

The Effectiveness of Integrating Religious/Spirituality Beliefs into Psychotherapy:

An Integrative Review

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

of Doctor of Nursing Practice

By

Justina Anighoro-Okezie

Liberty University Lynchburg, VA

March, 2024

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Scholarly Project Chair Approval:

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Abstract

This comprehensive review explores how integrating religious beliefs into psychotherapy impacts mental health outcomes. Following a structured approach guided by Whitemore and Knafli's (Nov 2005) methodology, the review involves a systematic literature search across academic databases, identifying 25 studies with diverse methods. Results indicate significant enhancements in both psychological and spiritual outcomes when religious beliefs are integrated into psychotherapy, compared to no-treatment control conditions. Compared to alternate treatments, adapted psychotherapy demonstrates a small to medium effect. Particularly in an additive design, while there's no significant superiority in psychological outcomes, there is in spiritual outcomes, emphasizing the potential benefits of incorporating R/S elements. The study highlights empirical support for integrating R/S elements into psychotherapy, underscoring its potential to enhance psychological and spiritual well-being across diverse populations. Future research should diversify cultural and religious contexts, expand follow-up studies, and delineate the extent of R/S integration in treatments. Dissemination of these findings to mental health professionals is vital to encourage the integration of religious beliefs into psychotherapy for improved mental health outcomes.

Keywords: Integration, Religious Beliefs, Psychotherapy, Mental Health Outcomes.

Dedication

This integrated review is dedicated to everyone around the world facing any form of mental health disorder. Stay strong, persistent, and keep striving. Remember “It is okay not to be okay.” As healthcare providers, we are united in this mission to spread awareness and educate the masses.

Acknowledgments

I am grateful to my nursing professors who have guided me throughout my program. I am especially thankful for their emphasis on Christianity as a guiding principle. A special thank you goes to my chair, Dr. Kennedy for her dedication to ensuring the success of the integrated review project. I would also like to thank my husband Francis and my son Jordan for their unwavering support and patience over the past three years. To my loving parents, thank you for instilling in me the belief that anything is possible. Lastly, I would like to thank the Lord for giving me the strength to complete this program.

Table of Contents

Abstract	3
Dedication	4
Acknowledgments	5
Section One: Formulating The Review Question	8
Introduction	8
Defining Concepts and Variables	10
Rationale for Conducting the Review	11
Purpose and Review Question(s)	12
Formulate Inclusion and Exclusion Criteria	12
Conceptual Framework	13
Section Two: Comprehensive and Systematic Search	14
Search Organization and Reporting Strategies	14
Terminology	15
Section Three: Managing The Collected Data	17
Managing the Collected Data	17
Eligibility Criteria	18
Section Four: Quality Appraisal	18
Sources of Bias	18
Internal Validity	19
Appraisal Tools (Literature Matrix)	19
Applicability of Results	20
Reporting Guidelines (PRISMA Model)	20
Section Five: Data Analysis And Synthesis	21
Data Analysis Methods	21
Descriptive Results	21
Synthesis	22
Ethical Considerations	24
Section Six: Discussion	25
Implications for Practice/ Future Work	25
Dissemination	25
References	27
Appendix A: Article Critique and Leveling Matrix	31

Appendix B: PRISMA Flow Figure 55

Appendix C: DNP Essentials..... 56

Appendix D: IRB Approval Letter..... 58

Appendix E: CITI Training.....59

Section One: Formulating The Review Question

Introduction

The domain of psychotherapy is in a perpetual state of transformation, continually adapting to cater to the intricate and diverse needs of individuals grappling with mental health challenges. Similarly, spirituality (religiosity) has gained increased attention in different fields, including mental health research and services (Tanhan & Young, 2022). Thus, an emerging frontier within psychotherapy is the integration of religious beliefs into psychotherapeutic methodologies. According to Milner et al. (2020) spirituality plays an imperative role in the lives of many individuals experiencing mental health problems. Religion, deeply entrenched within an individual's sense of self, wields substantial influence over their values, beliefs, coping strategies, and fundamental perception of the world around them. As a profound component of one's identity, religious beliefs often serve as a moral compass, guiding actions and decisions. Religious or spiritual (R/S) beliefs and practices deeply influence the lives of a significant majority, with approximately 68% of the global population valuing religion daily (Captari et al., 2018). In the United States, over 90% believe in a higher power, 75% consider religion important, 80% engage in regular prayer, and 50% are affiliated with local religious institutions (Captari et al., 2018).

Integrating clients' R/S identity within psychotherapy can influence change and treatment outcomes, considering that individuals carry their spiritual beliefs, practices, and struggles into therapy sessions (Captari et al., 2018). Incorporating these beliefs into psychotherapeutic approaches acknowledges the significance of spirituality and faith in shaping an individual's mental well-being (Elliott & Reuter, 2020). Lucchetti et al. (2021) note that religiosity/spirituality (R/S) affects psychological and physical health. Many patients whose

identity is deeply intertwined with S/R hope for an integration of these beliefs and values in their therapy (Vitorino et al., 2018; Koenig et al., 2020; Oxhandler et al., 2018). Some are explicit about this, while others may hesitate to disclose such aspects in a presumed secular therapeutic environment, potentially hindering therapeutic progress.

In addition to catering to the patient's requirements, integrating R/S modifications into psychotherapy can be challenging due to several therapist attributes. One of the significant factors is that psychotherapists, as a collective, tend to have a lower affiliation towards R/S compared to the general public (Captari et al., 2018). According to a survey, 35% of psychologists have indicated that their perspective on life is markedly influenced by religion/spirituality, unlike 75% of the general public (Captari et al., 2018). Moreover only 15% psychotherapists undergo specific training and supervision regarding approaching their patients' R/S beliefs with sensitivity and ethical considerations during evaluation and therapy. While secular psychotherapy can benefit many patients, contextualizing treatment within their R/S values could further enhance the gains. For some, struggles related to R/S significantly contribute to their emotional and psychological distress, underscoring the importance of addressing these issues in therapy.

Despite the growing recognition of R/S as a vital aspect of multicultural competency, psychotherapists may struggle to effectively integrate these concerns, sometimes resulting in spiritually avoidant care. This integrative approach strives to harmonize psychological strategies with an individual's religious convictions, potentially providing a more comprehensive and resonant therapeutic experience tailored to their belief system and cultural context (Noferesti & Tavakol, 2022). Thus, understanding how integrating religious beliefs into psychotherapy influences mental health outcomes is an essential area of exploration.

Defining Concepts and Variables

The defining concepts in this literature review are integrating religious beliefs, psychotherapy, and mental health outcomes. Integrating religious beliefs, a fundamental concept in this literature review, involves assimilating an individual's religious convictions, rituals, ideas, and practices into the psychotherapy framework. The determination of these three main concepts for the integrative review relies on the consistent emphasis across various articles. Lorenz et al. (2019), Noferesti and Tavakol (2022), and Captari et al. (2018) highlight the significance of integrating religious beliefs into psychotherapy and the potential impact on mental health outcomes. The articles underscore the central role of these concepts in the study's context. Combining religious beliefs represents a concerted effort to synchronize psychological interventions with a person's spiritual or religious worldview, allowing for more holistic care and a culturally-sensitive therapeutic approach (Lorenz et al., 2019; Rogers et al., 2019). By incorporating deeply-held beliefs into the therapeutic process, practitioners aim to create a comprehensive and resonant experience that respects an individual's faith and cultural context.

Psychotherapy, as a defining concept, encompasses a structured and purposeful approach to treating mental health issues. Psychotherapy uses a variety of psychological and communicative strategies to comprehend, identify, and treat mental health conditions. The methods might be anything from cognitive-behavioral therapy to psychoanalytic techniques, all designed to deal with specific mental health issues (Arundell et al., 2021). The primary objective is facilitating emotional healing, behavior modification, and enhanced mental well-being by fostering a therapeutic alliance and applying evidence-based practices.

