

**2015 KENTUCKY SCHOOL OF ALCOHOL AND
OTHER DRUG STUDIES**

PRESENTS

**INTEGRATING SPIRITUALITY INTO
ADDICTIONS AND MENTAL HEALTH
COUNSELING**

PRESENTER

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DEFINITION OF KEY TERMS

Religion:

A shared belief system that has doctrine, communal practices, and rituals

An organized system of faith that often includes a belief in and worship of God, traditions, and prescribed rituals

A set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a superhuman agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs

A belief in, and reverence for, a supernatural power or powers regarded as creator and governor of the universe

Spirituality:

The dimension of human experience(s) that enables an individual to experience connectedness, inspiration, hope, transcendence, meaning, purpose, and value in life

The force of life represented by such images as breath, wind, vigor, and enthusiasm. It is the capacity to move toward love, peace, joy, meaning, hope, transcendence, connectedness, and compassion. It includes the person's capacity for creativity, growth, and wholeness.

Spirituality-integrated Psychotherapy:

An approach to therapy that acknowledges, addresses, and integrates the spirituality of the client and the spirituality of the therapist into the process of change

WHY FOCUS ON SPIRITUALITY IN THERAPY

- 94% of Americans believe in God
- Nine out of ten adults in America pray
- 97 percent of those who pray believe prayers are answered
- 80 percent believe that miracle occur
- 40 percent report having had a life-changing spiritual experience
- 2/3 of Americans prefer to see a therapist who holds spiritual beliefs
- 81 percent of clients prefer a counselor who integrates spiritual values and beliefs into his or her work
- The majority of clients prefer a therapist who welcomes and respects their spiritual orientation
- Clients are more likely to refer their friends and relatives to therapists who support their religious and spiritual beliefs

Sources: Sperry, 2012, & Kahle & Robbins, 2004

SPIRITUAL CRISES AND EMERGENCIES ADDRESSED IN THERAPY

- Trauma
- Childhood abandonment
- Toxic shame
- Addiction
- Losses/grief
- Suicide
- Disillusionment with the church
- Internalized homophobia
- Religious burnout
- Depression
- Fatherlessness
- Medical illness
- Mental illness
- Life transitions – “Now what?”
- Oppression
- Resentments
- Personality disorders
- Unemployment
- Religious abuse and religious addiction
- Secondary PTSD
 - Loss of hope
 - Loss of energy
 - Loss of enthusiasm
 - Spiritual distress

CLINICAL APPROACHES THAT INCLUDE THE SPIRITUAL DIMENSION

1. Yalom's 11 Curative Factors of group therapy

- Universality—"I am not alone"
- Installation of hope
- Altruism
- Cohesiveness
- Interpersonal learning—insight into how my behavior distances me from other people
- Existential factors—the meaning of life

2. Jungian psychology

The collective unconscious and archetypes

3. Logotherapy—Victor Frankl

Things that give life meaning

- A.
- B.
- C.
- D.

4. Adlerian psychology

The 5 life tasks

- A.
- B.
- C.
- D.
- D.

5. Mindfulness meditation

6. Yoga psychotherapy

7. Trauma-based psychotherapy—Judith Herman
 - A. Victim
 - B. Survivor
 - C. Thriver—finding a trauma mission
8. Feminist psychotherapy
 - A. Empowerment of women
 - B. Connection with other women
 - C. Acknowledging and protecting the importance of relationships in women's lives
9. Solution-focused therapy
10. Feedback-informed therapy
 - The importance of the therapeutic alliance
 - A greater predictor of outcomes than
 - DSM diagnosis
 - Treatment planning
 - Theoretical approach
 - Educational degree or non-degree
11. Person-centered mental health treatment
 - Goal—to help clients achieve a meaningful life
 - Wellness strategies freely chosen by the client
 - Supportive employment
 - Connection with peers
12. Spiritually-influenced cognitive behavioral therapy---To challenge cognitions that can lead to self-destructive behavior, i.e., “God hates me”; “No one could possibly love me as I am”; “God expects me to be perfect”; “I am the worst of the worst”.
13. Breath work
14. 12-step facilitation

SPIRITUALLY-BASED ADDICTIONS GROUPS

Alcoholics Anonymous

“If you gave an alcoholic a copy of the 12 steps and said, “Go in your room by yourself and work these steps,” very few people would get sober. It is through connecting with others that you recover.” – Father Joseph Martin

“If you are asking alcoholics to give up the ‘spirits’, they need to replace them with spirituality.” – Carl Jung

“Synchronicity—a meaningful coincidence in time of two or more similar or identified events that are causally unrelated. This is spiritual in nature.” – Carl Jung

The History of Alcoholics Anonymous – Key People

1. Roland H.
2. Carl Jung
3. Ebby
4. Bill W.
5. Henrietta Sieberling
6. Dr. Bob—
7. The Saturday Evening Post
8. Rockefeller
9. Marty Mann
10. William Silkworth
11. Lois Wilson

Native American Wellbriety Movement

JACS—Jews Who are Alcoholic and Chemically Dependent and Significant Others

African American Faith-based Drug Ministries

Quantum Recovery

INTEGRATING SPIRITUALITY AND PSYCHOTHERAPY

1. Develop therapeutic relationships that are sensitive to the spiritual dimension.
2. Deal with spiritual transference, countertransference, alliance ruptures, ambivalence, and resistance.
3. Include the spiritual dimension in the assessment process.
4. Be willing to incorporate the spiritual dimension in case conceptualization.
5. Be willing to incorporate the spiritual dimension in treatment planning and mutual goal-setting.
6. Be willing to utilize spiritual interventions.
7. Be willing to refer to and consult with spiritual resources in a diversity of communities.

