

S.A.F.E.

Empowering Diverse Families by Closing the Gap
Between Mental Health Providers and Faith Leaders

Created and Facilitated by

Dr. Gloria Morrow

Hosted by SCRP Conference

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Learning Objectives

- Participants will become more knowledgeable about at least three (3) benefits of including spirituality and faith when treating families from diverse ethnic/racial/cultural groups.
- Participants will be able to identify and eliminate at least three (3) barriers that prevent providers from including spirituality and faith in the delivery of mental health services to diverse families.
- Participants will be able to identify and eliminate at least three (3) barriers that prevent the faith community from collaborating with mental health professionals when necessary.
- Participants will learn at least three (3) culturally responsive strategies for assessing and including spirituality in mental health services.
- Participants will become more knowledgeable about the three (3) strategies faith leaders can use to assist families from diverse faith communities to become more comfortable about utilizing mental health resources outside the faith community.
- Participants will discover at least three (3) strategies for increasing the collaboration between mental health professionals and the faith community to help diverse families who are suffering from mental health issues.

Setting the Tone

- Set and agree to relationship building strategies.
 - Respect
 - Participation
 - Non-judgmental
 - Open
 - Active listening
 - Agree to disagree
 - Your thoughts?????

Love ReDefined
Relationships
not
Rules

Overview of S.A.F.E. Training Program

S.A.F.E., an acronym for Spirituality and Faith Empowers, is a 3-Day cultural competency training program that was designed to equip mental health providers with the tools to (1) become knowledgeable about the role of spirituality and faith in the lives of the children, youth, adults, and families they serve; (2) identify and eliminate the barriers that prevent providers from including spirituality and faith in the delivery of services to consumers/clients of faith; (3) learn culturally responsive strategies for assessing and including spirituality in services; and (4) become equipped to engage and collaborate with the faith community in a meaningful way to effectively meet the needs of those within communities of faith.

S.A.F.E. also helps the faith community to (1) become knowledgeable about its role in addressing the mental, physical, and social needs of its diverse community members; (2) identify and eliminate the barriers that prevent communities of faith from assessing mental health services; (4) develop strategies for reducing stigma; (5) learn culturally responsive strategies for working with diverse community members within their respective communities of faith; and (6) become equipped to engage and collaborate with system of care professionals in the delivery of services to their various community members.

INTRODUCTION

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.

Religion

- A cultural system that creates powerful and long-lasting meaning by establishing symbols that relate humanity to beliefs and values. Many religions have narratives, symbols, traditions and sacred histories that are intended to give meaning to life or to explain the origin of life or the universe.
- Sometimes used interchangeably with faith or belief system. But religion differs from private belief in that it has a public aspect.



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.
- 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).
- “Being spiritual means living, according to what one defines as spirit/nonphysical. It is living according to something you believe to be larger than yourself. (Clark, M.M., 2011).



Faith

- Belief or trust: Belief in, devotion to, or trust in somebody or something, especially without logical proof.
- Religion or religious groups: A system of religious belief, or the group of people who adhere to it.
- Trust in God: Belief in and devotion to God.



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.
- 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.

Leong and Hoffman (2005)

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.

Opportunities and Challenges for Mental Health Providers

- Opportunities

- Learn more about religion, spirituality, and faith in their own lives.
- To gain a greater understanding of the cultural world of those they serve.
- To learn techniques and strategies for assessing and integrating spirituality into treatment.
- To provide effective services to those coming from diverse spiritual/religious worldviews.

- Challenges

- May have attitudes and beliefs that may interfere with their ability to be embracing of other's spiritual/religious world.
- May not possess the adequate skill set to assess and incorporate spirituality into services.
- May not have supervisors who are knowledgeable and skilled in the area of spirituality.
- May not see themselves as spiritual being.

Opportunities and Challenges for Faith Leaders

- Faith leaders learn more about mental illness and their role in helping individuals and families to seek appropriate help.
- Their voices will be included the development of strategies to help individuals and families in the faith community who are suffering.
- Faith leaders will see the value of building bridges with health care providers of all types.
- Faith leaders may be challenged because their basic tenets of faith and/or core values are different from those of others in diverse faith communities.
- Faith leaders may be challenged with developing strategies to help special populations, such as the LGBTQ community.
- Faith leaders may be challenged because they may not have adequate resources to implement some of the suggested strategies to help people who are suffering in their faith communities.

Small Group Activity

Please discuss the personal meaning of “spirituality” in your life if applicable, and the role it plays in your overall health and well-being.

Activity time: 15 minutes

Be prepared to discuss your thoughts with the large group

BARRIERS TO OVERCOME

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.
- Faith leaders may solely rely on spiritual sources to help hurting people and may actually discourage the use of mental health professionals outside the faith community.
- Stigma continues to persist.

