

# THE DYNAMICS OF SPIRITUALITY

Where do they fit in  
evidence-based treatment?

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...I would like to beg you to have patience with everything unresolved in your heart and to try to love the questions themselves as if they were locked rooms or books written in a very foreign language. Don't search for the answers, which could not be given to you now, because you would not be able to live them. And the point is to live everything. *Live the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer.*

-Rainer Maria Rilke



# Overview

## Science

- ▣ Spirituality vs. Religion
- ▣ Impact our clients' beliefs have on their mental health treatment
- ▣ Integration of client beliefs into treatment

## Art

- ▣ Impact of our interactions with clients
- ▣ Impact trauma work has on our own beliefs



# Spirituality vs. Religion



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# What is spirituality? How is it different from religion?



- ❑ Spirituality is the “personal, affective experience with the Divine, or as a search for the Sacred” (Richards & Bergin, 2005)
- ❑ Religiousity is the institutional beliefs and practices in a corporate setting (Richards & Bergin, 2005).
- ❑ They inform one another, but can be separate.



# Do our clients have religion?

According to Pew Forum on Religion and Public Life:

- ▣ 78.4% of Americans claim Christianity as their religious preference
- ▣ 4.7% claim other religions
  - 1.7% Jewish
  - 0.7% Buddhist
  - 0.6% Muslim
  - 0.4% Hindu
- ▣ 16.1% are unaffiliated

(<http://religions.pewforum.org/reports>)



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# Do our clients have religion?

- ❑ Midwest - most closely resembles the religious makeup of the overall population.
- ❑ South - by a wide margin, the heaviest concentration of members of evangelical Protestant churches
- ❑ Northeast - greatest concentration of Catholics
- ❑ West - largest proportion of unaffiliated people, including the largest proportion of atheists and agnostics (<http://religions.pewforum.org/reports>)
- ❑ Context is crucial!



# Do our clients have spirituality?

- ▣ Our assertion is that 100% of people have spirituality; Some way of relating to a higher power, even if it is choosing to believe there is not one.
- ▣ In other words, no one is born “un-spiritual.”



# Trauma

## DSM-IV definition, Criterion A:

- ▣ The person has been exposed to a traumatic event in which both of the following were present:
  - 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
  - 2) the person's response involved intense fear, helplessness, or horror. NOTE: In children, this may be expressed by disorganized or agitated behavior.



# Trauma

Other definitions:

- ▣ Trauma: “experience of powerlessness and helplessness, overwhelming the person’s sense of control, connection and meaning” (and possibly resources) (Herman, J., 2007)
- ▣ Greek word traumata means “wound”
- ▣ “Culture originally puts people to sleep. Trauma wakes them up, pulls back the curtain of social denial, and shows them aspects of life that they would prefer not know...” (Grant, 2009)



# Trauma as related to an Ultimate Being/Higher Power/God

- ▣ Affects how a person relates vertically and horizontally.
- ▣ Tendency is to focus on the horizontal - relationships to the offender (or the event)
- ▣ Less thought about how it affects a person's worldview, how they might relate to the Divine or how that relationship might have changed because of the trauma.



# The Vertical: Existential Questions

- ▣ What does this mean about who I am?
- ▣ What is my place in the world?
- ▣ Why me? Why them?
- ▣ Is the Higher Power punishing me?
- ▣ Does the Ultimate Being cause evil?
- ▣ Who is God to me now that this has happened?
- ▣ Who am I to the Creator now that this has happened?



**What happens if we fail to  
acknowledge these  
questions?**



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# Potential consequences:

- ▣ May leave out a crucial part of our clients' identity!
- ▣ May overlook great strengths that could assist with resilience!
- ▣ May fail to identify helpful or unhelpful beliefs associated with their religion/spirituality



# Recognition vs. Integration

Recognition would acknowledge in some way ie. “your faith seems to be really important to you.” (good)

Integration would use the assessment process to inform the intervention.....  
(better)



# Ethics

- ▣ Recognition v Integration of spirituality and religion
- ▣ Is 'integration' ethical?
- ▣ Is it unethical NOT to do it?



# What about in your context?

1. Give an example.
2. How did you respond? How could you have responded?
3. When the issue presented itself, what was your kneejerk response?
4. How (or did) your own beliefs/ views impact your response?



