FAITH INTEGRATION IN SBIRT: HOW TO TEACH STUDENTS TO EFFECTIVELY WORK WITH CLIENTS' SPIRITUAL BELIEFS

Dr. Curtis Lehmann

Dr. William Whitney



OVERALL PURPOSE

The purpose of integrating faith and spirituality with SBIRT is:

To equip allied health professionals to intervene with substance use problems while attending to the clients' religion and spirituality.

The faith and spirituality training modules extend SBIRT by:

- 1. Leveraging faith and spirituality as a resource
- 2. Addressing religious and spiritual barriers to change
- Helping to overcome biases, often rooted in religion, regarding substance use



TRAINER OUTCOMES

- Understand and communicate a biopsychosocial-spiritual framework for addressing substance use
- Know guidelines for adapting faith integration within SBIRT to individual settings
- Able to utilize specific exercises that will help students be more comfortable talking about religious and faith issues
- Able to recognize biases, often rooted in religious convictions, towards alcohol and substance use
- Identify and address potential ethical and religious concerns that may arise

STUDENT OUTCOMES

- Apply a biopsychosocial-spiritual framework in addressing substance use
- Able to adapt faith integration within SBIRT to particular settings
- Able to be communicate openly and comfortable about religious and faith issues
- Able to recognize biases, often rooted in religious convictions, towards alcohol and substance use
- Able to intervene effectively in an ethical manner



The Biopsychosocial Model

Biological Factors

- Gender
- Physical Health & Illness
- Disability
- GeneticVulnerability
- Neurochemistry
- Stress Reactivity

Biological

Psychological

Social Context

- Socio-Economic
- Spiatita (SES)
- Peer Relationships
- Family Background
- Education
- Social Support

Biopsychosocial-Spiritual Model

Psychological Factors

- Attitudes/Beliefs
- Self-Esteem & Emotions
- Coping & Social Skills
- Personality
- Behavior



A SPIRITUAL FRAMEWORK

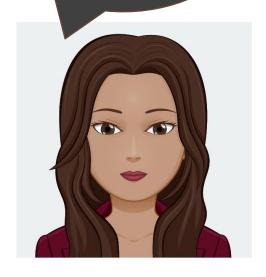
SBIRT can be rooted in the conviction that our calling as health care professionals is to see people flourish

- Flourishing involves deep relationship with God, others, and ourselves.
- Substance use is a way to seek fulfillment of the basic needs of meaning and value
 - However, substance use diminishes the capacity of our relationships from a spiritual perspective.
- * The guiding principle for intervening is to see people with substance use problems move towards wholeness, becoming more of what God intended for them, as they break the harmful patterns of substance use
- We can participate in bringing forth God's redemption of humanity by helping people begin the process of treatment



RELIGION, SPIRITUALITY, & SUBSTANCE USE

Research shows religion and spirituality are pertinent to substance use



- ✓Spirituality has been found to be associated with decreased cravings during drug treatment (Mason et al., 2009).
- ✓ Prayer has been linked to long-term abstinence (Hodge, 2008).
- ✓ Religion and spirituality are positively related to recovery as they have been found to help people find meaning and purpose in their lives, connected to hope for the healing process (Longshore, Anglin, & Conner, 2008; Wade, 2013).



INTERACTIVE REFLECTION QUESTIONS

• If you developed a substance use problem, what religious or spiritual practices would be helpful to you?

• Is there any way that your faith or spirituality might be unhelpful for substance use problems?



DEBRIEFING WITH STUDENTS

- As you might have just experienced, providing an opportunity to reflect on faith and spirituality brings resources to mind that might be helpful to you
- Trainers should recognize that helping students become comfortable discussing faith and spirituality will be facilitated by their own comfort/ease with the subject
 - This experience can be incorporated with your students
- The clinician does not have to be a pastor or chaplain, they only need to ask open-ended questions to help the person identify helpful practices and resources
 - Open-ended questions are the foundation of <u>Motivational Interviewing</u> which is the central approach of SBIRT

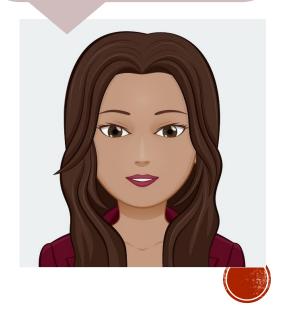


USING MI TO LEVERAGE SPIRITUALITY

The "Spirit" of Motivational Interviewing is more of a way of being than a particular technique (Miller & Rollnick, 2002)

✓ Being warm, empathic, genuine, and unconditionally accepting

This style of interacting could be used in connecting the client's spirituality and their substance use Showing interest and empathy towards their spirituality can increase the client's willingness to consider change and commit to treatment.