Mental health outcomes, the third vital concept, encompass diverse changes in an individual's psychological well-being resulting from integrating religious beliefs into

psychotherapy. This includes alterations in anxiety levels, reductions in depressive symptoms, shifts in coping strategies, enhanced resilience, and an overall improvement in well-being (Lorenz et al., 2019). Understanding these outcomes is pivotal in assessing the efficacy and impact of integrating religious beliefs within psychotherapeutic practices and its potential to influence mental health positively.

Rationale for Conducting the Review

The rationale for conducting this review lies in the evolving landscape of psychotherapy, which continually adapts to meet the complex needs of individuals facing mental health challenges. Religion, deeply ingrained in an individual's identity, profoundly influences their values, coping mechanisms, and worldview. Recognizing and integrating these beliefs into psychotherapeutic approaches acknowledges the importance of spirituality and faith in shaping mental well-being (Dein, 2018). The goal is to align psychological strategies with an individual's religious convictions, potentially providing a more personalized and resonant therapeutic experience in harmony with their belief system and cultural context.

Understanding how integrating religious beliefs into psychotherapy influences mental health outcomes is of paramount importance. This integration has the potential to impact anxiety, depression, coping strategies, resilience, and overall well-being, especially among older adults (Tan et al., 2021; Peteet et al., 2019; Pirutinsky et al., 2020). By examining this fusion, mental health professionals can develop culturally-attuned and effective psychotherapeutic methods. This literature review aims to bridge personal beliefs with empirical evidence, fostering a holistic understanding of the subject and ultimately refining mental health practices. By comprehensively investigating the influence of integrating religious beliefs into psychotherapy, I seek to enhance

mental health care, optimize treatment outcomes, and promote a holistic approach to mental wellness.

Purpose and Review Question(s)

Incorporating religious beliefs into psychotherapy prompts significant inquiries concerning its effects on mental health results. Understanding how the infusion of these beliefs and spirituality affects a person's mental health, the effectiveness of treatment, and the overall therapeutic journey is crucial (Dein, 2018). Grasping the possible advantages and hurdles is vital for mental health professionals, as it can influence the development of culturally-attuned and successful psychotherapeutic methods. Examining this fusion can offer valuable perspectives for refining mental health care through integrating individual beliefs and principles, likely improving treatment results and promoting a holistic approach to mental wellness. The central review question guiding this literature review is: "What is the influence of incorporating religious beliefs into psychotherapy on mental health outcomes for patients with mental health disorders?"

Formulate Inclusion and Exclusion Criteria

Inclusion criteria for studies in this review encompass qualitative research that examines the integration of religious beliefs into psychotherapy and its effects on mental health outcomes. Additionally, peer-reviewed journal research publications were considered as part of the inclusion criteria, confirming the validity and reliability of the investigations. Peer review is likely to have been thorough for articles published in respected journals, improving the validity and trustworthiness of the results. The evaluation will also prioritize research with varied populations, recognizing the significance of cultural and demographic differences in comprehending the effects of incorporating religious ideas into psychotherapy. This will help establish a thorough grasp of the issue in many circumstances.

In addition to the specified inclusion criteria, this review will incorporate studies published between 2018 and 2023. This time frame ensures that the review encompasses the most recent and up-to-date research, providing a contemporary understanding of the topic. Including articles within this time range allows for exploring the latest advancements and insights regarding integrating religious beliefs into psychotherapy and its effects on mental health outcomes. Conversely, the exclusion criteria will eliminate studies that lack empirical evidence or rely solely on theoretical frameworks without empirical validation. This ensures the review focuses on research grounded in evidence and data, contributing to a robust analysis of the integration of religious beliefs in psychotherapy. Studies that do not specifically focus on integrating religious beliefs will also be excluded, maintaining the review's targeted approach toward the intersection of religion and mental health within psychotherapy.

Conceptual Framework

Utilizing the Whitemore and Knafel's Conceptual Framework (2005) in this literature review is pivotal for organizing and guiding this systematic exploration. Incorporating religion and spirituality into psychotherapy significantly impacts mental health outcomes, especially in mental health care (Amerongen-Meeuse et al., 2021; van Nieuw Amerongen-Meeuse et al., 2019). Whitemore and Knafel's framework (2005) provides a structured and comprehensive approach to conducting integrative reviews, facilitating the synthesis of diverse studies and the identification of overarching themes. Incorporating the Whitemore and Knafel's Conceptual Framework (2005) is integral to systematically exploring the influence of integrating religious beliefs into psychotherapy on mental health outcomes.

This framework aligns with the five critical steps of integrative reviews. First, it defines the research question, emphasizing the impact of religious beliefs in psychotherapy on anxiety,

depression, coping, resilience, and overall well-being. Second, through a comprehensive literature search, diverse studies are identified. Third, relevant data, including findings and methodologies, is extracted and synthesized. Fourth, the framework facilitates the analysis of overarching themes, elucidating the interplay between psychotherapy, religious beliefs, and mental health outcomes. Lastly, it ensures a structured interpretation of findings, enhancing the nuanced understanding of this complex intersection.

Section Two: Comprehensive And Systematic Search

Search Organization and Reporting Strategies

The literature review prioritized academic rigor by employing a systematic search strategy focusing on critical databases, including Medline, Cinahl, and Psychonet. These databases provide a robust foundation for synthesizing evidence on the relationship between religion, spirituality, and mental health within psychotherapy, enhancing the review's academic credibility and depth of understanding. The inclusion and exclusion criteria applied in this literature review were meticulously designed to ensure a focused and rigorous evaluation of the efficacy of religious and spiritual psychotherapy in mental health care. The utilization of the (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) PRISMA flow chart was crucial in refining the scope of evidence incorporated into this integrative review.

The inclusion criteria were stringent, aiming to minimize variability among studies. The intervention encompassed psychotherapeutic and counseling treatments explicitly incorporating religious or spiritual elements, excluding mindfulness, meditation, and yoga, these exclusion does not fall under the umbrella of R/S. The literature also prioritized studies with varied populations, recognizing the significance of cultural and demographic differences in comprehending the effects of incorporating religious ideas into psychotherapy (Kpanake, 2018).

The exclusion criteria involved removing duplicated articles and eliminating studies older than five years, as highlighted in the PRISMA model. This systematic process ensured a focused and rigorous selection of relevant evidence for the integrative review.

The screening process involved a thorough review, resolving any uncertainties. This meticulous approach, involving a total of 2,000 screened articles, included 25 articles deemed eligible for the subsequent analysis, as highlighted in Appendix A. The criteria's comprehensiveness and specificity contribute to the study's reliability and relevance in addressing the research question about the efficacy of religious and spiritual psychotherapy in mental health care.

Terminology

The search employed specific terminology to target relevant literature, encompassing keywords such as "religion," "spirituality," "psychotherapy," "mental health," "integrating beliefs," and "mental health outcomes." Religion entails beliefs, practices, and rituals associated with a particular faith or belief system, often centered around worshiping a higher power or deity. Religion provides individuals with a structured framework for understanding the world around them and their place in it. On the other hand, spirituality delves into personal beliefs and experiences related to the transcendent or divine. Spirituality goes beyond religious doctrines, encompassing an individual's sense of purpose, interconnectedness, and a more profound meaning transcending the physical world. Tolentino et al. (2022) assert that spirituality protects against anxiety symptoms (AS) in the general population, and it is a concept that significantly differs from religion.

Psychotherapy, a vital facet of mental health care, involves a range of therapeutic interventions and counseling methods aimed at improving mental health. Psychotherapy seeks to

address emotional, psychological, or behavioral issues that individuals may be experiencing, aiding them in navigating the complexities of their mental well-being (Koeing et al., 2021).

Mental health, a fundamental aspect of overall well-being, encompasses emotional, psychological, and social dimensions. Holt et al. (2018) assert that religious social support is a probable intermediary of the correlation between religious beliefs and behaviors and multiple health-related outcomes. On the other hand, spiritual intelligence and mental health significantly relate to educational background and gender, with male and female students discretely having a significant correlation between mental health and spiritual intelligence (Pant & Srivastava, 2019). Giannone et al. (2019) conclude that there is a significant religiosity-mental health correlation. Hence, the mental outcome reflects one's ability to cope with stress, relate to others, make decisions, and lead a fulfilling life.

