Spiritual-Care Groups in a Mental Health Setting

Behavioral Challenges

This document is compiled from responses given by Spiritual Care Providers at the Oregon State Hospital. I asked them to respond to two questions:*

- What behavioral issues arise in your mall groups?
- And how do you handle those issues?

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Responding to internal stimuli by talking to oneself and/or moving their hands or feet as if telling a story to someone

- I leave the person if it's not too loud.
- If they are not disturbing others, we generally let them continue.
- If it's too loud, I ask them gently to reduce the volume.
- I draw them into the conversation by asking their thoughts on the subject matter.

Talking about religious ideology

- An issue that arises is when a patient suggests that they are God. I handle this by redirecting the patient with the content that was shared. For example, I might say, "I understand. Concerning forgiveness, how do you forgive others." Or in another case, a patient said he did not find any meaning in the class because he prays to both God and Satan. I used what he told me by asking him, "How do your prayers impact your life and your faith journey?" He responded well and could participate in the class. (These examples are in the context of geriatrics.)
- Often through empathic/reflective listening and clarifying questions, I am able to collaborate with the patient to identify and address concerns or critical issues with an intervention that helps meet the patient's needs and wants while remaining sensitive to the group's program and their own treatment care plan.

Going off on tangents while talking

- I hear them out and then redirect them to the question's focus. (e.g. Thanks for sharing about your dog . . . so when you feel angry, what has helped you calm down, etc.)
- I try to find something in the tangent that can be relevant to the group's topic, then I address the person by name and direct the group's attention to what was relevant to the group's topic. I then suggest that someone else contribute to the discussion. I will usually say something like "I'd like to hear from someone who hasn't yet shared their thoughts."
- If the tangent is something meaningful to the person, I will suggest to them that I come on their unit to meet with them and talk about their concerns or whatever it is that they want to discuss.

Rambling talk when something in the group catches their attention

- We ask the patient to please, be quiet for the rest of the group. This request is repeated if the patient does not stop. (During the movie group)

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Monopolizing the group conversation

- I politely cut in.
- At the beginning of each group session, we create group guidelines for a successful group. Most of the input comes from the patients themselves. Usually, one guideline that comes from patients is that everyone gets a turn to contribute to the conversation. If someone does not follow this guideline, I express sympathy and willingness to listen, then I give a non-verbal cue to give others a chance to speak. If the person continues, I verbally remind them of the guidelines. I do this respectfully to avoid escalation. If the patient continues to be disruptive to the detriment the patient's peers, I seek help from other staff to take patient to a separate space to calm down.
- I make eye contact and say the person's name while they are talking. This usually causes them to stop talking momentarily, which then gives me the opportunity to say something that acknowledges what they have just said and then to suggest that others might like to contribute to the discussion.
- I pay attention to how the patient's behavior is affecting the rest of the group members. For example, is there eye-rolling or sighs of frustration or signs of people "checking out." If I note these signs, I will be more assertive in re-directing the patient by asking them to allow others to contribute to the discussion.

Having an unaware talkative person in the same room with quiet persons

- I try to redirect the talkers and at the same time I try to draw out the non-talkers to fill the space.
- I tried many different things to balance the group and I ended up doing something unique. When I ask a question, I direct it first the quiet individuals. When the quiet people responded, I would reflect and validate their comments. Then, I would turn to the person that talks a lot and ask their opinion on the same questions. However, I would reframe it to an emotional question for this individual. The result was that often the talkative person would begin to express their own pains and hurts and other emotions. This would lead to the group feeling closer rather than further apart. It didn't always work well—but in a "medium" energy group it worked very well. I guess I looked at the "manic" individual as the one that would break the ice with the rest of the group.

Using profane or unacceptable language

- There was a man who called me a nigger. I told him that I respect his views but that the rules of the class are to not use that type of language and that he could leave if he wanted to. In that instance, he was able to stay and I did not have any problems with him.

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Pacing back and forth in the room

- Some feel confined and usually ask for my permission to do so.
- Ask, "Would you like to sit down?" or "Is there something you want?" or I leave them.
- I have patients who find it hard to sit in one place for more than 5 minutes. In this case, I acknowledge their presence. I make sure that members of the group are comfortable with the patient's pacing. I try to engage the patient during the group conversation. In most cases, the patient will stop pacing when responding to the group discussion.

Moving from one seat to another

- I've had this once, but we could move on without incident.

Getting up and walking out in the middle of the group

- We do nothing, unless they say they want to go somewhere else, then we return their point card.
- If I see someone getting up to leave, either I will ask if they will return or I say nothing.

Becoming sensitive and emotionally expressive to the subject matter

- I provide support by helping to clarify the nature of their difficulty by giving them time to express their thoughts and feelings. In some cases, we have other patients sharing their own experiences and difficulties. If the issue is dense, I try to follow up with the patient by going to their unit to provide loss and grief support, to foster hope, and to prepare them for the next group gathering.
- I allow time for the patient to express their feelings.
- If a patient begins to cry, I allow for silence in the group.
- I acknowledge the patient's feelings through emotional validation

Becoming emotionally charged about a topic and speaking out passionately

- We acknowledge the topic and suggest that we continue to watch the movie to see what happens. (During a movie group)

Being loud, disruptive, and entering the group with strong opinions

- When we sense an individual, especially with strong opinions regarding religion, criminal charges, genders, sexual identity, race, etc., we always start off with placing our altar (Medicine Wheel) down in the center of the circle. This gives them a focus and brings them to quiet: "Silence the mind, silence the ego." We then start by reminding folks that our circles are all-inclusive. We go over the guidelines. And the first thing that I personally like to mention is to "leave the Ego at the door." We remind folks that we are all different. We have different sets of beliefs and different perspectives on life which are based on life experiences, good or bad, and

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that it's okay not to accept someone else's opinion. We remind them that everyone has the right to their own opinion and beliefs. And lastly, we all agree to be respectful of each other. (During Native Services ceremony groups)

Interrupting a person who is speaking and cross-talk

- We redirect an individual. By stating the expectations at the start of group, we are able to alleviate most, if not all, the issues that could arise in the group.

Additional Comment:

I have not had terribly disruptive cases in my groups. My group is a "drop-in" group, so it's possible that the atmosphere is relaxing enough for them.

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