

SPIRITUAL CONFUSION

BEHAVIORAL DEFINITIONS

1. Verbalization of a desire for a closer relationship to a higher power.
2. Feelings and attitudes about a higher power that are characterized by fear, anger, and distrust.
3. Verbalization of a feeling of emptiness in his/her life, as if something was missing.
4. A negative, bleak outlook on life and regarding others.
5. A felt need for a higher power, but because upbringing contained no religious education or training, does not know where or how to begin.
6. An inability to connect with a higher power due to anger, hurt, and rejection from religious upbringing.
7. A struggle with understanding and accepting Alcoholics Anonymous (AA) Steps Two and Three (i.e., difficulty in believing in a higher power).

— · _____

— · _____

— · _____

LONG-TERM GOALS

1. Clarify spiritual concepts and instill a freedom to approach a higher power as a resource for support.
2. Increase belief in and development of a relationship with a higher power.
3. Begin a faith in a higher power and incorporate it into support system.
4. Resolve issues that have prevented faith or belief from developing and growing.

SHORT-TERM OBJECTIVES

1. Summarize the highlights of own spiritual quest or journey to this date. (1)

2. Describe beliefs and feelings around the idea of a higher power. (2, 3, 4)

3. Provide behavioral, emotional and attitudinal information toward an assessment of specifiers relevant to a DSM diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (5, 6, 7, 8)

THERAPEUTIC INTERVENTIONS

1. Ask the client to talk about or write the story of his/her spiritual quest/journey (or assign “My History of Spirituality” from the *Adult Psychotherapy Homework Planner* by Jongsma); process the journey material.

2. Assign the client to list all of his/her beliefs related to a higher power; process the beliefs.

3. Assist the client in processing and clarifying his/her feelings regarding a higher power.

4. Explore the causes for the emotional components (e.g., fear, rejection, peace, acceptance, abandonment) of the client’s reaction to a higher power.

5. Assess the client’s level of insight (syntonic versus dystonic) toward the “presenting problems” (e.g., demonstrates good insight into the problematic nature of the “described behavior,” agrees with others’ concern, and is motivated to work on change; demonstrates ambivalence regarding the “problem described” and is reluctant to

- address the issue as a concern;
or demonstrates resistance
regarding acknowledgement
of the “problem described,”
is not concerned, and has no
motivation to change).
6. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
 7. Assess for any issues of age, gender, or culture that could help explain the client’s currently defined “problem behavior” and factors that could offer a better understanding of the client’s behavior.
 8. Assess for the severity of the level of impairment to the client’s functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
 9. Review the client’s early life experiences surrounding belief in a higher power and explore how this affects current beliefs.
4. Describe early life training in spiritual concepts and identify its impact on current religious beliefs. (9)

5. Verbalize an increased knowledge and understanding of concept of a higher power. (10, 11)
6. Identify specific blocks to believing in a higher power. (12, 13)
7. Identify the difference between religion and faith. (14)
8. Replace the concept of a higher power as harsh and judgmental with a belief in a higher power as forgiving and loving. (13, 15)
9. Implement daily attempts to be in contact with higher power. (16, 17, 18)
10. Ask the client to talk with a chaplain, pastor, rabbi, or priest regarding the client's spiritual struggles, issues, or questions, and record the feedback.
11. Assign the client to read *The Case for Faith* by Strobel, *Mere Christianity* by Lewis, or *The Case for God* by Armstrong to build knowledge and a concept of a higher power.
12. Assist the client in identifying specific issues or blocks that prevent the development of his/her spirituality.
13. Encourage the client to read books dealing with conversion experiences (e.g., *Surprised by Joy* by Lewis; *The Confessions of St. Augustine* by Augustine; *The Seven Storey Mountain* by Merton).
14. Educate the client on the difference between religion and spirituality.
13. Encourage the client to read books dealing with conversion experiences (e.g., *Surprised by Joy* by Lewis; *Confessions of St. Augustine* by Augustine; *The Seven Storey Mountain* by Merton).
15. Emphasize that the higher power is characterized by love and gracious forgiveness for anyone with remorse and who seeks forgiveness.
16. Recommend that the client implement daily meditations and/or prayer; process the experience.

410 THE COMPLETE ADULT PSYCHOTHERAPY TREATMENT PLANNER

10. Verbalize separation of beliefs and feelings regarding one's earthly father from those regarding a higher power. (19, 20)
11. Acknowledge the need to separate negative past experiences with religious people from the current spiritual evaluation. (21, 22)
12. Verbalize acceptance of forgiveness from a higher power. (23, 24)
13. Ask a respected person who has apparent spiritual depth to serve as a mentor. (25)
17. Assign the client to write a daily note to his/her higher power.
18. Encourage and assist the client in developing and implementing a daily devotional time or other ritual that will foster his/her spiritual growth.
19. Assist the client in comparing his/her beliefs and feelings about his/her earthly father with those about a higher power.
20. Urge separating the feelings and beliefs regarding the earthly father from those regarding a higher power to allow for spiritual growth and maturity.
21. Assist the client in evaluating religious tenets separated from painful emotional experiences with religious people in his/her past.
22. Explore the religious distortions and judgmentalism that the client has been subjected to by others.
23. Ask the client to read *Serenity: A Companion for 12 Step Recovery* by Helmfelt and Fowler—all readings related to AA Steps Two and Three, *The Road Less Traveled* by Peck, or *Shame and Grace: Healing the Shame We Don't Deserve* by Smedes; process the concept of forgiveness.
24. Explore the client's feelings of shame and guilt that led to him/her feeling unworthy before a higher power and others.
25. Help the client find a mentor to guide his/her spiritual development.

14. Attend groups dedicated to enriching spirituality. (26, 27)

26. Make the client aware of opportunities for spiritual enrichment (e.g., Bible studies, study groups, fellowship groups); process the experiences he/she decides to pursue.

27. Suggest that the client attend a spiritual retreat (e.g., *DeColores* or *Course in Miracles*) and report to therapist what the experience was like for him/her and what he/she gained from the experience.

15. Read books that focus on furthering a connection with a higher power. (28)

28. Ask the client to read books to cultivate his/her spirituality (e.g., *The Cloister Walk* by Norris; *The Purpose-driven Life* by Warren; *The Care of the Soul* by Moore).

DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

| | | |
|----------------|--------|---------------------------|
| Axis I: | 300.4 | Dysthymic Disorder |
| | 311 | Depressive Disorder NOS |
| | 300.00 | Anxiety Disorder NOS |
| | 296.xx | Major Depressive Disorder |
| | _____ | _____ |
| | _____ | _____ |

412 THE COMPLETE ADULT PSYCHOTHERAPY TREATMENT PLANNER

Using DSM-5/ICD-9-CM/ICD-10-CM:

| <u>ICD-9-CM</u> | <u>ICD-10-CM</u> | <u>DSM-5 Disorder, Condition, or Problem</u> |
|-----------------|------------------|--|
| 300.4 | F34.1 | Persistent Depressive Disorder |
| 311 | F32.9 | Unspecified Depressive Disorder |
| 311 | F32.8 | Other Specified Depressive Disorder |
| 300.09 | F41.8 | Other Specified Anxiety Disorder |
| 300.00 | F41.9 | Unspecified Anxiety Disorder |
| 296.xx | F32.x | Major Depressive Disorder, Single Episode |
| 296.xx | F33.x | Major Depressive Disorder, Recurrent Episode |
| V62.89 | Z65.8 | Religious or Spiritual Problem |

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.