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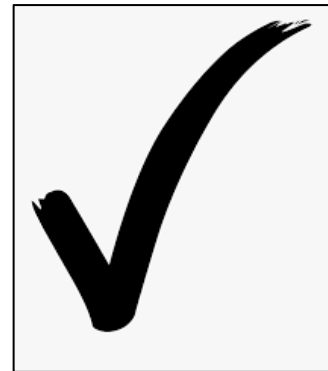
**UNIVERSITY OF
SOUTH ALABAMA**



***Addressing spiritual and
religious aspects of mental
health: Key targets for
clinical practice***

Today's Objectives

- Understand ways that spirituality/religion (S/R) facilitate *strengths* and *struggles* in the context of mental health challenges
- Assess one's own comfort and willingness for attending to clients' S/R and identify at least one action step for further professional development
- Discover ways to strengthen responsiveness to S/R in working with persons across the spectrum of religious and spiritual diversity, including collaboration with clergy, chaplains and other spiritual care professionals.



Professional Practice Guidelines

- 1) Psychologists understand that spirituality and religion are distinct yet overlapping expressions of human experience that are core areas of diversity and identity.
- 2) Psychologists 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) Psychologists 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) Psychologists identify and address problems related to spirituality and religion that may adversely influence people's psychological well-being.
- 5) Psychologists inquire about people's spiritual and religious backgrounds, beliefs and practices as a routine part of psychological practice.
- 6) Psychologists 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.



AMERICAN
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ASSOCIATION

Defining S/R Competencies

Competencies Do:

1. Conceptualize S/R within a broader framework of multicultural diversity
2. Basic attitudes, knowledge, and skills that universally apply
3. Based on the best-available scientific research and theory in mental health professions
4. Apply to persons across the full spectrum of S/R diversity
5. Learn about a patient's lived experiences of S/R
6. Promote humility and lifelong learning about the intersection between S/R and mental health

Competencies Do NOT:

1. S/R are more important than other core areas of multicultural diversity
2. Require specialization or advanced practice in S/R
3. Based on theological, religious or spiritual truth claims
4. Apply to highly religious or spiritual persons
5. Expertise in varying traditions, forms, and expressions of S/R
6. Imply that clinicians master S/R after one-time training

Guideline 1: Define and Understand S/R

Religion

“**search** for **sacred** meaning (sense of transcendent significance, purpose, and coherence) and connection in the context of culturally sanctioned codifications (e.g., beliefs, values, and morals), rituals (e.g., prayer, meditation, collective worship), and institutions (e.g., families, faith communities, organizations).”

Spirituality

“**search** for meaning and connection with whatever they perceive as **sacred**, typically including supernatural entities (e.g., deity/deities, 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).”

?

S/R is ethical imperative

*“Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, **religion**, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups” (p. 4, APA Ethics Code, 2016)*

*“[APA CoA] is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, **religion**, culture, sexual orientation, and socioeconomic status” (p. 4, APA Standards of Accreditation for Health Service Psychology, 2017).*

*“ diversity can include such factors as race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, **religion, spirituality**, disability, age, national origin, immigration status, and language people have multiple identities and that social identities are intersectional and have different salience and impact in different contexts.”*
APA Dictionary [Def'n of “cultural diversity”]

Currier et al. (2022), Psychological Services

S/R is prevalent

Measures	White	Black	South Asian	Amer Indian	Hispanic/Latina
<i>N</i>	1,109	1,005	449	404	635
<u><i>Religious and Spiritual Self-Identification</i></u>					
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
<u><i>Beliefs</i></u>					
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
<u><i>Religious/Spiritual Activity</i></u>					
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

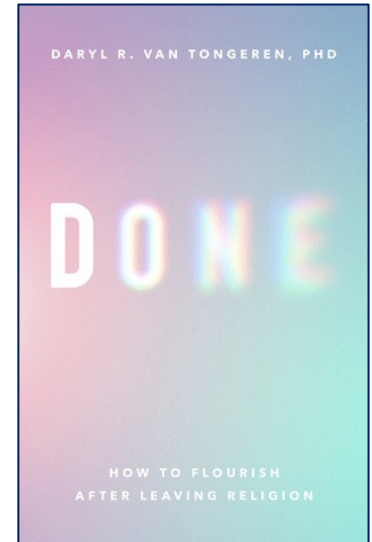
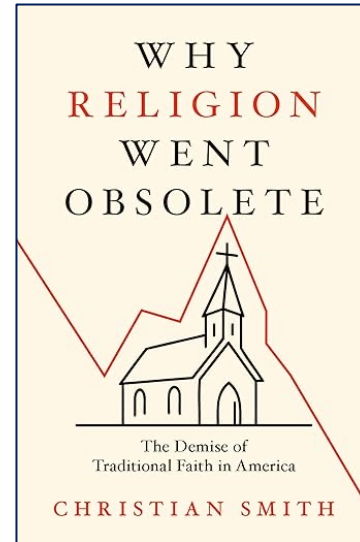
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Non-Religion in the United States

