The Role of Spiritual Wellbeing in Advancing Mental Health

Presented by:
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DEFINING SPIRITUALITY AND RELIGION

- To simplify the concepts, one could think of spirituality as the process to find meaning and connection and religion as a set of practices or an organized way to express spirituality.

- There are similarities among and differences between religion and spirituality and counselors should be vigilant as to not think of them as opposing concepts, but rather intertwining and interrelated values.

- Religion can be seen as a social-level experience and spirituality as an individual-level experience
  - It may be helpful to remember that each concept is unique to each individual, but that each person lives and practices in a social context.
HAVE YOU HAD A COURSE IN RELIGION OR SPIRITUALITY?
WHY ARE COUNSELORS NOT TRAINED?
HISTORY

- United States separating religion and education
- Psychology is rooted in science and historically science has attempted to steer away from spiritual realms, thus further separating social sciences from social aspects such as religion.
- Counselors may experience resistance from religious theologians who believe that incorporating religion and spirituality violates counselor’s scope of competence (Nickles, 2011).
- Cook (2013) reports that **we** consider it unimportant, irrelevant to psychiatry, we know too little about it **ourselves**, confusing terminology, embarrassing, easier to ignore than explore
  - ETHICS!!!
Because of the lack of training, most of the integration of spirituality and religion that occurs in counseling happens through intrapersonal integration of therapist’s own spiritual or religious experiences, resulting in risk to the client, such as the counselor imposing his or her own belief on the client, or inappropriately applying religious or spiritual interventions (Walker et al., 2004).

**ETHICS!!!**

The ACA Code of Ethics (2014) is very clear in stating that a counselor is not to impose their values on the client. Code A.1.d., A.4.b, A.11.a., A.11.b., C.2.a., and C.5, to name a few...
THIS IS COUNSELING NOT CHURCH – RIGHT?

WRONG...
well kinda
Why Incorporate Spirituality in Counseling

- 90% of Americans polled believed in God or in some higher power (Cashwell & Young, 2011)
- 80% of the U.S. population says spirituality is ‘fairly’ to ‘very’ important in their lives. (Gallup, 2009)
- Religion and spirituality arguably stand out as cultural and personal factors that are a salient part of framing one’s experience, beliefs, values, behaviors and illness patterns.
  - A person’s spiritual and/or religious belief system impact the client and the counselor’s “worldview, relationships, self-concept, and problem solving approach” (ASERVIC, p. 2)
- Religious institutions serve as a resource clients can utilize in times of stress through the provision of community and sense of identity
- In addition, research has indicated, for some time, that spiritual and religious connection have a positive impact on mental health (Dailey et al, 2011; Reiner, 2007; Worthington et al., 2011)
IT IS PART OF OUR HISTORY

Theory:

- Maslow theory: self-actualization
- Carl Jung: impulse toward spirituality is vital to the human experience
- Rogers: unconditional positive regard
- Adler: Wheel of Wellness – spirituality includes an existential sense of meaning for life and one’s purpose
Ethical arguments have been used to support counselors addressing religion and spirituality.

Counselors are ethically obligated to competently deal with religion and spirituality in order to be sensitive to and respect clients (Richards & Bergin, 1999).

Beneficence: Implementation of spirituality and religion promote client growth and welfare (Steen et al., 2006).

Section A of the Code of Ethics.
**Support in the DSM**

- Added DSM-IV added “religion or spiritual problem” to the list of issues that clients may bring to counseling
- DSM-5 V Code 62.89 and offers an expanded understanding of culture and the impact of culture in diagnosis
  - “Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution (DSM-5, 2013, p. 725)
  - Cultural Formations “culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals and customs as well as moral and legal systems” (DSM-5, 2013, p.749)
Support of CACREP & Professional Organizations

- CACREP: Includes religious preference as a dimension of client diversity in curricular standards under the heading of Social and Cultural Foundations

- ASERVIC: released 9 competencies in which counselors should be adequately trained
  - See handout for details
THE CENTRAL QUESTION

Is spiritual well-being foundational to mental health?
IMPORTANCE OF SPIRITUALITY FOR MENTAL HEALTH: INCREASINGLY ACCEPTED AS TRUE

“60% (of a clinical sample of “seriously ill” mental ill clients) reported that religion/spirituality, including transpersonal beliefs, had a significant positive impact on their illness”.