THE O.A.R.S. TECHNIQUE

- O = ask <u>Open-Ended</u> questions about faith and spirituality
- A = <u>Affirm</u> the client's faith and spirituality
- R = Reflect back the client's statements about faith and spirituality
- S = in <u>Summarizing</u> the client's situation, make sure to note how faith and spirituality serve as a (1) motivator and as a (2) resource

Please see the OARS Handout for more information.



OVERCOMING RELIGIOUS BARRIERS

Stigma/Shame

- Substance use might be implicitly perceived as a greater sin than others
- Substance use might put them beyond help (e.g., God has forsaken them)

Anti-Intellectual Attitudes

- Assumption that treatment, outside of the church, is doomed to fail
- Rejection of medication and psychotherapy as they are not spiritual solutions

Ignorance

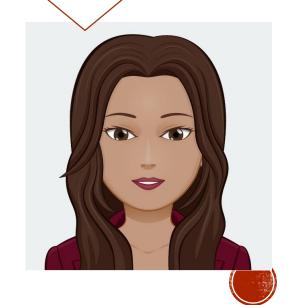
 A person's entrenchment in a religious group can hinder their knowledge of treatment resources



USING MI TO ADDRESS RELIGIOUS BARRIERS

- ✓Show openness and respect for the client's beliefs, even those that conflict with the desired changes
- ✓Affirm the client for their commitment to their beliefs, practices, and/or their religious community
- ✓Reflect back the client's mixed feelings so the client gains awareness of their own ambivalent feelings about change
- ✓ Help the client derive positive meaning and purpose by clarifying the values that are important to them.

Ask questions about how the client perceives their faith and spiritual community to better understand mixed feelings.



RELIGIOUS BIASES TOWARDS ADDICTION

- Stress to students that some religious biases tend to judge, instead of support
- Examples:
 - "If they were really serious about their spiritual life, God would heal them."
 - "It's their fault, they chose to start using in the first place."
 - "If they were really serious about quitting, they would have stopped by now."
 - "If a person committed to prayer and bible study, they wouldn't need to use drugs."
 - "If they were really saved, they wouldn't have relapsed."
- Our goal is to train students to see people in a holistic way, instead of trying to determine responsibility. From a spiritual perspective, all humanity is caught up in attempts to find wholeness outside of how God intended, and addiction represents one of those attempts.



RELIGIOUS BIASES TOWARDS ADDICTION

- The trainer's own self-awareness regarding personal attitudes towards substance use, particularly as related to his or her religious spiritual background, will enable students to understand their own beliefs and potential biases
- Although each religious tradition brings unique resources, they also can become associated with negative perceptions
 - Attitudes towards substance use of both the patient and the health care professional
 - Attitudes towards treatment/recovery
- The process of role-play, which can supplement the SBIRT training, is likely a valuable exercise for decreasing some of these biases



ETHICAL CONCERNS

- Maintain your professional code of conduct when conducting SBIRT
 - Do not discriminate based on religion
 - Evangelism and proselytization is also NOT appropriate for allied health care professionals
- Avoid stigmatizing or shaming the client
 - Clinicians should be cautious not to suggest that substance use is the result of moral failure or insufficient faith
 - Highlighting the discrepancy between their faith convictions and their actions is unlikely to effect change in the client and may needlessly increase their distress



WRAP UP

- SBIRT can be rooted in a biopsychosocial-spiritual perspective that seeks to see people flourish holistically
- Religion and spirituality are often resources for change but sometimes may be a barrier
- Becoming aware of your own biases can help you be more effective in the way you interact with those with substance use problems
- Trainers are encouraged to interact with the SBIRT training and supplement the materials with appropriate resources relevant to their university setting
 - Resources are available at http://www.sbirtfaithandspirituality.org/