U.S. adults

- 83% believe people have a soul or spirit
- 81% say there is something spiritual beyond the natural world that we cannot see
- 74% say there are some things that science cannot explain
- 45% have had a feeling of connection with something from beyond this world
- 30% have personally encountered a spirit or unseen spiritual force



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.”*




Project Implicit


Visit: www.projectimplicit.net

Positive and Negative S/R Bias

Recognize and avoid over-identification with S/R.



"Religion has been helpful for my mental health, so it would probably be helpful for my patient too."

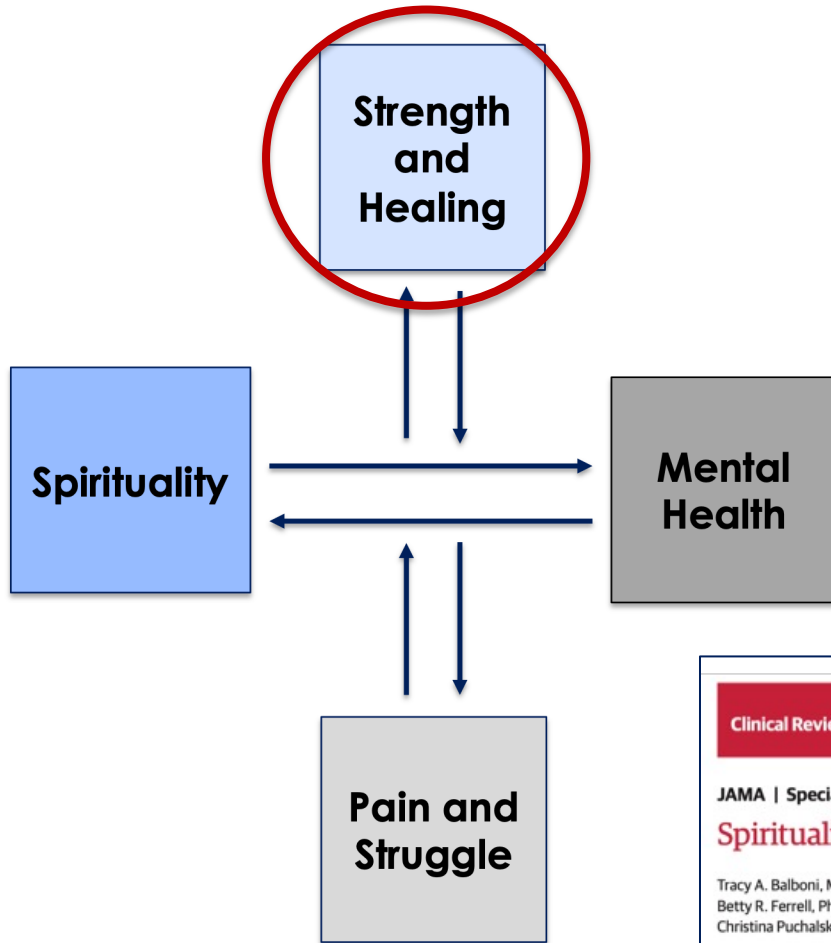


"I experienced abuse and trauma from religion, so my patient's symptoms are probably due to religion."

Addressing S/R Diversity

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

Guideline 3: Appreciate and Access S/R Strengths



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of Psychiatric Research

ELSEVIER journal homepage: www.elsevier.com/locate/jpsychires

psychiatric research

The neuroscience of spirituality, religion, and mental health: A systematic review and synthesis

David H. Rosmarin^{a,b,*}, Caroline C. Kaufman^{a,b}, Stephanie Frirree Ford^{a,b}, Poorvi Keshava^{a,d}, Mia Drury^a, Sean Minns^a, Cheri Marmarosh^{a,c}, Avijit Chowdhury^{b,d}, Matthew D. Sacchet^{b,d}

Check for updates

PUBLIC HEALTH

By Katelyn N. G. Long, Xavier Symons, Tyler J. VanderWeele, Tracy A. Balboni, David H. Rosmarin, Christina Puchalski, Teresa Cutts, Gary R. Gunderson, Ellen Idler, Doug Oman, Michael J. Balboni, Laura S. Tuach, and Howard K. Koh

DOI: 10.1377/hlthaff.2023.01643
HEALTH AFFAIRS 43, NO. 6 (2024): 783-790
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ANALYSIS