# INTEGRATION INTO TF-CBT



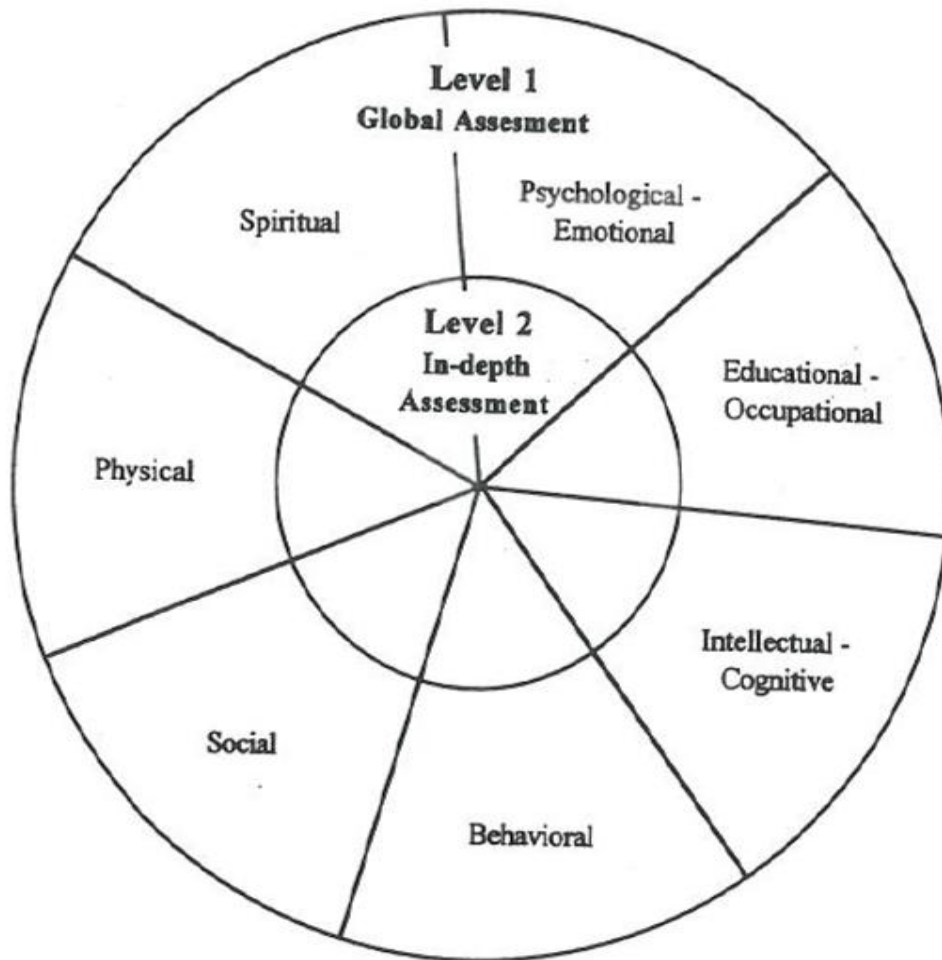
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# TF-CBT Modules

- 1- Assessment
- 2- Psychoeducation
- 3- Parenting Skills
- 4- Relaxation
- 5- Affective Expression and Modulation
- 6- Cognitive Coping
- 7- Trauma Narrative
- 8- In vivo exposure
- 9- Conjoint Sessions with Caregiver
- 10- Enhancing Future Safety  
& Development



# Areas of Assessment



Richards & Bergin (2005)



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# ASSESSMENT

- ▣ Are religious/spiritual issues important in your life?
- ▣ Do you wish to discuss them in counseling when relevant?
- ▣ Do you believe in God or a Supreme Being?
- ▣ Do you have a religious affiliation? Current or past?
- ▣ What are the spiritual and/or religious resources in your life that will help in your healing?
- ▣ Are there any spiritual/religious resources in your life that have been harmful to you?
- ▣ Would you like your clinician to consult with your spiritual leader if that seems to be helpful to your healing?

Richards & Bergin (2005)



# PSYCHOEDUCATION

- ▣ Frequency of trauma experienced, who typically experiences it and what can be expected in terms of behavior
- ▣ Spiritual questions that may arise can also be addressed
- ▣ May even need clergy endorsement at this point

Walker, D.F., Reese, J.B. & Hughes, J.P. and Troskie, M.J. (2010)



# PARENTING SKILLS

- ▣ Using the clients' Sacred Scripture to reinforce “sacred calling” to parenting



# RELAXATION

- ▣ Use specific language that client knows and can relate to
- ▣ Fits in well with Eastern religions
- ▣ Some conservative traditions may be skeptical of this without having Jesus, Allah or Yahw-h as the focus



# AFFECTIVE EXPRESSION AND MODULATION

- ▣ Teaches feeling identification, thought interruption
- ▣ Use stories from the clients' religious tradition to help reframe negative thoughts
- ▣ Needs to involve caregivers because they reinforce child's worldview



# COGNITIVE COPING

- ▣ Relationship between thoughts, feelings and actions
- ▣ Can involve clergy to help address distortions within their faith practice
- ▣ Is it our job to change what we view as distortions or to help them heal?



