THE MENTAL HEALTH AND SPIRITUALITY WORKSHOP

Carrie Yocum

As a social worker in the Intensive Psychiatric Rehabilitation Program at Albany Community Mental Health Center, Kolap White had designed a Mental Health and Spirituality Workshop, an optional 12-week series of interactive group sessions for their clients. The workshop helped clients explore a variety of powerful and sensitive issues. During the seventh week, Cathy Crider, a client who had shown so much interest in previous sessions, arrived late and remained quiet throughout the session. To Kolap she appeared unsettled, even troubled. After the session ended and other group members had left, she sat quietly while Kolap cleaned up the group room.

Tentatively, Kolap approached her. "Are you OK? You seem upset."

"Kolap, I don't mean to be rude," Cathy burst out, "but I hate this workshop!"

Albany, New York

Although Albany had a population of barely 100,000 people, it exerted unusual influence as the seat of New York state government and the home of the State University of New York-Albany campus. With a population of nearly 300,000, Albany County was also the major population center between New York City and the Adirondack Mountains. The county was predominantly Caucasian, though African Americans comprised 26% of its population.

Albany Community Mental Health Center

The mission of the Albany Community Mental Health Center (ACMHC) was to improve the quality of life of people with mental illnesses. To accomplish this, ACMHC offered a wide array of counseling, educational, housing, and support services for people of all ages and backgrounds. These services included crisis services, adult general psychiatric services, gero-psychiatric services, psychiatric group home, case management, children and youth services, drug and alcohol services, psychosocial rehabilitation, and intensive psychiatric rehabilitation. As a large public agency, ACMHC employed nearly 70 direct care staff members and another 10 administrative staff members.

Intensive Psychiatric Rehabilitation Treatment

Among the many programs at ACMHC was the Intensive Psychiatric Rehabilitation Treatment Program (IPRT). IPRT aimed to help consumers—their preferred designation for program participants—improve their

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environmental supports, overcome functional disabilities, and achieve and maintain desired roles in life. It assisted consumers in forming and achieving goals in their living, learning, working and social environments. It focused on improving their functioning in specific settings while simultaneously respecting personal choice, satisfaction, and self-determination. Typically, IPRT consumers participated in groups five hours per day, three days per week. They usually spent six months to two years in the program depending on how rapidly they achieved their goals.

IPRT Referral and Intake

IPRT served only adults diagnosed with mental illness, typically with a primary psychiatric diagnosis of Depression, Bipolar, Schizophrenia, or drug and alcohol problems. Consumers received ongoing psychiatric treatment to stabilize their symptoms. Consumers also had functional deficits in achieving and/or maintaining desired living, learning, working, or socializing roles or environments that were expected to last one year or more. For example, many were on Medicaid and not working, but the majority had worked prior to referral to the program. Many consumers had either more difficulty with, or a lower tolerance for, everyday stressors such as conflict with significant others, bosses or co-workers, or managing and paying their bills.

Consumers in this program had expressed dissatisfaction with their situations or had struggled to meet the demands of their various life roles. They had also expressed personal motivation to take action to change these roles.

When referred to IPRT, consumers had three individual sessions to assess their need for and commitment to change. Most referrals came from within the county and more than eighty percent of the program consumers were Medicaid recipients. Consumers were required to have an outpatient therapist when referred to IPRT. Agency policy dictated that the outpatient therapist assigned to the consumer—not program therapists—address "therapy issues."

IPRT Services

The IPRT Program consisted of three sequential phase groups that consumers typically attended in conjunction with skill-building workshops. In the phase groups, mental health providers worked with consumers to develop individualized service plans that outlined the skills they needed, how they would learn those skills, and who would provide services and support. Individual consumers decided on the goal, the pathway, and the pace. Consumers chose a goal in the first phase, achieved it in the second, and worked to maintain it in the third. The phase groups consisted of curriculum that facilitated consumers' achievement of their goals and movement through the phases.

