

From the Street to Stability

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Abstract

From the Street to Stability describes the Relational Outreach and Engagement Model (ROEM) which informs the Mental Health Chaplaincy's work with isolated, difficult to reach homeless, mentally ill individuals. Key issues faced by the person who is homeless and the outreach worker, and the core assumptions of a relational outreach and engagement framework are discussed. The movement from the street to stability is presented in terms of four phases: approach, companionship, partnerships and mutuality. The basic practices of care in each phase are presented with brief case illustrations and comment.

Introduction

The primary mission of the Mental Health Chaplaincy in Seattle is to serve the most isolated, vulnerable and difficult to reach individuals on the street, with a special concern for persons struggling with a serious mental disorder. Serving as chaplain I walk regular routes through downtown Seattle and surrounding neighborhoods, reaching out to individuals where they are in the community, on the sidewalk, in doorways, sitting in the park, taking refuge under a bridge, camping in the woods or finding sanctuary in an alley. I and those who work with me, including lay and professional associate chaplains, students and volunteers offer our presence on the journey from the street to stability, sharing with individuals the pilgrimage through survival services, care and treatment, application for benefits and the housing process into ongoing recovery in the community. Reflecting on our work over the last 20 years with 50 to 75 individuals a year, has led to the development of the Relational Outreach and Engagement Model.

The relational model frames the outreach and engagement process in four phases or "movements. The first movement includes the foundational practices of approaching another person: *observation* and *introduction*. The second movement takes us into the core practices of companionship: *hospitality*, *solidarity*, *listening* and *accompaniment*. The third movement involves the basic practices of partnership: *referral* and *collaboration*. As we move into the fourth and final phase of outreach and engagement, the practices of outreach mutuality, *authenticity* and *responsibility*, come to the fore in the healing journey.

Relational outreach and engagement rests in a holistic perspective, drawing on biological, psychological, social and spiritual understandings of the human experience. The model honors the complexity and uniqueness of each individual and the diverse cultures which define home, personhood, worth and wellness in our communities. In practice the relational model encourages openness in conversation, dialogue and discernment, the building together of multiple views into a circle of understanding, and

an appreciation of the limits of our wisdom. As theory, The Relational Outreach and Engagement Model is a work in progress, an attempt to lift up and articulate what in the end is an extraordinarily tender and rich process in response to suffering and in search of health.

Key Issues: We have increasingly tried to understand the deep woundedness faced by the individuals we serve on the street. A man this afternoon, standing on the sidewalk pulled the bandages aside from the top of his head and showed me the long gash, open to his skull, still healing weeks after a beating he had received in an alley one night on his way to a shelter. Several colleagues had asked my help with this older gentleman, whose history included jail and probation, substance abuse, an underlying intractable depression and as we learned, a childhood of foster homes subsequent to episodes of abuse by his father.

The term “deep woundedness” describes the multilayered suffering in the lives of those whom we seek to serve. Homelessness itself is a plague condition with increased health risks – malnutrition, sleep deprivation, lack of hygiene, exposure to the elements and to predators, a constant daily struggle to meet survival needs. Homelessness exerts extraordinary social and psychological stressors – stigma, humiliation, harassment; loss of dignity, belongings, privacy, space, personal power; surges of situational grief, frustration, anger, fear and rage. Homelessness is an extreme and especially debilitating form of the culture of poverty, in a country with unparalleled wealth.

The persons we serve have often come to the ongoing attention of the criminal justice system, often in a cascade of unresolved misdemeanor citations leading to jail, or by their failure to comply with probation requirements.