Spirituality As A Determinant Of Health: Emerging Policies, Practices, And Systems

Clinical Review & Education

JAMA | Special Communication

Spirituality in Serious Illness and Health

Tracy A. Balboni, MD, MPH; Tyler J. VanderWeele, PhD; Stephanie D. Doan-Soares, DrPH; Katelyn N. G. Long, DrPH, MS; Betty R. Ferrell, PhD, RN; George Fitchett, DMin, PhD; Harold G. Koenig, MD, MHS; Paul A. Bain, PhD, MLS; Christina Puchalski, MD, MS; Karen E. Steinhauser, PhD; Daniel P. Sulmasy, MD, PhD; Howard K. Koh, MD, MPH

Handbook of Religion and Health

THIRD EDITION

HAROLD G. KOENIG
TYLER J. VANDERWEELE
JOHN R. PETEET

Psychosocial Functions of S/R



1. Connection and belonging
2. Meaning and purpose
3. Positive coping
4. Self-control and health behavior

Understanding S/R Coping

*“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)

Outcomes of Spiritually Integrated Psychotherapies

- Meta-analysis of 97 controlled 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

WILEY

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

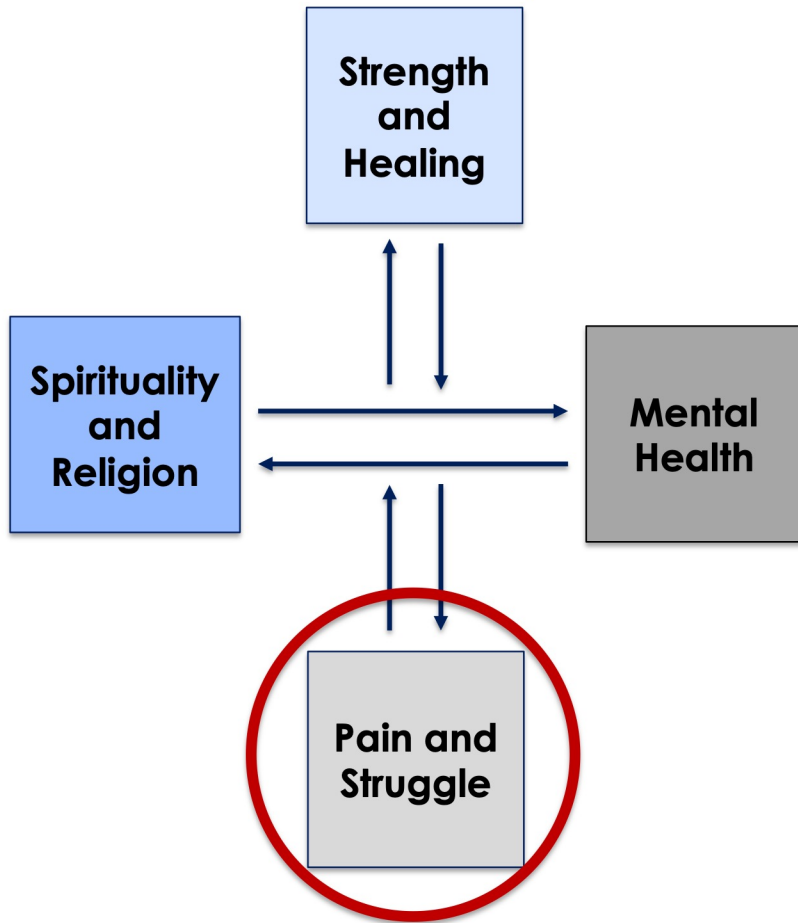
Laura E. Captari | Joshua N. Hook | William Hoyt | Don E. Davis |
Stacey E. McElroy-Heltzel | Everett L. Worthington Jr.

Tips for Harnessing S/R Resources



1. Take a deep breath
2. Be self-aware
3. Give yourself permission to apply clinical skills to spiritual content
4. Remember that S/R issues should not be set apart
5. Remember you are discussing sacred matters
6. Tailor S/R resources according to patients' sacred beliefs, needs, and preferences
7. Remind patients that healing and recovery takes time
8. Be prepared to discuss barriers
9. Work within your own personal and professional boundaries
10. Share additional S/R resources for interested patients

Guideline 4: Identify and Address S/R Problems



Differentiating S/R from Psychopathology

S/R Problems

- Spiritual bypass
- Deferring S/R coping
- Scrupulosity
- Religious oogmatism
- Spiritually-themed delusions/hallucinations
- Religious-based perfectionism
- Sacred moral injury
- Spiritual abuse/trauma



Is it Pathology?

Is problem consistent with their cultural norms?

