

# CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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Apr 2014

This newsletter provides updates on research, news and events related to spirituality and health, including educational resources and funding opportunities. **Please forward to colleagues or students who might benefit.** Our goal is to create a community of researchers, clinicians, clergy, and laypersons interested in spirituality and health and keep them informed and updated. An EVENTS CALENDAR concludes the newsletter and describes spirituality and health related presentations happening at Duke and around the world. This is your newsletter and we depend on you to let us know about research, news, or events in this area.

All e-newsletters are archived on our website. To view previous editions (July 2007 through March 2014) go to:  
<http://www.spiritualityandhealth.duke.edu/publications/crossroads.html>

## LATEST RESEARCH OUTSIDE DUKE

### Barriers to Spiritual Care at the End of Life

Balboni and colleagues at Harvard Medical School examined 11 potential barriers to spiritual care (SC) among 339 oncology nurses and physicians providing care to incurable cancer patients at four Boston academic medical centers. A total of 537 nurses and physicians were identified from departmental databases and invited to complete an online survey; 72% of nurses and 59% of physicians completed the survey. Self-rated religiosity and spirituality (R/S) were also assessed. Frequency of actual SC that nurses and physicians provided was also inquired about. Participants were then presented with 11 reasons for not providing SC: not enough time, lack of private space to discuss, inadequate training on how to do so, personally uncomfortable, R/S not important to them personally, SC done better by others, patients don't want SC from health professional (HP), would make patients feel uncomfortable, power inequity between patients and HP, discomfort due to differing beliefs between HP and patient, and not part of professional role. They were then asked to rate how significant a barrier each one was for them. **Results:** Only 6% of nurses and 9% of physicians described themselves as "very religious," compared to 27% and 19%, respectively, who indicated they were "very spiritual." Interestingly, the majority of nurses and physicians indicated a desire to provide SC (74% of nurses and 60% of physicians). The most significant barriers to providing SC for both nurses and physicians were reported by them to be lack of time (72%), inadequate training (61%), lack of privacy (52%), and SC better offered by others (50%). However, in regression analyses, for nurses the actual predictors of *not providing SC* were (1) discomfort addressing spiritual issues with patients whose religious beliefs differed from theirs, (2) feeling that SC is not part of professional role, and (3) inadequate training (all  $p < .01$ ); for physicians, they were (1) personal discomfort discussing spiritual issues, (2) don't believe patients want SC from HP, and (3) worry that patients would feel uncomfortable (all  $p < .005$ ). Researchers concluded that "SC training is the critical next step" to meeting national care quality standards in this area (which call for the assessing and addressing of spiritual needs of dying patients).

*Citation:* Balboni MJ, Sullivan A, Enzinger AC et al (2014). Nurse and physician barriers to spiritual care provision at the end of life. Journal of Pain & Symptom Management. E-pub ahead of print.  
*Comment:* If the major reasons for not providing spiritual care to incurable cancer patients are "lack of personal comfort" and "lack of training," then surely the next step ought to be providing that training. These were also some of the most common reasons why 20 years ago we didn't take a sexual history, barriers that have been now thoroughly conquered by training.

### Religious Coping, Depression, and Quality of Life in HIV

Researchers at Drexel University's department of psychology surveyed 198 persons with HIV/AIDS, examining links between religious coping (RC) and psychological outcomes. RC was measured using Pargament's 63-item RCOPE, and was divided into positive RC and negative RC. Depressive symptoms were measured using the CES-D with its four subscales: negative affect, somatic, positive affect, and interpersonal. Quality of life (QOL) was measured by an HIV-specific QOL scale that included 7 subscales: life satisfaction, health worries, financial worries, medication worries, HIV mastery, disclosure worries, and provider trust. "Benefit finding" was assessed separately with a 17-item scale measuring degree to which the individual felt that having HIV had made positive contributions to his/her life. **Results:** Negative RC was related to all dimensions of depression, worries, poor HIV mastery, and provider mistrust. Although positive RC was weakly related to depression and worries like NRC, it was also positively related to life satisfaction, positive affect, and provider trust (all  $p < .05$ ), and especially to "benefit finding" ( $p < .001$ ). Benefit finding fully mediated all of the relationships between positive RC and those positive mental health states.

