adolescents have been diagnosed as being unmotivated and, hence, unwilling to change, so they are discarded because they are viewed as being untreatable, uneducable, untamable, and unreliable. As a result, they are unloved and unwanted. This conceptualization is criminal because, in fact, these adolescents remain unconvinced that either they are capable of change or they want to become part of the system. What these adolescents need desperately is a program that will permit them to express their anger and hurt without penalizing them, that will insist they are worthwhile when they change, and that will help them begin to acquire the faith and strength to believe:

They can learn.

They can trust and be trusted.

They can become involved with others without losing their identity.

They can reverse the painful and pitiful records of failure.

They can succeed without compromising their ideals.

They can attain the greatness of which they are capable.

They can justify their existence to themselves.

ADMISSIONS CRITERIA

The applicant, not the family or the referral source, needs to convince The John Dewey Academy to grant admissions. There are four criteria:

First: The candidate must have superior intelligence. This may appear to be an improbability because most candidates have compiled mediocre academic records and received poor test scores that in no way reflects their intelligence. Intuitive and creative intelligence simply cannot be quantified. The student will be given the opportunity to impress The John Dewey Academy, furthermore, with his or her "brilliance" in an extensive interview. Moreover, the completion of the application also provides ample opportunity to substantiate one's intelligence and determination.

Second: The applicant needs to prove he or she is psychologically intact, i.e., can control one's behavior. Rather than attempting to blame the family

and/or society for past errors and failures, the applicant must accept responsibility by acknowledging immature, impulsive and self-destructive decisions. The therapeutic high school can help only those students who possess the power to choose either to act or to react even though they cannot control environmental factors. The candidate must agree to abide by the rules and regulations of the Academy which are designed to consider the rights of others.

Third: The candidate needs to acknowledge the wrongness of his or her ways and make a commitment to change. Until the applicant believes that most suffering and failure were caused by his or her distorted thinking and irresponsible behavior, there will be no incentive to want to improve.

Fourth: The applicant must express a wish to attend The John Dewey Academy. Some adolescents will have so antagonized their families and their schools neither will tolerate any further disruptive and demoralizing behavior. This type of external pressure which sets behavioral limits and provides increasing consequences for further infractions is essential to control and curtail self-destructive acts. Not prepared to live in the streets and fearing additional penalties, the adolescent reluctantly will agree to come. It is important to note that the adolescent agrees in advance to comply to reasonable standards. The John Dewey Academy will not admit anyone who refuses to request admission.

These four criteria deliberately are idiosyncratic. Not every applicant can be accepted because there needs to be some elitism which protects the integrity of The John Dewey Academy. Not every student, furthermore, can contribute to, and profit from, the specialized educational program which stresses scholarship.

The therapeutic high school has twin concerns: The moral and psychological growth of the individual is the "raison d'être" of the therapeutic community; the academic development to help graduates enter a liberal arts college of quality and subsequently to specialize.

PRAGMATIC EDUCATION: 5 "R'S" + 3 "R'S" = 8 "R'S" OF THE REWARDS OF SELF RENEWAL

The ultimate concern of pragmatic education is relevant learning which promotes self renewal. The educational task, as Bratter, Bratter, Greenfield & Radda (1986) have written is to promulgate a way of living that stimulates and inspires learning by encouraging, acknowledging, and rewarding intellectual curiosity and excellence. There are three kinds of human development that encompass learning, i.e., intellectual, emotional, and moral. To this end, The John Dewey Academy believes the social, cognitive, creative,

ethical and academic development of the student is enhanced when the adolescent expects the following:

- To develop a positive concept of self and a proactive philosophy of life.
- To assume responsibility for one's behavior and recognize that constructive change is possible.
- To formulate intermediate and long term goals.
- To be aware of meaningful rewards for productive behavior and tangible consequences for irresponsible acts.
- To learn how to use, rather than continue to abuse, his or her potential.
- To understand one's role in society and to contribute creatively to its betterment.
- To love and be loved, to trust and be trusted, to respect and be respected, and to help and be helped.
- To work with teachers who genuinely care and sincerely believe each student is capable of improving his or her academic performance.
- To want to learn and improve one's self.
- To become involved in a rigorous learning process and to determine to some extent what is important to learn.
- To think abstractly and to problem solve.
- To achieve written and verbal communication competencies.
- To attain mathematical and computational competencies.
- To appreciate intellectual, cultural, and artistic achievement.