While participating in the phase groups, consumers often also participated in other, topical workshops that they either selected themselves or were suggested by their Rehab Practitioner depending on the individual consumers' needs. The workshops focused on skill building by addressing topics such as anger management, self-esteem and confidence, positive thinking, creative healing, computer practice, goal setting, mental health and wellness, educational or vocational needs, or other task or therapeutic groups. The workshops were conducted once per week for three months. Workshops conducted in the morning were three hours long and afternoon

workshops were two hours long. Though usually averaging 7 members, workshops were comprised of 3-15 people and were open groups unless they became too large to accommodate new members. The workshops were not necessarily continuous, which allowed new consumers to join at any time. Rehab Practitioners usually recommended that consumers take a total of at least five skill-building workshops because their own internal research had shown that consumers who took the most workshops demonstrated the greatest progress toward their goals.

All Rehab Practitioners conducted five workshops per week, but had considerable autonomy in choosing which workshop topics to address and how often to offer particular workshops. In addition to planning and conducting phase groups and skill-building workshops, Rehab Practitioners met individual consumers at least monthly for one hour to complete monthly summaries of their progress. They were required to document how the workshops were moving consumers toward their goals and to summarize their monthly visits with individual consumers. In IPRT, Rehab Practitioners' individual caseloads ranged from 10-35 people depending on the number of consumers involved at any one time.

The IPRT Team

Professionals with undergraduate or graduate degrees in helping professions provided the IPRT services. Kolap's team was no exception.

The supervisor, Cindy Whitaker, had an M.S.W and a license to practice therapy. She had been at the agency for 15 years and Kolap thought of her as both "motherly" and "detail oriented." A strong Catholic, Cindy valued addressing matters of spirituality with consumers.

Troy Kurosky had a B.A. in Psychology and started working in the IPRT Program the same day as Kolap. Kolap viewed him as "smart and intellectual, but self-conscious" because he lacked a masters degree. Kolap thought he conducted "good workshops" and had "good perspectives." Though his grandparents were from Poland, he was a very "westernized American." Previously Catholic, he described Catholicism as "too rigid and too structured," the reason for his always "feeling guilty." As an adult, he had adopted Buddhist beliefs.

Linda Schram had a B.A. in Psychology and started working in the IPRT Program the same week as Kolap. Kolap thought of her as "the creative one in the group," doing workshops on such things as "creative healing." She was of Italian background and a self-described "Pagan."

Deborah Brown, an African-American, had a B.S. in speech and training in Continuing Day Treatment. She had been at the agency for more than 20 years, but had frequently moved between positions when agency restructuring had dictated that a social work degree or license was required to fulfill particular positions. As the only part-time worker, she had been in the IPRT Program for 8 years. If program policies changed she would lose her current position to someone with more advanced degrees. As a result, she could end up with in a new position that paid less and was less challenging. Kolap thought that Deborah was sometimes "confrontational, strong-willed, and opinionated." She identified herself as a Christian.

Despite their significant professional and spiritual diversity, the team was very collegial. In fact, Kolap considered it one of the most cohesive IPRT teams. The staff even viewed her as an informal leader on the team and came to her with issues related to academics, training, and grants.

Kolap Chonn White

Kolap Chonn grew up with hair-raising stories of her family's suffering as the Vietnam War spilled over into Cambodia. The Khmer Rouge overtook most of Cambodia in the 1970s, except for Rheem, the city where Kolap was born. The nearby naval base provided an easy escape from Rheem because Kolap's father was a captain in the Khmer Navy. Sneaking aboard her father's ship one night, the Khmer Rouge offered those aboard "peaceful surrender," promising that they could return to their homes safely. Kolap's father, suspicious of this offer, prohibited his family from leaving the ship. Relief filled the family as they later discovered that all those who left the ship had been executed and that their own house had been looted and burned. They had no choice but to leave Cambodia for the U.S., one of the very few countries accepting political refugees at the time.

