



# INTERACTION

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## President's Address

Dr. L. Marinn Pierce



Dear ASERVIC friends!

It has been a busy first few weeks of my time as ASERVIC President. We had our annual conference in Colorado Springs, and after a brief time back home, I met our new Secretary, Ana Reyes, in Washington, D.C. for ACA's Institute for Leadership Training. We had a wonderful time connecting with other divisions, learning about ACA President, Heather Trepal's, priorities for the coming year, and spending time at Capital Hill advocating for Medicare Reimbursement and School Counseling funding.

While in DC, I crashed in Stephanie Dailey's (an ASERVIC Past-President and now Past Conference Co-Chair) basement. Driving up from South Carolina, I arrived late the night before ILT started. I was met by a front porch light, an open door, and a "You must be hungry. Promise me you'll eat something before you go to bed." While this beautiful, gracious hospitality is part of Stephanie's nature, it reminds me of all the ASERVIC connections for which I am grateful.

For several years, the ASERVIC membership has requested a conference "more like Santa Fe", and we hope that the conference in Colorado Springs met those expectations – a more retreat-like setting with opportunities for gathering and connection. In addition, our Board is working to create more opportunities for connection, both professionally and personally. Our Graduate Student Representative, Jennifer Vines-Cua, is hosting regular virtual meetings for graduate students. Last year, we offered a few webinars, and this year, our new Webinar Coordinator, Liz Norris, will be hosting even more virtual learning opportunities. Our 2020 Conference will be in Columbus, Ohio with more opportunities to gather and connect with one another. Lastly, the Board is always looking for ways to partner with our membership. I am so excited to see so many new faces in ASERVIC leadership, and if there are ways you would like to be more involved with ASERVIC, please reach out!

I am looking forward to our upcoming year and am grateful for the opportunity to serve as your President. If you have any feedback or thoughts, please reach out, and we hope you'll take advantage of some of the exciting things happening in the division!

### President

L. Marinn Pierce

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# New Column Alert!

## GRADUATE STUDENT COLUMN



In this section of the Interaction, you will find submissions from current graduate students in the field of counseling. Students went through a blind peer review process in order to help prepare them for the publishing process. These students did an excellent job and we hope you enjoy their contributions! If you are interested in submitting for the next Graduate Student Column, see page 3 for more information.

### Religion and School Counselors

Sarah Zalewski

*University of the Cumberland*

Today's world is filled with tragedies and unimaginable pain, which is often displayed for all to see on the screens that we hold so dear. In today's schools, children are struggling with assimilating these tragedies and events into their own personal worldviews. For many children, this includes reconciling these images, feelings, and fears with the religious and spiritual beliefs that they have been brought up to hold as truths.

As a school counselor, I often see children struggling to understand how their religious and spiritual beliefs relate to the horrors they have seen on the screen or have personally witnessed. It is difficult to know how to support these children in an environment where I am informed by many that education and religion are meant to be separate. Difficult because it is a disservice to these children to ignore their confusion, their angst, and to refuse to discuss religion and spirituality. Ethically, I am obligated to be multiculturally sensitive and to affirm the individual beliefs, including religion and spiritual, of every child I deal with (American School Counselor Association [ASCA], 2016). I am also required to ensure that I do not discriminate against anyone's religion beliefs or convictions (American Counseling Association [ACA], 2014; ASCA, 2016). Refusing to speak about and honor



the reality of a child's religious or spiritual convictions and questions by pushing them off with a "perhaps you can talk about this with your parents, we can't talk about this at school" is the opposite of honoring the religious or spiritual beliefs of that child. By refusing to speak about it I am telling them that this is not an important topic and that I am only here to listen to the things I would like to listen to. Refusing to listen is, by itself, a form of discrimination.