Integrating beliefs into mental health treatments, also known as incorporating personal religious or spiritual convictions and practices into psychotherapy, is gaining recognition. This integration seeks to harmonize an individual's spiritual beliefs with psychological approaches, potentially enhancing the therapeutic experience (Koeing et al., 2020). Meanwhile, mental health outcomes refer to the effects, changes, or improvements in mental health resulting from various interventions or treatments, including both psychotherapy and the integration of personal beliefs. Understanding these outcomes is crucial for assessing the effectiveness of mental health interventions and optimizing treatment approaches (Leung & Li, 2023).

Section Three: Managing The Collected Data

Managing the Collected Data

The research utilized data from the last five years (2018-2023). This approach ensured a comprehensive understanding of how integrating religious concepts into psychotherapy influences mental health outcomes. This approach provided a thorough understanding of how incorporating religious concepts into psychotherapy affects mental health outcomes. The research used to conduct the literature review using the best evidence-based research, including Melnyk's evidence-leveling system to categorize each level, outlined in Appendix A of the literature matrix.

Melnyk's level of evidence is designed to group different research into levels, with the most reliable being level one and the least credible being level seven. For this literature review, there are a total of 25 articles including two level I articles (Arundell et al., (2021), Captari et al., (2018)); zero level II; one level III (Lorenz et al., (2019)); six level IV (AmerongenMeeuse, et al., (2021), Holt et al., (2018), Koenig et al., (2020), Pirutinskuy (2020), Rogers et al., (2019), and Tan et al., (2021)); five level V (Kpanake (2018), Leung and LI, (2023), Milner (2020), Peteet et al., (2019), and Tanhan and Young (2022)); ten level VI (Dein (2018), Elliott and Reuter (2021), Fortuna et al., (2023), Giannone et al., (2019), Noferesti and Tavakol (2022), Oxhandler et al., (2018), Pant and Srivastava (2019), Tolentino et al., (2022), vanNieuw et al., (2019), and Vitorino et al., (2018)); and one level VII (Lucchetti et al., (2021)).

Eligibility Criteria

The inclusion and exclusion criteria for this literature review aimed at ensuring a rigorous and focused evaluation of the efficacy of religious and spiritual psychotherapy in mental health care. According to Fortuna et al. (2023), integrating religious beliefs as well as spirituality into therapy enhances understanding of post-traumatic cognitions and traumatic stress when dealing with vulnerable populations. The study included psychotherapeutic and counseling treatments incorporating religious or spiritual beliefs. The exclusion of mindfulness, meditation, and yoga aimed at maintaining the study's targeted approach. The screening process, guided by the Whitemore and Knafl Conceptual Framework (2005), involved a meticulous review of 2,000 articles, including 25 studies for subsequent analysis, as highlighted in the Prisma model in Appendix B. The Whitemore and Knafl Conceptual Framework (2005) played a crucial role in organizing and guiding the systematic exploration, ensuring a structured synthesis of diverse studies. This framework facilitated the identification of overarching themes in the multidimensional research question, contributing to a nuanced understanding of the complex interplay between religious beliefs and psychotherapeutic outcomes in mental health. The eligibility criteria were stringent, addressing the need for methodological rigor and relevance, as reflected in the final inclusion of 25 studies for the comprehensive analysis highlighted in the Prisma Model (Appendix B).

Section Four: Quality Appraisal

Sources of Bias

Identification of potential sources of bias in the included studies is paramount. This research article collection exhibits several potential sources of bias. First, using convenience sampling in most research articles increases selection bias, reducing the generalizability of

results (Elliott & Reuter, 2021). In addition, many studies use small sample sizes, which may influence representativeness and statistical power (Rogers et al., 2019). Another bias is the prevalence of specific demographics, such as highly-educated or individuals identifying as white, which skews the results' application to a larger population (Lorenz et al., 2019). Additionally, some studies lack longitudinal data, hindering an understanding of changes over time and potentially introducing bias related to temporal associations. Finally, self-reported data in certain studies may introduce social desirability bias. Recognizing and addressing these biases is crucial to ensure the validity and reliability of the findings.

Internal Validity

The research internal validity process involved systematically assessing the methodological rigor and quality of the included studies. This review examined a variety of topics, including research designs, sample techniques, measuring equipment, and confounding variable control. For example, the research used various methods, including systematic reviews, meta-analyses, cross-sectional designs, qualitative approaches, and mixed-methods studies. Further, to measure the degree of evidence, the research employed the literature matrix, which considered the strength of research designs and study limitations. Despite the various approaches used, the literature matrix found constraints such as limited sample numbers, selection biases, measurement validity problems, and a lack of control groups, which influenced the overall internal validity evaluation (Fortuna et al., 2023; Elliott & Reuter, 2021, Leung et al., 2023).

Appraisal Tools (Literature Matrix)

The study used a literature matrix (Appendix A) to organize and evaluate the selected studies methodically. This matrix provides a standardized framework for assessing each study's relevance, methods, and outcomes, allowing for a more systematic appraisal of the review within

a complete framework. The paper never used any gray literature to support its findings since the review is well-defined with 25 peer-reviewed, high-quality, published articles.

Applicability of Results

According to the literature matrix, the applicability of the findings differs among the researched articles. While some research provides insights for specific populations, such as the influence of incorporating spirituality into therapy for Iranian patients suffering from subclinical depression, others show findings for more extensive settings (Nofersti & Tavakol, 2022). For example, research on the relationship between religiosity/spirituality and mental health among Brazilian adults gives insights into how physicians can incorporate religious beliefs into mental health practices (Tolentino et al., 2022). However, the lack of broad representation in some research and the prevalence of specific demographic groups may limit the direct transferability of findings to various clinical settings (Elliott & Reuter, 2021). Therefore, it is essential to consider these factors when applying the results in clinical practice for a more comprehensive and inclusive approach.

Reporting Guidelines (PRISMA Model)

The integrated review follows the established reporting requirements, guaranteeing the transparency and clarity stipulated by the PRISMA model. The PRISMA guidelines promote clarity, reducing ambiguity and bias, and thus enhancing the credibility and trustworthiness of research findings (Toronto & Remington, 2020). By standardizing reporting practices, PRISMA facilitates critical appraisal and comparison of studies, ultimately advancing evidence-based decision-making in various fields. This review adheres to accepted criteria, improving its repeatability and dependability. Defining the scope of the review, doing a systematic literature search, conducting rigorous data analysis, and critically evaluating quality are all important

components of this review. The findings are thoroughly addressed, with a focus on their consequences. The finalization of the integrated review assures coherence and prepares it for successful distribution, which may occur through academic publishing.

Section Five: Data Analysis and Synthesis

Data Analysis Methods

The data analysis method employed in this review combines the use of the PRISMA model and Melnyk's evidence-leveling system. The PRISMA model ensures a structured and transparent approach to synthesizing evidence by guiding the systematic literature search, screening, and selection process. The model enhances clarity, reduces bias, and promotes reproducibility by adhering to established reporting guidelines (Toronto & Remington, 2020). On the contrary, Melnyk's evidence-leveling system categorizes each study based on its level of evidence, facilitating the evaluation of methodological rigor and quality. By integrating these two methods, the review ensures a comprehensive assessment of the selected articles, considering both their methodological soundness and the transparency of reporting. This approach enhances the reliability and validity of the findings, providing a robust foundation for drawing conclusions and implications for practice and future research in the integration of religious beliefs into psychotherapy for mental health outcomes.

Descriptive Results

The review examined 25 studies using a PRISMA model and Melnyk's evidence-leveling system to determine the efficacy of incorporating religion and spirituality (R/S) into psychotherapy. In almost all the 25 studies, R/S-integrated psychotherapy indicated a substantial benefit in patients with mental health issues. Compared to other therapies, R/S-adapted psychotherapy had a small-to-medium positive impact on psychological and spiritual results

(Captari et al., 2018). Overall, the findings support the value of R/S integration in improving patient functioning.

