Clinical Applications

1. Module 2

1.1 Title Slide

Notes:

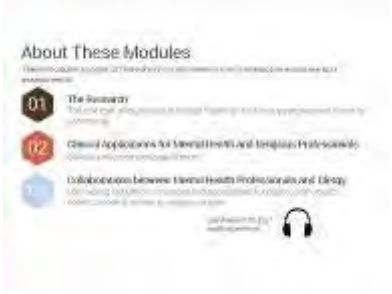
Religion, Spirituality and Mental Health

Clinical Applications for Mental Health Professionals and Religious Professionals

Northeast and Caribbean MHTTC at Rutgers University and Central East MHTTC

2022

1.2 About the Series



Notes:

Welcome to the second module on Religion, Spirituality and Mental Health!

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We're glad you could join as we talk about the role that religion and spirituality play in mental health.

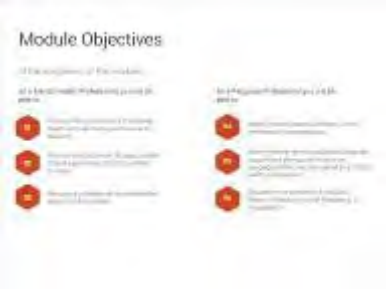
There are three modules in this series, each taking approximately thirty minutes to complete. The modules contain content that focuses on different areas to consider, along with resources, multimedia, reflective opportunities, and assessments.

In this second module we will be examining interventions for mental health professionals, focused on identifying and addressing the spiritual needs of people with mental health conditions. In addition, we will be exploring interventions by religious professionals that involve identifying, treating, and referring members of their congregation to mental health professionals.

We will also review spiritually-integrated forms of psychotherapy for licensed mental health professionals working with people with depression, anxiety or PTSD, as well as structured pastoral care interventions that can be used by chaplains and clergy. In addition, we emphasize boundaries that mental health and religious professionals should not cross. Finally, we focus on the importance of including those with serious mental illnesses in religious congregations, discuss the barriers to such inclusion, and emphasize ways to overcome these barriers.

Progressing through the modules is straightforward. There are links at the top of the screen for resources and a transcript. You can pause the audio at any time.

1.3 Objectives

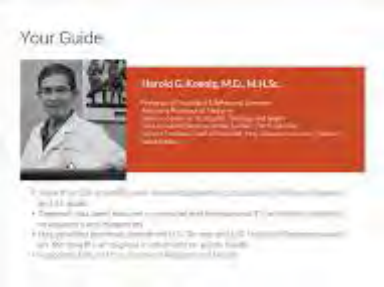


Notes:

At the completion of this module, users will be able to:

1. As a **mental health professional**, discuss the importance of the mental health spiritual history and be able to take one;
2. Address spiritual needs through sensible clinical approaches, including referral to clergy; and
3. Recognize professional boundaries that should not be crossed.
4. As a **religious professional**, identify mental health conditions within members of a congregation.
5. Identify mental health conditions clergy can support and distinguish those from congregants that require referral to a mental health professional; and
6. Discuss the importance of including those with serious mental illnesses in a congregation.

1.4 Your Guide



Notes:

The creator of this course is Dr. Harold G. Koenig.

Dr. Koenig completed his undergraduate education at Stanford University, his medical school training at the University of California at San Francisco, and his geriatric medicine, psychiatry, and biostatistics training at Duke University. He is board certified in general psychiatry, and formerly boarded in family medicine, geriatric medicine, and geriatric psychiatry.

Dr. Koenig is on the faculty at Duke University Medical Center as Professor of Psychiatry and Associate Professor of Medicine. He is also an Adjunct Professor in the Department of Medicine at King Abdulaziz University, Jeddah, Saudi Arabia, and is Adjunct Professor in the School of Public Health at Ningxia Medical University, Yinchuan, China. In addition, he is a Visiting Professor at Shiraz University of Medical Sciences in Shiraz, Iran.

Dr. Koenig has over 550 scientific peer-reviewed academic publications, nearly 100 book chapters, and 55 books. His research has been featured on many national and international TV programs, including ABC's World News Tonight, The Today Show, Good Morning America, Dr. Oz Show, NBC Nightly News, and in hundreds of national and international radio programs and newspapers and magazines, including Reader's Digest, Parade Magazine, Newsweek, and Time.

Dr. Koenig has given testimony before the U.S. Senate and U.S. House of Representatives concerning the benefits that religious involvement has on public health. He is the recipient of the 2012 Oskar Pfister Award from the American Psychiatric Association, and the 2013 Gary Collins award and the 2021 Frank Minirth Award for Excellence in Christian Psychiatry and Behavioral Medicine from the American Association of Christian Counselors. He is the former editor-in-chief of the International Journal of Psychiatry in Medicine and is now an Associate Editor of the Journal of Religion and Health.

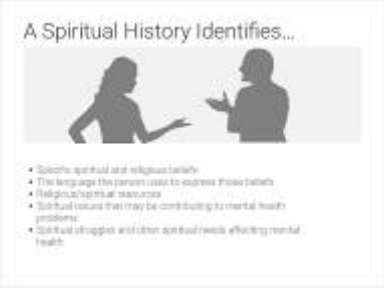
You can find his CV in the Resource section of this module.