The First Amendment reads, "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof" (U. S. Constitution). Supreme Court Justice Black in his interpretation of the case of *Everson v Board of Education* (1947) said

that the state, which I am representing indirectly in my position as a school counselor, cannot force someone either into or away from a religion, nor can the state punish someone for being a part of a religious organization. To me this holds parallel to the ethical codes: I can honor a child's religion and spirituality by listening to their concerns and providing a sounding board, but I must always be cautious not to steer them either towards or away from any religious or spiritual decision. This meshes very well with the concept of autonomy, one of the concepts upon which the ACA Code of Ethics (2014) is founded. *Continued on next page*

## Religion and School Counselors Continued

I am often questioned by other school counselors as to how this looks in practice. How do I hold a space for children to discuss such important matters as religion and spirituality and ensure that I am honoring their right to make their own choices? Stloukal and Wickman (2011) suggest that the school counselor should operate in and hold themselves as “spiritual and religious safe zones” (p. 158) by creating an environment where it is safe to have discourse about, and even to question, religious and spiritual concerns. It is within this accepting and nonjudgmental environment that student can be given the space to process.

While creating a nonjudgmental environment is important, it is even more important to overtly open the door to conversations about religion and spirituality. For example, a student recently was talking to me about the death of a loved one and was quite upset. I took that opportunity to ask, “What do you think happens after people die?” That opened the door for her to examine her religious beliefs and initiate a conversation on the reality of heaven and hell. We can grant permission for these conversations in non-verbal ways as well. One colleague had a shelf in his office where, among

others, he had a copy of the Bible, a Quran, and a Torah. Students saw these and opened up about their beliefs. Parents felt welcomed.

School counselors can be present and hold space for students to openly talk about any topic, including their spiritual and religious beliefs. This allows us to respect both the letter of the law and our ethical codes, which need not be mutually exclusive. More importantly, we can model acceptance and respect for diversity to both our students and our colleagues.

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## Are you a graduate student interested in publishing?

ASERVIC is dedicating a section of their newsletter, *Interaction*, to graduate student contributions. We will be accepting submissions for review from Master’s and doctoral students for publication in our upcoming newsletters. Publications must be related to the overall mission of ASERVIC: “Our mission is to help counselors, supervisors, counselor educators, and counseling students competently integrate spiritual, ethic, and religious values into our work with clients.” This is an excellent opportunity for graduate students who are seeking to enhance their professional writing skills. You do not need to be a member of ASERVIC. We hope through interacting with our organization, you will become familiar with the work of ASERVIC and consider becoming involved. All submissions will go through a peer-review process.

We welcome submissions that are brief academic articles related to the ASERVIC mission. We are also interested in personal reflections and commentaries that are supported with academic references.

### Guidelines:

- All submissions must adhere to the APA 6th edition format (no abstract needed)
- All submissions must be related to the ASERVIC mission
- Submissions are to be approximately 500 to 750 words and double-spaced
- The first author must be a Master’s or doctoral student
- Include the author name(s), name of institution(s), and photo(s) in .jpg, .tif or .gif format.

Initial drafts are due by **December 20, 2019** and can be emailed to [counseling@heidihenry.com](mailto:counseling@heidihenry.com)

## Spirituality and Religion within Clinical Supervision: Chapter Reflections and Considerations

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The integration of religion and spirituality into counseling has garnered significant attention over the last 15-20 years. This trend has coincided with conclusions drawn from multiple studies documenting that 75 percent of the U.S. population identifies religion and spirituality as important aspects of their lives (Cashwell et al., 2013). Further, several scholars have pronounced the need to understand how spirituality and religion play a significant role in the wellness, development, and personal identity of all human beings. However, the practice of incorporating spirituality and religion into clinical supervision has received little attention (Garner, Webb, Chaffin, & Byars, 2017). As board members of the Wyoming chapter of ASERVIC, we sought to address this gap and discuss the importance of infusing spirituality and religion into clinical supervision. To address such concerns, we facilitated a panel discussion at the Wyoming Counseling Association (WCA) 2018 Conference. Below are the reflections on the panel from the board members.

### Personal Reflections

**Andrea (Secretary):** What was most impactful during our discussion was the ability to speak freely about topics of religion and spirituality, which are often neglected topics. I was encouraged to hear how participants incorporate their own and supervisee's religious and spiritual values into supervision. As a presenter, I was challenged to identify how I can further incorporate these values into supervision and engage with supervisees in discussion of their beliefs. It was encouraging to see how discussion of polarizing topics could feel inclusive and accepting. Participants shared about specific spiritual beliefs related to substance use treatment and 12-step programs. Though participants held strong opposing beliefs, the discussion remained respectful and open. The panel also helped to broaden participants' notions of spirituality, extending beyond traditional religious belief systems and encompassing a broader range of spiritual belief and practice.

