Training Manual for the Spiritual Psychotherapy for Inpatient, Residential, & Intensive Treatment (SPIRIT)

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June 2024

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When referencing this manual, please use the following citation:
Rosmarin, D.H. & Kaufman, CC. (2024). Training manual for the Spiritual Psychotherapy for Inpatient, Residential, & Intensive Treatment (SPIRIT). Boston, MA. Spirituality and Mental Health Program.

Acknowledgments
This publication was developed with support from the Spiritual and Religious Competencies Project (SRCP), which received its funding from the John Templeton Foundation.

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Contents

Introduction to Spiritual Psychotherapy for Inpatient, Residential, & Intensive Treatment (SPIRIT)

Spiritual Psychotherapy for Inpatient, Residential, & Intensive Treatment (SPIRIT) is a flexible, group-based protocol that delivers spiritually integrated group psychotherapy within acute psychiatric settings (Rosmarin et al., 2019). SPIRIT has been shown to be feasible, acceptable, and perceived as beneficial by acute psychiatric patients with a variety of demographic identities and clinical factors. This manual introduces the development and dissemination of SPIRIT among adult acute psychiatric patients.

Background

SPIRIT was originally borne out of the lived experience of its creator, Dr. David H. Rosmarin, as well as the gap in spiritually integrated treatment for acute psychiatric settings (Rosmarin, 2021; Rosmarin et al., 2015).

While working as a clinician with acute psychiatric patients at McLean Hospital, Dr. Rosmarin noticed that many of his patients asked him about how to integrate spirituality/religion into their understanding of their own psychiatric symptoms and treatment (Rosmarin et al., 2019). At the time, several spiritually integrated treatments were available for delivery in outpatient or community settings (e.g., Building Spiritual Strength, Harris et al., 2011), but none were developed for delivery in acute psychiatry (Rosmarin et al., 2019). This gap in available treatment, alongside research indicating that 58.2% of acute patients report interest in spiritually integrated care, served as the catalysts for Dr. Rosmarin's development of SPIRIT (Rosmarin et al., 2015).

To address this gap in care, Dr. Rosmarin and his team at McLean Hospital began developing the SPIRIT protocol in 2017. In 2019, Dr. Rosmarin published the SPIRIT protocol (Rosmarin et al., 2019) and soon thereafter trained 22 clinicians in SPIRIT who delivered the intervention to 1,443 acute psychiatric patients with a broad spectrum of psychiatric disorders over a one-year period (Rosmarin et al., 2022). Results were tabulated and eventually published in *Psychiatric Services*. Since the original development and dissemination of SPIRIT, Dr. Rosmarin has provided hundreds of presentations to academic, professional, and lay audiences about spiritually integrated treatment and the specific utility of SPIRIT in acute psychiatric settings. His work in this area has been featured in *The Washington Post*, *The Wall Street Journal*, and *The Harvard Gazette* as well as on the Canadian Broadcasting Corporation's podcast *Tapestry*.

As demonstrated in prior research, SPIRIT has been shown to be an acceptable and feasible group psychotherapy protocol with acute psychiatric patients (Rosmarin et al., 2021). Indeed, of the 1,443 acute psychiatric patients in the initial examination of SPIRIT's feasibility, acceptability, and perceived benefit, the vast majority reported that SPIRIT aided their recovery (Rosmarin et al., 2021). Additionally, SPIRIT has been shown to be perceived as beneficial across clinical factors (e.g., diagnosis, Rosmarin et al., 2021) and sexual orientation (Schuttenber et al., 2022). Notably, SPIRIT has been shown to have a greater perception of benefit when delivered by non-religious clinicians as opposed to religious clinicians (Rosmarin et al., 2022). Patients' spiritual and religious characteristics, including religious affiliation, belief in God, importance of religion,

and importance of spirituality, predicted greater perceived benefit (Rosmarin et al., 2021). However, most patients with no religious affiliation, belief in G-d, and importance of religion or spirituality also reported perceived benefit from SPIRIT (Rosmarin et al., 2021).

As of 2021, SPIRIT has been delivered to more than 5,000 acute psychiatric patients (Rosmarin et al., 2021). More recently, SPIRIT has been adapted for delivery with acute psychiatric patients in the Netherlands in the Dutch language (van Nieuw Amerongen et al., 2024) and first responders with posttraumatic stress disorder and hazardous alcohol use (Kaufman, Rosmarin, & Conner, 2022).

Approach

First, SPIRIT is predicated on the understanding that spiritually integrated therapy may be relevant to patients receiving acute mental health treatment.

SPIRIT is designed to help patients harness spiritual/religious beliefs and practice spiritual exercises to decrease their emotional distress and spur behavioral change. Additionally, SPIRIT is designed to help patients become aware of how their spirituality/religion contributes to their mental health

Regarding the approach, fundamentally, SPIRIT is grounded in the Cognitive Behavioral Therapy (CBT) framework (Rosmarin et al., 2019). As such, SPIRIT includes elements of psychoeducation as well as the delivery of specific tools and skills that address patients' beliefs (i.e., cognitions) and activities (i.e., behaviors) that patients can utilize to increase their functioning and decrease their mental health distress (Rosmarin et al., 2019). While SPIRT is grounded in CBT, it does not provide patients with psychoeducation regarding the identification and implementation of hallmark CBT techniques (e.g., behavioral scheduling, exposure, cognitive restructuring). Indeed, we have found that the limitations and challenges of the acute psychiatric setting (e.g., availability and length of groups, fluctuations in group attendance) require targeted interventions that focus on the delivery of specific and implementable psychoeducation and skills (Rosmarin et al., 2021). SPIRIT is viewed as an augmentation to psychiatric treatment being offered in acute settings and is considered an <u>initial</u> spiritually integrated intervention to facilitate patients' consideration of how spirituality may intersect with their symptoms and treatment (Rosmarin et al., 2019).

Through its flexible protocol, which includes handouts and guided group discussion, SPIRIT helps patients to:

- Explore and understand relationship with their own spirituality/religion and their mental health (e.g., "How is your spirituality related to your mental health?" and "How do you think that affects your mental health and treatment?");
- Identify spiritual/religious concepts to bring about emotional change (e.g., "Spiritual/Religious Beliefs and Reframes handout); and
- Identify concrete activities to integrate spirituality/religion into their treatment (e.g., Spiritual/Religious Coping in Treatment handout).

In acute psychiatry, psychotherapeutic interventions tend to be targeted and brief (Radcliffe & Bird, 2016). Additionally, at McLean Hospital and across many other acute settings, group interventions

are often self-referred and/or voluntary (Jacobsen et al., 2018). As such, SPIRIT was designed to be implemented in short sessions (i.e., 30 to 55 minutes) and it strongly recommended that SPIRIT be offered as a voluntary augmentation to standard treatment. The spiritual nature of SPIRIT precludes making it a unit requirement for patients who, for whatever reason, may not be interested in spiritually integrated psychotherapy.

Role of the Clinician

When delivering SPIRIT, the clinician's primary roles are to structure the group sessions, choose appropriate handouts, facilitate discussion, guide patients through protocol content, and engage in warm, validating therapeutic communication. Clarifying the goals of SPIRIT can be one of the most important aspects of structuring the group (Rosmarin et al., 2019). It is essential that clinicians understand and communicate to patients that the purpose of SPIRIT is not to evangelize their own spiritual/religious beliefs to patients or to allow patients to proselytize their own beliefs to others (Rosmarin et al., 2019). As part of the clarification of SPIRIT's goals, clinicians must clarify that the underlying treatment mechanism of SPIRIT is a clinical approach to mental health changes, rather than a spiritual/religious change process (Rosmarin et al., 2019). Indeed, the goal is to promote functional improvement and symptom reduction via spiritual/religious skills among acute psychiatric patients (Rosmarin et al., 2019).

> Secular clinicians delivering SPIRIT may have better patient outcomes than religious clinicians (Rosmarin et al., 2021, 2022). The mechanism(s) behind this relationship are not clear, but clinicians may consider engaging in self-reflection and/or supervision to consider how their spiritual/religious identity may impact their delivery of SPIRIT.

SPIRIT may be delivered by clinicians of several education and career backgrounds, including social work, nursing, psychiatry, psychology, and chaplaincy (Rosmarin et al., 2021). We have found that SPIRIT can be successfully delivered by clinicians with a pre-master's level of education to a doctoral/medical degree. As described elsewhere, SPIRIT is a non-denominational spiritually integrated psychotherapy and, as such, clinicians do not need to ascribe to any specific spiritual/religious tradition or belief system to successfully deliver SPIRIT. Indeed, clinicians need not report any spiritual/religious belief or tradition to deliver SPIRIT. To assuage potential concerns regarding the need for spiritual/religious belief to deliver SPIRIT, one of our publications demonstrated that SPIRIT may be perceived as more beneficial when delivered by clinicians who were not affiliated with a specific religious tradition (Rosmarin et al., 2022).

While SPIRIT has been successfully delivered by clinicians with minimal-to-no prior training in spiritually integrated psychotherapy (Rosmarin et al., 2021), it is recommended that clinicians have a reasonable background in delivering group psychotherapy in an acute psychiatric setting and CBT. We do not advise the delivery of SPIRIT by clinicians who do not have foundational skills in psychotherapy, acute psychiatry, and CBT. Clinicians concerned about their lack of training in spiritually integrated psychotherapy can utilize this manual, the training video, and peer-reviewed publications to bolster their knowledge and increase their confidence. Additionally, if appropriate, clinicians may also seek out additional supervision and training in this area via:

- Meetings to review the SPIRIT protocol and handouts with other clinicians and/or supervisors,
- Observation of other clinicians conducting SPIRIT groups,
- Observation by other SPIRIT clinicians coupled with feedback, and
- Consultation with Dr. Rosmarin and his team regarding specific questions arising during implementation.

We have also found it helpful for clinicians delivering SPIRIT to meet quarterly to discuss the intersection of spirituality/religion and mental health and the specific implementation of SPIRIT.

Keeping patients focused on the treatment material can sometimes be one of the more difficult challenges encountered by clinicians delivering SPIRIT. Because many patients have their own backgrounds, experiences, and opinions about spirituality/religion, patients may sometimes get "off track" and/or seek to discuss issues outside the bounds of SPIRIT (i.e., discussion of specific theology, issues not relevant to mental health and treatment). In such cases, it is important for clinicians to redirect and refocus patients with questions such as "How is your spirituality relevant to your mental health?" and "How do you think that affects your mental health and treatment?." We have found that patients often maintain greater focus during SPIRIT, and it is easier to redirect patients when the clinician has clearly explained the purpose of the group (i.e., help patients explore and understand relationships between their own spirituality/religion and mental health and/or mental health treatment; identify spiritual/religious concepts they can use to bring about emotional change; and identify skills to integrate spirituality/religion into their mental health treatment) Additional information about introducing SPIRIT to patients at the outset of each group is provided later. Readers may also refer to the clinical protocol for additional language on this point (see Rosmarin et al., 2019).

Spiritual struggles are described as tensions, strains, and/or conflict in relation to the sacred (e.g., G-d, Paragment & Exline, 2020) and are associated with greater risk of suicidal ideation among individuals with acute psychiatric conditions (Rosmarin et al., 2013).

As described elsewhere in this Training Manual and in other peer-reviewed publications about SPIRIT, SPIRIT is a flexible protocol that allows clinicians to use their best judgment when selecting handouts for use with patients. As such, an important aspect of the clinician's role is to determine which handout or handouts may be most appropriate for each group. The "most appropriate handout(s)" differs according to the individual and group needs of patients. Clinicians should consider the presenting concern(s) of their patients when selecting handouts. For example, if a patient or patients are presenting with spiritual distress, clinicians may specifically utilize Handout 3 (Spiritual/Religious Struggles) to provide psychoeducation about spiritual struggles and provide validation to the patient(s) experiencing spiritual distress. Additionally, clinicians should consider the various and intersecting identities of their patients when selecting handouts. As an example, Handout 4 (Meditating on the Psalms) is most often well-received by Judeo-Christian patients, whereas Handout 5 (Sacred Verse) may be more appropriate for non-Judeo-Christian patients and/or patients who have negative experiences with institutionalized religion. Not all handouts and not all aspects of each handout will apply equally to individual patients and groups. As such, clinicians should use their judgment and clinical skills to help patients identify which, if

any, aspects of each group resonate with them and may be utilized to promote positive emotional change.

As with other group protocols, clinicians must balance meeting the individual needs of patients with the needs of the overall group. It is not possible for a clinician to address every spiritual need and/or concern of patients. As such, clinicians are encouraged to use group time wisely to engage as many patients as possible in group discussion, provide feedback to as many patients as possible, and provide referrals to chaplaincy when patients express spiritual needs that cannot be met within the bounds of the group.

Overall, when delivering SPIRIT, clinicians' first commitment is to clinical care, which may require clinicians to put aside their own spiritual/religious beliefs, practices, and biases to focus primarily on patients' needs (Rosmarin et al., 2019). Clinicians should self-monitor for the potential impact of personal beliefs on delivery of SPIRIT and clinicians who struggle separating their own belief systems from those of patients and/or of the goals of SPIRIT should seek clinical supervision and consultation.

Working with Co-Leaders and Facilitators

Unlike other group psychotherapy protocols, SPIRIT is not specifically designed for implementation by multiple leaders or facilitators. Depending on the setting and the specific training of clinicians, it may be useful for a junior clinician to observe the delivery of SPIRIT and/or be observed while delivering the intervention. Such observation may facilitate training and competency in SPIRIT.

The protocol can be adapted should clinicians be delivering SPIRIT in an acute psychiatric setting that requires the presence of two clinicians or leaders during the group. In such cases, it is recommended that a clinician be identified as the leader of the group (i.e., primary clinician) and the other clinician be identified as having a supportive role (i.e., secondary clinician). In cases such as these, the primary clinician may focus on delivering the intervention and the secondary clinician may support the primary clinician via efforts devoted to keeping patients engaged and on-task. It is also possible that clinicians may "divide" aspects of the protocol between themselves. For example, one clinician may be the primary clinician for Part I of a session and the other may serve as the primary clinician for Part II. While this is possible, it is not necessarily recommended. In addition, this specific method of delivery should be avoided if and when research is being conducted on the impact of clinician effects on patient outcomes.

Pre-Treatment Issues

Who is SPIRIT For?

A 2015 study revealed that most adult psychiatric patients receiving partial hospitalization treatment reported interest in spiritually integrated psychotherapy (Rosmarin et al., 2015). In this study, neither clinical nor demographic variables significantly predicted interest in spiritually integrated psychotherapy, except for patients with depression who reported a greater desire to discuss spirituality/religion as compared to patients with other diagnoses (Rosmarin et al., 2015). As such, it seems reasonable to offer participation in SPIRIT to adult acute psychiatric patients, regardless of presenting diagnosis and/or demographic background.

