

Spiritual and Religious Competencies for Mental Health Care: Moving from Research to Routine Practice

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Health Research Seminar
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UNIVERSITY OF
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**VETERANS RECOVERY
RESOURCES**



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The Problem



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).



List of S/R Guidelines

- 1) **[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.
- 6) **[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.



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Defining S/R Guidelines

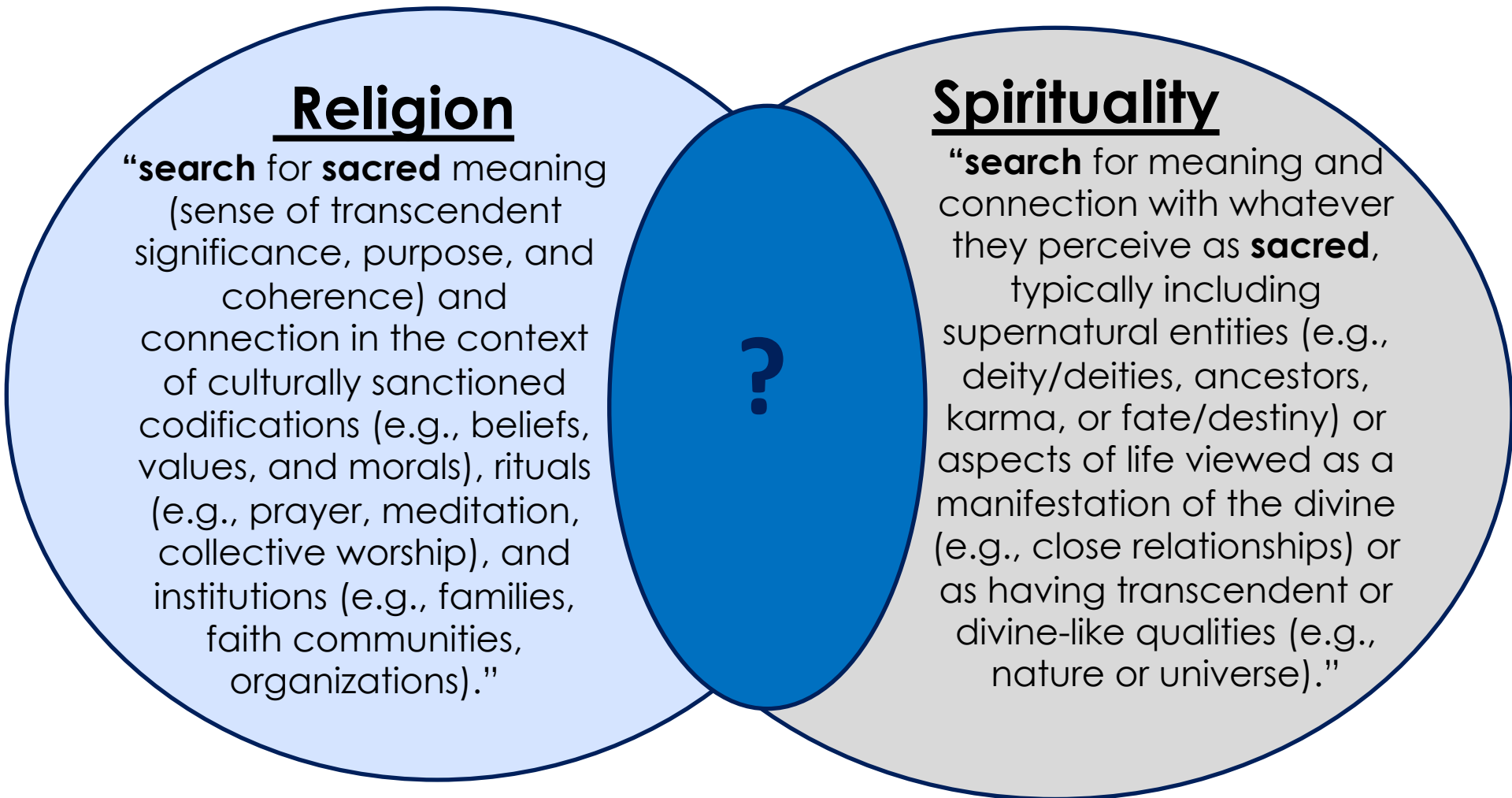
Guidelines Do:

1. Require clinicians to conceptualize S/R within a broader framework of multicultural diversity
2. Establish foundational areas of awareness, knowledge, and skills that apply to all clinicians.
3. Provide evidence-based knowledge, attitudes and skills to ethically and effectively address S/R.
4. Apply to all clients, since having no S/R beliefs or practices lies on one end of the continuum of S/R diversity – from identifying as secular, atheist, or agnostic to having strong S/R beliefs and practices.

Guidelines Do NOT:

1. Imply that S/R are more important than other core areas of multicultural diversity.
2. Require specialization in areas of advanced practice that some clinicians might pursue.
3. Require clinicians to gain in-depth knowledge of theologies or S/R concepts and traditions around the world.
4. Apply only when working with highly religious or spiritual persons in clinical practice.

Guideline 1: Define and Understand S/R



S/R in Racial and Ethnic Groups

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

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

Multiplicity 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.”*



Project Implicit

Visit: www.projectimplicit.net

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



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Guideline 3: Appreciate and Access S/R Strengths



Causal-Pathways:

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

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



The International Journal for the Psychology of Religion

 **Routledge**
Taylor & Francis Group

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**Does Spirituality or Religion Positively Affect
Mental Health? Meta-analysis of Longitudinal
Studies**

Bert Garssen, Anja Visser & Grieteke Pool

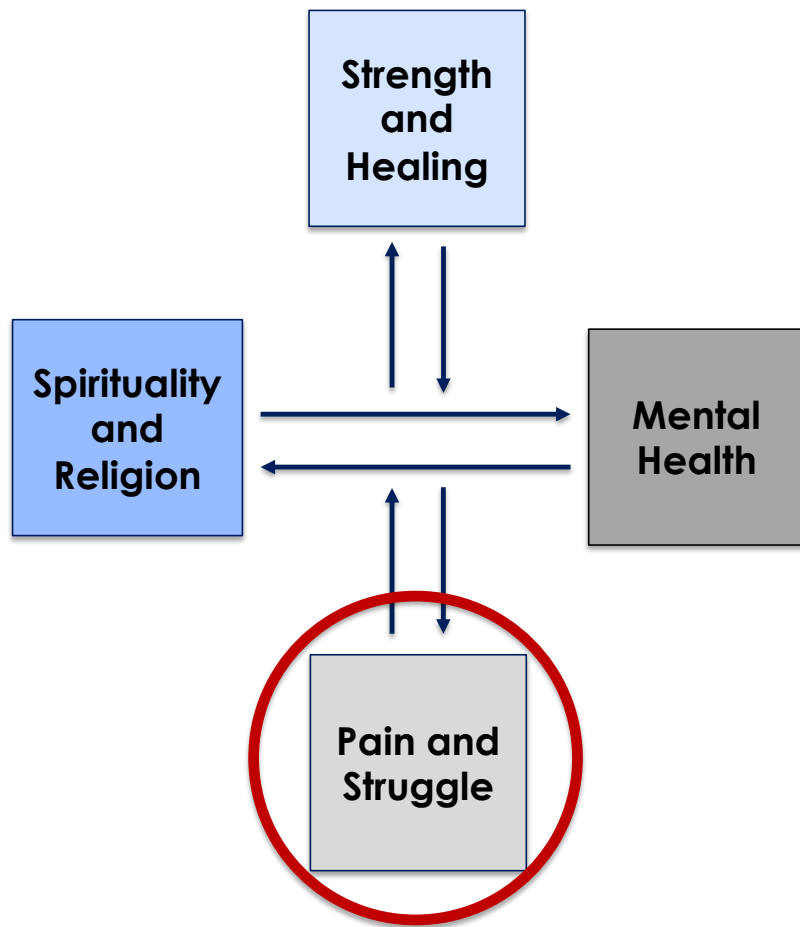
Health Outcomes of Communal Religiousness