Synthesis

As established in the reviewed literature, integrating R/S identity within psychotherapy can influence change and treatment outcomes for individuals. The integration of religious beliefs into psychotherapy encompasses several key themes that shape the therapeutic process. The key themes identified in the literature include the client-centered approach, therapist competency, impact on treatment outcomes, and barriers to integration.

Client-Centered Approach

The client-centered approach, as highlighted in the literature, emphasizes the importance of tailoring psychotherapy to accommodate clients' religious beliefs and values (Noferesti & Tavakol, 2022; Pant & Srivastav, 2019). The client-centered approach acknowledges the significance of spirituality in individuals' lives and creates a safe environment for clients to explore and express their religious convictions during therapy sessions (Amerongen-Meeuse et al., 2021; Dein, 2018; Koeing et al., 2020). By incorporating this approach, therapists aim to foster a deeper understanding of the client's worldview and facilitate a more resonant therapeutic experience that respects their faith and cultural context. This concept aligns with the central review question of the literature review, which seeks to explore how integrating religious beliefs into psychotherapy influences mental health outcomes by emphasizing the need for client-centered care tailored to individual religious identities.

Therapist Competency

Therapist competency emerges as another critical theme. Elliott and Reuter (2021) highlight the importance of therapists being sensitive and skilled in addressing religious beliefs

ethically and effectively within the therapeutic context. Therapists need to undergo specific training and supervision to approach clients' religious beliefs with sensitivity and ethical consideration during evaluation and therapy (Holt et al., 2018; Captari et al., 2018). This theme underscores the importance of therapists' understanding of religious diversity and their ability to navigate discussions around spirituality in therapy sessions. Therapist competency often requires specialized training and supervision to navigate the complexities of integrating spirituality into psychotherapeutic approaches while maintaining professional boundaries (Tolentino et al., 2022).

Impact on Treatment Outcomes

The impact on treatment outcomes is another key theme, with the reviewed literature suggesting that incorporating religious beliefs into psychotherapy can lead to positive changes in anxiety levels, depressive symptoms, coping strategies, resilience, and overall well-being (Leung et al., 2023; Tan et al., 2021; Peteet et al., 2019; Pirutinsky et al., 2020). By acknowledging and incorporating clients' religious convictions into the therapeutic process, therapists can potentially improve mental health outcomes, including reductions in anxiety and depressive symptoms, shifts in coping strategies, and enhanced overall well-being (van Nieuw Amerongen-Meeuse et al., 2019; Amerongen-Meeuse et al., 2021). This concept directly relates to the research question by emphasizing the potential positive impact of integrating religious beliefs into psychotherapeutic practices on treatment outcomes, underscoring the importance of this integrative approach in promoting mental health.

Barriers to Integration

As identified in the literature, barriers to integration pose challenges to effectively incorporating religious beliefs into psychotherapy (Peteet et al., 2019). These barriers include

therapists' own religious affiliations, lack of training in addressing religious diversity, and concerns about imposing personal beliefs onto clients (Oxhandler et al., 2018; Captari et al., 2018; Koeing et al., 2020; Leung & Li, 2023). Such barriers hinder the seamless integration of religious beliefs into therapy sessions and may result in spiritually-avoidant care, thereby potentially limiting the effectiveness of treatment. This theme correlates with the review question by highlighting the obstacles that therapists face in integrating religious beliefs into psychotherapy and underscores the need to address these barriers to optimize treatment outcomes.

Ethical Considerations

Ethical considerations in this review are grounded in a solid commitment to transparency, accuracy, and respect. The review draws from published articles, ensuring responsible use of existing data and adherence to established research norms and ethical standards. Attention is given to the reliability and validity of sources, upholding academic integrity, and fostering a foundation of knowledge built on credible evidence from the literature. Additionally, the review was submitted to the university's Institutional Review Board (IRB), which responded ascertaining that the review was exempt. The IRB approval letter is attached in this review as Appendix D. In addition, the researcher completed the CITI training (Appendix E).

Section Six: Discussion

Implications for Practice/ Future Work

The review's findings have significant implications for mental health treatment, underlining the necessity of evaluating and incorporating religious views into psychotherapy to improve mental health outcomes. The findings highlight the significance of integrating R/S aspects into psychotherapy, stressing its potential to promote psychological and spiritual

functioning in various groups (Vitorino et al., 2018). However, future studies should examine the complexities of adopting religious ideas in different cultural and religious contexts. Future studies should also seek to establish how extending patient follow-ups can improve the resilience and dependability of integrating religious beliefs into psychotherapy for better mental health outcomes. Additionally, the reviewed literature emphasizes the need for future studies to diversify study populations to reflect real-world clients better, capturing the breadth of diversity present in society (Koeing et al., 2021). Also, it is critical to construct research using legitimate comparable treatments to isolate the R/S component's influence correctly.

Dissemination

For dissemination, the findings of this literature review will be circulated through academic publications and podium presentations to mental health professionals. This dissemination will encourage the integration of religious beliefs into psychotherapy for improved mental health outcomes. Firstly, academic publications provide a platform for detailed explanations and peer-reviewed validation of the study's methodology and results, enhancing credibility and trustworthiness among the scientific community. Secondly, presentations to mental health professionals facilitate direct engagement, discussion, and knowledge sharing, fostering a deeper understanding of the research implications and promoting potential integration into clinical practice. By utilizing these channels, the study aims to reach a wide audience, maximizing impact and encouraging the adoption of R/S into psychotherapy to enhance mental health outcomes.

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Appendix A: Article Critique and Leveling Matrix