SPIRIT is not only for spiritual/religious patients. Indeed, in the original SPIRIT study, the largest group of patients to volunteer to participate (39%) were patients with no religious affiliation (Rosmarin et al., 2019).

SPIRIT was specifically designed for adult patients (i.e., > 18 years old) receiving acute psychiatric services (e.g., inpatient, residential, partial hospitalization) and is appropriate for patients across diagnostic categories, including those with mood, anxiety, psychotic, substance-related, traumatic, eating or feeding, personality, and other disorders. Notably, perceived benefit of SPIRIT was similar across patients with highly acute/risky characteristics (e.g., high suicidality, engagement in self-injurious behaviors) and patients whose symptoms had stabilized and/or were of a lower acuity level (Rosmarin et al., 2021). SPIRIT has not yet been evaluated in outpatient settings or among adolescent acute patients. SPIRIT is appropriate for patients regardless of spiritual/religious affiliation and our prior research demonstrates perceived benefit of SPIRT across patients with and without a specific spiritual/religious affiliation (Rosmarin et al., 2021).

SPIRIT is appropriate for patients with and without spiritual distress. For specificity, spiritual distress may be defined as the process or outcome by which patients' spirituality/religion is associated with decreased meaning in life, self-esteem or well-being and/or increased emotional distress (Rego & Nunes, 2019). Additionally, spiritual distress may be broadly defined as the process or outcome by which patients' spiritual/religious beliefs, practices, and/or attitudes contribute to mental health distress. In our prior research, we identified that non-White/European American patients, older (i.e., geriatric) patients, and patients with lower socioeconomic status may be at higher risk of experiencing spiritual distress in acute psychiatric settings (Rosmarin et al., 2021). Notably, religious affiliation was not associated with likelihood of spiritual distress in our study (Rosmarin et al., 2021). Our findings also suggested that SPIRIT allows clinicians to engage racial/ethnic minority patients who may also be experiencing spiritual distress in treatment (Pew Research Center, 2015; Rosmarin et al., 2021).

Spiritual distress has several definitions in the research literature. At McLean Hospital, we define spiritual distress as tensions and/or conflicts about spirituality/religion that is associated with mental health distress or symptoms.

While anecdotal and common “clinical wisdom” may suggest that spiritual/religious issues are more salient among older and geriatric patients, our findings indicate that spiritually integrated psychotherapy was similarly desired across age groups. In addition, SPIRIT was perceived as beneficial equally across age group (Rosmarin et al., 2021). As such, SPIRIT is appropriate for acute psychiatric patients across the lifespan, but above the age of 18.

Treatment Settings

SPIRIT was specifically developed for adult acute psychiatry patients and its content, structure, and recommended implementation style is specific to the challenges and organization of acute psychiatry (Rosmarin et al., 2019; Rosmarin et al., 2021). As discussed above, SPIRIT is a flexible protocol that can be adapted to the treatment setting's needs. For example, clinicians can deliver individual SPIRIT sessions over 30 to 55 minutes depending on the scheduling of their respective treatment unit and the engagement of their patients (Rosmarin et al., 2021). Because acute patients may receive treatment for a brief time or over an extended stay (i.e., residential treatment), SPIRIT can be delivered as a stand-alone group and over six-to-eight weeks. Again, this flexible approach was constructed to be responsive to the needs and challenges of acute psychiatric settings.

Through the delivery of SPIRIT at McLean Hospital and other acute psychiatric settings, we have found that clinicians most often utilize SPIRIT Handout 1 (Spiritual/Religious Beliefs and Reframes) and/or Handout 2 (Spiritual/Religious Coping in Treatment) in inpatient and intensive units (Rosmarin et al., 2019, 2021). These handouts can be particularly effective for patients who are naïve to the potential impact of spirituality/religion on mental health and treatment.

SPIRIT has been shown to be acceptable, feasible, and perceived as beneficial by acute psychiatry patients receiving care at inpatient, residential and intensive treatment levels (Rosmarin et al., 2021). In the future, Dr. Rosmarin and his colleagues may examine the acceptability, feasibility, and perceived benefit of SPIRIT in outpatient settings and among adolescent psychiatric patients.

Implementation of SPIRIT

There are potential challenges of delivering SPIRIT, despite the protocol's unique benefits (e.g., flexibility). In our experience, the most familiar challenges associated with the delivery of SPIRIT are often pragmatic or logistic in nature and often include scheduling, administrative "buy-in," and recruitment of patients. In our experience, these issues are best addressed preemptively rather than reactively. As such, we recommend that clinicians proactively address these potential issues by obtaining administrative and unit support for the delivery of SPIRIT before attempting to schedule and/or implement regular SPIRIT groups. When seeking support to deliver SPIRIT groups, clinicians can address potential administrative/clinical concerns (e.g., scheduling, clinical concerns) preemptively and discuss the potential need to alter the group based on the treatment setting (e.g., length).

Regarding fielding potential clinical concerns from administrative and/or clinical staff, we have anecdotally found that sometimes administrative and/or clinical teams indicate concerns that SPIRIT may worsen or exacerbate certain symptoms, including psychosis with religious elements. In our research, we have found that interest in spiritually integrated psychotherapy is not necessarily higher among patients with psychosis (Rosmarin et al., 2015). Additionally, it does not appear that having patients with psychosis influences the delivery of the group, as SPIRIT clinicians utilize the handouts similarly, regardless of patients' diagnoses (Rosmarin et al., 2019). Finally, SPIRIT has been delivered to patients with acute and/or chronic psychosis and there has not yet been a single report of an adverse event related to the delivery of SPIRIT with psychosis-related disorders (Rosmarin et al., 2019). Thus, we recommend that clinicians preemptively address such and other concerns about the delivery of SPIRIT.

Scheduling

Regarding scheduling, clinicians, and chaplains at McLean Hospital and in other acute psychiatric settings have successfully scheduled and delivered SPIRIT during weekdays and weekends on their respective unit(s). We do not have specific guidelines or recommendations for times of the day or days during which SPIRIT should be delivered to patients. In general, we recommend that clinicians work with the unit leadership and seek feedback from unit clinicians and patients to understand when it may be best to schedule SPIRIT groups. We do suggest, however, that clinicians avoid unilaterally delivering SPIRIT groups on Sunday's because it may give the inaccurate impression that SPIRIT is directly aligned with the Christian tradition or that SPIRIT can be delivered in lieu of providing patients access to religious services and/or chaplaincy.

Group Facilitation

Clinicians should regularly refer to the SPIRIT protocol and handouts when preparing to deliver SPIRIT and while delivering SPIRIT groups to patients. To keep groups on track and avoid off-topic or tangential responses from patients, clinicians should clearly identify the Purpose of the group (i.e., to identify how spirituality/religion may be relevant to your symptoms, and (2) to identify how you can integrate

SPIRIT is designed to be a flexible protocol that meets the needs of patients, while also maintaining a focus on mental health symptoms and treatment.

spirituality/religion into your treatment) at the start of every group, regardless if the group has repeat attenders. Also, it is strongly recommended that clinicians read the Disclaimer (i.e., this group's purpose is not to convert you or give patients an opportunity to convert others. Along these lines, people have different faiths, so please be respectful to everyone's beliefs and practices) at the start of each group to also focus group discussion and interactions.

Redirection

Some patients may overshare or share irrelevant information during SPIRIT because the group's focus on how spirituality/religion may be relevant to their mental health/treatment may seem different from other, secular group psychotherapy. Indeed, it is important that clinicians (and patients) remember that the purpose of SPIRIT is not simply to discuss spirituality/religion but is to focus on how spirituality/religion interacts with mental health and mental health treatment. In other cases, patients may provide non-specific answers to focused questions from clinicians. In such cases, it is recommended that clinicians consider using one or more of the following questions:

- "How is your spirituality relevant to your mental health?"
- "How do you think that [spiritual/religious belief or practice] affects your mental health and treatment?"

Overall, SPIRIT groups are to be focused on symptom reduction and functional improvement and clinicians may also utilize other skills typically used in group therapy to redirect patients to the goals and/or content of sessions.

Managing Group Conflict

As with any group treatment in either an acute or outpatient setting, difficulties and/or conflicts among group members may arise. Because patients may choose to "drop in" to SPIRIT groups or attend multiple groups, clinicians must be mindful of how group dynamics may shift across the delivery of groups. In addition, patients with challenging personalities and/or clinical presentations may impact the delivery of individual groups. Therefore, it is important for clinicians to liaise and collaborate with unit and/or clinic leadership before delivering SPIRIT.

One area often concerning new SPIRIT clinicians is patients' potential to disagree with the clinician or other patients about spiritual/religious content or issues. As a reminder, the purpose of SPIRIT is not for clinicians or patients to evangelize their own spiritual/religious beliefs to patients or to allow patients to proselytize their own beliefs to others in the group (Rosmarin et al., 2019). It is essential for clinicians to internalize this message and communicate it effectively to patients in the group. Often, this message's communication at the outset of the group can prevent potential conflict among patients. Additionally, it is a responsibility of SPIRIT clinicians to guide patients through the group content and to facilitate discussion, which may include sharing emotions and spiritual/religious beliefs. Acceptance of and encouragement to communicate thoughts, feelings, and behavior relevant to spirituality/religion and mental health treatment is a core aspect of SPIRIT.

Another potential area that may need to be monitored in a group is the presence of both overly dominant patients and excessively shy or withdrawn patients. For clarification, dominant patients

may jump to answer all discussion questions first, monopolize group discussion, or tell drawn-out stories. Excessively shy or withdrawn patients may refuse or be highly reticent to engage in group discussion. Because SPIRIT groups may be attended by new patients at each session, it may be challenging or impossible for clinicians to identify such patients before the start of group. However, collaboration with unit or clinic staff may allow clinicians to proactively identify such patients. Dominant patients may be encouraged by clinicians to give other patients an opportunity to answer group discussion questions. Additionally, clinicians may remind patients of the time limited nature of the group and the importance of giving all group members an opportunity to share in each group.

Patients, even those who are excessively shy or withdrawn, are not required to share during SPIRIT. As a reminder, engagement in SPIRIT should be voluntary and SPIRIT should offer as an augmentation to treatment rather than as a required aspect of treatment. In line with this, patients should not be required to engage in group discussion or group activities (e.g., reading from handouts). Simply attending SPIRIT groups and/or passively engaging in SPIRIT may provide patients with an opportunity to reflect upon how their spirituality/religion intersects with their mental health and mental health treatment. That said, clinicians should use warmth and validation with all patients to provide them with a comforting space to engage in treatment and group content.

There may be rare occasions in which certain patients struggle to get along with other patients, even with clinician encouragement and guidance. In such cases, the clinician should work with their supervisor and/or unit leadership to consider how to provide all patients interested in SPIRIT access to the treatment. As an example, clinicians may offer multiple SPIRIT groups so that patients in conflict can attend groups separately. We have not found this phenomenon to be common when delivering SPIRIT and do not have a single documented incident of such an incident when delivering SPIRIT. However, such issues sometimes occur when delivering "secular" group psychotherapy in an acute psychiatric setting.

Patient Issues

Patients presenting for SPIRIT are often familiar with group psychotherapy because acute psychiatry primarily delivers treatment through group meetings. As such, patients are typically prepared for group discussion and the expected group length. However, clinicians may need to alter group length depending on the specific scheduling and space needs of their unit(s).

Although patients may be familiar with the format of group psychotherapy, they are less likely to be familiar with discussing how spirituality/religion intersect with their mental health and mental health treatment in a group setting. As such, it is pivotal that clinicians introduce the group using the descriptions provided in this manual. As a reminder:

- The purpose of SPIRIT is not to evangelize certain spiritual/religious beliefs to patients or to allow patients to proselytize their own beliefs to others (Rosmarin et al., 2019).
- The underlying treatment mechanism of SPIRIT is a clinical approach to mental health changes, rather than a spiritual/religious change process (Rosmarin et al., 2019).
- And the overall goal of SPIRIT is to promote functional improvement and symptom reduction via spiritual/religious skills among acute psychiatric patients (Rosmarin et al., 2019).

We have found that describing the purpose and boundaries of SPIRIT often proactively prevents issues between patients or between patients and clinicians. The explanation of the above points is also important because it may make more patients (especially those who are spiritual, but not religious) more comfortable attending groups.

SPIRIT: Handout-by-Handout

Part I: Relevance of Spirituality to Symptoms/Treatment

For all SPIRIT groups, regardless of the handout(s) used, the clinician should begin by introducing the content and purpose of the group (i.e., Part I). As described in the protocol (see Appendix), clinicians should explain the title of the group (i.e., SPIRIT) and the initiative and/or program SPIRIT is associated with. Second, clinicians should list the purposes of the group, which are:

- To identify how spirituality/religion may be relevant to your symptoms and
- To identify how you can integrate spirituality/religion into your treatment (concepts, and activities).

The identification of the context and purpose of the group helps orient patients to treatment and may proactively reduce the likelihood of tangential and/or irrelevant patient responses.

Next, clinicians should read the group's disclaimer to patients:

- This group's purpose is not to convert you or give patients an opportunity to convert others. Along these lines, people have different faiths, so please be respectful to everyone's beliefs and practices.

In our experience, providing this disclaimer reduces patient conflict and increases effective patient engagement.

After providing these pieces and introducing themselves, the clinician should prompt discussion by asking patients, "How is spirituality relevant to your mental health?" Clinicians should guide the discussion and encourage focused responses (i.e., relevant to mental health and/or treatment). Ideally, clinicians will identify and summarize common themes across patients' responses.

Clinicians will then provide psychoeducation to frame the later introduction of the SPIRIT handout(s). Specifically, clinicians will indicate that research examining spirituality/religion and mental health reveal the following three takeaways:

- Spirituality/religion may protect against mental distress by providing us with frameworks for meaning making, life's purpose, connections with others, and by providing resources when coping with distress.
- For some, spirituality/religion can also be a source of distress and can contribute to, or exacerbate, mental health symptoms.
- Finally, spirituality/religion can influence how symptoms manifest. For those who are religious, their symptoms may be more likely to have religious themes.

Part II: Addressing Spirituality in Treatment (Using 1-2 Handouts)

Clinicians should move to the next section by instructing patients about the potential utility of spirituality to shape our thoughts, feelings, and behaviors (i.e., "Irrespective of how spirituality relates to your personal mental health, it can be helpful to draw upon spiritual resources in shaping our thoughts, behaviors, and feelings").

Clinicians will then introduce the one or two handouts they will use during the SPIRIT group session. It is exceedingly rare that clinicians use more than one or two handouts in a single session.