1.5 Mental Health Practitioner

Notes:

We will first begin our discussion by focusing on clinical interventions for the Mental Health Practitioner. We will examine why it's important to take a spiritual history as part of an initial evaluation. We will then go on to discuss a 15-question comprehensive **Mental Health Spiritual History**. This will be followed by a description of other sensible clinical applications that may be utilized for addressing spiritual needs identified during the spiritual history and may help to address a person's mental health needs.
Indications for referral to a trained pastoral caregiver, for example a chaplain or pastoral counselor, will also be discussed. Finally, professional boundaries will be examined, particularly with regard to proselytizing, arguing over religious issues, and betraying confidentiality by initiating spiritual interventions without the individual's consent (including contacting the person's clergy or faith community).

1.6 Spiritual History



Notes:

In order to integrate spirituality into person-centered care, all clinical applications must be based on information learned during the mental health spiritual history. The spiritual history will not only determine the specific spiritual and religious beliefs of the person but will also identify the language that the person uses to express those beliefs, language which the mental health practitioner will want to use when discussing these issues.

The spiritual history will help to identify religious/spiritual resources that may be utilized to address the mental health needs of the person. These resources include the extent to which religion is important to the person, the strength of their religious beliefs, the importance of prayer or meditation, the

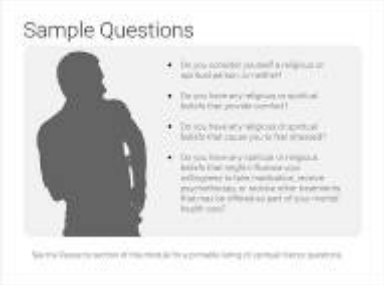
extent to which they believe in and rely on religious scriptures, the connections they have within a faith community, and religious rituals that are important to them. These may be integrated into standard treatments for mental health conditions that are interfering with their ability to function at home, work, and/or in relationships with others.

The spiritual history will also help to determine how religious or spiritual issues may be the cause for, a contributor to, or exacerbating factor of the person's mental health problems. While religious or spiritual beliefs and practices are usually resources of a positive nature, they can also cause or contribute to mental health problems when utilized in ways that aren't healthy and interfere with their well-being and/or relationships with others.

The spiritual history will also help to identify spiritual struggles that the person may be dealing with that can affect their mental health (for example, feeling that God is punishing them, anger at God for allowing their painful circumstances, feeling that God does not care or cannot make a difference, or feeling that their faith community does not care). There may also be other spiritual needs that are contributing to mental health problems that need to be addressed (for example, guilt or shame for having transgressed moral standards, negative feelings related to religious strains, or prior experiences of abuse by religious leaders).

Source: Religion and Mental Health: Research and Clinical Applications (Academic Press, 2018), p. 342

1.7 Sample Questions



Notes:

In the reference section of this module, you can find a 15-item mental health spiritual history that can be administered either all at once during an initial comprehensive evaluation, or gradually across several visits after a therapeutic relationship has been established. The goal is to obtain the information necessary to fully understand the person's religious or spiritual beliefs and practices and determine how they are being utilized to cope with problems in healthy or unhealthy ways. The spiritual history gathers information on both past religious/spiritual experiences and current beliefs and practices. The information is collected objectively and without judgment, at least initially. Here is a sampling of questions.

- Do you consider yourself a religious or spiritual person, or neither?
- Do you have any religious or spiritual beliefs that provide comfort?
- Do you have any religious or spiritual beliefs that cause you to feel stressed?
- Do you have any spiritual or religious beliefs that might influence your willingness to take medication, receive psychotherapy, or receive other treatments that may be offered as part of your mental health care?

Questions for Resource

- "Do you consider yourself a religious or spiritual person, or neither?" If religious or spiritual, ask: "Explain to me what you mean by that?" If neither religious nor spiritual, ask: "Was this always so?" If no, ask: "When did that change and why?" You can then end the spiritual history for now, although you may want to return to it after a therapeutic relationship is established.
- "Do you have any religious or spiritual beliefs that provide comfort?" If yes, ask: "Explain to me how your beliefs provide comfort." If no, ask: "Is there a particular reason why your beliefs do not provide comfort?"
- "Do you have any religious or spiritual beliefs that cause you to feel stressed?" If yes, ask: "Explain to me how your beliefs cause stress in your life."
- "Do you have any spiritual or religious beliefs that might influence your willingness to take medication, receive psychotherapy, or receive other

treatments that may be offered as part of your mental health care?"

- "Are you an active member of a faith community, such as a church, synagogue, mosque, or temple?" If yes, ask: "How supportive has your faith community been in helping you?" If no, ask: "Why has your faith community not been supportive?"
- "Tell me a bit about the spiritual or religious environment in which you were raised. Were either of your parents religious?"
- "When you were a child, were your experiences positive or negative ones with religion in your family environment?"
- "Have you ever had a significant change in your spiritual or religious life, either an increase or a decrease?" If yes, ask: "Tell me about that change and why you think the change occurred."
- "Do you wish to incorporate your spiritual or religious beliefs in your treatment?" If yes, ask: "How would you like to do this?"
- "Do you have any other spiritual needs or concerns that you would like addressed in your mental health care?"

Source: Religion and Mental Health: Research and Clinical Applications (Academic Press, 2018), p. 342

1.8 Implementing 1

Notes:

Besides taking a spiritual history, there are several other interventions that mental health care professionals can implement when integrating spirituality into treatment and services. Click on the tabs below to explore.