The fourth of five children, Kolap was just 20 days old when her family arrived in the U.S. The government had relocated their relatives to various parts of the U.S., but Kolap's family settled in a small coal-mining town in Pennsylvania. Several years later they relocated again, this time to a Pennsylvania Dutch community. The only Asian family in a nearly all-white community, they re-created and preserved Cambodian culture inside their own home and Kolap became aware of the differences between herself and those in her community. For Kolap's family, the contrast between Khmer living and western culture was as drastic as night and day.

As a child, Kolap knew that she was different. During the Vietnam era, some Americans came to hate anyone who looked Asian—like Kolap's family. She noticed when people whispered, looked at her, and moved out of the way to avoid contact. Almost everywhere she went she got angry stares and heard comments that she could not understand because, at the time, she only spoke Khmer. Khmer culture also had distinct gender roles—something else that made her different. Girls were not to leave the house for any reason, yet boys could do what they wanted. Cambodians girls stayed home while "western" girls went out.

Many of the families in Kolap's rural Pennsylvania community were nominally Christian, not Buddhist like her traditional Cambodian family. She viewed her Christian classmates' "partying" on the weekend as hypocritical and became very "anti-Christian" in high school. When people said that Christianity was about living a life devoted to Christ, Kolap thought, *Well, that's not what all these people are doing. It must not be a normal thing to actually read and follow the Bible like I was told by my Youth for Christ leader.*

After high school, Kolap attended the University of New York at Buffalo on a scholarship, majoring in a health-related profession. It was difficult for her to leave her "tight-knit Asian family," but it was there that she became a Christian after a Youth for Christ leader befriended her. His demonstration of Christian love contrasted sharply with what she experienced in high school.

When she became a Christian, Kolap's parents worried that she had became part of a cult. As traditional Cambodians, they believed in Buddhism and its related animism. In America, however, they "worshipped the god of success" and pushed their children to be doctors or otherwise successful in their careers. So, after completing her undergraduate program in three years, Kolap immediately enrolled in graduate school studying public health. It was in graduate school that Kolap realized she did not value the type of success that her parents did—that of high status occupations. Unlike her

parent's view of success, Kolap believed that living a successful life meant pleasing and serving Christ.

As much as she liked public health, after graduation she didn't feel a good "fit" in it because it didn't seem the place where she could best serve God. She considered the field of psychology and was fascinated with mental health and psychiatry as well. As she did research, she found out that she could do psychotherapy as a social worker and that the school closest to where she was living offered clinical social work. Although the school identified itself as Christian, Kolap didn't really consider that factor because many "Christian" schools were, in her opinion, far from being Christian. She chose the mental health concentration and had field experiences with preschoolers and cancer patients undergoing radiation. Somewhat to her surprise, Kolap found that her MSW program did support her desire to serve God through her profession.

After completing her first year of the two-year MSW Program, Kolap began considering work as a missionary. So with a friend's encouragement, Kolap prayed, read God's Word, and became certain that God was calling her to Cambodia as a missionary and public health worker.

Though excited that she wanted to visit her heritage and homeland, Kolap's parents were also frightened about her going to Cambodia. They were proud that Kolap wanted to discover her roots, but confused as to why she would go as a servant of Christ rather than as a tourist. They also had misgivings about her going to Steng Treng, a province in Cambodia with high rates of poverty, malaria, and AIDS.

Kolap went to the mission field unsure of how God would use her. But in Cambodia she learned that God was more interested in working *in* a person than *through* a person. Her time there sometimes felt like a "trial by fire." As Kolap explained, "When God tested my faithfulness to him, my perseverance, and my issues with pride, identity, and forgiveness, I gained a deeper understanding of His love for me." Kolap came to understand that God viewed her as "unclean" but loved her anyway, just as she loved the Cambodian children who were covered with scabies and smelled of urine. And Kolap concluded, "His goal for me in Cambodia was simply that I experience who I really am: a sinner with no one to run to but Him."

