

### Case Example

Anna is a 58-year-old, woman with a lengthy history of Complex PTSD and polysubtance abuse. She recently lost her adult so n and husband of almost 30 in a motor vehicle accident. Although she has not viewed herself as a religious or spiritual person since her Catholic upbringing, she is feeling punished by God and beliefs about morality and the afterlife are the only reasons she can identify for not attempting suicide.

Diego is a 33-yea-old, atheist man who served as an infantryman with the U.S. Marine Corps in the Afghanistan War. After a protracted struggle with PTSD, moral injury, and alcohol misuse, he initiated a self-guided wilderness retreat with street-bought psilocybin and had what he describes as a "spiritual awakening" that he would like to discuss in psychotherapy.

Sarah is a 28-year-old, woman who is experiencing moral injury and PTSD related to serving as an ICU nurse during the peak of the COVID pandemic. She is on a medical leave from work and severely isolated and depressed. Although she is doubting her Christian faith and feels abandoned my God, she draws peace from daily prayers and the only times she will leave the home are to attend religious services and gatherings.

### Trauma, Spirituality, and Meaning Assimilation Accommodation **Recovery Recovery** <u>or</u> Adaptive <u>or</u> **Posttraumatic** Resilience Growth **New Onset** Chronic Maladaptive Struggle Chronic Struggle Park, Currier, Harris, & Slattery (2016)

### List of S/R Guidelines

- [Clinicians] understand that spirituality and religion are distinct yet overlapping expressions of human experience that are core areas of diversity and identity.
- 2) [Clinicians] are aware of how their own spiritual and/or religious backgrounds and beliefs may influence their attitudes, perceptions, and assumptions about the nature of psychological processes and their [clinical practice].
- 3) [Clinicians] appreciate the ways that spirituality and religion may support psychological well-being, and support clients in accessing their spiritual and religious strengths and resources.
- **4) [Clinicians]** identify and address problems related to spirituality and religion that may adversely influence people's psychological well-being.
- 5) [Clinicians] inquire about people's spiritual and religious backgrounds, beliefs and practices as a routine part of psychological practice.
- [Clinicians] practice within the boundaries of their competence in addressing religion and spirituality, and consult, refer, and collaborate with spiritual care professionals, clergy, and other qualified individuals when appropriate.

   \*\*PRINCIPLE\*\*

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# Guideline 1: Define and Understand S/R

### Religion

"search for sacred meaning (sense of franscendent significance, purpose, and coherence) and connection in the context of culturally sanctioned codifications (e.g., beliefs, values, and morals), fitual (e.g., prayer, meditation, collective worship), and institutions (e.g., farith communities, organizations),"

### **Spirituality**

"search for meaning and connection with whatever they perceive as sacred, typically including supernatural entities (e.g., deity/delities, ancestors, karma, or fate/destiny) or aspects of life viewed as a manifestation of the divine (e.g., close relationships) or as having transcendent or divine-like qualities (e.g., nature or universe)."

Davis et al. (2022), <u>Handbook of Positive Psychology of Religion and Spirituality</u>

### S/R in Racial and Ethnic Groups

Measures	White	Black	South Asian	Amer Indian	Hispanic/ Latina
N N	1,109	1,005	449	404	635
Religious and Spiritual Self-Identification					
Which statement best describes you?					
spiritual and religious	64.50	63.78	60.90	64.09	58.99
spiritual but not religious	28.27	31.14	6.97	20.45	26.32
religious but not spiritual	2.08	2.49	25.17	8.79	10.83
neither religious nor spiritual	5.15	2.59	6.97	6.73	3.86
Considers self-religious or spiritual, "Very"	41.21	46.07	24.72	34.65	24.72
Beliefs					
Believe in life after death, "Definitely true"	65.28	62.65	44.27	57.83	63.91
Believe that God exists, "Definitely true"	73.23	86.34	64.57	76.59	93.00
God's spirit dwells in my body, "Definitely true"	53.54	71.15	44.76	44.59	76.24
Religious/Spiritual Activity					
Part of a religious congregation or community	63,33	67.06	37.07	44.69	32.97
Religious attendance, "Once/week or more"	44.50	44.28	27.80	20.13	34.50
Group prayer outside religious services, "Once/day or more"	6.02	8.07	7.78	9.05	9.44
Pray alone, "Once/day or more"	58.78	76.89	72.21	78.75	73.33
Pray for others when praying alone, "Once/day or more"	53.81	65.24	60.23	66.50	69.25
Read scriptures, "Once/day or more"	20.20	36.56	29.26	13.32	22.91
Meditate, "Once/day or more"	28.13	41.44	33.56	27.18	38.97
Practice yoga,"Once/day or more"	3.63	2.69	21.23	1.50	2.96

Kent et al. (2021), Journal for the Scientific Study of Religion

Multiplicit	y of Religious	Spirituality

"It is important to consider not only **how much** religion is involved in coping, but also **how** religion is involved in coping; specifically, the **who** (e.g., clergy, congregation members, God), the **what** (e.g., prayer, Bible reading, ritual), the **when** (e.g., acute stressors, chronic stressors), the **where** (e.g., congregation, privately), and the **why** (e.g., to find meaning, to gain control) of coping)."