How is problem impacting their well-being and functioning?

Understanding S/R Struggles



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.

Do's and Don'ts for Addressing S/R Struggles

Don'ts

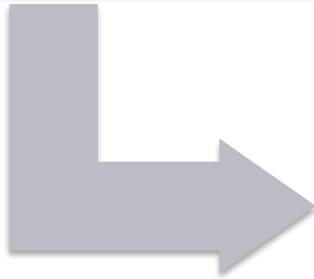
- Don't avoid, neglect, or change the subject
- Don't be cold or aloof
- Don't assume matching of S/R or that you understand
- Don't judge or criticize
- Don't offer easy answers or impose your worldview
- Don't slip into the role of a theologian or pastor

Dos

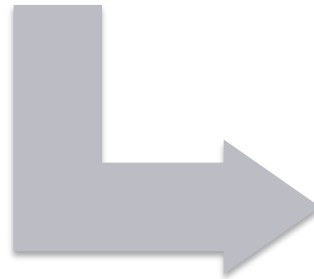
- Inquire and explore
- Listen and normalize
- Assume posture of cultural humility (e.g., openness)
- Use foundational clinical skills
- Use evidence-based interventions (e.g., BSS)
- Collaborate with chaplains, clergy and other spiritual care professions

Guideline 5: Routinely Inquire about S/R

#1: Broach about S/R



#2: Respond skillfully



#3: Include in treatment
when appropriate

Initial Questions

- 1) Do you see yourself as a religious or spiritual person?
- 2) Are you affiliated with a religious or spiritual denomination community?
- 3) Has your problem affected you religiously or spiritually?
- 4) Has your religion or spirituality been involved in the way you have coped with your problem?
- 5) Would you like to explore ways of including your faith or spirituality in your care?

If **yes**, prompt with “In what ways?”

If **no**, consider inquiring about any changes in spiritual beliefs, practices, and/or relationships over time..

S/R Assessment: General Approaches

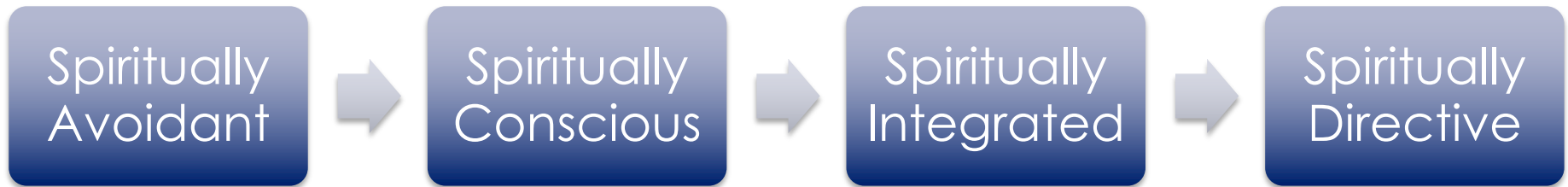
Implicit

1. **No** direct reference to religion or spirituality
2. Use psychologically meaningful language to evoke sacred core
3. Helpful with persons who do **not** deem S/R as important
4. Listen for spiritual or religious themes
5. Facilitate exploration and introspection

Explicit

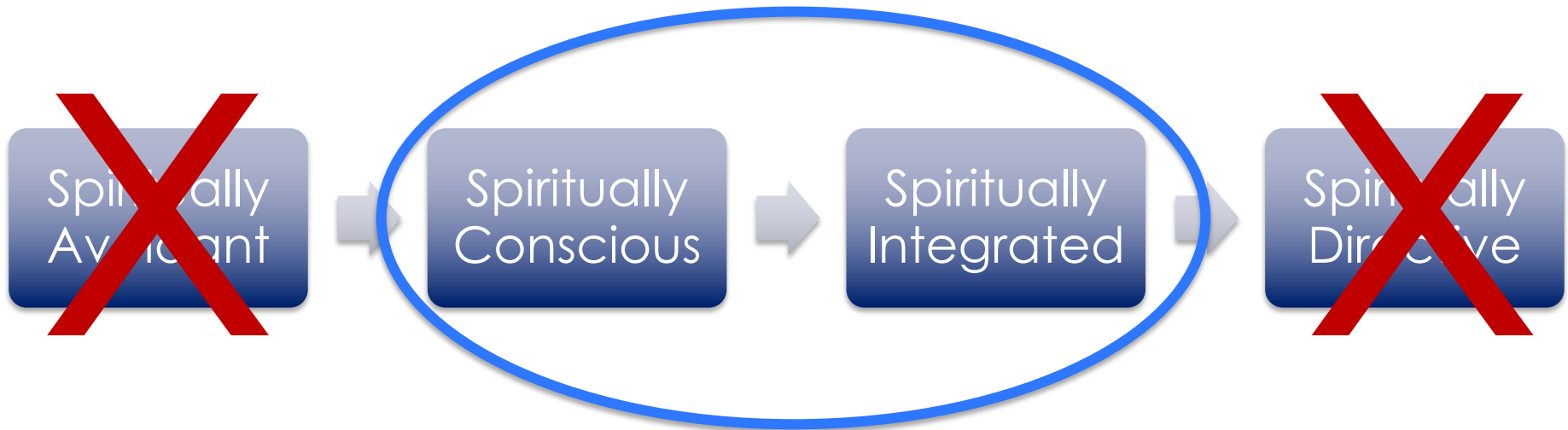
1. Direct reference to religion or spirituality
2. Use religious and/or spiritual language to evoke sacred core
3. Helpful with persons who do deem S/R as important
4. Listen for spiritual or religious themes
5. Facilitate exploration and introspection