Respect, Support and Value

Showing respect and expressing support for and recognizing the value of the person's religious/spiritual beliefs and practices are essential. If the beliefs and practices are supporting healthy coping and functioning, you should recognize this both verbally and non-verbally. If the person's beliefs and practices serve an unhealthy role, meaning they are negatively impacting the person's ability to function at work, home, or in social relationships with others, you should assume a neutral and inquisitive position. Remember, the focus should be on the person's religious or spiritual beliefs, not the religious or spiritual beliefs, or lack of belief, of the mental health practitioner.

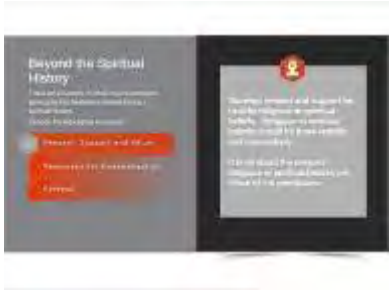
Resources for Hospitalization

When people are hospitalized for psychiatric reasons, mental health professionals should ensure that the person has the resources to meet their spiritual needs. This may involve access to religious services on television or on the hospital premises, access to their personal clergy, access to scriptures from their faith tradition, and direction to a private area where they can pray or meditate. For example, this may include providing Muslims with a prayer rug (or allowing the individual to bring their own) and providing information on the direction of Mecca. Allowing members from a person's faith tradition to visit them in the hospital should also be encouraged, as well as providing the person with access to hospital chaplains.

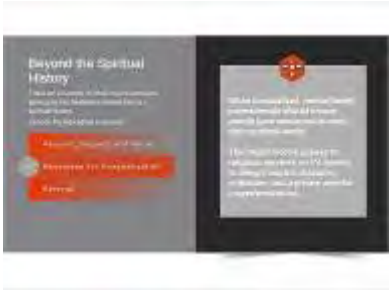
Referral

When spiritual needs are identified that you are not trained to address (for example, complex religious struggles), you should be willing to refer the person to a chaplain, licensed professional counselor, or licensed religious counselor to address these needs. Co-therapy with such religious professionals should also be considered, in which the mental health specialist addresses mental health needs and the religious professional addresses spiritual needs.

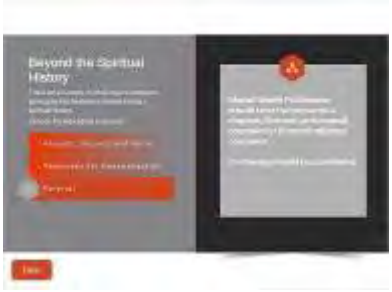
Respect, Support and Value (Slide Layer)



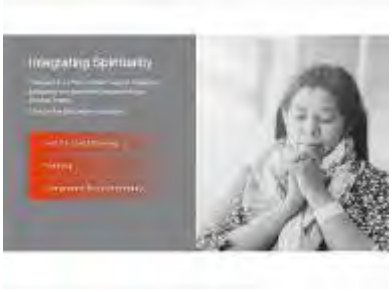
Resources for Hospitalization (Slide Layer)



Referral (Slide Layer)



1.9 Implementing 2



Notes:

Here are several more strategies for integrating spirituality into the treatment and services that you provide.

Gentle Questioning

As a general policy, mental health care professionals should not argue with clients over their religious beliefs, even when they are strange, seem distorted, or may be contributing to their mental health condition. However, after a therapeutic alliance has been firmly established, the mental health professional may gently question beliefs that seem to be unhealthy in a non-judgmental "harmlessly inquisitive" manner. Even in these situations, however, providing religious or spiritual advice to clients should be done cautiously, if at all. It is much better to ask questions than to give advice, unless such advice is specifically asked for by the client.

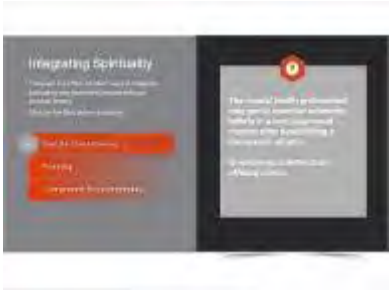
Praying

The question of praying with clients is a complex one. In cases where the client requests prayer, mental health professionals should proceed cautiously. First, the mental health professional should never be the one asking the client to pray; joint prayer should only be considered if the client requests it. However, many clients may not be aware that the mental health professional is willing to pray with them. If the practitioner is willing to do this, they may gently inform the client that this is possible if desired, doing so without any air of coercion. If asked to pray with the client, the mental health professional may simply ask the client to say the prayer, while sitting quietly with them and saying "amen" at the end of the prayer. "Amen" actually means "let it be so" and does not necessarily involve any religious belief. Much can be learned from listening to a client's prayer that may be useful clinically. If the client wants the therapist to say the prayer, then a brief (thirty seconds or less) generally supportive prayer can be said.

