

HEALING HANDS



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Spirituality as a Clinical Tool: Care for the Homeless Mentally Ill

Of the half-million or more people in America who are homeless on any night of the year, approximately one-third have a serious mental illness.¹ The proportion is even higher for people living outside shelters.² At least half of seriously mentally ill adults who experience homelessness also have a substance use disorder; schizophrenia, mood disorders and behavior disorders are also commonly manifest in this population.³ Without appropriate care, mental illness is a strong predictor of chronic homelessness.

Among the therapeutic approaches receiving increasing attention from the mental health community is the use of spirituality as a catalyst for recovery. Extensive publications on spirituality and health attest to a growing interest in this topic.^{4,5,9,10} For this holiday issue of *Healing Hands*, we asked several mental health practitioners about the role of spirituality in the treatment of mentally ill homeless people. Some had never addressed spiritual concerns in their practice, nor had they referred clients with such concerns to religious professionals. Others, particularly those with a background in social work, psychotherapy and/or pastoral counseling, were eager to share their insights about the clinical relevance of spirituality to the care of homeless clients, which are reported here.

Roger Fallot, PhD, is a clinical psychologist and co-director of Community Connections, a clinic in Washington, DC, that provides mental health, residential and other support services. A large proportion of CC clients have experienced homelessness; about 70% have co-occurring substance use disorders. As an ordained minister in the United Church of Christ, Roger has long been interested in pastoral counseling. For the past five years, he has used spirituality as a clinical tool in the treatment of persons with a history of severe mental illness. He has also edited and contributed to a recent book on the subject.⁵

“Our clients certainly have questions best thought of as spiritual or religious – about ultimate meaning or purpose, about values and the reality around suffering,” he says. “Mental illness is one of the experiences that gives rise to such questions. In the midst of overtly psychotic episodes, spiritual experience, like any other domain of experience, is likely to be disorganized. But in recovery, spirituality may be a neglected source of personal and social strength.”

Roger works predominantly with African

Americans who grew up within a strong Christian tradition and sometimes feel alienated from churches as a result of their experiences with homelessness, mental illness and substance abuse. “Reconnecting with church for this population may be a first step toward re-integration with the community as a whole,” he says. “For others, religion or spirituality may be a major source of conflict and guilt which can be harmful. Such clients need to have a place to talk about that.”

We think of spirituality as being part of a holistic, bio-psycho-social-spiritual approach to the treatment of severe mental illness.

– Roger Fallot, *Community Connections*

“In some religious and scientific communities, spiritual and clinical/psychological perspectives are seen as contradictory,” observes Fallot. “At Community Connections, many of us find these perspectives mutually reinforcing.” He uses spiritual discussion as a part of group therapy. Among

the topics and techniques he finds helpful in groups with diverse religious backgrounds are:

The issue of hope. How to sustain or recover hope in the midst of demoralizing circumstances.

Life as a journey. A dominant metaphor in Western and Eastern religious and nonreligious traditions which presupposes the possibility of change in human life.

Holistic self-concept. Thinking of oneself as a whole person (not just as homeless or mentally ill).

Problem solving. One client found that listening to a particular kind of religious music distracted her entirely from auditory hallucinations.

Dialogues with God. Direct coping mechanisms that help some clients deal with cravings associated with substance abuse or stressors.

Self-esteem building. A client who had lived on the street for years was convinced she would never again be fit for human company. Going to church with her sister made her feel accepted and acceptable again by a group of people who cared about each other.

Continued on next page

Sister Monica O'Keefe, MSC, is the substance abuse counselor for Optima Health VNA Community Services, Inc., in Manchester, New Hampshire. She works with many dually diagnosed homeless people. During initial assessment, she discusses spirituality with her clients as "that which gives us direction, values and purpose in life."

