SPIRITUALITY, FAITH-BASED ISSUES, AND ETHICAL MENTAL HEALTH TREATMENT

PANELISTS:
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Disclosure: No Conflicts of Interest

Members of this panel attest that none of us has potential conflicts of interests that arise from financial relationships with any commercial or proprietary entity that produces health care-related products and/or services relevant to the content presented.
Overview of Presentation

I. Introduction
II. Review of Learning Objectives
III. Ethical Guidelines by Discipline
IV. Relevant Research
V. Panelists Speak to the Issues
VI. Case Studies
VII. Wrap-up and Evaluation
Learning Objectives

1. Explore current research related to incorporating spirituality into mental health treatment;

2. Explore faith-based or spiritually-focused issues when they emerge in practice settings; and

3. Examine ethical dilemmas that emerge in relationship to spiritual concerns.
Mental Health & Spiritual Issues:

Ethical Conduct

OBJECTIVE: Explore faith-based or spiritually-focused issues when they emerge in practice settings
Ethical Conduct: Physicians

Patient-Physician Relationship:
Respect for Law and Human Rights.

The creation of the patient-physician relationship is contractual in nature. Generally, both the physician and the patient are free to enter into or decline the relationship. A physician may decline to undertake the care of a patient whose medical condition is not within the physician's current competence. However, physicians who offer their services to the public may not decline to accept patients because of race, color, religion, national origin, sexual orientation, gender identity or any other basis that would constitute invidious discrimination. Furthermore, physicians who are obligated under pre-existing contractual arrangements may not decline to accept patients as provided by those arrangements.
Ethical Conduct: Psychologists

Respect for People’s Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

American Psychological Association ~ Ethical Principles of Psychologists, Principle E
Ethical Conduct: Social Workers

Cultural Competence & Social Diversity

• Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

Discrimination

• Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

National Association of Social Workers ~ Code of Ethics, Section 1.05c & 4.02
Non-Discrimination

- Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.
Ethical Conduct: Licensed Professional Counselors

Discrimination

- Licensed Professional Counselors shall not, in the rendering of their professional services, participate in, condone, or promote discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law. Licensed Professional Counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative impact on these persons.
Spirituality Meets Mental Health Treatment: The Research

OBJECTIVE: Explore current research related to incorporating spirituality into mental health treatment
The Research

• Religion does not equal Spiritual
  – A broad distinction that was made by many people for the first time in history 50+ years ago.
  – Different approaches imply very different commitments and beliefs:
    • Spiritual and religious
    • Aspiritual and religious
    • Spiritual and areligious
Definition of “Spiritual”

- The realization that there is something magnificent within us
- An expansive “YES” to life and oneself and others
- “Love is God”
- Is about becoming human rather than “godly”
Definition of “Spiritual”

• More objective definition involves dimensions of love and meaning:
  – That which increases our capacity to know and experience love
  – That which creates meaning and nourishes the higher and more positive aspects of being human.
Definition of “Religious:

• Faith or religion defined as one’s Ultimate Concern
  – Paul Tillich

• An effort to Box the flame
The Research: Religion vs. Spirituality

• Religious:
  – Higher levels of authoritarianism, religious orthodoxy, parental religious attendance
  – Often defined in terms of both personal beliefs and organizational practices

• Spiritual:
  – Higher levels of tolerance, mystical experiences, New Age beliefs and practices, higher income, and the experience of being hurt by clergy
  – “Religion is for those who don’t want to go to hell. Spirituality is for those who have been to hell and don’t want to go back.”
  – Often defined in personal or experiential terms, such as belief in God or a Higher Power

The Research: Religion vs. Spirituality

- **Age Differences:**
  - Older generations tend to identify more with “religious”
  - Younger generations identify more with “spiritual”

- **Mental Health Providers** tend to test as more “spiritual” and less “religious” than their clients
  - This can create ethical dilemmas

Clinical Tips

• Take a wellness approach:
  – Focus more on Image of God than on Original Sin
  – More is right with the client than wrong

• Ask open-ended questions. Examples:
  – “Do you have spiritual beliefs?”
  – “What keeps you going?”
  – “What nourishes your soul and helps you come alive?”
Mental Health Treatment & Faith-based Issues: Panelists Speak
Panelists Speak:

How frequently do you encounter faith-based or spiritual issues in counseling sessions and what are the kinds of issues that most often prove a source of conflict in this context?

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Mental Health Treatment & Faith-based Issues: Case Studies

OBJECTIVE: Examine ethical dilemmas that emerge in relationship to spiritual concerns.
Case Study One

In your first session with a couple, the husband informs you that he has asked his wife to come to counseling because she has told him that she wants a divorce. He is hoping that counseling will help her see that divorce is contrary to their religious beliefs and the vows they took when they married 30 years ago. He says it’s important to him that their counselor value the sanctity of marriage. In the course of the session, you learn that the husband has been consistently emotionally abusive—at times cruel—to the wife. Both deny physical abuse.

How might you respond?
Case Study Two

Your client is a woman, age 32, who is married and has a daughter, age 3. She wants help sorting out conflicts she is having between her sexual feelings and her religious beliefs. She says that she has been troubled for years by strong feelings of attraction toward women. She feels that she can no longer deny or repress these feelings, if she is to be true to herself and ever hope to be happy. She tells you that her faith is important to her and she perceives that expressing such feelings would be unacceptable in her faith tradition.

How might you respond?
Case Study Three

Your client is 16-year-old girl brought in by her parents who are quite worried about her. Since the recent ending of her first serious relationship over a month ago, she has had little interest in friends or social activities. She seems to want little to eat and sleeps more than usual. She admits that she feels depressed and has entertained thoughts of killing herself, but indicates that she cannot bring herself to think too seriously about suicide because it is contrary to her religion.

How might you respond?
Case Study Four

Your client is a 17-year-old female who tells you when she makes her appointment that she is pregnant. She tells you that her parents know that she is pregnant, but she does not want them to know that she is seeking counseling related to the pregnancy. You conclude that it is not a violation of the law in your state to see her under these circumstances, and agree to see her.

In the first session with her she informs you that she is not certain she wants to continue the pregnancy, but knows that her parents reject abortion on religious grounds. How might you respond?
Case Study Five

A couple in their early 30s bring their a 6-year-old son to you because they are concerned about his behavior. He expresses a consistent interest in feminine clothing, make-up and gender roles in his play. Named for his father, the child has recently begun asking to be called “Jennifer” instead of his given name. The parents are unsettled about what seems to be an emerging feminine gender identity on several levels. One particular concern they express, is how to deal with the conflict this behavior poses with their religious beliefs.

How might you respond?
Key Points to Remember:

• Meet people where they are.
• Ask open-ended questions with the invitation to “tell me more.”
• Clarify the conflicts or issues of concern.
• Focus on options and possibilities.
• Offer hope.
QUESTIONS?

COMMENTS?