But the condition and consequences of homelessness are only the surface layer of suffering. Virtually all of the individuals we serve struggle with a variety of co-occurring disorders involving some combination of the following:

- an axis one disorder – chronic depression, bipolar disorder, schizophrenia
- substance abuse, dependency or addiction
- a serious personality disorder
- anxiety
- episodes of trauma or abuse in childhood or adolescence
- a learning disability
- a developmental disability
- fetal alcohol syndrome or effects

The challenge for the outreach worker is both clinical and personal. The deep and complex woundedness of the individual makes diagnosis and assessment significantly more difficult. We are faced with a daunting myriad of signs and symptoms constituting the picture of suffering. Each component of the illness experience is fraught with its own particular challenges to connecting and communicating. The daily struggles of homelessness must be taken into account. Organic, developmental and neurobiological

deficits and disturbances must be acknowledged and addressed. The influences of intoxication must be taken into consideration. A person's psychology, their overt feelings, belief and behavior, as well as unconscious emotions and interior life must be recognized and appreciated. Often we find that the most marginalized of our neighbors have had serial contacts with various points of care – a special ed class, a visit to a school counselor, an emergency room visit, numerous referrals to mental health programs, a hospitalization, time in jail or detox, a brief shelter stay and a history of being barred or abruptly leaving from a day center, meal program or other social service.

I worked with a man called Jerry. He wore an old tattered suit coat, ripped and torn, with threads hanging loose and unraveled, all around the bottom. At one point in his journey he had been barred from every shelter, drop-in center, meal program and survival service in the city. He bounced from one program to another, carrying a reputation as “treatment resistant,” “non-compliant,” “not a good faith voluntary admission,” and “not yet ready for treatment.” In truth these labels, ostensibly descriptive of Jerry, say as much about the difficulty care givers had in engaging him. He was clearly a very difficult person to work with, presenting a complex, unclear and often frankly unpleasant illness picture. Few practitioners were at all interested in his fulminations, tirades and berating behavior. No programs would tolerate his belligerence. His delusional episodes created difficulty and chaos, dissipating only as he walked the streets for days at a time. Closer to baseline, he was hypersensitive, with an exaggerated sense of entitlement and easily offended and grieved.

With a person who is deeply wounded, with multiple layers of suffering and struggle, we are thrown back upon the most basic framework and foundations of care – the fundamentals of a human relationship. Relational outreach and engagement begins at the most elemental levels of human connection and asks that we consider the ultimate ground upon which we base our work.

Basic assumptions: There is a faith, a core set of beliefs, a sense of vision and hope at the heart of all service. We are not merely technicians. We are representative of professional traditions, some such as medicine and ministry, ancient and deeply rooted in centuries of wisdom; others, such as social work, psychotherapy and neuroscience are relatively new fields reflecting upon their underlying beliefs, assumptions and values.

Let me suggest three understandings which have guided and informed the development of the Chaplaincy's relational outreach and engagement theory and practice.

1. Ever emergent relationships are at the heart of reality. The question is not whether we have a relationship, but how our relationships will take shape. We live in what Alfred North Whitehead calls the “givenness of togetherness.” We are all and always part of what Daniel Day Williams calls “the great web of creation.” The issue for relational outreach and engagement is how to understand and build upon what inherently, ontologically, holds us together.

2. Healing is always possible; the ultimate horizon for our life and work is a movement toward wholeness. Human existence is a process, a fluidity of moments in which our identities are constantly taking shape both in terms of our internal history and dynamics, and in relation to the world around us. We are constantly becoming. Each moment in our lives holds possibility for growth and renewal at some level. Every moment is ultimately and tenderly held for good in the universe. All moments in our lives, including the most complex and difficult illness and disorder, become part of our wholeness, our fullness and completeness as persons.
3. A spirit of love for us each is ever active, beginning in the most infinitesimal moments of existence. At the heart of existence is neither randomness, nor mere pattern, however complex. The character of our lives and the nature of the world is deeply personal. Intimate, intentional caring and inspired relationship is not simply a matter of technique, but the very fabric of life itself.

Description of the Relational Outreach and Engagement Model: Relational outreach and engagement is a process which supports healing and recovery. We conceptualize outreach and engagement as a journey together from isolation and illness toward health and stability. In this pilgrimage we move with each other through four phases: approach, companionship, partnership and mutuality.

