

CROSSROADS...

Exploring research on religion, spirituality and health

Newsletter of the Center for Spirituality, Theology & Health

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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 May 2014) go to: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

LATEST RESEARCH OUTSIDE DUKE

Religious Attendance and Suicide in the U.S.

Researchers from the department of psychology at George Mason University analyzed data on religious attendance and suicide from a nationally representative sample of 20,014 adults assessed at baseline between 1988 and 1994 and then followed up to the end of 2006 (Third National Health and Nutrition Examination Survey or NHANES-III). Data were analyzed using cox proportional hazards regression models. **Results:** For those attending religious services at least 24 times/year, the risk of dying from suicide (hazard ratio or HR) was 0.06 (95% CI=0.01-0.54), i.e., they were 94% less likely to die from suicide compared to less frequent attendees. Even after controlling for gender, age, size of household, marijuana use, and previous suicide attempt, frequent attendees were still 68% less likely to die by suicide (HR=0.32, 95% CI 0.01-0.99). Researchers concluded that "Frequent religious service attendance is a long-term protective factor against suicide."

Citation: Kleiman EM, Liu RT (2014). Prospective prediction of suicide in a nationally representative sample: Religious service attendance as a protective factor. *British Journal of Psychiatry* 204:262-266.

Comment: Given the prestige of the NHANES-III survey (a study that has produced many seminal papers on factors related to cardiovascular and other health outcomes), these results are impressive. In the same issue of the journal, Psychiatrist and theologian Christopher Cook writes an editorial that places these results in the context of possible mechanisms and clinical implications (*British Journal of Psychiatry* 204:254-255). Cook notes that this is the first prospective study of religious attendance and completed suicide. He hypothesizes how religion may help to prevent suicide, summarizes religious teachings on suicide, and discusses implications for clinical practice for psychiatrists (especially taking religion into account when assessing suicidal risk).

Religious vs. Secular Civic Engagement and Psychological Distress

Sociologists from University of Texas at Austin analyzed data from a random sample of 1,504 residents of Texas over age 18 to examine the relationships between religious participation, secular civic engagement, and psychological distress. Organizational religious activity (ORA) was assessed using a 2-item index of religious attendance and other religious group activity, whereas non-organizational religious activity (NORA) was assessed with a 4-item index assessing frequency of prayer, Bible study, reading religious materials, and watching or listening to religious TV/radio. Civic engagement was assessed in terms of volunteering for 13 different types of community activity from voting behavior to education/tutoring to active involvement in political organizations. Psychological distress was measured using the 6-item Kessler scale (K6). Researchers controlled for financial hardship, neighborhood disadvantage, age, race, citizenship gender, marital status, education, and subjective health, and examined interactions. **Results** indicated a weak inverse relationship between ORA and psychological distress ($B=-0.043$, $p>.10$), but a significant positive relationship between NORA and distress ($B=+0.082$, $p<.01$). However, several significant interactions were found between financial hardship and ORA in predicting psychological distress ($B=-0.295$, $p<.01$), and between neighborhood disadvantage and both ORA and NORA in predicting psychological distress ($B=-0.095$, $p<.01$, and $B=-0.124$, $p<.05$, respectively). In the presence of low ORA, financial hardship was strongly related to greater psychological distress, whereas this relationship weakened with increasing ORA; similarly, in the presence of low ORA or low NORA, neighborhood disadvantage was strongly related to distress, whereas this relationship weakened with increasing ORA or NORA. Furthermore, the buffering effect of ORA and NORA was stronger than that of secular civic engagement in its effect on the relationship between financial hardship or neighborhood disadvantage and psychological distress. Researchers concluded that "Our findings suggest that (a) both organizational religious and secular civic engagement buffer the deleterious effects of perceived financial hardship on respondents' psychological distress, (b) organizational as well as nonorganizational religious participation buffers the detrimental effects of perceived neighborhood disadvantage on respondents' psychological distress, (c) religious involvement has a more robust buffering effect than secular civic engagement, and (d) nonorganizational religious participation can serve as a coping mechanism for respondents who suffer from psychological distress."

Citation: Acevedo GA, Ellison CG, Xu X (2014). Is it really religion? Comparing the main and stress-buffering effects of religious and secular civic engagement on psychological distress. *Society and Mental Health*, January 30 [E-pub ahead of print]

Comment: This research provides further evidence of the role that religious involvement plays in mental health and coping with adverse life circumstances. Furthermore, this study helps to lay to rest the argument by some that the effect of religious activity is simply due to increased social activity and engagement.