Clinicians should use their best judgment and information garnered during the introductory discussion (i.e., Part I) to inform their handout choice.

All handouts are briefly described below and included in the appendix.

Part III: Conclusion

Clinicians should conclude all SPIRIT sessions, regardless of the handout(s) used, with the following material.

First, clinicians should summarize the session. An example being:

- In sum, spirituality/religion can be relevant to both mental health and distress for many individuals.

Next, if the clinician's setting has a hospital chaplain, the clinician should provide patients with information on how to request a consultation or meeting. Finally, the clinician should encourage patients to speak to their treatment providers about their spiritual/religious issues **if** they are relevant to their symptoms and/or treatment.

Handout 1: Spiritual/Religious Beliefs and Reframes

Background

This handout utilizes a cognitive approach by presenting uplifting spiritual messages that patients can use to shift their thinking in positive ways. The handout contains a list of statements categorized into six spiritual themes: we are never alone; nothing is impossible; life is a test; we can only control the process, not the outcome; everything happens for a reason; and nothing is permanent.

When using this handout, the clinician asks patients to read the entire document, either aloud or silently to themselves, before beginning the discussion. Subsequently, the clinician engages patients in a discussion about the handout, trying to help patients identify which statements they can use to help themselves feel better and validating that some statements may not be helpful.

Common leading questions for this discussion include:

- Do any of these statements resonate with you and why?
- Are there any that you dislike?
- How could you reframe those statements to be helpful?

Throughout the discussion, the clinician should highlight that these spiritual or religious statements can be used as an aid in coping with distress. By the end of the session, the clinician should help patients identify at least one spiritual statement that they will try to implement in their treatment (e.g., as a coping statement).

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- Here is a handout with a list of common spiritual/religious beliefs that can be used to challenge distressing thoughts. Some of the statements may not be consonant with your belief system but try to identify at least 1-2 statements that may be helpful.

Then, the clinician will ask patients to read the handout themselves or aloud and ask patients to identify one or more beliefs that could be helpful to focus on in their treatment. Following, the clinician will facilitate a brief discussion about how the beliefs they selected may be relevant to the symptoms they are experiencing. Clinicians should validate patients who share in the group and summarize responses when appropriate. Finally, the clinician will ask patients to identify one or more beliefs that they can use as a daily coping statement moving forward.

Handout 2: Spiritual/Religious Coping in Treatment

Background

This handout provides a form of spiritually integrated behavioral activation in that it encourages patients to engage in spiritual or religious activity as a means of shifting their mood states. The handout introduces a list of common spiritual activities that can be used to reduce emotional distress, including prayer, meditation on a spiritual statement, seeking religious support, reading religious texts, forgiving, performing honorable deeds, using religious framing, counting blessings, and finding meaning.

When using this handout during a session, clinicians should start by having patients read the list of spiritual and religious coping activities, either alone or together as a group. Clinicians then facilitate a discussion by asking questions such as the following:

- Which of these activities have you used in the past or currently?
- How do they impact your mood?
- Do they make you feel any better?
- Do you ever feel worse when you engage in these activities?
- Are there any activities on this list that you would be interested in doing?

By the end of the discussion, clinicians should encourage patients to identify at least one spiritual or religious coping activity that they will use.

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- Here is a handout with different spiritual/religious practices that many individuals use to cope with distress. These are different behavioral strategies that have a spiritual/religious component. Some of the examples may not be appropriate or of interest to you but try to identify at least 1-2 that may be helpful.

Then, the clinician will ask patients to read the handout themselves or aloud and ask patients to identify one or more strategies that may be relevant to the symptoms they are experiencing. Clinicians should validate patients who share in the group and summarize responses when appropriate. Finally, the clinician will ask patients to identify one or more strategies that they can use to cope with distress each day moving forward, as part of their treatment plan.

Handout 3: Spiritual/Religious Struggles

Background

The Spiritual/Religious Struggles handout contains common spiritual struggles, divided into the three main categories identified in the extant literature:

- Intrapersonal spiritual struggles, which reflect inner spiritual tension;
- interpersonal spiritual struggles, which involve person-to person conflicts that carry spiritual themes; and
- divine spiritual struggles, which involve wrestling with matters of faith (Ano & Vasconcelles, 2005).

Clinicians are encouraged to use this handout when patients raise spiritual struggles during part 1 of the meeting. It should be noted that this handout uses more advanced language than the other handouts, to provide a cognitive buffer and to prevent dysregulation or triggering of more severely distressed patients, who may lack core self-regulation skills.

With that said, clinicians should be mindful of the high academic level of this handout, and they may need to explain difficult words, phrases, and concepts as appropriate for the abilities and emotional states of group members. This handout's main goal is not to solve struggles but to help patients identify their struggles and explore their concerns. Clinicians are therefore discouraged from providing alternative viewpoints or challenging patients' struggles, they should simply validate patients' experiences and perspectives. This handout is viewed as having a behavioral rather than a cognitive framework, because the overarching goal is not to change patients' thinking about struggles but for the patients to articulate their struggles and habituate to thinking about this emotionally charged subject.

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- This handout lists common spiritual struggles individuals may experience, that could contribute to their mental distress. Some of the examples may not be relevant to you, however you may be experiencing one or more of these struggles.

Then, the clinicians will ask patients to read the handout themselves or aloud and ask patients to identify struggles they are experiencing. Next, the clinician will facilitate a brief discussion with patients about how the struggles they selected may be relevant to their symptoms. Clinicians should validate patients who share in the group and summarize responses when appropriate. Finally, the clinician will invite patients to concretely identify one individual they can approach to discuss these struggles within the next week (e.g., clergy, family, friends or other individuals in their faith communities, their treatment providers).

Handout 4: Meditating on the Psalms

Background

This handout provides a form of spiritually integrated behavioral activation and cognitive reframing, in that the Psalms are often recited meditatively or prayerfully (behavior) and can also be used as a way of changing one's perspective (cognition).

When selecting this handout for use with patients, clinicians should note that the Psalms originate from Judeo-Christian teachings. Clinicians should therefore consider the religious constitution of each group, including the presence of patients from non-Judeo-Christian faiths.

Of special note, this handout is specific to Judeo-Christian beliefs and may not be appropriate for all groups. Clinicians should use their best judgment when determining if this handout is relevant for their specific group and/or setting.

Clinicians typically introduce this handout by instructing patients to read the verses on their own. Subsequently, patients are encouraged to identify which verses, if any, carry uplifting messages or are otherwise relevant to them personally at their current stage of treatment. Patients are then encouraged to select one or more verses that resonate with them and that they can use regularly as a prayer or meditative coping statement.

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- Here is a handout with excerpts from the Psalms that many individuals use to pray or meditate on when they need an infusion of faith. Here, some of the examples may not be of interest to you but try to identify at least 1-2 that may be helpful.

Then, the clinician will ask patients to read the handout themselves or aloud and ask patients to identify excerpts that could be helpful to focus on in their treatment. Next, the clinician will facilitate a brief discussion with patients about how the excerpts they selected could be helpful to address the symptoms they are experiencing. Clinicians should validate patients who share in the group and summarize responses when appropriate. Finally, the clinician will invite patients to concretely identify one excerpt from the Psalms they can use as a prayer or meditative phrase each day going forward.

Handout 5: Sacred Verses

Background

The Sacred Verses handout is an interfaith version of Meditating on the Psalms. It contains a collection of passages from various faith traditions.

Content is organized by theme across the following common spiritual concepts:

- Faith
- Self-compassion
- Peace
- Courage
- Hope

Just like the Psalms handout, the Sacred Verses handout provides a combination of behavioral activation and cognitive reframing. Clinicians should note that this handout is twice as long as the other handouts in the SPIRIT protocol, and they may need to adjust the length of the Part I discussion.

Typically, clinicians discuss this handout by asking patients to read sections to themselves, in order or by theme. Afterward, clinicians facilitate a discussion of patients' reactions to the verses, culminating with each patient identifying one or more verses or themes they can use to connect with their faith and to help themselves feel better.

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- Here is a handout with excerpts from a broad range of spiritual and religious traditions. Some of the examples may not be of interest to you but try to identify at least 1-2 that may be helpful.

Then, the clinician will ask patients to read the handout themselves or aloud and ask patients to identify verses that could be helpful to focus on in their treatment. Next, the clinician will facilitate discussion with patients about how the excerpts they selected could help address the symptoms they are experiencing. Clinicians should validate patients who share in the group and summarize responses when appropriate. Finally, the clinician should encourage patients to write down one-to-two phrases and to use them as coping statements throughout the day. Clinicians may encourage patients to integrate these phrases into their expressive or creative arts therapy sessions in some way (e.g., making up a song with the words, or doing an art project related to the themes).

Handout 6: The Power of Prayer

Background

This handout provides a combined cognitive and behavioral framework to validate common barriers and struggles related to prayer, to help patients think more broadly and openly about prayer, and to encourage use of prayer as a strategy to instill hope and spiritual connection.

Clinicians follow the handout's structure to facilitate a discussion, progressing from basic questions, such as:

- "What do you pray for?"
- "How do you pray?"

to deeper and more emotion-relevant questions, such as:

- "Do you use prayer to cope?"
- "Do you struggle with prayer?"

Throughout the discussion, clinicians should be careful to validate struggles and issues that patients raise and to encourage patients to further discuss such struggles with their individual psychotherapists after the SPIRIT session.

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- Here is a handout. It discusses prayer as a mental health resource and the potential power of prayer relating to spiritual struggles. The questions on the handout are intended to help us determine what and how we pray, and more importantly how prayer impacts our mood in beneficial and maladaptive ways.

Then, the clinician will ask patients to respond to the Opening Questions in the first section. The clinician will facilitate a brief discussion and should reinforce all patient responses, including responses that deny the relevance of prayer. If relevant, the clinician may use the following examples of diverse types of prayer:

- Scripted
    - Lord's Prayer
    - Salat
    - Shema
- Scheduled
    - As part of one's daily or weekly routine
- Communally
    - Via religious services
- Spontaneous
    - Voicing our own thoughts, feelings, and/or emotions in the moment
- Meditative
    - Contemplative

Next, the clinician will facilitate a longer and more focused discussion on the Discussion Questions to help patients identify the relevance of prayer to their mental health and treatment. Should patients provide “Yes” or “No” answers, clinicians are encouraged to try to engage them more fully in a discussion. Should patients report that they struggle with prayer, the clinician should validate their emotions and convey empathy. Overall, clinicians should validate patients who share in the group and summarize responses when appropriate.

If relevant, clinicians may contrast the difference between using prayer to cope versus compulsive/ruminative/delusional prayer. While both may increase when individuals are in distress, one is a way of coping with distress whereas the other is a manifestation of distress.

Handout 7: Forgiveness

Background

This handout uses a behavioral structure, in that it encourages patients to assess their readiness for the spiritual quality of forgiveness and to take steps to forgive (themselves, others, and/or their higher power).

The opening paragraph of the handout introduces the topic of forgiveness and acknowledges that it can be complex and challenging to let go of deeply held negative feelings. The clinician reads this entire handout to the patients (or solicits individual patients to read to the group). This reading aloud provides for a cohesive discussion format, which is helpful, given the sensitive nature of the topic.

The clinician then asks the patients to self-assess where they are in the process of forgiveness for a specific previous hurt and what next step or steps they can take to move forward and let go. Patients are also encouraged to speak about forgiveness with their individual clinicians or therapists and others in their network (e.g., friends, family, clergy), given that this handout is often simply an introduction to the topic of forgiveness and not a complete intervention.

Instructions

Should clinicians choose to utilize this handout, they should introduce the handout by explaining:

- Here is another handout about Forgiveness. Forgiveness involves releasing feelings of resentment. Since forgiveness can be incredibly challenging to implement, this handout is only meant to introduce the topic at hand and provide some initial strategies that may be helpful.

Next, the clinician will ask patients to consider who they would like to forgive in their lives (e.g., themselves, their mental disorders, others from the past, others in the present, their spirituality). Then, the clinician will read the five parts of forgiveness with patients. Finally, the clinician will facilitate a brief discussion about where in the process of forgiveness they are holding with respect to a specific issue. Examples of specific issues include:

- Are they able to recall the hurt?
- Are they able to empathize?
- Are they ready to decide to forgive or have they committed to do so?
- Have they established a new normal?

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SPIRIT Training Video Transcript

Dr. David H. Rosmarin: Welcome to the spiritual psychotherapy for in-patient residential and intensive treatment or SPIRIT Training Course. The purpose of this course is to provide clinicians who work with acute psychiatric populations, with practical tools to attend to patients' spiritual needs, and thereby deliver spiritually integrated care within an evidence-based framework. As you shall see, SPIRIT is a flexible clinical approach, and it allows clinicians to explore how spirituality and religion might be relevant to patients' symptoms and also to identify ways to integrate spirituality and religion into your patients' treatment using concepts and activities.

During this course, we will review the SPIRIT Clinical Protocol and demonstrate how to use it with patients using footage from a mock SPIRIT group.

In some cases, spirituality and religion can color the way in which symptoms manifest. For example, some patients present with religious psychosis, like delusions that they are a religious figure, or with obsessions and compulsions that carry religious themes. The existing data suggests that in such cases, spirituality and religion does not directly cause the problem per se. Rather, when religious individuals suffer from psychiatric disorders, their symptoms are more likely to have religious themes along those lines.

Our research shows that SPIRIT is appropriate for individuals with religious themes, psychosis, OCD, as well as those with other disorders.

In this course, we will teach you how to run SPIRIT groups with acute psychiatric patients within inpatient, residential and intensive outpatient settings. SPIRIT has two parts. In Part One, clinicians discuss the relevance of spirituality to symptoms and treatment, and in Part Two, clinicians address spirituality by using one or two handouts. Part One begins with the clinician introducing him or herself to the patients and asking how they are doing today.

The clinician then provides a brief, but important ethical disclaimer to explain that the group is not intended as an opportunity to convert others to a particular belief, and also to highlight the importance of being respectful of others diverse beliefs and practices. A discussion is then facilitated around the following question: How is your spirituality relevant to your mental health?

This question has two primary aims. First, it facilitates a functional assessment. It helps patients to identify and understand how their spirituality or religion might be related to their symptoms in both positive and negative ways. It also provides psychoeducation by helping patients to think about how spirituality and religion conceptually applies to their treatment and their symptoms. Let's see this in practice.

Part One

Clinician (in Session with Mock SPIRIT Group):

Hi everyone. My name is Hadassah and I'm a clinical social worker, and today I will be running our SPIRIT group. And before I say a little bit more about what we'll be doing today, I just want to make sure that I know who you are. So, if you can just share your name, how long you have been here at McLean Hospital and how you're doing today, that would be great.

