



SUPPLEMENTAL HANDOUTS by Laura L. Mancuso

4/4/12 Recovery to Practice Webinar entitled "Understanding and Building on Culture and Spirituality in Recovery-Oriented Practice"

The following material supplements the PowerPoint presentation for Laura Mancuso's presentation in this webinar.

For access to the archived webinar and to download Laura's PowerPoint file, visit the Design Systems Group Inc. Recovery to Practice Resources Page:

<http://www.dsgonline.com/rtp/resources.html>

For further information, contact:
Rev. Laura L. Mancuso, MS, CRC/CPRP
Interfaith Chaplain
mancuso@west.net
www.personalchaplain.com



VALUES STATEMENT

“...a greater appreciation of the whole person is emerging in the mental health field...”

The California Mental Health & Spirituality Initiative was established in June 2008 at the Center for Multicultural Development of the California Institute for Mental Health. It developed out of a grassroots movement founded in 2006 by Jay Mahler and other consumers, family members, and service providers. The purpose of this document is to state the values that guided the formation, and now operation, of this initiative.

RESPECT FOR ETHICAL AND LEGAL BOUNDARIES. We advocate for the inclusion of spirituality as a potential resource in mental health services. None of our work should be construed as advocating that mental health providers should “push religion” on the people they serve. There are barriers (including political, legal, and cultural) between the public mental health system and spirituality/religion that need to be addressed carefully and respectfully. We are committed to helping service providers understand these barriers so that they can make informed choices about policy and practice. In particular, we believe that mental health providers should never promote a particular religion or proselytize. They should, however, be receptive and responsive to the expressed interests of their clients and potential clients, including their requests for support with the spiritual aspects of their wellness and recovery.

SPIRITUALITY INCLUDES, BUT IS NOT LIMITED TO, RELIGION – There are many ways to define “spirituality” and “religion.” We utilize the following definitions: Spirituality is a person’s deepest sense of belonging and connection to a higher power or life philosophy which may not necessarily be related to a religious institution. A religion is an organization that is guided by a codified set of beliefs and practices held by a community, whose members adhere to a worldview of the holy and sacred that is supported by religious rituals.

SPIRITUALITY IS A CORE COMPONENT OF CULTURAL COMPETENCY – The public/private mental health system in California recognizes that cultural competency, including the ability to understand different worldviews, is necessary for effective practice. Spirituality represents a core value within many ethnic and cultural communities and is often considered a primary resource. Faith-based organizations are a vital source of community leadership for individuals, families, and neighborhoods. Therefore, spirituality can be regarded as an essential connector for ethnic and cultural communities and for understanding wellness, illness, intervention, and recovery. We are committed to the inclusion of multicultural voices that represent California’s broad array of faith traditions and practices.

SPIRITUALITY IS PART OF A HOLISTIC APPROACH TO MENTAL HEALTH -- We know that physical health can influence an individual’s mental health. The same is true for spirituality. Understanding spirituality as an element in wellness promotion and mental health recovery brings us closer to dealing with the whole person. Many persons from diverse, multicultural communities utilize spiritual and/or faith-based organizations as a source of social support and hope in their wellness promotion and healing process. Spirituality can be a powerful tool to inspire hope, create motivation, and promote healing. By integrating spirituality and multicultural factors into prevention and treatment, a greater appreciation of the “whole person” is emerging in the mental health field.

SPIRITUAL EXPERIENCES CAN OCCUR DURING ALTERED STATES -- Some people experience altered states with a spiritual component that can support the journey toward wellness and recovery. For some, this can be a life-changing event. Too often, this spiritual component has been ignored, labeled, or confused with

delusions or other symptoms. Providers should respond respectfully and appropriately when clients ask for assistance with these experiences.

ENGAGEMENT OF FAITH-BASED ORGANIZATIONS – Faith communities and spirituality can be a source of coping and social support for those struggling with the impact of mental health issues: poverty, homelessness, loss of meaning and purpose, stigma, isolation, etc. Some faith communities have become “welcoming congregations” to people with mental health issues, and others have adopted mental health advocacy as part of their social justice agendas. Mental health agencies are better able to reach unserved, underserved, and inappropriately served populations when they invite collaboration with local faith-based organizations.