The John Dewey Academy recognizes some adolescents, more preoccupied with narcissistic pursuits such as materialism and hedonism, have a spiritual void. Despite the publicized religious "Born Again" movement, there is evidence that "God is dead," or, perhaps never lived. To combat this spiritual nihilism, the learning process must become more than a transmission of data, of teaching technical and scientific knowledge. No longer can technical competence be considered the only meaningful educational objective. Pragmatic education must instill moral values by emphasizing spirituality. The student needs to learn how to differentiate right from wrong, how to acquire the integrity to make moral choices, and how to obtain the courage and commitment to live ethically. The perpetual search for truth (which involves intensive studies in the humanities and social sciences, properly taught and nurtured) can produce an idealistic vision and a sense of morality that are necessary not only to reach for, but also to practice what is right. The individual must develop a spirituality that creates a moral integrity necessary to contribute constructively to improve the quality of life and to make a positive difference in the lives of others.

The curriculum, thus, is expanded to include the

five "R's": reality, relevance, reverence, respect and responsibility.

INDIVIDUALIZED LEARNING: THE TEACHER AS MENTOR

At best, the student can learn from the experience and ideas of others and from instruction, but the ultimate acquisition of wisdom remains the responsibility of the adolescent. Each person needs a set of guiding principles by which he or she can govern his or her existence. There are times in the life of every individual which will reveal the fundamental needs of the human spirit that will stimulate the search for a harmonious philosophy of life. To achieve this spirit of inquiry, the dedicated teacher must create the conditions of individualistic critical thought. In a therapeutic high school, the quintessential obligation of the educator, undoubtedly the most challenging and crucial, resembles the task of a psychologist-philosopher who is to inspire the student to think for him or herself rather than to incorporate dogmatically others' views and values no matter how important these ideas are. This approach modifies radically the traditional role of the teacher as the disseminator of information. The teacher becomes the overseer of the student's moral, cognitive, intellectual, and emotional development. The therapeutic high school, rejecting the traditional premise that the educational institution is the transmitter of societal values, offers an individualized curriculum that nurtures the needs and interests of each student. Rather than permitting the teacher to determine the course of study, the student negotiates with the instructor and subsequently will design mutually acceptable individualized projects. The teacher will participate by giving the student input and guidance on this joint educational odyssey. The student learns how to locate and interpret data rather than how to memorize and regurgitate material on a test. The student is encouraged to be assertive, to offer an opinion, to risk, and to invest in his or her learning. Scholastic achievement neither is neglected nor depreciated; on the contrary, the traditional three "R's", i.e., reading, "riting" and "rithmetic", are viewed as necessary tools to maximize the student's chances of achieving success in a credentialled and competitive society.

Pragmatic education enables the learner to understand the attitudes, beliefs, values, and expectations of society while concurrently preparing the student to be self-actualizing within those realistic constraints. The process of pragmatic education is undergirded by Adler's (1982 & 1983) Paideia proposal that has three modes of learning: "(a) by the acquisition of organized knowledge; (b) by the development of intellectual skills; and (c) by the enlargement of understanding, insight, and aesthetic appreciation." The

traditional curricula which stresses academic competence and provides a technical-scientific education, thus, has been expanded to include the cognitive, psychological, and moral development of the student. The learning process at The John Dewey Academy is a synergy espousing academic excellence in conjunction with an understanding of, and commitment to, actualizing one's humility. The student is equipped with the knowledge, motivation, idealism, confidence, competence, and courage to want to become a leader who is capable of making a difference. This is pragmatic education, no more, no less. The John Dewey Academy is for those few families who can appreciate and can afford an individualized, moral, pragmatic, and elitist education designed to help the student learn to think constructively and creatively. We welcome both your comments and requests for additional information.

Readers interested in learning more about the John Dewey Academy are invited to contact Dr. Tom Bratter, Searles Castle-Main Street, Great Barrington, Massachusetts, 01230 (413) 528-9800.

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