*Citation:* Lee M, Nezu AM, Nezu CM (2014). Positive and negative religious coping, depressive symptoms, and quality of life in people with HIV. Journal of Behavioral Medicine, January 28 [E-pub ahead of print]

*Comment:* Even though positive religious coping was weakly related to greater depression and more worries, it was also related to greater life satisfaction, more positive moods, and greater trust in health providers. This was largely because those engaged in positive RC were able to see that HIV had made positive contributions to their lives (indeed, "All things work together for good to them...").

### Happiness, Health and Religion in Lebanese Adolescents

Despite having to live in a region of the world torn apart by war and violence, religious adolescents in Lebanon may have a different outlook on life. That was the conclusion of researcher Ahmed Abdel-Khalek in the department of psychology at the famed University of Alexandria in Egypt. Abdel-Khalek surveyed 239 adolescents (54% girls) with the Oxford Happiness Inventory, Diener's Satisfaction with Life Scale, and single item self-rated scales (0 to 10) of happiness, satisfaction, mental health, physical health, and religiosity. Although only the abstract of the study was available for review, the author concluded that adolescents who were more religious were also happier and healthier.

EXPLORE...in this issue

1-3 LATEST RESEARCH

3 NEWS

3-4 EVENTS & RESOURCES

4-5 FUNDING Opportunities & CALENDAR

*Citation:* Abdel-Khalek AM (2014). Happiness, health, and religiosity: Significant associations among Lebanese adolescents. *Mental Health, Religion & Culture* 17(1):30-38

*Comment:* This is the latest of over 20 studies conducted in Muslim-majority countries, most from the Middle East, showing that young people (students and adolescents) who are more religious experience greater happiness and well-being (see forthcoming book, *Health and Well-Being in Islamic Societies*, Springer publishers).

### Caregivers' Perceptions of the Role of Religion in Schizophrenia

Researchers at Columbia University School of Social Work in New York City conducted a systematic review of studies published between 1980 and 2010 in MEDLINE and PsychInfo that examined religious perceptions of families, professionals, and the public towards schizophrenia (its etiology, role of religion as a coping mechanism, effect on seeking of mental health care). A total of 43 original research studies were identified. The authors reported that most studies found that families and the general public thought that schizophrenia had religious/supernatural causes. However, most perceptions were that religious involvement was positively correlated with coping, engaging in treatment, and seeking help. Family members and caregivers preferred to seek help from religious-based professionals rather than mental health professionals, whom they were less likely to trust.

*Citation:* Smolak A, Gearing RE, Alonzao D, Baldwin S, Harmon S, McHugh K (2013). Social support and religion: Mental health service use and treatment of schizophrenia. *Community Mental Health Journal* 49 (4):444-450

*Comment:* Given the important role that religion plays in family members' and caregivers' attitudes toward the causes of schizophrenia, coping with the illness, and illness management, mental health and religious professionals need to be aware of this. Any health professional who cares for people with schizophrenia will benefit from this review.

### Spiritual/Religious Beliefs in Patients with Epilepsy

Researchers at the Pontifical Catholic University in Sao Paulo, Brazil, surveyed 196 consecutive patients with epilepsy and 66 control subjects with no history of neurological disorder or other chronic medical conditions, comparing level of spirituality/religiosity (SR) between the two groups. Groups were matched on age (47 vs. 49 years), gender (both 50% female), and education (5.8 vs. 4.9 years). Much has been previously written about the hyperreligiosity associated with temporal lobe epilepsy and other seizure disorders, but seldom has this phenomenon been evaluated in a consecutive sample of patients seen in a community-oriented neurological clinic. SR was assessed with a 6-item self-rated scale that examined importance of spending time on spiritual matters, extent to which person lives life according to religious beliefs, importance of religious activities done in private, reading spiritual or religious literature, use of spirituality in keeping life stable and balanced, and extent to which spirituality forms the basis for one's approach to life. Epilepsy was documented based on the International Classification of Epilepsies and Epileptic Syndromes: 11.2% had generalized idiopathic seizures and the remaining had focal seizures; among those with focal seizures, the majority [55%] had partial complex seizures related to temporal lobe. **Results:** Scores on SR were no different between patients with epilepsy compared to normal controls (22.8, SD 5.1, vs. 22.0, SD 5.7,  $p=.27$ ). Over one-third of those with epilepsy had psychiatric co-morbidity, but this was also unrelated to SR. However, those with mesial temporal lobe epilepsy with hippocampal sclerosis (MTLE-HS) scored significantly higher on SR than patients with other epileptic syndromes ( $p<.05$ ), although the difference was not large (Cohen's  $d=.09$ ). Those with