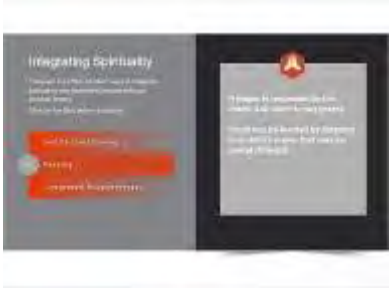
Integrated Psychotherapy

When mental health professionals have the training to do so, they may offer religiously or spiritually-integrated psychotherapy to clients who wish to incorporate religion/spirituality into their treatment. In this kind of integrated treatment, the therapist explicitly brings the client's religious/spiritual beliefs into the therapy. This can easily be done when conducting cognitive behavioral therapy (CBT) for the treatment of depression or anxiety, or when conducting cognitive processing therapy for moral injury in the setting of severe trauma

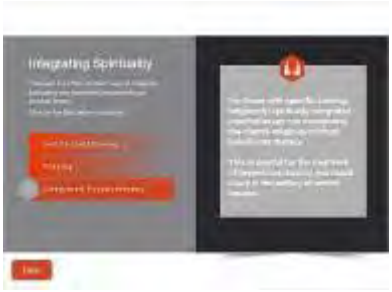
Gentle Questioning (Slide Layer)



Praying (Slide Layer)



Integrated Psychotherapy (Slide Layer)



1.10 Integrated Psychotherapies

Notes:

There are now more than 100 randomized controlled trials examining the efficacy of religiously/spiritually-integrated forms of psychotherapy, with most studies showing significant benefits either when compared to an untreated control group or another standard secular therapy. There are numerous kinds of religiously/spiritually-integrated psychotherapies now available.

There is a religiously-integrated form of CBT for the treatment of depression and anxiety called RCBT. A study examined the efficacy of this treatment in a randomized controlled trial and found all participants improved significantly with large effect sizes, whether religious or not (although all were at least somewhat religious or spiritual). Christian, Jewish, Muslim, Hindu, and Buddhist versions of RCBT have been developed, and both therapist and client workbooks are downloadable for free at the Center of Spirituality, Theology and Health at Duke University website. You can find this link by clicking on the Resource tab at the top of your screen.

A form of spiritually-integrated cognitive processing therapy, or SICPT, for the treatment of moral injury in those with severe trauma or PTSD has been developed. This intervention is based on a standard secular cognitive processing therapy framework, a cognitive behavioral and exposure-based approach developed by Dr. Patricia Resick and colleagues for the treatment of PTSD. Moral injury and PTSD are two overlapping syndromes that often occur together.

For those who are not familiar with "moral injury," this syndrome involves feelings of guilt, shame, self-condemnation, difficulty forgiving, difficulty trusting others, lack of meaning and purpose in life, religious struggles, and loss of faith. Moral injury is due to the perception that one has transgressed moral boundaries. When individuals with PTSD appear to be resistant to treatment, moral injury may be the underlying cause.

Although the results from an ongoing randomized controlled trial of SICPT are not yet available, there is preliminary evidence from individual cases that this approach is effective in reducing not only symptoms of moral injury but also symptoms of PTSD. SICPT is available in both a broad spiritual version and in religion-specific versions including Christian, Jewish, Muslim, Hindu, and Buddhist.

Therapist manuals and client workbooks are available for free by contacting Dr. Michelle Pearce. There are also structured pastoral care interventions for moral injury developed for chaplains and community clergy. These interventions are likewise available for Christians, Jews, Muslims, Hindus, and Buddhists. Clergy manuals and client workbooks are available for free by contacting Harold Koenig directly.

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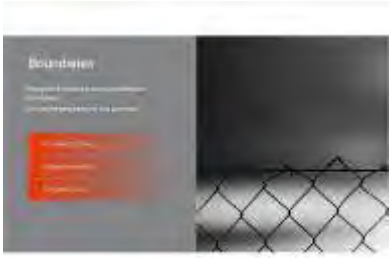
1.11 Boundaries



Notes:

When mental health care providers violate their professional boundaries, it can adversely affect the therapeutic relationship, making it difficult for the provider to remain emotionally neutral and therefore capable of helping the client recover from their mental health condition.

Spiritual assessment and support do not typically violate boundaries. Praying with clients or otherwise engaging in religious activities with them, while potentially powerful interventions that may cement the clinician-client relationship, can easily become a boundary violation that interferes with therapeutic neutrality.

Proselytizing

Proselytizing, or trying to convert the client to the provider's religious, spiritual, or atheistic tradition, is almost always a boundary violation. It fails to show respect for the client's own religious or spiritual beliefs. Remember that in person-centered care, which is now the standard of mental health care, it is always about the person and their beliefs and practices, not the provider's.

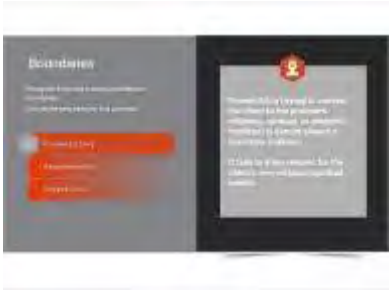
Assumptions

Assuming a client is religious or has a good relationship with their religious community is another pitfall that should be avoided. Likewise, assuming the client is not religious and has no spiritual needs should also be avoided. Both misconceptions are possible if the provider does not begin by taking a thorough spiritual history. This point underscores the importance of taking a detailed spiritual history before engaging in any type of religious or spiritual intervention, or any intervention at all.

