San Mateo County Health System
Behavioral Health and Recovery Services

Standards of Care in an Integrated Behavioral Health System

Assessment & Integration of Spiritual Interests of Clients in Their Recovery and Wellness

BHRS Policy 11-01, Attachment B, January 9, 2013

INTRODUCTION

A. This protocol is intended to be inclusive of all people receiving BHRS services and/or participating in BHRS sponsored events, regardless of whether spirituality is or is not important in their lives. The protocol respects the client's personal philosophy and no part of this protocol is intended to change a person's decision in this respect.

B. There is general agreement that for many individuals, recognition and acceptance of their spiritual beliefs may be a key component in helping them achieve their recovery goals. It has been found that inclusion of spirituality in treatment and/or interventions has been associated with successful outcomes. The guidelines provided in this document are intended to assist clinical staff as they inquire about and address the spiritual beliefs, needs, strengths, interests and practices present in clients and families. This collaboration should be an integral part of behavioral health assessment, goals formulation, and treatment planning, but should never be confused with proselytizing. BHRS staff, as referenced in this document, include employees, students, volunteers or contractors (working at or from County BHRS sites). Staff are not permitted to proselytize under the auspices of San Mateo County Health System and BHRS.

C. Staff should have the skills to understand the spiritual interests, beliefs and worldviews of clients and families in order to integrate these into treatment goals whenever appropriate, recognizing that value-rich spiritual concepts are often at the core of hope, wellness, recovery and the therapeutic processes.

D. BHRS does not endorse or support/sponsor any religious activity or any activity that has a religious undertone.

DEFINITIONS

Family: Parents, siblings, children, spouses, extended family, foster family, life partner and other persons who are significant in a personal support system.

Religion: An organized, structured set of beliefs and ideas - generally related to the practice of one's beliefs in connection with an organization.

Proselytize: To induce someone to convert to one's faith, spiritual beliefs or lack thereof.

Spirituality: A person's deepest sense of belonging and connection to a higher power or philosophy which may or may not necessarily be related to an organized religious institution. It is a process of pursuing meaning and purpose in life.

Worldview: "Worldview" refers to the manner in which an individual or a culture sees and expresses its relation to the world around it**.**

ASSESSMENT

A. Inquiring about spirituality or religion may be done at any time, but is usually part of the assessment process, and is included in the section concerning cultural indicators. As part of discovering current emotional and or social supports utilized by a client, staff may pose open-ended questions about a client's spirituality, being careful not to lead the client into responses the client might think would be the "right" answer. The client or family may also provide information or concerns and/or discuss their spirituality or religion. As part of the overall assessment, this inquiry may be a critical component of identifying a client's strengths, challenges and inner and outer resources in order to more fully understand the client's overall functioning.

B. Staff may communicate their reasons for asking questions about a client's spirituality by incorporating the following practices:
   1. Discuss with clients that asking about his/her spiritual values may help the clinician to provide culturally sensitive BHRS services, and that this can contribute to best treatment and recovery outcomes.
   2. Emphasize the non-judgmental nature of the behavioral health assessment, especially as it relates to spirituality.
   3. Communicate that establishing a dialogue about spiritual information is a matter of choice and not a requirement for BHRS services, and that it will not be a basis for any form of discrimination or denial of services. If a client/family member does not wish to share this information or wants to discontinue the discussion, the clinician will respect that position and discontinue further inquiry.

C. Staff may assess key components of any spiritual preferences and practices, including:
   1. The client's wish to include such preferences and practices as part of care planning.
   2. The meaning of spirituality to the client, including affinity to any specific groups, organizations or practices.
   3. Any spiritual concerns or conflicts involving the client and other members of their support system, or others involved in the client's life.
   4. Any involvement from a spiritual community that has resulted in the client's seeking and obtaining behavioral health services in the past.
   5. The role spirituality may have previously played in the client's life.
   6. The role spirituality currently has in the client's life, plans, or hopes, specifically as it relates to coping and resiliency skills.
   7. Current sources of spiritual comfort or guidance.

D. Assessing the Child/Youth
   Special care must be taken to assure that all the above considerations have been included when performing a Child/Youth Assessment. The assessor should not assume uniformity of feeling and opinion on the subject of spiritual beliefs between the child and the parent(s)/guardian(s).

TREATMENT PLANNING:

Including spiritual dimensions within treatment planning should be designed for the purpose of:

A. Utilizing opportunities to include culturally relevant spiritual support, resources and goals in recovery-based treatment planning.

B. Coordinating contact, when desired by the client and clinically appropriate, with spiritual counselors or advisors of the client's choosing and, ideally, with the client present
   1. Obtain client/family/guardian consent before initiating contact.
   2. Treat the contact with cultural sensitivity and respect.
   3. Note the outcome of such contact in client's clinical record.

BOUNDARY ISSUES

A. Staff shall use sound professional judgment, taking into account personal, interpersonal and cultural effects on the client, when choosing to:
   1. Share the staff member's personal spiritual information; thoughtful sharing must always be for the benefit of the client, not for the benefit of the staff member.
   2. Support client's or family's spiritual activities.
   3. Participate in spiritual activities with a client (e.g., religious wedding, coming of age ceremony, funeral, etc.)

B. Consultation with a supervisor is highly encouraged when considering participation In any of the above activities/circumstances.

C. Requests to participate in a spiritual practice (such as praying) with a client during the performance of your duties as a county employee, whether at the work site, off site location or at a BHRS sponsored activity, is not permitted and must be sensitively refused.