"Homeless people have more spirituality than we give them credit for," she says. To help them get in touch with their spirituality, she encourages them to find a quiet place 'to be' and feel secure. "At this juncture they may be ready to begin the process of recovery. This will also enable them to live out the 'twelve promises' incorporated in the AA Twelve Step Program."

Sister Monica sees a large cross-section of people from different cultural backgrounds – mostly French, Irish, Polish and Ukrainians; some Asians, Hispanics and African Americans. They range in age from the mid-20s

Not all practitioners are as comfortable with religious or spiritual language as Roger Fallot and Sister Monica O'Keefe. "The training of mental health clinicians is typically rooted in a scientific humanistic tradition that sees science and religion as competing rather than complementary world views," explains Craig Rennebohm, D Min, chaplain with the Mental Health Chaplaincy in Seattle, Washington.

"Some clinicians narrowly construe spirituality as religion, which may hold strong positive or negative connotations for them and their clients," he adds. "Even clinicians with an interest in spirituality may consider it a private matter, inappropriate to discuss with clients – or they may simply lack the confidence to do so. Collaboration between clinicians and religious professionals is still rare, except when terminal illness is involved. Sometimes reluctance to collaborate is based on mutual misunderstanding of each other's field. What is needed are more opportunities for dialogue and collaboration among these professionals, who often serve the same clientele."

Craig has had positive experiences with clinicians in this regard. He has conducted in-service trainings on spirituality and mental illness with a variety of mental health professionals, and offers an annual symposium, entitled Soul, Psychiatry and Society, which is attended by 150-300 clergy, laity and practitioners. Moreover, because he is particularly interested in homeless clients with biochemical brain disorders, Craig works in close collaboration with psychiatrists.

The number of mentally ill homeless people in the United States increased dramatically when many state mental institutions closed or adopted more restrictive admission requirements, and

to the late 70s. Most of her homeless clients express no religious preference when asked; in that respect, they are probably representative of the general population, she surmises, but in greater crisis. "I help my clients understand that they must first be able to connect with the core of who they are. This is often difficult for homeless people, who have problems with self-esteem."

She describes her work with spirituality as being "relational – to self, to others and to a higher power. I teach homeless people to love and respect themselves first; if they can do that, they can learn to relate to others and to God or a spirit or hope or light – whatever is their 'center.' What I strive to teach is that spirituality is a way of life, not something we just think about or feel or sense around us; we live it." This concept is developed in a book she frequently uses in her work, *The Spirituality of Imperfection*, which she considers 'the Bible' for therapists or anyone who is seeking wholeness.⁶

were not replaced with adequate, affordable housing and community-based treatment resources. As safety nets of last resort, religious institutions are among the sites where homeless people show up. This explains the increased involvement of pastoral care in mental health services for the homeless, according to Rennebohm. He also points to a resurgence of interest in spirituality and clinical medicine during the past decade. Harvard Medical School now offers a course in spirituality and healing.⁷

TIPS FOR CLINICIANS

- Develop an inclusive understanding of spirituality, broader than doctrinal religious belief or affiliation.
- Listen nonjudgmentally to the role spirituality may play in the lives of your co-workers and clients – like the role of family or any other significant life experience.
- Decide whether particular spiritual experiences are helpful or seem to interfere with a client's well-being.
- Consult with religious professionals knowledgeable about mental illness; refer clients with spiritual concerns to them.
- Consider attention to the spirituality of your clients as a part of your cultural competency.

"Spirituality at its best affirms the essential worth, dignity and core health of a person. It is an understanding of life as a continually healing process, a movement toward wholeness and

health. Universally across the best of each religious tradition is a support for well-being."

Practitioners with a holistic approach to health care are more receptive to the spiritual dimension of people's lives, he observes. "Emphasis on subspecialization and time constraints imposed by managed care make this level of attentiveness to individual needs more difficult."