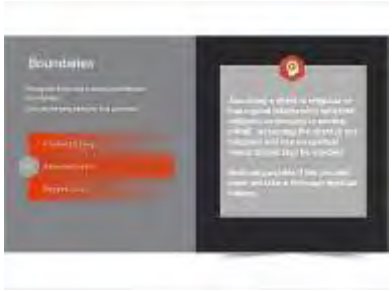
Objectivity

Because religion can be such an intensely emotional and deeply personal area both for clients and mental health professionals, it may be more difficult to maintain objectivity after implementing religious or spiritual interventions. There will always be gray areas that must be dealt with on a case-by-case basis, where general rules do not apply. Usually, however, being kind, sensitive to, and respectful of client's religious or spiritual beliefs will seldom get the mental health provider into trouble. Seeking supervision can also help the provider maintain objectivity.

Proselytizing (Slide Layer)

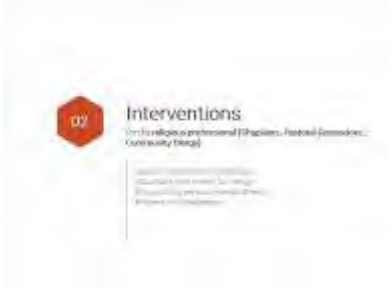


Assumptions (Slide Layer)



Objectivity (Slide Layer)

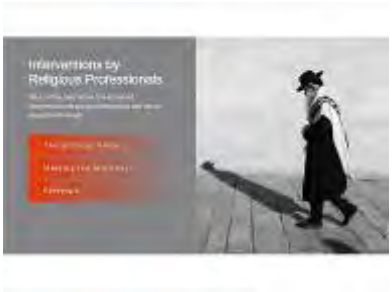
1.12 Religious Professional



Notes:

The religious professional is well suited to play a role in addressing mental health needs. Let's look at interventions that chaplains, pastoral counselors and community clergy can implement along with tips on how to recognize serious mental illnesses, and barriers and challenges.

1.13 Interventions by Religious Professionals



Notes:

Several interventions are suitable for religions professionals, such as chaplains, pastoral counselors, religious counselors, community clergy. It's important however that they should not assume anything about the client's or congregant's religious or spiritual background, even if they've known the person from many years. Click on the tabs below to explore possible interventions.

The Spiritual History

A thorough spiritual history exploring the person's early religious environment, positive and negative religious experiences, past changes in religious belief or practice, and current beliefs and practices should be conducted. This must **always** be done in a kind, sensitive, accepting, and non-judgmental manner.

Meeting the Individual Where They Are

Always meet the person where they are spiritually and walk alongside them going forward. Accept the person, no matter what they believe or how they are behaving, in order to form a relationship with the person based on trust and acceptance. Then gradually, slowly, and sensitively, support the person to make changes as necessary.

Indeed, the most effective religious professionals are those who spend most of their time listening and seeking to understand, rather than providing advice or correction. Determining when a person is at the point where they are open to advice or suggestions is truly an art, one that is learned over time and practice. I recommend waiting until the person asks for advice, inquiring about why they are asking, and then providing a gentle and honest response. Doing so prematurely or harshly can adversely affect the relationship and even traumatize the person. Most of the time, it is simply not effective. If there is any question in this regard, always continue to listen and ask questions to help clarify.

Referrals

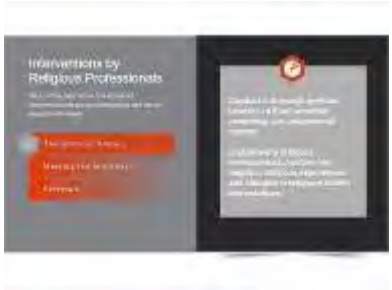
It is important to recognize when referral to a healthcare professional is necessary. When that becomes necessary, the religious professional should assist the person in making an appointment and arranging transportation if needed. Sometimes it might be helpful to accompany the person to the visit. When referring to a mental health professional, consider referring to someone you know or who you are confident will be respectful and supportive of the person's religious beliefs. Building relationships with community mental health providers can help facilitate these referrals.

There may also be times when referrals need to occur immediately. If someone expresses suicidal thoughts, which should be asked about at every session for those with more significant mental health conditions, then help must be sought. Referral to a mental health provider in these circumstances can be done with or without the person's consent. If the person is in imminent risk, 911 should be called.

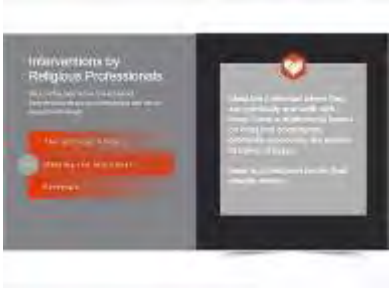
Other circumstances where more immediate referral may be needed is if someone is experiencing active psychosis. This may involve hallucinations and/or delusions which can sometimes be religiously oriented.

Referral may also be necessary during the course of counseling when progress or improvement is slow after several sessions. In that case, referral to a licensed clinician may be in order.

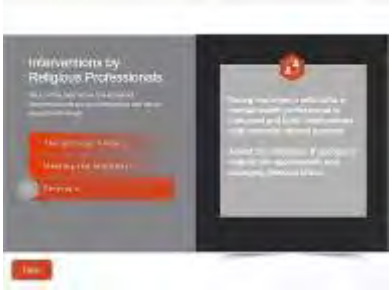
The Spiritual History (Slide Layer)



Meeting The Individual (Slide Layer)



Referrals (Slide Layer)



1.14 Situations For Clergy

1.

