

The Role of Spirituality in Recovery

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Too Broken to be Fixed?

A Spiritual Guide to Inner Healing



The Problem

- Mental health providers and staff may not be knowledgeable about, understanding of, and interested in the role of Spirituality in the recovery process for consumers and their families.
- Even when they are knowledgeable, understanding, and interested, they may not be well prepared to discuss or incorporate Spirituality in treatment, or they may not receive support from their system of care to do so.

The Problem

- A large number of consumers and family members consider themselves as “spiritual beings” and embrace their Spirituality. Therefore, there is the need for the mental health system of care to do a better job of incorporating Spirituality in treatment and wellness and peer managed centers’ programming to aid in the recovery process for consumers and their families whenever appropriate.

The Rationale

- Research findings suggest that Spirituality is linked to recovery. Therefore, failure to include Spirituality in treatment and activities in wellness centers may negatively affect consumers' process of recovery.
- Spirituality is a vital aspect of culture, and failure to acknowledge, understand, and embrace Spirituality in the lives of consumers may be culturally nonresponsive to their needs.

The Rationale

- Mental health disparities exist when providers do not fully understand and respond to the cultural world of those they serve. Failure to understand consumers' cultural world can lead to misdiagnosis, premature termination, and other cultural errors.
- Spiritual disconnection can lead to despair.

California Survey Data

- According to the Mental Health & Spirituality Initiative, Center for Multicultural Development and California Institute of Mental Health:
 - Over 75% of mental health consumers and family members indicated that Spirituality is important to health.
 - Two-thirds of respondents agreed that the public mental health system in California should do more to support clients and families utilizing their Spirituality as a wellness and recovery resource.
 - 74% indicated that mental health providers should be willing to discuss spiritual concerns with them.
 - 66% agreed that it is appropriate for the public mental health system to address Spirituality as part of mental health care.

What is Spirituality?

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What is Spirituality?

- A complex term with diverse meanings
- Often used interchangeably with religion
- A vital aspect of culture
- A term that is sometimes difficult to embrace because of past negative experiences
- A term associated with hope, connection to self and others, and meaning. (Dr. John Towes, in *Visions: BC's Mental Health Journal – Spirituality and Recovery*, No. 12, Spring 2001)

Distinction Between Spirituality and Religion

- “Both religion and spirituality can be perceived as the two sides of the same coin. Religion, as a concept is related to the structural aspects of a belief system. It is commonly viewed as structured, organized, and at times, rigid. It involves the behavioral and the ritualistic aspects (e.g., church attendance, ceremonies, sacraments, prayer, personal devotions, etc.) of worship.

Distinction Between Spirituality and Religion

- Spirituality, on the other hand, refers to the abstract and transcendent aspects of a belief system. It is often conceived of in loose terms and has been frequently associated with mystical experiences, intense emotions, and meaningfulness.
- However, since both concepts involve the meaning aspects of one's belief systems, they may be connected in some way.

Leung and Hoffman (2005)

What is the Recovery Model?

- Another perspective to the medical model.
- Proposes that consumer/clients who adopt the belief that they can recover from their illness are more likely to recover.
- The central element for recovery is hope.

The Role of Spirituality in Recovery

“For many people with mental health issues, spirituality is key to understanding this experience. It is essential in their journey of recovery.”

Jay Mahler



The Role of Spirituality in Recovery

- Spirituality has been beneficial in helping individuals and families to cope with stress, chronic illnesses, and grief and loss.
- It fosters hope, connectedness, and meaning, and helps one to lead a productive life.



A TRUE STORY

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Barriers to Effective Services

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Consumers' Perspective

- Cultural Mistrust
- Stigmatization and labeling
- Help-seeking issues
- Discomfort and unfamiliarity with traditional modalities and strategies
- Providers fail to acknowledge the role of spirituality, religion, and faith in recovery
- Providers fail to integrate spirituality/religion/ faith in treatment

Why is it so Difficult?

California Survey Data

- Separation of church and state. Lack of clarity on what it really means, what's OK and what's not OK.
- Lack of clarity on distinction between “Spirituality and Religion.”
- Discomfort on the part of staff in talking with clients about spirituality and religion.
- Disagreement on the proper role of public mental health agencies – e.g., should we talk about spirituality with our clients, or refer them out?
- Concern that staff who are not properly trained in this area will cause harm to clients.
- Lack of competency to understand the significance of spirituality and religion for people from various ethnic and cultural groups, and sexual identities despite its importance. **[See video “All God’s Children”]**
- Strong feeling by some that any sort of initiative in the area of spirituality needs to be “grass roots,” “from the ground up and NOT top down.