abnormal background EEG activity also scored significantly higher on SR compared to those with normal background EEG activity (24.5, SD 3.9, vs. 22.2, SD 5.4,  $p<.01$ ), although again the difference was small (Cohen's  $d=.09$ ). Correlates were entered into a multiple regression model that identified education level (lower), MTLE-HS, and abnormal background EEG activity as significant independent correlates of SR. Researchers concluded that while their findings did not confirm the "epileptic hyperreligiosity" hypothesis, it appeared that SR was associated with the presence of mesial temporal lobe seizures and abnormal background EEG activity.

*Citation:* Tedrus GMAS, Fonseca LC, Hoehr GC (2014).

Spirituality aspects in patients with epilepsy. *Seizure* 23:25-28

*Comment:* Although there was no overall difference in spirituality/religiosity between those with or without epilepsy, it is interesting that there was a correlation between temporal lobe seizures, abnormal EEG activity, and level of SR. To what extent SR preceded the seizure activity or came after it was not clear (nor could it be determined in this cross-sectional study). Even if the SR came out after the seizure disorder developed, SR may have been a way that participants coped with this seizure disorder known to be associated with bizarre puzzling symptoms. Alternatively, the seizure disorder itself may have induced an increase in SR, which would be consistent with the epileptic hyperreligiosity hypothesis.

### Spirituality in the Process of Growth Following Trauma

Does spirituality play a unique role in the growth process following stress and trauma? This is the question asked by researchers from Fordham University. They surveyed 429 men and women volunteers in and around a mid-Atlantic university (75% women, average age 42, 80% with at least a college degree). The 11-item short form of the Faith Maturity Scale (FMS) was administered, along with measures of religious coping, perceived stress, personality (short form of the NEO personality inventory), stress-related growth (SRG), and positive affect or mood. **Results:** Faith maturity (FMS scores) was strongly correlated with SRG ( $r=+0.39$ ), positive affect ( $r=+0.35$ ), hope ( $r=+.33$ ), conscientiousness ( $r=+.23$ ), and agreeableness ( $r=+.40$ ) (all  $p<.001$ ). After controlling for personality factors (NEO), the strongest predictors of SRG were social support ( $\beta=0.14$ ,  $p<.01$ ) and faith maturity ( $\beta=0.31$ ,  $p<.001$ ). When examining positive affect, independent negative predictors were neuroticism, perceived stress, and spiritual struggle ("negative religious coping"). Independently and positively related to positive affect, however, was faith maturity ( $p<.01$ ). Also of particular interest was an interaction between SRG and spiritual struggles on mood state; those with high scores on spiritual struggle and low scores on SRG had particularly low levels of positive affect.

*Citation:* Werdel JB, Dy-Liacco GS, Ciarrocchi JW, Wicks RJ, Breslford GM (2014). The unique role of spirituality in the process of growth following stress and trauma. *Pastoral Psychology* 63:57-71

*Comment:* Benson et al (1993)'s Faith Maturity Scale is not often used in spirituality and health research. However, its robust relationship in this study to a variety of psychological states (such as mood) and psychological processes (such as SRG) suggests that FMS may be useful in future studies. The answer to the question of whether spirituality plays a unique role in the process of psychological growth following trauma appears to be a separate issue and a complex one. Those with high spiritual struggles and low SRG scores were at higher risk for low positive affect (depression); interestingly, however, when spiritual struggles and SRG were examined separately, no relationship was found between them ( $r=-.05$ ,  $p=ns$ ).

