

# HEALING HANDS



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## The Presence of Spirituality in Healing

*The following article discusses healing practices that incorporate spirituality as part of the recovery process for individuals with mental illness and addictions whose psychological distress is exacerbated by homelessness. Arising from both secular and sectarian models of care, the approaches featured here include empathic engagement and support, Native Hawaiian Healing, meditation and yoga, group meetings and retreats, 16 Steps for Discovery and Empowerment, and Native American Indian Medicine. The reports present recommendations of caregivers from diverse religious, cultural, and ethnic communities.*

The Rev. Dr. Craig Rennebohm, founder of the Mental Health Chaplaincy in Seattle, Washington, held attendees at the National Health Care for the Homeless Conference in Phoenix this June in rapt attention during his keynote address, “The Promise of Inclusion.” Sharing stories from his recently published book, *Souls in the Hands of a Tender God*, he demonstrated an inclusive approach to spirituality which a diverse group of 800 clinicians, consumers, administrators and others found absorbing. Everyone in the room wanted to know about his experiences engaging homeless people isolated by mental illness and walking with them on their journey back into community. The audience was so moved that they rose in ovation and carried the essence of his remarks with them throughout the day: Those suffering from mental illness and addictions are not easily helped — there are no brightly colored pills that ensure cure; but through nonjudgmental listening, caring, and long-term support, steps can be taken along many successful paths to rejuvenated spirits.



**Craig Rennebohm presents the June keynote to a rapt audience. Photos by Ansell Horn, courtesy of National Health Care for the Homeless Council.**

In 2006, 22.6 million people in the United States (9% of the population 12 years or older) were classified with past-year substance dependence or abuse.<sup>1</sup> Prevalence rates were associated with education level, employment status, and mental health. Those who were unemployed (20%) or did not graduate from high school (10%) had higher rates of chemical dependence or abuse. Of the 24.9 million U.S. adults with mental health problems in 2006, 22% (approximately 5.6 million) were dependent on or abused drugs or alcohol, and 11.3% experienced

“serious psychological distress” (proxy for serious mental illness) during the past year.<sup>1</sup>

People who are homeless suffer disproportionately from mental impairments and co-occurring disorders;<sup>2</sup> approximately 30% have serious mental illness, and homeless individuals are 2–5 times more likely to have a substance use disorder than are persons with stable housing.<sup>3</sup> Homelessness is also associated with higher rates of unemployment and lower levels of educational attainment (on average).

**CHALLENGES OF A BRAIN ASKEW** Because mental illness and substance use disorders are so pervasive in our society and have evidenced no easy solutions, health care providers continue to search for effective ways to help their clients. Over the last ten years, the use of interventions based in spirituality (using both world view secular and sectarian approaches) has increased exponentially and shown clinical promise.<sup>4,11</sup>

In the mid-1960s when Craig Rennebohm suffered his first bout of deep clinical depression, little was known about the brain and its biochemistry, or how mood and thought processes interacted.<sup>4</sup> SSRI antidepressant medications did not exist. Individuals and their families were faced with a choice of inpatient hospitalization or a wait-and-see approach supported by rest and counseling. Even today, work to establish neurologic biomarkers and employ systems biology toward a comprehensive understanding of specific brain disorders and general brain function is in its infancy.<sup>12</sup> Scientific research and case reports show that the regenerative power of spiritually-based healing is important, whether “spirit” is understood as a supernatural or natural life force.

**A BEGINNING** In order to teach effective outreach skills to clinicians who serve people experiencing homelessness, Ken Kraybill, MSW, training specialist for the National Health Care for the Homeless Council, has written a curriculum that helps to explain a homeless person’s perspective.<sup>13</sup> In his workshops, he often begins by describing the “Three Homes:” the first home as a fragile and vulnerable vessel of self, the second home as the place where we live — both our dwelling and the space we make within it, and the third home as the multiple communities

in which we live and participate. “People on the streets often do not feel ‘at home’ in their own bodies, mind, and souls; have no housing to call home; and are disaffiliated from a meaningful role and purpose in the larger community.”<sup>13</sup>

Someone who is homeless is lost and needs to be welcomed back into the fold. Kraybill finds the work of Henri Nouwen helpful in explaining how this can be accomplished. In his book, *Reaching Out*, Nouwen defines hospitality as “creating free and friendly space for the stranger.”<sup>14</sup> He says, “This is an invitation to a relationship that moves beyond offering water, food, health care, and referrals, into a place of safety where a person can be reflective and mindful.”

