

# **Spiritual Competency in Mental Health: Graduate Course Integrated Curriculum Content**

## **Instructor Guidebook**

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This Instructor Manual will provide you with the information you need to prepare, integrate, and teach your Spiritual Competency in Mental Health integrated course content.

If you have questions about anything related to this manual, the course, or our research, please contact Dr. Michelle Pearce at [michelle.pearce@umaryland.edu](mailto:michelle.pearce@umaryland.edu)

# Table of Contents

<b>PART 1: General Information .....</b>	<b>3</b>
<i>WHAT IS SCT-MH?</i> .....	3
<i>PREPARING TO TEACH THE INTEGRATED CONTENT</i> .....	3
<i>TIPS FOR TEACHING YOUR COURSE</i> .....	7
<b>PART 2: Weekly face-to-face class meeting outline .....</b>	<b>11</b>
1. <i>Week 1: Introduction and Orientation</i> .....	11
2. <i>Week 2: Introduction to Spiritually Integrated Mental Health Care (M1)</i> .....	14
3. <i>Week 3: Understanding Spirituality (M2)</i> .....	16
4. <i>Week 4: Guiding Principles for Spiritually Integrated Mental Health Care (M3)</i> .....	18
5. <i>Week 5: Distinguishing between Helpful and Harmful Types of Spirituality (M4)</i> .....	21
6. <i>Week 6: Assessing Spirituality in Mental Health (M5)</i> .....	23
7. <i>Week 7: Assessing and Mobilizing Spiritual Resources (M6)</i> .....	30
8. <i>Week 8: Assessing and Addressing Spiritual Problems (M7)</i> .....	31
9. <i>Week 9: Putting it All Together, Challenges, and Future Directions (M8)</i> .....	33
10. <i>Next Steps</i> .....	34
11. <i>Appendices</i> .....	35
1. <i>Syllabus Example for Integrating the SCT-MH Course into an Existing Course</i> .....	36
2. <i>Syllabus Example for a full, standalone, SCT-MH Course</i> .....	45
3. <i>DEI Statement</i> .....	59
4. <i>Tips for Setting Expectations for Your Experience of SCT-MH</i> .....	62
5. <i>Tips for Handling Difficult Religious and Spiritual Problems in SCT-MH</i> .....	63
6. <i>Final Case Study Grading Rubric</i> .....	64
7. <i>2 Grading Examples</i> .....	75
8. <i>Role Play Case Study #1 Worksheets</i> .....	86
9. <i>Role Play Case Study #2 Worksheets</i> .....	89

## Part 1: General Information

### What is SCT-MH?

The Spiritual Competency in Mental Health (SCT-MH) program consists of a hybrid (online and in-person) curriculum content designed to train graduate students in basic spiritual and religious competencies (i.e., knowledge, skills, and attitudes) that underlie effective mental health care. Basic competency in spiritual and religious issues in mental health is part of multicultural competency and an ethical requirement for most professional boards and associations related to clinical practice. This material will equip students to meet these ethical requirements and will increase their confidence and competence for helping clients with religious and spiritual issues. Students will learn how a client's religion/spirituality impacts their mental health and treatment for mental health disorders, as well as evidence-based approaches to assessing and addressing religion and spirituality in your clinical practice.

The SCT-MH **hybrid** content consists of both an online training program (8 modules) housed on the edX Edge platform and in-person class discussions and role-play activities. Notably, the material will function as a **flipped classroom**, meaning that students will learn the content/knowledge outside of class (rather than learning through in-class lectures). Then, class time is used to discuss and apply the material students learned on their own. This flipped approach will provide students with a unique opportunity to build their clinical skills, thereby increasing the likelihood that they will be able to effectively use the course material in their clinical practice.

The **online SCT-MH training program** is where students will learn the content (i.e., the didactic part of the material). The online training program is located on the edX Edge platform (free access to instructors and students) and was developed by experts in the field of religion/spirituality and mental health. The SCT-MH program consists of eight modules; each module takes about 90 minutes to complete. The modules consist of engaging learning activities, such as watching brief video lectures, reading text, listening to audio clips, reading and watching case studies, and completing short reflection questions as well as questions aimed to consolidate comprehension of the course curriculum/content. Students will complete the various online modules before they come to class (just like they would complete their readings before class). The module content areas include:

- Module 1: Introduction and Orientation
- Module 2: Understanding Spirituality
- Module 3: Guiding Principles for Spiritually Integrated Mental Health Care
- Module 4: Questions to Distinguish Spiritual Experiences from Psychopathology
- Module 5: Assessing Spirituality in Mental Health Care
- Module 6: Mobilizing Spiritual Resources
- Module 7: Addressing Spiritual Problems
- Module 8: Putting it All Together, Challenges, and Future Directions

- Concluding Module: Final Case Study

**Final Case Study:** In the empirical evaluation of the program, instructors made the final case study worth 15% of their students' final grade. However, it is up to each individual instructor how they want to allocate a course grade to this final case study.

The **in-person content** consists of class discussions (30-45 minute discussions are suggested) and a full class (or two) devoted to role-playing activities. These in-person activities provide students with the opportunity to discuss the online materials, share personal experiences, practice the skills, and apply the principles they learned in the online portion of the course. It is essential that students come to class prepared! Everything that is done in the in-person class time is dependent upon students reading and comprehension of the content from the online modules.

You are also free to add other in-person content and activities to your course. The activities described above are what instructors used in the empirical evaluation of the SCT-MH program. But you are welcome to integrate this content in any way that best suits your students' needs and your course learning outcomes. We have provided some other ideas for class activities for your consideration. These activities were utilized for a full course on spiritual competency, and are located in the attached syllabus in the Appendix of this guidebook.

**SCT-MH Learning Objectives:**

Upon completion of the SCT-MH program, students will be able to:

- Explain why it is important to address religion/spirituality (RS) in treatment
- Describe common stereotypes about RS
- Identify and explain the diversity of RS expressions (e.g., RS beliefs, practices, and experiences) and how this relates to mental health treatment
- Engage in reflective self-assessment as it pertains to RS in mental health treatment
- Describe the role of the therapist's own RS attitudes, beliefs, and practices
- Distinguish between life-affirming and life-limiting forms of RS
- Contrast psychopathology with normative spiritual experiences
- Assess RS at various levels of depth with their clients
- Identify and mobilize RS resources with their clients
- Identify and respond appropriately to RS problems that arise in treatment
- Recognize and address ethical issues in integrating RS into treatment

**Recommended Prerequisites:** We recommend that this course be taken by students who have completed at least their first year of clinical graduate studies and are currently seeing clients as part of their program (e.g., in a clinic, for practicum). We have clinical practice activities in the online course at the end of each module, so it is preferred that students are seeing clients in some capacity in their program so that they can be applying and practicing what they are learning. Students do not, however, need to be seeing clients as part of the course in which this material is taught and integrated.

**Required Textbooks and Materials:**

All readings will be embedded in the online SCT-MH course environment on edX Edge, which will function as a type of virtual textbook with mini lectures.

**Online edX Edge Course Technical Support:**

If you experience problems with the edX Edge online course, please contact the EdX Help Center at: <https://support.edx.org/hc/en-us>. If you are unable to resolve problems via the Edx Help Center, you may contact the research team at [spiritual.competency@southalabama.edu](mailto:spiritual.competency@southalabama.edu).

## Preparing to Teach the SCT-MH Content

**1. Choose your class activities and finalize your syllabus**

- a. You can choose how you want to integrate the SCT-MH content—either into an existing course on another topic (e.g., multicultural course) or as a stand-alone course on spirituality and mental health. We have provided sample syllabi for both options in the Appendix.
- b. To ensure students are introduced to the hybrid nature of the SCT-MH content and the flipped classroom approach, as well as knowing when various modules must be completed and when to submit the final case study, please add this relevant information to your syllabus.

**2. Complete the online SCT-MH edX course yourself**

- a. Before teaching this curriculum, we highly recommend that you complete the online SCT-MH program on edX Edge yourself. This is the same program that your students will complete during your course. As such, you will want to have a good understanding of this material, so that you can facilitate in-class discussions and answer content-related questions. We anticipate completing the online SCT-MH program will take you about 8 hours to complete. Faculty routinely cited completing the online modules as one of the most helpful aspects of the SCT-MH program. To complete this training, follow the below steps:
  - i. To access the course, you will need to create an account on edX Edge. Click on this link to do so: <https://authn.edge.edx.org/register>.
  - ii. Then, enroll in the course (Spiritual Competency Training In Mental Health SC 602) here: [https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023\\_T3/home](https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023_T3/home) [Note: Bookmark this link for subsequent access to the course].
    1. If you receive an error message when attempting to enroll in the course, follow this troubleshooting guide:

- a. You haven't created an edX Edge account. Go to Step 1.
  - b. You successfully registered, however, you did not login to the edX *Edge* site. Login at: <https://edge.edx.org/login>
  - c. If you continue to have difficulties with the registration/enrollment process, please email the research team at [spiritual.competency@southalabama.edu](mailto:spiritual.competency@southalabama.edu)
- iii. You will continue to have access to the online program during the semester when you are teaching your course. Please refer back to it during the weeks you discuss the SCT-MH content in class.
  - iv. We designed this online training with mini lectures, readings, and case studies to take the burden of knowledge off instructors who are less familiar with the area of RS and mental health. By using this online program in lieu of in-class lectures/didactics, instructors of all backgrounds can feel confident facilitating this content. If you do feel confident teaching this material, feel free to supplement the online material in your face-to-face class!

### **3. Watch the 2 virtual orientation training videos (located on website)**

- a. After completing the SCT-MH edX course and before you begin teaching your course, we recommend you watch the two training videos we filmed just for you!
  - i. Spiritual Competency Training in Graduate School: Instructor Training
    - Part 1: [https://youtu.be/axg\\_9xsAsL4](https://youtu.be/axg_9xsAsL4)
    - Part 2: [https://youtu.be/2khFLS\\_vEw8](https://youtu.be/2khFLS_vEw8)

### **4. Read this Guidebook**

- a. We recommend that you read this Guidebook from start to finish before you begin teaching your course, to familiarize yourself with the content and structure that you might choose to use in your course.

### **5. Reach out to a peer mentor**

You may find it helpful to connect with one of the instructors who has taught this course before. On our website, you will find a list of all instructors who have taught this course before and are willing to be a peer mentor. You may want to connect with someone who is in the same discipline as you are; disciplines are listed to make this easy for you. If you reach out to a peer mentor and they are already at capacity mentoring other faculty like yourself, just keep reaching out to others on the list!

- Here's the website that houses all the resources and lists the peer mentors:

<https://www.spiritualandreligiouscompetenciesproject.com/resources/sct-mh>

## Tips for Teaching Your Course

### 1. Explain the hybrid nature of the course and flipped classroom approach.

In your first class, and in your syllabus, please explain the following to the students, if you are teaching a hybrid course (face-to-face along with the online content). If not, skip to the flipped classroom approach paragraph below.

This is a **hybrid course**, which means some of the course will be online and some will be in-person. The **online portion** of the course consists of the SCT-MH edX training course and is already fully developed and functional. You will be reviewing the material on the edX online course with your students in class, so although you have already completed this training, you will likely want to refresh yourself with the information contained in the modules to best facilitate the **in-class discussions**.

This course uses a **flipped classroom approach**. This means that students will learn the content/knowledge outside of class (rather than learning through in-class lectures). Then, you will use class time to help students engage with and apply the material they learned on their own. Students will spend about 1.5 hours completing each online module. This preparation must be done before the in-person class that week. *It is very important to emphasize this expectation.* Your syllabus should lay out this expectation and provide a course schedule for when certain modules and readings must be completed. Please reiterate this in class.

The **in-class portion** of the course will be facilitated by you. In the “Weekly In-Class Course Outline” below, we provide details on the discussion topics to cover and the role-play activities for the class devoted to engaging in role-plays. The in-class discussions are designed to build on and apply the material that students have learned in the online modules. This flipped approach provides students with a unique opportunity to build their clinical skills, thereby increasing the likelihood that they will be able to effectively use the course material in their clinical practice.

Although this is a fairly structured curriculum, please use this material in the way that works best for your course and your students. For example, you might use some of your class discussion time to discuss topics related to your specific students, mental health discipline, various client or therapist populations, relevant current events, and so on.

### 2. In-Class Discussions

In the research study, instructors led 30-minute class discussions. We received a lot of qualitative feedback saying they would have liked more time for the discussions. Thus, you are welcome and encouraged to devote as much time as you like to the discussions and to include your own discussion questions. Additionally, you might show some of the video clips again and discuss these, as an example, or have deeper discussions about topics like identity and intersectionality (e.g., race, gender, sexuality), both those of their clients and students' own identities, and their relationship with RS.

### 3. Managing Emotions During In-Class Discussions

It is very likely that students will have a variety of thoughts and feelings about the topic of RS. Along with politics and sex, we have been taught that RS is a taboo topic in society, so it is no surprise that this taboo is still evident in the classroom and the therapy room. It is important to address this directly in your first few classes. Per feedback from instructors in the empirical trial, the most challenging class was the one in which students shared about their own spiritual beliefs and practices (i.e., refer to Module 3).

To prepare the students for this challenging content area, you might profit from naming the vulnerability of sharing, exploring the potential anxiety and discomfort, and potentially even growing from the negative feelings and trauma that are associated with discussing this material. Further, students can be reminded that these are the same feelings many of their clients may experience when they address RS in therapy. We encourage you to have a discussion about these feelings and experiences to both normalize and create safety in your classroom. What can you do as a group to make this a safe space to share?

You may find your students prefacing their comments with statements such as, "I'm not religious myself, but..." or "I am a Christian myself, but..." In this case, ***gently call out what you are hearing, and discuss why students feel the need to put themselves inside or outside of a religious category.*** What impact does this have on other students in or outside that category? Would they feel this is appropriate to do in a therapy setting? What effect might it have on the client? Interestingly, we have found that some students who started the course saying they did not have any religious or spiritual beliefs ended the course saying, "oh, I actually do have some beliefs; I just have never been able to articulate them before."

- You might also collect students' self-reflections from the online course, as noted above, as a way to better understand where your students are at personally with the material and their own religious/spiritual experiences or lack thereof. These don't necessarily have to be graded or shared with others, but they will provide you with helpful information about your students and what might be important topics to discuss in class.



- You might also consider sharing something of your own RS background and experiences. In this fashion you could serve as a model for students and foster greater trust and connectedness within the class.
- Another idea is to have students explore their own spiritual identity and formation, or lack thereof, before beginning the online modules. You might assign a spiritual genogram or spiritual autobiography to help them explore how their system of beliefs and practices and values were shaped by their personal life experiences, family history and culture, regional culture, etc. Exploring their personal spiritual systems of beliefs and practice early in class may help them to be more vocal and comfortable sharing their thoughts and opinions later in the course. It may also make the self-reflection work in Module 3 of the course easier.

#### 4. Facilitating the In-Class Role Plays

One entire class meeting—or about 2.5 hours of class time across multiple class meetings—is devoted to role plays. Each role play is about 70-90 minutes in length, including discussion with the whole class before and after the peer-to-peer role plays. **Role plays will be used to teach spiritual competency skills in this course.** Role playing is an excellent way to provide scaffolding to a student who is learning a new skill. It allows time for repetition, practice, and feedback before a student tries the skill with a client.

To prepare for teaching role plays in this course and the skills involved in spiritual assessment in particular, we will review some of the key points from the article *“Teaching clinical interviewing skills using role-playing: Conveying empathy to performing a suicide assessment: A primer for individual role-playing and scripted group role-playing”* (Shea & Barney, 2015). This article provides compelling background/rationale information and practical teaching advice that you will find useful for facilitating your students’ role plays. Here are some **guidelines and principles of role playing** that Shea and Barney (2015) emphasize in their article:

1. Create a safe space for practice and learning (Note: The modules devoted to role plays occurs mid-way through the course. This timing should assist with the creation of a safe space and strong relationships before students engage in this more vulnerable type of activity).
2. Remind students of the advantages of repetition and feedback before real world use. Student buy-in for role plays is critical. Take time to build this buy-in and address concerns and anxieties.
3. The goal is practice, not perfection. Students should expect to make mistakes, learn, receive feedback, and try again.
4. Teach the tool, not the “one right way” to use the tool. Each role play will look different than the others. Your goal is to help students build competency, which is different than perfection or a rigid use of a skill.

5. Model humility and fallibility—Instructors make mistakes, too! When you do make a mistake, point it out and query the class for alternative ways for handling the role play.
6. Stay in your role during the role play. Use time-outs (e.g., “T” signal with your hand) when you must break character for some reason, such as to provide in-the-moment feedback.

### **Before the Role Play:**

Before beginning the first role play, engage in a brief class discussion about the advantages of role playing to create student buy-in and to reduce anxieties. In this discussion, be sure to also review the guidelines and principles above and to ask students about their previous experience with role plays. Have they ever done it before? What was that experience like? Use their answers to address any concerns before beginning this activity.

Before the role play begins, ask the students if they have any questions about what they are attempting to do in the role play. Review the case and the instructions as a group before breaking into pairs (or triads). This helps to ensure that students will use their time most effectively to build the targeted skill/competency.

### **During the Role Play:**

Circulate around the room, dropping into as many role plays as you can as an observer. Provide feedback to the students that will enhance their use of the skill and help them to develop their competency level.

Look for themes across groups, perhaps similar areas in which students are struggling. Later, as a large group, you can review these themes and trouble shoot these struggles together.

Encourage everyone to stay in their roles during the role play. It’s important that the role plays feel realistic. If a break is needed to provide some on-the-spot feedback, call a time-out, perhaps using a hand signal (“T”) to indicate that you are calling a break. Encourage students to use the same protocol during their peer-to-peer role plays.

See Week 10 in the syllabi provided in the Appendix for the time schedule for the role plays.

### **After the Role Play:**

After each role play, you will debrief as a class. For the first role play, engage in a more robust debrief, asking students, what else can we do as a class to make this even more comfortable and useful for you? After each role play, ask about what went well, what was challenging, what they learned, what might have surprised them, and what questions or concerns they might have. Much of the learning is consolidated during this debriefing time.

## Designing the Role Play:

There are many ways to structure the role plays. We recommend the following:

1. **Peer-to-Peer**—After a brief orientation discussion about the role play/case study as a whole group, students pair up and take turns being the therapist and then being the client. Breakout rooms can be used in a platform like Zoom, if the course is online.
2. **Peer-to-Peer with Observer**—It can be helpful to have a group of three students. While two are role playing, the other is observing and then providing objective feedback, particularly to the therapist. Then, switch roles so each person has a chance to be in each role.
3. **Fishbowl**—After students have practiced the role plays on their own, then the whole class can watch as two people demonstrate the role play. We recommend that the instructor take the role of therapist and a student volunteer play the client. This is a chance for the instructor to model the assessment skills.

## 5. Tips for the Online SCT-MH Course

Given you won't be able to see if your students have actually completed the online course modules, there are a few things you might do to increase participation. First, to do well on the final case study, students will need to have read and watched all course material. So, if you assign part of your final grade (we suggest 15% if you are integrating this course into an existing course) to the final case study, you ensure completion of the online course.