Who would like to get started?

Group Member: I'll go first. My name is Shrikar, I've been at McLean Hospital for about a month and I'm feeling a bit anxious and jittery today.

Clinician: Hey, thank you. I'm really glad you came to group. Who would like to go next?

Group Member: I guess I'll go. My name is Sean. I've been here for about three weeks, and I'm feeling pretty good today.

Clinician: Thank you.

Group Member: I'm Alanna. I've been here at McLean Hospital since Saturday, and I'm honestly, I'm kind of anxious.

Clinician: Thank you. Maybe the group can help a bit.

The Spirituality and Mental Health Program here at McLean Hospital runs SPIRIT groups throughout the hospital. Because years of research have shown that it can be helpful for people to talk about spirituality or religion in the context of mental health symptoms and recovery and coping skills. That said, you are not required to be spiritual or religious to be in this group.

I'm not here to change anybody's beliefs or practices, nor am I here to convert anybody to any given set of beliefs or practices. The one rule that I have for this group is that there's respect for all the different beliefs and practices that are in this room, and I will encourage you to really speak from your own experience and use I statements as much as possible.

Does anyone have any questions about what I just said?

Group Member: Yeah, I do. I don't really believe in organized religion, but I meditate sometimes. Is that okay?

Clinician: That is absolutely okay. Like I said, you do not need to be religious or spiritual to be here. And we will explore all the different experiences that fall under this domain.

Dr. David H. Rosmarin: And, after providing the disclaimer, clinicians start the SPIRIT Group by asking the group members a simple question: How is your spirituality relevant to your mental health? Patients will have very different responses to this question. Therefore, the clinician should guide the discussion such that each patient has an opportunity to respond.

Clinician: So, we'll start off today with an opening question, and I'd love to go around and for each of you to share in a few words how you feel spirituality or religion is connected to your own mental health or recovery. And that could be in a positive way, in a negative way. Both. Not at all. Or maybe something else.

We can start with the brave volunteer and then go around. Someone like to start us off?

Group Member: I guess for me it's very positive. When I pray, I feel less anxious. And when I go to church, I feel a little less lonely because the people are friendly.

Clinician: Thank you.

Group Member: I could go next. I would say I feel more spiritual than religious. I've had some mixed experiences with religion. I grew up in a traditional Hindu household which whose values I still carry with me today. But I also went to a Catholic high school that limited my self-expression. So, I'd like to believe there's a higher power, but I don't believe in a specific one.

Clinician: Yeah. Thank you.

Group Member: Yeah. And I would say that religion can be kind of tough for me sometimes. I've had instances in the past where I thought that God was talking to me, but now that I'm on medication, it doesn't really happen anymore. So, I'm just I don't know if I can so be religious without that connection.

Clinician: Thank you. And, thank you all for sharing. What I love about this opening question is that for how many people there are in this room, that's how many different answers you're going to get. And that's also one way that I see spirituality and religion overlapping with mental health. Both experiences and with treatment is that they're both very individual experiences.

So, what works for one person might not be the same for the person sitting next to them.

Dr. David H. Rosmarin: At times, you will likely need to redirect and refocus patients onto the specific question being asked, which is: How is your spirituality relevant to your mental health? This is because many patients will give nonspecific answers. Some may simply start speaking in general about their spiritual or religious beliefs, or they might give a history of their spiritual development. When these sorts of things happen, clinicians are encouraged to prompt patients by asking, how do you think that affects your mental health in your treatment?

Let's see this in practice.

Group Member: Don't you get it? It's not about love. It's about fear and control. The church just wants you to feel bad.

Clinician: Yeah, I hear that this is bringing up a lot for you. I'm wondering, how does this connect to your own mental health or recovery?

Group Member: I think I've just had trouble connecting with people from the issues that I've had from childhood. And I just every time, like, I try to pray, but, and then I get depressed because I feel sinful. And then there's being religious. Does it make me obsessive?

Clinician: That's a really good question. So, we have about 20 years of research to see how spirituality or religion connect to mental health. And what we see is about three common themes. The first is that spirituality or religion can protect individuals from mental distress by providing a framework of purpose and meaning. On the other hand, we also see that spirituality and religion can also be a source of strain and sometimes exacerbate symptoms or even cause mental distress.

And then the last thing that we see is that spirituality and religion can color how mental health symptoms manifest. So, for example, when a religious individual is experiencing mental health symptoms, those symptoms can have spiritually or religiously based themes.

Dr. David H. Rosmarin: Typically, patients' responses to the question fit into one or more of four different categories. First, spirituality and religion might be a resource for mental health. It might provide solace, meaning, hope, a sense of faith or connection. Second, spirituality within religion may be a source of strain or emotional pain. We call these spiritual struggles because they involve persistent questions about faith, a lack of hope in oneself, or potentially altercations with other people that have some sort of religious or spiritual meaning. Third, some patients will describe having symptoms that have religious themes, such as psychotic delusions about being a religious figure or obsessions and compulsions that are focused on morality or religious fears. And finally, some patients may say that spirituality and religion is not directly relevant to their mental health in any specific way. Note that many patients will report having more than one of these four relationships between their spirituality and mental health.

For some individuals, spirituality is both a resource and an area of struggle. For others, they might have spiritual symptoms and view this area as providing meaning, but they also might lack faith in themselves at times. In fact, clinical science has shown that the more an individual has spirituality as a resource, the more likely they are to struggle with their faith.

Let's see some of these examples, and also how you can handle them during the SPIRIT session.

Group Member: I've had visions in the past where Jesus tells me who's honest and who's a liar, and I now know that those are caused by my mental illness. But I'm struggling because I don't know if that means that my religion is makes me delusional or if my beliefs are delusional.

Clinician: Yeah, that is a great question. Religion is not delusional, nor does religion cause delusions. What happens is that when a religious individual experiences mental health symptoms, they are more likely to have symptoms with religious themes. I'm curious if anyone else has experiences with this.

Group Member: I've been dealing with spiritual struggles lately. Ever since my mother passed away, my faith has been shaken and it's really stressed me out.

Clinician: First of all, I'm so sorry for your loss and it is really common for faith to be shaken after a traumatic experiences or losses and spiritual struggles can really lead to some intense pain and stress.

Group Member: For me, I'm not particularly religious or spiritual.

Clinician: Yeah, and that's totally okay. It's also very common for our spiritual beliefs not to impact mental health at all. There's a wide range of experiences, just like there is in this group.

Group Member: It really helped me get over my alcoholism and I think a really big part of that was its emphasis on forgiveness and just being able to trust on a higher power with more strength than myself to lean upon for the process.

Clinician: You bring up a really great point. You know, for a lot of people, spirituality or religion can provide strength to overcome obstacles.

Dr. David H. Rosmarin: In Part Two of this SPIRIT session, we provide patients with concrete ways to harness spiritual resources in the context of their treatment. The primary goal here is to empower patients to engage with spirituality in ways that might help their recovery. In order to encourage autonomy and agency among patients, SPIRIT uses a menu approach. Just as in a restaurant, you can choose from the menu what you do and don't want to eat.

In SPIRIT, patients can choose which aspects of spirituality they do and do not wish to integrate into their own treatment. To those ends, we have developed a series of seven handouts for clinicians to use.

Each of the seven handouts contains spiritual ideas and activities for patients to engage with these handouts are as follows: Handout One (Spiritual and Religious Beliefs and Reframes), Handout Two (Spiritual and Religious Coping and Treatment), Handout Three (Spiritual and Religious Struggles), Handout Four (Meditating on the Psalms), Handout Five (Sacred Verses), Handout Six (The Power of Prayer), and Handout Seven (Forgiveness).

Typically, on inpatient units or within intensive outpatient programs, SPIRIT is delivered as a standalone group lasting 25 to 50 minutes just one time during a patient's hospital stay. As such, clinicians will typically use just one or two handouts total, since there usually is not enough time for more material within that time frame. By contrast, in residential programs where patients stay for multiple weeks, SPIRIT is delivered as a weekly session that patients may attend several times.

In such instances, clinicians usually focus on one or two handouts each week, which allows patients to be exposed to more of the material for inpatient and intensive treatment. Clinicians usually use Handout One (Spiritual and Religious Beliefs and Reframes) and/or Handout Two (Spiritual and Religious Coping and Treatment). This is because Handout One provides some basic cognitive strategies and handout to provide some basic behavioral strategies for patients to use.

However, clinicians can choose from any of the seven handouts when running a SPIRIT group. For example, if during Part One, one of the patients describe having spiritual struggles, then it might be more appropriate to use Handout Three, because that will allow for better exploration of the topic and validating how patients are feeling. Similarly, if the themes of prayer or forgiveness emerge during the first part of SPIRIT Group, clinicians can use Handout Six (The Power of Prayer) or Handout Seven (Forgiveness).

It's also important to note that Handout Four (Meditating on the Psalms) is Judeo-Christian centric, and, therefore, it's not appropriate for all patients. We included this handout because in our first iteration of SPIRIT, many patients requested more material from the Judeo-Christian tradition. By contrast, Handout Five, which is called Sacred Verses, is much more broad, and it contains quotations from a diversity of religious traditions.

Regardless of whether SPIRIT is being provided in inpatient or residential or intensive settings, clinicians should use their best judgment in selecting which handouts to focus on during a SPIRIT group. Simply pick whichever ones you think are best for the specific patients who are attending the group on a given day.

At the end of Part One of SPIRIT, it's very important to introduce Part Two. For example, you can say as follows:

Irrespective of how spirituality relates to your personal mental health, it can be helpful to draw upon spiritual resources in shaping our thoughts, behaviors and feelings into those ends. We will be providing handouts which provide common spiritual themes and activities that you might wish to integrate into your treatment.

Some of the spiritual concepts and practices on those handouts might be consistent with your belief system, and others might not be. For each handout, try to identify at least one or two ideas and behaviors that you might be able to use.

Handout One (Spiritual and Religious Beliefs and Reframes)

If clinicians choose to use handout one spiritual and religious beliefs and reframes the material can be introduced as follows.

Here's a handout with a list of common spiritual and religious beliefs, and it can be used to challenge distressing thoughts. After introducing it, clinicians can ask patients to read through the handout either to themselves or out loud, depending on which seems most appropriate for the group. Clinicians then facilitate a brief discussion with the patients about how the beliefs they selected might be relevant to the symptoms they are experiencing.

And finally, clinicians encourage patients to identify a specific phrase from the handout that might be helpful to them going forward. For example, to use as a coping statement, let's see what this looks like in practice.

Clinician: Even with a variety of different experiences with spirituality and religion, it can be helpful to explore how spiritual resources can help us with our thoughts, feelings and behaviors. So today I have a handout on some spiritual based or religiously based concepts that may help us challenge some of our unhelpful thinking. If you can take one and pass it on to, okay, so some of these concepts may resonate with you, some of these you might already be saying to yourself. Some of these you might want to try out and some of these might not resonate with you at all, which is totally okay. What we'll do is we'll go through this handout together. May I get a volunteer to read, please?

Group Member: I guess I could go first. Handout One (Spiritual and Religious Beliefs and Reframes), the following spiritual and religious concepts may be meaningful and relevant to you. We are never alone. No matter how bad it gets, I am never alone. Faith has no boundaries. Wherever I am, my faith remains with me. I am not the first person to ever go through this, and I won't be the last.

My faith is always close by. Even when I feel distant, nothing is impossible. The truth is, I don't really know what will happen in the end. Miracles can and do happen even when danger is imminent. I may remain hopeful by trusting in my faith. Help can come as swiftly as the blink of an eye. Just as something can be taken away, so too, can it be given back.

Clinician: Great. Thank you. Can I have a volunteer for the second section?

Group Member: Yeah, I'll do that. Life is a test. Struggle makes us stronger. The harder it gets, the greater opportunity. I have to grow. Faith can be demonstrated at best in difficult situations. This is just a test. One that I can pass if I put my mind to it. Suffering cannot completely take away my freedom of choice. We can only control the process, not the outcome.

Success means trying my best. Nothing more. Nothing less. Is not a failure if I truly do the best that I can do. My difficulties may not go away, but I can learn to handle them better. My task is not to solve my problem, just to get through without making it worse. Life changes from day to day, but I can improve my moment to moment.

Clinician: Thank you. May I have a volunteer for the third section?

Group Member: I can do it.

Clinician: Thank you.

Group Member: Everything happens for a reason. There is meaning. I just have to search for it. The universe is not out to get me. Everything is for the best. My difficulties are a gift. They are an opportunity for my faith to grow. Even when life is difficult, it never ceases to have meaning. Nothing is permanent. There are good days. And then there are bad days. The only sure thing in life is that it's not going to last forever. This too shall pass. My problems cannot and will not last forever. I have persevered through worse situations in the past.

Clinician: Now that we read through this all, I'm really curious to hear from you if you have any thoughts on any of these concepts and whether they're relevant to your mental health symptoms or connected at all to some of your coping skills.

Group Member: Yeah, I'd say the line about the concept of life being a test means a lot to me. Like, sometimes I think that God puts people through challenges, like with me anxiety and depression because he knows that we should be strong enough to deal with it. And by overcoming it, we're showing the glory of God. So that kind of gives me a little bit more hope and makes it feel like it has meaning.

Clinician: I really appreciate what you're saying because, you know, it can be helpful to use spirituality to reframe some painful or hard experiences into one that has a little more meaning or understanding for us. What about for other folks on?

Group Member: I guess the concept of everything happening for a reason has made me feel better and worse, if that makes sense. Like when I look back at everything, all the struggles that I've overcome, that makes me feel good. But at the same time, I see all of the injustice in the world, and I can't rationalize that.

Clinician: Yeah, and you're not alone with that. This is something that we hear a lot of. May I ask you, when you say that there are people who are suffering, are there specific people you're referring to?

Group Member: I guess that there's so many children that starve and so many people that get illnesses for no reason.

Clinician: Yeah, I'm wondering how do you make meaning of it personally?

Group Member: Maybe I can't see the meaning in it now, but in the grand scheme of things, this needs to happen in order for something greater to happen.

Clinician: That's a big question. You can definitely keep thinking about it. I'm wondering if or for other folks in the in the group have has anyone identified maybe one of these concepts that you might want to use as kind of a go-to coping skill for what your experience is, especially if it's painful or hard?

Group Member: I really like the statement. I think it's permanent and that really resonates with me. I think because I feel a lot of feelings of panic and anxiety and then those do eventually pass. So, I don't know, this is really part of organized religion, but it's definitely like meditate. You have to sit and think about how these feelings are transient, suddenly has a spiritual aspect to it.

Clinician: Yeah, thank you so much.