Building on an authentic relationship enables a caregiver and client to “enter into the person’s story and establish a compassionate path to care,” observes Kraybill, who traces the etymology of the word care to the Gothic “Kara,” meaning to lament — to grieve or cry out with another. “Thus it is of great importance that we are grounded and in touch with our best selves when serving others, particularly those with histories of trauma, so that we inflict no further violence. Cultivating and living in awareness of our own spirit helps us provide client-centered care where we are fully present with others in a responding rather than reactive mode.”

**AWARENESS OF LANGUAGE** “Approaching people who are suffering requires our special understanding that they may not view the universe in the same way we do,” says **Heather Rippetoe, MA**, the National Health Care for the Homeless Council’s training coordinator. “You can’t assume that ‘You are loved’ means anything to another person. Words may not be enough to convey simple core truths. Listening is all important and linked with providing a safe space for vulnerable individuals. As clinicians learn where their clients are and what words trigger danger, they can ask for permission to address new subjects — ‘How can we create safe ways for you to think about this part of your life?’”

Rippetoe uses her experience as an educator with special interests in religion and health to convey the quality of spirituality as “something true and life giving with sources that replenish selves and help us tap into hope.” Research indicates that how we think about many things — particularly spirituality and God — may be influenced by our experiences with our early caregivers and how our basic needs were met in early life.<sup>15</sup> She adds: “If we were dry, fed, and cuddled, we may have healthy expectations that our needs will continue to be met. If no one responded to our cries, our view of a benevolent universe may not be as bright.”

We are learning that the human brain is inherently plastic, allowing us to change and grow over time;<sup>8,9</sup> but those whose early experiences were warmly nurturing may have an advantage of resiliency when negotiating life stress or trauma. When we are homeless, all boundaries have been erased and traditional structure is gone. Everything must be redefined. Rippetoe suggests that “it is important to be quiet and gentle and not take on too much too fast. When an individual is ready, therapies that include art (clay and play dough are great!), music, and reading can be wonderfully helpful.”

**ONE-ON-ONE ENGAGEMENT** Craig Rennebohm was fortunate in the patience and skill exhibited by his minister, family, and friends who together planted seeds for what has become his outreach ministry — connecting with and caring for others struggling with mental illness and

homelessness through the graceful companionship of a spiritually supported journey. Over 20 years, he has honed his skills in engagement and use of language — because “words are medicine, too. And when we are ill and vulnerable, we especially need the presence of family, neighbors, friends, and caregivers.”<sup>14</sup>

“Even the smallest utterance is an encouragement and an invitation to respond,” writes Rennebohm. “Our words open intricate channels of relationship. Each time we speak our words are alive with energy. Every word that passes our lips, every phrase and sentence we utter, has power. The words you share with me touch my brain, affect my mind, and help shape my soul. Your sentences and gestures, the tone of your voice, the language you choose — all carry the potential for healing and growth.”<sup>14</sup>

Others offer alternative types of companionship. **River Sims** is a priest living in voluntary poverty in the Polk Gulch area of San Francisco, close to the street people for whom he cares. Sims uses his skill of spiritual direction to help clients “ride their monsters to transformation,” regardless of where they are.<sup>16</sup> He is there with the crack addict, the alcoholic, the prostitute. He is with them on the street, and in court, jail, and prison. Often, he rides his own monsters with them — in “the gray areas,” the worst possibilities of life that he fears most may engulf him as well.

**AN ENTIRE COMMUNITY** Along Rennebohm’s pastoral journey, he has investigated other care models. In Belgium, he discovered the legend of the town of Geel where families have been adopting and supporting people with mental illness as their own for over 700 years. Indeed, the family care program was integrated into Belgium’s national health network over 60 years ago. This collaborative, holistic and proactive program is as unusual as it sounds and exists in other Belgium cities as well. The goal is that no one should have an acute episode of disease. “. . . Geel is organized into five large neighborhoods. [Each] has a mental health house — the home base for a five-person team that supports the family care residents and their host families in that neighborhood. Each team includes a psychiatrist, a psychologist, a nurse, a social worker, and a family practice physician. The nurse visits each person in care, at home, at least once a month. As much as possible, treatment is provided as part of the course of ordinary life.”<sup>14</sup>

Realizing his community’s need to find alternatives in discharging patients from psychiatric units to the streets or shelters, Rennebohm blended the Geel model with one used in rural areas of South Africa where convalescent centers have been built adjacent to hospitals. He worked with the congregation of Seattle’s Plymouth Church, helping them plan and build the first house, and hire a house manager “with the right combination of managerial skills, experience running a household, warmth, compassion, patience, and levelheadedness.”<sup>14</sup> Plymouth House is home to four residents and four volunteer companions; Seattle ordinances allow for eight unrelated adults to live together in a single-family home without special zoning. They partner with Harborview Medical Center.