D. Under no circumstances may staff take actions that create an appearance of proselytizing.

ADMINISTRATIVE ISSUES

A. BHRS programs should act upon client requests for specific services or staff on the basis of spiritual beliefs in an appropriate fashion, in accordance with the usual protocols for requesting a Change of Provider available to consumers.

B. All BHRS administrative and clinical activities, including any that are related to spiritual practices or beliefs, must comply with existing governmental regulations and recognized ethical and professional standards.

C. Staff should seek consultation whenever spirituality is a planned or possible component of a BHRS-sponsored activity. Examples might include types of Yoga and meditation practices, drumming, invitations to clergy to participate in blessings, etc.

STAFF TRAINING:

Spiritual assessment, case formulation and treatment planning should be a part of both clinical and cultural competence training on an ongoing basis.

Topics covered by training should include:

A. Important clinical and administrative issues related to spiritual aspects of assessment and treatment, including discussion of clinical boundary issues and constraints.

B. Definitions and explorations of spirituality, worldviews, and religious practices, as they relate to hope, wellness, and recovery.

C. Discussion of therapeutic dynamics and cultural biases related to spirituality and religion.

D. Discussion of the cultural context, relevance and variations in spirituality and religious practices in local and regional communities.

E. Assessing the role of spirituality in the life experiences and behavioral health of clients and families.

F. Incorporating the client's spiritual beliefs and practices in case formulations, treatment planning, and overall treatment.

G. Understanding and noting how clients describe the quality and meaning (essence) of their experiences as they relate to spirituality and behavioral health practices.

BHRS RELATIONSHIPS WITH THE SPIRITUAL AND RELIGIOUS COMMUNITIES

BHRS programs should:

A. Maintain an avenue for receiving appropriate referrals from local spiritual and religious resources.

B. Assist clients and families to link with the spiritual resources of their choice in the community as appropriate and specifically on the client's request.

C. Always be sensitive to the value of information provided by spiritual advisors and to the disclosure constraints they may face.

D. Inform spiritual communities about available behavioral health services.

E. Consult with the supervisor/program manager if at some point staff learns that a specific spiritual practice the client is engaging in may be illegal or harmful to the client.

RESOURCES

A. California Mental Health and Spirituality Initiative (http://www.mhspirit.org/uploads/V ALUESSTATEMENTRev2011-03-23.pdf)

B. Southard, M.J. (2009), The Connection Between Mental Health and Spirituality, (http://www.mhspirit.org/uploads/2009 conference Dr Southards speech-byline.revMJS060710.pd

C. Toelken, B (1996). "Cultural Worldview." Dynamics of Folklore (revised and expanded edition), Logan: Utah State University Press, [263]

D. Cornah, D. (2006). The impact of spirituality on mental health: A review of the literature. (http://www.rcpsych.ac.uk/pdf/Mental Health Foundation spirituality reportx.pdf)
    i. "In the past decade or so, researchers across a range of disciplines have started to explore and acknowledge the positive contribution **spirituality** can make to mental health. Service users and survivors have also identified the ways in which spiritual activity can contribute to mental health and wellbeing, mental illness and recovery."

E. Psychiatric Rehabilitation Journal, 2007. Volume 30, No.4, 287-294.
    i. "Spirituality has been cited as having a positive effect on mental health outcomes .... Results suggest that age, gender, having psychotic symptoms, having depressive symptoms, and having a higher global quality of life, hope and sense of community were all significant correlates of spirituality."

F. Psychiatric Rehabilitation Journal, 2007. Volume 30, No 4.247-249.
    i. "Emerging evidence about the beneficial impact of spirituality on recovery outcomes suggests that the successful incorporation of spiritual approaches into clinical practice has the potential to contribute to the next quantum leap in the development of effective, person-centered systems of care."

G. Corrigan, P., McCorkle, B., Schell, B., & Kidder, K. (2003). Religion and spirituality in the lives of people with serious mental illness. Community Mental Health Journal, 39(6),487-499. Corrigan, et al, suggests that spirituality holds unique promise in fostering recovery from psychiatric disabilities.

H. Seybold, K & Hill P.C. (2001). The Role of Religion and Spirituality in Mental and Physical Health. http://cdp.sagepub.com/content/10/1/21.short
    i. An increased interest in the effects of religion and spirituality on health is apparent in the psychological and medical literature. Although religion in particular was thought, in the past, to have a predominantly negative influence on health, recent research suggests this relationship is more complex. Reviews the literature on the impact of religion and spirituality on physical and mental health, concluding that the influence is largely beneficial.

I. Corresponding Committee on Religion, Spirituality and Psychiatry, American Psychiatric Association (2006). Religious/Spiritual Commitments and Psychiatric Practice: Resource Document. Retrieved from
    a. http://www . psych .org/Departments/EDU/Libraryl APAOfficial Documentsan dRelated/ResourceDocuments/200604.aspx.

J. Dein, S. (2010). Religion, Spirituality and Mental Health, Psychiatric Times, 27 (1). (http://www.psychiatrictimes.com/display/article/1 0168/15098320)

K. Puchalski, C. (2001). Role of Spirituality in Health Care, Baylor University Medical Center Proceedings, 14 (4), 352-357. http://findarticles.com/p/articles/mi *6802/is* 4 14/ai n281279201?tag=cont ent;coI1.