Notes:

Assuming that the religious professional has training and experience in counseling, there are several situations in which clergy may provide support.

Religious professions can provide support to individuals dealing with many emotional and relationship problems. That being said, there is still a portion of individuals with mental health conditions for whom referral to mental health professionals will be needed. Even in these cases, however, with the individual's consent, religious professionals may continue to provide support and direction in various ways, thereby making a significant contribution to the healing process.

Click on the tabs below to explore. more.

Relationships

Religious professionals are often able to address marital problems. This can include supporting a couple that is having problems relating to one another or making decisions about their future. It should be noted that religious professionals are generally suited to this work as long as physical, emotional, or sexual abuse are not occurring. If abuse is involved, professional referral is necessary. Safety must always be ensured. Premarital counseling is another area that clergy are ideally positioned to help congregants with.

Religious professionals can also help with family problems including those with children, as long as not too severe. Religious professionals should bear in mind that in certain situations behavioral problems that children experience are actually manifestations of treatable conditions like attention deficit hyperactivity disorder (ADHD), conduct disorders, and anxiety. These conditions are treatable and mental health professionals should be involved. Family problems may also include difficulties with other family members, where individuals have been hurt and are having difficulty forgiving one another. Again, it is important to remember that any indication of physical, sexual, or emotional abuse requires referral, and sometimes reporting to child or adult protective services.

Emotional

Pastoral counseling may help individuals with mild to moderate symptoms of anxiety. For example, referral to sacred texts and meditation on those texts

may provide support and guidance. Prayer with individuals may also be comforting. It should be noted that when anxiety becomes severe or is not effectively treated by pastoral interventions, referral to a mental health professional is needed. Once connected with a mental health professional, co-therapy may be helpful. Similarly, if someone is experiencing mild depression, support from a religious professional may be very helpful. Again, moderate to severe levels of depression should be referred to a mental health professional due to the risk of suicide.

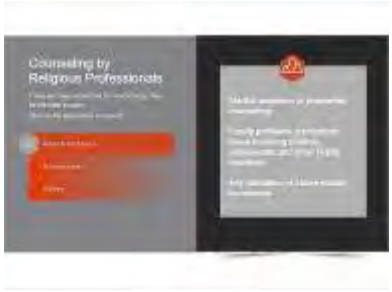
Religious professionals can also be helpful at times of life transition. Life transitions may involve becoming a teenager, a new parent, an empty nester, going through a divorce, relocation to a new city or state, or transitioning from midlife to older age. Providing support and direction during these transitions may help to avoid the development of a more serious mental health condition or unhealthy ways of coping such as the use of alcohol, drugs, or food, or having an affair.

Other

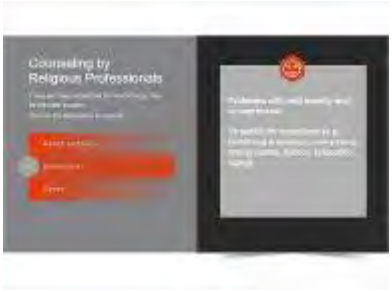
Religious professionals are often ideally positioned to provide support and guidance for those experiencing a significant loss. This may involve the death of a loved one, the consequences of a natural disaster, development of a physical health problem or illness, or a traumatic accident. Job loss can also be distressing for many individuals and religious professionals can often help ease that distress and provide options on how to proceed.

Religious professionals can provide guidance to individuals who are struggling with occupational choices. For some, engaging in an occupation that supports and/or utilizes their religious beliefs might be one that is most fulfilling. Some people want to fulfill their “calling”. Religious professionals may help with this deliberation. Of course, some individuals may need more extensive career counseling and should be referred to a professional career counselor.

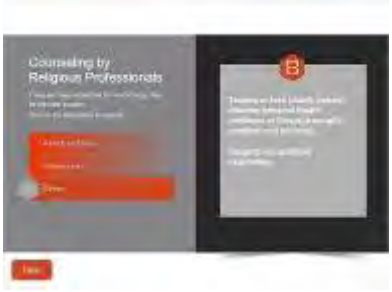
Relationships (Slide Layer)



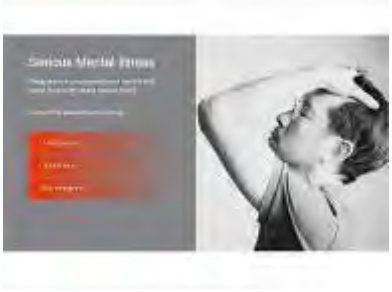
Emotional (Slide Layer)



Other (Slide Layer)



1.15 Serious Mental Illness



Notes:

People with serious mental illnesses have mental health conditions that significantly impact their functioning in one or more major life area and often cause significant distress. Serious mental illnesses typically include schizophrenia, schizoaffective disorder, bipolar disorder, and major depressive disorder.

As was discussed in the first module, religion can be very helpful in supporting mental health. This is true for people with serious mental illnesses too. Many consider religion to be a critical facet of their life and a religious community can help connect them to a larger community of supportive individuals. Unfortunately, sometimes people with serious mental illnesses don't feel welcome in religious communities. Religious professionals can help to facilitate a welcoming environment, connection with others in that community, and inclusion in activities of the congregation. Below we'll discuss strategies for supporting their full participation. Click on the tabs below to explore.

