



Spirituality Groups Within Acute Care Psychiatry Settings

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Spiritual Care Services



Spirituality and Mental Health



Reclaiming a place for the Spirit within acute care psychiatry

Importance of spirituality in mental health

“Spirituality is an important part of people’s lives that can be successfully attended to in mental health treatment .” (Cornish et al., 2010)

Spirituality Groups at Covenant Health

Population

Setting

Structure

Group Process

Goals & Intentions



Embracing the Sacred

Community and Connection

Acknowledgment & Affirmation

Hope & Perseverance

Meaning & Purpose

Sacred Experiences



Authors	Date	Type of Group	Population	Research
Hopkins et al.	1995	Thematic	General	Descriptive
Hawkins et al.	1999	CBT	Depression	Quantitative
Kidd et al.	2001	Thematic	General	Descriptive
Hartz	2005	Psychoeducational	General	Model
Richards et al.	2006	Thematic	Eating Disorder	Quantitative
Popovsky	2007	Thematic	General	Descriptive
Goodman et al.	2008	Psychoanalytic	Borderline	Descriptive
Revheim et al.	2007, 2010	Thematic	Schizophrenia	Quantitative
Hefti	2011	Psychoeducational	General	Quantitative
Hirschmann	2011	Thematic	Adult/Adolescent	Descriptive
Galanter et al.	2011	Psychoeducational	General	Descriptive
Rosmarin et al.	2011	CBT	CBT knowledge	Qualitative
Christmas et al.	2012	Psychoeducational	General	Model
Goldberg	2013	Psychoeducational	General	Model
Gangi	2014	Thematic	General	Descriptive

Spirituality Groups...



Create a space of safety and vulnerability (Kehoe, 1998; Hartz, 2005; Hefti, 2011)

Increase tolerance and respect for others' beliefs (Kehoe, 1998)

Are a place of nonjudgmental community & connection (Gangi, 2014)

Provide a forum for exploration:

- Meaning of life, suffering, God's presence/absence (Kehoe, 1998)
- Re-construction of images of God (Goodman et al., 2008)
- Healthy approaches to spirituality (Popovsky, 2007)

Have not been shown to increase religious delusions or hyper-religiosity

(Kehoe, 1998; Revheim, 2010; Lindgren et al., 1995; Phillips et al., 2002; Sageman, 2004)

Spirituality Groups...

For patients with eating disorders

(Richards et al., 2006)

- Lower psychological disturbance and eating disorder symptoms
- Higher spiritual well being

For patients with schizophrenia

(Revheim et al., 2010)

- Greater expressions of hopefulness

For general psychiatry population

(Hefti, 2011)

- Improved outcomes by providing value congruent therapy

Christian CBT for Christian patients with depression

- Value of using therapy that matches religious beliefs

(Hawkins et al., 1999)



Author	Date	Type of Group	Population	Research
Jimenez	1993	Thematic	Vietnam Veterans with PTSD	Quantitative
Lindgren et al.	1995	Psychoeducational	General	Quantitative
O'Rourke	1997	Psychoanalytic	General	Qualitative
Kehoe	1998, 1999, 2007	Psychoanalytic	General	Descriptive
Phillips et al.	2002	Psychoeducational	General	Descriptive
Sageman	2004	Narrative/Psychoanalytic	Women - General	Descriptive
Zinnbauer et al.	2004	Psychoanalytic	Veterans – Substance Abuse	Descriptive
McCorkle et al.	2005	Thematic/CBT	Social Anxiety Completion of CBT	Qualitative
Wong-McDonald	2007	Thematic	General	Quantitative
Bowland et al.	2012	Psychoeducational	Older women - interpersonal trauma	Quantitative
Mohr et al.	2014	Thematic	Schizophrenia	Quantitative

Spirituality Groups...



Increased sense of spiritual support

(Lindgren et al., 1995)

Reduced trauma-related symptoms

(Bowland et al., 2012)

Broadening of attentional focus, and interruption of dysfunctional thought patterns

(McCorkle et al., 2005)

Demonstrated capacity for abstract thinking – ability to transcend thought disorders

(Sageman, 2004)

Improved medication compliance

(Sageman, 2004)

Greater achievement of treatment goals

(Wong-McDonald, 2007)

Limitations of Research

- Informal findings
- Non randomized design
- Self referral – attract people already interested in spirituality
- Results not generalizable
- Small sample sizes
- Sometimes Judeo-Christian focus – require more diversity
- Need for longitudinal studies
- Limited funding
- More involvement of Chaplains is required



The Many Variables...

- Concurrent treatment i.e. medications, ECT, other groups
- Minimal screening/open group format
- Heterogeneity of diagnoses
- Acuity level
- Short length of stay
- Group interruptions
- Different facilitators & formats
- Lack of time



(See Yalom et al., 2005 for discussion)

Questions for the panel...

How do you study
an inpatient spirituality group
when there are so many variables involved?

What type of research project
would you design
for our acute care psychiatry units?



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