Although challenging, the project has succeeded and grown into Plymouth Healing Communities with two shared-living houses and two companioned apartment buildings. In addition, the companions — some young people between college and career, others initiating mid-life change — become a gift to the community-at-large. At the end of each year, they leave “with a deeper appreciation of the nature and impact of mental illness in a person’s life.”<sup>14</sup>

**NATIVE HAWAIIAN HEALING** Program Director for Native Hawaiian Healing at Waikiki Health Center in Honolulu, **Francine Dudoit-Tagupa** is both a registered nurse and respected Native Hawaiian Practitioner and teacher. She considers her skill with cultural medicine a gift which is validated through her family legacy. Francine says, “My grandmother had the gift of *Ho’oponopono*, my aunt had the gift of *La’au Lapa’au*, and my uncle had the gift of *Lomilomi*. I became the vessel to continue these spiritual methods of healing, incorporating them into an enhanced health care setting.”

In Hawaii, the state exempts cultural healers from liability, ensuring a comprehensive view of health care that melds ancient teachings and the values of family, land, and community with contemporary practice and strives to deliver patient-centered care. Auntie Francine says, “I believe that people want to be well enough to live productive lives, and I am honored to be able to help them commit to helping themselves.” She adds, “We always offer our patients a choice. And I make sure that when clients are in bad shape, they understand that western medicine will work faster.”



**Francine Dudoit-Tagupa practicing Lomilomi. Photos courtesy of Waikiki Health Center, Honolulu.**

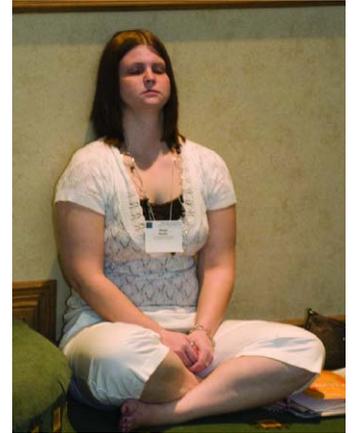
Native Hawaiian Healing offers a holistic care model aimed at unity of mind, body, and spirit. The components of care include:

- **Ho’oponopono:** *Spiritual counseling and conflict resolution* is effective in helping clients achieve positive solutions to anger management issues, substance addiction and abuse, and interpersonal mediation within families, businesses, and communities. This program is mandated statewide for prisoners as part of their furlough program.
- **La’au Lapa’au:** *Medicinal herbs* may be used alone or integrated with western medicines to treat common ailments such as boils, diabetic ulcers, sleep disturbances, and hypertension, as well as discomfort associated with HIV.<sup>17</sup>
- **Lomilomi:** *Spiritual laying on of hands* is effective in helping clients with chronic pain, poor circulation, diabetes, and hypertension.

Auntie Francine finds her work with homeless youth outreach greatly rewarding. “It is an opportunity to help them make a new life — to address the issues in their lives and find the good. Sometimes this means looking deep within and redefining our understandings. How does society measure strength, for instance? They learn that we can be stronger when we have the ability to step back and reframe the moment rather than resort to fists and violence.”<sup>17,18</sup>

**MEDITATION AND YOGA** Meditation and yoga are part of the ancient Buddhist and Hindu traditions of spirituality and self-enlightenment. Traditional practice strives to quiet the turmoil of outer and inner concerns through deep meditation and controlled breathing and exercise. The 45<sup>th</sup> Street Youth Clinic in Seattle offers its homeless clients instruction in both practices.

**Brenda Loew, MAC, LAc**, is a practicing acupuncturist who has studied Zen meditation since 1989 with Shodo Harada Roshi. She has taught meditation for the annual Samadhi Training in Seattle since 1999, and has been the meditation instructor for homeless youth at the Clinic since 2006. “I meet with the young people twice a month,” Loew says, “and start by telling them that there are innumerable styles of meditation across many beliefs — Hindu, Buddhist, Christian, and Muslim. While there can be spiritual response, [the instruction] is nonsectarian.” The young people amaze her with their depth of understanding and their close-knit community. Many have come to learn calming techniques to help with the daily stresses of homelessness.