Craig stresses the importance of understanding and respecting authentic spiritual experiences in the midst of illness which may be helpful to healing, he urges clinicians to help clients find appropriate resources to develop a supportive spiritual life. "Being able to address such issues with clients is an important dimension of cross-cultural competency," he concludes. "Many people explain the experience of mental illness in religious terms. Because homeless people are culturally diverse, symptoms with a spiritual or religious content may be difficult to interpret without the assistance of a consultant familiar with that particular religious tradition or culture.

Where can clinicians find consultants or refer clients expressing spiritual concerns in the course of treatment? Craig suggests looking for a religious professional in the area who is knowledgeable about mental illness. Reliable referral sources include local chapters of the Alliance for the Mentally Ill and chaplains at state, VA and community psychiatric hospitals. Another recommended resource is Pathways to Promise, a national clearinghouse for information and training on ministry and mental illness, based in St. Louis, Missouri.⁸

Resources:

- ¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, DHHS: ACCESS Demonstration Program; Penny Holland, 301/443-8659; www.mental-health.org/resource/praccess.htm
- ² E. Fuller Torrey, MD. *Nowhere To Go: The Tragic Odyssey of the Homeless Mentally Ill*. New York: Harper & Row, 1988, 8.
- ³ McMurray-Avila, Marsha, MCRP. *Organizing Health Services for Homeless People: A Practical Guide*. National Health Care for the Homeless Council, 1997, 128-152.
- ⁴ HCH Information Resource Center, www.prainc.com/hch/bibliographies/17spirit.htm
- ⁵ Fallot, Roger D., PhD, Ed. *Spirituality and Religion in Recovery from Mental Illness*. San Francisco: Jossey-Bass, New Directions for Mental health Services series, No. 80, Winter 1998, www.josseybass.com/JBJournal/tocs/ndmhs80t.html
- ⁶ Kurtz, Ernest and Ketcham, Katherine. *The Spirituality of Imperfection*. New York: Bantam Books, 1994 (paperback).
- ⁷ "Spirituality and Healing in Medicine," March 20-22, 1999, Harvard University Mind-Body Medicine Institute, www.med.harvard.edu/conted
- ⁸ Pathways to Promise: an information and resource center about ministry and mental illness; source of referrals for clinicians and others. Executive Director: Jennifer Shifrin: 314/644-8400 phone, 314/644-8834 fax, pathways@inlink.com
- ⁹ Cornett, Carlton, LCSW (psychotherapist and consulting editor, *Clinical Social Work Journal*). *The Soul of Psychotherapy: Recapturing the Spiritual Dimension in the Therapeutic Encounter*. The Free Press, February 1998.
- ¹⁰ Koenig, Harold, MD, Ed. (Assistant Professor of Psychiatry and Internal Medicine, Duke University Medical Center). *The Handbook of Religion and Mental Health*. Academic Press, 1998. ■

The Gospel Greats

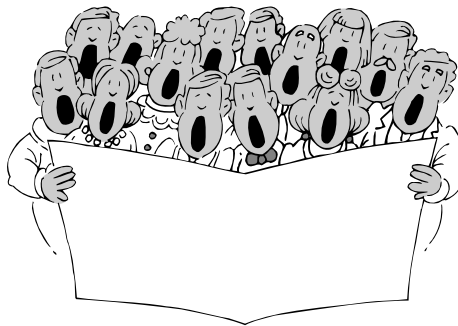
by Maggie Hobbs, MSW

For a moment, forget the Washington, DC, of scandals and callous politicians, and think of the Washington, DC, of art galleries, cathedrals and opera; for I am going to tell you of one of its finest, secret treasures – The Community Connections Gospel Greats.

Community Connections is a private, nonprofit mental health agency which works in the forgotten sections of our capital city with people who are also forgotten, largely because they are mentally ill or homeless or struggling with addiction or infected with HIV/AIDS – or a combination of these afflictions. The place is intense, but at its heart are the Gospel Greats.