Pargament et al. (2014)

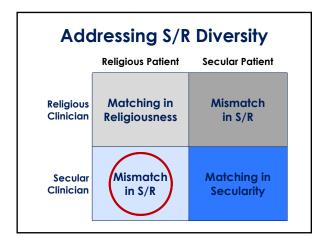
# Guideline 2: Self-Awareness of S/R Background and Bias

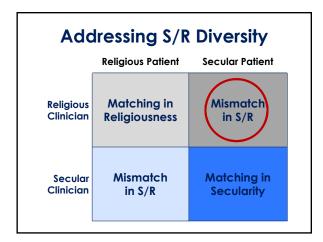
"Implicit bias is the automatic reaction we have towards other people. These attitudes and stereotypes can negatively impact our understanding, actions, and decision-making.... the fact that people may discriminate unintentionally continues to have implications for understanding disparities in so many aspects of society, including but not limited to health care, policing, and education, as well as organizational practices like hiring and promotion."

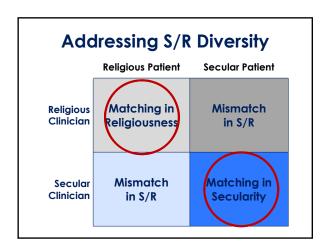


Visit: www.projectimplicit.net

# Religious Patient Religious Patient Religious Patient Religious Patient Mismatch in S/R Secular Clinician Mismatch in S/R Matching in Secularity







### Guideline 3: Appreciate and **Access S/R Strengths**



### Causal-Pathways:

- 1. Genetic
- 2. Prenatal
- 3. Environmental
- 4. Psychological
- 5. Social
- 6. Behavioral
- 7. Biological

Koenig et al. (2022), <u>Handbook of Religion and Health, 3rd Edition</u>

### Prospective Benefits of S/R

Garssen et al. (2020), IJPR

- Meta-analysis of 48 prospective longitudinal studies
- Engagement in public religious activities (Cohen's d = .22) and importance of S/R (Cohen's d = .20) were each moderately predictive of well-being and mental health diagnoses/symptoms over time



### **Health Outcomes of Communal Religiousness**

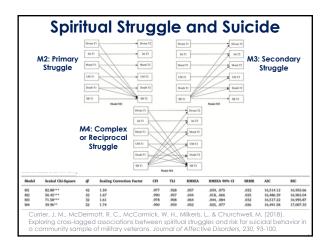
1	(+)	Well-being	(Pawlikowski e	t al	20191
ı	w	wen-being	(I CAMILLO MARIE	ı uı.	2017

- (-) Problem-gambling (Multi-Packer et al., 2017)
- (-) Smoking (Pawlikowski et al. 2019 Zhang et al., 2021) (-)Drinking (Pawlikowski et al. 2019; Sartor et al., 2020)
- (-) Other-directed aggression (Ghossoub et al., 2022)
- (-) Depression (Chen et al., 2020; VanderWeele, 2021)
- (-) Anxiety (Chen et al., 2020)
- (-) Suicide (Chen et al., 2020; VanerWeele et al., 2016)
- (-) All-cause mortality (Chen et al., 2020)

"It may be the confluence of the religious values and practices, reinforced by social ties and norms, that give religious communities their powerful effects on so many aspects of human flourishing"

VanderWeele (2017)

# Guideline 4: Identify and Address S/R Problems Common struggles: 1. Tension with God or divine 2. Interpersonal relationships 3. Doubting spiritual beliefs 4. Concerns about morality 5. Absence of ultimate meaning Highly linked with worse mental health outcomes across cross-sectional and longitudinal studies. Exline (2013); Bockrath et al. (2021); Currier et al. (2018, 2019, 2020); Pargament & Exline (2022)