You might also have them submit in a Word document their answers to the self-reflection questions. Given you cannot retrieve these yourselves (nor can students retrieve them after they press submit), please remind them (as we do in the course) to copy and paste their response into a Word document that they can submit to you before they press "submit" for their response in the course.

Finally, we suggest that you review the online material again before you teach it, module by module, to refresh your memory.

## Part 2: Weekly Face-to-Face Class Meeting Outline

**NOTE: This weekly outline is simply an example of how you might structure the SCT-MH content within your course. Please feel free to develop the structure that works best for you. The following is based on what we used in the research study with the caveat that we only had 6 weeks to cover the material and we have lengthened that to 8 weeks, below.**

## Week 1 (First Class Meeting): Introduction and Orientation to SCT-MH

For each week of the course that involves the SCT-MH content, we will provide the following information in this Guidebook:

- **Complete Online:** What students need to complete online before their in-person class.
- **Class Discussion/Activity:** What topics you should cover during your in-person class, including class discussions and role plays.
- **Assign:** What assignments you should explain to the students that will be due at the next class.

The following information pertaining to the SCT-MH content should be shared with your students in the first class.

- **Class Discussion/Activity:**
  - Introduce the SCT-MH integrated course content and provide a brief orientation to the purpose of the content. Explain when this material will be taught during your course.
  - Explain the nature of a hybrid class (online and in-person) and a flipped classroom approach (i.e., students watch lectures and do readings before class; class time is devoted to discussions and skill practice). Discuss the expectation that all online work will be done before the in-person class each week. This is essential for the class discussions and skill-building activities.
  - Briefly review the syllabus—topics, activities, assignments, grading—and answer questions.
  - Explain how to create an edX Edge account and register for course (2 step-process listed below)
- **Assign: Complete Online Enrollment for the SCT-MH Course**
  - **Students need to 1) create an edX Edge account and 2) register for the SCT-MH course (SC 602).** Instructions are provided for both steps below. You can copy and paste these instructions into your syllabus and/or into an email for students. These are the same steps you used to register and enroll yourself.

**Please complete EACH of these steps as described below:**

1. *EdX Edge\** is the course platform. Use the following link to register for a free *edX Edge* account: <https://authn.edge.edx.org/register> *Note: You will likely be asked to verify your email address before your account is officially set up.*
- Enroll in the course at: [https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023\\_T3/home](https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023_T3/home)  
[Note: Bookmark this link for subsequent access to the course.]
  - Here is a **2-minute video** demonstrating how to register for your *edX* account and enroll in the course:  
<https://www.youtube.com/watch?v=-fh4M3jk1Ys>

***Please follow this troubleshooting guide if you receive an error message when attempting to enroll in the course:***

- *You haven't created an edX Edge account. Go to Step 1.*
  - *You successfully registered, however, you did not login to the edX Edge site. Login at: <https://edge.edx.org/login>*
  - *If you continue to have difficulties with the registration/enrollment process, please discuss with your instructor.*
- **After enrolling in the course, SCT-MH Online Module 1 is to be completed before next week. Allow 1.5 hours to complete each module.**
    - **Note: We highly recommend that students write down their answers to the self-reflection questions they are asked in the modules and bring these to class with them.** This can be a simple cut and paste from the screen into a Word document that they print and bring with them to class. This will help to ensure everyone has completed the modules and comes ready to participate. In our experience, it has also helped students who feel shy participating in these types of class discussions. You can decide if you want them to submit these to you as the instructor. This helps the instructor get to know where each of their students is at, particularly with information they may not feel comfortable sharing with the whole class. This may be extra helpful for responses in Module 2 about their own spiritual beliefs and history.

## Week 2: Introduction to Spiritually Integrated Mental Health Care

Each week, you will have an in-class discussion on topics related to the online SCT-MH content. We suggest that each class discussion be between 30-45 minutes in length. We will provide the suggested discussion topics for the week, below.

For your convenience, each week we will briefly recap the Objectives, Self-Reflection questions, and Clinical Activities from the Module(s) the students were to complete before class today. These do not have to be reviewed during class, but are instead provided here as a refresher for you. We also highly recommend that you review the Modules yourself before the in-class meetings.

### RECAP of Online SCT-MH Module Assigned this Week:

- **Module 1 Objectives:**
  - Define spiritually integrated mental health care.
  - List three rationales for spiritually integrated mental health care.
  - Name at least three competencies for engaging in spiritually integrated treatment.
- **Self-Reflection Questions from Module 1:**
  - Note: These questions are part of the online module required for this week and are provided here for your convenience; these are not the in-class discussion questions. See Class Discussion/Activity for the topics of discussion for today.
    - Q1: Write a brief description of what spiritually integrated mental health care means to you. Later, you'll have the opportunity to revise your definition after reviewing the information in this section.
    - Q2: After reviewing the course materials in this section, post your response to the following questions in the text box below:
    - Q3: Did your definition of spiritually integrated therapy change after reviewing the material in this section? If yes, how? Would you add anything to our definition? If so, what would you add?
    - Q4: Based on the definition of spiritually integrated therapy provided, have you ever engaged in spiritually integrated therapy as a therapist? If yes, what was that like? If not, why not?
- **Clinical Practice Application from Module 1**

- Note: These questions are part of the online module required for this week and are provided here for your convenience.
  - This week, identify one competency you want to specifically target in your clinical work. This could be an attitude, knowledge obtained, or a skill. Review the [16 Competencies for Spiritually Integrated Mental Health Care](#) if you need help choosing. Then, spend some time thinking about ways you can apply that competency with your clients this week.
    - For example, if you chose “Demonstrating empathy, respect, and appreciation for clients from diverse spiritual/religious background,” you might brainstorm ways you can show each of your clients’ empathy, respect, and appreciation for their spiritual/religious beliefs and practices over the next week. This might be acknowledging for the first time in a session that these things are important to your client. Or, it might look like asking questions to find out if they are important to your client and in what ways.
  
- **Class Discussion/Activity (~30 minutes):**
  - Briefly, collaboratively generate ground rules for the class discussions on spirituality and religion in mental health, including active participation (i.e., active listening and speaking), respecting differences, no proselytizing (either for or against religion), and awareness that the material is sensitive and may raise some tensions and personal reactions for students. State that students are free to seek out the instructor individually to discuss any issues or concerns throughout the course.
  - Review questions that may have come up for students from Online Module 1. Ask about any technical issues using edX. Get a sense whether all students completed the module before class. Reiterate the necessity of coming to class prepared in the future and that completing the online modules before class is expected.
  - Discuss:
    - Discuss students’ definitions of spiritually integrated mental health care.

- Discuss their experiences to date with spiritually integrated mental health care.
  - Explore messages they learned growing up and/or in their academic studies/clinical training so far about other religions and spiritual beliefs. In what ways might they have bias? How might these messages impact their work with clients?
  - If time allows, discuss their progress with the Clinical Practice Application activity. Successful? Barriers? Learning/Insights?
- **Assign:**
    - SCT-MH Online Module 2 to be completed before next week. Allow 1.5 hours to complete the module.
      - **Note: We highly recommend that students write down their answers to the self-reflection questions they are asked in the modules and bring these to class with them.** This can be a simple cut and paste from the screen into a Word document that they print and bring with them to class. This will help to ensure everyone has completed the modules and comes ready to participate. In our experience, it has also helped students who feel shy participating in these types of class discussions. You can decide if you want them to submit these to you as the instructor. This helps the instructor get to know where each of their students is at, particularly with information they may not feel comfortable sharing with the whole class. This may be extra helpful for responses in Module 2 about their own spiritual beliefs and history.

### Week 3: Understanding Spirituality

- **RECAP of Online SCT-MH Module Assigned this Week: Module 2**  
Objectives:
  - Define spirituality and religion.
  - List core beliefs and practices of at least three major religious traditions of the world, and at least three ways individuals can differ in their spiritual beliefs and practices.



- Describe at least two of the key spiritual developmental processes and three of the forces that shape the development of spirituality.
- **Self-Reflection Questions from Module 2:**
  - Religious Diversity in Your Clinical Work  
Let's consider how you have approached religious diversity in your own clinical work. First, try to recall one of your clients who came from a religious background different than your own. Then, choose one of the following two questions to respond to in the text box below.
    1. Think about whether you learned something about the client's religion in your assessment and treatment of the client. If so, what did you learn? If you didn't learn anything new, why not?
    2. Think about whether your treatment of this case was influenced by the client's religion. If so, in what ways? If not, why not?
- **Clinical Practice Application from Module 2**
  - This week, ask one of your clients about their religion/spirituality. How do they define it? Did you learn anything new from asking this question? Was their definition different from an assumption you might have made about their system of beliefs and practices?
  - Also, try asking follow-up questions about the development of their system of beliefs and practices. You might ask about biological, social, psychological and/or situational forces that helped shape their spiritual development. How did this developmental information assist you in better understanding your client and/or their presenting issue?
- **Class Discussion/Activity (~30 minutes):**
  - Review questions that may have come up from Online Module 2. Assess class for completion of the module before this in-person class.
  - Discuss:
    - What did you learn from reviewing some of the major religious traditions of the world?
    - Do you need to be an expert in your client's religion to offer spiritually integrated care? Why or why not?
    - This introductory course could only present a tiny portion of the information available on these traditions, and was not able to cover many other spiritual and non-spiritual practices and belief

systems. What steps can you take to access more information on various religious and spiritual/non-spiritual (e.g., agnosticism, atheism, humanism) traditions? Where might this information be found? How might we share these resources as a class?

- Discuss how RS changes and develops over a lifetime. What did they learn from the SCT-MH modules about the development of RS over time?
- If time permits, discuss their progress with the Clinical Practice Application activity. Successful? Barriers? Learning/Insights?
- **Assign:**
  - SCT-MH Online Module 3 to be completed before next week. Allow 1.5 hours to complete the module.

## **Week 4: Guiding Principles for Spiritually Integrated Mental Health Care**

- **RECAP of Online SCT-MH Module Assigned this Week: Module 3**  
Objectives:
  - List at least two inappropriate therapist orientations to spiritually competent mental health care.
  - Describe two of the key elements of an effective therapist orientation to spiritually competent mental health care.
  - Recognize the influence of a therapists' own spiritual orientation and spiritual biases on treatment and patient outcomes.
- **Self-reflection/critical thinking questions from Module 3:**
  - The first set of questions, below, are designed to help you explore your own spiritual beliefs and practices or lack thereof. After reviewing these questions, respond to one question in the response box, below.  
Explore Your Own Spiritual Beliefs and Practices
    1. What do you hold sacred in your life?
    2. What spiritual beliefs, values, practices, or experiences, if any, do you find most meaningful?
    3. How is your spirituality (or worldview, if you do not identify as spiritual) helpful to you in your life?

4. In what ways is your spirituality (or worldview, if you do not identify as spiritual) a source of pain, tension, struggle, conflict, or frustration?
5. What spiritual beliefs, values, practices, or experiences, if any, were important in your family growing up? (Keep in mind that childhood spiritual expressions you thought you had left behind may get revived later in life particularly when you face life stressors.)

This second set of questions, below, is designed to help you consider how your own spirituality or lack thereof may affect you professionally. After reviewing these questions, respond to one group of questions in the response box, below.

Consider How Your Spirituality Affects You Professionally

1. What do you believe about suffering, especially the role of God or a transcendent reality in relation to suffering? Do you believe that there is a reason for everything or that “God doesn’t give you more than you can handle”? Do you believe that God rewards good behavior and punishes bad behavior? Or do you believe that life can be random and unfair? How might this impact your response to clients who experience trauma or major psychological problems?
2. What do you think happens after death? What are your beliefs about heaven, hell, and the existence of a soul? Does this set of beliefs affect your approach to clients who are dealing with the death of a loved one or clients who felt the presence of, or communicated with, someone who died?
3. Some ethical/moral issues have become “hot button” issues in our culture, for which people have strong beliefs and values. We need to be especially mindful of how our feelings, values and beliefs may shape our responses, especially to these charged moral issues. Here is one: Do you believe that life should be preserved at all costs? How might this affect your treatment of a patient with a terminal illness who’s deciding whether to pursue extensive end-of-life care or medical aid in dying?
4. From your perspective, are complementary gender roles in which husbands are the head of the household acceptable? How

might this affect your interactions with an Islamic couple or LDS couple or Baptist couple (etc.) experiencing marital difficulties?

- **Clinical Practice Application from Module 3**

- Based on your self-reflection in this module about how spirituality affects you personally and professionally, how will you allow this greater self-awareness to guide your work as a clinician? What is one thing you will do differently in your work with clients this week?
  - This may involve a shift in your attitudes, gathering more information from your clients or other sources to help with bias, or doing your own personal “work” (e.g., journaling, discussion with a mentor or supervisor, talking with a clergy member).
- Once you answer these questions, put your idea for change into practice with your clients this week!

- **Class Discussion/Activity (~30 minutes):**

- Review questions that may have come up from Online Module 3
- \*Note: These questions may be the most difficult in the course for your students to answer publicly. Refer back to the section on “Tips for Teaching Your Course—In-Class Discussions.” It may be helpful for you to have a copy of their self-reflection questions this week to have a sense of what experiences your students have had with religion and spirituality. You may also want more time for this discussion, establish good ground rules, and lean into the silence.
- Discuss:
  - This might also be a good time to discuss how students’ and clients’ other identities intersect with their religious/spiritual beliefs (e.g., gender, race, SES, sexuality, political orientation). How does this deepen the way they think about their R/S?
  - Discuss students’ answers to the “How Spirituality Affects You Personally” and “How Spirituality Affects You Professionally” questions from the online module (see above). Ask students to respond to the questions they chose to answer online. Try to cover as many of the different questions as possible in the class discussion.
  - What are some of the appropriate and inappropriate spiritual orientations to mental health? Provide some examples. How do you ensure you are staying within the appropriate orientations?

- If time permits, discuss their progress with the Clinical Practice Application activity. Successful? Barriers? Learning/Insights?
- **Assign:**
  - SCT-MH Online Module 4 to be completed before next week. Allow 1.5 hours to complete the module.

## Week 5: Distinguishing between Helpful and Harmful Types of Spirituality

- **RECAP of Online SCT-MH Module Assigned this Week: Module 4**

Objectives:

  - Define life-affirming forms of spirituality.
  - List at least four examples of spiritual resources.
  - Define life-limiting forms of spirituality.
  - List at least three examples of spiritual problems.
  - Explain four questions therapists can ask to distinguish between spiritual experiences and psychopathology.
- **Self-Reflection Questions from Module 4:**
  - Life-Limiting Forms of Spirituality
    - Have you ever worked with a client who used a life-limiting form of spirituality? If not, do you know someone who has used a life-limiting form of spirituality? Describe the situation. How did you respond? Knowing what you know now, what if anything would you have done anything differently with this client and this spiritual problem?
    - If you haven't worked with such a client, do you know someone who has used a life-limiting form of spirituality? Describe the situation. How did this other person respond? Knowing what you know now, what if anything would you suggest this other person do differently?
- **Clinical Practice Application from Module 4**
  - This week, see if you can identify a client who uses a life-affirming form of spirituality and a client who uses a life-limiting form of spirituality. How does having language for these forms of spirituality assist you in your case conceptualization, rapport, and/or progress toward the clients' treatment goals?

- **Class Discussion/Activity (~30 minutes):**
  - Review questions that may have come up from Online Module 4
  - Discuss:
    - Discuss helpful types of RS and come up with a list of helpful types of RS, together.
    - What types of helpful RS have shown up in their clinical practice so far?
    - Discuss harmful types of RS and come up with a list of harmful types of RS, together.
    - What types of harmful RS have shown up in their clinical practice so far?
    - To help students appreciate the potential complexity of making this distinction between helpful and harmful, discuss the example of someone deferring the responsibility of their health care to God.
      - For example, raise the question of the value of deferral to God in the context of a controllable illness (e.g., diabetes management) vs. an uncontrollable illness (e.g., terminal cancer). In other words, it might be helpful to defer to God when dealing with an uncontrollable illness, but harmful to do so with a controllable illness (i.e., if it means they don't take any action themselves). Discuss the complexities of each.
    - If time, discuss how both helpful and harmful types of RS might show up in their clinical practice in the future. Generate hypothetical scenarios.
    - Try to get into the nuance of the material. When is it not so clear cut that it is harmful vs. helpful? What do you do in that situation?
    - If time, discuss their progress with the Clinical Practice Application activity. Successful? Barriers? Learning/Insights?
- **Assign:**
  - SCT-MH Online Module 5 to be completed before next week. Allow 1.5 hours to complete the module.

## Week 6: Assessing Spirituality in Mental Health Care

- **RECAP of Online SCT-MH Module Assigned this Week: Module 5**  
Objectives:
  - Identify two skills that help set the stage for spiritual assessment.
  - Define and describe initial, implicit, and explicit spiritual assessment.
- **Self-Reflection Questions from Module 5:**
  - Assessing Your Clients' Spirituality  
Think about the approach you take to assessing your clients' spirituality in therapy. Consider one of these questions and write your response in the text box.
    1. What questions, if any, do you ask about a client's spirituality?
    2. How do you integrate spiritual assessment into your more general assessment of the client?
    3. What factors get in the way of assessing spirituality in treatment?
- **Clinical Practice Application from Module 5**
  - This week, practice initial, implicit, and explicit spiritual assessment with your clients. The more clients you can practice asking these questions to, the better you'll get at it and the more natural it will feel to ask about religion/spirituality.
  - Bring the printable handout of [Initial, Implicit, and Explicit Spiritual Assessment Questions](#) to session with you—no need to have these questions memorized!
  - Also, remember, you don't need to ask every question. Pick and choose the questions that seem relevant to the client you are working with and see what you learn!
- **Class Activity—ROLE PLAYS:**
  - Before class, please review the section "Facilitating the In-Class Role Plays" at the beginning of this Guidebook.
  - Before class, print copies of the four Role Play Worksheets for students. Note that for each role play there will be a "therapist" worksheet and a "client" worksheet, and that there is a total of two role plays for a total of four worksheets. See Appendices for the worksheets.

The entire class today (or about 2.5 hours of total class time spread across multiple class meetings) is devoted to role plays. Most of the time should be devoted to the actual role plays, but do spend a little time on the next few discussion questions to warm the class up for the role plays.

### **Class Schedule for Role Play 1.**

You will be quite busy during the role play class(es). To help make sure you are able to accomplish all of the tasks in the role play class(es), please try to stick to the time frames noted above. The timeline for a 90-minute block of time covering Role Play 1 is summarized below (with further information provided for each task below).

1. Module 5 Questions (10 minutes)
  2. Warm-up (10 minutes)
  3. Role Play #1
    1. Large Group Discussion (15 minutes)
    2. Peer Therapist/Student Role Play (15 minutes)
    3. Discussion about Peer Therapist/Student Role Plays (10 minutes)
    4. Fishbowl Role Play with Instructor as Therapist and Student as Client (15 minutes)
    5. Debriefing of Fishbowl Role Play (15 minutes)
- **Module 5 Questions. (10 minutes).** Review questions that may have come up from Online Module 5.
  - **Warm-Up. (10 minutes).** Before beginning the first role play, engage in a class discussion about the advantages of role playing to create student buy-in and to reduce anxieties, review the guidelines and principles (located in the first part of this manual under Role Plays), and ask students about their previous experience with role plays. Have they ever done it before? What was that experience like? Use their answers to address any concerns before beginning this activity.
  - **Large group discussion. (15 minutes).** Begin with a large group discussion before the role plays. Review the worksheets. Discuss the following and any other questions that you or the class thinks would be helpful in setting the stage for the role play:
    - What are the main issues?
    - What do you want to know more about?
    - What questions will be important to ask the client?
    - What is coming up for you personally as you read this case? (To keep therapists naïve to the case, discourage clients from commenting on the additional client information they are presented with on their worksheet).
    - What do you want to avoid doing?