Continuum of Spiritually Competent Mental Health Care



Saunders, Miller, & Bright (2010)

Continuum of Spiritually Competent Mental Health Care



Saunders, Miller, & Bright (2010)

S/R in Psychotherapy: Practice-Based Evidence

- N = 37 practice settings, 164 clinicians, and 1,227 clients
- Clients completed Clinical Outcomes Monitoring System (CAMOS)
- Clinicians completed after-session checklist to gauge strategies
- Analyzed weekly outcomes over a 3-month period

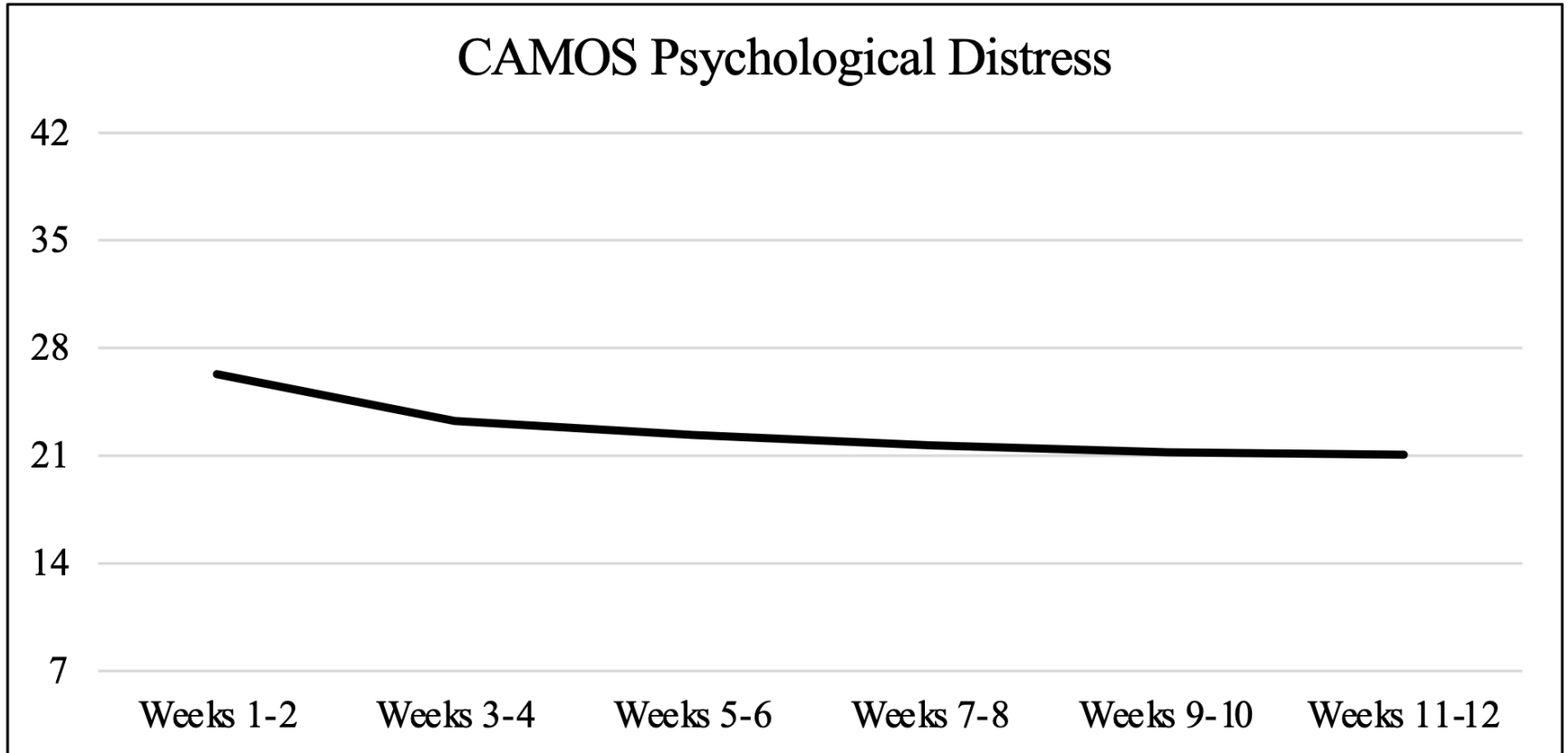


Supported by John Templeton Foundation (ID 60877)

Aim 1: Routine Ways of Attending to Clients' S/R

Spiritual Interventions (%)			
<i>Basic Skills</i>		<i>Discuss Virtues</i>	
Used spiritual assessment	5.6	Discussed forgiveness	12.0
Listened to spiritual issues	27.8	Discussed gratitude	11.9