**Taking a meditation break at the HCH Conference. Photo by Ansell Horn, courtesy of National Health Care for the Homeless Council.**

“I begin by asking my students to gently their minds slowly, sitting only a few minutes at a time and then taking a break, so that practice is enjoyable, not a form of punishment. Breathing meditation becomes a new skillful habit to replace reactive states of mind,” Loew says. “We sit comfortably in chairs or on the floor with legs firmly on the ground. The spine should be completely straight as if our head has been suspended from above, with the chin tilted down. We keep our eyes slightly open to allow a bright mind and to learn to meditate while in the world. Hands are crossed or rest lightly on thighs. Then we focus on breath, [extending] the abdomen about an inch below the navel. At the end of the breath we count 1 and then 2. Then we take another breath. It is a new habit pattern [clients] can take anywhere, teach to each other, and share with friends.”

The Clinic’s young clients also practice yoga with **Crystal Roberts, RYT**, who has studied in Thailand and is certified through the Healing Arts Network Association. Roberts enjoys working with the young people and is pursuing training specific to this age group with the Street Yoga program in Portland, Oregon. “While yoga has a spiritual level when we accept it into our lives,” Roberts says, “for others, it is a way to stretch, breathe, focus, and calm the mind. Young people love the mantras — coupling a sound vibration with a mental intention. They find yoga a safe, warm, and welcoming place to go and can take the practice with them to be mindful and help heal. They can even use their breathing exercises on a city bus.”

The physical exercises also allow a safe release of energy that can defuse anger and hostility.<sup>19</sup> Roberts understands that some may view yoga only for its physical dimension, “but at some point they will realize that with each position they can reflect and move inward. I want them to explore and experience it on their own.”

In San Francisco, the Tenderloin Street Ministry known as the Faithful Fools was established in 1998 to be present with and accompany those living in poverty without judgment. Sister Carmen Barsody and the Reverend Dr. Kay Jorgensen have combined their religious convictions and traditions of Catholicism and Unitarian Universalism to offer a spiritual experience in which:

- **Faithful** marks accompaniment of people with a presence that acknowledges each human's incredible worth.
- **Fools** are those who see the world in all its glorious absurdity and act on what they see.
- **Streets** are the place where we discover common humanity making way for celebration, community, and healing to occur.
- **Ministry** is a way of living and being in the world that mirrors the presence of God. (<http://faithfulfools.org>)

**Gengetsu Jana Drakka**, a Zen Buddhist Priest, is Temple Keeper of the Faithful Fools' Street Zendo. Seated meditation, based on traditional zazen practice, is offered four days a week and is open to everyone. Drakka's ministry has a large focus on homeless, marginally-housed, and low-income people. She also teaches harm reduction, enabling her to meet people with complete acceptance, no matter what is going on in their lives.

“Early in my work, I realized that several attendees were gone,” Drakka says. “I asked the center therapist if folks had lost interest, and he said ‘Oh no — they've all become housed.’ Once they learned to be in the present with their feet on the ground, they were able to access available services.” In addition to sitting meditations, another important part of Drakka's ministry is offering inter-faith memorial services for people who die in single room occupancy hotels or on the streets. “Everyone deserves a good send-off,” she says.

**GROUP MEETINGS AND RETREATS** Sometimes spirituality comes out of fellowship that can be as humble as a dinner and program offered by a local church. **Tim Beaudoin** is an administrative clerk with a SAMHSA project at Health Care for the Homeless (HCH) Milwaukee and formerly homeless. He attended the 2008 HCH Conference in Phoenix and on Friday evening walked a few blocks to the Baptist church for an excellent program of gospel presentations, music, and testimonials. “I helped unload the food and really enjoyed the program,” he says. “One formerly homeless man comes every week to give testimony because reaching out to other homeless and formerly homeless men is so important to him. He spoke that night on the [advantages] of staying at the campus rather than on the street during the 114 degree heat. Then we were served a sit-down meal that was delicious; often meals are cafeteria style — it's unusual to be served and it was appreciated. A fellow at our table had jalapeno peppers that he shared with us and they sent us away with bottles of water to beat the heat.”