- Propose and discuss “If this, then that” scenarios.
  - Ask the students if they have any questions about what they are attempting to do in the role play.
- **1<sup>st</sup> Role Play (Peer-to-Peer and Fishbowl) the Initial Spiritual Assessment. (70 minutes total).**
    - This role play addresses how a therapist introduces RS into the conversation, how they welcome this topic, and how they weave RS questions into the more general assessment process.
    - Divide the class into pairs, where one person in the pair will begin as the therapist and the other will begin as the client.
    - The clients and therapists should receive different worksheets for the first role play.
      - The client’s worksheet will describe the role the client is asked to play and include both initial information that will be shared with the therapist and more in-depth spiritually-related information that may be shared with the therapist if the therapist is able to draw the client out.
      - The therapist’s worksheet will describe initial information about the client that was obtained earlier in the interview and the goal of the role-play. The therapist’s worksheet will also present initial spiritual assessment questions that can be woven into the initial mental health assessment.
    - Tell the therapists that they will only have 15 minutes for their interview.

**Note on Flexibility:** The following is our suggested sequence of activities for the two role plays. That said, you may want to do things in a different order, perhaps having the fishbowl first (with a brave student) or different order of discussions. We leave this up to your discretion. This is the sequence we used in the research study.

- **Peer Therapist/Student Role Play and Reversal. (15 minutes total).** Create student pairs of therapist/client. They engage in the role play for 15 minutes. If you want to and have enough time and interest, the roles can be switched, and the role play can be done again.
  - Note: If there is an odd number of students, the instructor can work with one of the students for the role plays. You might also consider groups of three, such that one student can be the observer and provide the therapist with objective feedback. Then, you could switch roles so everyone got the chance to play each role, if desired.
- **Discussion of Peer Therapist/Student Role Plays. (10 minutes).** Come back as a large group to discuss the process and what they learned.
  - Large Group reflection questions:

- What did you learn?
- What was challenging?
- What would you do differently in a future scenario?
- What questions did this role play bring up for you?
- *Instructor should be sure that some of the following issues are addressed in the discussion of the first role play:*
  - It is important to clarify expectations of clients regarding the role of therapy.
    - Therapy is not designed to answer the client's religious or spiritual questions. The therapist does not tell the client what stance he/she should take to RS, what he/she should believe, or how he/she should practice a faith (if at all).
    - Therapy is designed to help clients arrive at their own answers to difficult life challenges and problems.
  - In the initial assessment process, the therapist should open a welcoming door to a conversation about RS.
  - Questions about RS should be woven into the initial mental health assessment rather than separated out.
  - In responding to questions about the therapist's own RS orientation and background, the therapist should find a balance between providing some answers to legitimate questions about whether the therapist is a good fit for the client and allowing conversation about the therapist's RS orientation to take-over the session. The therapist must also be particularly careful not to over-identify with the client.
  - In the initial assessment process, the therapist is trying to learn how RS could be related to the problems clients bring to therapy and potential solutions. Thus, therapists must find an appropriate balance between broaching RS issues in the initial assessment and not allowing RS issues to dominate the assessment to the exclusion of other key information. (Note: in these 10 minutes of role playing, RS will dominate the conversation).
  - The therapist should leave the initial assessment process with a very initial idea of how RS might be addressed in therapy, as well as an openness to the possibility that new and surprising information about RS may come up in later sessions.
- **Fishbowl Role Play with Instructor as Therapist and Student as Client. (15 minutes).** Then, do a fishbowl role play with instructor as the therapist to demonstrate the same scenario. Class provides feedback during and after the fishbowl demonstration.
- **Debriefing of Fishbowl Role Play. (15 minutes).** Debrief the large group role plays.

### **Class Schedule for Role Play 2.**

You will be quite busy during the role play class(es). To help make sure you are able to accomplish all of the tasks in the role play class(es), please try to stick to the time frames noted above. The timeline for a 90-minute block of time covering Role Play 2 is summarized below (with further information provided for each task below).

Note that it is somewhat different from the timeline for Role Play 1.

- i. Questions about Implicit and Explicit Spiritual Assessment (5 minutes)
- ii. Second Role Play (total of 85 minutes)
  1. Large Group Discussion (15 minutes)
  2. Peer Therapist/Student Role Play (15 minutes)
  3. Reverse Roles of Peer Therapist/Student Role Play (15 minutes)
  4. Discussion about Peer Therapist/Student Role Plays (10 minutes)
  5. Fishbowl Role Play with Instructor as Therapist and Student as Client (15 minutes)
  6. Debriefing of Fishbowl Role Play (15 minutes)

### **2<sup>nd</sup> Role Play (Peer-to-Peer and Fishbowl) a More In-Depth RS Assessment. (Total of 90 minutes).**

- This time, students will practice a more in-depth spiritual assessment by using implicit and explicit spiritual assessment questions.
- The class can either be divided up into different pairs, or the same pairs can be kept for the second role play.
- Provide students with their appropriate worksheet for the second role-play.
  - The client's worksheet will describe the role the client is asked to play and include both initial information that will be shared with the therapist and more in-depth spiritually-related information that may be shared with the therapist if the therapist is able to draw the client out.
  - The therapist's worksheet will describe initial information about the client that was obtained earlier in the interview and the goal of the role-play. The therapist's worksheet will also present implicit and explicit spiritual assessment questions that can be woven into the mental health assessment.
- Tell the therapists that they will only have 15 minutes for their interview.
- **Discuss Any Questions about the Implicit and Explicit Spiritual Assessment Probes and More In-Depth Spiritual Assessment.(5 minutes).**
  - As a prelude to the second role play, spend a few minutes to discuss questions that students may have about and explicit spiritual assessment.
- **Large Group Discussion. (15 minutes).** Before the role plays begin, discuss the following and any other questions that you or the class thinks would be helpful in setting the stage for the role plays:

- What are the main issues?
  - What do you want to know more about?
  - What questions will be important to ask the client?
  - What is coming up for you personally as you read the background on the case? (To keep therapists naïve to the case, discourage clients from commenting on the additional client information they are presented with).
  - What do you want to avoid doing?
  - Propose and discuss “If this, then that” scenarios.
  - Ask the students if they have any questions about what they are attempting to do in the role play.
- **Peer Therapist/Student Role Play and Reversal (15 minutes each X 2, for a total of 30 minutes).**
    - Create student pairs of therapist/client. They engage in the role play for 15 minutes.
    - Then, have the students read the worksheets for the role (client or therapist) they haven’t played yet.
    - Be sure to have students reverse their roles with the former therapist playing the role of client and the former client playing the role of therapist for 15 minutes.
      - Note: If there is an odd number of students, the instructor can work with one of the students for the role plays. Again, you might have groups of three so that there can be an objective observer who can provide feedback to the therapist. If you choose to do this, just allot yourself enough time so that all students can play all roles.
    - **\*\*NOTE: We recommend for this role play that students both have a chance to try being the therapist. However, if time does not allow, for this role play, you can simply have the student that was the client in the last role play be the therapist in this one**
- **Discussion of Peer Therapist/Student Role Plays. (10 minutes).** Come back as a large group to discuss the process and what they learned. Large Group reflection questions:
    - What did you learn?
    - What was challenging?
    - What would you do differently in a future scenario?
    - What questions did this role play bring up for you?
    - *Instructor should be sure that some of the following issues are addressed in discussing the second role play:*
      - When the client raises a question about the therapist’s own religious orientation, it is appropriate for the therapist to briefly disclose his/her own religious identification. In addition, the therapist should recognize and respond to the client’s fear that the therapist (like others in the past) may also reject the client for

reasons similar to rejecting the client based on race and/or sexual orientation.

- The therapist should be self-aware and recognize how he/she may want to persuade the client of the value of organized religion or sidestep religious issues entirely for fear of being seen as evangelizing.
  - The therapist recognizes that there is “unfinished business” in the client’s relationship with organized religion and opens the door to conversation with the client about these past injuries and traumas and how the client may more fully come to terms with them.
  - The therapist recognizes that, although the client says he has turned his back on organized religion, some religiously-based resources continue to be of some value to the client (e.g., music, Qur’an, beliefs in a loving force in the universe). The client may find it of value to access these resources, without reengaging with a religious institution.
  - The therapist recognizes that the client experiences the sacred through beauty and that the client’s depression is in part a reflection of the loss of the sacred in his life and grief over that loss. This can be articulated more explicitly.
  - Using some of the implicit probes, the therapist could explore how the client has found beauty in the past, and whether there might be ways to continue to find beauty even in the midst of his declining health status. For example, the therapist could ask the client to bring in picture of landscapes he has created. Or the therapist could ask about other ways the client has experienced beauty outside of his work (e.g., music, art, caring relationships).
  - The therapist should leave the implicit and explicit spiritual assessment process with an initial idea of how RS might be addressed in therapy, as well as an openness to the possibility that new and surprising information about RS may come up in later sessions.
- 
- **Fishbowl Role Play with Instructor as Therapist and Student as Client. (15 minutes).** Then, do a fishbowl role play with instructor as the therapist to demonstrate the same scenario. Class provides feedback during and after the fishbowl demonstration.
  - **Debriefing of Fishbowl Role Play. (15 minutes).** Debrief the large group role plays.
  - **Assign:**
    - SCT-MH Online Module 6 to be completed before next week. Allow 1.5 hours to complete.

## Week 7: Assessing and Mobilizing Spiritual Resources

- **RECAP of Online SCT-MH Module Assigned this Week: Module 6**

### Objectives:

- List three rules of thumb for integrating spiritual resources in mental health care.
- Explain how a therapist can cultivate and mobilize spiritual resources in therapy.

- **Self-Reflection Questions from Module 6:**

- Integrating Spiritual Resources

After reviewing the Life-Affirming Spiritual Resources, please post your response to one of the following questions in the text box:

1. Which of the spiritual resources do you feel comfortable using or recommending to your clients? Why?
2. Which resources will be the most challenging for you to use or recommend? Why?
3. What is one small step you could take to become more comfortable and competent integrating spiritual resources when appropriate?

- **Clinical Practice Application from Module 6**

- This week, for a client for whom this would be appropriate, help them to use a life-affirming religious or spiritual resource in service of their treatment goal. This might be a spiritual community resource, a spiritual practice, a spiritual system of belief, or a psycho-spiritual value.
  - You can bring this handout with you to session to jog your memory of types of spiritual resources: [list of religious and spiritual resources](#).
  - Begin by exploring with your client what spiritual resource they would be interested in trying this week. Then, help them plan how they will do so. The more specific of a plan you make together, the more likely your client will be to follow through.

- **Class Discussion/Activity (~30 minutes):**

- Review questions that may have come up from Online Module 6.
- Discuss:

- What are some RS resources that clients might find helpful for achieving their therapy goals? Ask about both traditional religious resources (e.g., prayer, services, clergy) and non-traditional religious resources (e.g., meditation, labyrinth walking, crystals, nature).
  - What are some things you need to keep in mind about using RS resources in therapy?
  - When should religious resources be used with clients?
  - How might a client's various identities/intersectionality interact with the integration of spiritual resources in therapy?
  - Are there any additional challenges when working with underserved communities?
  - Review their experience with a clinical application activity, if time allows.
- **\*\*COMPLETE Role Plays** if you were unable to finish both role plays last week.
- **Assign:**
  - SCT-MH Online Module 7 to be completed before next week. Allow 1.5 hours to complete.

## Week 8: Assessing and Addressing Spiritual Problems

- **RECAP of Online SCT-MH Module Assigned this Week: Module 7**  
Objectives:
  - Describe two mistakes that therapists can make when they address spiritual problems in treatment.
  - Describe three ways therapists can address spiritual problems in therapy.
- **Self-Reflection Questions from Module 7:**
  - Note: These reflection questions can be reviewed and discussed in class. These questions are part of the online module required for last week and are provided here for your convenience.
  - Mistake Addressing a Spiritual Problem  
 Now take a few minutes to think about a time in your clinical work when you may have made a mistake or witnessed a mistake another therapist made in addressing a spiritual problem. If you haven't had actual

experience yourself or witnessed one, imagine a potential hypothetical mistake a therapist might make in addressing a spiritual problem. Then answer the following questions based on this hypothetical case. Consider the four questions below and post your responses in the reflection journal.

1. Describe the nature of the spiritual problem the client was experiencing.
2. Describe the mistake that was made with the client.
3. How did that mistake affect the client and the clinical work?
4. How do you think things should be done differently now if you or someone else encountered a similar problem?

- **Clinical Practice Application from Module 7**

- This week, for a client for whom this would be appropriate, help them to address a spiritual problem in service of their treatment goal. This might look like listening to them share about a spiritual problem, encouraging mindfulness for moral and spiritual conflicts, helping them to broaden narrow expressions of spirituality, helping them to approach (rather than avoid) spiritually-based resistance to change, and/or collaborating with clergy around spiritual problems.
- If you don't currently have a client for whom this is relevant, you can sharpen your assessment skills by inquiring about possible spiritual problems. You may not know about them simply because you haven't asked yet. If you uncover a spiritual problem, try using one of the skills listed above that you learned about in this module.

- **Class Discussion/Activity (~30 minutes):**

- Review questions that may have come up from Online Module 7.
- Discuss:
  - What are some spiritual problems that clients might have?
  - What are some ways you can address spiritual problems in therapy?
  - If time, discuss any personal mistakes students/instructor have made or hypothetical mistakes that they could imagine a therapist making when addressing spiritual problems. Explore alternative ways to better handle these actual or hypothetical situations.
  - How might a client's various identities/intersectionality interact with addressing spiritual problems in therapy?



- Are there any additional challenges when working with underserved communities?
- Review their experience with a clinical application activity, if time allows.
- **Assign:**
  - SCT-MH Online Module 8 to be completed before next week. Allow 1.5 hours to complete.
  - Final Case Study. The case and instructions are found after Module 8. Students must complete all 8 modules before the final case study will be unlocked. Ask students to bring a copy of their completed case study to class next week. This assignment is worth 15% of their final grade.
- Review (as needed):
  - In the Appendix, review the handout titled, “Tips on Handling Difficult Religious and Spiritual Problems in SCT-MH”

## Week 9: Putting It All Together, Challenges, and Future Directions

- **RECAP of Online SCT-MH Module Assigned this Week: Module 8**  
Objectives:
  - List three ethical challenges of spiritually integrated mental health care.
  - Synthesize knowledge from all eight modules by applying it to assessment and treatment decisions in a clinical case.
- **Clinical Practice Application from Module 8**
  - Based on the personal goal you just set for integrating spirituality into therapy, what will you do differently with your clients this week?
  - Of all the competencies you have learned in this course, which ones are the most challenging for you? Review the [16 Competencies for Spiritually Integrated Mental Health Care](#) if you need help remembering.
  - What is one specific action you can take with your clients this week to address one of the competencies you would like to improve?
- **Class Discussion/Activity (~30 minutes):**
  - Discuss:

- Discuss the main ethical issues in spiritually integrated care. How might these differ between individualistic versus collectivist cultures? What about therapy in rural contexts? How can you best handle these potential differences and challenges?
- What do you think is the biggest ethical challenge a therapist faces when integrating RS into therapy? How will you personally deal with this ethical challenge?
- Discuss students' feedback and feelings about the SCT-MH program/content. Biggest take-aways from the course. Did you meet your personal goals?
- What personal goal did you set for integrating spirituality into therapy going forward? What are three small steps you will take now that you have finished the training to engage in spiritually integrated therapy?

## Final Steps

- **Grade Final Case Study**
  - Please refer to the Appendix where we provide the grading rubric and grading examples for the final case study.
- **Let us know how your class went!**

We'd love to hear from you and learn about your experience using SCT-MH! Please reach out to Dr. Michelle Pearce at [michelle.pearce@umaryland.edu](mailto:michelle.pearce@umaryland.edu) or [spiritual.competency@southalabama.edu](mailto:spiritual.competency@southalabama.edu)

## Appendices

1. Syllabus Example for Integrating the SCT-MH Course into an Existing Course
2. Syllabus Example for a full, standalone, SCT-MH Course
3. DEI Statement (found in SCT-MH course)
4. Tips for Setting Expectations for Your Experience of SCT-MH
5. Tips on Handling Difficult Religious and Spiritual Problems in SCT-MH
6. Final Case Study Grading Rubric
7. 2 Grading Examples
8. Role Play #1 Worksheets
9. Role Play #2 Worksheets

## Course Syllabus Information for Integrating Spiritual Competency in Mental Health Content

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### Course Information

<b>Course Number:</b>	
<b>Course Title:</b>	
<b>Semester &amp; Year:</b>	
<b>Start / End Dates:</b>	
<b>Credit Hours:</b>	

### Instructor Information

<b>Instructor Name:</b>	
<b>Office Location:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Office Hours</b>	

### [Spiritual Competency Training in Mental Health \(SCT-MH\) Content Overview](#)

*Feel free to use any or all of the following text to explain the Spiritual Competency Training in Mental Health (SCT-MH) material that you will be integrating and teaching in your course.*

The Spiritual Competency in Mental Health (SCT-MH) program consists of a hybrid (online and in-person) curriculum content designed to train graduate students in basic spiritual and religious competencies (i.e., knowledge, skills, and attitudes) that underlie effective mental health care. Basic competency in spiritual and religious issues in mental health is part of multicultural competency and an ethical requirement for most professional boards and associations related to clinical practice. This material will equip you to meet these ethical requirements and will increase your confidence and competence for helping clients with religious and spiritual issues. You will learn how a client's religion/spirituality impacts their mental health and treatment for mental health disorders, as well as evidence-based approaches to assessing and addressing religion and spirituality in your clinical practice.

The Spiritual Competency Training in Mental Health (SCT-MH) **hybrid** content consists of both an online training program (8 modules) housed on the edX platform and in-person class discussions and role-play activities. Notably, the material will function as a **flipped classroom**. This means that you will learn the content/knowledge outside of class (rather than learning through in-class lectures). Then, we will use class time to discuss and apply the material you learned on your own. This flipped approach will provide us with a unique opportunity to build your clinical skills, increasing the likelihood that you will be able to effectively use the course material in your clinical practice.

The **online SCT-MH training program** is where you will learn the content (i.e., the didactic part of the material). The online training program is housed on the edX platform and was developed by experts in the field of religion/spirituality and mental health. It consists of eight modules; each module takes about 90 minutes to complete. The modules consist of engaging learning activities, such as watching brief video lectures, reading text, listening to audio clips, reading and watching case studies, and completing short reflection questions and knowledge check questions. You will complete the various online modules before you come to class, just like you complete your readings before class. The schedule for completing the online modules is outlined later in this syllabus.