Why is it so Difficult?

- Diverse definitions of Spirituality.
- Provider bias due to different worldviews resulting in failure to value and embrace diverse spiritual perspectives.
- Lack of culturally responsive behaviors due to overreliance on western medical models to inform treatment.
- Counter-transference issues due to negative experiences.

Why is it so Difficult?

- Lack of training and limited tools to help one to become more skilled.
- Lack of institutional support (i.e., leadership, funding, environment)
- Fear of not being able to discern healthy vs. unhealthy spirituality and the consequences of making errors.
- Viewed as another skill set one has to add to an already excessively heavy workload.
- Unfamiliar with one's own Spirituality and spiritual practices. May not see oneself as a spiritual being.

What is the Solution?

- Become more self-aware to discover who you are by revisiting your attitudes, values, beliefs, and behaviors around Spirituality.
- Acknowledge where you are and embrace your own Spirituality.
- Become willing to change attitudes by participating in cultural/spiritual responsiveness trainings.
- Be willing to have courageous conversations with leaders, co-workers, family, & friends.
- As you are building a trusting relationship, allow consumers and their family members to educate you about their cultural/spiritual world and be responsive to their needs you have developed rapport and trust.
- Seek community partnerships to teach, inform, support, and advise you.



Sharing of Resources

Please get into small groups and for the next 10 minutes discuss some of the strategies you implement to incorporate spirituality into your work with consumers.

Tools for Assessing Spirituality/Religious Needs

- Spiritual Assessment Interview – Todd W. Hall & Keith J. Edwards
- FICA Spiritual History Tool- Dr. Pulchalski
- Hope Assessment – Gowri Anandarajah, M.D., & Ellen Hight, M.D. MP

FICA Spiritual History Tool

- Christina Puchalski has developed an acronym, FICA, which can be used in performing a spiritual assessment:
- **F** Faith and Belief: "Do you consider yourself to be a religious or spiritual person?" "Do you have spiritual beliefs that help you to cope with stress? If the consumer responds "NO" the health care provider might ask, "What gives your life meaning? Sometimes consumers respond with answers such as work, hobbies, career, or nature. Both religious and spiritual are used because individuals may relate to one and may even take offense at the other. Many individuals who will say they are not religious will admit to being spiritual, which should prompt a discussion of what this means to them. Conversely, an answer such as, "Yes, I'm Catholic," tells you something but begs exploration of what this means.

FICA Spiritual History Tool

- **I** Importance and Influence: "How important is your faith (or religion or spirituality) to you?" Just hearing that the person is spiritual or a member of a particular religion tells you little. How important is this? How is it important? There is a big difference between a Catholic who has not been to Mass since childhood and one who goes to Mass daily.
- **C** Community: "Are you a part of a religious or spiritual community?" Particularly for those who participate in an organized religion, community is often a central part of their spiritual and social experience. It is not uncommon that just when this community becomes most important, the individual is cut off from that community because of illness and care giving needs.

FICA Spiritual History Tool

- **A** Address or Application: "How would you like me to address these issues in your mental health care?" "How might these things apply to your current situation?" "How can we assist you in your spiritual care?" Consumers and families often feel better simply because they have been given permission to share their beliefs. That you have inquired is usually seen as a sign of respect. However, there may be very specific things you can do to be of assistance.

The HOPE Questions for a Formal Spiritual Assessment

H:

Sources of hope, meaning, comfort, strength, peace, love and connection

O:

Organized religion

P:

Personal spirituality and practices

E:

Effects on medical care and end-of-life issues

Examples of Questions for the HOPE

Approach to Spiritual Assessment H: (Hope)

- Sources of hope, meaning, comfort, strength, peace, love and connection
- We have been discussing your support systems. I was wondering, what is there in your life that gives you internal support?
- What are your sources of hope, strength, comfort and peace?
- What do you hold on to during difficult times?
- What sustains you and keeps you going?
- For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?
- If the answer is “Yes,” go on to O and P questions.
- If the answer is “No,” consider asking: Was it ever? If the answer is “Yes,” ask: What changed?

Approach to Spiritual Assessment O: (Organized religion)

- Do you consider yourself part of an organized religion?
- How important is this to you?
- What aspects of your religion are helpful and not so helpful to you?
- Are you part of a religious or spiritual community? Does it help you? How?