EXPLORE...in this issue

1-4 LATEST RESEARCH

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Spiritual Coping in Adolescents with Chronic Disease

Researchers at the University of Alabama at Birmingham examined the longitudinal relationship between spiritual coping and psychological adjustment in 128 adolescents with cystic fibrosis or diabetes mellitus (mean age 15) over two years. Spiritual coping was assessed using the 14-item brief RCOPE (positive and negative religious coping). The 10-item depression subscale of the Behavioral Assessment System for Children Scale was used to assess psychological adjustment. Conduct problems in adolescents were also assessed by administering a 14-items of the BASC-2 scale that was also given to adolescents' parents. Prospective relationships were analyzed using an autoregressive cross-lagged path model. Analyses were controlled for gender, ethnicity, medical diagnosis, and family income. **Results** indicated that positive religious coping (PRC) at baseline predicted fewer depressive symptoms and lower rates of negative religious coping (NRC) over time, while depressive symptoms at baseline did not predict PRC on follow-up. Depressive symptoms at baseline predicted increased NRC over time, although NRC did not predict depressive symptoms over time. Researchers concluded that positive religious coping may buffer against the development of depression, and that these findings warrant the addressing of spiritual beliefs and depressive symptoms in adolescents with chronic disease.

Citation: Reynolds N, Mrug S, Hensler M, Guion K, Madan-Swain A (2014). Spiritual coping and adjustment in adolescents with chronic illness: A 2-year prospective study. Journal of Pediatric Psychology, Mar 19 [Epub ahead of print]

Comment: The cross-lagged analysis above allows comparison of the strength of the predictive value of one variable on another over time, thus providing some important clues regarding causal order of the relationship. The findings above suggest that PRC is having more of an effect on depressive symptoms over time than depressive symptoms are having on PRC; in contrast, depression is having more of an effect on NRC over time than NRC is having on depression. These findings are important because the "chicken vs. egg" question is so critical with regard to interpreting relationships between PRC and depression, as well as relationships between NRC and depression.

Religious Coping and Health Behaviors in African Americans

Researchers at the University of Maryland and several other U.S. universities examined the relationship between religiosity and health behaviors in a national random sample of African Americans ages 21 or older without a diagnosis of cancer. Religiosity was assessed using a 9-item measure of religious beliefs and behaviors designed specifically for African Americans. Religious coping was measured with a 6-item version of the Brief RCOPE (3 positive coping, 3 negative coping). Health behaviors included fruit and vegetable consumption, alcohol use (consumption and binge drinking episodes in past 30 days), and cigarette smoking. Controlled for in structural equation models were sex, age, relationship status, educational attainment, work status, and household income. **Results** indicated that religious behaviors in particular (vs. beliefs) were positively related to fruit and vegetable consumption, and inversely related to alcohol use, binge drinking, and cigarette smoking. Researchers concluded "these findings generally support Hypothesis 2 and are consistent with expectations about a protective or salutary effect of religious involvement on health."

Citation: Holt CL, Clark EM, Debnam KJ, Roth DL (2014).

Religion and health in African Americans: the role of religious coping. American Journal of Health Behavior 38(2):190-199.

Comment: Given the major problem of health disparities between Black and White Americans, these findings suggest that religious involvement – especially religious behaviors – may help to minimize health differences. Blacks are known to be considerably more religious than Whites in the U.S., and poor health behaviors

account for nearly 80% of chronic disease and contribute to nearly 50% of mortality in prospective studies.

Religion, Social Capital and Health in African-Americans

Using the same sample as above, researchers examined the relationship between religiosity and social capital in African American adults (n=803 for this analysis). Religious beliefs and behaviors were assessed using the 9-item scale described above. Social capital was measured by a 9-item scale consisting of subscales on social support, interconnectedness, and community involvement. Physical and emotional functioning were assessed using the SF-12, and depressive symptoms measured by the CES-D. Controlled for in the structural equation model were sex, age, relationship status, educational attainment, work status, and household income. **Results** indicated that religious *beliefs* were unrelated to any of the three aspects of social capital (social support, interconnectedness, or community participation). However, religious *behaviors* were related to both interconnectedness (B=0.16, p<0.01) and community participation (B=0.18, p<0.001). Investigators concluded that: "These findings indicate that religious behaviors/participation is associated with greater trust in and commitment to local communities among African Americans."