You must complete each module in its entirety (e.g., read all text, watch all videos, answer all questions) before you can unlock the next module. Your final case study assignment, worth 15% of your final grade, will only be unlocked if you complete all 8 modules.

The **in-person content** consists of class discussions and a full class (or two) devoted to role-playing activities. These in-person activities provide you with the opportunity to discuss the online materials, share personal experiences, practice the skills, and apply the principles you learned in the online portion of the course. It is essential that you come to class prepared! Everything we do in the in-person class time is dependent upon you already learning the content from the online modules.

### **SCT-MH Learning Objectives:**

Upon completion of this content you will be able to:

- Explain why it is important to address RS in treatment
- Describe common stereotypes about religion/spirituality (RS)
- Identify and explain the diversity of RS expressions (e.g., RS beliefs, practices, and experiences) and how this relates to mental health treatment
- Engage in reflective self-assessment as it pertains to RS in mental health treatment
- Describe the role of the therapist's own RS attitudes, beliefs, and practices
- Distinguish between life-affirming and life-limiting forms of RS
- Contrast psychopathology with normative spiritual experiences
- Assess RS at various levels with their clients
- Identify and mobilize RS resources with their clients
- Identify and respond appropriately to RS problems that arise in treatment
- Recognize and address ethical issues in integrating RS into treatment

### **Required Textbooks and Materials:**

All readings will be embedded in the online Spiritual Competency Training in Mental Health course environment on edX, which will function as a type of textbook with mini lectures.

### **Grading and Student Evaluation:**

**(\*Instructor can decide what percentage of course grade they want to assign to the final case study. We used 15% in the empirical evaluation of the curriculum)**

Your final grade will be based on completion of the following:

<b>Assignments</b>	<b>Percent of Final Grade</b>	<b>Points Possible</b>
Final SCT-MH Case Study	15%	150

**Graded Assignments Description:**

**Final SCT-MH Case Study (15%) DUE:**

For your final case study assignment, you will have the opportunity to synthesize and apply the information you have learned throughout the online SCT-MH training program. Your case study instructions will be available online after you complete SCT-MH Module 8. In short, you will read a brief case study about a client who has RS and mental health issues. You will then answer ten short essay questions about how you would work with this client. You will be expected to answer questions about assessment, case conceptualization, religious/spiritual resources and interventions, how to address religious/spiritual struggles, and ethical issues.

Each of the 8 questions will be worth 15 points each for a total of 120 points. You must complete the final case study worksheet provided online, print out your worksheet, and submit it to your instructor.

**Description of Online SCT-MH edX Modules**

You will complete 8 online modules for the Spiritual Competency Training in Mental Health (SCT-MH). These modules are housed on the edX Edge platform. Provide access information here:

**Please complete EACH of these steps as described below:**

1. *EdX Edge\** is the course platform. Use the following link to register for a free *edX Edge* account: <https://authn.edge.edx.org/register> [Note: You will likely be asked to verify your email address before your account is officially set up.]
2. Enroll in the course at: [https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023\\_T3/home](https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023_T3/home)

[Note: Bookmark this link for subsequent access to the course.]

*If you receive an error message when attempting to enroll in the course, follow this troubleshooting guide:*

- *You haven't created an edX Edge account. Go to Step 1.*
- *You successfully registered, however, you did not login to the edX Edge site. Login at: <https://edge.edx.org/login>*
- *If you continue to have difficulties with the registration/enrollment process, please discuss with your instructor*

Here is a **2-minute video** demonstrating how to register for your edX account and enroll in the course: <https://www.youtube.com/watch?v=-fh4M3jk1Ys>

Each online module takes about 90 minutes to complete. The modules cover various topics related to spiritual competency in mental health and are comprised of various activities. These activities include watching mini-lectures and YouTube videos, reading text, listening to podcasts, answering self-reflection questions, reading/watching case studies, and completing multiple choice questions. The completion of these activities in the online modules are *essential* for doing well on your graded assignments and for active participation in class. Think of your online modules like an enhanced textbook and class lectures but in shorter, more digestible pieces!

**All online modules must be completed before the in-person class. The in-class discussions and activities build directly upon the material you learn online, so it is essential you come prepared.**

- Module 1: Introduction and Orientation
- Module 2: Understanding Spirituality
- Module 3: Guiding Principles for Spiritually Integrated Mental Health Care
- Module 4: Questions to Distinguish Spiritual Experiences from Psychopathology
- Module 5: Assessing Spirituality in Mental Health Care
- Module 6: Mobilizing Spiritual Resources
- Module 7: Addressing Spiritual Problems
- Module 8: Putting it All Together, Challenges, and Future Directions
- Concluding Module: Final Case Study

#### Online edX Course Technical Support

If you experience problems with the edX online course, please contact your instructor or the EdX Help Center at: <https://support.edx.org/hc/en-us>.

**Please enter the specific dates that correspond to your class schedule below. Then delete this highlighted text.**

Content Integration Schedule:

Week 1: Introduction	
Learning Objectives	<ul style="list-style-type: none"> <li>• <b>Review</b> online SCT-MH edX course modules.</li> <li>• <b>Review</b> flipped classroom approach (SCT-MH modules must be completed before in-class meetings).</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Create EdX Edge account and register for course:</b> <ol style="list-style-type: none"> <li>1. <i>EdX Edge*</i> is the course platform. Use the following link to register for a free <i>edX Edge</i> account: <a href="https://authn.edge.edx.org/register">https://authn.edge.edx.org/register</a> [<i>Note: You will likely be asked to verify your email address before your account is officially set up.</i>]</li> <li>2. Enroll in the course at: <a href="https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023_T3/home">https://learning.edge.edx.org/course/course-v1:UMBx+SC602+2023_T3/home</a> [<i>Note: Bookmark this link for subsequent access to the course.</i>]</li> </ol> <p><i>If you receive an error message when attempting to enroll in the course, follow this troubleshooting guide:</i></p> <ul style="list-style-type: none"> <li>• <i>You haven't created an edX Edge account. Go to Step 1.</i></li> <li>• <i>You successfully registered, however, you did not login to the edX Edge site. Login at: <a href="https://edge.edx.org/login">https://edge.edx.org/login</a></i></li> <li>• <i>If you continue to have difficulties with the registration/enrollment process, please discuss with your instructor</i></li> </ul> <ul style="list-style-type: none"> <li>• Here is a <b>2-minute video</b> demonstrating how to register for your edX account and enroll in the course: <a href="https://www.youtube.com/watch?v=fh4M3jk1Ys">https://www.youtube.com/watch?v=fh4M3jk1Ys</a></li> </ul> </li> <li>• <b>Complete Module 1.</b> Allot about 1.5 hours for the module.</li> </ul>

Week 2: Introduction and Orientation to Spirituality Integrated Care	
Learning Objectives	<ul style="list-style-type: none"> <li>• Define spiritually integrated mental health care.</li> <li>• List three rationales for spiritually integrated mental health care.</li> <li>• Name at least three competencies for engaging in spiritually integrated treatment.</li> </ul>



Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 1</b> on edX (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>).</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Module 1.</li> <li>• <b>Class Discussion</b></li> </ul>
Before Next Week's Class	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 2 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> </ul>

**Week 3: Understanding Spirituality**

Learning Objectives	<ul style="list-style-type: none"> <li>• Define spirituality and religion.</li> <li>• Describe at least two of the key spiritual developmental processes and three of the forces that shape the development of spirituality.</li> <li>• List at least two inappropriate therapist orientations to spiritually competent mental health care.</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 2</b> on edX (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>).</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Module 2.</li> <li>• <b>Class Discussion</b></li> </ul>
Before Next Week's Class	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 3 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> </ul>

**Week 4: Guiding Principles for Spiritually Integrated Care**

Learning Objectives	<ul style="list-style-type: none"> <li>• Describe two of the key elements of an effective therapist orientation to spiritually competent mental health care.</li> <li>• Recognize the influence of therapists' own spiritual orientation and spiritual biases on treatment and patient outcomes.</li> </ul>
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Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 3</b> (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>.</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Module 3.</li> <li>• <b>Class Discussion</b></li> </ul>
Before Next Week's Class	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 4 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> </ul>

<b>Week 5: Distinguishing Between Helpful and Harmful Types of Spirituality</b>	
Learning Objectives	<ul style="list-style-type: none"> <li>• Define life-affirming forms of spirituality.</li> <li>• List at least four examples of spiritual resources.</li> <li>• Define life-limiting forms of spirituality.</li> <li>• List at least three examples of spiritual problems.</li> <li>• Explain four questions therapists can ask to distinguish between spiritual experiences and psychopathology.</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 4</b> (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>.</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Module 4.</li> <li>• <b>Class Discussion</b></li> </ul>
Before Next Week's Class	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 5 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> </ul>

<b>Week 6: Assessing Spirituality in Mental Health Care</b>	
Learning Objectives	<ul style="list-style-type: none"> <li>• Identify two skills that help set the stage for spiritual assessment.</li> <li>• Define and describe initial, implicit, and explicit spiritual assessment.</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 5</b> on edX (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>.</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Module 5.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Role-Play Activities</b> for assessing spirituality in clinical practice. <b>(Note: If your class is less than 3 hours, please do one role play this week (1.5 hours) and the second role play (1.5 hours) next week.</b></li> </ul>
Before Next Week's Class	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 6 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> </ul>

### Week 7: Assessing and Mobilizing Spiritual Resources and Addressing Spiritual Problems

Learning Objectives	<ul style="list-style-type: none"> <li>• List three rules of thumb for integrating spiritual resources in mental health care.</li> <li>• Explain how a therapist can cultivate and mobilize spiritual resources in therapy.</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 6</b> on edX (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>.</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Modules 6.</li> <li>• <b>Class Discussion</b></li> <li>• <b>If you did not complete both role plays last week: Role-Play Activities</b> for assessing spirituality in clinical practice.</li> </ul>
Due Next Week:	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 7 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> <li>• <b>Your Final Case Study</b> is due in two weeks. The case and instructions are found after Module 8. This will be handed in to your instructor. <b>(ENTER DUE DATE)</b>.</li> </ul>

### Week 8: Assessing and Addressing Spiritual Problems

Learning Objectives	<ul style="list-style-type: none"> <li>• Describe two mistakes that therapists can make when they address spiritual problems in treatment.</li> <li>• Describe three ways therapists can address spiritual problems in therapy.</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 7</b> on edX (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>.</li> </ul>
In-Class	<ul style="list-style-type: none"> <li>• <b>Review</b> questions from online Module 7.</li> </ul>

Activities	<ul style="list-style-type: none"> <li>• <b>Class Discussion</b></li> </ul>
Due Next Week:	<ul style="list-style-type: none"> <li>• <b>Complete:</b> Online SCT-MH Module 8 <b>(ENTER DUE DATE)</b>. Allot about 1.5 hours for the module.</li> <li>• <b>Your Final Case Study</b> is due next week. The case and instructions are found after Module 8. Bring a copy of your completed case study to class next week. This assignment is worth 15% of your final grade. <b>(ENTER DUE DATE)</b>.</li> </ul>

Week 9: Putting it all Together, Challenges, and Future Directions	
Learning Objectives	<ul style="list-style-type: none"> <li>• List three ethical challenges of spiritually integrated mental health care.</li> <li>• Synthesize knowledge from all eight modules by applying it to assessment and treatment decisions in a clinical case.</li> </ul>
Online Activities	<ul style="list-style-type: none"> <li>• <b>Complete Online Module 8</b> on edX (Note: this MUST be completed <b>BEFORE</b> you attend your in-person class this week) <b>(ENTER DUE DATE)</b>.</li> <li>• <b>Complete Final Case Study.</b> Located after Module 8. Print the completed worksheet and submit to your instructor this week. <b>(ENTER DUE DATE)</b>.</li> </ul>
In-Class Activities	<ul style="list-style-type: none"> <li>• <b>Review</b> questions about online Module 8</li> <li>• <b>Class Discussion</b></li> </ul>
Assignments Due	<ul style="list-style-type: none"> <li>• <b>Submit Final Case Study.</b> The case and instructions are found after Module 8. Bring a copy of your completed case study to class this week. This case study is worth 15% of your final grade. <b>(ENTER DUE DATE)</b>.</li> </ul>

## Spirituality in Clinical Practice and Research

<b>Course Number:</b>	CCP 790
<b>Course Title:</b>	Spirituality in Clinical Practice and Research
<b>Semester &amp; Year:</b>	
<b>Start / End Dates:</b>	
<b>Credit Hours:</b>	3 credits
<b>Class Time:</b>	
<b>Room:</b>	

### INSTRUCTOR INFORMATION:

<b>Instructor Name:</b>	
<b>Office Location:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Office Hours:</b>	

### **COURSE OVERVIEW:**

Religion and spirituality (R/S) are core areas of identity, intersectionality, and psychological functioning that can be highly relevant for psychological practice. On the one hand, varying aspects of R/S can support well-being, healthy coping, and recover in times of trauma, stress and/or suffering. However, these same beliefs, practices, relationships, and other dimensions of R/S can also engender or worsen struggles that interfere with peoples' resilience and recovery. Also, clients often want to discuss their R/S with clinicians and psychotherapies that integrate clients' R/S in culturally congruent ways generate equivalent to better outcomes compared to approaches that do not. As such, the purpose of this advanced seminar is to provide basic competence for addressing spiritual and religious aspects of peoples' lives in clinical practice and research. An experiential learning approach will be emphasized throughout this course in which students will gain empirical, clinical, and theoretical knowledge along with engaging in introspective exercises to cultivate self-awareness and skills for addressing R/S in their work with spiritually diverse individuals, families, communities.

### **COURSE OBJECTIVES:**

***By the end of this course, you will be able to:***

- Understand that spirituality and religion are distinct yet overlapping expressions of human experience that are core areas of diversity and identity.
- Reflect on how their own spiritual and/or religious background and beliefs may influence their attitudes, perceptions, and assumptions about the nature of psychological processes and practice.
- Appreciate the ways that spirituality and religion may support psychological well-being, and support people in accessing their spiritual and religious strengths and resources.
- Identify and address problems related to spirituality and religion that may adversely influence peoples' psychological well-being.

- Inquire about peoples' spiritual and religious backgrounds, beliefs, and practices as a routine part of psychological practice.
- Practice within the boundaries of their competence in addressing religion and spirituality, and consult, refer, and collaborate with spiritual care professionals, clergy, and other qualified individuals when appropriate.
- Understand key findings about the role of spiritual and/or religious factors in your emerging area of scholarly interest.

### **APA CoA COMPETENCIES:**

#### Discipline-Specific Knowledge:

Research

#### Profession-Wide Competencies:

Individual and cultural diversity

Professional, values, attitudes, behaviors

Communication and interpersonal skills

Assessment

Intervention

### **REQUIRED READING:**

#### Books:

Vieten, C. & Scammell, S. (2015). *Spiritual & religious competencies in clinical practice*. New Harbinger: Oakland, CA.

#### Journal Articles and Book Chapters:

Bockrath, M. F., Pargament, K. I., Wong, S., Harriot, V. A., Pomerleau, J. M., Homolka, S. J., Chaudhary, Z. B., & Exline, J. J. (2021). Religious and spiritual struggles and their links to psychological adjustment: A meta-analysis of longitudinal studies. *Psychology of Religion and Spirituality*. Advance online publication.

Harris, J. I. *Building Spiritual Strength (BSS) Intervention Manual*.

Captari, L. E., Hook, J. N., Hoyt, W. T., Davis, D. E., McElroy-Heltzel, S. E., & Worthington, E. L. (2018). Integrating clients' religion and spirituality within psychotherapy. A comprehensive meta-analysis. *Journal of Clinical Psychology, 74*, 1938-1951.

Currier, J. M., Fox, J., Pearce, M., Vieten, C., & Oxhandler H. K. (2022). Enhancing competencies for ethical integration of religion and spirituality in psychological services. *Psychological Services*.

Davis, E. B., Granqvist, P., & Sharp, C. (2021). Theistic relational spirituality: Development, dynamics, health, and transformation. *Psychology of Religion and Spirituality, 13*, 401–415.

Ellison, C. G., & McFarland, M. J. (2013). The social context of religion and spirituality in the United States. In K. I. Pargament (Ed.) *APA Handbook of Psychology, Religion, and Spirituality: Vol. 1. Context, Theory, and Research* (pp. 21-50). Washington, DC: American Psychological Association.

- Exline, J. J. (2013). Religious and spiritual struggles. In K. I. Pargament (Ed.) *APA Handbook of Psychology, Religion, and Spirituality: Vol. 1. Context, Theory, and Research* (pp. 459-475). Washington, DC: American Psychological Association.
- Garssen, B., Visser, A., & Pool, G. (2021). Does spirituality or religion positively affect mental health: Meta-analysis of longitudinal studies. *The International Journal for the Psychology of Religion, 31*, 4-20.
- Kent, B. V., et al. . . . . Shields, A. (2021). Religion and spirituality among American Indian, South Asian, Black, Hispanic/Latina, and white women in the study of stress, spirituality, and health. *Journal for the Scientific Study of Religion, 60*, 198-215.
- Koenig, H., Pearce, M., et al. *Religiously Integrated Cognitive Behavioral Therapy Manual*.
- Milstein, G., Manierre, A., Yali, A. M. (2010). Psychological care for persons of diverse religions: A collaborative continuum. *Professional Psychology: Research and Practice, 41*, 371-381.
- Pargament, K. I. (2013). Searching for the sacred: Toward a nonreductionistic theory of spirituality. In K. I. Pargament (Ed.) *APA Handbook of Psychology, Religion, and Spirituality: Vol. 1. Context, Theory, and Research* (pp. 257-273). Washington, DC: American Psychological Association.
- Pargament, K. I. & Krumrei, E. J. (2009). Clinical assessment of clients' spirituality. In J. D. Aten & M. M. Leach (Eds.) *Spirituality and the Therapeutic Process* (pp. 93-119). Washington DC: American Psychological Association.
- Pargament, K. I., Falb, M. D., Ano, G. G., & Wachholtz, A. B. (2013). The religious dimension of coping: Advances in theory, research, and practice. In R. F. Paloutzian & C. L. Park (Eds.) *Handbook of the Psychology of Religion and Spirituality* (pp. 560-579). New York, NY: Guilford.
- Park, C. L. (2013). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.) *Handbook of the Psychology of Religion and Spirituality, Second Edition*. (pp. 357-379). New York, NY: Guilford.
- Stewart-Sicking, J., & Mutai, W. W. (2012). Counseling in context: Faith based communities. In E. P. Cook (Ed.), *Counseling people in context: The ecological perspective in counseling*. American Counseling Association.
- Wiggins, M. I. (2009). Therapist self-awareness. In J. D. Aten & M. M. Leach (Eds.) *Spirituality and the Therapeutic Process* (pp. 53-73). Washington DC: American Psychological Association.

#### Online Training Program:

The Spiritual Competency Training in Mental Health (SCT-MH) **hybrid** content consists of an online training program (8 modules), housed on edX platform, and in-person class discussions and role-play activities. Notably, the material will function as a **flipped classroom**. This means that you will learn the content/knowledge outside of class (rather than learning through in-class lectures). Then, we will use class time to discuss and apply the material you learned on your own. This flipped approach will provide us with a unique opportunity to build your clinical skills, increasing the likelihood that you will be able to effectively use the course material in your clinical practice.

