

June 14-16, 2023

Washington Behavioral Health Conference

Spirituality in Therapy

A language we can speak to our clients in:
a way to get buy-in with change and growth.

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In our talk we will use mostly gender-neutral terms.
Our examples will reflect the chosen gender pronouns of the deidentified person.

We recognize the following biases:

We identify as white, our sex, gender expression and identity is female, we both practice our different religious faith. We use she/her pronouns.

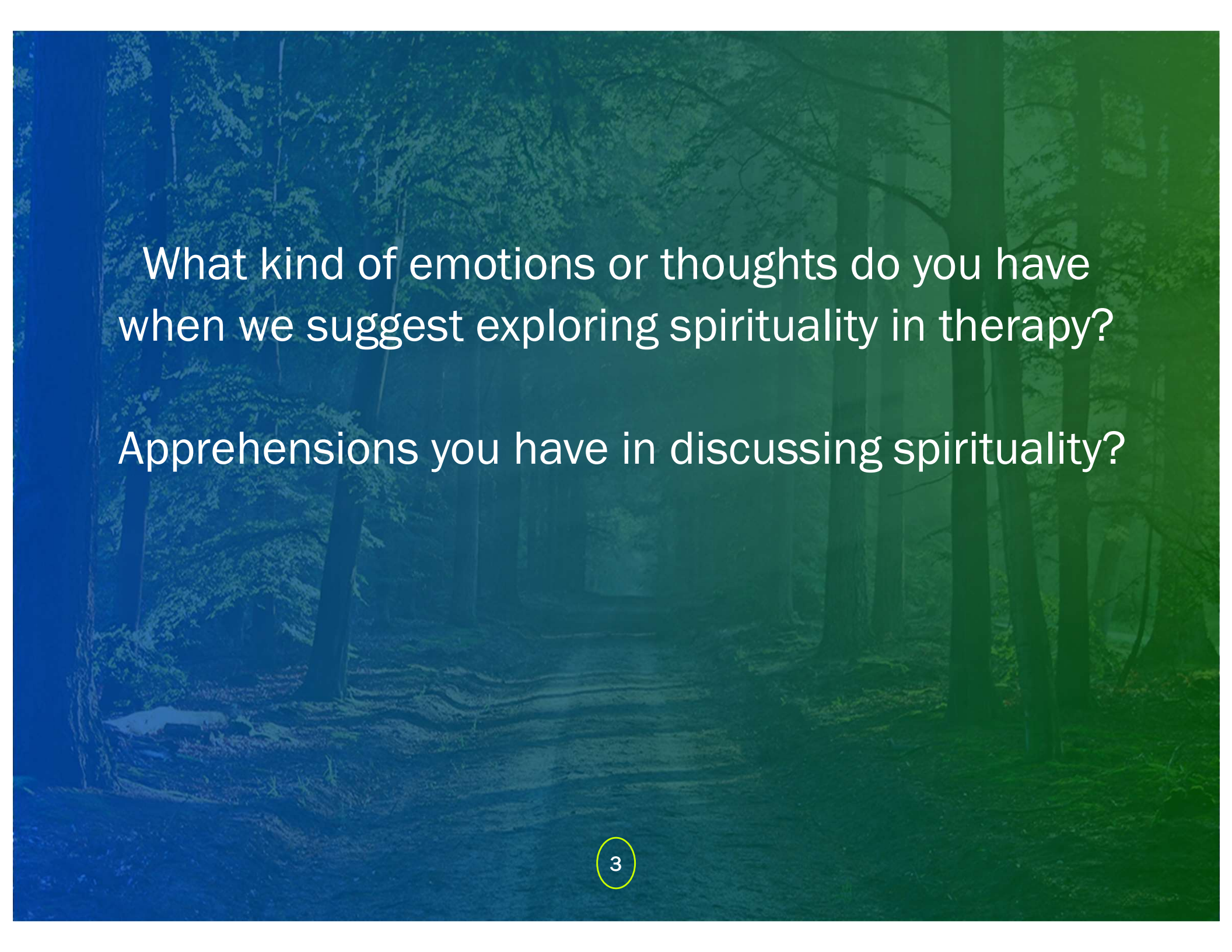
Culturally different:

USA

Immigrant from Africa, westernized cultures

Languages: English

No financial disclosures



What kind of emotions or thoughts do you have
when we suggest exploring spirituality in therapy?