We acknowledge that some individuals and families have experienced traumatic interactions with religious communities. In these instances, it is important to provide a safe environment for talking about these experiences in an open and accepting way.

THE PARAMOUNT IMPORTANCE OF CLIENT CHOICE – We are passionate about choice – including individuals’ and families’ choice *not* to engage with spirituality and/or religion. Mental health services are enriched by 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 -- that may be different from one’s own. We welcome the opportunity to be enriched by the wisdom that others have gleaned from their own spiritual path and/or life experience.

NEED FOR NETWORKING AND TECHNICAL ASSISTANCE -- County mental health authorities and community-based organizations already interact with spirituality and faith-based organizations in numerous ways. We believe they can benefit from knowing more about what other individuals, agencies, and systems are already doing and what results they have had. It is the role of the California Mental Health & Spirituality Initiative to facilitate this technical assistance.

This values statement was revised and adopted by the Initiative’s Statewide Steering Committee (then called “Work Group”) on January 20, 2009. Because we are always learning, this values statement will be updated over time as needed.

STATEWIDE STEERING COMMITTEE, CALIFORNIA MENTAL HEALTH & SPIRITUALITY INITIATIVE:

- Marina Augusto, MS, California Department of Mental Health
- Patty Blum, PhD, CPRP, Crestwood & Dreamcatchers
- C. Rocco Cheng, Ph.D., Corporate Director of Prevention and Early Intervention Services, Pacific Clinics
- Freda K. Cheung, PhD, Associate Clinical Professor, Department of Psychiatry, Harbor-UCLA Medical Center
- Courtney Cummings, Native American Community
- Gigi Crowder, MSW, Ethnic Services Manager, Alameda County Behavioral Healthcare Services
- Wesley Fukomyama, LCSW, Santa Clara County Mental Health Board
- Khani Gustafson, MSW, Project Manager, Center for Multicultural Development, California Institute for Mental Health
- Manuel J. Jiménez, Director, Merced County Mental Health
- Taif Kaissi, MD, VP Medical Network Devoted to Service (MiNDS)
- David Lukoff, PhD, Professor of Psychology, Institute for Transpersonal
- Jay Mahler, Consumer Relations Manager, Alameda County Behavioral Healthcare Services
- Rev. Laura L. Mancuso, MS, CRC/CPRP, Interfaith Chaplain, Santa Barbara
- Kumar Menon, MSPA, Chief, Community & Government Relations, Los Angeles County Department of Mental Health
- David Miller, Department of Behavioral Health, San Bernardino County
- Andrew Posner, Benefit Assistance Clients’ Urban Project
- Minister Monique Tarver, Spirituality Liaison, Social Inclusion Campaign, Peers Envisioning and Engaging in Recovery Services (PEERS), Oakland
- Jairo Wilches, Consumer Liaison, San Mateo County Behavioral Health & Recovery Services

EVIDENCE OF POSITIVE CORRELATIONS BETWEEN MENTAL WELLNESS, RECOVERY, AND SPIRITUALITY

83% of psychiatric patients felt that spiritual beliefs had a positive impact on their illness by providing healing, comfort, and the realization that they are not alone.

Source: Lindgren and Coursey (1995), "Spirituality & Mental Illness: A Two-Part Study." Psychosocial Rehabilitation Journal, 18(3).

Religious practices (such as worship and prayer) appear to protect against severity of psychiatric symptoms and hospitalization, enhance life satisfaction, and speed recovery in mental disorders.

Sources: Koenig, McCullough, and Larson (editors), Handbook of Religion & Health (2001); Randal, Simpson, and Laidlaw (2003); as cited by David Lukoff PhD in Mijares, Sharon G. and Khalsa, Gurucharan Singh, The Psychospiritual Clinician's Handbook: Alternative Methods for Understanding and Treating Mental Disorders, Binghamton, NH: Hawthorn Reference Press, 2005.