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Learning objectives of SCT-MH include:

- Explain why it is important to address religion/spirituality in treatment
- Describe common stereotypes about religion/spirituality (R/S)
- Identify and explain the diversity of R/S expressions (e.g., R/S beliefs, practices, and experiences) and how this relates to mental health treatment
- Engage in reflective self-assessment as it pertains to R/S in mental health treatment
- Describe the role of the clinician's own RS attitudes, beliefs, and practices
- Distinguish between life-affirming and life-limiting forms of R/S
- Contrast psychopathology with normative spiritual experiences
- Assess R/S at various levels with their clients
- Identify and mobilize R/S resources with their clients
- Identify and respond appropriately to R/S problems that arise in treatment
- Recognize and address ethical issues in integrating R/S into treatment

Each online module takes about 90 minutes to complete. The modules cover various topics related to spiritual competency in mental health and are comprised of various activities. These activities include watching mini-lectures and YouTube videos, reading text, listening to podcasts, answering self-reflection questions, reading/watching case studies, and completing multiple choice questions. The completion of these activities in the online modules are *essential* for doing well on your graded assignments and for active participation in class. Think of your online modules like an enhanced textbook and class lectures but in shorter, more digestible pieces!

All online modules must be completed before the in-person class. The in-class discussions and activities build directly upon the material you learn online, so it is essential you come prepared. You will not be able to advance to the next online module until you complete the previous



module, which includes watching all of the videos and completing all of the self-reflection questions and knowledge check questions. The topics of each module are outlined below:

- Module 1: Introduction and Orientation
- Module 2: Understanding Spirituality
- Module 3: Guiding Principles for Spiritually Integrated Mental Health Care
- Module 4: Questions to Distinguish Spiritual Experiences from Psychopathology
- Module 5: Assessing Spirituality in Mental Health Care
- Module 6: Mobilizing Spiritual Resources
- Module 7: Addressing Spiritual Problems
- Module 8: Putting it All Together, Challenges, and Future Directions

**RECOMMENDED READINGS:**

Aten, J. D. et al. (2012). *The psychology of religion and spirituality for clinicians: Using research in your practice*. NY: Routledge.

Aten, J. D., & Leach, M. M. (2009). *Spirituality and the therapeutic process: A comprehensive resource from intake to termination*. Washington, DC: American Psychological Association.

Cashwell, C. S. & Young, J. S (Eds.). (2020) *Integrating spirituality and religion into counseling: A guide to competent practice (3rd Edition)*. Wiley.

Gill, C.S., & Freund, R.R. (Eds.). (2018). *Spirituality and religion in counseling: Competency-based strategies for ethical practice (1st ed.)*. Routledge.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York, NY: Guilford Press.

Pargament, K. I. et al. (2013). *APA handbook of the psychology of religion and spirituality, second edition*. Washington, DC: American Psychological Association.

Pargament, K. I. & Exline, J. J. (2022). *Shaken to the core: Spiritual struggles in research and clinical practice*. NY: Guilford Press.

Park, C. L., & Paloutzian, R. F. (2013). *Handbook of the psychology of religion and spirituality, second edition*. NY: Guilford Press.

Richards, P. S., & Bergin, A. E. (2014). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.

Sandage, S. J. & Strawn, B. D. (2022). *Spiritual diversity in psychotherapy*. Washington, DC: American Psychological Association.

Stewart-Sicking, J., Fox, J., & Deal, P. J. (2019). *Bringing religion and spirituality into therapy: A process-based model for pluralistic practice*. Routledge.

**CLASS FORMAT:**

The three-credit course will meet on Tuesdays from 9:30 AM to 12 noon (2.5 hours per week). ***Students are expected to read the assigned material and complete training videos before the start of class.*** Course meetings will be devoted to a range of activities (e.g., lecture, discussions, presentations, guest speakers, watching videos) focusing on empirical, clinical, and theoretical

considerations of the weekly topics. Please know that out-of-class work will not be regurgitated in class, and the ability of students to benefit from these activities will be dependent upon their familiarity/knowledge of the subject material from the weekly activities.

### **COURSE POLICIES:**

#### Attendance:

All students are expected to attend class. It is your responsibility to come to class, or to otherwise obtain information presented in class from another class member. In addition, this class will be most successful and rewarding if all students are willing to be self-reflective, open to new ideas, respectful of another, and participate regularly in the classroom community. Please know that in-class discussion and activities will be a major aspect of this course. The instructor reserves the right to give additional points to those students who make a consistent effort to engage with the material in a thoughtful manner and enhance others' learning in constructive ways.

#### Scholarly conduct:

The instructor will treat students with respect and courtesy throughout the semester and the same is expected from each of you. In order to create an environment that is conducive to learning, your in-class behavior should not detract from the experiences of your classmates. X's policy regarding scholarly conduct can be found in the X Student Handbook at: xxx. Of note, disruptive academic behavior is defined as individual or group conduct that interrupts or interferes with any possible educational activity or environment, infringes upon the rights and privileges of others, results in or threatens the destruction of property, and/or is otherwise prejudicial to the maintenance of order in an academic environment. Common examples of disruptive student behavior include sleeping in class, routinely entering class late or departing early, watching unrelated media on computers during class, and the use of cell phones during class. Students are expected to be cordial, courteous, and respectful of faculty members and fellow students.

#### Academic conduct (e.g., cheating, plagiarism):

We reaffirm our commitment to integrity/honesty in our work at the start of this semester. X policy regarding student academic conduct can be found at: x. X is a community of scholars in which the ideals of freedom of inquiry, freedom of thought, freedom of expression, and the freedom of the individual are sustained. The university is committed to supporting the exercise of any right guaranteed to individuals by the Constitution and the Code of X and educating students relative to their responsibilities. Students who violate these standards will be asked to leave class.

As a community of students and scholars, X also strives to maintain the highest standards of academic integrity. All members of the USXA community are expected to exhibit honesty and competence in academic work. Any dishonesty related to academic work or records constitutes academic misconduct including, but not limited to, giving or receiving unauthorized aid in tests and/or course exams, improperly obtaining a copy of an exam, plagiarism and

misrepresentation of information, and altering transcripts or university records. Students may learn about the meaning of plagiarism and how to avoid it at this link:

Changes in course requirements:

Please note that all class sections do not progress at the same rate and course requirements might need to be modified as circumstances dictate. Also, if circumstances arise during the semester that could not be reasonably anticipated, the course assignments, grading policies, and schedule of topics may be altered. Of note, the instructor will take steps to ensure that any changes to the class will work to the advantage of students rather than hampering/penalizing them in any way. However, students will need to be flexible if such circumstances arise, so that we might all learn as much as possible during the semester.

Students with special needs:

Students with special needs that influence their ability to participate in the class or meet course requirements in the regular way should bring this to the instructor's attention so that appropriate accommodations can be arranged. This notification and request for any accommodations is the responsibility of the student; attempts will be made to address the special needs of students while maintaining the integrity of the learning experience and competency standards of the CCP Program. Office of Special Student Services (OSSS) will certify a disability and advise faculty members of reasonable accommodations. If you have a disability that qualifies for academic accommodations, please notify the instructor and provide certification from the Office of Special Student Services. OSSS is located at x.

Late assignment policy:

Each of these course assignments will have a specific due date. If you turn in an assignment after the due date, you will lose 10% per day for a period of seven days (e.g., If you get a grade of 90% on an assignment that is handed in 2 days late, your grade will be recorded as a 70%).

**COURSE EVALUATION:**

1. Discussion questions will account for 20% of the final grade.
2. Spiritual autobiography assignment will account for 30% of the final grade.
3. R/S psychotherapy integration assignment will account for 20% of the final grade.
4. Special topic assignment will account for 30% in total (Presentation = 10%, Paper = 20%).

Discussion questions:

So as to help you to digest the readings and guide the instructor to orient the classroom meetings toward your specific interests and areas of curiosity, one of the requirements is to submit **thought-provoking questions from at least two readings** via a shared document before the start of class. These questions can be about things you did not understand, things that were covered superficially that you want more detail about, something that conflicts with other conceptualizations or research findings, or trouble you are having matching content from a reading with your personal and/or clinical experience. These questions can be empirical,

theoretical, or clinical in nature. No late submissions will be accepted. In total, these questions contribute 10% of your overall course evaluation.

**Spiritual autobiography paper:**

Developing an awareness of your own values/beliefs, cultural context, and experiences of religion/spirituality is a key part of building your competence as an aspiring psychologist. This assignment will consist of two parts:

First, you need to develop a spiritual genogram regarding religion/spirituality in your own family-of-origin. This genogram should cover three generations and focus on family members' own religious/spiritual histories (e.g., traditions, values/beliefs, conversions, leaving a specific faith, disagreements and/or conflicts, baptisms and other events). So as to gain new insights about your family system, students are expected to interview their relatives about their respective spiritual journeys. For those students who are not familiar with this approach to family mapping, specific directions for how to complete a genogram will be offered. This genogram will be attached to the second part of the assignment and provide a familial context to consider your own developmental status in the spiritual domain. Students are expected to share their genograms with the class on the due date (2/28/22).

Following the completion of your family interviews and development of a genogram, the second part of this assignment will provide a structured opportunity to reflect on your personal spiritual story. In so doing, you are encouraged to reflect on your past and current life chapters from the vantage point of spirituality to increase self-awareness of your own journey in this domain. This paper should be **no longer than 14 pages** typed (not including title and any references), double-spaced, with 12-point font and 1 to 1.25-inch margins. Please address these four domains in the paper in an even manner (3 to 4 pages each in length). Although you are not required to address all of these questions, feel free to draw upon them to guide your reflections.

**1. Family background (2-4 pages):** *What patterns emerge for you as you study your genogram? What role, if any, has religion and/or spirituality played in your family-of-origin? How about earlier generations or extended family members? Whether for positive or negative, which family members have been the most influential in spiritual matters in your family system to date? What are significant events or transitions that shaped family members' faith or spirituality? How has religion and/or spirituality been a source of strength and possible dysfunction in your family?*

**2. Non-familial influences (2-4 pages):** *Whether through personal relationships, personal study, or other mediums of communication (e.g., film, art, music), what influences have most shaped your faith and/or spirituality outside of your family? How have these influences shaped you from a spiritual perspective in positive and negative ways? What other sources of support/inspiration have influenced your faith and/or spirituality (e.g., education, loss, stressful life events, developmental transitions)? How have these experiences affirmed or challenged your faith or spirituality in different chapters of your spiritual journey?*

**3. Personal assessment (2-4 pages):** *What role does religion and/or spirituality play in your life at present? What specific religious/spirituality beliefs or values are most important to you now? What have you learned thus far in your spiritual journey and how might you pass on these “spiritual lessons” to others? In Pargament’s (2007) terms, how are you in a state of “conservation” and/or “transformation” with respect to your search for the sacred? What resistance or barriers exist that prevent you from pursuing faith or spirituality? How do you currently view human nature and the possible role of God or a higher power in the universe? If you believe in a higher power, what qualities do you assign to this deity? What about views of other existential topics such as suffering, evil, death and the afterlife? What future directions would you like to take in this aspect of your life? What are questions that you may need to address to progress in your journey?*

**4. Applications for practice (2-4 pages):** *What are implications of your personal discoveries from this assignment for your clinical practice and research? How do you think your experiences with religion and/or spirituality might compare with clients’ experiences? How might your history in the spiritual domain help and/or hinder your future work with clients? Which types of clients or client problems involving religion or spirituality would be the most challenging for you? Are there particular types of religious or spiritual worldviews that might create tension for you? Which ones would be the most engaging or rewarding? Why? How might you draw on sources of spirituality in your life for the sake of self-care and possibly enhance your competence as a mental health practitioner?*

**The paper will be graded as follows:**

- (1) *Adequately discussed insights/reflections on ‘family background’: /25*
- (2) *Adequately discussed insights/reflections on ‘non-familial influences’: /25*
- (3) *Adequately discussed insights/reflections on ‘personal assessment’: /25*
- (4) *Adequately discussed insights/reflections on ‘applications for practice’: /25*

**R/S psychotherapy integration paper:**

This assignment will provide an opportunity to develop foundational knowledge in an empirically supported treatment (EST) that has been contextualized for application with a specific religious-cultural group. For example, *Cognitive Behavioral Therapy for Christians with Depression* (Pearce, 2016) has adapted well-established, CBT-based concepts and techniques for Christian clients who prefer to tailor treatment according to their religious identity or meaning system. In the first part, you will select/read a book on a religiously integrated form of an EST that you would like to learn more about. Drawing upon this information, you will then collaborate with a partner to implement a component of the treatment model with a hypothetical client via Zoom. This session needs to be recorded and shared with the instructor in the final submission. In turn, you will write a paper that addresses these three domains:

- (1) *Description of the treatment model (2 to 3 pages)*
- (2) *Summary of scientific evidence supporting the efficacy of the treatment model (1 to 2 pages)*
- (3) *Self-evaluation for implementation of the selected intervention component (1 to 2 pages)*

This paper should be double-spaced and no longer than 7 pages in length. The due date for this assignment is Tuesday, 4/4/23 and will contribute 20% of the final grade.

**Special topic paper:**

You will complete a final assignment of a special topic related to religion/spirituality that aligns with your research/clinical interests. Once you have approved your topic with the instructor, the assignment will consist of two parts. First, you will provide a 45-minute presentation on your topic. So as to promote affective engagement and bring the theoretical/scientific material to life, each presentation needs to incorporate a song, video, or some other type of media that somehow illustrates the issues that you will discuss in your presentation. Please consult with the instructor in identifying a focus and organization scheme for your presentation.

Your presentation should be thoughtful and well-prepared in addressing four parts: (1) share why you are interested in the topic (including key influences); (2) provide a theoretical/conceptual background and/or contextual information; (3) summarize/synthesize the status of empirical evidence on your topic; and (3) offer implications for clinical practice. This presentation will account for 10% of your final grade and presentation dates will be scheduled on the first day of class.

**These presentations will be evaluated as follows:**

- (1) *Thoughtfulness, preparation, and organization of talk: /25*
- (2) *Adequate theoretical/conceptual background: /20*
- (3) *Synthesize/summarize available empirical evidence: /20*
- (4) *Discuss applications for clinical practice: /20*
- (5) *Adhered to length requirements: /5*
- (6) *Incorporated media: /5*
- (7) *Provided article for class: /5*

Following the presentation, you will write a final paper that provides a review of the research literature on a focal question/issue related to your special topic. A minimum of 12 articles is required, 8 of which need to be primary studies. The paper should begin by providing adequate background/context and explicitly stating the specific question/issue that will be addressed in the paper. In turn, please offer a detailed review of the most pertinent empirically-based work to the focal question/issue. Lastly, the paper should conclude with your own summary and synthesis of the material, which includes your willingness to “take a stand” on one side of the question/issue on the basis of research information that you included in the paper.

The text of this paper should be **no longer than 12 pages** typed (not including the title and references), double-spaced, with 12-point font and 1 to 1.25-inch margins. Students are expected to adhere to APA style as well. These papers are due by 3 PM on Thursday, 5/4/22 and will account for 30% of your overall grade.

**The paper will be graded as follows:**

- (5) *Provided brief history of the question/issue: /20*
- (6) *Reported empirical evidence on question/issue: /30*
- (7) *Provided summary/synthesis in concluding section: /20*
- (8) *Met requirement of minimum references (8 primary studies, 12 total): /15*
- (9) *Adhered to APA style requirements: /10*
- (10) *Adhered to assignment parameters: /5*

**GRADING POLICY**

- 90-100% (450-500) – A
- 80-89% (400-449) – B
- 70-79% (350-399) – C
- < 70% (< 300) – F

**PROVISIONAL COURSE SCHEDULE**

<b>Week 1 (1/10/2023): Introduction to Spiritually Competent Psychological Practice</b>	
Online Activities	None.
Assigned Readings	None.
Assignment Due	None.

<b>Week 2 (1/17/2023): Conceptualizing Spiritual and Religion</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 1 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 4</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 5</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 6</li> <li>• Read Pargament (2013)</li> </ul>
Assignment Due	None.

<b>Week 3 (1/24/2023): Self-Awareness and Attitudes for Attending to R/S</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 2 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 1</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 2</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 3</li> <li>• Wiggins (2009)</li> </ul>
Assignment Due	None.

<b>Week 4 (1/31/2023): Understanding Spiritual and Religious Diversity</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 3 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 7</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 8</li> <li>• Read Ellison &amp; MacFarland (2013)</li> <li>• Read Kent et al. (2021)</li> </ul>
Assignment Due	None.

<b>Week 5 (2/7/2023): Identifying Strengths and Resources from R/S</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 4 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Garssen et al. (2020)</li> <li>• Davis et al. (2021)</li> <li>• Park (2013)</li> <li>• Pargament et al. (2013)</li> </ul>
Assignment Due	None.

<b>Week 6 (2/14/2023): Identifying Problems and Struggles from R/S</b>	
Online Activities	None.
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 9</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 10</li> <li>• Read Bockrath et al. (2021)</li> <li>• Read Exline (2013)</li> </ul>
Assignment Due	None.

<b>Week 7 (2/21/2023): Mardi Gras Holiday</b>	
No meeting or assigned work.	

<b>Week 8 (2/28/2023): Building Self-Awareness for R/S</b>	
Online Activities	None.
Assigned Readings	None.



Assignment Due	<b>Spiritual autobiography paper due by the start of class.</b>
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<b>Week 9 (3/7/2023): Spring Break</b>	
No meeting or assigned work.	

<b>Week 10 (3/14/2023): Assessing R/S in Psychological Practice</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 5 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 11</li> <li>• Read Vieten &amp; Scammell (2015) – Chapter 12</li> <li>• Read Pargament &amp; Krumrei (2009)</li> </ul>
Assignment Due	None.

<b>Week 11 (3/21/2023): Mobilizing R/S Strengths and Resources in Treatment</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 6 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 13</li> <li>• Read Captari et al. (2018)</li> <li>• Read Manual for Religiously Integrated CBT</li> </ul>
Assignment Due	None.

<b>Week 12 (3/28/2023): Addressing R/S Problems and Struggles in Treatment</b>	
Online Activities	<ul style="list-style-type: none"> <li>• Watch Module 7 of SCT-MH</li> </ul>
Assigned Readings	<ul style="list-style-type: none"> <li>• Read Vieten &amp; Scammell (2015) – Chapter 14</li> <li>• Read Building Spiritual Strength Intervention Manual</li> </ul>
Assignment Due	None.

<b>Week 13 (4/4/2023): Collaboration with Spiritual Care Professionals</b>	
Online Activities	None.
Assigned Readings	<ul style="list-style-type: none"> <li>• Stewart-Sicking &amp; Mutai (2012)</li> <li>• Read Milstein et al. (2010)</li> </ul>
Assignment Due	<b>R/S psychotherapy integration paper due by the start of class.</b>

**Week 14 (4/11/2023): Instructor Out of Town**

No meeting or assigned work.

**Week 15 (4/18/2023): Ethical Issues in R/S Integration**

Online Activities	<ul style="list-style-type: none"><li>• Watch Module 8 of SCT-MH</li></ul>
Assigned Readings	<ul style="list-style-type: none"><li>• Read Vieten &amp; Scammell (2015) – Chapter 14</li><li>• Currier et al. (2022)</li></ul>
Assignment Due	None.