In Nashville, the Downtown Presbyterian Church offers Wednesday lunch to the homeless and urban poor. Generally several hundred people attend, and afterwards they are welcome to join in The Living Room —

a support group for homeless and formerly homeless people started by **Don Beisswenger**, an emeritus professor of Religious Studies at Vanderbilt University. He calls it “an empowering group that comes to listen, share concerns, and foster hope.” And that is exactly how it seemed the day I attended — men and women working through a hard patch of life, some more easily than others, but often showing concern for their fellow travelers. Talk centered on the good lunch, changes in the downtown area that are making it harder to find a place to sleep, how to cope, and logistics for the weekly Thursday retreat to Penuel Ridge Retreat Center (also founded by Beisswenger and his wife).

Penuel Ridge provides a safe environment on 120 acres of rolling land with a lake, meadows, and woods, 20 miles from city center. It offers visitors an opportunity to strengthen their spirit while they enjoy the beauty of nature. The setting is designed for solitude: The Well is a straw bale chapel and Dorothy Day House, a hermitage. The Main Retreat House has space for dining and sleeping, as well as a library. People can wander the trails, fish, read a book, or take a nap.

In Cleveland, Ohio, an intentional four-stage retreat process linked to reinforcement in the shelter program has been structured in the hope that “it will be instrumental in moving men from homelessness toward an independent and productive life.” **Duane Drotar** is director of the 2100 Lakeside Men's Shelter, the largest in the Midwest. Almost 250 men have been involved so far, and 75 have moved on to stable housing, convincing him that the spiritual process is producing good outcomes.

The retreats are held at Jesuit Retreat House in Parma, Ohio. Drotar has been leading retreats for 20 years and has seen the experience mark the turning point that shortens a man's time in the shelter. Part of the process is self-forgiveness, coupled with learning to trust others and build connections. Together, the men tell their stories that include their losses and defeats and then rewrite them with a new appreciation for how those experiences can help them contribute to new lives and successes for themselves and others. No one involved expects a transformation overnight because this is hard work across uncertain ground. But coming together in retreat has already overcome the isolation and disaffiliation that often exacerbate homelessness.

**12 STEPS or 16—WHAT'S THE DIFFERENCE?** Alcoholics Anonymous was founded in 1935 on the premise that an informal Fellowship of recovering alcoholics could best reach and help people who were not able to control their drinking. The founders formulated the first 12 Step program and it has been enormously successful, with over 2 million members worldwide. Based on the support of God, prayer, and Fellowship, the 12th Step speaks to spiritual awakening as a result of the previous steps. Yet critics say AA's 12 Step program is top-down and too heavily structured to adapt flexibly to the needs of many people.

“One day, [**Charlotte Kasl, PhD**, and a licensed psychologist and clinical counselor] walked into a 12 Step group and said, ‘Hi, I'm Charlotte and I'm feeling good. Life is going well . . . and I'll probably taper off coming to this group.’” And then it hit her — what is a “recovered” person? To find out, she studied other models of care, including feminism, Zen, indigenous cultures, and other substance abuse treatment programs. She discovered that the task of recovery from addiction involves validating positive survival goals of meaning, relatedness, love, and power, and then finding non-addictive ways to

meet those needs.<sup>10</sup> The result was “16 Steps for Discovery and Empowerment” (see Box).

Kasl is careful to stress that people develop addictions for a multitude of reasons and heal through just as many paths. She reminds her readers always to bear in mind that any model consists of words and ideas based on the observations of others. So she challenges us to take her “16 steps and experiment with them, change them, skip them, or write [our] own. Live in the heart in [our] own life.”<sup>10</sup>

**NATIVE AMERICAN INDIAN MEDICINE** In the Four Corners where New Mexico, Arizona, Utah, and Colorado meet, **Paul Ehrlich, MA**, is director of Totah Behavioral Health — a culturally based collaborative including the City of Farmington, the Navajo Nation, and Presbyterian Medical Services’ Farmington Health Center along with six other key partners in the region. The staff consists of two traditional Navajo practitioners, six case managers, a substance abuse counselor, and administrative support with the primary goal of blending contemporary best clinical practice in behavioral health care with traditional Navajo medicine. Ehrlich says, “Our clients are 93% Native American, 95% of whom are Navajo. Almost all are homeless people who have co-occurring substance use and mental health problems. The intake process is not Eurocentric, but rather a simple conversation that begins in Navajo. This way folks don’t feel ‘less than’ because many have a history of having been ridiculed or penalized in school and society at large for not speaking English well. Most of our staff speaks Navajo, and this welcoming is the beginning of a spiritual connection.”