Handout Two (Spiritual and Religious Coping and Treatment)

Dr. David H. Rosmarin: The spiritual religious coping in treatment hand out goes over different spiritual practices that many individuals use to cope with the stress. Let's see it in action.

Clinician: Now we're going to switch gears and go to a second handout on spiritual or religious coping and treatment. This is a menu of spiritual activities that people have found to be helpful as part of their routine to help with mental health symptoms. I'll be passing this out so you can take one and pass it.

Clinician: We will read through this out loud together and some of these activities are ones that you might be using already. Some of these you might be interested in trying and some of these you might have tried and it's just not for you. And that's okay. But why don't we go through this out loud together and see where our discussion goes?

Who would like to read the first section, please?

Group Member: Yeah, I'll go first. Handout Two (Spiritual and Religious Coping and Treatment). Many people draw upon spiritual and religious beliefs, attitudes or practices to reduce emotional stress. Since this domain can give meaning to suffering and make it more bearable, the following are examples of spiritual religious activities that you may wish to integrate in your treatment. Prayer. Prayer involves speaking from the heart to once higher power. Prayer can be formal and structured or spontaneous. Here are four types of prayer. One Thanks. Example Thank you for the sandwich I had for lunch today to praise. It's amazing how many types of apples there are. Free conversation. I feel really angry right now that I got a speeding ticket for Quest. Please help me get to my appointment on time.

Clinician: Would like to read the next section?

Clinician: Yeah, I'll do it. Meditate on a coping statement. Pick an inspiring quotation that is personally meaningful and write it on an index card and repeat it over to yourself throughout the day. Seek religious support. Speak to your clergy, family or friends about spirituality or religion. Sacred texts. Reader. Listen on C, D or MP three to passages from the Bible, Torah, Koran, or other sacred texts.

Clinician: Thank you. Can I have a volunteer for the next section, please?

Group Member: Forgiveness of others. Try to forgive those who have wronged you in the past. Think about what they have done to you. And find the strength to let go of your hurt you feel in your heart. Good deeds. Perform good deeds by helping others in need. Religious framing. Think about what your faith might have to say about the problems you are now facing.

Clinician: Thank you. May I have a volunteer for the next section, please?

Group Member: I'll go. Count your blessings. Think about free things you are grateful for each day. Finding the meaning. Focus on something that is meaningful and important to you despite your suffering. Yoga and meditation. Spend a few minutes practicing yoga or meditating.

Clinician: All right. So now that we've read through this handout together, I'd love to hear from all of you if there are any activities on this page that you feel could be helpful for coping with your mental health symptoms.

Group Member: I guess I could pray more. I usually feel better after I pray a little bit more calm, a little more connected. I guess something else that I could do that's on the list is like try to go to church more easily. When I go to church, I feel a little less lonely because there's a lot of people there and they really encourage a sense of community.
Clinician: You've identified two spiritual coping skills. One is it sounds like you feel better once you pray. Perhaps incorporating more prayer into your routine could be helpful. And also, you mentioned the connection to two other people, and we know that that's crucial in mental health and a spiritual community can definitely provide that. I'm curious about others. Are there other activities on this page that that you can relate to?

Group Member: I think yoga jumps out for me. I know it's not necessarily religious, but I definitely think that it could be helpful to me. If you take care of your body and you take care of your mind. I think that could be kind of for me in place of prayer.

Clinician: You'll notice on this page that there are activities that are really explicitly religious and there are those that are more spiritually based and things that we may find spiritual might not necessarily be considered religious. And that's okay. If it's something that is meaningful for you and provides a sense of purpose and connection, that's great. What about for others? Any other activities on this on this page that you identify with?

Group Member: I don't know about all that, but I guess it could help to perform good deeds. Feels nice knowing that you made a difference.

Clinician: Absolutely. Being there for others and helping others can definitely have an effect on our mental health and on our mood.

Handout Three (Spiritual and Religious Struggles)

Dr. David H. Rosmarin: Handout Three is entitled Spiritual and Religious Struggles. As the title suggests, this involves reviewing common spiritual struggles that individuals might experience that could contribute to their mental distress. When using this handout, clinicians might feel a knee jerk reaction to try to put out the fire by helping to reduce the struggle. Our experience has found that it's generally better to reflectively listen and to explore with patients how they feel instead of restructuring or responding to the content of the struggle.

This approach involves giving patients a safe space to share more about their struggles and also to be empathic to them as they describe what they're going through. Let's see what Handout Three looks like in practice.

Clinician: Now we're going to do another handout, and this one is on spiritual or religious struggles. And these are common struggles that people have identified as something that they experience and that might be affecting their mental health. And you can take one and pass it.

Again, some of these spiritual struggles might be relevant to you and others, not so much. And what we'll do is we'll read through this page together and see where our discussion takes us. May I get a volunteer to start reading, please?

Group Member: I guess I'll go. Handout Three (Spiritual and Religious Struggles). Spirituality and religion are often a source of solace, but they can also be a source of strain. The following are examples of spiritual struggles that you may be experiencing. These are on your mind. You may wish to discuss them with your clergy, family, friends, others from your faith community and or your treatment team.
Clinician: Thank you. Who would like to read the next section?

Group Member: Yeah, I do it. Interpersonal spiritual struggles, excessive religious guilt, feeling overly blameworthy for one's sins, moral injury, feeling conflicted. Did I break my moral code? Religious self-loathing. Hating oneself for religious reasons. Religious failure. Feeling incapable of reaching religious standards. Spiritual constraint. Feeling that one's physical needs are a barrier. Spirituality, existential crises. Questioning our purposes in life. Why am I here?

Clinician: May I have a volunteer for the second section? Interpersonal spiritual struggles?

Group Member: I can do interpersonal spiritual struggles: lack of religious support, feeling unsupported by clergy or faith community faith. Community rejection: feeling excluded or ignored by one's religious community. Religious disagreement: questioning or feeling disappointed with religious leadership or teachings. Creating religious boundaries: avoiding or ignoring clergy or faith community members. Counterfeit religiosity: feeling that others are religiously inauthentic, religious betrayal or harm, feeling, deceived, wronged or hurt by religious individuals.

Clinician: Thank you. May I have a volunteer for the third section? Divine Spiritual Struggles.

Group Member: I guess I can go again. Divine Spiritual Struggles. Passive religious deferral: expecting God to solve one's problems without exerting any personal effort. Reappraisal of God: feeling that God has limits or cannot provide assistance. Demonic appraisals: believing that the devil is responsible for one's situation or punishment or appraisals. Feeling or coerced by the divine. Spiritual. Just content. Feeling abandoned or unloved by God. Anger towards God. Feeling deceived wrong or hurt by the Divine.

Clinician: Now that we've read through this handout together, I'm wondering if any struggles here on this page are relevant to your own experience.

Group Member: I see some divine spiritual struggles. There's a lot of evil in this world, and it feels like there's a lot of negative forces out to get me. Sometimes it feels like I'm fighting a losing battle because I'm not strong enough to go against all that there is in the world.

Clinician: It can be really frustrating when there are forces that affect our situation that we can't control. Is there anyone that you feel comfortable talking to about this?

Group Member: I could talk to my therapist. He's helped me before when I've felt like I've been a curse.

Clinician: Thank you. does anyone else want to share?

Group Member: I can go, I find myself having a lot of interpersonal struggles. Like, I think I believe in God, but, like, after being abused by in the church, I just feel very betrayed. And then the church handled it so poorly that I just also feel really, like, abandoned. And I just don't feel as though I have a community to turn to. I guess like it's something I could talk about with my family or my friends, maybe.

Clinician: I'm so sorry that that happened to you. It can be helpful for some people to talk to family about that. Would anyone else like to share?

Group Member: I guess sometimes I feel a lot of guilt, like I'm not living up to God's standards of a good Christian because I think things that I shouldn't or I want things that aren't really kind or not really good. And sometimes when I feel like I'm letting God down, that can make me feel depressed. And it's kind of tough to live that way.

Clinician: And do you feel like that's something that you could talk to, maybe your family or your therapist or your spiritual leader?

Group Member: I guess I could talk to my religious leader about it whenever I felt bad before I talked to him, and I usually feel better.

Clinician: Yeah, I might be a really good idea. Sometimes we do feel better when we talk to people who are supportive.

Handout Four (Meditating on the Psalms)

Dr. David H. Rosmarin: As I mentioned before, Handout Four (Meditating on the Psalms) might not be appropriate for all groups, since it is specific to a Judeo-Christian text and it's not all inclusive. At the same time, many patients from Christian and Jewish backgrounds need this specific form of religious support, and the handout can be very helpful to include when all or the vast majority of patients seem to need such an approach. Let's see it in action.

Clinician: Here is another handout and it's Meditating on the Psalms. These are excerpts from the Psalms that some people find as helpful when they need a little infusion of hope. You can take one and pass it. We will read this out loud together and some of this might resonate with you. Some of this might not. We'll see where our discussion goes. May I have a volunteer to read first?

Group Member: I'll go first. Handout for Meditating on the Psalms. When looking for hope, comfort and encouragement, the Biblical Book of Psalms is full of ancient words of wisdom. Some people pray the Psalms regularly, while others memorize a few verses four times when

they need an infusion of faith. The following may be relevant to you. Psalm 18: “The Lord is my rock. My fortress. My deliverer. My God is my rock. And whom I take refuge. He is my shield and the horn of my salvation, my stronghold.” Psalm 23: “The Valley of the Shadow of Death. Even though I walk through the valley of the shadow of death, I will fear no evil. For you are with me. Your rod and your staff. They comfort me.”

Clinician: Thank you. Can I have a volunteer for the next section, please?

Group Member: Psalm 28: “The Lord is my strength. The Lord is my strength. And my shield, my heart. Trust in Him. And I am helped. My heart leaps for joy. I will give thanks to him in song.” Psalm 31: “Turn your ears to me. Turn your ear to me. Come quickly to my rescue. In my rock of refuge. A strong fortress to save.” Psalm 32: “You will protect me. You are my hiding place. You'll protect me from trouble and surround me with songs of deliverance.”

Clinician: Thank you. Who would like to read the next section, please?

Group Member: I can do it. Psalm 34: “The Lord helps the broken hearted. The Lord is close to the broken hearted. And saves those who are crushed in spirit.” Psalm 34: “Take heart, be strong and take heart. All you who hope in the Lord.” Psalm 46: “God is our refuge. God is our refuge and strength. An ever-present help in trouble.”

Clinician: Thank you. And who would like to read the last section, please?

Group Member: I could do it. Psalm 68: “He bears our burdens. Praise be to the Lord. To God. Our Savior. Who daily bears our burdens.” Psalm 73: “God is my strength. My flesh and my heart may fail, but God is the strength of my heart and my portion forever.” Psalm 103: “God's benefits. Praise the Lord, oh my soul, and forget not all His benefits. Who forgives all your sins and heals all your diseases? Who redeems your life from the pit and crowns you with love and compassion? Who satisfies your desires with the good things so that your youth is renewed like the Eagles?”

Clinician: I'm wondering if there are any excerpts here on the page that resonates with you?

Group Member: I actually really like the line, “…as I walk through the Valley of the Shadow of Death.” I mean, I know it's played out a lot, but to me it just really shows that no matter what mistakes I make or how tough that it gets. God's always with me and that even when things look the darkest, I'm not in it alone. And, I guess that gives me the strength to keep walking.

Clinician: Yeah, that's a really great point that for some people, religion can help us feel stronger and feel like we are able to cope with what's on our plate. Does anyone have any other excerpt that resonates with you?

Group Member: I really liked the excerpt of “How the Lord helps the broken hearted.” I think people like look at religion and oftentimes they think of it as something that defines, but it's like nice to know that, like, God loves everyone. You know, that He doesn't discriminate. And then it's like also helpful to me because people in my church, like, treated me really terribly. And so

then it's just, you know, it's good to it's comforting to me that they don't live in accordance with God.

Clinician: That's a really beautiful point as well. And, it is important to be able not only to process the hurt and the pain that we've experienced, but also to focus on verses that might give us some hope or meaning, making us. Does anyone else have anything they'd like to share? No, that. It's totally okay. You're not required to share here.

Handout Five (Sacred Verses)

Dr. David H. Rosmarin: Handout Five is entitled Sacred Verses. This handout contains excerpts from a broad range of spiritual and religious traditions. Typically, the handout can be used as a springboard for discussion, which patients tend to find useful and also engaging. Let's see this handout in practice.

Clinician: Here is another handout on sacred verses from a variety of different sacred traditions. And again, we'll read this out loud together. We can take one and pass it. We will go around and read this together again. Some of these might resonate with you, and some of these might not see where we go with our discussion. May I have a volunteer to read the first section?

Group Member: Okay, I'll give it my best shot. Handout Five (Sacred Verses): Most religious traditions (e.g., Christianity. Judaism, Islam, Buddhism and others) have sacred texts which contain uplifting messages and can challenge distorted thinking patterns. The following collection is organized by theme and may be relevant or helpful to managing your symptoms. Faith: The great deep engulfed me. Weeds were wrapped around my head. I descended to the roots of the mountains. The earth with its bars was around me forever. But you have brought up my life from the pit. Oh, Lord, my God. While I was fainting away, I remembered the Lord. And my prayer came to you into your holy temple (Jonah 2:5-7). Blessed are you who are poor. For yours is the Kingdom of God. Blessed are you who are hungry now. For you will be filled. Blessed are you who weep now for you will laugh (Luke: 6:22). Allah does not burden a soul. Beyond that, it can bear (Quran 2:286). It may be that you hate a thing that would be good for you, and it may be that you love a thing that would be evil for you also knows and you know, not (Quran 2:216). No blame lies on the weak, nor on the sick, nor on those who find not to spend if they are sincere to Allah and His messenger, there is no cause of reproach against those who do good deeds, and Allah is most forgiving, merciful (Quran 9:91). O Divine Mother. Our hearts are filled with darkness. Please make this darkness distant from us and promote illumination within us (Rig Veda 10.16.3).

Clinician: Thank you. I have a volunteer for the next section.

Group Member: Yeah, I can go next. Self-compassion. If I am not for myself, who will be for me? (1:14). A man's own self is his friend (Bhagavad Gita 6.3). There is more happiness in doing one's own path without excellence than doing another's path. Well. (Bhagavad Gita 3.35). Drop by, drop the water pot is filled. Likewise, the wise man gathering it. Little by little fills himself with good dharma, but that the human body at peace with itself is more precious than the rarest gem. Cherish your body. It is yours. This one time only. We will develop and cultivate the

liberation of mind by loving kindness. Make it our vehicle, make it our basis, stabilize it, exercise ourselves in it and fully perfected some U-turn.