Inclusion

Ways to include persons with serious mental illness include encouraging them to join the congregation, offering to pick them up and bring them to religious services and other religious social functions, introducing them to members of the congregation, and helping them to make friends within the congregation. When someone with a serious mental illness arrives, a special effort should be made to greet them and make them feel at home. This should not only be done on the first visit, but each time they arrive. You may want to invite the person to take on certain tasks or responsibilities in the congregation, to help them feel part of the community. Members of the congregation may offer to accompany individuals to their doctor's appointments or provide transportation if desired by the individual.

Barriers

For some people with serious mental illnesses the symptoms of their conditions, trauma they may have experienced, or environments they may have spent time in make it difficult to participate in religious activities like others do. For example, some behaviors may disrupt religious services or

religious community functions, they may have difficulty consistently adhering to expectations or rules for conduct, and they may lack the interpersonal skills to engage easily with other community members. Additionally, members of the congregation may hold stigmatizing beliefs about people with serious mental illnesses or be fearful of such individuals. There are things that can be done to overcome these barriers, but it is important to recognize that these barriers exist.

Also, it is reasonable to hold people with serious mental illnesses accountable for their behavior. They do have the capacity to learn, grow, and change. If someone is behaving in such a way that is highly disruptive or leading people to feel unsafe, it is important to talk to the individual and potentially their mental health care provider so that the individual is supported in learning new ways of behaving that facilitate participation in the religious community. If the person is unable to participate in the community for a period of time it is important that clergy or members of the congregation continue to connect with them and maintain a relationship.

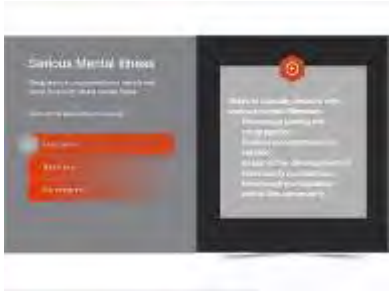
Strategies

With these barriers understood, why make the effort to include people with serious mental illnesses in your religious community? One reason is the core teachings of most religious traditions command their adherents to do so. Are we not to love our neighbors as ourselves? And are people with serious mental illnesses not our neighbors? This is one of the most important commandments in the Judeo-Christian faith tradition, second only to loving God. Religious communities are to be a light that shines brightly to the secular communities that surround them. One way to do that is by welcoming those with serious mental illnesses into the congregation and embracing them when they are there.

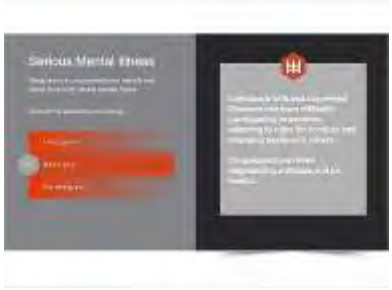
To do this effectively there are several strategies that can be used. First, it's important to provide mental health education to the congregation. This can help dispel common myths and stigmas and increase understanding. Second, the congregation can make a commitment to reach out to and support individuals with mental health conditions in the larger community. A specific committee may be created to facilitate and focus on this work. Third, it's important to take concrete steps to welcome people with mental illnesses

including training them as ushers or greeters, partnering them with existing congregants to help them acclimate and receive individual support, and inviting congregants and family members to speak publicly about personal experiences with mental health. Lastly, partnering with a local mental health organization can help with outreach, education, and referrals. There are many examples of congregations who have successfully done this work. Please see the tool Developing Welcoming Faith Communities in the Resource section for more information and specific examples.

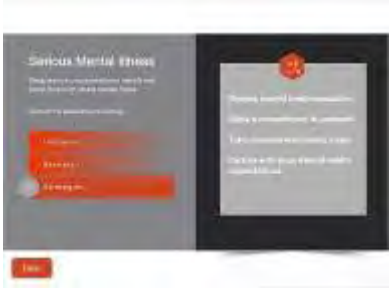
Inclusion (Slide Layer)



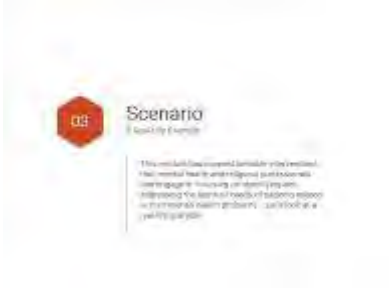
Barriers (Slide Layer)



Strategies (Slide Layer)



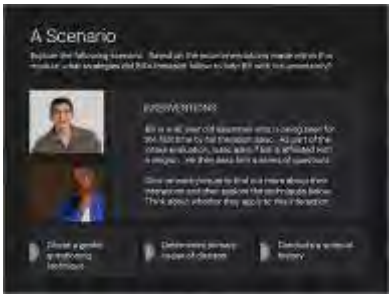
1.16 Scenario



Notes:

We have been talking about sensible interventions that mental health and religious professionals can engage in, focusing on identifying and addressing the spiritual needs of patients related to their mental health problems. Let's look at a real-life example.

1.17 A Scenario



Notes:

Explore the following scenario. Based on the recommendations made within this module, what strategies did Bill's therapist follow to help Bill with his uncertainty?