- (+) **Well-being** (Pawlikowski et al. 2019)
- (-) **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



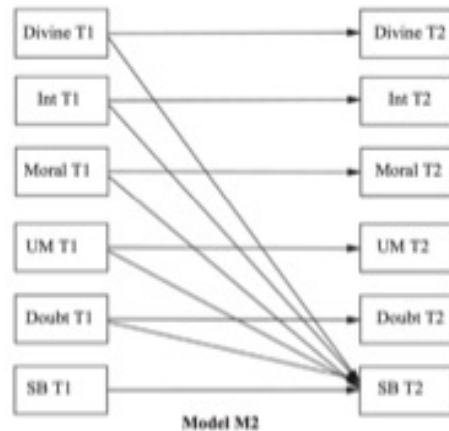
Common struggles:

1. *Tension with God or divine*
2. *Interpersonal relationships*
3. *Doubting spiritual beliefs*
4. *Concerns about morality*
5. *Absence of ultimate meaning*

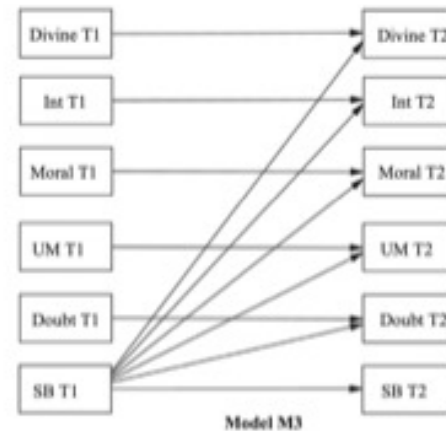
Highly linked with worse mental health outcomes across cross-sectional and longitudinal studies.

Spiritual Struggle and Suicide

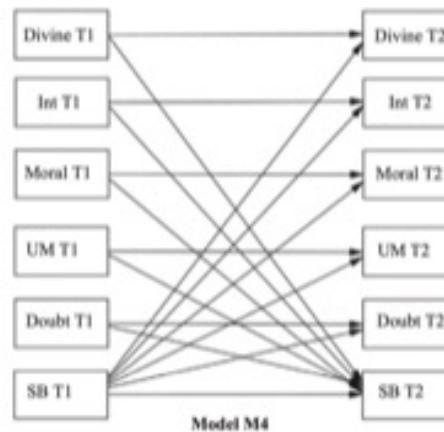
M2: Primary Struggle



M3: Secondary Struggle



M4: Complex or Reciprocal Struggle



Model	Scaled Chi-Square	df	Scaling Correction Factor	CFI	TLI	RMSEA	RMSEA 90% CI	SRMR	AIC	BIC
M1	82.88***	42	1.59	.977	.928	.057	.039, .075	.032	16,514.12	16,955.66
M2	50.45***	32	1.67	.990	.957	.044	.018, .066	.025	16,486.39	16,965.04
M3	71.58***	32	1.61	.978	.908	.064	.044, .084	.032	16,517.22	16,995.87
M4	39.96**	22	1.74	.990	.939	.052	.025, .077	.026	16,491.58	17,007.33

Currier, J. M., McDermott, R. C., McCormick, W. H., Milkeris, L., & Churchwell, M. (2018). Exploring cross-lagged associations between spiritual struggles and risk for suicidal behavior in a community sample of military veterans. *Journal of Affective Disorders*, 230, 93-100.

Which struggles are most impactful?

Dominance matrices showing relative dominance of spiritual struggles predicting mental health outcome.

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

Currier, J. M., Foster, J., Witvliet, C.V.O., Abernethy, A., Root Luna, L., Schnitker, S., Van Harn, K., & Carter, J. (2019). Spiritual struggles and mental health outcomes in a spiritually integrated inpatient program. *Journal of Affective Disorders*, 249, 127-135.