Other Group Member: There isn't shame in having shadows. We all have them to varying degrees. It's simply a part of being human (Wicca). Timothy Roderick, Peace. Be anxious for nothing but in everything by prayer and supplication. With Thanksgiving, let your request be made known to God and the peace of God, which surpasses all understanding, will guard your hearts and minds. Philippians 4:6-7, Peace. I leave with you my peace I give to you. Not as the world gives do I give to you? Do not let your heart be troubled nor let it be fearful. John 14:27, May he protect us both together. May he nourish us together. May we work conjointly with great energy. May our study be vigorous and effective. May we not mutually dispute? Or may we not any own. Let there be peace in me. Let there be peace in my environment. Let there be peace in the forces that act on me. The Shanti Mantra, Oh Almighty, you are the infinite. The universe is also infinite from infinite. The infinite has come out having taken infinite out of the infinite. The infinite remains our mighty may there be peace, peace everywhere each of us open the shot one.

Clinician: Thank you. I have a volunteer for the next section.

Group Member: I can do it. Courage. Be strong and courageous. Do not be afraid or terrified because of them. For the Lord, your God goes with you. He will never leave you, nor forsake you due or out of me (Deuteronomy 31:6). For God has not given us a spirit of timidity, but of power, love and discipline (2 Timothy 1:7). Do not fear. For I am with you. Do not be afraid. For I am your God. I will strengthen you. I will help you hold you with my victorious right hand (Isaiah 4:10). Whoever is patient and forgiving, these most surely are actions due to courage. (Surat Ash-Shura 42:43). And they praised her for her courage. They told her that to rise, she must fall to become the chief of goddesses. She must become Immortal Arabia Gospel, the Temple of Diana. I know the plans I have for you, says the Lord. Plans for your welfare and not for harm, to give you a future with hope (Jeremiah 29:11). May the God of Hope fill you with all joy and peace as you trust in Him so that you may overflow with hope by the power of the Holy Spirit (Romans 15:13). Look to this day for it is life for you. Yesterday is but a dream and tomorrow is only a vision. But today well lived Makes every yesterday a dream of happiness. And every tomorrow a vision of hope (Sanskrit proverb). While human beings are often cut off from experiencing deep and ever-present connection between themselves and the universe, that connection can often be regained through ceremony and community. The energy you put in to the world comes back, drawing down the moon (Margot Adler).

Clinician: Well, now that we have gone through this hand up together, I'm wondering if there are any quotes that resonate with you.

Group Member: Yeah, I actually really like the Sanskrit proverb. It doesn't mention God or anything, but it talks about being in the present, and I think that's just good advice. So, I'm something to trying to do more?

Clinician: Yeah, that definitely is something that we try to promote this idea that we can be mindful and focusing on the present for sure. Who else would like to share?

Group Member: I would. I really liked the Margot Adler quote. I thought that was really, really beautiful. I really like the end that like the energy that you put out comes back to you.

Clinician: Do you think that this quote from Wicca relates to your own symptoms or your own treatment at all?

Group Member: I think it's pretty pertinent to my treatment. I think the more that I'm put in, then the more that I get out and I definitely could put in more.

Clinician: Thank you for sharing. Who else has something they'd like to share?

Group Member: Yeah, I guess I will. I really like the Luke quote because I think it shows. What's so great about Jesus is that it doesn't matter if you're strong because the weak will inherit the earth. I particularly like the line that blessed are you who weep now for you will laugh at something. And I think I can take with me the treatment because like even though things feel bad now, I will laugh.

Group Member: In the future, things will get better.

Clinician: Wonderful. Thank you.

Handout Six (The Power of Prayer)

Dr. David H. Rosmarin: Handout Six (The Power of Prayer) discusses prayer as a mental health resource. This handout is non-directive, and its intention is to help patients consider questions about how, when and what they pray for and more importantly, how prayer might impact their mood in beneficial and maladaptive ways. Let's see this in action.

Clinician: This next handout is on the power of prayer, because prayer can be a powerful mental health resource, especially when it comes to spiritual struggles. The questions that will read out loud on this sheet will help us think about how we each pray if we do, and its impact on our mood. Whether that be a positive or a negative impact can take one and pass it.

Clinician: Why don't we read this handout out loud together and see where it takes us? May I have a volunteer to read first?

Group Member: I'll go, Handout Six (the Power of Prayer). Prayer is a way of drawing close to a spiritual reality, instilling a sense that we are not alone and recognizing the limits of our control. For these reasons, prayer can have a powerful effect on our mood in both positive and negative ways. The following questions about prayer may be helpful to consider as you manage your symptoms.

Clinician: Thank you. Would someone like to read the opening questions.

Group Member: Opening questions: What do you pray for? To express gratitude or praise. To request help for yourself or others. To converse with your higher power. To ask for forgiveness.

To cope with distress. How do you pray? Scripted from a text scheduled spontaneous, communally or contemplative way like meditation.

Clinician: May I have someone read the next section, please?

Group Member: I can do it. Discussion questions. When you pray, what happens to your relationship with yourself? What happens to your relationship with others? What happens to your relationship with your higher power? What happens to your mood? Do you feel more or less helpful? Do you feel more or less happy? Do you feel more or less anxious?

Clinician: May I have someone read the last section, please?

Group Member: I can do it. Do you use prayer to cope? Do you pray? Times of joy, sadness, anxiety, pain? Do you pray when you are healthy? When you need healing? Do you struggle with prayer? Is your prayer driven by anxiety or obsessions? Is your prayer driven by hopelessness or depression? Is your prayer driven by thoughts that are not based in reality?

Group Member: Do you feel any obstacles when you pray? Do you feel that your prayers are heard?

Clinician: Thank you, everyone, for reading. Now again, you are not required to use prayer and it's absolutely okay if this isn't something that is part of your experience. But that said, I'd like to go around and see, you know, for those of you who do pray, what do you pray for and how do you pray? Would anyone like to share?

Group Member: I guess I will. I mean, I pray a lot. Yeah.

Clinician: Thank you. I'm wondering if you can say more about that. What do you pray for?

Group Member: I guess like I pray for different things. Sometimes I pray like to give thanks. A lot of times it's because I feel like I need help from God, whether it's to help me get through something or help someone I care about. But other times it's for like forgiveness.

Clinician: And is that more scheduled or is it more spontaneous?

Group Member: More spontaneous? It's usually like I'll feel stressed, and I want to pray or the other times it's like I had a bad fight and I feel like I need to pray for forgiveness. And then I just kind of think about that and thought, Hmm.

Clinician: When you pray for forgiveness, do you feel better, or do you think you feel more stressed?

Group Member: I guess I usually feel more stress because I'm just thinking more and more about what I did wrong.

Clinician: Well, it's really important to recognize when we use prayer to cope and when prayer might be done out of compulsion. When you say that, when you pray, your distress kind of increases rather than decreases. I'm wondering how you make sense of that.

Group Member: I guess I'll try to pray more out of gratitude and less stress and forgiveness.

Clinician: And that might be something for you to explore a little bit. Let's open it up to other folks. What would other people like to share about how and when they pray? If you do.

Group Member: Yeah, I guess I pray when I'm scared or concern for someone I care about. So, usually it's more spontaneous.

Clinician: And how do you feel when you pray or after you pray? Do you feel relieved? Do you feel distressed?

Group Member: I guess I feel more relieved. I know that nothing I do can change the outcome, but I feel more comfortable that I'll be okay no matter what.

Clinician: That's something that we hear often, that it can be common for prayer to bring a sense of peace. Even if we don't identify as being religious. Would anyone else like to share where they're at with prayer? No, that's totally okay. You're not required to share here. Thank you.

Handout Seven (Forgiveness)

Dr. David H. Rosmarin: And finally, Handout Seven pertains to forgiveness. This resource aims to introduce the topic of forgiveness and provide patients with some initial strategies that might be helpful to them. Let's see this one in action.

Clinician: Here is another handout, and it's on the concept of forgiveness. Forgiveness is about letting go of resentments, and it can be really challenging. Probably one of the hardest things we have to do as humans. This handout is meant to be kind of an introduction to this really big topic. And what we'll do is pass this out and we'll read it out loud together.

You can take one hand out and pass it. All right, who would like to read the first section?

Group Member: Forgiveness involves releasing feelings of resentment. It is about finding peace and regaining personal power when others have caused harm without minimizing or invalidating your own experiences. Forgiveness can bring us peace of mind and free us from anger. Forgiveness can be complex, and it can be challenging to let go of deeply held feelings. If you're struggling to forgive something or someone, speak to your clinical team. In the meantime, the following may be helpful to you. You can forgive yourself past behavior, your mental health struggles, others past or present, your higher power.

Clinician: What someone like to read the next section, please?

Group Member: I can read five parts of forgiveness. One: Recall your hurt. Identify Your emotions that are at the root of the issue. Explore how your emotions impact your life. Two: Empathize, try to identify a plausible reason for the others' actions. No, you do not need to justify the behavior in any way. If you are not yet ready to forgive practice of compassion by giving yourself permission to take however much time you need. Three: Decide to forgive. Make a decision to forgive by letting go of anger and resentment. Whether or not forgiveness is deserved. Focus on your ability to forgive, not their capacity to change. Consider what your spirituality or religion has to say about forgiveness.

Clinician: Someone like to read the next section?

Group Member: I could do it. Four: Commit to forgive. Many times, forgiveness is not a one-time decision, but a process. You may need to work on it over time. Similarly, forgiveness is not often a linear process, so our ability to forgive may fluctuate over time. On days where you struggle to remain forgiving, reinforce self-compassion and self-acceptance. Five: Establish a new normal. Try to rebuild trust with yourself, others, and or your higher power where it is not safe to rebuild trust. Redefine your relationship with yourself, others, and or your higher power.

Clinician: Would anyone like to share if there's something that you're thinking about forgiving? Either something from yourself or from others. Or from a higher power.

Group Member: I guess I'd like to forgive myself more. A big part of my religion is that God forgives you. But it's really hard in practice to forgive yourself.

Clinician: Yeah, we are our worst critic. Are you more committed now to being kind to yourself, or is it still a real struggle?

Group Member: I guess it's something I'm kind of struggling with, but I'm committed to change and try to be a more kind to myself.

Clinician: Yeah, that's definitely the start. Thank you. Who else would like to share?

Group: I guess it's not specific, but I think I need to forgive more in general to myself, to others. I just get angry a lot, so it can be really challenging to be forgiving.

Clinician: Are there any strategies that you think that you could use?

Group Member: I'm working with my therapist on that, but I guess it's just telling myself that people aren't out to get me. Everyone's human, that kind of stuff.

Clinician: Yeah, for sure. Thank you. Who else would like to share?

Group Member: I don't think I'm in a place to forgive yet. I just. I was abused by the first person. Protect me, and I still feel a lot of hurt from that.

Clinician: And that is absolutely okay. We all move at our own pace.

Conclusion

Dr. David H. Rosmarin: It is important for clinicians to make sure that they save enough time to provide for a proper conclusion at the end of the SPIRIT session. Typically, just 2 to 5 minutes is enough, but it's better to end the session early and ensure that patients have enough time to ask final questions and to run out of time. During the conclusion, clinicians should recap some of the main themes that were touched upon during the SPIRIT session, and also make sure to mention a couple of important points.

First, it's important to emphasize that spirituality and religion can be relevant both in positive and negative ways for many individuals. Some people find this area life to be both a resource and a struggle. It's also important to mention, especially for individuals who work in hospitals and have a chaplain, it can be helpful to offer spiritual care services to patients.

As a follow up, it's important to encourage patients to continue to discuss spirituality and religion with their treatment providers and to see SPIRIT as a start, not an end to their spiritual care. This is particularly relevant to aftercare planning, since spiritual and religious communities can be very supportive to psychiatric patients after, they're discharged from hospital settings. Let's see the conclusion in action.

Clinician: We have seen that spirituality and religion can be both relevant to mental health and to distress. These SPIRIT groups is one way to provide spiritually integrated psychiatric care. We also have an interfaith chaplain here in the hospital, and she can provide one on one consultations. If that is of interest to you, please let your treatment team know and they can arrange for that to happen. Also, we would just encourage you to talk to your treatment team if spirituality and religion is important to your own experience. We want to make sure that we see you as a whole person and know all the information that we need to know in order to incorporate it into your treatment plan or into your discharge plan.

Tips and Tricks

Dr. David H. Rosmarin: That brings us to the end of the SPIRIT Group materials. As in any group therapy with acute psychiatric patients, though, difficulties can come up. The rest of this video will discuss common issues that might arise when delivering SPIRIT. First, it's important for group leaders to put effort and skill into reinforcing patients when they participate actively. Refocusing patients who are more quiet and redirecting patients who dominate this discussion or seem to be off topic.

Sometimes patients might venture into spiritual or religious ideas that have nothing to do with the group or the specific topic at hand. In SPIRIT, this often happens when, in part one of the group, when patients are asked that open ended question How is your spirituality relevant to your mental health? While it's important to support patients broad spiritual needs, it's also important to maintain the group structure as much as possible for the sake of all the patients present.

To that end, sometimes patients need to be gently nudged back on track. Here are some good transitions to facilitate this. A clinician could say to a patient, If you don't mind, can you discuss

how that aspect of your life affects your mental health or something along the lines of, That's interesting, but you're touching on a new topic. Could you speak about how that aspect of your faith affects your mental health and your treatment? Let's see this in practice.

Group Member: I mean, it's a global conspiracy, right? The church, the government, corporations are all out to get us and control our lives.

Clinician: So that's interesting. But it's kind of veering on to a new topic. I'm wondering if you could say more about how religion directly affects your own mental health.

Group Member: I think I just had so many negative experiences with religion that I just I have a hard time trusting people, really, in organizations.

Dr. David H. Rosmarin: Other times, although this is very rare, patients in the group might argue a bit with each other. This can distract from the group discussion and also it could impact decorum the unit. In situations like this, it's great to just redirect the conversation to be less confrontational and more collaborative. For example, you could say something like It seems that different patients in this group have had different experiences and how religion has affected their lives. Could anybody who has not talked yet share their personal experiences? Let's see that in practice.

Group Member: The best thing about Christianity is it gives a code to live by. As long as I follow the rules, I know that everything's going to be okay. Whatever does happen is part of God's plan and happen for a reason and was for the best. I really can't believe you believe that. Where was I, Christian love when my best friend got kicked out of his parents' house for being gay?

Group Member:
I can't believe you think that everything happens for a reason when so many people suffer unnecessarily. My mom passed away in a car crash. Was that part of God? No, no, no. I'm just saying that, like, I think God loves everyone and that everything's part of a grand.

Clinician: Thank you both for sharing where you're at. Remember that not everyone's experience with spirituality or religion is going to be the same. I'm wondering if anyone else here in the group has anything that they'd like to share.