Apprehensions you have in discussing spirituality?



DEFINING SPIRITUALITY

What concerns may we have about the integration of spiritual discussions?

- Separation of Church and State
- Constitutionality?
The Establishment Clause
- Transference/Countertransference
Our own experience with spirituality

Examples: How this impacts culture

Major factor in national settlement and conquest

Laws and expectations
("In God we Trust", Amendments)

Harm caused

Can we address Spirituality/Religion in Counseling?

Cultural Competency and Non-discrimination

- NASW
- ACA
- APA

NASW (National Association of Social Workers) Code of Ethics, Ethical Standards

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

1.05 Cultural Competence

(d) Social workers should obtain education about and demonstrate understanding of the **nature of social diversity** and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, **religion**, immigration status, and mental or physical ability.

Mental Health Counselors

ACA Code of Ethics (2014)

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

A.1.d. Support Network Involvement

“...consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders)”

Section C

“...counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.”

Mental Health Counselors

ACA (continued)

C.5. Nondiscrimination

E.8. Multicultural Issues/Diversity in Assessment

NBCC May 2023

7. Multicultural Counseling Competence in Practice

American Counseling Association – Division ASERVIC

(Association for Spiritual, Ethical and Religious Values in Counseling.)

“ASERVIC is an organization of counselors and human development professionals who believe that spiritual, ethical, and religious values are essential to the overall development of the person and are committed to integrating these values into the counseling process.

(ASERVIC, A White Paper

<https://aservic.org/aservic-white-paper/>)

APA (American Psychological Association) Ethical Principles of Psychologists and Code of Conduct

<https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Principle E: Respect for People's Rights and Dignity

Respect

Consider

2.01 (b) Boundaries of Competence

Have an understanding of factors... religion

Obtain training

Make appropriate referrals

3.01 Unfair Discrimination

3.03 Other Harassment

Spiritual Competency

- Respect and Explore
- Significant Impact
- Motivation and/or Dissonance
- Be Curious and Open to Learning
- Client Biases

In Therapy

- We don't have to know everything.

The client can be the expert on their spirituality/religion/faitth.

- We can consult, research, and ask questions.
 - e.g. chaplain/religious leaders

Clients get information regarding their spirituality and/or religion from:

- Spiritual writings
- Sermons
- Teaching
- Doctrine
- Culture
- Country of origin
- Personal understanding
- Personal beliefs
- Family

ASSESSMENT

(Qualitative and Universal) with Implicit Diagnosis

ASPIRES (Assessment of Spirituality and Religious Sentiments)

Does spirituality represent the sixth factor of personality?
Spiritual transcendence and the Five-Factor Model. Piedmont,
R. L. (1999).

NEO-PI-R

Five-factor model: extraversion, neuroticism, openness to
experience, agreeableness, and conscientiousness (NEO-PI-R,
Costa and McCrae).

The Role of Personality in Understanding Religious and Spiritual Constructs

Ralph L. Piedmont and Teresa A. Wilkins (2013) Handbook of Psychology and Religion and Spirituality, APA.

1. Spirituality and religiousness present in every culture.
2. Spiritual understandings and motivations have influenced all aspects of a society.
3. Religious/Spiritual constructs are related to many outcomes.
4. An extensive body of literature links personality with spirituality and religiousness.

RCOPE

Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000).

The many methods of religious coping: Development and initial validation of the RCOPE.

Journal of Clinical Psychology, 56, 519–543.

Clinical Interviews: Questions for Clients

- What gives you meaning in life?
- Tell me what things in your life promoted your current belief system, morals, and values—where does it come from for you?
- What is your relationship with or connection to a particular religion or spiritual tradition? Strict adherence?
- (If a God is part of their spirituality) what is your perception of God, or your relationship to your God? What do you think God thinks of you?
- Tell me about your spiritual/religious leadership structure.
- What would your spiritual leader say about your thoughts/actions?

Mental Health Impacts and Examples

Obsessive-Compulsive Disorder traits

Schizophrenia

Talking to a deity?

Psychosis?