Citation: Holt CL, Clark EM, Wang MQ, Williams BR, Schultz E (2014). The religion–health connection among African Americans: What is the role of social capital? Journal of Applied Community Psychology, Feb 21 [E-pub ahead of print]

Comment: Social capital is a measure of the health of a community. This research suggests that religious behaviors are important correlates of social capital in U.S. Black communities. If this relationship is causal, then any lessening of religious involvement -- as African-American communities become more secular in this modern age -- may result in a decline in social capital, a worsening of community health, and perhaps an increase in health disparities.

Breast Cancer Screening in American Muslims

Researchers in the Department of Medicine at the University of Chicago examined relationships between religiosity, religious coping, and breast cancer screening in a convenience sample of 240 American Muslims living in the greater Chicago area. Religiosity was assessed using two items: a self-rating of religiosity on a 0-10 scale and an item from the Hoge Intrinsic Religious Motivation scale ("I try hard to carry my religious beliefs into all my other dealings in life"). Religious coping was assessed using the positive and negative religious coping subscales of the Psychological Measure of Islamic Religiousness scale. Breast cancer screening was determined by questions asking if respondents: 1) ever had a mammogram, (2) ever had a clinical breast exam, and (3) had undergone mammography in the previous 2 years. Also administered were standard scales assessing fatalism, Islam-related modesty, and Islam-related perceived religious discrimination in healthcare. Also assessed and controlled for in analyses were age, ethnicity, country of origin, duration of US residency, household income, level of educational attainment, marital status, "having a primary care physician (PCP) recommend a mammogram," knowing someone with breast cancer, and health insurance status. **Results** indicated that there was no relationship between religiosity, positive religious coping, negative religious coping, fatalism or perceived discrimination and ever having had a mammogram or a clinical breast exam. Positive religious coping and perceived religious discrimination in healthcare, however, were inversely related to having a mammogram in the past 2 years. Researchers suggested that breast cancer screening in Muslims may be improved by "addressing ideas about religious coping and combating perceived religious discrimination through tailored interventions."

Citation: Padela AI, Murrar S, Adviento B, Liao C, Hosseinian Z, Peek M, Curlin F (2014). Associations between religion-related factors and breast cancer screening among American Muslims. Journal of Immigrant & Minority Health, Apr 4 [Epub ahead of print]
Comment: Interesting and important is the finding that positive religious coping and perceived religious discrimination were related to a lower likelihood of having a mammogram within the past 2 years. What is even more remarkable is that no other indicator of religiosity, religious coping, fatalism, or other Islam-related factor was related to having a mammogram in the past 2 years, and no religious or Islam-related factor whatsoever was related to prior history of having a mammography (ever) or clinical breast exam (ever). Religiosity per se, then, seems to have only a modest negative effect on breast cancer screening in American Muslim women.

Mental Health System, Religious and Cultural Influences in Saudi Arabia

The mental health care system in the Kingdom of Saudi Arabia (KSA) is rapidly evolving. This article reviews the history of mental health care in the country since its founding in 1933 and consultations with American psychiatrists in the early 1980's. It also discusses the current situation in KSA with regard to need for services and future plans to transform the mental health system into a model for other countries in the Middle East. Most important, the article emphasizes cultural and religious factors that influence the seeking of mental health care and the delivery of services in this deeply religious country.

Citation: Koenig HG, Al-Zaben F, Sehlo MG, Khalifa DA, Al-Ahwal MS, Qureshi NA, Al-Habeeb AA (2014). Mental Health Care in Saudi Arabia: Past, Present and Future. Open Journal of Psychiatry 4: 113-130 (free download of pdf)

Comment: This is an updated review of the mental health delivery system in KSA, including input from key mental health researchers in KSA's Ministry of Health. The emphasis is on developing a mental health system that is sensitive to the religious beliefs and practices of Muslims (which, if achieved, could also serve as a model for the US mental health system that has trouble integrating patients' religious beliefs into psychiatric care).

Religion in Japan and Health

Researchers at the Teikyo Graduate School of Public Health in Tokyo, Japan, discuss the history and origins of the most common religions found in Japan (Shintoism, Buddhism, and Qi) and explore how religious practices in these traditions might help to produce relaxation and reduce stress. They emphasize the important role that Japanese religions played in helping people to cope after the Great East Japan Earthquake and nuclear accident in Fukushima in 2011.

Citation: Nakao M, Ohara C (2014). The perspective of psychosomatic medicine on the effect of religion on the mind-body relationship in Japan. Journal of Religion and Health 53(1):46-55

Comment: This is an excellent review of Japanese religions, both from a historical perspective, and current review of relationships with the health and well-being in Japanese people.