Dr. David H. Rosmarin: Another common issue is that many SPIRIT patients will describe struggles with their faith as mentioned previously, clinicians may feel the need to provide patients with a more positive spiritual perspective as an attempt to reduce their struggles. However, such an approach can backfire for a couple of reasons. First, spiritual struggles are sometimes serious, and patients may not respond well to alternative perspectives.

Second, and more important, patients with spiritual struggles generally benefit the most when they are simply listened to. In many cases, patients have not shared their struggles with anyone. They often keep struggles from their faith communities because of shame. And mental health professionals tend to shy away from matters of faith. As such, when patients articulate their

spiritual struggles, it's important to allow them to talk. Giving patients a safe space to speak about their struggles is a tremendous gift. Let's see this in practice.

Group Member: I don't say this a lot, but sometimes I feel like I'm first. I curse by God because of the bad things I've done in the past. And, you know, I know there's no proof and maybe some people would say it's not logical, but I feel a lot of stress about this. And it's tough that I feel like I can't talk to about this to my therapist or anymore.

Clinician: This is a space to go more into this. If you feel comfortable.

Dr. David H. Rosmarin: While it's important to allow patients to speak about their spiritual struggles, sometimes patients may go into too much detail about topics or experiences, and they might trigger others in the SPIRIT group. Clinicians need to be mindful of this. In such situations, it's important to be to the patient sharing and to encourage them to discuss the matter privately after the SPIRIT session.

This can serve as a gentle reminder that what they're sharing might cause distress to other people. For example, a clinician could say something like, Thank you so much for being brave and for sharing your experience with this group. What you're seeing is very important, but this is a better discussion for a one-on-one session, since it seems to be upsetting others who are here. Could we talk about this later outside of the group? Let's see this in practice.

Group Member:
It just it just hurts so much like I was. I was only 12 when he first gave me the sacraments online and then asked me to give him a massage.

Clinician: I'm going to have to pause you here. First of all, thank you so much for being brave and bringing this into this space. What you're saying is so important, and I'd encourage you to bring it up in individual therapy or you and I can talk privately after group, whatever it is that you feel comfortable with at times.

Dr. David H. Rosmarin: Some of the patients in the group might talk about abuse that they've experienced in religious settings. Unfortunately, this tends to be a fairly common theme in SPIRIT groups.
Since patients who attend are in acute distress. It's important to be sensitive to this topic and to acknowledge the pain that people are in, but also to ensure that such discussions don't take over the entire group.

Group Member: I have a lot of anger against religion going to a Catholic high school as a gay person made me hate a fundamental part of who I am. Gay couples were in a lot at prom. My friends and I were ostracized by our peers and forced to talk to priests about our sexuality. And in the worst settings, we were hit on our knuckles with rulers.

Group Member: Obviously, this didn't do much to change anything about who I was as a person, and now I just can't tolerate religion the same way.

Clinician: Thank you for sharing. Religious abuse is never okay. I'm really glad that you felt comfortable to share that here in this space.

Dr. David H. Rosmarin: Just like any other psychotherapy group in an acute psychiatric setting. Patients who attend SPIRIT groups will vary in how much they are able to attend to the material. Sometimes psychotherapy in a psychiatric ward is disjointed or even chaotic, regardless of the topic discussed. For these reasons, it's a good rule of thumb to keep things structured and educational, especially when the group seems less stable.

Clinician: So how is your spirituality or religion connected to your own mental health?

Group Member: I think spirituality is not just important to mental health, but to all health, you know, everlasting health, afterlife health. You got to see the movie God's Not Dead. It's such a moving story and it's completely true. That movie isn't real. I heard that story didn't actually happen. No, you're wrong. I mean, it's 100% true. Look, I can show you just before you do.

Clinician: Right now, we are just going around and sharing how spirituality is connected to our own mental health. You're welcome to share any way that you feel your faith frames your mental health.

Dr. David H. Rosmarin: There are some cases where patients might be stuck in religiously themed delusions just, as one would do with non-religious symptoms. It's important for clinicians not to get trapped into arguing about what is and is not real. At the same time, it's also important to acknowledge situation to the group and to use psychoeducation. For example, clinicians could share as follows.

What you're describing sounds more like a religious symptom than an aspect of religion. And religious symptoms include delusions or obsessions that have spiritual themes. Clinical science suggests that religious symptoms are the same as non-religious. Some people assume the identity of political figures. Others assume the identity of religious figures. And in either case, the symptoms that are that of a mental disorder, even if they might resemble religion in some way.

Let's see what this looks like in practice.

Group Member: God directly tells me who is good and who's bad and when I'm alone I can see angels. And they translate his coded messages through the newspaper....

Clinician: In some cases, spirituality or religion can influence the way that symptoms manifest. Now, spirituality and religion do not directly contribute to the problem, rather than religious individuals experience mental health symptoms. Those symptoms can have religious themes. I'm wondering, knowing this information, how do you make sense of this experience?

Dr. David H. Rosmarin: One of the most important aspects of SPIRIT is that it allows patients to see that their experiences are shared with others. To that end, it can be helpful to draw connections between what different patients have said in order to clarify the general themes that arise in the session. Let's see this in practice.

Group Member: I was just raised in a really religious family, right. And I suffered a lot of abuse and I had a lot of problems. And as a result, I've gone down like horrible, bad paths. So I just have a really hard time trusting, like religious organizations like AA and stuff like that. It just stunned me wrong in the past.

Clinician: Yeah, it sounds like religion has historically been a source of trauma for you, and that makes it hard to trust any religious organization. This is actually similar to what some other folks here have been saying. I'm wondering if anyone else would like to share on what we're talking about.

Group Member: Yeah, I've had some pretty bad experiences. Religion overall, I feel like organized religions have been very hostile to me. Being a gay person and being religious is very stressful and I wish I just had more like loving experiences with religion.

Clinician: I am so sorry that you went through this. You know, prejudice and discrimination is never okay. And, unfortunately, it can happen in many settings, religious or otherwise. And these experiences pain are absolutely valued. And it's understandable how they've changed your worldviews.

Dr. David H. Rosmarin: Thank you for going through this brief training in SPIRIT You should now understand the rationale behind SPIRIT. How to administer Part one. How to administer part two, how to pick appropriate handouts for the group, and how to deal with special issues that might come up. You will now be asked to take a brief quiz testing what have learned, and once you complete it, you will receive an official certificate.

Clinical Protocol for Spiritual Psychotherapy for Inpatient, Residential & Intensive Treatment (SPIRIT)

Group Title

- SPIRIT (Spiritual Psychotherapy for Inpatient, Residential & Intensive Treatment)

Length

- 30-60 minutes/session
- Stand-alone group session for inpatient/partial (intensive) settings
- Multi-session groups for residential settings

Objectives of Group

- To help patients explore/understand relationships between their spirituality/religion and mental health/distress, and the relevance of this domain to their treatment.
- To help patients identify concrete ways to address their spiritualty/religion in the context their overall treatment plan.
- To help patients identify spiritual/religious concepts they can utilize to bring about emotional change.

Handouts (Note: All handouts are <u>not</u> used during each session. Clinicians select which of these handouts to use in the course of the session.)

- Spiritual/Religious Beliefs & Reframes (cognitive)
- Spiritual/Religious Coping in Treatment (behavioral)
- Meditating on the Psalms (cognitive/behavioral)
- Sacred Verses (cognitive/behavioral)
- The Power of Prayer (cognitive/behavioral)
- Spiritual/Religious Struggles (behavioral)
- Forgiveness (behavioral)

Outline of Group and Timing of Handouts

Part I: Relevance of Spirituality to Symptoms/Treatment (12-25 minutes – 50% of group)

- Context: This group is a part of the Spirituality and Mental Health Program, a hospital-wide initiative to provide patients with spiritually-integrated, evidence-based care.
- Purpose: There are two purposes for this group: (1) to identify how spirituality/religion may be relevant to your symptoms (2) to identify how you can integrate spirituality/ religion into your treatment (concepts, and activities).
- Disclaimer (to read to patients): The purpose of this group is *not* to convert you or to give patients an opportunity to convert others. Along these lines, people have different faiths, so please be respectful to everyone's beliefs and practices.
- **Question: How is your spirituality relevant to your mental health?**
- Guide the discussion such that each patient has an opportunity to respond to this question. Gently redirect patients to provide a focused response. Try to find common themes among patients and point those out to the group.

- Typically patients will provide one (or more) of four responses: (1) Their symptoms may take on religious themes (e.g., religious psychosis, scrupulosity, hyper-religiosity); (2) Spirituality/religion may be a resource to them (e.g., providing solace, meaning, hope, or connection); (3) Spirituality/religion may be a source of strain and emotional pain (i.e., spiritual struggles); (4) This domain may not be directly relevant to their mental health.
- Frame for patients (psychoeducation): there has been a lot of research over the past 20 years on spirituality/religion and mental health, and the data suggest that there are three common responses:
    - On the one hand, spiritual/religious life can protect against mental distress by providing a framework for meaning, purpose, and connection with others, and by serving as a resource when coping with distress.
    - On the other hand, spirituality/religion can also be a source of strain for many people, and this can significantly exacerbate – or even contribute to – distress.
    - In some cases, spirituality/religion can color the way in which symptoms manifest. Note that in these cases, spirituality/religion does not directly contribute to the problem, per se. Rather, when religious individuals suffer from psychiatric disorders, their symptoms are more likely to have religious themes.

Part II: Addressing Spirituality in Treatment (Using 1-2 Handouts) (12-25 minutes – 50% of group)

- Introduce the section: Irrespective of how spirituality relates to your personal mental health, it can be helpful to draw upon spiritual resources in shaping our thoughts, behaviors, and feelings.
- Note to clinicians: The following handouts are a collection of resources that you can use with patients. Typically, only 1-2 handouts are used per SPIRIT group meeting. You may select any of these handouts to focus on in a given SPIRIT group session. Simply pick whichever ones you think are best for the specific patients who attend the group on a given day.
- Instruct patients: To these ends, here is a handout with a list of common spiritual/religious beliefs that can be used to challenge distressing thoughts [**Spiritual/Religious Beliefs & Reframes**]. Some of the statements may not be consonant with your belief system, but try to identify at least 1-2 that may be helpful.
    - Ask patients to read through the handout themselves and/or aloud, and identify beliefs that could be helpful to focus on in their treatment.
    - Facilitate a brief discussion with patients about how the beliefs they selected may be relevant to the symptoms they are experiencing.
    - Invite patients to concretely identify one belief they can use as a coping statement each day going forward.
- Instruct patients: Here is another handout with different spiritual/religious practices that many individuals use to cope with distress [**Spiritual/Religious Coping in Treatment**]. These are different behavioral strategies that have a spiritual/religious component. Again, some of the examples may not be appropriate or of interest to you, but try to identify at least 1-2 that may be helpful.

  - Ask patients to read through the handout to themselves and/or aloud, and try to identify religious coping strategies that could be helpful to focus on in their treatment.
  - Facilitate a brief discussion with patients about how the strategies they selected may be relevant to the symptoms they are experiencing.
  - Invite patients to concretely identify one strategy that they can use to cope with distress each day going forward, as part of their treatment plan.
- Instruct patients: Here is another handout [**Spiritual/Religious Struggles**]. This one lists common spiritual struggles individuals may experience, that could contribute to their mental distress. Again, some of the examples may not be relevant to you, however you may be experiencing one or more of these struggles.
  - Ask patients to read through the handout to themselves and/or aloud, and try to identify struggles they are experiencing.
  - Validate the struggles that patients vocalize!
  - Facilitate a brief discussion with patients about how the struggles they selected may be relevant to their symptoms.
  - Invite patients to concretely identify one individual they can approach to discuss these struggles within the next week – e.g., clergy, family, friends or other individuals in their faith communities, their treatment providers.
- Note to clinicians: The following handout is specific to Judeo-Christian beliefs, may not be appropriate for all groups.
- Instruct patients: Here is another handout with excerpts from the Psalms that many individuals use to pray or meditate on when they need an infusion of faith [**Meditating on the Psalms**]. Here too, some of the examples may not be of interest to you, but try to identify at least 1-2 that may be helpful.
  - Ask patients to read through the handout to themselves and/or aloud, and try to identify excerpts that could be helpful to focus on in their treatment.
  - Facilitate a brief discussion with patients about how the excerpts they selected could be helpful to address the symptoms they are experiencing.
  - Invite patients to concretely identify one excerpt from the Psalms they can use as a prayer or meditative phrase each day going forward.
- Instruct patients: Here is another handout with excerpts from a broad range of spiritual and religious traditions [**Sacred Verses**]. Again, some of the examples may not be of interest to you, but try to identify at least 1-2 that may be helpful.
  - Ask patients to read through the handout to themselves, and try to identify verses that could be helpful to focus on in their treatment.
  - Facilitate a brief discussion with patients about how the excerpts they selected could be helpful to address the symptoms they are experiencing.
  - Encourage patients to write down 1-2 phrases and to use them as coping statements throughout the day. Encourage patients to integrate these phrases into their expressive or creative arts therapy sessions in some way (e.g., making up a song with the words, or doing an art project related to the themes).
- Instruct patients: Here is another handout [**Power of Prayer**]. This one discusses prayer as a mental health resource, and also the potential power of prayer as it relates to spiritual struggles. The questions on the handout are intended to help us determine

what and how we pray, and more importantly how prayer impacts our mood in beneficial and maladaptive ways.
    - Ask patients to respond to the first section (Opening Questions) and facilitate a *brief* discussion. If patients say that they do not pray, reinforce that not all forms of spirituality are relevant to all patients. If relevant, use the following examples: Scripted (e.g., Lord's Prayer, Salat, Shema); Scheduled (e.g., part of a daily or weekly routine); Communally (e.g., religious services); Spontaneous (e.g., voicing our own thoughts, feelings, and emotions in the moment); Meditative (e.g., contemplative).
    - Then, facilitate a longer and more focused discussion on the latter section (Discussion Questions) to help patients identify the relevance of prayer to their mental health and treatment. If patients provide Yes/No answers to the questions, try to engage them in a discussion. If patients say that they struggle with prayer (e.g., they feel their prayers are not listened to), validate their feelings and convey empathy. When relevant, contrast the difference between using prayer to cope vs. compulsive/ruminative/delusional prayer. While both tend to increase due to distress, one is a way of coping with distress whereas the other is a manifestation of distress.
- Instruct patients: Here is another handout [**Forgiveness**]. Forgiveness involves releasing feelings of resentment. Since forgiveness can be very challenging to implement, this handout is only meant to *introduce* the topic at hand, and provide some initial strategies that may be helpful.
    - Ask patients to consider who they would like to forgive in their lives (e.g., themselves, their mental disorders, others from the past, others in the present, their spirituality).
    - Read through the five parts of forgiveness.
    - Facilitate a brief discussion with patients about where in the process of forgiveness they are holding with respect to a specific issue (e.g., are they able to recall the hurt? Are they able to empathize? Are they ready to decide to forgive or have they committed to do so? Have they established a new normal?)