The DSM has “exceptions for subcultural beliefs”



The case of Mr. X

Experiences religious delusions and compulsions

“If your eye offends you, pluck it out”

Views on forgiveness?

Other religious stories?

Are these instructions or parables?

Outside our scope, but interesting:

Consider and rule out medical causes.

For example, a mental status examination of a hypothyroid patient may reveal a broad spectrum of dysfunction, ranging from mild attentional impairment to significant agitated delirium or psychosis. (Heinrich & Graham, 2003)

The Neuropsychology of Religious Experience

Patrick McNamara and P. Monroe Butler from Handbook of The Psychology of Religion and Spirituality, APA.

Increases or decrease in religiosity can occur due to brain dysfunction

Examples of these conditions are:

Temporal Lobe Epilepsy (TLE)

Decrease in religiosity due to conditions such as Parkinson's Disease and Autism Spectrum Disorder.

NOTE: Research continues to be done.

The Best and the Worst:

Spiritual practices and beliefs can:

Contribute Resources

Impede functioning

Spiritual and Religiously Based Problems

(Plante, 2011)

For clients (religious trauma):

- Religious rigidity, spiritual bypasses
- People victimized by their religious tradition or leaders (religious trauma)
- People damaged by their religious background
- People with destructive religious views and behaviors
- Various interpretation of Doctrine versus practice or policy

Spiritual and Religiously Based Problems (Plante, 2011)

In therapy or therapeutic relationship:

- Incongruence between therapeutic recommendations (perhaps risk reduction techniques) and a person's spiritual beliefs
- Spiritual/religious thoughts on other's behavior
- Beliefs on how spirituality/religion should be practiced
 - e.g. "If they were really Christian..."
"They won't be able to make up for what they've done."

Markers of Mature Adjustment, Lovinger (1996)

1. Awareness of Complexity and Ambiguity

Recognition of the human condition allows for interpretation with belief.

2. Choice in Religious Affiliation

The person recognizes that they have a choice in the group they identify with and considers alternatives before choosing a group.

3. Value-Behavior Congruence

A person's behaviors match the beliefs that they ascribe. Practicing positive behaviors or avoiding harmful/negative behaviors.

4. Respect for Boundaries

May offer religious insights from experience but refrains from pushing beliefs on others.

5. Respect for Boundaries

may offer religious insight from their experience without pushing their beliefs on others.

Markers of Pathology, Lovinger (1996).

1. **Self Oriented Display**
use of religion as an exhibitionistic display or to serve narcissistic needs
2. **Religion as Reward**
Frequent use of religion to attempt to meet everyday mundane needs (I'll just pray)
3. **Scrupulosity**
An **obsessive** and intense focus on controlling one's impulses to avoid sin
4. **Relinquishing Responsibility**
Either the individual accepts responsibility for events outside their control, or they refuse to accept responsibility for their actions
5. **Ecstatic Frenzy**
NOT part of their religion's regular practice

Markers of Pathology, Lovinger (1996). (continued)

6. Persistent Church-Shopping

Could indicate problems forming relationships, narcissistic tendencies, or traumatic avoidance.

7. Indiscriminate Enthusiasm

Persistent and unwanted sharing of religious experience that violates social norms and impairs relationships and social interactions.

8. Hurtful Love in Religious Practice

Unnecessarily hurtful damaging relationships that create confused definitions of love. Abuse.

9. The Bible (or other religious texts) as a Moment to Moment Guide to Life

Using the religious texts as a guide in order to relinquish agency and self-direction.

Counseling Modalities

Have you thought of how your preferred counseling modality aligns with incorporating Spirituality/Religion?

Examples in Various Counseling Modalities

Motivational Interviewing

Values

Stages of Change, that change is possible.

CBT

Conforming thoughts and behaviors to be pro-social/healthy/adaptive.

DBT

Emotional Regulation, Distress Tolerance (Frankl, Man's Search for Meaning),
Interpersonal Effectiveness, Mindfulness (will discuss with ACT).