"Religious activities and beliefs may be particularly compelling for persons who are experiencing more severe symptoms, and increased religious activity may be associated with reduced symptoms. Religion may serve as a pervasive and potentially effective method of coping for persons with mental illness, thus warranting its integration into psychiatric and psychological practice."

Source: Tepper, Leslie, et al. "The Prevalence of Religious Coping Among Persons with Serious Mental Illness." Psychiatric Services, Volume 52, No 5, May 2001.

Summary: Religious involvement correlates with less depression, faster recovery from depression, fewer suicides, less alcohol abuse and/or dependence, a greater sense of well-being and happiness, and significantly greater measures of meaning and purpose in life, hope, optimism, and social support.

Source: Koenig, Harold G., Dana E King, and Verna Benner Carson. Handbook of Religion and Health, 2nd Edition. New York: Oxford University Press, 2012.

F.I.C.A. SPIRITUAL HISTORY TOOL

by Christina Puchalski, MD

George Washington Institute for Spirituality & Health (GWish)

The text on this page appears on the website of the George Washington Institute for Spirituality & Health (GWish) at <http://www.gwumc.edu/gwish/clinical/fica.cfm> and is included here for non-commercial & educational purposes only. All text is property of GWish.

“The FICA Spiritual History Tool was developed by Christina Puchalski, MD and a group of primary care physicians to equip physicians and other healthcare professionals with a tool to address spiritual issues with patients. Spiritual histories are taken as part of the regular history during an annual exam or new patient visit, but can also be taken as part of follow-up visits, as appropriate. The FICA tool serves as a guide for conversations in the clinical setting.

The acronym FICA can help structure questions in taking a spiritual history by healthcare professionals.

F – Faith, Belief, or Meaning

“Do you consider yourself spiritual or religious?” or “Do you have spiritual beliefs that help you cope with stress?” If the patient responds “No,” the health care provider might ask, “What gives your life meaning?” Sometimes patients respond with answers such as family, career, or nature.

I – Importance and Influence

“Are these beliefs important to you? Have your beliefs influenced how you care for yourself? What role do your beliefs play in regaining your health?”

C – Community

“Are you part of a spiritual or religious community? Is this of support to you and how? Is there a group of people you really love or who are important to you?” Communities such as churches, temples, and mosques, or a group of like-minded friends can serve as strong support systems for some patients.

A – Address in Care

“How would you like me/your healthcare provider, to address these issues with you?” Examples include referral to chaplains, pastoral counselors, or spiritual directors, journaling, and music or art therapy. Sometimes the plan may be simply to listen and support the person in their journey.”

Source: George Washington Institute for Spirituality & Health
<http://www.gwumc.edu/gwish/clinical/fica.cfm>
Accessed online 2009-05-01

THE H.O.P.E. QUESTIONS

by **Gowri Anandarajah, MD and Ellen Hight, MD, MPH**
Brown University School of Medicine

The text on this page appears in the January 1, 2001 edition of American Family Physician journal, available for free download by the public at <http://www.aafp.org/afp/2001/0101/p81.html> and is included here for non-commercial & educational purposes only. All text is property of American Family Physician Journal.

The HOPE Questions were developed as a teaching tool to help medical students, residents, and practicing physicians begin the process of incorporating consideration of a patient's spirituality into medical practice. The authors are Gowri Anandarajah, MD and Ellen Hight, MD, MPH in the Department of Family Medicine, Brown University School of Medicine, Providence, Rhode Island.

“H – 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?

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?

P – Personal spirituality and 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).

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?

Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products).”

Source: Anandarajah, Gowri and Ellen Hight (2001). “Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment.” *American Family Physician*, 63(1), p. 87.

PICTORIAL SPIRITUAL ASSESSMENT METHODS

by David R. Hodge, PhD, School of Social Work, Arizona State University

David R Hodge, PhD, is an associate professor in the School of Social Work at Arizona State University, a Senior Fellow with the Institute for Studies of Religion at Baylor University and the Program for Research on Religion and Urban Civil Society at the University of Pennsylvania. He has written extensively on the topic of spiritual assessments. In addition to a series of questions that comprise a traditional verbal Spiritual History, Hodge has developed four diagrammatic methods:

- Spiritual Genogram
- Spiritual Ecomap
- Spiritual Ecogram
- Spiritual Lifemap

An overview of these methods appears in the November 2005 issue of *Health & Social Work Journal*, entitled, “Developing a Spiritual Assessment Toolbox: A Discussion of the Strengths and Limitations of Five Different Assessment Methods.”