Religion, Happiness and Health in Lesbian African-American

Researchers at City University of New York and Roosevelt University analyzed cross-sectional relationships between religion, religiosity, happiness, and subjective health in a convenience sample of 717 Black lesbian women (average age 36) in the U.S. Participants with no religious affiliation were compared to those with Christian or Muslim affiliations. Religiosity was measured using a 5-item scale that included items such as "I pray daily" and "My faith impacts many of my decisions." Religious attendance was also assessed. Single dichotomized items assessing happiness and overall health status were the dependent variables. Regression analyses controlled for age, income, marital status,

health insurance status, having a regular doctor or health-care provider, and level of community and civic engagement. **Results** indicated that while religious affiliation and religious attendance were unrelated to happiness, religiosity (based on the 5-item scale) was associated with greater happiness ($B=0.132$, $p\leq 0.001$). With regard to overall self-rated health, again religiosity was associated with higher self-rated health ($B=0.103$, $p\leq 0.05$). Interestingly, however, having no religious affiliation was also associated with higher overall self-rated health ($B=0.251$, $p\leq 0.01$).
Citation: Battle J, DeFreece A (2014). The impact of community involvement, religion, and spirituality on happiness and health among a national sample of black lesbians. Women, Gender, and Families of Color 2(1) (E-pub ahead of print)

Comment: This study suggests that the associations found between religiosity, well-being, and health reported in community and medically ill persons more generally also apply to Black lesbians. It is curious, however, that while having a religious affiliation is unrelated to happiness in this population, it appears to be related to lower self-rated overall health.

Religion and Coping in Bisexual African-American Men

Researchers from the University of Florida and other U.S. universities conducted qualitative interviews with 28 Black bisexual men in New York City, examining the role that religion played in their lives and in their coping with adverse life circumstances. Results indicated that many of these men (13/28) were involved in attending church, and many more identified with the broader religious community (Christians). Several (4/28) participants were involved in music ministries in their churches. While they admitted to experiencing considerable rejection because of their bisexuality, and avoided revealing their bisexual identity to other church members, they did say that many religious persons accepted them. They also indicated that the church was a good place to meet other bisexual men and sexual partners. Many said that their belief in God helped them to cope with the distress they experienced over their sexuality and with the mistreatment from others that they received. Belief in God, their personal faith in God, and prayer helped them cope more so than did their religious institution or the Bible, although several found comfort in the Bible, especially passages about God's love for them and that God alone could judge them. Several (7/28) saw God as their protector, protecting them from contracting HIV/AIDS, other sexually transmitted diseases, or ill health. Researchers concluded that: "The bisexual Black men in this study esteemed religion and spirituality as vital components to their lives."

Citation: Jeffries WL, Dodge B, Sandfort TGM (2008). Religion and spirituality among bisexual black men in the USA. Culture, Health & Sexuality 10(5):463-477

Comment: Although published in 2008, we thought that including this study along with the study by Battle and DeFreece above, would provide information about what role religion plays in the lives of non-heterosexual Black Americans. Both studies underscore the importance that religion played in their happiness and overall health, and in their ability to cope with adversity, health problems, and the discrimination and exclusion they felt from others.

Online Databases for Identifying Faith-based Interventions for Depression

Researchers at the University of Leeds in the UK systematically examined 23 online databases to identify those most useful in locating studies of religious-based interventions for the treatment of depression. This effort was part of a research project designed to develop a faith-sensitive psychotherapy manual for the treatment of depression in Muslim communities. Investigators searched for published and unpublished studies in 18 Western and non-Western databases and five databases in the Cochrane library, including databases on "grey" literature (unpublished papers presented at conferences and consortiums, unpublished

dissertations, etc.). Results indicated that the top three databases for locating research on religion, spirituality, depression and health were PsychInfo, EMBASE, and Medline/Medline in Process, which provided 64.4% of the total 2,469 references identified, including 75% of all articles on faith-sensitive treatment manuals for depression. The grey literature databases were also an important source for qualitative studies on Muslim mental health, in that a relatively high number of dissertations and theses were identified from this source. Researchers concluded that "The need to search beyond the three 'bare minimum' databases for studies of religion and depression is clearly demonstrated in our findings."

Citation: Wright JM, Cottrell DJ, Mir G (2014). Searching for religion and mental health studies required health, social science, and grey literature databases. *Journal of Clinical Epidemiology*, Apr 30. [Epub ahead of print]

Comment: To our knowledge, this is the first systematic attempt to determine the best online databases for identifying religion-health studies (at least those examining faith-sensitive treatments for depression in Muslims). The lessons learned by these investigators are likely applicable to topics related to religion and health more generally and go beyond the particular focus of this study.