## Intrinsic Religiosity, Peer Victimization, and Depression in Adolescents

To examine the moderating effect of intrinsic religiosity on the relationship between peer victimization and depression, investigators in the department of psychology at the University of North Carolina at Chapel Hill analyzed data from a 1-year prospective study of 313 adolescents (mean age 17.1) from rural, low-income high schools in the southeastern U.S. Participants were interviewed when they were in the 11<sup>th</sup> grade and then one year later when they were in the 12<sup>th</sup> grade. Physical and relational peer victimization at Time 1 was assessed using "sociometric nominations": adolescents were asked, "Who gets threatened or physically hurt by others?" and "Who gets left out of activities, ignored by others because one of their friends is made at them, gossiped about, or has mean thing said behind their backs?" Names were placed on a list and number of nominations received was standardized within school and grade, such that each adolescent received a peer victimization score. Religious attendance and intrinsic religiosity were measured using the 3-item subscale of the Duke University Religion Index (DUREL), along with depressive symptoms using the 33-item Mood and Feelings Questionnaire. **Results:** A hierarchical linear regression model predicting Time 2 depressive symptoms, controlling for Time 1 depressive symptoms, identified a significant interaction between intrinsic religiosity and relational victimization. For those with low Time 1 intrinsic religiosity, high Time 1 relational victimization significantly predicted Time 2 depressive symptoms ( $\beta=-.12$ ,  $p=.02$ ), whereas among those with high Time 1 intrinsic religiosity, high relational victimization at Time 1 was not associated with higher levels of Time 2 depressive symptoms ( $\beta=-0.04$ ,  $p>.10$ ). Researchers concluded that "relational victimization is associated prospectively with depressive symptoms only under conditions of adolescents' low intrinsic religiosity."

*Citation:* Helms SW, Gallagher M, Calhoun CD, Choukas-Bradley S, Dawson GC, Prinstein MJ (2014). Intrinsic religiosity buffers the longitudinal effects of peer victimization on adolescent depressive symptoms. *Journal of Clinical Child & Adolescent Psychology*, E-pub ahead of print

*Comment:* Intrinsic religiosity (which involves experiencing the presence of God in life, religious beliefs undergirding a person's approach to life, seriously attempting to carry religion over into other dealings in life) seems to prevent the development of depressive symptoms in response to being socially excluded by one's peers. This is an important finding since relational victimization (i.e., social exclusion) is known to be associated with a host of mental health problems, substance abuse disorders, and academic problems.

## NEWS

### David B. Larson Fellowship in Health and Spirituality

The application deadline is **April 17, 2014**. All interested scholars should consider applying for this post-doctoral fellowship in health and spirituality. The fellowship is designed to continue Dr. Larson's legacy of promoting meaningful, scholarly study of these two important and increasingly interrelated fields. The fellowship provides an opportunity for a period of six to twelve months of concentrated use of the collections of the Library of Congress, through full-time residency in the Library's John W. Kluge Center. All U.S. citizens or permanent residents with a doctoral degree are eligible (Ph.D., M.D., Sc.D., Dr.P.H., D.S.W., P.Psy, D.S.T, Th.D., J.D.). The stipend offered is \$4,200 per month for residential research at the Library of Congress. For more information about how to prepare an application, go to:

<http://www.loc.gov/loc/kluge/fellowships/larson.html>.

## Call of Papers: Religion, Medicine, Disability, and Health in Late Antiquity

For those interested in the history of medicine, the North America Patristics Society (NAPS) annual meeting will be held in Chicago this year at the Hyatt Regency on May 22-24, 2014. A newly formed working group of the Society focuses on Religion, Medicine, Disability, and Health in Late Antiquity (ReMeDHe) and is hosting a morning workshop and several paper sessions at the NAPS meeting (<http://patristics.org/>). ReMeDHe is also issuing a call for papers for a special issue of the *Journal of Early Christian Studies* that will be devoted to these topics. The purpose is to offer a picture of the state of the field, to highlight innovative methodological approaches, and to encourage ongoing conversation. Manuscripts (no longer than 7,000 words, including notes) are due by July 1, 2014, and should be submitted to Heidi Wolf at [hmarxwolf@gmail.com](mailto:hmarxwolf@gmail.com). To discuss the suitability of your research for the special issue contact the issue co-editor, Kristi Upson-Saia ([upsonsaia@oxy.edu](mailto:upsonsaia@oxy.edu)).

## SPECIAL EVENTS

### Webinar on Spiritual Injury Scale (via Internet, April 1, 2014)

Presented by the Association of Professional Chaplains (APC), this webinar will focus on the 8-item Spiritual Injury Scale (SIS), which was part of a sophisticated and comprehensive computer program for spiritual assessment developed by VA chaplain Gary Berg in the 1990's. The SIS became popular among VA chaplains who conducted several studies using it (including one that found higher SIS scores predicting longer hospital stays among those with major affective disorders). Dr. George Fitchett and Dr. Patricia Murphy will introduce the SIS and review a report of the association between SIS scores and PTSD among 94 Vietnam era combat veterans. To register, go to:

[http://www.professionalchaplains.org/calendar\\_list.asp?utm\\_source=WJCIIS+S4+April+1%2C+2014&utm\\_campaign=WJCIIS+S4&utm\\_medium=email](http://www.professionalchaplains.org/calendar_list.asp?utm_source=WJCIIS+S4+April+1%2C+2014&utm_campaign=WJCIIS+S4&utm_medium=email).