Navigating Cultural Differences



- We have established that spirituality is a cultural fact that must be considered when providing culturally responsive care.
- Just as within group differences exist within racial and ethnic groups, the same is true of religious/spiritual groups.
- In order to provide appropriate care to people who are representative of diverse religious/spiritual perspectives, one must honor the diversity within others (even if those differences are in direct opposition to your own beliefs and values)

Role of Religion, Spirituality, and Faith in Diverse Communities

- Racial/Ethnic Groups
 - Diverse definitions of spirituality and religion
 - Within group differences as it relates to definition and expression of spirituality. For example, African Centered Psychology promotes the idea of “spiritness”, which refers to the family (past and present) serving as the spirit of the life force of the family (Dr. Wade Nobles).
- LBGTQIA+ Community
 - Religion, spirituality and faith are important for some within this community. However, many are not welcomed in religious institutions, and when they are, they are sometimes prevented from becoming actively involved in leadership roles in the communities of faith.
 - Mental health professionals must become better equipped when treating the LBGTQ community because they may suffer from depression that based on religious and spiritual problems.

Opportunities and Challenges for Mental Health Providers

- Opportunities

- Learning how to become more culturally responsive.
- Finding ways to educate the faith community about mental illness and collaborate with them to achieve quality care for those who are suffering.

- Challenges

- Lack of time for training on how to become more culturally responsive.
- May not have strategies for engaging the faith community.

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.
- 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/oppressive 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.

Opportunities and Challenges for Faith Leaders

Opportunities

- Ability to become more culturally responsive and to acknowledge both between and within group differences among those they serve.
- Engaging with mental/behavioral health to facilitate more training to foster a greater understanding of working with the mentally ill.
- Make the commitment to create a mentally and psychologically healthy environment.

Challenges

- Stigma associated with mental illness still present.
- Overloaded, busy, overwhelmed, and burned out.
- Inadequate resources to meet the mental health needs of community of faith members.
- Maintain biased opinion about mental illness and the role of mental health professionals outside the community of faith.

THE POWER OF CORE BELIEFS

MORAL INJURY

The Concept of Moral Injury

- Because of the power of core beliefs, when people do commit acts that are inconsistent with their moral compass and religious and spiritual beliefs, it may be harmful to them psychologically.
- This may be especially true of those in the military, because military personnel are constantly confronted with ethical and moral challenges, most of which are navigated successfully because of effective rules of engagement, training leadership and the purposefulness and coherence that arise in cohesive units during and after various challenges.

Concept of Moral Injury

- Moral Injury is defined as penetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.
- Betrayal on either a personal or an organizational level can also act as a precipitant.
- The conceptual model of moral injury suggests that individuals who struggle with transgressions of moral, spiritual, or religious beliefs are haunted by dissonance and internal conflicts.
- Harmful beliefs and attributions cause guilt, shame, and self-condemnation. It is manifested by PTSD like symptoms.

Opportunities and Challenges for Mental Health Providers

- Opportunities

- Becoming more familiar about diverse religious beliefs and their core beliefs.
- Understanding how those core beliefs impact people's mental health.
- Learning how to utilize a person's faith to help them in their recovery process.

- Challenges

- Lack of time to devote to learning more about the individual's particular spiritual/religious worldview.
- May not find it important because of a busy workload.

Opportunities and Challenges for Faith Leaders

- Opportunities

- Collaboration with mental health professionals to help people of faith from diverse communities.
- Understanding of what constitutes good mental health as well as mental illness.
- Learning how to make appropriate referrals because some causes may be outside one's area of expertise.

- Challenges

- May hold negative views towards seeking help outside the faith community.
- May support and even encourage stigma.
- May not have sufficient time and resources to develop partnerships with mental health professionals.

ASSESSING SPIRITUALITY

Culturally Responsive Strategies

- Spirituality is a cultural fact that must be considered when providing culturally responsive care.
- Do not assume that everyone shares the same belief system in the African American community.

ASSESSMENT TOOLS

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

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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

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- 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

Small Group Exercise

- Please discuss culturally responsive practices that mental health professionals and the faith community can collaborate on to assist diverse communities and their families who are suffering from mental health challenges.
- 15 minutes

What is the Solution for Providers?

- **Become more self-aware.**
- **Examine positive and negative attitudes, values, beliefs, and behaviors around Spirituality.**
- **Embrace your own Spirituality.**
- **Become willing to change negative attitudes by participating in cultural/spiritual responsiveness trainings, activities, and engaging those from diverse spiritual perspectives.**
- **Be willing to have courageous conversations.**
- **Allow consumer/clients and their family members to educate you about their cultural/spiritual world and be responsive to their needs.**
- **Seek community partnerships to teach, inform, support, and advise you.**
- **Take the time to heal through your own personal work.**



Closing
Thoughts
&
Reflections

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

-Teilhard de Chardin

Q&A

Dr. Gloria Morrow

- **CONTACT INFORMATION**

- dr_gloria_morrow@msn.com
- 909-261-5232

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