“There is growing recognition that spirituality represents a central factor in individuals’ lives and of the need to take it into consideration in mental health interventions” (Birnbaum, L., Birnbaum, A. & Mayseless, 2006),
OUR CONCLUSION…

Spiritual well-being is mental health
ARE PRACTITIONERS PREPARED TO ENGAGE IN SPIRITUALLY DIRECTED CARE?

- Ideally, competence in addressing spiritual, religious beliefs and practices would be obtained via training and supervision.
- Currently, this is largely absent from mental health training programs (Saunders, Miller & Bright, 2010).
- Only 25% of graduate programs in counselor preparation have implemented specific academic courses in spirituality in their curricula (Briggs & Rayle, 2005, p. 252).
Does Spiritually Directed Care Positively Impact Mental Health?

- Yes – anecdotally, if in a purely Biblical faith-based model (see RHC results)
- Probably Not - Spirituality apart from religious beliefs and practices actually causes greater suffering (Baetz & Bowen, 2008).
Consistent Observations:

- Increase in wellbeing and positive spirituality
- Reduction in symptoms of emotional and spiritual suffering
- Reduction in self-destructive and dysfunctional behavior
- Clients report improved symptom control through reduced desire
### IMPACT ON EMOTIONS

#### RHC Clients’ Self Assessment

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Before</th>
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<tbody>
<tr>
<td></td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
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<tr>
<td>Anxiety, Worry</td>
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<td>Panic</td>
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<td>7.2</td>
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<td>Fear</td>
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<td>Phobias</td>
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<td>Depression</td>
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<td>Grief</td>
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<td>7.3</td>
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<tr>
<td>Guilt</td>
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<td>7.4</td>
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<td>Hopelessness/Despair</td>
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<tr>
<td>Anger</td>
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<tr>
<td>Lack of confidence</td>
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<tr>
<td>Stress</td>
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<tr>
<td>Isolation, loneliness</td>
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<td></td>
<td>7.7</td>
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<tr>
<td>Rejection</td>
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<td>7.5</td>
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<tr>
<td>Self-pity</td>
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<thead>
<tr>
<th></th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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Note: The chart shows the level of emotions ranging from Mild to Severe, with 10 being the highest level.
### Impact on Behaviors and Physical Symptoms - RHC Clients’ Self Assessment

<table>
<thead>
<tr>
<th>Behaviors/Physical Symptoms</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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</thead>
<tbody>
<tr>
<td>Addictions</td>
<td></td>
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<td>7.8</td>
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<tr>
<td>Obsessive/Compulsive</td>
<td>7.0</td>
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<td>7.8</td>
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<tr>
<td>Binge Tendencies</td>
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<td>7.8</td>
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<tr>
<td>Relationship Struggles</td>
<td></td>
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<td>7.6</td>
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<tr>
<td>Rage</td>
<td>6.4</td>
<td></td>
<td>8.5</td>
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<tr>
<td>Weight control, eating</td>
<td></td>
<td></td>
<td>2.9</td>
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<tr>
<td>Unmotivated</td>
<td>7.0</td>
<td></td>
<td>2.4</td>
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<tr>
<td>Lack of focus</td>
<td>7.2</td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>Self-harm</td>
<td>6.8</td>
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<td>2.2</td>
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<tr>
<td>Racing heart</td>
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<td>1.8</td>
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<tr>
<td>Racing breathing</td>
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<td></td>
<td>3.3</td>
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<tr>
<td>Sleeplessness</td>
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<td></td>
<td>2.0</td>
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<tr>
<td>Headaches</td>
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<td>2.5</td>
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<tr>
<td>Night terrors</td>
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<td></td>
<td>1.3</td>
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<tr>
<td>Back, neck pain</td>
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<td></td>
<td>2.4</td>
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<tr>
<td>Chest tightening</td>
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<td></td>
<td>2.3</td>
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<tr>
<td>Digestive Issues</td>
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<td></td>
<td>2.3</td>
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<tr>
<td>Nail Biting</td>
<td>5.1</td>
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IMPACT ON SPIRITUAL WELL BEING
RHC CLIENTS’ SELF ASSESSMENT
IMPACT ON SATISFACTION WITH LIFE SURVEY
VALIDATED INSTRUMENT

"In most ways my life is close to my ideal."

2.1 164% Improvement

"The conditions of my life are excellent."

2.2 136% Improvement

"I am satisfied with my life."

2.4 140% Improvement

"So far I have gotten the important things I want in life."

2.3 152% Improvement

"If I could live my life over, I would change almost nothing."