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>Article 1: Amerongen-Meeuse, J. V. N., Schaap-Jonker, H., HENNIPMA NHERWEIJER, C., Anbeek, C., & Braam, A. W. (2021). Patients' needs of religion/spirituality integration in two mental health clinics in the Netherlands. <i>The Religiosity Gap: Religious and spiritual care needs in clinical mental health care</i>, 40(1), 33.</p>	<p>The study aimed to discuss the correlation between fulfilled or unfulfilled care needs in terms of respect and support (R/S) and how this relates to the treatment alliance and adherence in individuals seeking mental health care.</p>	<p>A purposive sample of patients aged 18–65 with a range of diagnoses. Both Christian believers and patients without specific religious orientations were included.</p>	<p>Cross-sectional research</p>	<p>The study found that integration of religious beliefs reduces mental health symptoms.</p>	<p>Level 4 - Case-control or cohort study.</p>	<p>52% enrollment rate may introduce selection bias. Uncertainty in how lower interest in R/S influenced non-participating patients (48%). Clinical relevance of WAI-12 adaptation for multidisciplinary care is uncertain.</p>	<p>Yes, since it provides information on patient preferences that may help shape better patient-centered mental health treatment methods.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
						<p>Validity of some measures, including the new R/S measure, is not assured.</p>	
<p>Article 2: Arundell, L. L., Barnett, P., Buckman, J. E., Saunders, R., & Pilling, S. (2021). The effectiveness of adapted psychological interventions for people from ethnic minority groups: A systematic review and conceptual typology. <i>Clinical Psychology</i></p>	<p>The study aimed to assess the efficacy of adapted psychological interventions for Black and minority ethnic (BME) groups and develop a conceptual typology based on reported adaptations to explore their effectiveness</p>	<p>A systematic sample of individuals aged 18+ years old from Black, ethnic minority, migrant, refugee, or asylum seeker communities</p>	<p>systematic review and meta-analysis,</p>	<p>Adapted interventions were associated with greater symptom improvements for BME groups post-treatment, compared to non-adapted interventions, including self-help interventions.</p>	<p>Level 1 - Systematic review & meta-analysis of randomized controlled trials; clinical guidelines based on systematic reviews or</p>	<p>Unassessed Typology Validity, Ecological Bias and Heterogeneity and Limited Representation</p>	<p>Yes, supports adapted interventions for mental health in BME groups.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p><i>Review, 88, 102063.</i></p>	<p>ss in improving mental health symptoms for minority groups</p>	<p>nities experiencing symptoms of or diagnosed with mental health conditions</p>			<p>meta-analyses</p>		
<p>Article 3: Captari, L. E., Hook, J. N., Hoyt, W., Davis, D. E., McElroy-Heltzel, S. E., & Worthington Jr, E. L. (2018). Integrating clients' religion and spirituality within psychotherapy: A comprehensive meta-analysis. <i>Journal of</i></p>	<p>The study aimed to compare the effectiveness of R/S-tailored psychotherapy with no-treatment controls, alternate secular treatments, and additive secular treatments, focusing on clients' psychological</p>	<p>A convenience sample diverse populations diagnosed with mental health disorders drawing from 7,181 patients , with 3,495 from R/S interven</p>	<p>Meta analysis</p>	<p>R/S-integrated psychotherapy significantly improved psychological and spiritual outcomes compared to no treatment. R/S psychotherapy showed better psychological and spiritual outcomes compared</p>	<p>Level 1- Systematic review & meta-analysis of randomized controlled trials; clinical guidelines based on systematic review</p>	<p>Fewer studies at follow-up, limiting the analyzable sample., Limited generalizability due to homogeneous samples , Difficulty isolating the</p>	<p>Yes. Empirical support for R/S-integrated psychotherapy's effectiveness warrants considering its integration for improved mental health outcomes.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p><i>Clinical Psychology</i>, 74(11), 1938-1951.</p>	<p>cal and spiritual functioning .</p>	<p>tions, 1,634 from alternate interventions, and 2,052 from no treatment or control conditions.</p>		<p>to alternate (secular) treatments. In an additive design, R/S psychotherapy had significant positive effects on spiritual outcomes but not psychological outcomes.</p>	<p>s or meta-analyses</p>	<p>R/S component's impact without a bona fide comparative secular and R/S treatment</p>	
<p>Article 4: Dein, S. (2018). Against the stream: Religion and mental health—the case for the inclusion of religion and spirituality into psychiatric care. <i>BJPsych Bulletin</i>, 42(3), 127-129.</p>	<p>To advocate for the inclusion of religion and spirituality in psychiatric care.</p>	<p>A purposive sample of studies focusing on mental health.</p>	<p>Descriptive review</p>	<p>The study found a positive association between religiosity and mental health, including increased hope, meaning, self-esteem, and life satisfaction</p>	<p>Level 6: Single descriptive or qualitative study.</p>	<p>Limited sample size</p>	<p>Yes, the single study support integrating religion/spirituality in mental healthcare for improved well-being.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>Article 5: Elliott, M., & Reuter, J. C. (2021). Religion, spirituality, and mental illness among working professionals: An in-depth interview study. <i>Mental Health, Religion & Culture</i>, 24(9), 931-947.</p>	<p>This study explores the role of religion and spirituality (R/S) in the lives of working professionals with mental illness, investigating both the beneficial and problematic aspects of R/S on mental health.</p>	<p>A convenience sample of 26 working professionals.</p>	<p>Qualitative Descriptive Study.</p>	<p>Beneficial R/S reports outweighed problematic reports by a five-to-two margin. A few (19%) regarded R/S negatively, underlining the significance of community assistance for those suffering from mental illnesses.</p>	<p>Level 6: Single descriptive or qualitative study</p>	<p>Small sample size, Predominantly White, Highly Educated Participants, Inability to Discern Patterns by Gender, Profession, or Diagnosis, and R/S Was Not Initially Part of the Study's Focus.</p>	<p>Yes, this study provides qualitative insights into the complicated interaction between R/S and mental illness, which will be helpful to practitioners and future research.</p>
<p>Article 6: Fortuna, L. R., Martinez, W., & Porche, M. V. (2023).</p>	<p>The research purpose is to investigate</p>	<p>A purposive sample of 37</p>	<p>Mixed-method approach</p>	<p>results indicate that guiding adaptive coping and</p>	<p>Level 6 - Single descriptive or</p>	<p>Small sample size, Lack of control</p>	<p>Yes, since the study findings suggest</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>Integrating Spirituality and Religious Beliefs in a Mindfulness Based Cognitive Behavioral Therapy for PTSD with Latinx Unaccompanied Immigrant Children. <i>Journal of Child & Adolescent Trauma</i>, 1-14.</p>	<p>the effectiveness of integrating religious beliefs and spirituality into therapy, particularly for unaccompanied immigrant children (UIC) with strong faith traditions/beliefs,</p>	<p>adolescent-Spanish - dominant speakers with a mean age of 15.8</p>		<p>considering spirituality can enhance cognitive therapy and mindfulness for unaccompanied immigrant children, aligning with their culture and spiritual beliefs to address trauma and challenges effectively.</p>	<p>qualitative study.</p>	<p>group, potential influence of attention and regular appointments and absence of follow-up data for assessing long-term treatment success</p>	<p>the effectiveness of integrating spirituality-religiosity in cognitive therapy with traumatized unaccompanied immigrant children, supporting its use for similar populations to enhance coping and reduce PTSD symptoms.</p>
<p>Article 7: Giannone, D.</p>	<p>The research</p>	<p>Convenience</p>	<p>Cross-section</p>	<p>Religiosity was</p>	<p>Level 6:</p>	<p>Cross-sectiona</p>	<p>No, the study</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>A., Kaplin, D., & Francis, L. J. (2019). Exploring two approaches to an existential function of religiosity in mental health. <i>Mental Health, Religion & Culture</i>, 22(1), 56-72.</p>	<p>aims to explore the relationship between religiosity, existential thinking, purpose in life, and mental health outcomes (depression , anxiety, substance use) in undergraduates.</p>	<p>sampling of 353 undergraduates from a Northeastern United States college.</p>	<p>qualitative study design.</p>	<p>positively linked to purpose in life</p>	<p>Single descriptive or qualitative study.</p>	<p>1 design limits causal conclusions. Recruitment bias towards young females in a psychology department affects generalizability. Self-report methods may introduce social desirability bias and response set issues.</p>	<p>provides insights into religiosity's relationship with mental health but lacks direct applicability for immediate change.</p>
<p>Article 8: Holt, C. L., Roth, D. L.,</p>	<p>This study aimed to examine</p>	<p>A probability</p>	<p>longitudinal study</p>	<p>Positive religious support</p>	<p>Level 4 - Case-</p>	<p>Limited retention due to</p>	<p>Yes, the study provides</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>Huang, J., & Clark, E. M. (2018). Role of religious social support in longitudinal relationships between religiosity and health-related outcomes in African Americans. <i>Journal of Behavioral Medicine, 41</i>, 62-73.</p>	<p>how religious social support may act as a mediator between religious beliefs and behaviors, and various health-related outcomes, such as depressive symptoms, functioning, diet, alcohol use, and cancer screening</p>	<p>sample of African Americans at least 21 years old with an ability to speak English,</p>		<p>mediated the link between religious behaviors and lower depressive symptoms and healthier diets. Negative interaction did not mediate the associations between religious beliefs or behaviors and health outcomes. Unmediated effects showed significant direct relationships between religious behaviors and some health behaviors.</p>	<p>control or cohort study</p>	<p>study not originally designed for re-contact. Some variables exhibited minimal change during the study. Potential for bias due to low retention rates.</p>	<p>valuable insights into the mediating role of religious social support in the relationship between religious involvement and health outcomes.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>Article 9: Koenig, H. G., Youssef, N. A., Smothers, Z., Oliver, J. P., Boucher, N. A., Ames, D., ... & Haynes, K. (2020). Hope, religiosity, and mental health in U.S. veterans and active-duty military with PTSD symptoms. <i>Military Medicine</i>, 185(1-2), 97-104.</p>	<p>The research studied the relationships among mental health, hope, and religion in persons including both active duty military members and veterans with PTSD symptoms.</p>	<p>A multi-site cross-sectional sample involving 591 Veterans and active-duty military personnel.</p>	<p>Multi-site cross-sectional study</p>	<p>The research found a negative link between hope and symptoms of depression, anxiety, and PTSD and a favorable correlation between religion and hope.</p>	<p>Level 4: Case-control or cohort study.</p>	<p>The male-dominated sample and hypothesized outcomes may introduce bias due to Christian university affiliation and the Single-item hope measure.</p>	<p>Yes, since this research offers quantifiable data on hope, religion, and mental health outcomes in PTSD-afflicted Veterans and Active Duty Military.</p>
<p>Article 10: Kpanake, L. (2018). Cultural concepts of the person and mental health in Africa. <i>Trans</i></p>	<p>The study's purpose is to examine and describe the cultural concepts of the person in African</p>	<p>Purposive sample of an African person.</p>	<p>a descriptive and qualitative approach</p>	<p>The study highlights that personhood in many African cultures is characterized by a</p>	<p>Level 5: Systematic review of descriptive & qualitative</p>	<p>The study does not explicitly mention its limitations</p>	<p>Yes, the study provides valuable insights into the cultural concepts of</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p><i>cultural Psychiatry</i>, 55(2), 198-218.</p>	<p>societies, particularly focusing on how these concepts influence major aspects of mental health, including understanding mental illness, help-seeking behaviors, and expectations for recovery.</p>			<p>dynamic interplay of three distinct forms of agency: spiritual agency, social agency, and self-agency. These agencies influence how individuals manifest their personhood and interpret experiences related to mental health.</p>	<p>tive studies .</p>	<p>ons. However, potential limitations could include the broad and diverse nature of African cultures , making it challenging to generalize findings across all African societies</p>	<p>personhood in African societies and their implications for mental health.</p>
<p>Article 11: Leung, J., & Li, K. K. (2023, July).</p>	<p>The primary objective of this</p>	<p>Seven adults with mild or</p>	<p>Explanatory sequential</p>	<p>After the intervention , depression ratings</p>	<p>Level 5. Systematic</p>	<p>small sample size, Homog</p>	<p>Yes, but carefully . The faith-</p>