Approach

The approach phase of outreach is rooted in our innate capacity for sympathy, empathy and compassion; our ability to feel, identify with and share the suffering of another. The approach phase of outreach begins at a level below consciousness as our systems of sensitivity register signals of hurt, pain and incapacity emanating from another. We are stirred by the signs, the sight and sound, the smell, the taste and touch of the other in their immediate situation and struggle. The pulse and energy of another's life, their struggle affects and influences, flows and streams into our own existence. At the deepest level we are all connected, no matter how weakly or distantly, in this subtle, but real relational field that is the human community.

Observation and introduction are two practices important to us in the approach phase. Observation seeks to lift to consciousness what we are experiencing with another person, what the other is touching and stirring in us.

I noticed as I first began doing outreach that certain individuals on the street caught my attention, often before I was fully aware of having turned in their direction, or stopped to look more closely. As I reflected on what had registered on my subliminal radar, I began to realize that I was alert to what was happening in a number of life dimensions. My attention was triggered by the sight of open sores or wounds, signs of physical exhaustion, a limp or gauntness. A person's dress evoked concern – a man standing in the snow with nothing but a t-shirt and shorts; layers of coats; pants caked with weeks of dirt; shoes worn through and flapping; an odd costume. Extraordinary or

unusual behavior caused me pause – a person bent over tapping the ground every four steps; an individual constantly spinning; a soul lying spread eagled in an alley, staring at the sky; a man standing motionlessly each morning in front of the same door, a much thumbed newspaper hanging from his hand; a woman carefully spending hours cleaning the cracks in a downtown sidewalk. The burdens people carried caused me to slow – Mary surrounded by her voluminous bags; Richard pushing his cart overflowing with debris; James clutching his paper bags stuffed with old papers; Ivy and her three briefcases. The smell coming from behind a dumpster, signaled Albert lying there in his own urine and feces. John’s constantly fluttering fingers gently tapping the window of the café, where I was sitting talking with a colleague. George offering to share with me the half eaten contents of a Styrofoam box fished from a garbage can. Linda talking in earnest conversation with someone only she could see.

Observation trusts the signals and triggers which catch our attention and seeks to learn more, to shape our immediate concern into an active care. The practice of observation helps me to appreciate the warrant, the grounds, what moves me to care.

The question then is how I shall introduce myself to the other. We are quite used to making our introductions to each other in terms of some detail of status or standing. We introduce ourselves to one another in terms of titles or degrees, job descriptions, purposes, agenda or geography. In relational outreach, the practice of introduction considers a wide range of ways in which we can begin to develop our connection with each other.

I rarely find it needful or helpful to start with a formal recitation of my professional role and assignment. I introduce myself first in terms of larger roles. I am a neighbor who shares space and time and proximity with another. Especially with folks who are homeless, I respect that I may be sitting in their living room, or coming upon them in the place they have found to seek rest. I do not want to intrude on my neighbor or assume that they wish to greet or welcome me. I may indeed pass by, perhaps with a glance or nod, a brief smile or hello. If there is a neighborly response, a kind of tacit permission given, I may then stop for moment for some further exchange. With Mary we met as neighbors, first passing each other while crossing the street from opposite directions. In any other situation she turned her back on anyone coming near her. It was some months before she permitted me to stop near her on the side walk without turning away, and still later that we had our first brief conversation.

We introduce ourselves to each other in small acts of neighborhood, but the largest and most basic framework of introduction for us in approaching one another is our common humanity. We share something like 75% of our DNA in common with flatworms. Think how much we have in common as persons.

I was asked to meet a young man who thought he was the Pope. He had been trying to celebrate the Mass in the Cathedral, and was found later sleeping in a guest room of the Cathedral rectory. As I came up the walk to where he was sitting on the rectory steps, he looked at me and asked with some anger, “Do you think I’m the Pope?”

“Well,” I said, “I’m actually a Protestant Chaplain, and I really don’t know a whole lot about the Papacy. How about this – you’re a human being, and I’m a human being, how about we just start with that?”

“OK,” said the young man.