Outcome	Predictor	Divine	Moral	UM	Doubt	IP	Demonic	Wins	Win%	Rank
MDD (baseline)	Divine		100%	0%	100%	0%	100%	48	60%	3
	Moral	0%		016	56%	0%	88%	23	29%	4
	Meaning	100%	100%		100%	100%	100%	80	100%	1
	Doubt	0%	44%	016		0%	56%	16	20%	5
	Interpersonal	100%	100%	016	100%		100%	64	80%	2
	Demonic	0%	13%	016	44%	0%		9	11%	6
MDD (discharge)	Divine		100%	016	100%	100%	100%	64	80%	2
	Moral	0%		016	56%	0%	100%	25	31%	4
	Meaning	100%	100%		100%	100%	100%	80	100%	1
	Doubt	0%	44%	016		25%	75%	23	29%	5
	Interpersonal	0%	100%	016	75%		100%	44	55%	3
	Demonic	0%	0%	016	25%	0%		4	5%	6
PMH (baseline)	Divine		100%	016	75%	100%	100%	60	75%	2
	Moral	0%		016	38%	0%	56%	15	19%	5
	Meaning	100%	100%		100%	100%	100%	80	100%	1
	Doubt	25%	63%	016		44%	69%	32	40%	4
	Interpersonal	0%	100%	016	56%		100%	41	51%	3
	Demonic	0%	44%	016	31%	0%		12	15%	6
PMH (discharge)	Divine		100%	016	50%	100%	88%	54	68%	2
	Moral	0%		016	44%	63%	25%	21	26%	5
	Meaning	100%	100%		100%	100%	100%	80	100%	1
	Doubt	50%	56%	016		63%	75%	39	49%	3
	Interpersonal	0%	38%	0%	38%		31%	17	21%	6
	Demonic	13%	75%	016	25%	69%		29	36%	4
Grand total	Divine		100%	016	81%	75%	97%	226	71%	2
	Moral	0%		016	48%	16%	67%	84	26%	5
	Meaning	100%	100%		100%	100%	100%	320	100%	1
	Doubt	19%	52%	016		33%	69%	110	34%	4
	Interpersonal	25%	84%	016	67%		83%	166	52%	3
	Demonic	3%	33%	016	31%	17%		54	17%	6

# Guideline 5: Routinely Inquire about S/R

**Cultural humility:** "Way of being that involves a willingness, an openness and desire to (a) reflect on oneself as an embedded cultural being and (b) hear about and strive to understand others' cultural backgrounds and identities"

Hook et al. (2017)

Regarding core aspect(s) of your background or identity, my clinician	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
Is respectful.	1	2	3	4	5
Is open to explore.	1	2	3	4	5
Is considerate.	1	2	3	4	5
Is genuinely interested in learning more.	1	2	3	4	5
Is open to seeing things from my perspective.	1	2	3	4	5
Is open-minded.	1	2	3	4	5
Asks questions when he/she is uncertain.	1	2	3	4	5

### **Initial Questions**

- 1) Do you view yourself as a religious and/or spiritual person?
- 2) Are you connected with a religious and/or spiritual community?
- 3) Has your religious faith and/or spirituality contributed to some of your problems?
- 4) Has your religious faith and/or spirituality been a source of strength in your life?
- 5) Would you like to explore ways of including your faith and/or spirituality in your care?

If **yes**, prompt with "In what ways?"

If  $\underline{no}$ , consider inquiring about any changes in spiritual beliefs, practices, and/or relationships over time..

# Continuum of Spiritually Competent Mental Health Care



Saunders, Miller, & Bright (2010)

# Continuum of Spiritually Competent Mental Health Care



Saunders, Miller, & Bright (2010)

### **Outcomes of SIPs**

Captari et al. (2018), JCLP

- Meta-analysis of 97 outcome studies
- Equivalence in promoting psychological outcomes and more effective in promoting spiritual outcomes
- Effect sizes ranged from .71-.81 vs. no-treatment groups, .13-31 for comparisons with non-integrated approaches

RESEARCH ARTICLE

WILE

Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis

Laura E. Captari | Joshua N. Hook | William Hoyt | Don E. Davis | Stacey E. McElroy-Heltzel | Everett L. Worthington Jr.

## Guideline 6: Competence and Scope of Practice in Addressing S/R



**EDUCATION AND TRAINING** 

7

Graduate and post-graduate training programs across counseling, marriage and family therapy, psychology, and social work generally do not address religion and spirituality in coursework or clinical training (Carlson et al., 2002; Crook et al., 2012; Hage et al., 2006; Moffatt & Oxhandler, 2018; Oxhandler et al., 2015, 2018; Russell & Yarhouse, 2004; Saunders et al., 2014; Schafer et al., 2011; Schulte et al., 2002; Vogel, 2013).

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	Equipping mental health professionals with the competencies to address the religious and spiritual dimensions of people's lives
m	he Spiritual and Religious Competencies Project aims to improve mental health care and promote human flourishing by ensuring every nental health professional possesses the basic competencies to ttend to their clients religious fath for spiritually in clinical practice.
Su	upported by a \$5.1 million grant from the John Templeton Foundation, the SRCP will address arriers to entironine mental health reofessionals with the ability to address religious or entirinal
	Visit: SRCProject.org

Thank you for listening!

Questions?