Discussed the spiritual dimensions of problems and solutions	21.7	Discussed compassion	29.5
Explored religious questions and doubts	11.0	Discussed hope	36.1
Explored questions about ultimate meaning	5.8	Discussed self-control	15.3
		Discussed humility	6.0
<i>Spiritual Practices</i>		<i>Religious Attachment</i>	
Affirmed client confession or repentance	5.4	Affirmed client's divine worth	26.1
Encouraged personal prayer	17.8	Encouraged acceptance of God's love	18.3
Used religious bibliotherapy	8.3	Affirmed trusting God	23.6
Encouraged spiritual meditation	6.5	Helped in discerning God's will	10.4
Encouraged spiritual journal writing	5.3	Encouraged reconciling beliefs in God with pain and suffering	7.4
Encouraged charitable service	3.7	Identified pathways to God or the sacred	7.3

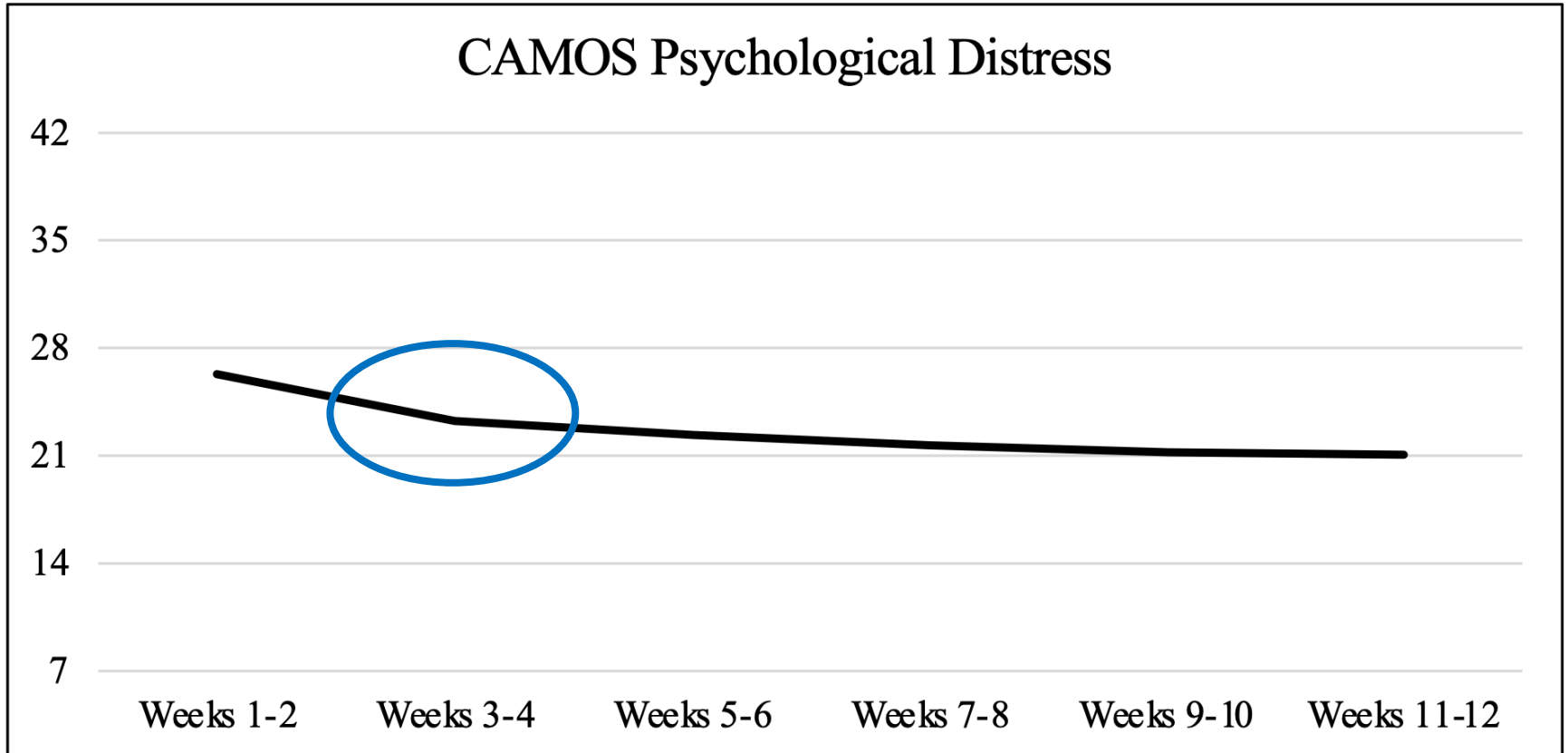
Aim 2: Trajectories of Psychological Distress