Bill is a 40-year-old salesman who is being seen for the first time by his therapist, Isaac. As part of the intake evaluation, Isaac asks if Bill is affiliated with a religion. He then asks him a series of questions.

Listen to the conversation by clicking on each image and then explore the strategies listed at the bottom of the slide to see if you feel they apply to this case.

The conversation ….

"Yes, I'm Baptist, but not very involved." Isaac follows this question with, "Were you ever more involved than you are now?" Bill says, "Yes, a lot more, until I had a falling out with the pastor. He became concerned when I asked a woman in the church to go out for dinner and a movie. I told him I didn't realize she was married. That didn't seem to satisfy him. He had no right to butt into my business. So, I decided to leave the church." Isaac then asks, "How has that experience affected your religious beliefs?" "Well," says Bill, "I've tried to avoid thinking about religion or God lately. I feel bad about this because my religious beliefs had always been important to me and gotten me through a lot of tough times." Isaac asks, "Does this have anything to do with why you have come to see me today?" Bill responds, "I guess it could be. Since my car accident and back injury two months ago, I haven't been able to return to work, had to drop out of the social scene, and have been pretty depressed. It's been hard to rely on my faith now like in the past. I feel like God has rejected me." (adapted from Religion and Mental Health, 2018)

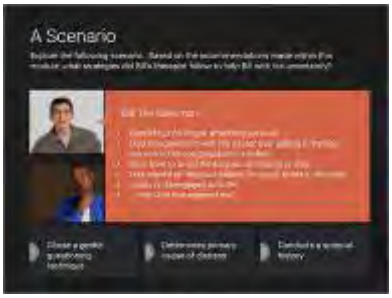
Option 1
Note that Isaac began gradually by asking if Bill was affiliated with a religion. His questioning technique is gentle and objective.

Option 2
Note that Isaac's questions were focused on determining the primary cause of Bill's distress. This is evident in the question "Does this have anything to do with why you have come to see me today?"

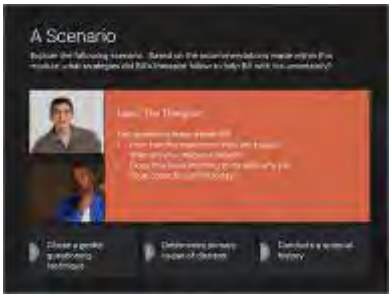
Option 3
The next step for Isaac in working with Bill would be to conduct a formal spiritual history. He has not done this yet, but the questions he asks are a perfect lead in.

Bill
Baptist but no longer attending services.
Had disagreement with his pastor over asking a married woman in the congregation for a date.
Now tries to avoid thinking about religion or God
Has leaned on religious beliefs for tough times in the past
Lately is disengaged with life.
"I feel God has rejected me.
Isaac
Key Questions Isaac asked Bill …
How has the experience with the pastor affected your religious beliefs?
Does this have anything to do with why you have come to see me today?

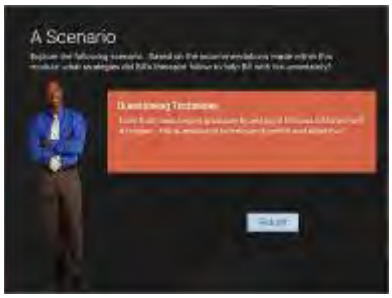
Bill (Slide Layer)



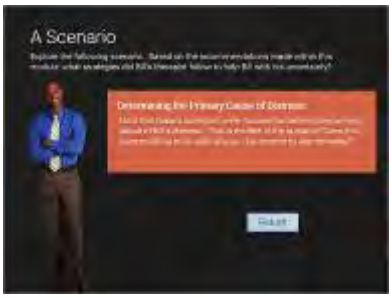
Isaac (Slide Layer)



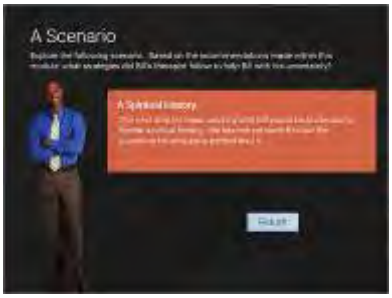
Option 01 (Slide Layer)



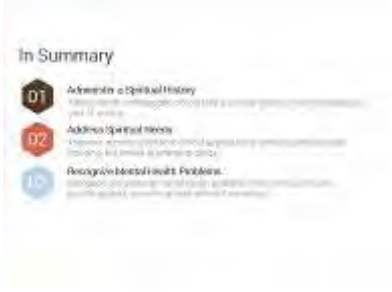
Option 02 (Slide Layer)



Option 03 (Slide Layer)



1.18 Summary



Notes:

In summary, let's review some important points from this second module.

Mental health professionals should take a spiritual history on all clients as part of a comprehensive social history.

When spiritual needs are identified during the spiritual history, there are numerous sensible clinical applications that can be implemented in a person-centered manner without crossing professional boundaries, including but not limited to referral to clergy who are trained to address spiritual issues.

Religious professionals need to be able to recognize mental health problems in members of their congregation, distinguish those they can address from those that require referral, and make every effort to include those with serious mental illnesses in the congregation and support their presence there.

1.19 End

Notes:

Thank you for taking Module 2 in the series, Clinical Applications for Mental Health and Religious Professionals.

In our next module we will be examining the importance of collaboration between mental health and religious professionals. Join us!