Spirituality Groups Within Acute Care Psychiatry Settings
Presented by:

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Jane Christensen M.Div. (in absentia)

The presenters have no disclosures to note
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
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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  
- Lower psychological disturbance and eating disorder symptoms  
- Higher spiritual well being  

For patients with schizophrenia  
- Greater expressions of hopefulness

For general psychiatry population  
- Improved outcomes by providing value congruent therapy

Christian CBT for Christian patients with depression  
- Value of using therapy that matches religious beliefs

(Richards et al., 2006)  
(Revheim et al., 2010)  
(Hefti, 2011)  
(Hawkins et al., 1999)
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Spirituality Groups…

Increased sense of spiritual support

Reduced trauma-related symptoms

Broadening of attentional focus, and interruption of dysfunctional thought patterns

Demonstrated capacity for abstract thinking – ability to transcend thought disorders

Improved medication compliance

Greater achievement of treatment goals
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?
References


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