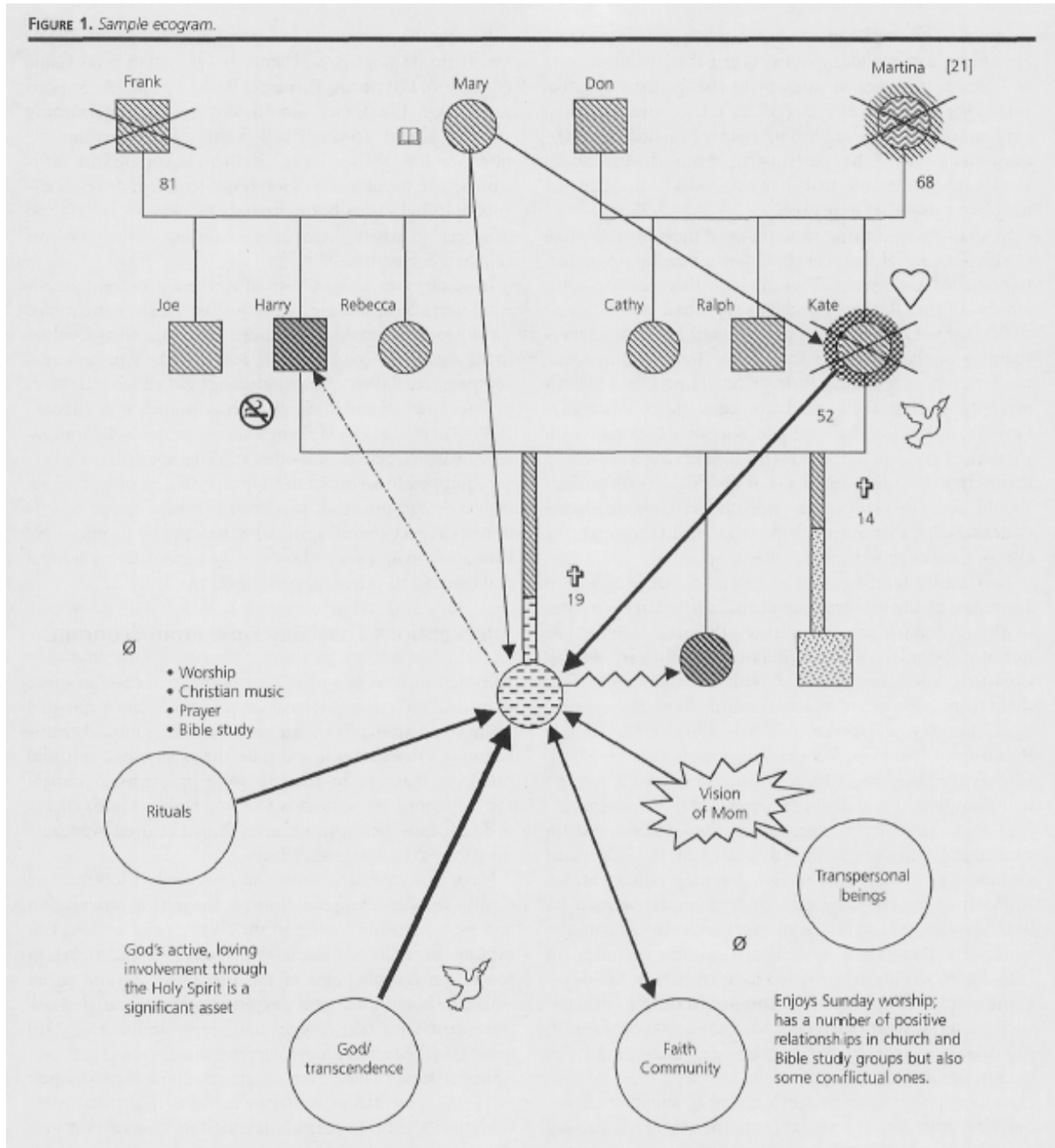
See also Hodge’s book entitled, *Spiritual Assessment: Handbook for Helping Professionals* published in 2003 by the National Association of Christians in Social Work.