“At first, folks may just come to do laundry, get a meal, or take a shower — simple services they don’t need to sign up for in the beginning; later care is not just palliative but transforming,” he says. “Many of those we serve suffer from the effects of *historical trauma*. From a modern scientific perspective, current trauma theory indicates that often somatic approaches such as the Native American Sweat Lodge Ceremonies are most effective.”<sup>20,21</sup> Ehrlich continues: “Some things are very hard to capture in language. Traditional Navajo healing practice tends to be more grounded, centered, and relaxed. Its essence creates a connection to all people and the entire natural world — all are our relatives including the elements and the innate environment of plants and animals. It expands the meaning of relationships and community.”

**Anna Holiday** is the case manager who coordinates traditional counseling services for the center. She is a member of a very traditional family and her father is the respected Navajo Medicine Man, John Holiday. Holiday says: “From the beginning we welcome clients as ‘relatives’ and introduce ourselves with our names and clan, and often our mother’s clan and father’s clan. And we ask about their clans. While some don’t know or remember, this offers a point of shared reference. We explain the services available and what each of us can do for ourselves. We start from a relationship with each individual that is more open and close. When a person trusts you, he or she will come to you for help without hesitation. Many say this is what they needed: ‘Someone to listen to my problems.’”

As we move forward, we introduce the educational group sessions, the Talking Circle, and Cedar Smudging and Tobacco Smoking Ceremonies. All are part of an ongoing process of connection and learning to care for the self emotionally and physically in the effort to heal. Many experience relapses and may repeat the process a number of times.”

## 16 STEPS FOR DISCOVERY AND EMPOWERMENT<sup>10</sup>

A suggested Group Opening from *Many Roads, One Journey*: We gather together to support each other in healing from addiction. We encourage each person to find their own power, intelligence, and strengths. We are here to support each other, but we do not presume to know what is best for another. We realize that all people unfold in their own way and their own time. We learn from each other and draw strength from seeing the courage of others, yet we keep the focus on ourselves. We listen to each other’s pain, but we also bond in power and joy and encourage everyone to take the necessary steps to live with respect and meaning in their lives. We are open to all possibilities for healing and finding our internal wisdom and power. Yes, we can!

1. We affirm we have the power to take charge of our lives and stop being dependent on substances or other people for our self-esteem and security.
2. (This is a new version of this step) We come to believe that we have the ability to develop our inner resources through a process of learning, exploration, daily practice, diligence, self reflection, and supportive relationships with others.
3. We make a decision to become our authentic selves and trust in the healing power of the truth.
4. We examine our beliefs, addictions, and dependent behavior in the context of living in the hierarchical, patriarchal culture.
5. We share with another person all the things inside of us for which we feel shame and guilt.
6. We affirm and enjoy our strengths, talents, and creativity.
7. We become willing to let go of guilt, shame, and any behavior that keeps us from accepting ourselves and others.
8. We make a list of people we have harmed and people who have harmed us, and take steps to clear out negative feelings by making amends and sharing our grievances in a respectful way.
9. We express love and gratitude to others, and increasingly appreciate the wonder of life and the blessings we do have.
10. We continue to trust our reality and daily affirm that we see what we see, we know what we know, and we feel what we feel.
11. We promptly acknowledge mistakes and make amends when appropriate, but we do not say we are sorry for things we have not done and we do not cover up, analyze, or take responsibility for the shortcomings of others.
12. We seek out situations, jobs, and people who affirm our intelligence, perceptions, and self-worth and avoid situations or people who are hurtful, harmful, or demeaning to us.
13. We take steps to heal our physical bodies, organize our lives, reduce stress, and have fun.
14. We seek to find our inward calling, and develop the will and wisdom to follow it.
15. We accept that change, loss, death, and rebirth are part of the natural flow of life.
16. We grow in awareness that we are interrelated with all living things, and we contribute to restoring peace and balance on the planet.