**Week 16 (4/25/2023): Special Topics Presentations – Part I**

Online Activities	None.
Assigned Readings	None.
Assignment Due	None.

**Week 17 (5/2/2023): Special Topics Presentations – Part II**

Online Activities	None.
Assigned Readings	None.
Assignment Due	<b>Special topic paper due by Thursday, 5/4/22.</b>

## **Diversity, Equity, and Inclusion Statement**

Thank you for using the Spiritual Competency Training in Mental Health (SCT-MH) program. These materials will help you develop the foundational awareness, knowledge, and skills to attend to the diverse forms and expressions of spirituality you will encounter in clinical practice. It is our strong hope and intent that SCT-MH will promote this goal with students from the full range of spiritual backgrounds and perspectives, including those with an abiding commitment to a religious tradition to others who identify as more secular or non-religious. From the outset, we acknowledge that we hold multiple sociocultural identities that intersect and shape our worldview, and that our worldview is then further constrained through the experiences of privilege and oppression. Our commitment to you as instructors is to minimize systemic forces of oppression within the online classroom, such as ableism, classism, racism, sexism, transphobia, and heterosexism, to create a safe learning environment for all of us. To the extent possible, in a time-limited course focusing on promoting basic or foundational competencies, the materials and activities were crafted to reflect peoples' experiences across spectrums of gender, sexuality, disability, age, socioeconomic status, ethnicity, race, culture, and religion and spirituality. We expect that you will also join us in this commitment to foster respect for one another, enhance solidarity, and build community. We welcome the diversity of perspectives you will bring to this course and encourage you to reflect on the material from your personal worldview. Engaging in discussions from your perspective enriches the entire class experience.

**With these intentions in mind, we offer the following information and acknowledgements.**

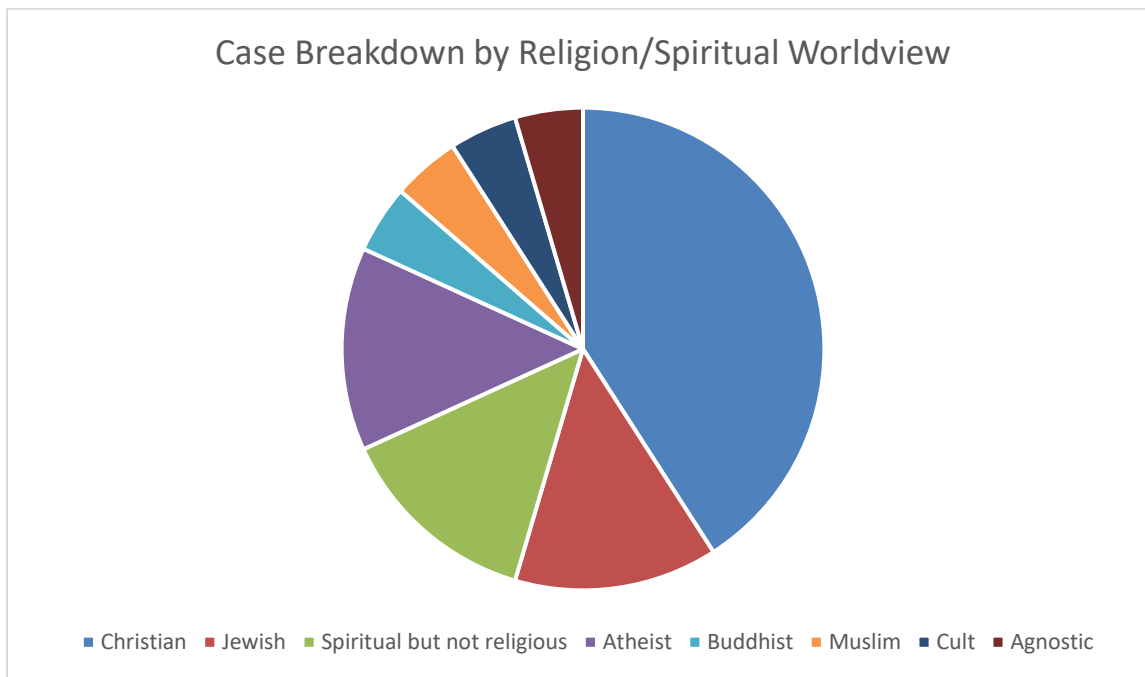
### **Language used for “God/Higher Power”**

It is important to us that the language in this course is inclusive to persons from all spiritual and/or religious backgrounds, including those with a strong faith of some kind or no salient religious or spiritual identities. When discussing specific monotheistic religions, we have tried to use the appropriate name for the deity of that particular religion. In other places, we refer more broadly to “God” or a “higher power.” We recognize that these terms will not resonate with all of you. For example, you may not believe in the existence of God or gods who possibly created and orders the universe. Others who complete the SCT-MH program may see God as a Divine Being, Great Spirit, Mother God, Divine Feminine, Nature, Force, Positive Energy, Providence, Fate, etc. We invite you to substitute the language you are most comfortable with when we make broader statements about God or a higher power.

### **Religious Diversity**

We believe the religion and spirituality are core areas of diversity that can play a powerful role in shaping identity, relationships, and behavior. Given the vast array of religious and spiritual

traditions across the globe, it is not possible to capture every possible framework or system of belief in the SCH-MH program. The case materials in the course were strategically designed to reflect the overall religious landscape of the U.S. in 2021 (i.e., the time period over which the training program was developed). Namely, at that time, 63% of Americans identified with a Christian faith of some sort. In the spirit of equitable representation, 41% (i.e., 9 out of 22) of the cases that are presented in the modules are with Christian clients from varying backgrounds. In the remainder of case examples, students will encounter clients from Muslim, Jewish, as Buddhist backgrounds as well as others who identify as spiritual but not religious, agnostic, and atheist. You can see the spiritual/religious breakdown of the client cases in the pie chart below. As new research findings emerge and the religious and spiritual landscape continue to change in our society, our goal is to periodically update and revise the course to reflect the religious diversity of the U.S.



### Acknowledgement of Oppression and Colonialism

Religions have a very complicated history that have been often entwined with colonialism across the globe. Using the U.S. as an example, some European colonizers used their Christian beliefs to justify imperialism, exploitation, and control of native peoples in the early history of this country. In turn, Christianity was also used by later generations of these colonizers’ descendants to perpetuate a system of race-based slavery that repeatedly traumatized and exploited untold numbers of individual and families. As such, instructors and students may experience the integration of SCT-MH into their training as an attempt to maintain colonialist epistemologies or pedagogies. Importantly, spiritual and religious competencies do not suggest that all forms or expressions of spirituality/religion are psychologically healthy for individuals,

groups, and communities; instead, such competencies acknowledge the problems that religion and spirituality may cause across these levels. SCT-MH was developed with an awareness that these core areas of diversity have been and continues to be used in some contexts as a source of harm and oppression against certain groups. In so doing, we encourage instructors and students to align with anti-racist and anti-oppressive practice in utilizing this training program. Given the tenuous history and uses of religion, in particular, as a tool of oppression, clinicians will ideally be prepared to attend to their clients' faith as a culturally and clinically relevant aspect of their lives, one that can be a source of harm as well as help.

### **Acknowledgement of Intersectionality**

Developing foundational awareness, knowledge and skills related to spirituality and religion does not imply that spirituality and religion are more important than race, gender, gender identity, sexual orientation, or other core areas of diversity. Rather, spirituality and religion are ideally conceptualized within a broader framework of intersectionality in which peoples' lived experiences in these areas intersect with other aspects of identity. Hence, spirituality and religion are not more important than other sources of identity and diversity. Rather, we believe these dimensions of many peoples' lives are equally important for clinicians to consider in their work, and often carry subtle ripple effects across ecological systems for individuals, families, and communities. The SCT-MH program focuses squarely on promoting basic spiritual and religious competencies, which are rarely taught in other aspects of mental health graduate curriculum, so that clinicians can attend to the full spectrum of a client's intersectional realities.

### **Acknowledgement of the Overrepresentation of White Voices in Academia**

We acknowledge that the majority of the empirical sources related to building spiritual and religious competencies in this course have been authored by cisgender, heterosexual, white men and women. Edits to this iteration of the course have incorporated feedback from U.S. graduate students and faculty with more diverse ethnic, sexual, and gender identities who participated in the research study. To this end, we continue to welcome feedback that promotes inclusivity as well as acceptability and effectiveness for all students, faculty, and clinicians. In particular, we are striving to attend to under-represented voices among mental health providers and/or persons who identify as BIPOC (black, indigenous, and other people of color). The current state of knowledge is biased toward middle class, high functioning clients who seek individual therapy in private settings. The cases in this course reflect this bias in our clinical knowledge to date. We acknowledge that more information and case studies are needed for under-represented populations and tertiary care settings. Future additions to SCT-MH will feature these types of cases.

Please feel free to share your experiences with us at [spiritual.competency@southalabama.edu](mailto:spiritual.competency@southalabama.edu).

## Setting Expectations for Your Experience of SCT-MH

This course is designed as a **basic**, introductory course on spiritual competency training for mental health clinicians. Our goal is to teach and equip you with the therapeutic stance, approach, and principles necessary for spiritually competent care. Empirical research with mental health providers (i.e., Pearce et al., 2019; 2020; Salcone et al., 2023) and graduate students (i.e., Pearce et al., in preparation) shows that individuals who take this course significantly improve their spiritual competency—their attitudes, knowledge, and skills positively change—in ways that will hopefully translate into cultural humility and responsiveness to possible spiritual and religious dimensions of clients' lives.

This course does not offer advanced training in spiritual competency. There are many important topics, tools, interventions, nuances, complexities, and intersectionalities that are not covered in this basic course. We hope to develop an advanced training course in which we can cover these important and exciting topics. Stay tuned!

We recognize that particularly as new therapists, you will want to be given specific tools and interventions to use with your clients. However, this course does not provide you with many of these resources—on purpose. We believe it is essential to understand the overarching principles, attitudes, and orientations that are appropriate and inappropriate for spiritually competent care *before* you use specific tools and techniques. In other words, the “how to do it” grows out of the “how to think about it.” As such, this course will prepare you well on how to think about and embody spiritually competent care.

## TIPS ON HANDLING DIFFICULT RELIGIOUS AND SPIRITUAL PROBLEMS IN SCT-MH COURSE

Some religious and spiritual problems can be very difficult to address in psychotherapy. These include religiously-based extremism, religiously-based discrimination and bigotry (e.g., racism, anti-Semitism, LGBTQ+), religiously-based sexual abuse, and religiously-based passivity (e.g., relinquishing all responsibility for problem solving to God). Here are some brief points to remember when you encounter these issues in the SCT-MH.

- Discourage students from offering simple solutions to complex religious and spiritual problems. These problems can be deep-seated, very sensitive, quite emotional, and difficult to change.
- Remind students that their basic clinical skills -- listening, empathy, reflection – can be valuable resources in responding to difficult religious and spiritual problems.
- Have students review Modules 4 and 7 which focus on assessing and addressing spiritual problems.
- Recommend additional readings on religious and spiritual problems. A number of readings are presented at the end of Modules 4 and 7. Two books in particular focus on religious and spiritual problems: Griffith's *Religion that Harms, Religion that Heals*, and Pargament and Exline's *Working with Spiritual Struggles in Psychotherapy: From Research to Practice*.
- Stress that students should recognize and admit when clients are presenting with religious and spiritual problems that go beyond their competence. Students should immediately raise these issues with their supervisors, and consider consultative help or referrals to other resources.
- Emphasize that this is a basic course in spiritual competencies. The goal is to help students become more aware of, assess, and consider basic ways to respond to religious and spiritual problems. Let students know that the course will not create "experts" in this area and that's okay (though potentially frustrating). This is just a start. Motivated students can seek out further training over the course of their careers.

**If you would like consultative help from the SCT-MH project leaders on religious and spiritual problems that arise in the course, feel free to contact Ken Pargament ([kpargam@bgsu.edu](mailto:kpargam@bgsu.edu)) to arrange a consultation.**

## GRADING RUBRIC

Criteria	Levels of achievement				
	Excellent	Effective	Satisfactory	Improvement needed	Unsatisfactory
<b>Content</b>	<p><b>14-15 pts</b></p> <p>Response is correct and mentioned all necessary components in answer key. Response was thoughtful and thorough. Response is organized, coherent and substantive.</p>	<p><b>11-13 pts</b></p> <p>Response is correct and mentioned most of the necessary components (not all, but more than half) in answer key. Response was good, but missing a few details, but was mostly complete and accurate. Response is organized and substantive but less coherent.</p>	<p><b>7-10 pts</b></p> <p>Mentioned half of the required necessary components. Response was fair—missing important details that made the response incomplete and/or part of the response was incorrect. Response is organized but lacks coherence and less substantive (less than 100 words).</p>	<p><b>4-6 pts</b></p> <p>Mentioned less than half of the required necessary components. Poor response—fails to address question in meaningful manner or mostly incorrect response. Response lacks organization, coherence and is not substantive (less than 100 words).</p>	<p><b>0-3 pts</b></p> <p>Missing almost all or all required components. Poor response that is off topic, irrelevant, or incorrect. Response lacks organization, coherence and is not substantive (less than 100 words).</p>

**Please use the above table to inform your scoring for each question of the case study.**



1. **What are at least two things you could do and/or say that would show Hee Jung that you respect and ascribe importance to her religious beliefs and practices? Your answer should be about 100-150 words.**

**For full grade, mentions at least 2 of the following:**

- You offer words of appreciation to Hee Jung for her willingness to share her feelings about her spirituality and God with you.
- You let Hee Jung know that you are comfortable talking further about and exploring her religious beliefs and practices if she is open to that.
- You let Hee Jung know that she is not alone in the feelings of anger and struggle with God that she is describing. Many other people, including some very devout people past and present, also experience spiritual struggles.
- You ask Hee Jung about her spiritual beliefs and practices--in general and specifically--and in your response you acknowledge and appreciate the role they play in her life, demonstrating your respect for what she believes regardless of what you believe or practice.
- You discuss with Hee Jung any concerns she might have about your religious orientation or lack thereof and help to soothe any concerns she might have about you possibly not understanding her experience or being judgmental. You also explain that the great thing about spiritually integrated therapy is that you don't need to have the same spiritual beliefs or practices as your clients.
- Spiritually integrated therapy is all about what the client believes; it's not about what you believe.
- You say something about appreciating the diversity of religious beliefs and practices, given that spiritually integrated therapy is pluralistic—it not only recognizes the distinctiveness of each individual's spiritual and religious world, but it is also appreciative of this religious and spiritual diversity.

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- You shift the focus of therapy away from her anger to God to more psychologically relevant and important topics.
- You tell Hee Jung that you're sure God is not responsible for her miscarriage.
- You criticize Hee Jung's toxic theology of God.
- You encourage Hee Jung to try to get pregnant again and focus more on taking good care of herself and less on prayer.
- You suggest that Hee Jung's anger to God may be a way of avoiding the real anger she is feeling toward other people and herself.

2. **What are at least two things you could do to determine how your own spiritual or religious background, beliefs, and practices (or lack thereof) might influence your work with Hee Jung? Your answer should be about 100-150 words.**

**For full grade, mentions at least 2 of the following:**

- You remind yourself that you bring your own values to the therapy sessions, just as Hee Jung brings hers, and that you need to be mindful of how your values, and sometimes the differences between yours and Hee Jung's, can impact treatment.
- Before engaging in spiritually integrated therapy, you spend time reflecting on what your spiritual beliefs and practices are (or aren't) and how these may have changed over the course of your life. In this process, you try to identify possible biases and judgments you might have when working with Hee Jung.
- You monitor and solicit regular feedback from Hee Jung on how she is feeling about spiritual dialogue in treatment and your questions, reflections, and thoughts about spiritual matters.
- You consider how your own experiences of loss, pain, and struggle (spiritual or nonspiritual, past or present) might facilitate or impede your work with Hee Jung. You might also seek out supervision or consultation during your work with her.
- You decide that you need special expertise in working with Hee Jung and consult a clergy member or mental health professional with training in this area to help you in your work. If the case is causing you psychological distress, you seek out help from a mental health professional. If the case is causing you spiritual distress, you seek out help from a pastoral counselor or clergy member.

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- You provide Hee Jung with a detailed account of your own religious and spiritual history and orientation.
- You compare and contrast your own experiences with religion and spirituality and those of Hee Jung.
- You ask Hee Jung to offer you feedback about your own religious and spiritual orientation.
- You discuss your work with Hee Jung with family, friends, or clergy and solicit their feedback.

3. Describe what you would do to assess the role of religion and spirituality in Hee Jung's life as it pertains to her mental health treatment. Be sure to name and describe the three types of religious/spiritual assessment you would use and provide at least 2 specific questions you would ask for each of the three types. Your answer should be about 100-150 words.

**For full grade, mentions and describes/defines the 3 types of R/S assessment and provides 2 questions to ask the client for each type:**

- Initial assessment questions: You raise a few basic questions about spirituality/religion and its place in Hee Jung's life. The questions are designed to simply provide an initial look into the client's orientation and approach to spirituality/religion. These questions are interwoven into the more general assessment process. These questions could lead to further R/S assessment. However, even if the initial assessment is not fruitful, practitioners should remain alert to the potential relevance of spirituality/religion in later sessions. Possible questions include:

- Do you see yourself as a religious or spiritual person? If so, in what way?
  - Are you affiliated with a religious or spiritual denomination or community? If so, which one?
  - Has your problem affected you religiously or spiritually? If so, in what way?
  - Has your religion or spirituality been involved in the way you have dealt with your problem? If so, in what way?
- Implicit assessment questions: You raise questions that hint at the possibility of a deeper dimension to Hee Jung and the problems she brings to therapy. The questions do not refer directly to higher powers, religious institutions, or religious practices. Instead, they make use of “psychospiritual language,” psychologically meaningful concepts carrying rich, emotionally powerful connotations that invite spiritual exploration. Embedded in the psychospiritual questions are words that contain sacred qualities, such as peace, courage, comfort, sustenance, despair, and suffering. Even when the initial spiritual assessment was not fruitful, implicit spiritual assessment can open the door to a more explicit spiritual assessment. Possible questions include:
    - What are the deepest questions your situation has raised for you?
    - What causes you the greatest despair and suffering?
    - Where do you find peace?
    - When you are afraid or in pain, how do you find comfort?
    - From what sources do you draw strength and courage to go on?
    - For what are you deeply grateful?
    - What sustains you in the midst of your troubles?
    - What are you striving for in your life?
    - Why is it important that you are here in this world?
    - When have you felt most deeply and fully alive?
- Explicit assessment questions: Either as a result of material that comes up in the initial spiritual assessment or the implicit spiritual assessment, you encourage Hee Jung to speak directly about the role of spirituality and religion in her life and her presenting problem. These questions make explicit mention of God, religious congregation, religious beliefs, practices, and experiences, and/or spirituality. By eliciting her own spiritual story, you can also assess ways in which spirituality/religion may be a resource to her and ways in which it may be a source of problems. Possible questions include:
    - How do you envision God?
    - What do you hold sacred in your life?
    - How have your religious or spiritual practices and beliefs changed since you were a child?
    - In what ways, if any, has your religion or spirituality helped you understand or deal with your problems?
    - In what ways, if any, has your practice of religion or spirituality helped you feel better mentally or emotionally?
    - Where have you gone to replenish yourself spiritually?

