Plan for Workshop

- overview of the relevance of spirituality to spiritually sensitive social work and mental health recovery (Canda)
- introduction to use of a new spiritual strengths assessment tool for mental health settings (Gomi)
- mindfulness related evidence-based practices that are becoming widely used in mental health and health settings (Warren)
Resources

• KU School of Social Welfare’s Spiritual Diversity Initiatives website:
  – [http://spiritualdiversity.ku.edu/](http://spiritualdiversity.ku.edu/)

• Spiritual Diversity in Social Work Practice: The Heart of Helping, second edition
  – By Edward R. Canda and Leola Dyrud Furman, Oxford University Press 2010

Spiritually Sensitive Social Work

Addresses the ways that practitioners, clients/consumers/patients, and their communities:

- Seek a sense of meaning, purpose, and connectedness
- As they strive toward their highest aspirations,
- Maximize their strengths and resources,
- And work to overcome personal obstacles and environmental blocks and gaps in resources
Major Ethical Principles

- **Client Centeredness**: Focus on clients’ beliefs, goals, interest, and comfort level
- **Nondiscrimination and Anti-Oppression**: Worker’s religious or anti-religious agenda should not drive practice
- **Cultural Appropriateness and Respect for Diversity**: Work in a culturally appropriate manner
- **Non-coercion and Informed Consent**: Regarding spiritually based helping practices, begin with least intrusive open-ended assessment, identify level of interest, and move to more explicit spiritually based practices only if client prefers
- **Evidence-based Practice**: Ground practices in best available evidence in all forms
- **Practitioner Competency**: Establish competency for particular populations, issues, and practices
- **Social Justice**: Work for full spiritual potential of clients and conducive social contexts
- **Organizational Congruence**: Culture of HSO should reflect these values and ethical principles in policies, administrative style, and guidelines for direct practice
Examples of Relevant Professional Standards

- International Federation of Social Workers (IFSW) and International Association of Schools of Social Work (IASSW), Ethics in Social Work, Statement of Principles

- National Association of Social Workers (NASW, USA), Code of Ethics; and Standards for Cultural Competence, Services in Long Term Care Facilities, Practice in Health Care Settings, Palliative & End of Life Care, and Substance Use Disorders

- Mental health recovery movement recognizes spirituality as a factor important to many consumers
SPIRITUALITY (as aspect)

A process of human life and development
• focusing on the search for a sense of meaning, purpose, morality, and well-being
  • in relationship with oneself, other people, other beings, the universe, and ultimate reality however understood (e.g. in animistic, atheistic, nontheistic, polytheistic, theistic, or other ways);
• orienting around centrally significant priorities; and
• engaging a sense of transcendence (experienced as deeply profound, sacred, or transpersonal).
  • Private and public components
  • Religious or nonreligious expressions
  • Healthy or unhealthy manifestations
Religion

• An institutionalized (i.e. systematic and organized) pattern of values, beliefs, symbols, behaviors, and experiences related to spirituality (and other things);
• Shared by a community;
• Developed and transmitted over time.

Religious images from the Spiritual Diversity Gallery at E. Canda’s homepage
Healthy spirituality

• Encourages individuals and communities to develop:
  – Meaning, purpose, joy, peace, coherence of worldview, overall well-being
  – Patterns of mutual support, philanthropy, appreciation of diversity, actions and social policies for the common good of society and world

• Practitioners may also need to assist clients to address harmful religious and nonreligious spiritual expressions
Special thanks to Kansas mental health consumers who gave permission for use of their art and words.
Factors associated with positive outcomes

• Intrapersonal Factors

– Clear sense of life **meaning** and/or search for one.
– **Commitment** to developing personal balance and wellbeing.
– **Engagement** in private and shared beliefs, values, and practices (such as prayer) that promote stress relief, sense of meaning, and support by God and/or other Sacred Sources of Power.
– Integrating **complementary healing practices** in personal life style from medicine, other conventional and alternative therapies, and spiritual traditions of healing.
Factors associated with positive outcomes

• Interpersonal factors

  – Receiving mental, physical, social, and spiritual supports from fellow members of religious communities (or spiritually oriented social support systems).

  – Learning and practicing health promoting beliefs, values, and behaviors for religious/spiritual support systems.

  – Participating in and receiving positive healing intentions from others (even anonymously or unknowingly) through prayer, meditation, ritual, etc..
Examples of widely used and researched spiritually involved helping practices

- Therapeutic qualities of a spiritually sensitive helping relationship (e.g. rapport, empathy, compassion, perceived support/alliance)
- Instillation of hope, sense of meaning
- Mindfulness based stress reduction (e.g. J. Kabat-Zinn) and cognitive behavioral therapies (e.g. Dialectical Behavior Therapy of Marsha Linehan)
Faithfulness
There should be faithfulness of taking medicine and prayer; Prayer is the best medicine. Without taking my medicine I would be spiritually bankrupt. I need to pray continually.
Assessing Spirituality Within the Strengths Model of Mental Health Recovery

This study was supported in part by the Shumaker Family Foundation and the Center for Mental Health Research and Innovation at the University of Kansas, School of Social Welfare.
Background of the pamphlet

Gaps in Knowledge/Rationale for Study

- Little research on role of spirituality for people with Serious Mental illness (SMI)
- Little guidance for how to assess spirituality with people with SMI
- Many questions arose during trainings on the topic
Brief Background

Phase I. Focus groups were conducted with mental health professionals and consumers.