<http://ssw.asu.edu/filelib/faculty/faculty-profiles/david-hodge>

Illustrations of two of Dr Hodge’s methods are included below for non-commercial, educational use.

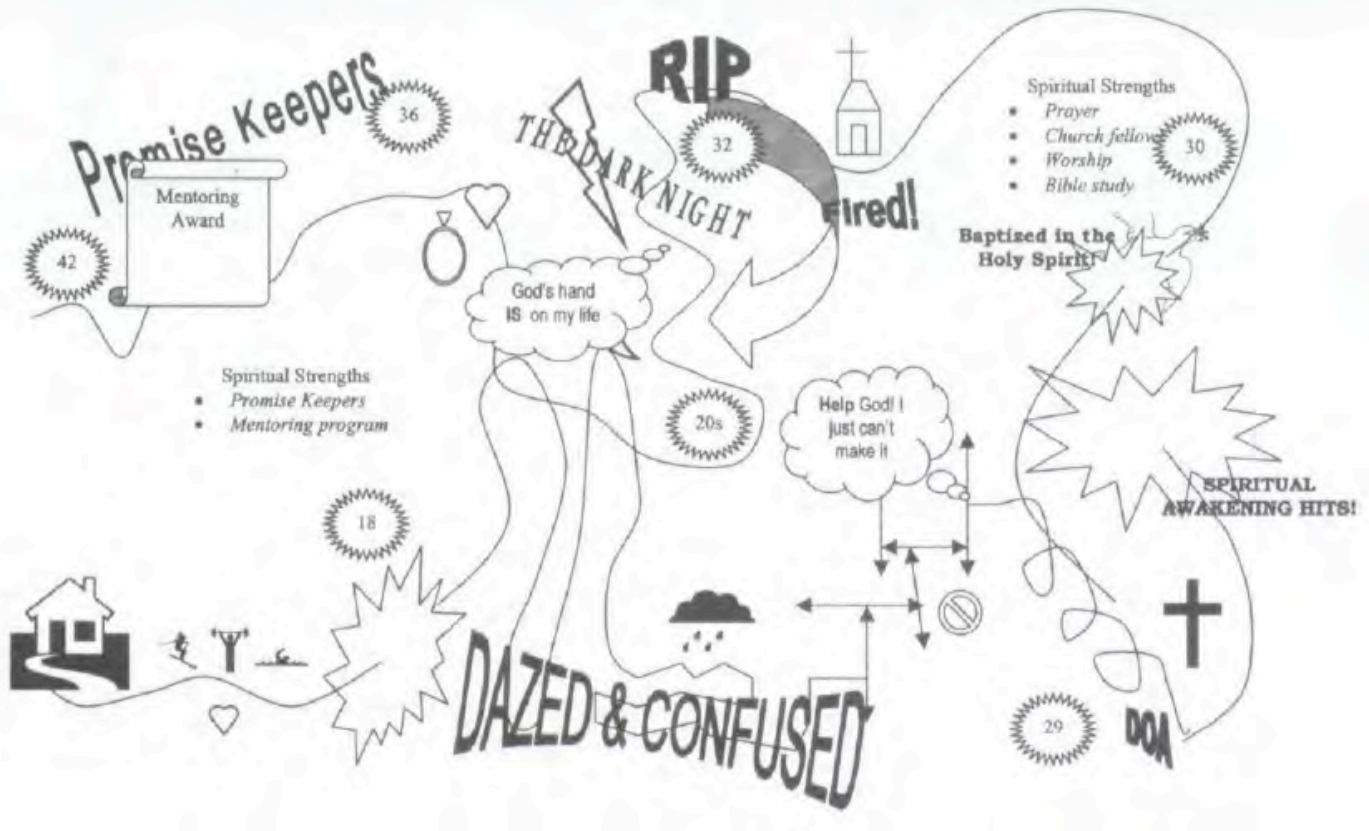
EXAMPLE OF A SPIRITUAL ECOGRAM BY DAVID R HODGE.