# TRAUMA NARRATIVE

- ▣ Helps to integrate the trauma into the person's life
- ▣ Sacred texts could again be used to help a child relate to a larger story



# IN VIVO EXPOSURE

- ▣ Exposes client to what they are afraid of when there are avoidance behaviors in effect



# CONJOINT SESSIONS

- ▣ Help caregiver and child make meaning of what the trauma has meant for them, especially in light of spiritual issues
- ▣ Example: A caregiver may feel uncomfortable if a child voices anger at God. The therapist can mediate and educate around this issue (so can clergy, if they are supportive)



# ENHANCING FUTURE SAFETY AND DEVELOPMENT

- ▣ Using the tradition's strengths to reiterate the child and caregiver's value in the world and that they deserve to be safe
- ▣ Recognize and problem solve if caregiver beliefs are also be barriers ie. not talking about sex education



# Practicing Skills

- ▣ Form groups with people near you
- ▣ Practice asking assessment questions for the following scenarios
- ▣ One person will be the client, one will be the professional, and one will be the observer
- ▣ Observer will provide feedback:
  - 2 positive things
  - 2 suggestions to make the assessment stronger



# Scenario A

- ▣ Mario, 7 year old male
- ▣ Mario was physically abused.
- ▣ In the intake, mother makes statement, “I’ve already talked to him about how God wants him to forgive his dad.”



# Scenario B

- ▣ Haley, 12 year old female
- ▣ Haley was raped by a neighbor. Her father won't let her go to church with the family because she is no longer pure.



# Scenario C

- ▣ Corey, 15 year old male
- ▣ The media broke a case about a youth minister who allegedly sexually abused several boys. Corey's mom shares that Corey and two of his friends have disclosed sexual abuse by this man too.



# What happens when clients can work through trauma?

- ▣ Strong at the broken places (sages, prophets, seers)
- ▣ Olga Trujillo – (*Sum of My Parts*) Took faith back for her own, even though religion was used against her. She found her own spirituality.
- ▣ Other examples of these people?



# Our Role

- ▣ Mediators- not priests.
- ▣ Ask clergy to be involved, if appropriate
- ▣ Educate clergy on trauma.
- ▣ Build bridges and talk with clergy about treatment



# Self Awareness

Take time to reflect from a macro level:

- ▣ Do you think your own beliefs have an impact on your interactions with clients?
- ▣ What are your biases?
- ▣ In particular, what are your biases about religion, spirituality, etc.
- ▣ What group of people are difficult for you to deal with?
- ▣ How can you become more comfortable to move past your personal barriers?



# How would you respond?

- ❑ A caregiver says, “I think my child is demon possessed.”
- ❑ A caregiver says, “The Bible says, ‘Spare the rod, spoil the child.’”
- ❑ A child says, “I am sinful because Uncle Johnny touched my private parts.”
- ❑ A minister says, “She just needs to forgive.”



# Cultural Competency

- ▣ What have you done to be relevant by bringing in outside resources?
- ▣ How do we educate ourselves about faith issues?



# Cultural Competency

- ❑ We have to focus on reaching out to people in the community - Cultural gatekeepers ie. if family not “allowed” to do secular counseling
- ❑ Educate on a macro level with faith leaders in the area. How?
- ❑ Clergy are not trained to do mental health. Mental health practitioners are not trained in theology.
- ❑ Operate within your own professional expertise!



# Gap in Literature

- ▣ Clients are indeed impacted, but what about those who serve them?



# What about you?

- ❑ If we believe client relationships are transactional, then we must admit we can be changed by our clients and what they experience.
- ❑ What does this mean for us? What do we now think about a Higher Power? God? The Ultimate Being?
- ❑ How has trauma work, in whatever capacity you are in, affected your view of the world and how OR IF a Higher Power relates to us?
- ❑ How has this changed over time for you?



*“Victims (and professionals who work with those victims) need safe and supportive spaces in which to walk amidst the ashes of their former organizations of self, reality and God, while dialoguing with the transformations taking place on every level of their being.”*

-Grant, 1999



# Continue the discussion!

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