After returning from Cambodia, Kolap completed her MSW in June 2000 and began working in the IPRT Program as a Rehabilitation Practitioner II that October. In this position, Kolap enjoyed creating workshops in which consumers could explore spiritual issues in addition to more conventional mental health topics. Sometimes she took quotes from one of her favorite books, *Disappointment with God* by Philip Yancey, to discuss with consumers. Another time she had consumers "design their own world by playing God and making changes in the world." Many in Kolap's workshops had deep-seated anger, mistrust, and grief issues about sexual abuse, physical abuse, alcohol abuse, and interpersonal relationships. She thought this was a great opportunity to discuss difficult topics such as free will, agape love, justice, mercy, pain, and suffering. However, she worked hard to conduct these kinds of workshops in a way that was respectful of diverse views about spirituality and did not impose her values or views on the consumers.

Kolap's own worldview was based on "the inerrancy of scripture, that the Bible was inspired by God and written by man, and that we're all sinners saved only by grace." She loved her church, a nondenominational church with roots in the Plymouth Brethren movement. It wasn't too big and, by today's standards, might even be considered small—about 100-150 people,

comprised mainly of big families. The welcoming, kind people drew her to the church. She stayed because of the Biblically-based and Christ-centered teaching.

Kolap, however, sometimes struggled with how to reconcile her views with those in her church that could sometimes be rather "legalistic" and "old school conservative" at times, particularly on issues such as the submission and role of women.

Many people at her church didn't understand what social workers do—a few even viewed the psychotherapy aspect of social work as "evil." In fact, Kolap's own husband sometimes questioned the validity of helping professions like social work and psychology, wondering whether they were, as he said, "a human attempt to do God's work." Kolap found, though, that when she shared her views with others, people usually understood and respected them. She felt confident, "If I'm where God wants me to be, then His Spirit will work through me and He will send people to me for help." As a result, Kolap didn't get angry or upset when others misunderstood what she did as a social worker.

Her personal worldview supported her attempts to enable her consumers to consider their own worldviews—consumers like Cathy who had attended several of Kolap's workshops.

Cathy Crider

Cathy Crider enrolled in IPRT in January 2001 and they first met when she joined Kolap's Phase I group. Initially, she was inconsistent in attending both the Phase I group and a skill-building workshop.

In her Phase I group, Kolap noted that Cathy was unkempt, often not bathing and wearing baggy clothes with her hair tucked up under a hat. Nearly six feet tall, Cathy had struggled with poor eating habits and was overweight. In fact, she had recently gained about 50 pounds. Nevertheless, Kolap recognized that Cathy had very proper manners and was polite, dignified, and articulate—rather unusual traits compared to other consumers in the IPRT Program.

As she worked in the Phase I group to clarify the values that impacted important areas of her life, Cathy talked about the goals of family and work. She wanted to get married and have children, but none of her boyfriends "ever worked out." She also talked of moving from the deep South, where she was raised, to upstate New York where she lived and worked all her adult life. Work was important to her, and at one time she had been promoted to a business management position. However, what should have been feelings of accomplishment resulted in feelings of conflict when Cathy became the boss to friends who thought she had become a "white girl."

From Cathy's case file, Kolap knew that Cathy had last worked in January 1999, more than two years before she began her first phase group with Kolap. Cathy reportedly stopped working because of her life-long depression, but when her short-term medical disability ended, Cathy's second therapist referred her IPRT, saying that she could still work even if she was sad. Though she had a primary care physician, Cathy did not see him because she had no insurance. Initially self-pay at IPRT, Cathy eventually received Medicaid and disability, though she viewed it as dehumanizing and embarrassing.