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample : Demographics , etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.
Faith-Based Spiritual Intervention for Persons with Depression: Preliminary Evidence from a Pilot Study. In Healthcare (Vol. 11, No. 15, p. 2134). MDPI.	research was to determine, in advance of a larger-scale Randomized Controlled Trial (RCT), if the faith-based spiritual intervention was feasible and well-received by participants .	moderate depressive symptoms.	mixed-method design	(PHQ-9) significantly decreased at the 3-month follow-up. Participants felt more confident, had improved coping strategies, and increased knowledge about depression. Qualitative analysis revealed themes related to the intervention 's purpose, benefits of spiritual community, and therapeutic elements.	review of descriptive & qualitative studies	eneous Christian background, absence of biological indicators, and Lack of control cohort	based intervention may help depressed people, but the study's limited sample size and absence of a control group should be considered before applying these results to therapeutic practice.
Article 12: Lorenz, L.,	The study aimed to	A conveni	Mixed-metho	Social support has	Level 3:	Specific patient	Yes, the study

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>Doherty, A., & Casey, P. (2019). The role of religion in buffering the impact of stressful life events on depressive symptoms in patients with depressive episodes or adjustment disorder. <i>International Journal of Environmental Research and Public Health</i>, 16(7), 1238.</p>	<p>explore how religious beliefs affect stress-related depressive symptoms.</p>	<p>ence sample of = 348 patients with either a depressive episode or adjustment disorder</p>	<p>ds study.</p>	<p>a main effect on initial depressive symptoms. Church attendance plays a vital role in moderating depression severity during stressful life events. Personal belief system (IR and NORA) impacts decreasing depressive symptoms over time. Social support's benefit is distinct from religious activity, showing effects beyond its</p>	<p>control led trial (no randomization)</p>	<p>sample from urban liaison psychiatry services limits generalizability. Small sample size</p>	<p>suggests that religious activities and beliefs can influence depressive symptoms and their progression, useful for mental health support.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
				<p>associated social support</p>			
<p>Article 13: Lucchetti, G., Koenig, H. G., & Lucchetti, A. L. G. (2021). Spirituality, religiousness, and mental health: A review of the current scientific evidence. <i>World Journal of Clinical Cases</i>, 9(26), 7620.</p>	<p>The study aims to provide an updated review of scientific evidence regarding the relationship between spirituality/religiousness (S/R) and mental health</p>	<p>a purposive sample, drawing from diverse range of studies that focus on mental health problems such as depression, anxiety, suicide, substance use disorder , psychotic disorder , obsessive-</p>	<p>comprehensive review</p>	<p>Spirituality/religiousness significantly influence mental health outcomes.</p>	<p>Level 7 Expert opinion</p>	<p>The review is a narrative review, lacking a systematic approach, Potential selection bias due to non-systematic review methodology.</p>	<p>No, Limited, due to narrative approach and potential bias.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
		<p>compulsive disorder , bipolar disorder , post-traumatic stress disorder , and eating disorders</p>					
<p>Article 14: Milner, K., Crawford, P., Edgley, A., Hare-Duke, L., & Slade, M. (2020). The experiences of spirituality among adults with mental health difficulties: a qualitative systematic review. <i>Epidemiology and Psychiatric</i></p>	<p>To characterize experiences of spirituality in adults with mental health difficulties through a qualitative systematic review.</p>	<p>A purposive sample of Thirty-eight studies from 4944 reviewed papers.</p>	<p>A qualitative systematic</p>	<p>The study found that acknowledging spirituality and integrating a spiritual framework into mental healthcare practice can potentially contribute to a deeper vision of recovery, emphasizing the importance</p>	<p>Level 5: Systematic review of descriptive & qualitative studies .</p>	<p>Risk of de-contextualization and Exclusion of specific topics</p>	<p>Yes, Qualitative evidence supports spirituality integration in mental health for enhanced recovery and holistic care.</p>

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Characteristics of the Sample : Demographics , etc.)	Methods	Study Results	Level of Evidence (Use Melnyk Framework)	Study Limitations	Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.
<i>Sciences, 29, e34.</i>				of recognizing spirituality as a crucial aspect of holistic care.			
Article 15: Noferesti, A., & Tavakol, K. (2022). Positive psychotherapy based on "belief in divine goodness" for subclinical depression in Iran: treatment development, feasibility, and preliminary results. <i>Mental Health, Religion & Culture, 25(2), 113-131.</i>	The research evaluates a positive treatment regimen based on "belief in divine goodness" for Iranian subclinical depressed patients.	A convenience sample of eight Iranian subjects with subclinical depression, aged 18 or older.	Multiple-baseline design	Participants had reduced sadness but more happiness, life satisfaction, enjoyment, engagement , and meaning than baseline.	Level 6: Single descriptive or qualitative study	Small sample size	Yes, since the research provides an insightful understanding of the possible advantages of positive psychotherapy based on "belief in divine goodness " for Iranian patients suffering from subclinical