### 2014 Muslim Mental Health Conference (Dearborn, Michigan, April 24-26, 2014)

The Michigan State University Department of Psychiatry and the ACCESS Community Health & Research Center present the 6<sup>th</sup> Annual Muslim Mental Health Conference. The theme is "Promoting access to mental health care and mental health first aid (MHFA) training for imams and community leaders." Speakers include chaplain LTC US Army (retired) Abdul-Rasheed Muhammad, who is director of the chaplaincy services department of the Islamic Society of North America; and Kameelah Mu'Min Rashad, founder of Muslim Wellness Foundation. The conference will be held at the Dearborn Inn. For more information, go to <http://www.psychiatry.msu.edu/events/conferences.html>.

### Faith and Health Conference (Duluth, Minnesota, May 3, 2014)

Sponsored by New Life Lutheran Church, this conference will be of interest to anyone in the northern Midwest USA. Guest speakers will be James Struve, M.D., an author (*Trajectory of Illness and the Mystery of Healing*, 2012), family physician, and geriatrician who will talk about spiritual applications in clinical practice; Mary Nelson, widely read author and cancer survivor; Steven Paulson, professor at Luther Seminary; and Arndt Braaten, M.D., M.Div., a family physician and popular speaker. For more information, contact Dr. Arndt Braaten: [mailto:braaten1@msn.com](mailto:mailto:braaten1@msn.com).

### Spirituality and Health Research Workshop (Malta, May 18-21, 2014)

Preceding the European Conference on Religion, Spirituality and Health in beautiful Malta (see below) will be a 4-day Pre-Conference Research Workshop. This workshop covers about

75% of the material presented during Duke University's Summer Research Workshop. The workshop is open to all those interested in doing research on religion, spirituality and health (including those at any level of training, but particularly chaplains, physicians, nurses, psychologists, counselors, theologians, public health specialists, epidemiologists, or other health professionals). This workshop is filling up quickly, so those who wish to attend need to register immediately. For more information go to: <http://www.ecrsh.eu/dynasite.cfm?dsmid=92326>

#### **Emerging Tools for Innovative Providers 2014: Interdisciplinary Spiritual Care Applications with Immediate Impact** (Pasadena, California, July 28-August 1, 2014)

This 5-day workshop, being held at Fuller Theological Seminary about 25 minutes from Hollywood, focuses on identifying spiritual interventions with immediate impact in healthcare settings. The goal is to identify brief, short-term interventions that interrupt the psychological stress reactions in response to illness and the immunological and hormonal changes that follow and adversely affect health. Physicians, nurses, social workers, and chaplains are the target audiences for this workshop. Participants will work with each other and with workshop faculty to develop tools for assessing and addressing the spiritual and emotional needs of patients in their own unique settings, whether that be medical hospitals and clinics, mental health, substance abuse, or community health environments. Faculty include Ken Pargament, Gail Ironson, Jeffrey Dusek, Kevin Reimer, Alexis Abernethy, Sheryl Tyson, Lee Berk, Douglas Nies, Bruce Nelson, and Harold Koenig. A yearly West Coast conference targeted specifically at clinicians, this is the premier workshop in the U.S. that focuses on integrating spirituality into patient care.

#### **Duke Summer Spirituality & Health Research Workshops** (Durham, NC) (August 11-15, 2014)

Register now for a spot in our 2014 summer research workshop on spirituality & health. The workshop is designed for those interested in conducting research in this area or learning more about the research that is now being done. Those with any level of training or exposure to the topic will benefit from this workshop, from laypersons to graduate students to full-time professors at leading academic institutions. Over 650 persons from all over the world have attended this workshop since 2003. Individual mentorship is being provided to those who need help with their research or desire career guidance. Partial **tuition scholarships** will be available for those with strong academic potential and serious financial hardships. For more information, see website: <http://www.spiritualityhealthworkshops.org/>.