**Andrew (President):** During our panel discussion, I became

aware of the importance of this conversation for those in attendance. I was taken back by participants' willingness to share experiences regarding their work with supervisees who held deeply rooted religious beliefs; participants openly shared their reactions to supervisees' beliefs and struggles to engage with them. I noticed, as participants shared challenges, a change in the atmosphere; the transparency and vulnerability of participants fostered a collaborative environment where individuals expressed themselves freely. I felt a close relationship among professional counselors had developed through the openness of sharing personal experiences. This experience opened my eyes to the great need for continuing such conversations.

**Elyssa (Past President):** When we set out to facilitate this discussion, I admit I was a bit nervous. My nerves came from fear; I was afraid that counselors in rural Wyoming would not be willing to engage in conversations regarding both their own and their supervisees' spiritual and religious beliefs. To my surprise, I experienced quite the opposite during our discussion. I found that attendees were ready and willing to openly dialogue about spirituality, ethics, and religion and the impact of these components within their counseling process and supervision. In fact, counselors overwhelmingly spoke to the frequency in which such conversations regarding spirituality and religion occur in their practice. I felt honored to offer space for such conversations in a supportive and nonjudgmental environment.

**Rakesh (Treasurer):** During the discussion, I noticed counselors' knowledge and understanding of various spiritual/religious traditions was limited. Some counselors lacked awareness of major spiritual traditions across the world and many viewed spirituality and religion through a predominantly Western perspective. Being from India, I find it especially important to advocate for mindfulness and spiritual understanding that encompasses a broad range of religious and spiritual perspectives. To facilitate this expansion of spiritual understanding, I engaged participants in a mindfulness activity.

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# Spirituality and Religion within Clinical Supervision Continued

## Implications

In keeping with the ASERVIC competencies, our chapter aims to foster opportunities for dialogue between professionals in hopes of encouraging counselors to explore their own attitudes, beliefs, and values regarding spirituality and religion (ASERVIC, 2009). Through ongoing dialogue, we believe counselors can broaden their scope of spiritual understanding and gain skills to respond respectfully and sensitively to conversations about religion in spirituality (ASERVIC, 2009). It is our hope that these skills will enable professionals to more effectively engage with clients, colleagues, and supervisees. To facilitate ongoing conversation, we plan to host panel discussions through statewide conferences, empowering practitioners to engage in the integration of spirituality and religion into counseling and supervision. Through these discussions, practitioners can gain skills, grow in self-awareness and cultivate a supportive and accepting spiritual culture within the profession.

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## Posttraumatic Growth and the Integration of Trauma into Life Narratives

Emily Lasinsky

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Experiencing a traumatic loss of a loved one can fundamentally alter one's life narrative. In conjunction with psychological distress, some people may experience posttraumatic growth (PTG; Tedeschi & Calhoun, 2004). Unlike resilience, people who experience PTG grow beyond their pre-trauma baseline level of functioning. Positive psychological growth tends to occur across five domains. This article focuses on the spiritual-existential change (SEC; Tedeschi, Cann, Taku, Senol-Durak, & Calhoun, 2017) domain, which concerns clients' understanding of themselves, their existence, and their connection to a transcendent source (Calhoun, Tedeschi, Cann, & Hanks, 2010). I provide a case example and a graphic to conceptualize how a client may experience SEC after a traumatic loss.

### Cognitive Processing of Trauma

To ignite the cognitive processing necessary for PTG, a traumatic event needs to challenge the fundamental elements of one's assumptive world (Tedeschi & Calhoun, 2004). The assumptive world (Janoff-Bulman, 1989) is a broad set of beliefs that allow people to experience the world as predictable, understandable, and meaningful. Growth occurs as these beliefs are adjusted and the trauma gets integrated into one's life narrative



(Tedeschi & Calhoun, 2004). This integration involves assimilation and accommodation. Assimilation is the alteration or incorporation of new information learned from the trauma into one's pre-existing assumptive world. Accommodation is the modification of one's assumptive world to incorporate the traumatic event (Joseph, 2013). Because assumptive world beliefs provide people with a sense of stability and coherence, they are not easily changed (Janoff-Bulman, 1989). Therefore, there is a tendency toward assimilation.