Conclusion (2-3 minutes)

- In sum, spirituality/religion can be relevant to both mental health and distress for many individuals.
- McLean Hospital is proud to provide you with this group and other opportunities for spiritually-integrated care.
- If anyone would like to speak one-on-one about spirituality/religion, our **hospital inter-faith chaplain** is available. Please let your treatment team know so that they can request a consultation for you.
- We encourage you to speak to your treatment providers about spiritual/religious issues as they pertain to your symptoms and treatment, both while you're at the hospital and as part of your discharge plan.

Handout 1: Spiritual/Religious Beliefs and Re-Frames (Cognitive)

The following spiritual/religious concepts may be meaningful and relevant to you.

We are never alone.
- No matter how bad it gets, I am never alone.
- Faith has no boundaries.
- Wherever I am, my faith remains with me.
- I am not the first person to ever go through this and I won't be the last.
- My faith is always close by, even when I feel distant.

Nothing is impossible.
- The truth is that I don't *really* know what will happen in the end.
- Miracles *can* and *do* happen.
- Even when danger is imminent, I may remain hopeful by trusting in my faith.
- Help can come as swiftly as the blink of an eye.
- Just as something can be taken away, so too can it be given back.

Life is a test.
- Struggle makes us stronger.
- The harder it gets, the greater opportunity I have to grow.
- Faith can be demonstrated best in difficult situations.
- This is just a test, one that I can pass if I put my mind to it.
- Suffering cannot completely take away my freedom of choice.

We can only control the process, not the outcome.
- Success means trying my best, nothing more and nothing less.
- It is not a failure if I truly do the best I can do.
- My difficulties may not go away, but I can learn to handle them better.
- My task is not to solve my problem, just to get through it without making it worse.
- Life changes from day to day, but I can improve my moment to moment.

Everything happens for a reason.
- There is meaning, I just have to search for it.
- The universe is not out to get me.
- Everything is for the best.
- My difficulties are a gift; they are an opportunity for my faith to grow.
- Even when life is difficult, it never ceases to have meaning.

Nothing is permanent.
- There are good days, and then there are bad days.
- The only sure thing in life is that it's not going to last forever.
- This too shall pass.
- My problems cannot and will not last forever.
- I have persevered through worse situations in the past.

Handout 2: Spiritual/Religious Coping in Treatment (Behavioral)

Many people draw upon spiritual/religious beliefs, attitudes, or practices to reduce emotional stress, since this domain can give meaning to suffering and make it more bearable. The following are examples of spiritual/religious activities that you may wish to integrate into your treatment.

Prayer
Prayer involves speaking from the heart to one's Higher Power. Prayer can be formal and structured, or spontaneous. Here are four types of prayer: (1) Thanks – e.g., "Thank you for the sandwich I had for lunch today" (2) Praise – "It's amazing how many types of apples there are" (3) Conversation – "I feel really angry right now that I got a speeding ticket!" (4) Request – "Please help me to get to my appointment on time"

Meditate on a Coping Statement
Pick an inspiring quotation that is personally meaningful and write it on an index card, then repeat it over to yourself throughout the day.

Seek Religious Support
Speak to your clergy, family, or friends about spirituality/religion.

Sacred Texts
Read or listen on CD/mp3 to passages from the Bible, Torah, Quran or other sacred texts.

Forgiveness of Others
Try to forgive those who have wronged you in the past. Think about what they have done to you, and find the strength to let go of your hurt you feel in your heart.

Good Deeds
Perform good deeds by helping others in need.

Religious Framing
Think about what your faith might have to say about the problems you are now facing.

Count your Blessings
Think about three things you are grateful for each day.

Finding the Meaning
Focus on something that is meaningful and important to you, despite your suffering.

Yoga and Meditation
Spend a few minutes practicing yoga or meditating.

Handout 3: Spiritual/Religious Struggles (Behavioral)

Spirituality and religion are often a source of solace, but they can also be a source of strain. The following are examples of spiritual struggles that you may be experiencing. If these are on your mind, you may wish to discuss them with your clergy, family, friends, others from your faith community, and/or your treatment team.

Intrapersonal Spiritual Struggles

Excessive religious guilt – Feeling overly blameworthy for one's sins

Moral injury – Feeling conflicted: Did I break my moral code?

Religious self-loathing – Hating oneself for religious reasons

Religious failure – Feeling incapable of reaching religious standards

Spiritual constraint – Feeling that one's physical needs are a barrier to spirituality

Existential crises – Questioning our purposes in life: Why am I here?

Interpersonal Spiritual Struggles

Lack of religious support – Feeling unsupported by clergy or faith community

Faith community rejection – Feeling excluded or ignored by one's religious community

Religious disagreement – Questioning or feeling disappointed with religious leadership or teachings

Creating religious boundaries – Avoiding or ignoring clergy or faith community members

Counterfeit religiosity – Feeling that others are religiously inauthentic

Religious betrayal/harm – Feeling deceived, wronged, or hurt by religious individuals

Divine Spiritual Struggles

Passive religious deferral – Expecting God to solve one's problems without exerting any personal effort

Reappraisals of God – Feeling that God has limits and cannot provide assistance

Demonic appraisals – Believing that the devil is responsible for one's situation

Punishment appraisals – Feeling punished or cursed by the Divine

Spiritual discontent – Feeling abandoned or unloved by God

Anger towards God – Feeling deceived, wronged or hurt by the Divine

Handout 4: Meditating on the Psalms (Cognitive/Behavioral)

When looking for hope, comfort and encouragement, the Biblical book of Psalms is full of ancient words of wisdom. Some people pray the Psalms regularly, while others memorize a few verses for times when they need an infusion of faith. The following may be relevant to you:

Psalm 18 (18:2) – The Lord is My Rock
The Lord is My Rock, my fortress and my deliverer; my God is my rock in whom I take refuge; He is my Shield and the horn of my salvation, my stronghold.

Psalm 23 (23:4) – The Valley of the Shadow of Death
Even though I walk through the valley of the Shadow of death, I will fear no evil; for you are with me, your rod and your staff they comfort me.

Psalm 28 (28:7) – The Lord is My Strength
The Lord is my strength and my shield: my heart trusts in him, and I am helped; my heart leaps for joy, and I will give thanks to him in song.

Psalm 31 (31:2) – Turn your Ear to Me
Turn your ear to me; come quickly to my rescue; be my rock of refuge, a strong fortress to save.

Psalm 32 (32:7) – You will Protect Me
You are my hiding place; you will protect me from trouble and surround me with songs of deliverance.

Psalm 34 (34:18) – The Lord Helps the Brokenhearted
The Lord is close to the brokenhearted and saves those who are crushed in spirit.

Psalm 34 (34:24) – Take Heart
Be strong and take heart, all you who hope in the Lord.

Psalm 46 (46:1) – God is Our Refuge
God is our refuge and strength—an ever-present help in trouble.

Psalm 68 (68:19) – He Bears Our Burdens
Praise be to the Lord, to God Our Savior, who daily bears our burdens.

Psalm 73 (73:26) – God is my Strength
My flesh and my heart may fail, but God is the Strength of my heart, and my portion forever.

Psalm 103 (103: 2-5) – God's Benefits
Praise the Lord, O my Soul, and forget not all his benefits; who forgives all your sins and heals all your diseases; who redeems your life from the pit and crowns you with love and compassion; who satisfies your desires with good things so that your youth is renewed like the eagles.

Handout 5: Sacred Verses (Cognitive/Behavioral)

Most religious traditions (e.g., Christianity, Judaism, Islam, Hinduism, Buddhism, and others) have sacred texts, which contain uplifting messages and can challenge distorted thinking patterns. The following collection of verses is organized by theme, and may be relevant or helpful to managing your symptoms:

Faith
The great deep engulfed me, weeds were wrapped around my head. I descended to the roots of the mountains, the earth with its bars was around me forever. But You have brought up my life from the pit, O Lord, my God. While I was fainting away, I remembered the Lord, and my prayer came to You, into Your holy temple. (Jonah 2:5-7)

Blessed are you who are poor, for yours is the kingdom of God. Blessed are you who are hungry now, for you will be filled. Blessed are you who weep now, for you will laugh. (Luke 6:20-22)

Allah does not burden a soul beyond that it can bear. (Qur'an 2:286)

It may be that you hate a thing though it be good for you, and it may be that you love a thing though it be evil for you. Allah knows, and you know not. (Qur'an 2:216)

No blame lies on the weak, nor on the sick, nor on those who find naught to spend, if they are sincere to Allah and His Messenger. There is no cause of reproach against those who do good deeds; and Allah is Most Forgiving, Merciful. (Qur'an 9:91)

O Divine mother, our hearts are filled with darkness. Please make this darkness distant from us and promote illumination within us. (Rig Veda, 10:16:3)

Self-Compassion
If I am not for myself, who will be for me. (Pirkei Avot 1:14)

A man's own self is his friend. (Bhagavad Gita 6:3)

There is more happiness in doing one's own path without excellence than in doing another's path well. (Bhagavad Gita 3:35)

Drop by drop the water pot is filled. Likewise, the wise man, gathering it little by little, fills himself with good. (Dhammapada)

The human body, at peace with itself, is more precious than the rarest gem. Cherish your body. It is yours this one time only (Je Tsongkhapa)

We will develop and cultivate the liberation of mind by lovingkindness. Make it our vehicle, make it our basis, stabilize it, exercise ourselves in it, and fully perfect it. (Samyutta Nikaya)

There isn't shame in having shadows – we all have them to varying degrees. It's simply a part of being human. (Wicca, Timothy Roderick)

Peace
Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds. (Philippians 4:6-7)

Peace I leave with you; my peace I give to you; not as the world gives do I give to you. Do not let your heart be troubled, nor let it be fearful. (John 14:27)

Om. May He protect us both together. May He nourish us both together. May we work conjointly with great energy. May our study be vigorous and effective. May we not mutually dispute (or may we not hate any). Om! Let there be Peace in me! Let there be Peace in my environment! Let there be Peace in the forces that act on me. (The Shanti Mantra, Vedas).

O Almighty, You are the infinite; the universe is also infinite. From infinite the infinite has come out. Having taken infinite out of the infinite, the infinite remains. O Almighty, May there be Peace. Peace. Everywhere. (Ishavasya Upanishad, 1)

Courage
Be strong and courageous. Do not be afraid or terrified because of them, for the Lord your God goes with you; he will never leave you nor forsake you. (Deuteronomy 31:6)

For God has not given us a spirit of timidity, but of power, love and discipline. (2 Timothy 1:7)

Do not fear, for I am with you. Do not be afraid, for I am your God. I will strengthen you, I will help you, I will uphold you with my victorious right hand. (Isaiah 41:10)

Whoever is patient and forgiving, these most surely are actions due to courage. (Qur'an 42:43)

And they praised her for her courage, they told her that to rise she must fall; to become the chief of goddesses she must become a mortal. (Aradia: Gospel of Witches, Chapter 3)

Hope
For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give you a future with hope. (Jeremiah 29:11)

May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit. (Romans 15:13)

Look to this day, for it is life… For yesterday is but a dream and tomorrow is only a vision. But today well lived makes every yesterday a dream of happiness and every tomorrow a vision of hope. (Sanskrit proverb, attributed to both poet Kalidasa and Bhagavad Gita)

While human beings are often cut off from experiencing the deep and ever-present connection between themselves and the universe, that connection can often be regained through ceremony and community. The energy you put into the world comes back. (Drawing Down the Moon, Margot Adler)

Handout 6: The Power of Prayer (Cognitive/Behavioral)

Prayer is a way of drawing close to a spiritual reality, instilling a sense that we are not alone and recognizing the limits of our control. For these reasons, prayer can have a powerful effect on our mood in both positive and negative ways. The following questions about prayer may be helpful to consider as you manage your symptoms:

Opening Questions

What do you pray for?

- To express gratitude or praise
- To request help for yourself or others
- To converse with your Higher Power
- To ask for forgiveness
- To cope with distress

How do you pray?

- Scripted from a text
- Scheduled
- Spontaneous
- Communally
- Contemplatively (e.g., meditation)

Discussion Questions

When you pray…

- What happens to your relationship with yourself?
- What happens to your relationship with others?
- What happens to your relationship with your Higher Power?
- What happens to your mood?
  - Do you feel more or less hopeful?
  - Do you feel more or less happy?
  - Do you feel more or less anxious?

Do you use prayer to cope?

- Do you pray in times of joy? Sadness? Anxiety? Pain?
- Do you pray when you are healthy? When you need healing?

Do you struggle with prayer?

- Is your prayer driven by anxiety or obsessions?
- Is your prayer driven by hopelessness or depression?
- Is your prayer driven by thoughts that are not based in reality?
- Do you feel any obstacles when you pray?
- Do you feel that your prayers are heard?

Handout 7: Forgiveness (Behavioral)

Forgiveness involves releasing feelings of resentment. It is about finding peace and regaining personal power when others have caused harm, without minimizing or invalidating your own experiences. Forgiveness can bring us peace of mind and free us from anger. *Forgiveness can be complex and it can be challenging to let go of deeply held feelings, so if you are struggling to forgive something or someone, speak with your clinical team*. In the meantime, the following may be helpful to you:

You can forgive:

- Yourself (e.g., past behavior, your mental health struggles)
- Others (past or present)
- Your Higher Power

Five parts of forgiveness:

1) Recall your hurt
   - Identify your emotions that are at the root of the issue.
   - Explore how your emotions impact your life.

2) Empathize
   - Try to identify a plausible reason for the other's actions (note: you do *not* need to justify their behavior in any way).
   - If you are not yet ready to forgive, practice self-compassion by giving yourself permission to take however much time you need.

3) Decide to forgive
   - Make a decision to forgive by letting go of anger and resentment, whether or not forgiveness is deserved.
   - Focus on *your* ability to forgive, not *their* capacity to change.
   - Consider what your spirituality/religion has to say about forgiveness.

4) Commit to forgive
   - Many times, forgiveness is not a one-time decision but a process, so you may need to work on it over time.
   - Similarly, forgiveness is often not a linear process, so our ability to forgive may fluctuate over time.
   - On days when you struggle to remain forgiving, reinforce self-compassion and self-acceptance.

5) Establish a new normal
   - Try to rebuild trust with yourself, others, and/or your Higher Power.
   - Where it is not safe to rebuild trust, redefine your relationships with yourself, others, and/or or your Higher Power.