## **RESOURCES**

#### **Adieu to God: Why Psychology Leads to Atheism** (Wiley-Blackwell, 2012)

Written by Mick Power, a Professor of Clinical Psychology at the University of Edinburgh, the contents of this volume are described on Amazon.com as follows: "*Adieu to God* examines atheism from a psychological perspective and reveals how religious phenomena and beliefs are psychological rather than supernatural in origin. Answers the psychological question of why, in the face of overwhelming scientific evidence to the contrary, do religions continue to prosper? Looks at atheism and religion using a *fair and balanced approach* [my italics] based on the latest work in psychology, sociology, anthropology, psychiatry and medicine. Acknowledges the many psychological benefits of religion while still questioning the validity of its supernatural belief systems and providing atheist alternatives to a fulfilling life." In the Preface of the book, Professor Powers indicates how fair and balanced his approach is: "my belief is that psychology (with help from

philosophy, anthropology, sociology, physics, biology . . .) offers a far more powerful explanation than any religious system ever will." Available (for \$29.14) at: <http://www.amazon.com/Adieu-God-Psychology-Leads-Atheism/dp/0470669942>.

#### **Spirituality in Patient Care, 3rd Ed** (Templeton Press, 2013)

The 3rd edition provides the latest information on how health professionals can integrate spirituality into patient care by identifying and addressing the spiritual needs of patients. Chapters are targeted to the needs of physicians, nurses, chaplains and pastoral counselors, mental health professionals, social workers, and occupational and physical therapists. Available (\$22.36) at: <http://templetonpress.org/book/spirituality-patient-care>.

#### **Handbook of Religion and Health (2nd Ed)** (Oxford University Press, 2012)

This Second Edition covers the latest original quantitative research on religion, spirituality and health. Spirituality and health researchers, educators, health professionals, and religious professionals will find this resource invaluable. Available (\$105.94) at: <http://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953>

#### **Spirituality & Health Research: Methods, Measurement, Statistics, & Resources** (Templeton Press, 2011)

This book summarizes and expands the content presented in the Duke University's Summer Research Workshop on Spirituality and Health (see above), and is packed full of information helpful in performing and publishing research on this topic. Available (\$39.96) at: <http://templetonpress.org/book/spirituality-and-health-research>.

## **FUNDING OPPORTUNITIES**

#### **Templeton Foundation Online Funding Inquiry (OFI)**

The Templeton Foundation will be accepting the next round of letters of intent for research on spirituality and health between **February 2 and April 1, 2014**. If the funding inquiry is approved (applicant notified by May 2, 2014), the Foundation will ask for a full proposal that will be due September 2, 2014, with a decision on the proposal reached by December 20, 2014. The three main areas in religion, spirituality and health that the Foundation funds are: (1) research on causal mechanisms (basic psychosocial, behavioral, and physiological pathways), (2) increasing competencies of health care professionals in working with religious patients (physicians, but also psychologists and experts in public health), and (3) research involving the development of religious-integrated interventions that lead to improved health. More information: <http://www.templeton.org/what-we-fund/our-grantmaking-process>.

#### **Grand Challenges Explorations**

Bill & Melinda Gates Foundation have announced grant awards for the latest round (Round 12) of the Grand Challenges Explorations program. Over 80 new grants of \$100,000 were made to investigators from 14 countries through this program during that round. The initiative funds innovative ideas to solve some of the greatest challenges in global health and development. Persons from any discipline may apply, from students to tenured professors. This initiative uses an accelerated grant-making process with short two-page applications and no preliminary data are required. Applications are submitted online and winning grants are chosen approximately 5 months from the submission deadline. Initial grants of \$100,000 are awarded two times a year. Successful projects have the opportunity to receive a follow-on grant of up to \$1 million. The next round of Grand Challenges Explorations (round 13) is now open for applications, which will be

accepted until **May 6, 2014**. For more information go to website: <http://www.grandchallenges.org/Explorations/Pages/ApplicationInstructions.aspx>. Identifying ways that religious involvement and faith-based programs can improve global health is a novel idea that needs to be explored, and here is a potential source of funds to do just that.