- Cohen's $d = .997$
- 58.4% = improvement, 38.4% = no change, 3.2% = deterioration

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Aim 2: Trajectories of Psychological Distress



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- 58.4% = improvement, 38.4% = no change, 3.2% = deterioration

Supported by John Templeton Foundation (ID 60877)

Aim 3: Role of Spiritual Interventions

Spiritual Interventions (%)			
<i>Basic Skills</i>		<i>Discuss Virtues</i>	
Used spiritual assessment	5.6	Discussed forgiveness	12.0
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Guideline 6: Collaboration with spiritual care professionals

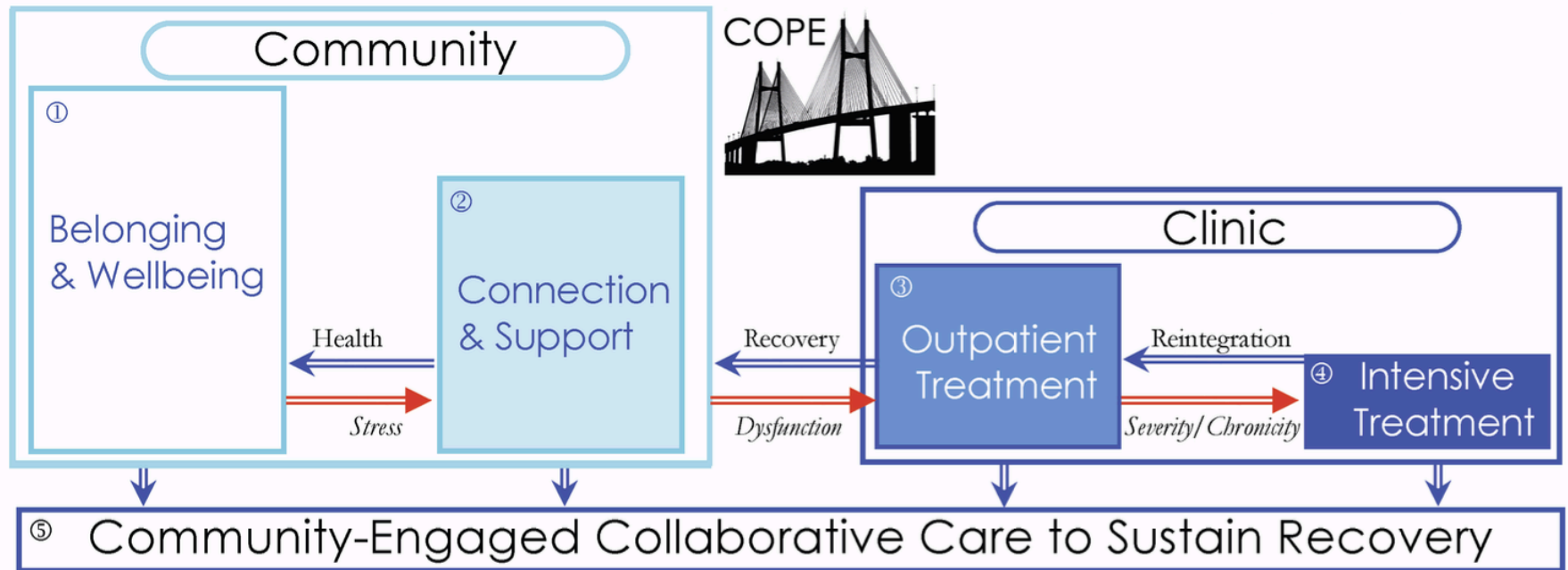
Honor and broaden your scope of practice.