Source: Hodge, David R. (2005). "Spiritual Ecograms: A New Assessment Instrument for Identifying Clients' Strengths in Space and Across Time." *Families in Society*. 86(2), 287-296.



EXAMPLE OF A SPIRITUAL LIFEMAP BY DAVID R HODGE.

Source: Hodge, David R. (2005). "Spiritual Lifemaps: A Client-Centered, Pictorial Instrument for Spiritual Assessment, Planning, and Intervention." *Social Work*. 50(1), 77-87.



San Mateo County Behavioral Health & Recovery Services SPIRITUALITY INITIATIVE POSTCARD

The postcard featured below was developed by the San Mateo County Behavioral Health & Recovery Services Spirituality Initiative for consumers to use as a starting point for self-reflection about the role of spirituality in their wellness and recovery, which they might also choose to bring to their mental health appointments to open up a conversation about spirituality. The postcard is available for free download at www.smchealth.org/spirituality. All text and images are property of San Mateo County Behavioral Health & Recovery Services, and are included here for non-commercial and educational purposes only.

FRONT OF THE POSTCARD:



Spirituality:

a powerful resource in the wellness and recovery of most people

Reading an inspiring spiritual text, spending time in nature, enjoying the company of a loved one, going to a place of worship, petting an animal, stretching your body, meditating, praying, dancing, singing, drawing or writing in a journal are some activities which might help you connect with hope, meaning and joy, **even when things get difficult.**



Consumer-led effort from the San Mateo County Behavioral Health & Recovery Services (BHRS) Spirituality Initiative.
For more information about the Spirituality Initiative, visit www.smchealth.org/spirituality or call Jairo Wilches at 650.573.2890



CONTINUED ON NEXT PAGE...

BACK OF THE POSTCARD:

This chart will help you think about your spirituality. Complete it and, if you want, talk about it with friends, relatives, providers, spiritual leaders and others who contribute to your wellness and recovery.

How easy is it for me to:	Not easy → → → Easier	Am I fulfilled in this area?
Experience hope	1 2 3 4 5 6 7 8 9 10	Yes / No
Experience gratitude	1 2 3 4 5 6 7 8 9 10	Yes / No
Find meaning in life	1 2 3 4 5 6 7 8 9 10	Yes / No
Experience feelings of love and care	1 2 3 4 5 6 7 8 9 10	Yes / No
Accept love and care	1 2 3 4 5 6 7 8 9 10	Yes / No
Forgive others and myself	1 2 3 4 5 6 7 8 9 10	Yes / No
Feel that I belong	1 2 3 4 5 6 7 8 9 10	Yes / No
Feel good and think well about myself	1 2 3 4 5 6 7 8 9 10	Yes / No
Be of service to others/community	1 2 3 4 5 6 7 8 9 10	Yes / No
Reach out when feeling sad/hurting	1 2 3 4 5 6 7 8 9 10	Yes / No
Be part of a spiritual community	1 2 3 4 5 6 7 8 9 10	Yes / No
Have goals, dreams and aspirations	1 2 3 4 5 6 7 8 9 10	Yes / No
Experience a Higher Power	1 2 3 4 5 6 7 8 9 10	Yes / No

Source: San Mateo County Behavioral Health & Recovery Services, Spirituality Initiative, www.smchealth.org/spirituality, or call Jairo Wilches, Consumer Liaison, Office of Consumer & Family Affairs at 650-573-2890

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www.consumerstar.org

Mental Health Ministries – Rev. Susan Gregg-Schroeder

www.mentalhealthministries.net

Mental Health Matters public access TV show & curriculum for Caring Congregations – Rev. Barbara F. Meyers

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Spiritual Competency Resource Center by David Lukoff, PhD -
www.spiritualcompetency.com

Spiritual Lessons in Recovery -- Pat Deegan, PhD.
www.patdeegan.com/blog/archives/000011.php

Zangmo Blue Thundercloud -- Sally Clay
www.sallyclay.net