#### **NIH Funding Opportunities Announcements (FOA)**

NIMH recently (2/26/14) sent out a range of FOA's to fund clinical trials that could include the area of religion, spirituality and mental health. These include funding for exploratory clinical trials of novel interventions for mental disorders. Here are some of the details on two areas where support is now available: (1) **Exploratory Clinical Trials of Novel Interventions for Mental Disorders:**

"These FOAs aim to support the efficient pilot testing of novel interventions for mental disorders in adults and children through an experimental therapeutics approach. Trials must be designed so that results, whether positive or negative, will provide information of high scientific utility and will support "go/no-go" decisions about further development or testing of the intervention. These funding mechanisms are intended to speed the translation of emerging basic science findings of mechanisms and processes underlying mental disorders into novel interventions that can be efficiently tested for their promise in restoring function and reducing symptoms for those living with mental disorders"; (2) **Clinical Trials to Test the Effectiveness of Treatment, Preventive, and Services Interventions:** "These FOAs aim to support investigator-initiated clinical trials to establish the effectiveness of interventions and to test hypotheses regarding moderators, mediators, and mechanisms of action of these interventions.

These FOAs support clinical trials designed to test the therapeutic value of treatment and preventive interventions for which there is already evidence of efficacy, for use in community and practice settings." Application deadline for this round is **June 17**. For more information, go to website:

[http://www.nimh.nih.gov/funding/opportunities-announcements/clinical-trials-foas/index.shtml?utm\\_campaign=home-slideshow&utm\\_medium=web&utm\\_source=nimh-home-page&utm\\_content=more-link](http://www.nimh.nih.gov/funding/opportunities-announcements/clinical-trials-foas/index.shtml?utm_campaign=home-slideshow&utm_medium=web&utm_source=nimh-home-page&utm_content=more-link)

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Website:  
<http://www.spiritualityandhealth.duke.edu/about/giving.html>

## **2014 CSTH CALENDAR OF EVENTS...**

### **April**

- 3 **Faith and Healthcare Conference**  
Marshalltown Medical and Surgical Center  
Marshalltown, Iowa  
Presenter: Koenig  
Contact: Chris Schill ([Cschill@marshmed.com](mailto:Cschill@marshmed.com))
- 10 **New Perspectives on Aging and Eldercare: Restorative – Medical - Spiritual**  
University of Scranton, Scranton, PA  
Presenter: Koenig and others  
Contact: Dr. Tony Balsamo ([ajbalsamo@geisinger.edu](mailto:ajbalsamo@geisinger.edu))
- 12 **Physicians' Coalition for Spiritual Integration**  
Jacksonville, Florida  
Presenter: Koenig and others  
Contact: Ted Hamilton ([Ted.Hamilton@ahss.org](mailto:Ted.Hamilton@ahss.org))
- 24 **Science and Religion Initiative**  
College of Social Work, University of South Carolina  
Columbia, South Carolina  
Presenter: Koenig  
Contact: Dr. Terry Wolfer ([TerryW@mailbox.sc.edu](mailto:TerryW@mailbox.sc.edu))
- 30 **The influence of spirituality on character development among young African American adults**  
Jill Hamilton, R.N., Ph.D.  
Associate Professor of Nursing, UNC Chapel Hill  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))

### **May**

- 14 **Religion, Spirituality and Health**  
Catholic University of Portugal  
Lisbon, Portugal  
Presenter: Koenig  
Contact: Silvia Caldeira ([Caldeira.Silvia@gmail.com](mailto:Caldeira.Silvia@gmail.com))
- 17 **Religion, Spirituality and Health**  
Dublin City University, Dublin, Ireland  
Our Lady's Hospice & Care Services  
Presenter: Koenig  
Contact: Bernadette Flanagan ([BFlanagan@allhallows.ie](mailto:BFlanagan@allhallows.ie))
- 22 **Integrating Religion/Spirituality into Clinical Practice**  
European Conference on Religion, Spirituality, & Health  
Malta (off coast of Italy)  
Presenters: Curlin, Fitchett, Koenig, Puchalski, etc.  
Contact: Dr. Rene Hefti ([rene.hefti@klinik-sgm.ch](mailto:rene.hefti@klinik-sgm.ch))
- 28 **Atheism and Mental Health**  
Robert Edward Whitley, M.D.  
Professor of Psychiatry, McGill University, Montreal, Can  
Center for Aging, 3rd floor, Duke South, 3:30-4:30  
Contact: Harold G. Koenig ([Harold.Koenig@duke.edu](mailto:Harold.Koenig@duke.edu))