Phase II. Consultation meetings were held with a panel of strengths model leaders.

Phase III. Consultation meetings were held with a panel of strengths model case managers.
Phase I: Focus Groups

- 6 focus groups in total: One professional group and one consumer group at each of three community mental health centers (CMHC)

- Total # of participants = 48 (23 professionals & 25 consumers)

- Focus Groups offers insight about:
  - Professionals and consumers experiences engaging in spiritual assessment in mental health settings
  - Practice principles for spiritual assessment when working with people with severe mental illness
  - Effective practice approaches and questions for addressing spirituality in both religious and nonreligious forms in the lives of people with psychiatric disabilities

A draft pamphlet was created.
Phase II & III of Study

II. Consultation meetings were held with a panel of strengths model leaders.

III. Consultation meetings were held with a panel of strengths model case managers.

- To be consistent with the Strengths Model of mental health practice.
- To enhance the relevance, applicably, and usability.
The Strengths Assessment

- A tool used as part of the Strengths Model
- Assists in exploring clients’ strengths and resources
- Includes the following domains
  - 1. Home/Daily Living
  - 2. Assets (Financial/Insurance)
  - 3. Employment/Education
  - 4. Supportive Relationships
  - 5. Wellness/Health
  - 6. Leisure/Recreational
  - 7. **Spirituality**/Culture
Exploring the Pamphlet

• Please see the pamphlet as distributed
• For more free copies, go to the Mental Health Resources in the website for KU’s Spiritual Diversity and Social Work Initiatives:
  – [https://spiritualdiversity.ku.edu/](https://spiritualdiversity.ku.edu/)
  – This website contains numerous other resources as well
Mindfulness Practices in Mental Health Settings
Mind Full, or Mindful?
Mindfulness Bell

This app is compatible with all of your devices.

More from developer

Description

Now with better support for quiet environments!
The Mindfulness Bell rings periodically during the day, to give you the opportunity to hold on for a moment and consider what you are currently doing, and in what state of mind you are while you are doing it. According to the Zen Buddhist teacher Thich Nhat Hanh, this is an
Calm.com

- 2, 10, or 20 Minutes
- Different images and sounds to choose from
- This site changes often. You used to be able to turn the voice off, and there were only 2 choices of time.
- The scenes are rotated over time for variety
Moving Meditations

- Qigong
- Yoga
- Tai chi
- Labyrinths
- 5 Rhythms™
What *IS* mindfulness?

- Mindfulness is a mode of awareness in which a person pays purposeful and kind attention to oneself in the present moment and situation with nonjudgmental acceptance and without clinging to the flow of thoughts, feelings, and habitual reactions (Canda & Furman, 2010; Gockel, 2010; Orsillo, Roemer, Lerner, & Tull, 2004; Shier & Graham, 2011).
In other words:

- Baer (2010) summarizes, mindfulness as a complex process that includes “...paying attention to present-moment experiences, labeling them with words, acting with awareness, avoiding automatic pilot, and bringing an attitude of openness, acceptance, willingness, allowing, nonjudging, kindness, friendliness, and curiosity to all observed experiences” (p. 28)
Why use it with clients?

- Do you ever feel scattered or overwhelmed? Clients do too!

- Morris (2009, p. 180) describes practicing mindfulness as a “refuge from being at the mercy of our emotional states and a refuge from the culture of endless doing” (Morris, 2009, p. 180).

- People often incorrectly perceive themselves and the world due to scattered attention, stress, and egocentrism.
Mindfulness can be considered a type of meditation in 6 steps

• Focus
• Refrain from evaluation
• Notice
• Return
• Observe
• Label
Evidence Based Practices

Mindfulness Based Stress Reduction (MBSR)

• developed in behavioral medicine setting, to help patients manage pain and stress related to health conditions and treatments

• MBSR is somewhat efficacious on depression, anxiety, and other psychological distresses in people who have other physical diseases
Mindfulness Based Cognitive Therapy

- cost-effective treatment for relapse prevention of depression
- useful in mitigating mental rumination and dysphoric mood that can signal the beginnings of a depressive relapse
Montgomery, Kim, and Franklin (2011) conducted a systematic review of studies of ACT’s impact on psychological or physiological illness outcomes. 18 studies met their inclusion criteria for rigor and The authors found ACT to be promising to help clients with “…psychosis, anxiety disorders, pain management, trichotillomania, chronic skin picking, and epilepsy...” (p. 178).
Dialectical Behavior Therapy (DBT)

- From Marsha Linehan’s work with people diagnosed with Borderline Personality Disorder.
- Now applied to a wide range of practice issues in outpatient and inpatient mental health settings, including forensics, intimate partner violence, substance dependence, depression and anxiety in older adults, eating disorders, family therapy, and adolescents with self-injury or suicidal ideation.
Should practitioners practice it?

- Social workers can benefit from mindfulness and other types of meditation practices by increasing “...skills of concentration, attentiveness, accurate listening, empathy, and stress management” (Canda & Furman, 2010, p. 148).
Should I practice mindfulness?

• For the clinician, mindfulness techniques are said to improve mindful presence, attention, affect regulation, attunement, and empathy.
Let’s Practice