NEWS

European Conference on Religion, Spirituality and Health

Attended by nearly 200 participants, this year's conference on the beautiful island of Malta was a real success. Researchers presented their findings from all over the world, including Romania, Italy, Estonia, Germany, Great Britain, Ireland, Scotland, Belgium, Netherlands, Poland, Switzerland, Finland, Norway, Denmark, Austria, Australia, Canada, Thailand, and many other countries. A special treat for participants arranged by Donia Baldacchino, the conference hostess, was a meeting with the President of Malta, Marie Louise Coleiro Preca. Many shook hands with the president and pictures were taken.

SPECIAL EVENTS

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 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. See website:

<http://www.emergingtoolsforinnovativeproviders.com/>.

Duke Summer Spirituality & Health Research Workshops

(Durham, NC) (August 11-15, 2014)

There are only a few spots left in our 2014 summer research workshop on spirituality & health, so register now. 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

Health and Well-being in Islamic Societies (Springer, 2014)

Now available, this is the first comprehensive review of research on religion and health in Muslim populations. This volume tracks the history of the rise of Islam in the Middle East and the spread of Islam to nearly 50% of the known world in less than 100 years. Muslim beliefs and practices based on the Qu'ran and Hadith are outlined in detail, as are health-related Islamic practices and moral standards. Christian beliefs and health-related practices are also summarized, and both differences and similarities to Muslim beliefs and practices are examined. After reviewing research on religiosity and health in Christians, the core of the book focuses on research on religiosity and health in Muslims and compares the health of Muslims with that of other religious groups. Topics covered include mental disorders (depression, suicide, anxiety, psychosis, alcohol and drug abuse/dependence), positive emotions (well-being, happiness, optimism, hope, sense of control), personality traits (extraversion, neuroticism, agreeableness, etc.), social factors (marital stability, social support, social capital), health behaviors (exercise, diet, weight, smoking), and physical health (heart disease, hypertension, stroke, dementia, immune function, endocrine function, diabetes, cancer, overall mortality, etc.). The book concludes with applications for clinical practice and a message concerning the cooperation of Muslims and Christians in conducting research in this area. Available for \$63.99 at Amazon (http://www.amazon.com/Health-Well-Being-Islamic-Societies-Applications/dp/331905872X/ref=sr_1_1?ie=UTF8&qid=1401365320&sr=8-1&keywords=Health+and+Well-being+in+Islamic+Societies)

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 August 1, 2014 - October 1, 2014. If the funding inquiry is approved (applicant notified by November 5, 2014), the Foundation will ask for a full proposal that will be due March 2, 2015, with a decision on the proposal reached by June 19, 2015. 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>.

NIH Funding Opportunities Announcements (FOA)

NIMH recently sent out a range of FOA's to fund clinical trials that could be in 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

2014 CSTH CALENDAR OF EVENTS...

June

17-18 **Assessing Spirituality as a Resilience Factor in U.S. Army Soldiers**

Monterey, California

Discussants: Koenig & others

Contact: Anne Kilman (anne.kilman@ngc.com)

(not open to public)

25 **Considering Spirituality and Religion in Treatment of Substance Use Disorders**

Speaker: John Allen, Ph.D., MPA

Consulting Professor, Duke Department of Psychiatry and Behavioral Sciences

Center for Aging, 3rd floor, Duke South, 3:30-4:30

Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

July

8 **Religion, Spirituality and Health**

Adventist World Health Conference

Geneva, Switzerland

Speakers: Koenig (via Skype) & others

Contact: Carlos Fayard (CFayard@llu.edu)

10 **Religion, Spirituality and Mental Health**

Pine Rest Christian Mental Health Services

Grand Rapids, MI

Speaker: Koenig

Contact: Vitaliy Voytenko (Vitaliy.Voytenko@PineRest.org)

30 **A Missionary in the Foreign Fields of Academic Psychiatry**

Speaker: Dan G. Blazer, M.D., Ph.D.

J.P. Gibbons Professor of Psychiatry and Behavioral

Sciences (emeritus), Department of Psychiatry, DUMC

Center for Aging, 3rd floor, Duke South, 3:30-4:30

Contact: Harold G. Koenig (Harold.Koenig@duke.edu)

July 28- **Integrating Spirituality into Patient Care**

Aug 1 Fuller Theological Seminary

Pasadena, California

Speakers: Pargament, Ironson, Koenig, others

Contact: Bruce Nelson (Bruce.Nelson@ah.org)

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Website:

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

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