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
							<p>depression.</p>
<p>Article 16: Oxhandler, H. K., Ellor, J. W., & Stanford, M. S. (2018). Client attitudes toward integrating religion and spirituality in mental health treatment: Scale development and client responses. <i>Social Work, 63</i>(4), 337-346.</p>	<p>This research intended to construct and assess the reliability and validity of the Religious/Spiritually Integrated Practice Assessment Scale–Client Attitudes (RSIPAS-CA).</p>	<p>The sample consisted of 1,047 U.S. adults</p>	<p>Scale development study,</p>	<p>The research discovered that customers had varied feelings on who should begin the topic of R.S., although the majority favored including R.S. in practice. The instrument's dependability was rated as excellent.</p>	<p>Level 6: Single descriptive or qualitative study</p>	<p>The research uses self-reported data, which may be biased or socially desirable. Additionally, the study's sample may not reflect all mental health clients.</p>	<p>Yes, since it offers insightful information on clients' viewpoints.</p>
<p>Article 17: Pant, N., & Srivastava, S. K. (2019). The impact of spiritual intelligence, gender and</p>	<p>To examine the level of spiritual intelligence and mental health among college</p>	<p>Purposive sampling technique used to select 300</p>	<p>Correlational design.</p>	<p>Significant relationships found between spiritual intelligence and mental health</p>	<p>Level 6: Single descriptive or qualitative study.</p>	<p>Limited geographical scope, Exploratory focus, and</p>	<p>Yes. This qualitative systematic review provides evidence</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>educational background on mental health among college students. <i>Journal of Religion and Health</i>, 58, 87-108.</p>	<p>students, exploring their relationship and differences across gender and educational background .</p>	<p>postgraduate college students (150 arts, 150 science) from government degree colleges in Haridwar, Uttarakhand, India.</p>		<p>among arts and science students, and among male and female students in both disciplines</p>		<p>Inadequate mental health scale.</p>	<p>of the significant role spirituality plays in the lives of many people who experience mental health difficulties.</p>
<p>Article 18: Petee, J. R., Al Zaben, F., & Koenig, H. G. (2019). Integrating spirituality into the care of older adults. <i>International Psychogeriatrics</i>, 31(1), 31-38.</p>	<p>To explore the sensible integration of spirituality into the care of older adult medical and psychiatric patients.</p>	<p>A purposive sample of studies focusing on mental health problems in older adults,</p>	<p>Descriptive review</p>	<p>The study results emphasize the importance of integrating spirituality into the care of older adults due to the high religiosity among this</p>	<p>Level 5: Systematic review of descriptive & qualitative studies</p>	<p>Vulnerable to bias and confounding. Limited for causal inferences.</p>	<p>Yes, the study provide valuable information for promoting spirituality in older adult care.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
				<p>age group and its potential positive impact on health and well-being.</p>			
<p>Article 19: Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. <i>Journal of Religion and Health, 59</i>, 2288-2301.</p>	<p>The study aimed to examine the prevalence of COVID-19 exposure, both primary and secondary, among American Orthodox Jews, and assess the impact of the pandemic on stress and mental well-being</p>	<p>A convenience sample of 419 orthodox . 72% of the participants were female aged 18 to 83. Reported ethnicity was largely white (95%) and most were college educate</p>	<p>Cross-sectional Design</p>	<p>The research found a strong correlation between positive religious coping, intrinsic religiosity, and trust in God with reduced stress levels and increased positive impact during the pandemic. This suggests the beneficial role of religious beliefs in</p>	<p>Level 4: Case-control or cohort study.</p>	<p>Limited Assessment of Coping Mechanisms, Self-Report Bias, and the study's cross-sectional design limits causal conclusions</p>	<p>Yes, the study provides valuable insights into the potential mental health benefits associated with religious coping among the Orthodox Jewish community during the COVID-19 pandemic.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
		<p>d (86%).</p>		<p>promoting mental well-being</p>			
<p>Article 20: Rogers, M., Wattis, J., Stephenson, J., Khan, W., & Curran, S. (2019). A questionnaire-based study of attitudes to spirituality in mental health practitioners and the relevance of the concept of spiritually competent care. <i>International Journal of Mental Health Nursing</i>, 28(5), 1165-1175.</p>	<p>The study assessed how mental health professionals perceive and integrate spirituality into their training and practice.</p>	<p>A convenience sample of 104 health practitioners</p>	<p>Questionnaire Based Study</p>	<p>Respondents who valued spirituality as separate from religion and receiving spiritual education appreciated it more in their profession.</p>	<p>Level 4: Case-control or cohort study</p>	<p>Limited to a small, voluntary sample from one mental health organization and small sample size.</p>	<p>Yes, since it shows how practitioners see spirituality and integrate it into their education and practice.</p>
<p>Article 21: Tan, M. M., Su, T. T., Ting, R. S. K., Allotey,</p>	<p>The study investigated the relationship between</p>	<p>A cross-sectional sample</p>	<p>Cross-sectional study</p>	<p>Belief in a higher power positively influenced</p>	<p>Level 4: Case-control or</p>	<p>Cross-sectional design hinders causal</p>	<p>Yes. This research shows how</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>P., & Reidpath, D. (2021). Religion and mental health among older adults: ethnic differences in Malaysia. <i>Aging & Mental Health</i>, 25(11), 2116-2123.</p>	<p>religion and mental health among older adults in Malaysia, a multicultural country with a predominantly Muslim population.</p>	<p>of 7,068 individuals aged 55 years and above of Malay, Chinese , or Indian descent from five of SEACO 's 11 sub-districts .</p>		<p>mental health across ethnicities.</p>	<p>cohort study</p>	<p>inference; single-item religious scales lack depth and reliability.</p>	<p>older persons' mental health and religion interact in a multicultural Malaysia n setting.</p>
<p>Article 22: Tanhan, A., & Young, J. S. (2022). Muslims and mental health services: A concept map and a theoretical framework. <i>Journal of</i></p>	<p>The study aims to address the challenges faced by Muslim populations in utilizing mental health services, emphasizing the</p>	<p>utilized a systematic search strategy with key identifiers on various research</p>	<p>Systematic review</p>	<p>The research highlighted that spirituality and religiosity play a crucial role in addressing mental health</p>	<p>Level 5 - Systematic review of descriptive & qualitative studies .</p>	<p>Limitations include potential gaps in the search strategy , potential bias due to the</p>	<p>Yes, this study provides valuable insights and a structured framework related to Muslim mental</p>