About six months after enrolling in IPRT, Cathy joined Kolap's workshop on Forgiveness. Kolap knew that Cathy was bright, insightful, and self-aware, and quickly realized that she was also familiar with the Bible.

Once during this workshop Cathy became very emotional and left a session abruptly.

Later, when she called Kolap to apologize, Cathy explained, "I don't like my therapist, and I get emotional talking about my family."

I am the Rehabilitation Practitioner, Kolap reminded herself. *Her therapist is to address these "therapy issues," not me.* Kolap felt the boundaries between them begin to blur. She wasn't Cathy's therapist. She was the skill builder. The agency policy was clear about the distinction between therapist and group facilitator and having this conversation crossed that line. Kolap knew, however, from the many consumers in her various workshops, that Cathy, like the others, was still struggling with the abrupt departure of her first therapist to whom she felt very connected. There was never any termination or closure in their relationship and Cathy, like the others, had learned about her new therapist when all her appointments were simply rescheduled for her.

In other workshops she had with Kolap, such as eating and mental health and wellness, Cathy discussed growing up in the church and being very involved with it up until a couple of years before coming to IPRT. Kolap sensed that, though Cathy seemed to have some belief in God, she was dealing with a lot of pain because of her family history.

"Are you angry at God?" Kolap once questioned.

"No," Cathy replied matter-of-factly. "I've always been taught not to be angry at or question God."

Cathy went on to talk about how she still attended a church sporadically, but was not committed to it. Kolap suspected that Cathy stopped going to God for understanding and help because she was really mad at God, though afraid to admit that.

When Cathy told Kolap about feeling marginalized by church and family, Kolap could sympathize. She knew what it was liked to feel marginalized from the mainstream, though not for the same reasons as Cathy. Many of the challenging experiences that Kolap had growing up were related to "cliques" and she was often the one on the outside looking in. Kolap also sensed that Cathy really trusted her because they could relate to each other and because she seemed to understand what Cathy was experiencing.

Faith in Practice

Consistent with the IRPT model, Kolap did not view her workshops as therapy per se. Nevertheless, skill-building workshops often evoked issues that consumers could then discuss with their therapists. Kolap had volunteered to conduct a variety of workshops on communication skills, word processing, mental health and wellness, anger management, social skills, as well as the education and vocational workshops. She found herself conflicted, though, about the self-esteem and confidence workshop. She "didn't believe that self-esteem came from within" and couldn't bring herself to teach something with which she felt uncomfortable. She never volunteered to conduct it and, fortunately, was never asked to do so.

Cathy enrolled in several of Kolap's workshops before taking her mental health and spirituality workshop. In fact, it was one of those workshops, "Getting Real with Yourself," that inspired Kolap to create the mental health and spirituality workshop. Cathy had discussed the influence of growing up in Alabama where church was a "fashion show," women wore a different dress every week, and the church taught that people were naturally good.

Cathy had learned that they weren't and had discussed the church's power and influence in her family where her father had a lot of control. Cathy viewed both her church in the south and her church in the north as "very African-American" and "charismatic," but viewed herself as "very white."

The mental health and spirituality workshop required that participants use an interpretive lens to think about their faith. It was in the mental health and spirituality workshop that Kolap noted how, like many people's images of God, Cathy's was blurred with the image of her own father. In the workshop discussions, Cathy eventually disclosed that she hated her father because he had been violent and abusive. Cathy also expressed anger towards her mother for knowing about the abuse but not doing anything to stop it. Kolap began to understand why Cathy viewed men as dominating and hated women who were too submissive.

Kolap observed in the workshop that Cathy was a woman who really absorbed what she was reading and learning and actively engaged in the group discussions. Cathy talked about issues with her therapist (whom she did not like) and how she could not handle all the emotions that she was dealing with.

One day after a workshop, troubled and struggling, Cathy asked Kolap, "What was your mom like?"

"Very Asian and submissive," Kolap disclosed. "All she has ever known was the Asian culture's view of women."