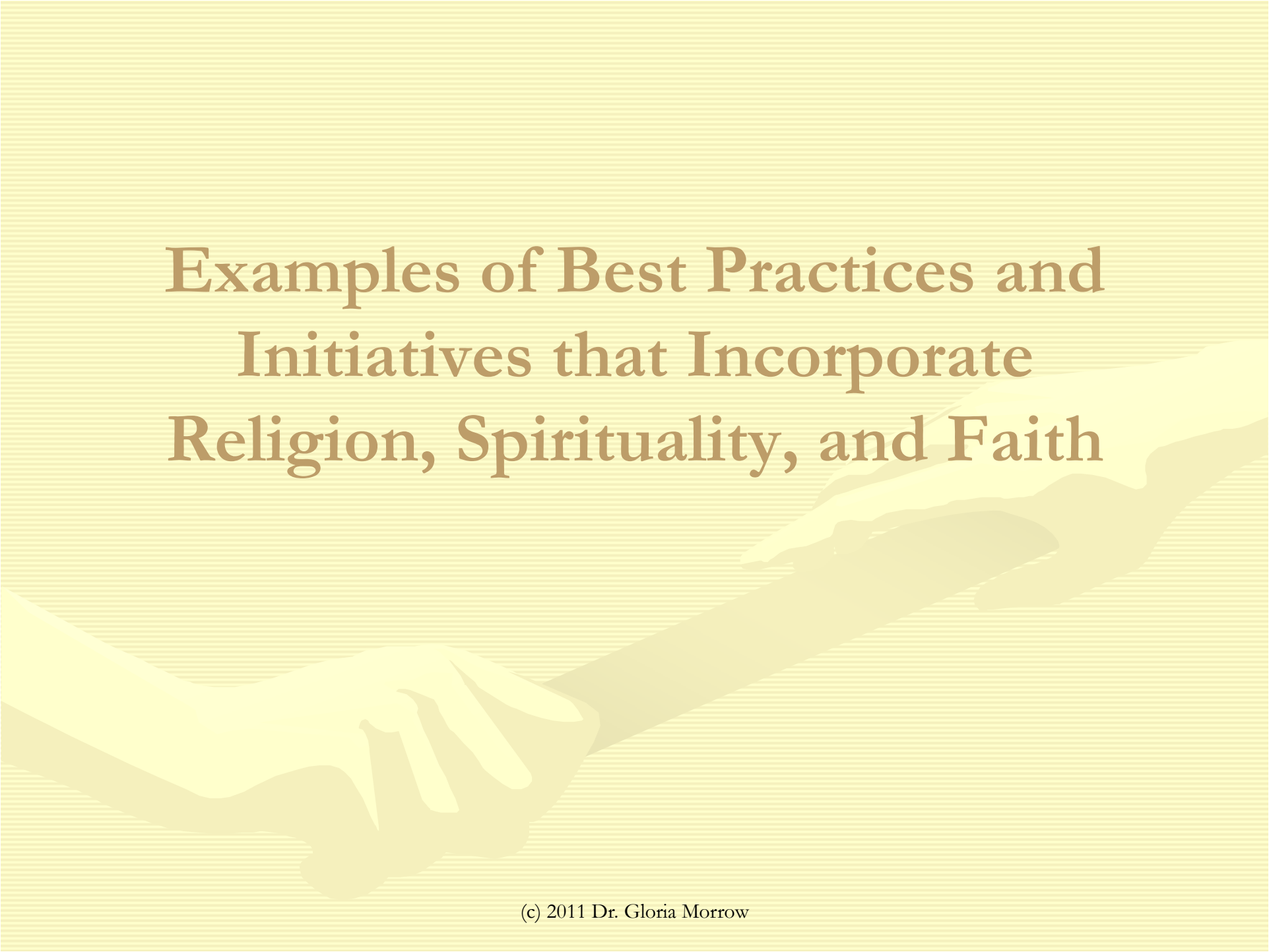
Examples of Questions for the HOPE

Approach to Spiritual Assessment P: (Personal spirituality/practices)

- Do you have personal spiritual beliefs that are independent of organized religion? What are they?
- Do you believe in God? What kind of relationship do you have with God?
- What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

Approach to Spiritual Assessment E: (Effects on medical care and end-of-life issues)

- Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)
- As a doctor, is there anything that I can do to help you access the resources that usually help you?
- Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?
- Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?



