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The Mental Health and Spirituality Workshop

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As a rehab practitioner in the Intensive Psychiatric Rehabilitation Treatment 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 program clients. During the seventh week, Cathy Crider, a client who had shown much interest in previous sessions, arrived late and remained quiet throughout the session.

After the session ended and other group members had left, Kolap approached her tentatively. "Are you okay? You seem upset."

"Kolap," Cathy exclaimed quietly, "I don't mean to be rude, 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 Ad-

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irondack 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 rehab practitioners, outpatient therapists, and other health care professionals, and 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 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

Most referrals came from within the county and more than eighty percent of the program consumers were Medicaid recipients. 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 that were expected to last one year or more, in achieving

and/or maintaining desired living, learning, working, or social roles or environments. Many had low 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 the desire and motivation to make changes in their lives.

Upon acceptance into the program, consumers were assigned an outpatient therapist in addition to a rehab practitioner. Agency policy required that a consumer's outpatient therapist—not the rehab practitioner—address "therapy issues."

IPRT Services

The IPRT Program consisted of phase groups and workshops. In the phase groups, rehab practitioners 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 curricula that facilitated consumers' achievement of their goals and movement through the phases.

Simultaneously, consumers typically participated in a variety of workshops. They selected these workshops based on personal needs, as suggested by their rehab practitioner, or personal interests. The workshops focused on skill-building with topics such as anger management, self-esteem and confidence, positive thinking, creative healing, computer practice, goal setting, mental health and wellness, and educational or vocational needs. The workshops were conducted once per week and usually lasted for three months. Though averaging seven members, workshops were comprised of three to fifteen people and were open to new members throughout the three months unless they became too large to accommodate new members. Consumers were encouraged to take at least five skill-building workshops to assist them in reaching 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 repeat 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.

The IPRT Team

IPRT teams included professionals with undergraduate or graduate degrees in a variety of helping professions. 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.

Rehab practitioner Troy Kurosky had a B.A. in Psychology and started working in the IPRT Program the same week 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 also 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 on-the-job training in Continuing Day Treatment. She had been at the agency for more than 20 years, but had frequently moved among positions when agency restructuring had dictated that a social work degree or license was required to fulfill particular positions. As the only part-time rehab practitioner, she had been in the IPRT Program for 8 years. If program policies changed, she would lose her current position to someone with more relevant degrees. As a result, she could end up with 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. Even though she had limited experience, colleagues viewed her as an informal leader on the team and consulted her regarding curriculum development, 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 when 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 Khmer 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. Khmer 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 family. She viewed her Christian classmates' "partying" on the weekend as hypocritical and became very "anti-Christian" in high school.

After high school, Kolap attended the University of New York at Buffalo on a scholarship, majoring in public health. 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 had experienced in high school.

When she became a Christian, Kolap's parents worried that she had become part of a cult. As traditional Khmer, 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. Kolap did not hold this same view, but believed that living a successful life meant pleasing and serving Christ. So, after completing her undergraduate program in three years, Kolap immediately enrolled in a Master of Social Work Program offering a track in clinical social work.

After completing her first year of the two-year MSW Program, Kolap began considering work as a missionary. 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 came to believe 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 Khmer 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."

Returning home after a year in Cambodia, Kolap completed her MSW in June 2000, got married in August, and moved across the state to Albany where she began working in the IPRT Program in October. As a Rehabilitation Practitioner II, Kolap enjoyed creating workshops in which consumers could explore spiritual issues in addition to more conventional mental health topics. Many consumers 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 and her husband joined a small nondenominational church with roots in the Plymouth Brethren movement. Kolap enjoyed the Christ-centered teaching of the church, but at times struggled with how to reconcile her views with those in her church that could sometimes be rather "legalistic" and "old school conservative," 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 was a large, African-American woman who enrolled in IPRT in January 2001, just three months after Kolap began at the agency. She first met Kolap when she joined her Phase I group. Initially, Kolap noted that Cathy was unkempt, often not bathing and wearing baggy clothes with her hair tucked under a hat. 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 her experience 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 man-

agement 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 enrolled in IPRT. Cathy reportedly stopped working because of her life-long depression, but when her short-term medical disability ended, she was referred to IPRT. 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 also joined Kolap's workshop on Forgiveness. Because of her work with Cathy in the Phase I group, Kolap knew that Cathy was bright, insightful, and self-aware, and quickly realized that she was also familiar with the Bible. She understood the concept of forgiveness but acknowledged struggling to give and receive it. 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, mental health and wellness, anger management, social skills, as well as the education and vocational workshops. One workshop Kolap never volunteered to teach was the Self-esteem and Confidence workshop. Because she didn't believe self-esteem came from within, she didn't want to teach something with which she disagreed. Fortunately, she was never asked to teach it.

Kolap proposed the Mental Health and Spirituality workshop because of how often consumers seemed to raise spiritual issues in their discussions with her. Based on Kolap's work record and her own beliefs, Cindy Whitaker readily supported the proposed workshop. Nevertheless, Kolap felt some anxiety about explicitly addressing spiritual issues in a public setting. Her anxiety diminished after several weeks because clients seemed to respond so well. The discussions were unusually engaging and personal.

Cathy enrolled in several of Kolap's workshops before taking her Mental Health and Spirituality workshop. As a result, Kolap knew a great deal about the influences in Cathy's childhood. 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 this workshop that Kolap noted how Cathy's image of God was blurred, like it was for many people, 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. As a result of these comments, 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. It also seemed that Cathy had trouble handling all the emotions the workshops provoked.

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. Somehow, 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 rehab practitioner 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. She seems to be relying on me too much. I haven't even thought this through yet.

Almost immediately, Kolap felt a tinge of self-conscious uncertainty. *How much of myself do I disclose? For me, faith has made all the difference. How can I respond without mentioning that? Should I?*

Later, in another session, 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 roles for women might be hard for Kolap because these were hard for Cathy herself. Kolap thought that Cathy, in some ways, identified with her because their mothers filled very traditional roles while they themselves did not.

"What was it like," Cathy asked after one session, "growing up knowing you

were so different from your mother?"

"It 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."

Later, Kolap wondered, *Was that disclosure appropriate for a professional social worker, especially in a public agency?* She wasn't sure. But Cathy seemed interested and grateful.

Several weeks later, Cathy came late to Kolap's Spirituality and Mental Health workshop appearing troubled and unsettled. Kolap did not try to engage 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 today."

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

"Why," Kolap asked deliberately, "do you feel that way?" Even while she listened for an answer, her mind raced ahead, *Am I interfering with Cathy's life? Violating a boundary?*

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?" Cathy asked.

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.* Suddenly overwhelmed with her own feelings of inadequacy, Kolap asked herself, *Who do I think I am, running this group?*