WHAT PROFESSIONALS ARE ACTUALLY DOING

Social workers

- Exploring the client's spiritual background
- Exploring the client's religious background
- Clarifying spiritual values
- Recommending spiritual approaches (meditation, Alcoholics Anonymous, etc.)

Psychologists

- Using religious language and concepts
- Exploring religious beliefs
- Helping clients discover meaning
- Making referrals to chaplains, ministers, rabbis, etc.

Source: Sperry, 2012

CONDUCTING A SPIRITUAL ASSESSMENT

The Hope Model

H—Source of hope, meaning, comfort

- What are your sources of meaning, comfort, strength, peace, love, and connection?
- What do you hold on to during difficult times?
- What sustains you, keeps you going?

O—Organized religion

- Are you a part of a religious or spiritual community? Does it help you? How?
- What aspects of your religion are helpful to you and not so helpful to you?

P—Personal spirituality and practices

- Do you have any personal spiritual beliefs that are independent of organized religion?
- What aspects of your spirituality or spiritual practices do you find most helpful to you personally?

E—Effects of the presenting problem

- Have the challenges you are addressing in counseling affected your ability to do things that usually help you spiritually?
- As a counselor, is there anything I can do to help you access the resources that usually help you?

PERFORMING AN EXTENDED SPIRITUAL ASSESSMENT

Common indicators

- 1.
- 2.
- 3.
- 4.

A DETAILED SPIRITUAL HISTORY

1. What was the spiritual tradition of your parents? Were they strict or lenient in their beliefs?
2. What effects do your parents' spiritual traditions have on you today?
3. What were your parents' most important spiritual beliefs? Did they pass these on to you? If yes, how?
4. Have you kept your parents' religious/spiritual beliefs, or have you developed your own or a combination? How has your spiritual orientation changed since your upbringing? What is the reason it changed? Were there events or experiences that led to the change?
5. Do you have a current religious or spiritual affiliation? If yes, what are its major beliefs or values?

GOD AND THE PRESENTING PROBLEM

- 1.
- 2.
- 3.
- 4.
- 5.

WHEN SPIRITUAL INTERVENTIONS MAY BE INDICATED

1. In counseling the client asks to address spiritual issues.
2. The client specifically asks for spiritual interventions to be incorporated in the treatment plan.
3. The client has the capacity to consent to spiritual interventions.
4. The spiritual issue or concern is related to the presenting problem.

POSSIBLE CONTRA-INDICATIONS

1. The client is actively psychotic.
2. The client is extremely paranoid.
3. The client has expressed a lack of interest in spiritual and religious matters being a part of the treatment plan.
4. The organization forbids the use of spiritual practices in counseling.
5. The counselor lacks culturally competent, spiritual sensitivity.

INTERVENTIONS

1. Prayer
2. Meditation
3. Forgiveness work
4. Charitable work
5. Volunteerism
6. Yoga
7. Gratitude journal
8. Teaching relationship skills
9. Helping clients discover their purpose
10. The use of spiritual/religious quotes
11. Homework
12. Relaxation tapes
13. Stress management
14. Adventure therapy
15. Referring clients to spiritually-based mutual aid groups
16. Referring clients to indigenous community healers
17. Helping clients deal with shame
18. Exploring the client's concept of God
19. Helping clients deal with ambivalence
20. Helping clients discover their spiritual path
21. Helping clients recover from religious abuse and religious addiction

WAYS THERAPISTS CAN SUPPORT CLIENTS' SPIRITUALITY

1. Examine your own beliefs regarding spirituality and religion
2. Become aware of the impact that your beliefs have on the therapeutic relationship
3. Respect your client's spiritual and religious beliefs.
4. Consider how you will respond to clients who ask you your spiritual or religious views.
5. Be willing to challenge clients' beliefs.

WAYS THERAPISTS CAN HARM

1. Debating doctrine
2. Assuming that clients of your same religion share your same spiritual beliefs
3. Not exploring spiritual matters important to the client.
4. Trying to rescue God
5. Believing that you have divine knowledge
6. Countertransference reactions
7. Premature spiritual interventions
8. Blurring boundaries

CASE VIGNETTES

1. You sense that a client is not opening up to you because of current and historic tension between yours and the client's religious group. What do you do?
2. A client asks you to pray for her during a session. What do you say? What do you do?
3. A client who is atheist asks you to, "Tell me about God." As his therapist, what do you say?
4. A mandated client whom you referred to Alcoholics Anonymous refuses to go to meetings saying that AA is a religious program: "They talk about God there." As an atheist he believes that mandated attendance at AA is a violation of his Constitutional right to religious freedom. As his therapist, what do you say? What do you do?
5. A client describes himself as Irish Catholic. Would it be unethical not to explore spiritual/religious matters with this client?
7. You are working as a counselor in a prison. A Native American client demands the use of the Medicine Wheel to help him with his addictions recovery while in prison. What do you say? What do you do?
8. You are working with a parent who told you that she hits her children with a belt when they are unruly. You challenge this practice and the parent says, "Well, the Bible reads, "Spare the rod, spoil the child." What do you say? What do you do?
9. You are in a case consultation, and a colleague describes a female African American client as passive and unable to take action. Your colleague quotes the client as saying, "God will take care of things." What, if anything, do you say? What do you do?
10. You are working with a family whose relative has been diagnosed with schizophrenia. The psychiatrist believes the treatment should consist of psychotropic medication and therapy. From the family's religious perspective, the client is demon possessed and they believe that treatment should consist of prayer and the laying of hands. As a therapist, what do you say? What do you do?