Counseling Modality Examples (continued)

Mindfulness/ACT

Distinguished from meditation

Good Lives Model

Spirituality= sense of meaning and purpose in life

Sense of community, autonomy, inner peace

Incorporating Spirituality into our Program

Sex Offense Treatment and Assessment Program, SOTAP

Values assignments → Motivational Interviewing

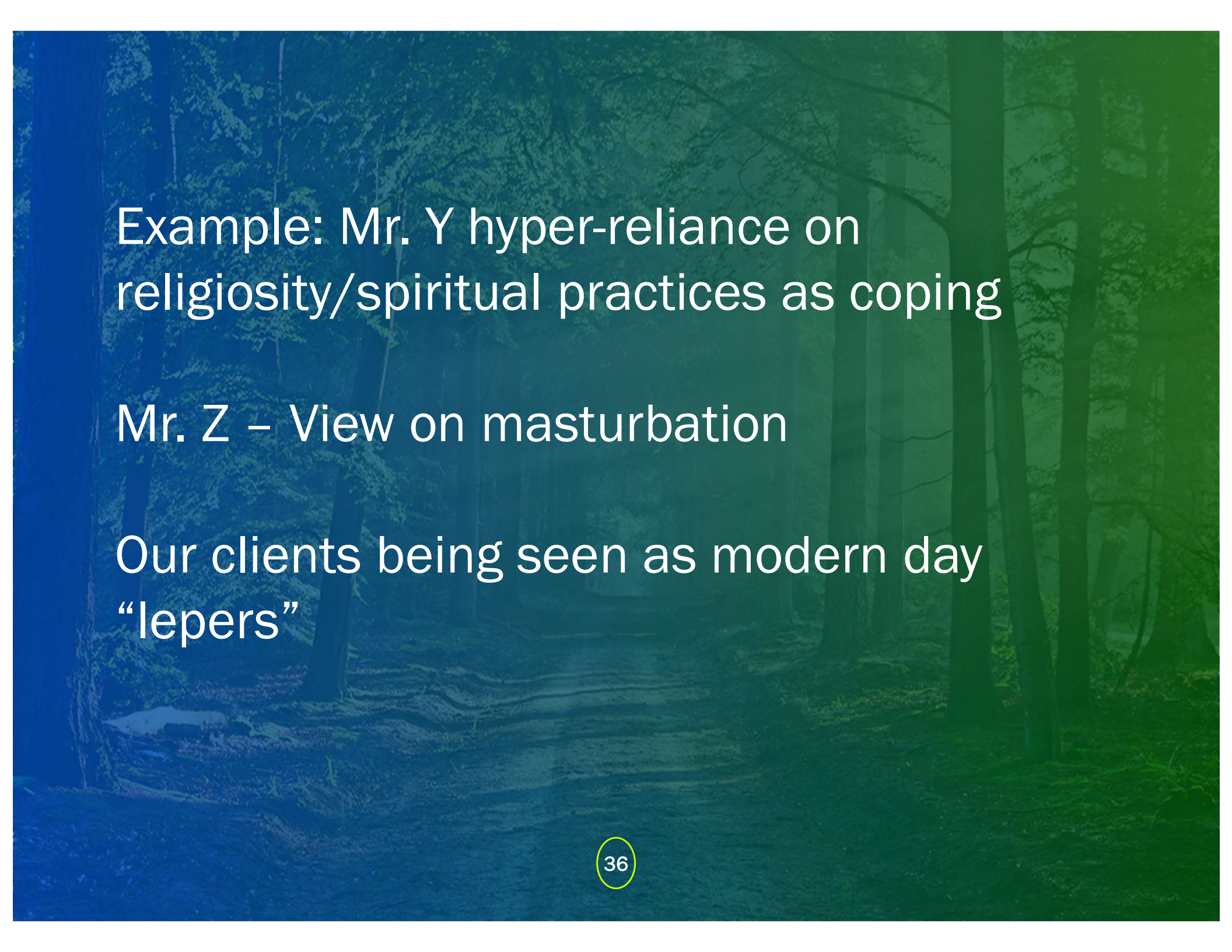
Incorporating Spirituality into our Program

Sex Offense Treatment and Assessment Program, SOTAP

Religious teachings and writings can help promote and encourage motivation for prosocial behaviors and cooperation with supervision

Addressing Dynamic Risk Factors

- 1) Significant Social Influences
- 2) Intimacy Deficits
- 3) General Self Regulation
- 4) Sexual Self Regulation
- 5) Cooperation with Supervision



Example: Mr. Y hyper-reliance on
religiosity/spiritual practices as coping

Mr. Z – View on masturbation

Our clients being seen as modern day
“lepers”

Impact on Recidivism

- Build community (social support), interpersonal skills
- Accountability
- Established values and boundaries
- Foundation for positive personal habits and coping skills

Supporting the best of the religious and spiritual traditions (Plante, 2011)

- Sacredness of life

Prohibition of suicide in Religious Doctrine or belief? May keep people safer (protective factor on Suicide Risk Assessments).