Both in training and in practice, I take as much time as necessary exploring the issues and dynamics of approach. Every phase of relational outreach and engagement is potentially included in approaching another. We may move readily into aspects of companionship. We may be asked to help create partnerships and a circle of care to address an immediate survival need or tend to an acute crisis. We may find ourselves called more quickly than we imagined into profound mutuality. Even in a first relative brief encounter, we may draw upon our whole repertoire of outreach and engagement practices, simply to assist us in understanding the other and making ourselves known to them.

Within our larger identities of humanity and neighborhood, an almost inexhaustible range of care and response is available as we seek to weave an ever richer fabric of relationship.

In approaching another I see us offering single careful overtures of respect, recognition, understanding and invitation. I venture a soft and open glance. Mary casts her eyes down, but even that is a gesture, a small reception. A day later, Mary lifts her head in my direction. I smile and nod. Of such small and fine threads we weave, most gently, new lines of connection together.

There are no hard and fast signposts which mark the movement from approach to companionship. Relational outreach and engagement is more art than science. There are periods of transition in which the relational scene changes in kind and quality. The approach phase is marked by a kind of tentativeness for both individuals.

Companionship

Companionship begins as hospitality is offered and small mercies are shared. Companionship begins with permission to share the bench, to sit or stand side by side and look out together upon the world in a degree of solidarity. Companionship begins in noting a barely sounded utterance, hearing a catch in the throat, sensing a word wanting to be spoken, listening as an inarticulate emotion or thought is ventured and shared. Companionship begins in small acts of accompaniment, walking together a few paces, saying good-bye with a promise to say hello again and some sense that we carry one another now as part of our lives when apart.

The root notion of companionship comes from the Latin, *cum panis*, with bread. To break bread, to share nourishment together is one definition of companionship, and I have long lost count of the cups of coffee and tea and hot chocolate, and hot water and

snacks and meals I have shared in my outreach work. Occasionally I will carry something to someone I am working with. Most often we will go together somewhere and be part of the company of others as well. There is another definition of hospitality relevant to our work, Henry Nouwen's notion of creating safe and friendly space for the stranger. I do all that I can to insure that the relational field we shape with each other truly has room for the other to be who they are, to be received and accepted without agenda or judgment. I seek always to hold open a realm of potential and possibility in which some degree of freedom and choice is real.

Perhaps the street lends itself to a stance of solidarity but I have found that by far most of my work is done side by side with another. We stand next to each other against the wall or sitting on the curb or park bench. We walk in step with each other, not one in front of or behind the other. I rarely confront another face to face and have almost never stood behind another to push or even coach. We are in this together.

What I have to offer of the greatest value in our companionship is the gift of listening, my willingness to hear your story. Think of the last time someone really listened to you, without interrupting or making suggestions, or responding with their own memories or experience. When was the last time someone, waited through the pauses and silences and held with you the difficult and inarticulate words and emotions?

We practice a sevenfold listening in our companionship, listening in ways that encourage an individual to voice their story with increasing insight and understanding, and discover their own words of hope and well being and speak in time of wholeness. We listen for the life of the soul and the deep movement of the spirit in aid of healing and recovery.

And finally in companionship, we accompany the other. I have simply walked aimlessly as a person begins to move, with no particular destination or goal in mind. I have gone to campsites, shared the bus ride to a shelter, stood in line waiting for a meal. I have visited in the jail and followed folks in the ambulance to the hospital, sat for hours in the ER, gone to the library, seen a favorite picture in a museum and sat under a special tree. I have sat in as people went through an interview and stood by as people filled out paperwork for benefits and housing. I have gone with individuals on what I believed would indeed be hopeless missions, and shared their grief, disappointment and anger at being turned away or not getting what they hoped for or wanted.

Very few of us make it alone in this world. None of us is in fact self-sufficient. Accompanying another person, being physically present or holding them in thought and prayer is an elemental affirmation, worthy in and of itself, regardless of the outcome.