Spiritual, religious, and existential elements may be part of one's assumptive world. After experiencing a traumatic loss, people may question why a benevolent God allows suffering (Stump, 2010). Having their beliefs challenged can evoke emotional distress, which may trigger the cognitive processing needed to foster PTG (Tedeschi et al., 2017). Some people may place God in the role of punisher or teacher to maintain the belief that God is in control during uncontrollable circumstances (Dunlap, 2016). Those who have difficulty assimilating a loss, such as a death, into previously held worldviews may redefine their beliefs in order to accommodate the loss (Cait, 2004).

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# Posttraumatic Growth and the Integration of Trauma into Life Narratives Continued

## Case Example

Mel is a 48-year-old single mother of three. Last month, her son Jay was killed in a head-on collision. Mel cannot understand how this tragedy could happen to such a good family. While she has always leaned on her Christian faith during times of struggle, Mel is having trouble accepting that God did not protect her son.

In the process of assimilation (see Figure 1.a.), Mel may try to incorporate Jay's death into her pre-existing assumptive world belief that: *Good things happen to good people*. Since Jay died in a car accident (not a good thing), Mel may blame herself and believe: *Jay died because I am a bad person*. Another way Mel may try to maintain her pre-existing belief is to change her perspective about the loss and see it as a good thing: *Jay will no longer be exposed to the violence in the neighborhood*. In the process of accommodation (see Figure 1.b.), Mel may modify her assumptive world belief to: *Suffering is part of the human condition, and some things in life are out of my control*. With this change, she may understand her suffering as part of being human, not because she is a bad person.

Mel might have held the pre-trauma assumptive world belief that: *God protects those who serve God*. Trying to incorporate the loss of Jay into this pre-existing belief (assimilation), Mel may worry that she or Jay were not appropriately serving God (see Figure 1.a.). She may also ask questions that challenge this belief: *Can a benevolent God and a tragic death co-exist?* Grappling with such questions may lead to the adjustment of her assumptive world belief (accommodation): *God is my protector and I am vulnerable to the suffering in the world* (see Figure 1.b.). Overall, Mel's experience of SEC may entail a broadened perspective about God's role in human suffering.

## Conclusion

This article highlights how clients may adjust their pre-trauma assumptive world beliefs in order to integrate a traumatic loss into their life narratives. While some clients that have their spiritual, religious, and existential beliefs challenged by a loss may experience SEC, they may also grieve the loss of their beliefs. It is important for counselors to meet clients where they are at and be sensitive to how their beliefs may contribute to their suffering, as well as their growth.

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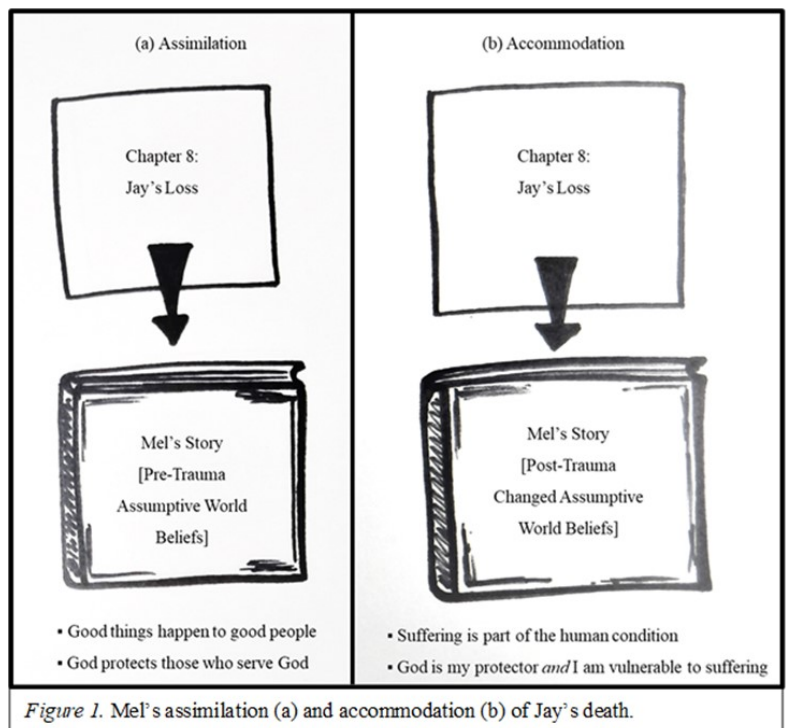


Figure 1. Mel's assimilation (a) and accommodation (b) of Jay's death.