## SOURCES &amp; RESOURCES

1. Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-32, DHHS Publication No. SMA 07-4293). Rockville, MD. [www.oas.samhsa.gov](http://www.oas.samhsa.gov)
2. Bonin E, Brehove T, Kline S, Misgen M, Post P, Strehlow AJ, Yungman J. (2004). *Adapting Your Practice: General Recommendations for the Care of Homeless Patients*. Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc. [www.nhchc.org/Publications/6.1.04GenHomelessRecsFINAL.pdf](http://www.nhchc.org/Publications/6.1.04GenHomelessRecsFINAL.pdf)
3. O'Connell JJ, Zevin BD, Quick PD, Anderson SF, Perret YM, Dalton M, Post PA. (2007). *Documenting Disability: Simple Strategies for Medical Providers*. Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc. [www.nhchc.org/DocumentingDisability2007.pdf](http://www.nhchc.org/DocumentingDisability2007.pdf)
4. Rennebohm C, Paul D. (2008). *Souls in the Hands of a Tender God: Stories of the Search for Home and Healing on the Streets*. Beacon Press Boston, MA.
5. Pockar J. (2007). Forgiving yourself: Healing retreats for shelter residents at a Jesuit retreat house, *Company*, Fall, 22–25. [www.companysj.com/v251/forgivingyourself.pdf](http://www.companysj.com/v251/forgivingyourself.pdf)
6. Tonigan JS, Forchimes AA, Geppert C. (2007). Special Section: Spirituality/ Medicine Interface Project-Selected annotated bibliography on substance use and abuse. *Southern Medical Journal*, 100(4), 454–457.
7. Hurdle DE. (2002). Native Hawaiian traditional healing: Culturally based interventions fore social work practice, *Social Work*, 47(2), 183–192.
8. Lutz A, Brefczynski-Lewis J, Johnstone T, Davidson RJ. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise, *PLoS ONE*, 3(3), e1897 (10pp.).
9. Lutz A, Slagter HA, Dunne JD, Davidson RJ. (2008). Attention regulation and monitoring in meditation, *Trends in Cognition Science*, 12(4), 163–169.
10. Kasl C. (2002). Zen, feminism, and recovery : 16 steps for discovery and empowerment, *Counselor Magazine*, September, 4pp. [www.counselormagazine.com/content/view/152/63/](http://www.counselormagazine.com/content/view/152/63/)
11. Allison MT, Rivers PA, Fottier MD. (2007). Future public health delivery models for Native American tribes, *Public Health*, 121(4), 296–307.
12. Kobeissy FH, Sadasivan S, Liu J, Gold MS, Wang KK. (2008). Psychiatric research: Psychoproteomics, degradomics and systems biology, *Expert Review of Proteomics*, 5(2), 293–314.
13. Kraybill K. (2002). *Outreach to People Experiencing Homelessness: A Curriculum for Training Health Care for the Homeless Outreach Workers*. National Health Care for the Homeless Council, Inc. [www.nhchc.org/Curriculum/main.htm](http://www.nhchc.org/Curriculum/main.htm)
14. Kraybill K. (2008). *Motivational Interviewing: Preparing People for Change* (presentation to The Community Partnership in Washington, DC). National Health Care for the Homeless Council, Inc. [www.nhchc.org](http://www.nhchc.org)
15. Phillips RA. (1992). Erikson's life cycle theory and images of God, *Pastoral Psychology*, 40(3), 167–177.
16. Sims R. (2004). Context and cultures — Riding the monsters: Spiritual direction with people who live on the street, *Presence: An International Journal of Spiritual Direction*, 10(3), 36–41.
17. Young NN, Braun KL. (2007). La'au lapa'au and Western medicine in Hawaii: Experiences and perspectives of patients who use both, *Hawaii Medical Journal*, 66(7), 178–180.
18. Carlton BS, Goebert DA, Miyamoto RH, Andrade NN, Hishinuma ES, Makini GK Jr, Yuen NY, Bell CK, McCubbin LD, Else IR, Nishimura ST. (2006). Resilience, family adversity and well-being among Hawaiian and non-Hawaiian adolescents, *International Journal of Social Psychiatry*, 52(4), 291–308.
19. Twemlow SW, Sacco FC, Fonagy P. (2008). Embodying the mind: Movement as a container for destructive aggression, *American Journal of Psychotherapy*, 62(1), 1–33.
20. Schneider GW, DeHaven MJ. (2003). Revising the Navajo way: Lessons for contemporary healing, *Perspectives in Biology and Medicine*, 46(3), 413–27.
21. Gossage JP, Barton L, Foster L, Etsitty L, LoneTree C, Leonard C, May PA. (2003). Sweat lodge ceremonies for jail-based treatment, *Psychoactive Drugs*, 35(1), 33–42.

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