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)

CHS

Thinking back to your last therapy session at VRR, please rate the degree to which you agree with the below items.					
<i>Regarding core aspect(s) of your background or identity, my clinician</i>	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

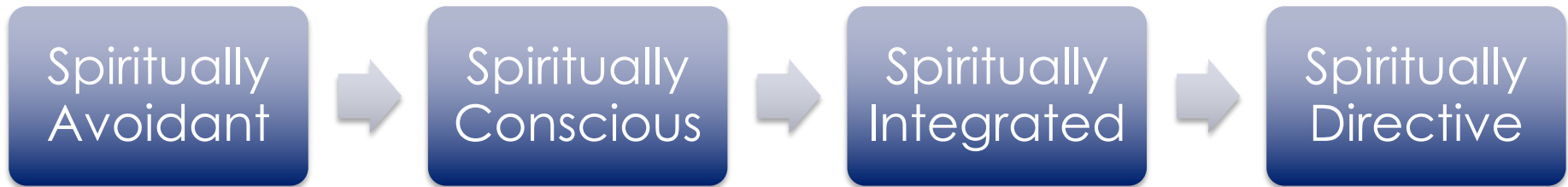
Initial Questions

- 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?”

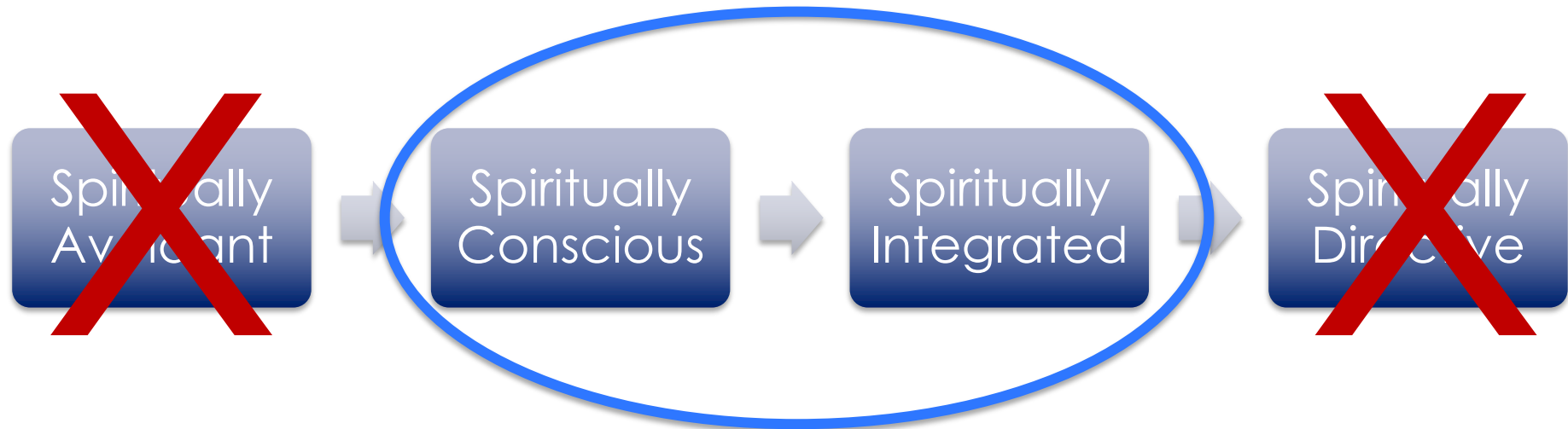
If **no**, consider inquiring about any changes in spiritual beliefs, practices, and/or relationships over time..

Continuum of Spiritually Competent Mental Health Care



Saunders, Miller, & Bright (2010)

Continuum of Spiritually Competent Mental Health Care



Saunders, Miller, & Bright (2010)

Outcomes of SLPs

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

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.



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Supported by a \$5.1 million grant from the John Templeton Foundation, the SRCP will address barriers to equipping mental health professionals with the ability to address religious or spiritual

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Thank you for listening!

Questions?