

3 Reasons for Assessing Spirituality

- a. Addressing spirituality respectfully and competently is an ethical imperative in healthcare.
- b. Research shows religion and spirituality are cultural facts and associated with positive health outcomes. Yet there is a religiosity gap.
- c. Faith communities and spiritual practices play an important role in recovery for many.



American Psychological Association *Ethical Principles of Psychologists and Code of Conduct*

Psychologists have an ethical responsibility to be aware of social and cultural differences that impact treatment.



Psychology must recognize the multifaceted layers of existence, that spirituality and meaning in the life context are important, and that psychology must balance its reductionistic tendencies...Understanding that people are cultural and spiritual beings is a necessary condition for a psychology of human existence.

APA National Multicultural Conference and Summit, 1999



Code of Ethics

of the National Association of Social Workers

NASW Standards for Cultural Competence in Social Work Practice

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.



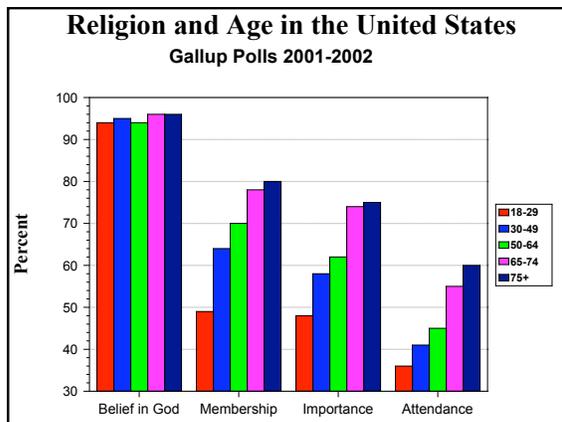
Principle III

Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

Religious and spiritual issues are often addressed in treatment

60% APA psychologists: clients often expressed their personal experiences in religious language
 1 in 6 presented issues which directly involve religion or spirituality
 72% indicate that they had at some time addressed religious or spiritual issues in treatment



Lack of Training in Religious/Spiritual Issues

1990: 100% APIC directors no education or training in religious or spiritual issues during their formal internship
 1990: 85% APA psychologists reported having discussed religious and spiritual issues during their own training rarely or never
 2004: 34% had prior training



Religious Beliefs of the U.S. Population and Psychologists

95% of Americans believe in God
 43% of psychologists stated a belief in a transcendent deity




A system of wishful illusions together with a disavowal of reality, such as we find nowhere else ...but in a state of blissful hallucinatory confusion.

Sigmund Freud *Future of an Illusion*




"... over-protective father . . . displays obsessive, compulsive behavior patterns . . . possibly catatonic . . ."



The absence of compelling empiric evidence and the substantial ethical concerns raised suggest that it is premature to recommend making religious and spiritual activities adjunctive medical treatments.

Richard Sloan and Emelia Bagiella, NEJM



Positive Associations with Religion

- Illness Prevention (mental and physical)
- Coping With Illness
- Improving Treatment Outcomes (substance abuse)



Based on a review more than 260 studies:

"infrequent religious attendance or 'poverty of personal faith' should be regarded as a risk factor for morbidity and mortality that is nearly equivalent to tobacco or alcohol abuse."
Anandarajah and Hight (2001)



JCAHO mandates that the spiritual component of a person's life must be considered in health care. A spiritual assessment should at least ascertain a patient's religious preference, beliefs, and any spiritual practices. The assessment must be documented in the patient record.



Certain patients require a more comprehensive assessment:

Receiving care at the end of life
 Parents who have experienced loss of a fetus
 Patients receiving treatment for emotional or behavioral disorders
 Those receiving treatment for alcohol or drug dependence



TAKING A SPIRITUAL HISTORY - SIX MODELS

- MODEL I: OPENING QUESTIONS
- MODEL II: BRIEF INTERVIEW
- MODEL III: SPIRITUAL TIMELINE
- MODEL IV: CRESTWOOD SPIRITUALITY ASSESSMENT
- MODEL V: SPIRITUAL LIFEMAP
- MODEL VI: SCALES



Purpose of spirituality assessments

- Recognition of individuals to refer to chaplains or other spiritual professionals
- Opens the door to conversation about values and beliefs
- Uncovers coping mechanisms and support systems
- Reveals positive and negative spiritual coping
- Opportunity for compassionate care



Purpose of spirituality assessments

- (1) to provide a counselor insight into the spiritual world of the individual
- (2) to provide information regarding his/her current thoughts on the role of spirituality
- (3) to assist counselors in assessing how a client's conception of spirituality relates to other areas of his/her life.

Young and Fuller 1996



Sally Clay considers her mental problems to have been a "spiritual crisis", for which "finding a spiritual model of recovery was a question, of life or death. . . . My experiences were, and always had been, a spiritual journey—not sick, shameful, or evil."



Pat Deegan also makes the point that psychosis can be a genuine route to spirituality:

"Distress, even the distress associated with psychosis, can be hallowed ground upon which one can meet God and, receive spiritual teaching. When we set aside neurobiological, reductionism, then it is conceivable that during the passage, that is madness, during that passage of tomb becoming womb, those of us who are diagnosed can have authentic encounters, with God. These spiritual teachings can help to guide and, encourage the healing process that is recovery."



Use of Spiritual Practices

sample 157 86% psychotropic medications

- 50% Religious/spiritual reading
- 31% meditation
- 20% yoga

Russinova, Wewiorski, Cash (2002)



74 patients with acute psychotic symptoms followed up every 6 months for 2 years

30.2 % of these patients reported an increase in religious faith after the onset of the illness

61.2 % reported they used religion to cope with their illness and to get better

Kirov, Kemp, Kirov, & David (1998)



52 patients who were diagnosed with major depression, schizophrenia, manic episodes, personality disorder, and anxiety disorder

23% thought that their illness was a result of their sins

Sheehan and Kroll (1990)



Harmful Forms of Spiritual Coping

- Feeling anger at or abandoned by God
- Feeling illness is a punishment for sins
- Believing illness is the work of the devil
- Religious conflicts with dogma, congregation or clergy



Religious or Spiritual Problem

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution. (DSM-IV, p. 685)