Stumbling Blocks and Solutions

Stumbling Blocks	Possible Solutions
Lack of respect	Check your biases
Lack of shared values	Become curious/find overlap
Lack of shared language	Communicate/ask questions
Lack of training	Read books, attend CEU trainings and webinars
Trouble finding collaborators	Reach out to colleagues and community members

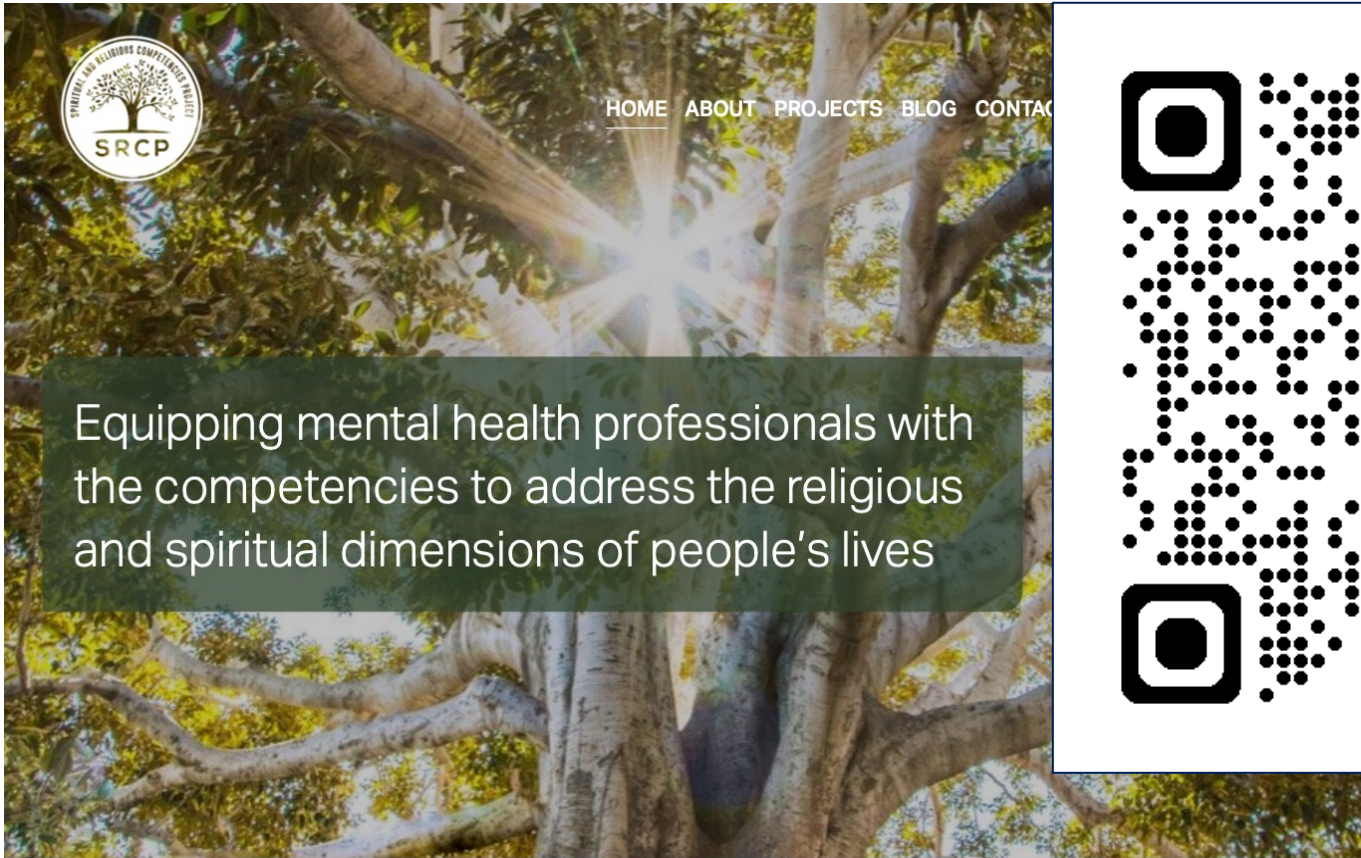
COPE: A Framework to Bridge Community Care & Clinical Treatment



Milstein, Currier, Dent, McKnight, Eckert, & Manniere (2025), *Frontiers in Psychiatry*



Spiritual and Religious Competencies Project



The Spiritual and Religious Competencies Project aims to improve mental health care and promote human flourishing by ensuring every mental health professional possesses the basic competencies to attend to their clients' religious faith or spirituality in clinical practice.

www.srcproject.org



Thank you for listening!

Questions?