1.6 171% Improvement
RHC Care Objective

- Foster emotional and spiritual wellbeing by fully engaging the client’s Biblical, spiritual, and religious beliefs and practices as modeled by Jesus.
HEALING IN THE CONTEXT OF FAITH

- Most Deeply Held Beliefs
- Going ‘upstream’
  - Behavior
  - Emotions
  - Truth Drivers
    - General Beliefs
    - Spiritual Beliefs
    - Divine Beliefs
DIVINE NEEDS

- Anything we need 100% assurance in to be at peace.
  - Salvation - Eternity
  - Unconditional acceptance
  - Unconditional love
  - Provision
- Divine needs can only be met by the Divine
- Faith
  - Belief and Trust
APPLICATION

- “I am worthless”
- Process of changing beliefs

Response
  - Propositions of value
    - Here is why I say you are valuable: opinion
    - God says you are valuable: deep belief-based authority
Any faith that provides assurance about existence, unconditional love, and intrinsic value

How effective can you be against deeply held beliefs?

The challenge of wrong beliefs
INVITATIONS BY YOUR CLIENT

- When your client says:
  - God is testing me.
  - I am so mad at God.
  - I deserve this.
  - I blame God for…
  - Why me?
  - I'm not sure how much more I can take
  - Why do I have to be…?
HOW TO ADDRESS THE UNDERLYING ISSUES IN A PRACTICAL SETTING
PRACTICAL APPLICATION

- Reconceptualize how you see counseling to include spirituality
- Setting the stage: communicate a willingness to learn
- Assess the client:
  - Cashwell and Young (2011) identify several different categories of religious/spiritual beings including persons who do not separate religion and spirituality, religiously tolerant and indifferent, religious agnostic, and religious and not spiritual clients. Because of the varying degree of social experience and individual experience, counselors must assess the varying degree in each of their clients.
  - We must be equally as aware that some people are resistant to mental health treatment on the premise that the higher power is the only healer thus seeking treatment outside of the higher power is futile.
  - Appendix at the end
ASSESSMENTS

Example Assessment Measures:
- Spiritual History Scale (Hays, 2001)
- RCOPE (Pargament, 2000)
- Spiritual Strivings Scale (Mahoney, 2005)
- Hindu Spiritual Pathways (Tarakeshwar, 2003)
- Religious Internalization (Ryan, 1993)
- Spiritual Well-Being Scale (Paloutzain, 1982)
- FACIT Spiritual Well-Being Scale (Peterman, 2002)
- ASPIRES (Piedmont, 1999)
SKILLS, INTERVENTIONS, AND TECHNIQUES

- Spiritual genogram
- Spiritual autobiography
- Letter writing
- Cultural assessment
- Prayer
- Spiritual journaling
- Forgiveness protocols, use of biblical text
- Meditation
- Mindfulness activities
- Affirmation activities
- Reframing
- Exploration of sources of hope and meaning
- Identity development exercises
RECOMMENDATIONS/RESOURCES

- ACA Code of Ethics (2014)
- Join ASERVIC
  - The ASERVIC hosts yearly conferences, provide Counseling and Values journal, numerous papers, and an informative website to encourage and support counselors in their journey of infusing spirituality into counseling
- Consult with organizations such as Rock House Center
- Consult with spiritual leaders in the community
ROCK HOUSE CENTER RESOURCES

- [www.RockHouseCenter.com](http://www.RockHouseCenter.com)
  - Video, Articles, Blogs, Testimonies, Results
- “Be Transformed” Workbook Edition
- 15 week Videos Series
  - Internet access
- Combined Workbook and Videos
- One-on-one counseling
  - In person at Brentwood office
  - Remote – 10 states, Virgin Islands, Russia
    - By Skype/Zoom/Google+
    - Teleconference
    - Phone
- Conferences – TBD
- Business Card to get in the loop
  - Newsletter, Conferences, Outcomes updates, Special request
APPENDIX: ASSESSING RELIGION AND SPIRITUALITY

• The importance of religion and spirituality to the patient
  “Do you see yourself as a religious or spiritual person? If so, in what way?”

• The salience of religious or spiritual affiliation of the patient
  “Are you affiliated with a religious or spiritual denomination or community? If so, which one?”

• The relevance of religion and spirituality to the problem
  “Has your problem/health affected you religiously or spiritually? If so, in what way?”

• The relevance of religion and spirituality to the solution
  “Has your religion or spirituality been involved in the way you have coped with your problem? If so, in what way?”

Pargament, 2007
QUESTIONS

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