The conversation with Cathy reaffirmed the conclusion Kolap had come to some time ago—that being a non-traditional Asian woman with a traditional Asian mother was not hard for her as an adult. She had learned to hold onto the positive aspects of her mother's Khmer traditions and let go of things that were not. She knew who she was in Christ and she wasn't ashamed of her Khmer heritage or the intense struggles and persecution that she and her family experienced. She also knew that these things made her a good therapist because she could understand different kinds of people from different kinds of backgrounds. She, herself, knew what it was like to grow up in a western society with very Asian parents.

"Isn't that hard for you—as an Asian woman?" Cathy wondered aloud. "Do you want to be like her?"

From prior workshop discussions, Kolap knew Cathy understood that traditional Asian women were typically submissive and passive. Nevertheless, Cathy's curiosity about the role of women, and the personal question, startled Kolap. *Why would she ask me this? I didn't know she was so interested in my mother specifically or that she feels as bonded to me as she does. I haven't even thought this through yet*.

Almost immediately, Kolap became self-conscious and uncertain. *How much of myself do I disclose? How much of this is a therapy issue? Does she think that I need to be more assertive*, Kolap wondered. *Does she think that I am in a position of authority but being too passive? Maybe it is hard for her to understand her role as an African-American woman and she wonders whether she should be like her mother*.

Later, in a phase group, Cathy struggled to write about her own mother's role in the family. Kolap prompted her to begin by thinking about herself and how she was different from her parents. Cathy wrote pages and pages. After Kolap asked whether Cathy saw any difference between the way she viewed her mother and how she presented herself, Cathy was able to discuss with the group her own issues with "Southern black women," how her mother fit this stereotype, and how she didn't view herself like this.

She felt different because she was college educated, did not speak with a southern accent, and was considered a “free thinker” who would not easily sway to a man’s opinion—or anyone else’s for that matter.

Is she projecting her own views of what her mother was like? Is she wondering how or how not to fit into the mold of her own mother? Kolap wondered. She suspected that Cathy thought traditional cultural roles for women might be hard for her because it was hard for Cathy herself. She thought that Cathy, in some ways, identified with Kolap because their mothers filled very traditional roles while she and Kolap did not.

“Growing up, probably from kindergarten to middle school was very difficult,” Kolap acknowledged. “I went through many identity crises trying to understand who I was in this western world—where I considered people to be rude and obnoxious. I became very skillful in being able to read other people and understanding myself in relation to them.”

Kolap continued, describing to Cathy the barriers of language, color, and the Vietnam War, and the apparent resentment that people felt about her coming to “their country.”

Most importantly, Kolap described how she “learned to count on God for support, not man.”

Several weeks later, Cathy came late to her workshop troubled and unsettled. Kolap ignored her during the session, not wanting to “open a can of worms” when there was not much time in the group to discuss her issues. After group, as others left, Cathy sat quietly while Kolap cleaned up the group room.

Tentatively, Kolap approached her. “Are you OK? You seem upset.”

“Kolap, I don’t mean to be rude, but I hate this workshop!

“Why do you feel that way?” Kolap asked deliberately. Even while she listened for an answer, her mind raced ahead, *Am I ruining Cathy’s life?*

It’s hard to think about it for two hours,” Cathy replied, “and then leave it behind.”

Kolap’s anxiety soared. She had wondered how consumers would respond to the material in this workshop, especially because the agency did not encourage content related to Christianity. But out loud, she asked, “Maybe you should just take a break from the group for a while?”

“Maybe?”

And then, aware that she was probably doing too much rescuing, Kolap added, “I understand if it’s too hard.”

In the car on the way home, Kolap teared up. *I feel like a failure. Maybe I should revamp the workshop. Maybe this isn’t God’s will*. Overwhelmed with her own feelings of inadequacy, Kolap asked herself, *Who do I think I am running this group?* ❖