- In what ways, if any, has your religion or spirituality been a source of struggles or pain for you?

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- Why do you still hold childish spiritual/religious beliefs?
- How has your spirituality/religion stopped you from facing hard truths?
- Why are you still involved in organized religion?

4. What are at least two things that would be helpful to know about Hee Jung's religious and spiritual experiences and development over the course of her life? Explain why knowing these things would be important for treatment. Your answer should be about 100-150 words.

**For full grade, mentions answers that relate to at least 2 of the following areas:**

- The following are questions that the student could raise. They should elaborate on each question for full marks (e.g., why is this important information to have?)
- How did Hee Jung learn about and come to believe in God? Whether Hee Jung's beliefs in God came from personal experience with the sacred, the teachings of people she cared about, or imposed on her or passively accepted by her with little reflection on her part can shape the nature of her relationship with God. What was the nature of Hee Jung's relationship with God before her miscarriage? Had she felt a stable and secure connection with God? Whether Hee Jung's struggles with anger toward God reflect a long-term sense of instability and insecurity with God or a shift from what was at one time a more stable and secure connection could shape the therapy that follows.
- What purpose did Hee Jung's religious and spiritual involvement serve for her in the past? Were they a source of comfort, meaning, self-control, social intimacy, hope, or connectedness with God? How has that changed? Religion and spirituality can serve different purposes for different people. To help clients respond to their religious and spiritual struggles and distress, it is important to understand the purposes that religion and spirituality served for people in the past and how their problems may have impacted what they once sought from their faith.
- Did Hee Jung turn to her faith or religious community for support in coping with other stressful experiences in the past and, if so, how helpful was that? For many people, a faith community is a valuable source of support in coping. Yet many people also may disconnect from their religious communities in difficult times. It is important, then, to assess the degree to which Hee Jung has looked to and found support from her religious congregation. As part of this assessment, it is also important to recognize that some people have a history of conflict and disappointment with their religious institutions. The individual's history with a faith community is important to understand in evaluating whether it may be a valuable resource for the person.
- Is this Hee Jung's first experience of spiritual struggle? Has she experienced other situations in which she felt abandoned by God or angry at God? Is this the first time she felt let down or that God did not keep his promises? Has Hee Jung experienced other types of spiritual struggles in the past? If this is Hee Jung's first experience of spiritual struggle, she may not have developed a spiritual orientation that is broad and deep enough to make sense of and handle her experience, and further counseling or pastoral care may be needed to help her. Chronic spiritual struggles may also be potentially more problematic for people than short-term struggles and call for more clinical attention. To facilitate work with struggles, it is important to understand the client's history with struggles, identify other experiences of spiritual struggles, discuss effective ways they have found for dealing with them, and talk about things they have tried that may not have been helpful.

- Has anyone in her family or close friends encountered spiritual struggles? Are spiritual struggles a topic that has been talked about within her family or church or do people discourage that kind of talk? Finding support for spiritual struggles is an important way of responding to these times of tension and conflict. However, the topic may be a source of silence, shame, and stigma. Understanding how struggles are perceived in Hee Jung's social system can help in facilitating social support. People with a history of struggles themselves may be more supportive to others in times of struggle. Conversely, some people respond to spiritual struggles with stigma and criticism. Hee Jung can be encouraged to share her struggles with people who will be open to conversation and offer her support rather than criticism in the face of her spiritual struggles.
- Has Hee Jung ever felt betrayed or abandoned by key figures in her life? This would help to determine whether her spiritual struggles are tied to other relational issues. If so, Hee Jung's spiritual struggles with God can be understood and discussed within the broader context of her relationships with key authority figures more generally.
- How have Hee Jung's religious beliefs and practices changed over time? If they have changed, what prompted these changes. Whether Hee Jung has been generally moving toward or away from a trajectory of greater spiritual maturity can affect the direction of therapy. Furthermore, if she has a history of feeling betrayed by God or by other people, there may be several layers of pain to work through in order to fully resolve her depression.

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- Questions that assume religion or spirituality were signs of weakness. (e.g., what gap in your life as a child did God fill?)
- Questions that are judgmental or blaming about the client's religious or spiritual involvement? (e.g., Why weren't you more honest with other people about your spiritual struggles?)

5. **Could religion or spirituality be a positive resource for Hee Jung? Why or why not? What are at least 3 questions you could ask to determine if she has religious or spiritual resources and practices that might support her psychological well-being? Your answer should be about 100-150 words.**

**For full grade, mentions 1 reason why religion/spirituality could be a positive resource and provides at least 3 questions (may or not be the same as the questions below):**

- Yes, religion and spirituality could be a positive resource for Hee Jung. Even though religion and spirituality may be contributing to Hee Jung's depression, this doesn't rule out the possibility that some aspects of her religious faith and spirituality might provide her with comfort and support. Determining whether spirituality is a part of the problem or a part of the solution, or both, is an essential aspect of spiritually integrated therapy.

- Life-affirming forms of spirituality are spiritual beliefs and practices that support, encourage, and facilitate psychological and emotional well-being. Hee Jung may have beliefs and practices from her faith that are life-affirming. Further assessment will help to determine if this is true and what these are specifically.
- To assess for access to or use of life-affirming religious and spiritual resources, you could ask questions such as the following:
  - You mentioned that you go to church some weeks, do you engage in any other religious activities? Did you used to? If so, what were those like?
  - Are there any religious practices that you engage in or used to engage in that you enjoy or find peace or comfort in? If she needs prompting, you could ask about specific practices, such as prayer, Bible reading, listening to sermons, meditation, and so on.
  - You mentioned not sitting with your friends at church or speaking with them anymore. Is there anyone who shares your faith that you still speak with about spiritual matters? Family members? Your pastor? If so, are these conversations helpful?
  - Is there anyone in your religious community that you might reach out to for support? Is there anyone outside of your religious community who can offer you support in the midst of your struggle?
  - Are there any verses in the Bible that bring you comfort or that you find encouraging right now?
  - Are there any spiritual readings or teachings that you find comforting or that you have found comforting in the past?
  - Apart from your involvement in church and formal religious practices, are there other activities that you find spiritually meaningful and fulfilling (e.g., being outdoors, music, volunteering, crafts)?
  - If we were to incorporate your spirituality into treatment as another resource for you, what parts or practices do you think might be particularly helpful?

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- Failing to inquire into the client's own preferred religious/spiritual resources.
- Recommendations of religious/spiritual resources that are inconsistent with or insensitive to Hee Jung's religious orientation and preferences.
- Imposing a recommendation of religious/spiritual resources based on the therapist's own preferences rather than those of the client.

**6. What role is religion and spirituality playing in her depression? Is Hee Jung experiencing a primary, secondary, or complex religious/spiritual problem? How so? Is she having religious and spiritual experiences that are consistent with psychopathology? Your answer should be about 100-150 words.**

**For full grade, mentions all of the following: 1) Religion is playing a significant role and explains how; 2) Mentions that Hee Jung's problem here is a "complex spiritual problem" and explains what that means; 3) Describes how Hee Jung's religious lens is causing her distress and call for attention in treatment; and 4) Notes that her religious and spiritual experiences are not consistent with psychopathology.**

- You indicate that religion and spirituality seem to be playing a significant role in Hee Jung's depression.
- You conceptualize her presenting issue as a complex spiritual problem. In this regard, you note that religion/spirituality is both a source of and a response to mental health problems. In other words, religion/spirituality is both helping to cause and maintain Hee Jung's depression, and her depression is having a negative influence on her spiritual well-being and involvement.
- You note that her religious lens or religious cognitive framework through which Hee Jung is using to make sense of her miscarriage is causing her distress. She sees God as betraying her trust and not keeping what she perceives was his promise to keep her baby safe. She no longer feels loved or protected by God. Feeling betrayed and abandoned by God is adding to the pain of losing her baby. It has also resulted in her losing both her former close relationship with God and with her friends at church. Dealing with these feelings and her perceptions of her relationship with God, as well as the religious meaning she has given to her miscarriage, are essential in her recovery from depression.
- As for psychopathology, Hee Jung's symptoms are consistent with depression, but not with severe mental illness. Her beliefs about God and her miscarriage are not in the realm of psychopathology. They are in fact not unusual among people facing major life stressors. Nevertheless, her religious/spiritual struggles do seem to be a contributing and maintaining factor in her depression and grief.

**Inappropriate Response Options:**

- Responses that fail to recognize how Hee Jung's struggles with God are exacerbating her depression (e.g., "I think your depression is the real issue here and once we take care of that your anger toward God will dissipate").
- Responses that pathologize Hee Jung's spiritual struggles (e.g., "Your anger toward God is a sign of serious psychological problems and may call for medication.")
- Responses that are critical or judging of Hee Jung's spiritual struggles (e.g., "In some ways, it sounds as if you never matured beyond a child-like view of God.").

**7. Describe at least two ways in which Hee Jung's religious beliefs and/or practices are causing her pain and struggle. Your answer should be about 100-150 words.**

**For full grade, mentions at least 2 of the following:**



- One belief is that if God doesn't act as she expects him to act (based on her interpretation of the scriptures), then it means he has failed her, abandoned her, and doesn't love her. Given how important her faith and her relationship with God is to her, this is very painful for Hee Jung. You label this as a divine struggle, which occurs when a client feels a sense of conflict with or betrayal by God or another divine figure.
- You recognize that Hee Jung had believed that if she does her part in life, God will do his part to protect her from suffering and misfortune, and you note that this very fundamental belief about herself and God has been challenged, leaving Hee Jung feeling unstable, insecure, and vulnerable to future disappointment.
- Another belief causing Hee Jung pain is that a good Christian is never angry, or at least is never angry at God. In fact, surveys indicate that anger to God is not unusual, even among Christians.
- You recognize that Hee Jung might be experiencing an interpersonal struggle, believing that she cannot share her struggles with God with members of her church. You also recognize that this struggle could be exacerbated if members of her church community agree that good Christians shouldn't be angry at God.
- You explore with Hee Jung how her feelings of anger toward God and alienation from members of her church could be bringing up past experiences and feelings of anger and alienation from other key figures in her life, such as family, friends, clergy, church members, and God. These prior experiences could be exacerbating the current psychological pain she is encountering.

**Inappropriate Response Options (loss of 1 point for each inappropriate response below that student mentions):**

- Critical and judgmental remarks about Hee Jung's religious beliefs and practices (e.g., "Your childlike views of God are no longer able to help you deal with the realities of pain and suffering in life.>").
- Minimization of the pain and struggle Hee Jung's religious beliefs and practices are causing her (e.g., "I know your religion is important to you, but let's focus on the deeper and more important sources of your depression.>").
- Inappropriate attempts to challenge or re-frame Hee Jung's religious beliefs and practices ("You are focused on how God has let you down. Have you thought about how you may have let God down?" "You feel church members can't be there for you. Ask yourself whether you have been there for them?")

**8. Describe at least 3 spiritually integrated tools and resources you might consider using in treatment. Explain why you think each might be helpful. Your answer should be about 100-150 words.**

**For full grade, mentions at least 3 tools/resources AND explains why each might be helpful:**

- Several spiritually integrated tools or strategies that might be helpful for Hee Jung include:

- Empathic listening
- Your acceptance of Hee Jung's experiences and feelings
- Normalizing her experiences
- Meaning-oriented therapy – what direction she would like to take in her life? Where does religion and spirituality fit in that? Explore the kind of relationship she'd like to have with God and her religious community?
- Exploring her understanding of God both before and after the miscarriage to offer insight into how her spiritual beliefs may be helping to maintain her depression.
- Helping Hee Jung to accept her experiences and all of her feelings, including her anger toward God. Help her realize that her feeling that anger toward God is unacceptable may be part of what is keeping her locked into it.
- Journaling as a tool to help Hee Jung explore and express her feelings toward God and her religious community. Writing her own spiritual autobiography might also be of value to helping Hee Jung understand how her religious and spiritual orientation has changed in her life.
- Forgiveness, which often grows out of a recognition and acceptance of the legitimacy of the anger or injustice. Hee Jung holds guilt and resentment toward herself and God. The ability to let go of these negative emotions when she feels ready would likely help reduce her depression, and we know from research that forgiveness is associated with reduced depression and improved relationships and well-being. Consider whether certain religious rituals might be helpful to Hee Jung in moving through her grief and loss and coming to a place of acceptance and renewed hope for her future. Suggest that rituals can be calming, provide a sense of order, are a way to connect with one's spirituality and God, and can function as a shared practice among fellow believers to create a sense of community and belonging.
- Christian Cognitive Behavioral Therapy is one empirically validated treatment that may be a particularly appropriate and effective approach for Hee Jung. This treatment deals with the beliefs and interpretations we give to events and how these lead to depressed feelings, and it does so from a Christian perspective. It also addresses behaviors, such as how Hee Jung is withdrawing from social/spiritual support, that contribute to depression. Hee Jung ascribes to a Christian worldview, so this type of therapy may resonate well with her and would allow her to both address spiritual struggles/pain and incorporate her spiritual resources.

**Inappropriate Response Options (loss of 1 point for each inappropriate response below that student mentions):**

- Recommending spiritual and religious tools that are inconsistent with Hee Jung's religious orientation and preferences (e.g., creating a shrine to honor her unborn child; mindfulness meditation if Hee Jung is uncomfortable with this resource). Recommending tools and resources of questionable value (e.g., encouraging Hee Jung to find a new church).

### Example Answers for Question 3 of Final Case Study

To assist you in grading the final case study, we will provide, below, sample answers and grades for three of the final case study questions: #s 3, 5, and 9. Please study these examples to calibrate your own grading for these questions and all others on the final case study.

3. Describe what you would do to assess the role of religion and spirituality in Hee Jung's life as it pertains to her mental health treatment. Be sure to name and describe the three types of religious/spiritual assessment you would use and provide at least 2 specific questions you would ask for each of the three types. Your answer should be about 100-150 words.

Answer examples for each level of achievement-

#### Excellent:

There are at least three types of spiritual assessments that I can engage in with Hee Jung, to assess the role of religion in her life: initial, implicit and explicit. It is important to note that even if initial assessments are not productive, practitioners should still be aware of the possibility of the role of religion in the client's problems in later sessions. Given what is already known about Hee Jung's life, I will be asking her mostly implicit and explicit questions. The following are descriptions of each assessment:

- Initial- With this type of assessment, I will be asking basic questions about spirituality and/or religion in Hee Jung's life. These questions will help me to decide if further spiritual assessment is required.
  - *I would ask the following questions for initial assessment:*
    - Do you consider yourself a religious or spiritual person? If so, in what way?
    - Have you ever relied on religion or spirituality to deal with problems in your life?
- Implicit- This type of assessment asks questions that hint at the possibility of a deeper spiritual dimension in my client. The questions are not directly religious, nor do they relate to a higher power, but instead the questions use 'psychospiritual language' that incites spiritual exploration. These questions may include words like 'peace', 'despair', 'sustenance', and so on that bear sacred qualities. Implicit spiritual assessments can make way for a more explicit assessment.

- *I would ask the following questions for an implicit assessment:*
  - What are your sources of strength in life?
  - Where do you find peace and comfort during despair?
- Explicit- In this kind of assessment, I will be asking Hee Jung direct questions that encourage her to speak about the role of religion in her life. By exploring the her own spiritual journey, I can assess the ways in which religion can be beneficial to her or a source of her problems.
  - *I would ask the following questions for an explicit assessment:*
    - What does faith or God mean to you and how have these changed since you were a child. How have they changed since the miscarriage?
    - In what ways, if any, has your practice of religion or spirituality helped you feel better mentally or emotionally?

This response deserves full grade as it mentions and defines all three assessments and provides examples of at least 2 appropriate questions for each assessment. It is also well-organized and substantive.

### **Effective:**

There are three types of spiritual assessments that I can use with Hee Jung, to assess the role of religion in her life:

- Initial- This will include asking general questions about spirituality or religion in Hee Jung's life to determine if further spiritual assessment is required.
  - Would you consider yourself a religious/spiritual person?
  - Does religion/spirituality have a role in your way of dealing with life's problems?
- Implicit- This assessment includes questions that are geared toward a possible deeper sense of being of the client. The questions use 'psychospiritual language' that may invite spiritual exploration. These questions may include sacred words like 'peace', 'despair', 'sustenance', etc. Implicit spiritual assessments can lead to explicit assessments.
  - Where/what do you turn to during despair for comfort and peace?

- In what ways, if any, has your religion or spirituality been a source of struggle or pain for you?
- Explicit- In this kind of assessment, I would ask Hee Jung to openly speak about the importance of religion in her life. This allows me to assess the ways in which religion can be a positive resource or a source of her problems.
  - What do you feel God wants from you?
  - How do your spiritual struggles affect your life or well-being?

This is a good response fulfilling all components of the question. However, it loses points for the second question provided for an implicit assessment; this is an 'explicit' question and is, thus, incorrect.

### **Satisfactory:**

After some initial assessment with basic questions about the place of religion in Hee Jung's life, there are two types of spiritual assessments that I can use with Hee Jung, to further assess the role of religion in her life. These include asking 'implicit' or 'explicit' questions.

Asking implicit questions may hint towards the possibility of a deeper sense of being or spirituality of the client. Implicit questions usually use psychospiritual language that embed psychologically meaningful concepts like peace and suffering. The following are the questions I could ask:

- What do you think is the purpose of your life?
- When do you feel most strongly the presence of the sacred in your life?

With explicit questions, the client is openly encouraged to speak about the importance of religion in their lives. Inquiring about the client's own spiritual journey allows the therapist to assess the ways in which religion can be a resource or a source of the client's problems. The following are the questions I would ask:

- How has your pain affected your spiritual well-being?
- How have your sufferings affected your faith?

This response is incomplete as it does not mention the definition or the two questions for the 'initial spiritual assessment'. It further loses points because the two explicit questions are the same.

### **Improvement needed:**

I will use implicit and explicit questions to assess the role of religion in Hee Jung's life.

Implicit questions are not religious questions; they are psychospiritual and make way for explicit questions, which are more religious than implicit questions. With explicit questions, the client is motivated to speak more openly about their religion, which helps in exploring the role of religion in their problems.

The following are the questions I would ask Hee Jung:

- Where do you find comfort during your sufferings? (Implicit)
- How have your sufferings affected your faith? (Explicit)

This response is incomplete, as it mentions only two assessments and only one question for each. It further loses points for not being thorough and for being below the word limit.

### **Unsatisfactory:**

I will start with some implicit (indirectly religious) questions and then move onto some explicit (directly religious questions) to assess the role of religion in Hee Jung's life. For implicit questions, I can ask Hee Jung about her thoughts on faith and purpose in life. This will allow me to determine the importance of religion in her life. For explicit questions, I can ask more deeper questions about her purpose in life, her places of comfort during her periods of suffering, etc. which can help me identify if there is a connection to the problem.

This response is incomplete, as it mentions only two of the assessments and does not provide comprehensive definitions for either. Moreover, it lacks organization, the questions for each are not clearly stated, and it is well below the word limit.