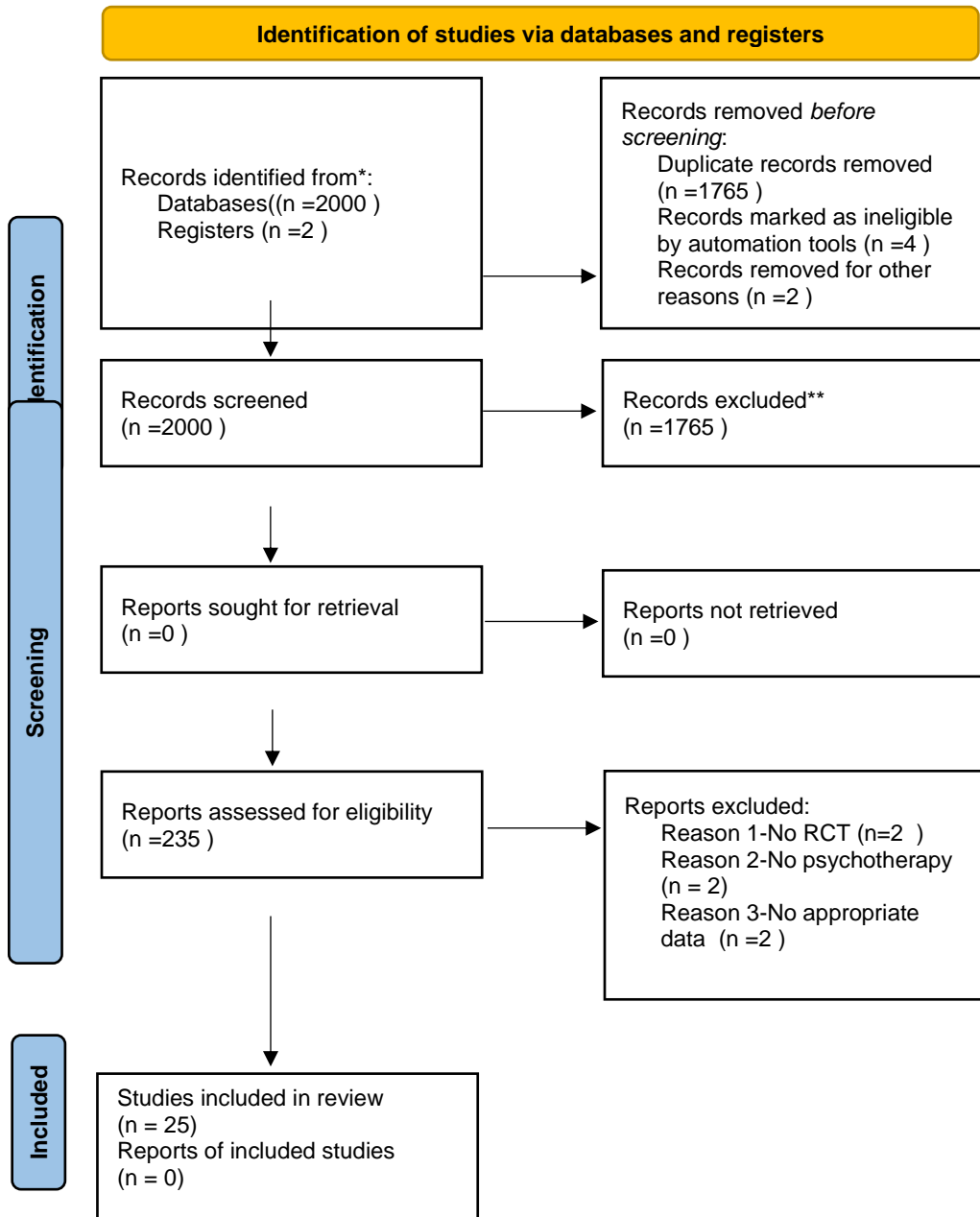
<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p><i>Religion and Health</i>, 1-41.</p>	<p>importance of mental health professionals in addressing biopsychosocial, spiritual, and economic aspects.</p>	<p>databases, including terms related to Muslim mental health.</p>		<p>issues and enhancing overall well-being within the Muslim population.</p>		<p>small research team's perspectives, and limitations in capturing all relevant work.</p>	<p>health, which could be used to support changes in mental health service provision for this population.</p>
<p>Article 23: Tolentino, J. C., Gjorup, A. L. T., Mello, C. R., Assis, S. G. D., Marques, A. C., Filho, Á. D. C., ... & Schmidt, S. L. (2022). Spirituality as a protective factor for chronic and acute anxiety in Brazilian healthcare workers during the COVID-19</p>	<p>The study aimed to investigate the role of spirituality as a protective factor for chronic and acute anxiety in Brazilian healthcare workers during the COVID-19 pandemic.</p>	<p>A convenience sample of 118 healthcare workers .</p>	<p>Observational cross-sectional study.</p>	<p>The study discovered that spirituality was the most accurate predictor of both acute and chronic anxiety, with faith and peace working together to predict acute anxiety and peace alone to predict chronic</p>	<p>Level 6 - Single descriptive or qualitative study.</p>	<p>A small number of subjects .</p>	<p>Yes, this research offers valuable information regarding spirituality's protective effect on healthcare workers' anxiety during the COVID-19</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p>outbreak. <i>Plos One</i>, 17(5), e0267556.</p>				<p>anxiety. In those who did not exhibit indications of anxiousness , faith was greater.</p>			<p>pandemic, which may guide treatments and mental health assistance for HCWs.</p>
<p>Article 24: van Nieuw Amerongen-Meeuse, J. C., Schaap-Jonker, H., Hennipman-Herweijer, C., Anbeek, C., & Braam, A. W. (2019). Patients' needs of religion/spirituality integration in two mental health clinics in the Netherlands. <i>Issues in Mental Health</i></p>	<p>The study aimed to investigate patients' preferences regarding including religion/spirituality (R/S) in their clinical multidisciplinary mental health care (MHC).</p>	<p>A purposive sample of patients aged 18–65 with a range of diagnoses. Both Christian believers and patients without specific religious orientations</p>	<p>Qualitative research design,</p>	<p>The findings showed that patients valued individual R/S talks with care team members, a familiar R/S atmosphere, a particular R/S program, and R/S network connectivity.</p>	<p>Level 6: Single descriptive or qualitative study</p>	<p>Lack of prior qualitative investigation into patients' R/S care needs, Limited Focus, and Lack of Consensus on R/S care needs.</p>	<p>Yes, since it provides information on patient preferences that may help shape better patient-centered mental health treatment methods.</p>

<p>Article Title, Author, etc. (Current APA Format)</p>	<p>Study Purpose</p>	<p>Sample (Characteristics of the Sample : Demographics , etc.)</p>	<p>Methods</p>	<p>Study Results</p>	<p>Level of Evidence (Use Melnyk Framework)</p>	<p>Study Limitations</p>	<p>Would Use as Evidence to Support a Change ? (Yes or No) Provide Rationale.</p>
<p><i>Nursing</i>, 40(1), 41-49.</p>		<p>were included.</p>					
<p>Article 25: Vitorino, L. M., Lucchetti, G., Leão, F. C., Vallada, H., & Peres, M. F. P. (2018). The association between spirituality and religiousness and mental health. <i>Scientific Reports</i>, 8(1), 17233.</p>	<p>The purpose of the study is to explore how different levels of spirituality and religiousness (S/R, S/r, s/R, s/r) are linked to the quality of life and mental well-being among adults in Brazil.</p>	<p>A convenience sample of 1,046 Brazilian adult</p>	<p>cross-sectional online survey</p>	<p>The study found that possessing elevated spirituality and religiousness correlates with improved outcomes compared to having only one or none. Similarly, prioritizing religiousness over spirituality is linked to better results compared to other levels.</p>	<p>Level 6: Single descriptive or qualitative study.</p>	<p>Lack of longitudinal data: Hinders understanding of changes over time. Sampling bias: Restricted to individuals with online access, potentially excluding certain demographics. Generalizability : Limited to the</p>	<p>Yes, the study provides valuable insights into the associations between spirituality, religiousness, mental health, and quality of life.</p>

Article Title, Author, etc. (Current APA Format)	Study Purpose	Sample (Chara- acteristi- cs of the Sample : Demog- raphics , etc.)	Metho- ds	Study Results	Level of Evide- nce (Use Melny- k Frame- work)	Study Limitat- ions	Would Use as Evidenc- e to Support a Change ? (Yes or No) Provide Rational- e.
						online- accessib- le populati- on, affectin- g broader applica- bility.	

Appendix B: PRISMA Flow Figure



Appendix C: DNP Essentials

DNP essential	Definition of essential	Description of how essential applied
ESSENTIAL I	Scientific underpinnings for practice	Only scientific evidence was used for this integrative review
ESSENTIAL II	Leadership in Healthcare	The review demonstrates DNP Essential II by recognizing the evolving landscape of psychotherapy and the importance of integrating religious beliefs into mental health care. The exploration of this emerging frontier reflects leadership in adapting and optimizing mental health practices to meet diverse patient needs.
ESSENTIAL III	Clinical scholarship and analytic methods for evidence-based practice	The review critically appraises existing literature, ensuring a focused and rigorous evaluation of the efficacy of religious and spiritual psychotherapy in mental health care.
ESSENTIAL VI	Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	The utilization of key databases (Medline, Cinahl, and Psychonet) in the literature review aligns with DNP Essential IV. The review prioritizes academic rigor by employing information systems and technology for a systematic search, contributing to the improvement of patient care within the mental health domain.
ESSENTIAL V	Health Care Policy for Advocacy in Health Care	The rationale for conducting the review, focusing on the

evolving landscape of psychotherapy and the integration of religious beliefs, aligns with DNP Essential V. The review aims to contribute to the development of culturally attuned and effective psychotherapeutic methods, advocating for policies that recognize the significance of spirituality in mental health care.

Appendix D IRB Approval Letter**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

January 31, 2024

Justina Anighoro-Okezie
Tonia Kennedy, Justina Anighoro-Okezie

Re: IRB Application - IRB-FY23-24-1268 This comprehensive review explores how integrating religious beliefs into psychotherapy impacts mental health outcomes

Dear Justina Anighoro-Okezie and Tonia Kennedy, Justina Anighoro-Okezie,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your study does not meet the definition of human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study/project is not considered human subjects research because

(1) it will not involve the collection of identifiable, private information from or about living individuals (45 CFR 46.102).

Please note that this decision only applies to your current application. Any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

APPENDIX E



Completion Date 12-Oct-2023
Expiration Date 12-Oct-2026
Record ID 58704583

This is to certify that:

Justina Anighoro-Okezie

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Liberty University

Not valid for renewal of certification through CME.

CITI
Collaborative Institutional Training Initiative
101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?w3674839d-5a3b-4dea-bc5d-435eda3f7ea9-58704583