Companionship plays a unique role in the healing process. Before I can trust many, I must be able to trust one. Before I can tell my story to others who require answers and responses and have power to diminish or add to my life, it helps immensely to be able to rehearse my story in the presence of a companion who simply listens. Before I enter into relationships which are specifically instrumental, it helps to build a degree of

health in a relationship of grace. Companionship lays the groundwork for creating a wider circle of support.

Partnership

The movement from companionship into building care partnerships flows primarily from the individual's felt needs.

- Food? let me introduce you to my colleagues at the meal program or food bank.
- Shelter? I have some friends at the Service Center who can help you get a guaranteed bed for tonight.
- Benefits, housing? Darren is a case manager who has helped a lot of others with this kind of thing. His program has housing.
- Counseling or medicine? Jane at the clinic is a good person to talk to.

In the course of companionship the individuals I work with identify specific concerns and request help with a wide range of resources. Each of these moments is an opportunity to explore a referral and begin a process of collaboration.

Whenever possible with a referral, we make a personal introduction, taking time to prepare before hand. We may stop by first just to say hello, to put a name and face and a place together. I also write letters of introduction for folks asking individuals what they would like someone to know about them, and maybe put on paper some specific goals. The letter of introduction belongs to the individual, to use or refer to as they wish. If the person wants, I will be part of the meeting the first time around and subsequently if that is helpful.

Sometimes things don't go well. I always allot time to follow up afterwards, to go somewhere and debrief. Just as much has been learned in the course of companionship, in the one to one relationship, more is now learned as the field of relationships grows to include others, a second person and then a third or fourth connection. In the course of companionship, wisdom gained from the field of individual counseling and therapy is helpful. In the course of helping an individual form partnerships with others and build a circle of care, the wisdom developed in working with families and groups helps inform the practices of referral and collaboration.

The technical issues of collaboration - signing releases of information, scheduling joint meetings, establishing communications, coordinating care are more readily addressed than the psychological issues of working together with a growing team of others. At this point in the outreach and engagement process we are introducing significant issues of separation and potential loss, which may be difficult, even grievous for both parties who may have much invested in their companionship. In collaboration, all of us are asked to acknowledge our finitude and limitations and begin to trust into community.

Mutuality

Out of collaboration and the building of a network of care and support, as the individual engages more fully with others and begins to build community, we move as outreach workers into a phase of increasing mutuality. When I first began using this term, mutuality, to describe the completion of the outreach and engagement process, I ran into some resistance. It seemed to imply that we ended by becoming friends. Friendship also involves aspects of mutuality – common interests, reciprocal self disclosure, sharing feelings honestly and openly, joint efforts and activities, acts of care, the exchange of gifts, participation together in meaningful remembrances, rituals and celebrations. Mutuality can take shape in a variety of practices and forms.

The mutuality we experience as the outreach and engagement concludes takes shape in practicing authenticity and responsibility. We have moved over time in the direction of wholeness. I do not shy from honoring the fullness of your life, the suffering and struggle which first caught my attention, and all that makes up your journey of healing and recovery. I too am on that same journey, a pilgrimage of healing and growth. Just as you now have an emerging circle of others to help you toward health, I too have been the beneficiary of care and community.

In the community, in the world, we all have callings, gifts and responsibilities. I will continue to do outreach, to move on now to help others sisters and brothers. You too will go on to live and serve in your own way. We will be part together of this city and life on the planet. Our paths may cross again. Meanwhile, we each of us have our work to do, our unique path ahead.

Conclusion

The Relational Outreach and Engagement Model is offered as a theoretical and practice frame useful to understanding the work of serving the most isolated and vulnerable of our neighbors on the streets. Even as I write this I long for a time when homelessness is no longer a fate or fact of life in this country for our deeply wounded sisters and brothers. Even as I continue to do outreach, I work also for systemic changes and a social transformation of our society, such that “each may have a home, all rest safely, and be well,” in our communities.

I invite your responses and comments. Please feel free to email me craig@mentalhealthchaplain.org or contact me at

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