Examples of Best Practices and Initiatives that Incorporate Religion, Spirituality, and Faith

Best Practices and Initiatives that Incorporate Religion, Spirituality, and Faith

- CAPABILITY 2: Community Recovery
- DMHAS Faithworks
- Cowlitz Faith Based Mental Health Partnership
- Mental Health & Spirituality Initiative: Center for Multicultural Development – CIMH
- The Church

Capability 2: Community Recovery-CDC

- Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

DHMAS Faithworks – Hartford, CT

- **Faithworks Council Subcommittee**

DMHAS participates in the FaithWorks Council Subcommittee, a group comprised of state agency faith initiative leaders. The Subcommittee was created in order to play an active role in the development and implementation of a coordinated action plan and to support the work of the FaithWorks Council. The FaithWorks Council is committed to the development and implementation of a comprehensive, effective plan of action to enhance the service delivery system available to our citizens in most need, through enhanced collaboration amongst the faith communities and state government.

- **Ministry in Times of Crisis Conference Fall 02**

The events of September 11, 2001 evoked significant responses from the faith community in an effort to promote healing and recovery. Recognizing the contributions of the faith community and the need to enhance our preparedness to respond to further disasters and crises, DMHAS, with funding provided by SAMHSA, organized a daylong conference focused on crisis ministry. The conference proved to be a catalyst for dialogue and partnership as we sought to develop statewide strategies for crisis services. The conference offered concrete skills helpful in ministering to those affected by crises and also helped to identify opportunities for greater collaboration between DMHAS and the faith community. Over 200 individuals from the behavioral health and faith communities attended this conference.

- **Faith-Based Crisis Response Network**

One of the results of the Ministry in Times of Crisis Conference was the recognition of the need to collaborate with the faith community in order to promote healing and recovery following disasters. As a result, DMHAS has developed a faith-based crisis network through funding the Department received from SAMHSA. Over 100 members from the faith community received intensive training from St. Francis Pastoral Care and have been linked to the DMHAS/DCF Behavioral Health Crisis Response Teams. Most recently members of the faith community participated in regional simulations. Future efforts will be targeted at continued training and recruitment for this network.

Cowlitz Faith Based Mental Health Partnership

- The Cowlitz Faith Based Mental Health Partnership is a collaborative effort of faith community leaders and mental health providers, designed to more effectively serve people with mental illness.
- Our partnership is the local site of the Washington Faith Group Mental Health Training Network.

Mission

- The Washington Faith Group Mental Health Training Network equips faith communities across the state to share in the care of persons facing mental illness, substance abuse, trauma and children's mental health issues.

Collaboration

- The FGMH training network encourages faith groups to train and work together in local communities with mental health providers, consumer and family advocates, the public sector and other community allies. The training network is an educational effort, creating an annual calendar of trainings, workshops, presentations and consultations. Training is delivered through locally organized mental health training cooperatives.

Resources

- Brown Bag Training Series for Clergy and Congregation Lay leaders

The California Mental Health & Spirituality Initiative (CMHSI)

- The **California Mental Health & Spirituality Initiative** was launched in June 2008 through voluntary financial contributions from 51 of the **County Behavioral Health** authorities in California. The Initiative is a non-profit entity based at the **Center for Multicultural Development** at the [California Institute for Mental Health](#) in Sacramento, California.
- The Initiative's goals include:
 - Increasing awareness of spirituality as a potential resource in mental health wellness, recovery, and multicultural competency
 - Encouraging collaboration among faith-based organizations, mental health services providers, consumers, family members, and communities in combating stigma and reducing disparities in access to services for diverse populations
- Read article in [California Psychologist](#) on the Initiative

Value Statement of CMHSI

- An appreciation for the significance of spirituality in personal growth, recovery and wellness.
- A desire to reduce the suffering of people in recovery whose spiritual experiences have been denied and whose spiritual journeys have been impeded by their interactions with service systems.
- An open, welcoming, and non-judgmental stance toward spiritual, religious, and cultural beliefs, practices, rituals, values, theologies, and philosophies-including non-belief or non-practice.

Value Statement of CMHSI

- A clear commitment to the inclusion of voices that reflect the diversity of our state – including racial/ethnic diversity and a wide variety of faith traditions or practices.
- A passion for choice-including the choice by individuals not to engage with spirituality and/or religion.
- A holistic view of recovery that includes mind, body, and spirit.

THE CHURCH

- A possible source of support and hope.



All God's Children - A Woman Vision Film.flv

Closing Thoughts & Reflections

“We are not human beings having a spiritual experience. We are spiritual beings having a human experience.”

-Teilhard de Chardin

Training Resources

**CBMCS Cultural Competency Training
Mental Health and Spirituality Training
101 for Providers; Consumers, Family
Members and Community; and
Faith/Spiritual Leaders**

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