Caution as well: may cause guilt and shame for those who experiencing suicidality

- Meditation & Prayer – related to Mindfulness and is not just a religious practice e.g. Paganism: grounding exercises
- Acceptance of self and others (even with faults)
- Forgiveness/Reconciliation, gratitude, love, kindness, and compassion

Supporting the best of the religious and spiritual traditions (Plante, 2011)

- Comfort in grief and loss
- Vocation, meaning, purpose, and calling in life
- Ethical values and behavior
- Being part of something larger and greater than oneself
- Social Justice and volunteerism
- Ritual and community support
- Spiritual role models, past and present
- Bibliotherapy – using their religious writings to help with motivation to change and ways to be more healthy

Questions/Thoughts

For further discussion.

Questions for Presentation Discussion

- Can anyone share a time that understanding or exploring a client's spiritual or religious experiences and beliefs was helpful in treatment?
- What things might you be careful about as you explore these areas of a person's life?
- What other ideas do you have of how you can incorporate Spiritual conversations in therapy?

WEB RESOURCE SUGGESTIONS

The following are websites that may assist a counselor in expanding his, her or their knowledge of different religions.

A general resource can be found at: [BBC - Religion: Religions](http://www.bbc.co.uk/religion/religions/)
www.bbc.co.uk/religion/religions/

The Church of Jesus Christ of Latter-Day Saints
<https://www.churchofjesuschrist.org/?lang=eng>
<https://www.churchofjesuschrist.org/comeuntochrist>

Judaism
<https://zipple.com/>
<https://jewsforjudaism.org/>

Judeo-Christian Based – look for denominational *official* websites,
e.g. Roman Catholic, Baptist, Four Square, Methodist, Anglican,
Presbyterian, AME, etc.

Jehovah's Witness
<https://www.jw.org/en/>

Islam
[The Nation of Islam Official Website - NOI.org](http://TheNationofIslam.org) News, Webcasts
[+More](http://TheNationofIslam.org)
<https://www.islamicity.org/>
[Understanding Islam and Muslims - IslamiCity](http://UnderstandingIslam.org)

Zoroastrianism
[About Zoroastrianism – Zoroastrian Association of Metropolitan](http://AboutZoroastrianism.org)
[Washington Inc. \(zamwi.org\)](http://WashingtonInc.org)

Sikhism
[Sikhism Religion of the Sikh People \(sikhs.org\)](http://SikhismReligion.org)
www.sikhnet.com

Native American Religions – perhaps start with specific
tribal information

Hinduism
IndiaDivine.org

Shintoism
[BBC - Religion: Shinto](http://BBC-Religion.org)

Jainism
[Home - Jainworld](http://Home-Jainworld.org)

Buddhism
[The Living Dharma – Website of West Covina Buddhist](http://TheLivingDharma.org)
[Temple](http://Temple.org)

Confucianism

Taoism
www.taorestore.org
[BBC - Religion: Taoism](http://BBC-Religion.org)

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<https://www.apa.org/ethics/code/ethics-code-2017.pdf>
- ASERVIC, A White Paper <https://aservic.org/aservic-white-paper/>
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Religion and the Clinical Practice of Psychology (pp. 327-364) Washington, D.C.: American Psychological Association.
- NASW (National Associate of Social Workers) Code of Ethics, Ethical Standards
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
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Spiritually Oriented Interventions for Counseling and Psychotherapy, pp. 83-106. American Psychological Association.

A scenic landscape featuring a calm lake in the foreground, surrounded by large, dark rocks on the left and right. The water reflects the surrounding greenery and the distant mountains. In the background, there are dense evergreen forests and jagged mountain peaks under a clear blue sky. The entire image has a semi-transparent green overlay.

THANK YOU!

Casey & Valerie