Eight years ago, when the agency was developing day activities for clients, a clinician named Joyce Ellison, MSW, wanted to form a group that would give participants an identity other than that of mental patient or drug addict. Ms. Ellison had sung in church choirs and musicals all her life and treasures her work at Community Connections, where she decided to develop a group of gospel singers.

The group was an immediate success. Clients joined and sang. The group became a regular attraction at Community Connections' Thanksgiving dinners and Christmas parties; soon they were singing for DC's Commission on Mental Health Services' events, at schools



www.arttoday.com

and even for Jesse Jackson.

Many things account for the choir's success. Although there are usually 10 to 15 singers at any given time, there have been 50 gospel singers over the years. What draws them to the group? There is that new identity, Singer.

There is the opportunity for success and positive attention. For many, in revisiting the songs they loved when they were growing up, there is also a spiritual reconnection to family, to church and to a time before illness or addiction.

Participation in the gospel choir is a healing experience. No one is barred; even at a very low point a client can come and sing and connect. In some ways the demands are

small, but in other ways they are huge. Ms. Ellison takes voice lessons and passes on what she learns to her clients – everything from correct breathing to enunciation. There are rules to follow before a performance – no smoking for at least two hours beforehand, be well rested, eat healthy foods. Looking forward to a concert is a great incentive to stay clean and out of trouble.

Everyone gains from the Gospel Greats; the performers feel success, have their star moments and grow. Ms. Ellison has become a hard-working clinician by day, and a diva by night. "I love this group. It has empowered me to do extra things, so that I can bring back what I learn to the choir in a way that enables them to comprehend and use it." These 'extra things' include voice lessons, professional performances at theaters like the Kennedy Center, and inclusion in an upcoming CD, Roberts' Revival's *Come Bless the Lord*.

As for the agency, the Gospel Greats are our spiritual center; they sing to entertain and celebrate. When we lose a member of the community, they also sing to remember and comfort at memorial services. And they remind us, even in a world of obstacles and cynicism, of what people can accomplish when they come together, work hard and love what they are doing. ■

Stocking Stuffers for Homeless Advocates

All State Medicaid directors and federally funded Health Care for the Homeless projects received early holiday gifts this year from those two jolly elves, HCFA and HRSA:* a couple of shiny, wine and silver-grey booklets, perfect for bedtime reading. Care for the Homeless, New York City, and the National Health Care for the Homeless Council wrote and published these steamy page-turners, with financial help from the Bureau of Primary Health Care.

- **Can Managed Care Work for Homeless People? Guidance for State Medicaid Programs** outlines critical factors and recommendations for State administrators to consider in developing and implementing Medicaid managed care programs that will include homeless people.
- **Searching for the Right Fit: Homelessness and Medicaid Managed Care** describes managed care issues for the homeless population in general terms, and proposes principles that policy makers, service providers and advocates should seek to implement.

Both manuals challenge advocates, policy makers and managed care entities alike to make Medicaid managed care work for homeless people.

* Health Care Financing Administration and Health Resources & Services Administration, US Department of Health & Human Services.

The HCH standards documents provided the basis for formal, written comments submitted by the National Council to HCFA in November on the federal agency's proposed rule, authorized by the Balanced Budget Act of 1997, which will affect the design and implementation of State Medicaid managed care programs. Both the proposed rule and the Council's comments are available via the HCH web site: www.nashville.net/~hch under What's Hot.

The National Council encourages HCH projects and providers to familiarize themselves with these documents and use them to educate public policy makers and advocates about the special health and social service needs of homeless populations.

These sleek brochures would make ideal gifts for State and local administrators, elected officials and consumer advocacy groups in your neighborhood! Extra copies may be obtained for the cost of postage only (\$5.00 per pair) from the National Council: P.O. Box 60427, Nashville, TN 37206-0427; 615/226-1656 fax; hch@nashville.net. Or print them out directly from the HCH web site. You can find the documents under What's Hot. ■

~Happy Holidays~
from the Communications Committee

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