### **Answer key:**

**For full grade, mentions and describes/defines the 3 types of R/S assessment and provides 2 questions to ask the client for each type:**

- Initial assessment questions: You raise a few basic questions about spirituality/religion and its place in Hee Jung's life. The questions are designed to provide simply an initial look into the client's orientation and approach to spirituality/religion. These questions

are interwoven into the more general assessment process. These questions could lead to further R/S assessment. However, even if the initial assessment is not fruitful, practitioners should remain alert to the potential relevance of spirituality/religion in later sessions. Possible questions include:

- Do you see yourself as a religious or spiritual person? If so, in what way?
  - Are you affiliated with a religious or spiritual denomination or community? If so, which one?
  - Has your problem affected you religiously or spiritually? If so, in what way?
  - Has your religion or spirituality been involved in the way you have dealt with your problem? If so, in what way?
- 
- Implicit assessment questions: You raise questions that hint at the possibility of a deeper dimension to Hee Jung and the problems she brings to therapy. The questions do not refer directly to higher powers, religious institutions, or religious practices. Instead, they make use of “psychospiritual language,” psychologically meaningful concepts carrying rich, emotionally powerful connotations that invite spiritual exploration. Embedded in the psychospiritual questions are words that contain sacred qualities, such as peace, courage, comfort, sustenance, despair, and suffering. Even when the initial spiritual assessment was not fruitful, implicit spiritual assessment can open the door to a more explicit spiritual assessment. Possible questions include:
    - What are the deepest questions your situation has raised for you?
    - What causes you the greatest despair and suffering?
    - Where do you find peace?
    - When you are afraid or in pain, how do you find comfort?
    - From what sources do you draw strength and courage to go on?
    - For what are you deeply grateful?
    - What sustains you in the midst of your troubles?
    - What are you striving for in your life?
    - Why is it important that you are here in this world?
    - When have you felt most deeply and fully alive?
- 
- Explicit assessment questions: Either as a result of material that comes up in the initial spiritual assessment or the implicit spiritual assessment, you encourage Hee Jung to speak directly about the role of spirituality and religion in her life and her presenting problem. These questions make explicit mention of God, religious congregation, religious beliefs, practices, and experiences, and/or spirituality. By eliciting her own spiritual story, you can also assess ways in which spirituality/religion may be a resource to her and ways in which it may be a source of problems. Possible questions include:

- How do you envision God?
- What do you hold sacred in your life?
- How have your religious or spiritual practices and beliefs changed since you were a child?
- In what ways, if any, has your religion or spirituality helped you understand or deal with your problems?
- In what ways, if any, has your practice of religion or spirituality helped you feel better mentally or emotionally?
- Where have you gone to replenish yourself spiritually?
- In what ways, if any, has your religion or spirituality been a source of struggles or pain for you?

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- Why do you still hold childish spiritual/religious beliefs?
- How has your spirituality/religion stopped you from facing hard truths?
- Why are you still involved in organized religion?



## Example Answers for Question 5 of Final Case Study

Could religion or spirituality be a positive resource for Hee Jung? Why or why not? What are at least 3 questions you could ask to determine if she has religious or spiritual resources and practices that might support her psychological well-being? Your answer should be about 100-150 words.

Criteria	Levels of achievement				
	Excellent	Effective	Satisfactory	Improvement needed	Unsatisfactory
<b>Content</b>	<b>14-15 pts</b> Response is correct and mentioned all necessary components in answer key. Response was thoughtful and thorough. Response is organized, coherent and substantive.	<b>11-13 pts</b> Response is correct and mentioned most of the necessary components (not all, but more than half) in answer key. Response was good, but missing a few details, but was mostly complete and accurate. Response is organized and substantive but less coherent.	<b>7-10 pts</b> Mentioned half of the required necessary components. Response was fair—missing important details that made the response incomplete and/or part of the response was incorrect. Response is organized but lacks coherence and less substantive (less than 100 words).	<b>4-6 pts</b> Mentioned less than half of the required necessary components. Poor response—fails to address question in meaningful manner or mostly incorrect response. Response lacks organization, coherence and is not substantive (less than 100 words).	<b>0-3 pts</b> Missing almost all or all required components. Poor response that is off topic, irrelevant, or incorrect. Response lacks organization, coherence and is not substantive (less than 100 words).

**Please use the above table to inform your scoring for each question of the case study.**

Answer examples for each level of achievement are listed below.

**Excellent:**

Yes, religion could be a positive resource to help Hee Jung recover from depression. Despite religion contributing to her suffering, we cannot yet rule out the possibility of religion also being a positive resource for Hee Jung. We know from the research that religion can often be helpful to clients’ psychological well-being, with certain beliefs and practices providing comfort, strength, and resources to help recover from depression. In Hee Jung’s case, religion could be both a source of pain and a source of comfort and strength. As a result, it is crucial to first assess

what spiritual strengths and resources might be available for Hee Jung, rather than assuming religion would not be helpful or life-affirming for her.

To assess for access to or use of religious resources, I could ask the following questions to Hee Jung:

- Are there any other religious activities, besides going to church, that you do or still do?
- Are there some religious practices like prayer or attending sermons, that you used to do or still do, that gives you comfort and peace?
- Tell me about your spiritual circle, are there any individuals that share your faith, with whom conversations are helpful for your well-being?
- Are there anyone outside your spiritual circle with whom you can have helpful conversations for your well-being?
- Are there any spiritual teachings like verses from the Bible that you rely on for comfort?
- If we were to incorporate your spirituality into treatment as another resource for you, what parts or practices do you think might be particularly helpful?

This response deserves full grade as it mentions at least one good reason for the probability of religion/spirituality being a positive resource for Hee Jung, followed with at least 3 different questions to assess the access to or use of religious resources for the client. The response is well-organized, coherent and although it is over the word limit, we did not penalize for this.

### **Effective:**

Yes, religion could be a positive resource for Hee Jung, as it could be a source of strength and comfort while also being a source of her problem. To assess what spiritual resources to integrate into her treatment, it is first essential to identify what spiritual resources are actually available and acceptable to Hee Jung and if she is willing to incorporate them in the therapy. To do this, I would ask Hee Jung the following questions:

- Tell me about some religious activities or practices that you do that brings you comfort and peace. Do you still do them? Would you find it helpful to incorporate those activities in this therapy?
- Apart from religious activities and practices, are there other activities that you find meaningful and fulfilling? Would you find it helpful to incorporate those activities in this therapy?

This is a good response that fulfilled all components of the question. However, it could be more substantial. The second question is not related to religion or spirituality.

**Satisfactory:**

Yes, religion could be a positive resource for Hee Jung.

I would ask her the following questions to assess religious resources or practices available for her psychological well-being:

- What religious activities, besides going to church, do you find comfort in?
- Do you have spiritual circles where you can have helpful conversations that facilitate your well-being?
- What religious practices or activities do you think would be particularly helpful in integrating into your therapy?

This response states that religion could be a positive resource for Hee Jung but doesn't mention the reason for it, hence, the response is incomplete. The response is also well below the word limit.

**Improvement needed:**

Religion may not be a positive resource for Hee Jung, since it is one of the sources of her problems. However, there could be certain aspects of religion that could be used as a positive resource, though in this case it is unlikely. I would ask Hee Jung the following questions to assess religious resources that are available for her psychological well-being:

- Are there any spiritual teachings that you find comfort in or has comforted you in the past?
- Are there friends or family that could help you?

This response is mostly incorrect as it assumes that religion will not be a helpful resource in Hee Jung's case before a thorough assessment. Only one of the two questions relates to religion/spirituality. It further loses points for being below the word limit.

**Poor:**

Religion would not be a positive resource in Hee Jung's case, since the root cause of Hee Jung's depression is her feeling of betrayal from God. Therefore, it would be best to not include it in her treatment. I could ask the following questions to assess what are available to help them:

- Now that religion is not helpful, what provides you with strength and comfort?
- Are there people outside of your church that you could confide in?

This is an incorrect response as it denies the possibility of religion being a positive resource for Hee Jung, asks questions that support this incorrect assumption, and is also well below the word limit.

**Answer Key:**

**For full grade, mentions 1 reason why religion/spirituality could be a positive resource and provides at least 3 questions (may or not be the same as the questions below):**

- Yes, religion and spirituality could be a positive resource for Hee Jung. Even though religion and spirituality may be contributing to Hee Jung's depression, this doesn't rule out the possibility that some aspects of her religious faith and spirituality might provide her with comfort and support. Determining whether spirituality is a part of the problem or a part of the solution, or both, is an essential aspect of spiritually integrated therapy.
- Life-affirming forms of spirituality are spiritual beliefs and practices that support, encourage, and facilitate psychological and emotional well-being. Hee Jung may have beliefs and practices from her faith that are life-affirming. Further assessment will help to determine if this is true and what these are specifically.
- To assess for access to or use of life-affirming religious and spiritual resources, you could ask questions such as the following:
  - You mentioned that you go to church some weeks, do you engage in any other religious activities? Did you used to? If so, what were those like?
  - Are there any religious practices that you engage in or used to engage in that you enjoy or find peace or comfort in? If she needs prompting, you could ask about specific practices, such as prayer, Bible reading, listening to sermons, meditation, and so on.
  - You mentioned not sitting with your friends at church or speaking with them anymore. Is there anyone who shares your faith that you still speak with about spiritual matters? Family members? Your pastor? If so, are these conversations helpful?

- Is there anyone in your religious community that you might reach out to for support? Is there anyone outside of your religious community who can offer you support in the midst of your struggle?
- Are there any verses in the Bible that bring you comfort or that you find encouraging right now?
- Are there any spiritual readings or teachings that you find comforting or that you have found comforting in the past?
- Apart from your involvement in church and formal religious practices, are there other activities that you find spiritually meaningful and fulfilling (e.g., being outdoors, music, volunteering, crafts)?
- If we were to incorporate your spirituality into treatment as another resource for you, what parts or practices do you think might be particularly helpful?

**Inappropriate Response Examples (loss of 1 point for each inappropriate response below that student mentions):**

- Failing to inquire into the client's own preferred religious/spiritual resources.
- Recommendations of religious/spiritual resources that are inconsistent with or insensitive to Hee Jung's religious orientation and preferences.
- Imposing a recommendation of religious/spiritual resources based on the therapist's own preferences rather than those of the client.

## Client for Role Play 1

### Client Background:

Here is some background information to help you in your role play. Assume that this initial information has already been uncovered earlier in this session. This information will be shared with your therapist (and class) before the role-play begins.

*You are an 18-year-old freshman college student who is coming to your university counseling center because you have been dealing with anxiety (e.g., difficulties staying asleep, trouble concentrating, headaches, worries). Since you moved away to college, you have also been having arguments with your family – you feel they are always checking up on you.*

### Client will Gradually Share the Following Additional Information in the Role Play If and When Client Feels Comfortable Doing So

- *You come from a conservative Christian family and have always been a dutiful son/daughter. Your parents sent you to a Christian college so you would not “lose your values” when you were on your own. In college though, you find yourself struggling with freedoms and accompanying questions you have never had before– what courses to take, who to be friends with, how to relate to deal with intimacy issues (e.g., romantic relationships, sex), whether to go to church, what you believe about matters of faith, and generally who you want to be. Your parents are calling it seems constantly to make sure you do not stray from family and religious values and the calls often end up in arguments. You feel overwhelmed, confused, and not sure where to turn.*
- *Part of you wants your therapist to give you answers to all of your questions. You can directly ask your therapist “what should I do?”*
- *Another part of you worries that your therapist will be just like your parents and try to tell you what to do. You can directly ask your therapist whether he or she is Christian and then raise your fears that the therapist will try to tell you what to do.*
- *When you feel your therapist welcomes RS conversation and is trustworthy, you gradually share some of your struggles with your family (e.g., you love them and don’t want to disappoint them, but you don’t want them to control your life, including your RS involvement).*
- *When you feel your therapist welcomes RS conversation and is trustworthy, you gradually share some of your own personal and spiritual struggles about your personal*

*identity, romantic relationships (e.g., you are in fact already seeing someone), moral confusion about whether to live according to your parents' strict RS and moral code), and religious doubts (e.g., you are not sure what you believe about God and the church).*

## Therapist for Role Play 1

### Therapist Background:

You are a therapist at a college counseling center and are conducting an initial spiritual assessment as part of your more general initial mental health assessment. You yourself were raised Christian but left the church in college and are no longer practicing. Here is what you have learned so far about your case.

*Your client is an 18-year-old conservative Christian freshman college student who is coming to your university counseling center because they have been dealing with anxiety (e.g., difficulty staying asleep, trouble concentrating, headaches, worries) since coming to college. Your client has also been having arguments with their family they feel the family is always checking up on them ever since the move away from home.*

### Goal of Role-Play:

Your goal is to conduct an initial spiritual assessment as part of your more general initial mental health assessment. In this process, you should create a safe atmosphere in which RS dialogue is welcoming and met with openness, interest, and humility. Initial spiritual assessment questions should be woven into the more general assessment process rather than separated out. Here are some illustrative initial spiritual assessment questions designed to encourage and open the door to RS conversation.

- Do you see yourself as a religious or spiritual person? If so, in what way?
- Are you affiliated with a religious or spiritual denomination or community? If so, which one?
- Has your problem affected you religiously or spiritually? If so, in what way?
- Has your religion or spirituality been involved in the way you have dealt with your problem? If so, in what way?

You should conclude the initial spiritual assessment with some preliminary ideas about how RS may be a part of the problems the client brings to therapy and how RS might be a part of the solution to these problems.



## Client for Role Play 2

### Client Background:

Here is some background information to help you in your role play. Assume that this initial information has already been uncovered earlier in this session. This information will be shared with your therapist (and class) before the role-play begins.

*You are a 65-year-old gay, African-American male and see yourself as spiritual but not religious. You have been dealing with HIV for a number of years. In the past few years, your physical condition has deteriorated and you are now quite functionally impaired. Your physician has told you that you can expect to live another year or so. You worked successfully as a landscape architect. You present with symptoms of depression: no energy, fatigue, feeling dead inside, irritability, and wondering why you should bother to hang around as your body shuts down. You deny any plans to hurt yourself, but you do ask: "what do I have to live for?" You come to therapy because you had promised your home health care nurse to give it a try. As a military child living in different countries, you were exposed to a variety of religions growing up (Islam, Buddhism, Hindu), but you were put off by their hypocrisy. "They speak of love," you say, "but they had little love for a black gay guy."*

*Outside of religious institutional involvement, you used to find comfort from the music in some of the services, some religious writings (e.g., Qur'an), and the idea of a loving force in the universe. But you turned your back on organized religions as an adolescent when you felt they turned their back on you. You note that even though you went to very different religious groups, the one thing they agreed on was that they wanted no part of you. "I was never sure whether it was because I was black or gay. Hell, maybe it was both," you say. "But I suppose it didn't really make a difference. All this talk of love and forgiveness was just words." You do say though that you found a sense of sacredness in your work outdoors.*

### Client will Gradually Share the Following Additional Information in the Role Play If and When They Feel Comfortable Doing So

- *You have fears that your therapist will reject you as have others from your religious past. Will your therapist be accepting and trustworthy, you wonder? You may ask your therapist about his/her own religious identification. When you feel a sense of safety and trust, you begin to speak more openly about spiritual matters.*
- *Your rejection by organized religions occurred many years ago, but it continues to rankle, and you wish you could find a way to find some peace with that.*

*Although you say that you turned your back on organized religion, you do find yourself humming religious melodies to yourself and reciting passages from the Qur'an now and then.*

- *You have strong spiritual feelings whenever you are around beauty, be it nature, music, the arts, or caring people. Much of your depression is tied to your grief in the loss of beauty (and the sacred) in your life.*
- *You think of God not in personal terms, but in terms of beauty and believe your work as a landscape architect contributed to make the world a more sacred, beautiful place. You take comfort in feeling that beauty will endure.*

## Therapist for Role Play 2

### Therapist Background:

You are a therapist in private practice and received a referral of a client from a home health care nurse. As part of your general mental health assessment, you are conducting an implicit and explicit spiritual assessment of your client. You yourself were raised as a Presbyterian and continue to attend a Presbyterian church. Here is what you have learned so far about your case.

*Your client is a 65-year-old gay, African-American individual who has been dealing with HIV for a number of years. In the past few years, their physical condition has deteriorated, and they are now quite functionally impaired. Their physician has told them that they can expect to live another year or so. Your client worked successfully as a landscape architect. They present with symptoms of depression: no energy, fatigue, feeling dead inside, irritability, and wondering why they should bother to hang around as their body shuts down. They deny any plans to hurt themselves, but they do ask: "what do I have to live for?" They come to therapy because they had promised their home health care nurse to give it a try. Through your initial spiritual assessment, you have learned that your client came from a military family and was exposed to different religions (Islam, Buddhism, Hindu) in other countries and the U. S. They used to find comfort from the music in some of the services, religious writings (e.g., the Qur'an), and the idea of a loving force in the universe. But they turned their back on organized religions as an adolescent when they feel the organized religions turned their back on them. They note that even though they went to very different religious organizations, the one thing all of the organizations agreed on was that they wanted no part of the client. "I was never sure whether it was because I was black or gay. I suppose it didn't really make a difference. All this talk of love and forgiveness was just words." They do say though that they found a sense of sacredness in their work outdoors.*

### Goal of Role-Play:

Your goal is to conduct an implicit and explicit spiritual assessment as part of your more general mental health assessment. In this process, you should continue to foster a safe atmosphere in which RS dialogue is welcoming and met with openness, interest, and humility. Implicit and explicit spiritual assessment can lead to a more in-depth understanding of the client's spirituality and how it might be involved in the process of psychotherapy.

Implicit spiritual assessment questions hint at the possibility of a deeper dimension to the client's concerns, without raising religious language (e.g., God, prayer, religious institutions). *Implicit spiritual assessment* can lead to more explicit dialogue about spiritual issues.

*Explicit spiritual assessment* involves questions that directly address the client's orientation to religious and spiritual matters. Here are some illustrative implicit and explicit spiritual assessment questions designed to broaden and deepen the therapist's understanding of the client's spirituality. Try to use some questions such as these in your assessment.

**Implicit Spiritual Questions and Probes:**

- What are the deepest questions your situation has raised for you?
- What causes you the greatest despair and suffering?
- Where do you find peace?
- When you are afraid or in pain, how do you find comfort?
- From what sources do you draw strength and courage to go on?
- For what are you deeply grateful?
- What sustains you in the midst of your troubles?
- What are you striving for in your life?
- Why is it important that you are here in this world?
- When have you felt most deeply and fully alive?

**Explicit Spiritual Assessment Questions and Probes:**

- How do you envision God (if client speaks of God)?
- What do you hold sacred in your life?
- How have your religious or spiritual practices and beliefs changed since you were a child?
- In what ways, if any, has your religion or spirituality helped you understand or deal with your problems?
- In what ways, if any, has your practice of religion or spirituality helped you feel better mentally or emotionally?
- Where have you gone to replenish yourself spiritually?
- In what ways, if any, has your religion or spirituality been a source of struggle/pain?

You should conclude the implicit and explicit spiritual assessment with some preliminary ideas about how RS may be a part of the problems the client brings to therapy and how RS might be a part of the solution to these problems.