# Forgiveness As A Critical Moderating Factor in PTSD Treatment

Caleb Boston & Dr. Grant Jones

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The treatment of Posttraumatic Stress Disorder (PTSD) has become an increasingly relevant topic of discussion in the current literature (van der Kolk et. al., 2007; Cukor & Difede, 2014; Mendes, Marcelo, Ventura, Cristiane de, & Jair de, 2008; Sloan, Sawyer, Lowmaster, Wernick, & Marx, 2015). Beyond theoretical frameworks and interventions, little research has been done on the moderating role of forgiveness' relevance to PTSD therapy. We hypothesize—theoretically—that forgiveness is a spiritually-oriented intervention that aids the client in contextualizing traumatic experiences in time and space, and relieving the body of its need to be neuroceptively hypervigilant (Porges, 2004). In other words, if the past traumatic experience is no longer occurring, the body and brain do not need to continue inhibiting social engagement. Confronting and reconsolidating the traumatic memory can help the client regain a present sense of being in the world.

This reconsolidation and recontextualization of traumatic memory can be done through techniques like EMDR or Somatic Processing, but we suggest it can also be metaphorically established through the spiritual practice of forgiveness. Major world religions like Judaism, Christianity, Buddhism, Hinduism, and Islam involve spiritual teachings on the importance of forgiveness to flourishing in life. Theories like Emotional Processing Theory, Forgiveness Theory, and Polyvagal Theory provide good frameworks for understanding the neurobiological reasons a person may need to confront and forgive past traumatic events (Rauch & Foa, 2006; McLean & Foa, 2011; Enright, 2001; Worthington, 2001; Porges, ). The following paper will summarize recent findings from a study on the efficiency of a brief group-oriented PTSD trauma model (Jones Trauma Model), explain how recent findings support the hypothesis that forgiveness is a critical moderating factor for PTSD treatment, and discuss why counselors ought to integrate forgiveness-oriented interventions into trauma therapy with spiritually-oriented and religiously involved clientele.

## Method

### Participants

The study contained 59 participants from two substance abuse treatment facilities in Kenya. Participants were ages 18 to 50. The Trauma model was co-facilitated by one master's level student studying counseling and one senior level undergraduate student studying psychology.

### Assessments and Measures

Participants were given the PTSD Symptom Checklist (PCL-5) before and after going through the treatment program. It was also recorded if each participant completed the treatment model by marking whether or not they made it through the confrontation and forgiveness stages. Data was then gathered and interpreted at a local university in America.

### Jones Trauma Model (JTM)

The Jones Trauma model is a brief five stage group therapy modality that takes place over two full days. This trauma model explicitly uses Judeo-Christian biblical narratives and spiritual interventions throughout the course of treatment, particularly in discussions about forgiveness and shame. Each day, there is psychoeducation about biblical characters and the differences between healthy and toxic shame/guilt. The second stage focuses on establishing a therapeutic relationship within the group to make each group member feel safe (van der Kolk, 2015; Peltzer, 1999). The third stage is exposing the trauma, with a focus on experiencing catharsis. The fourth stage is confronting the perpetrator with a written letter read aloud in the group. The fifth stage is writing/reading a forgiveness letter to the perpetrator (empty chair). The final stage is a funeral service where participants take an object associated with the situation and their written letters, and burn the items in a firepit to symbolize a step towards moving forward. Sessions range from one hour for psychoeducational work to two and a half hours for the confrontation stage.

Given the brief orientation of this model, some participants do not feel comfortable moving to forgiveness when the model does, so they are validated and encouraged to consider the possibility of doing this at a later time. They still participate in group discussion, but do so without participating personally. For the purpose of the present study, this is where the delineation between groups were made. Participants and group leaders indicated who participated in the final stages by writing a forgiveness letter and reading it aloud (n=44), and those who did not (n=15). *Continued on next page*

# Forgiveness As A Critical Moderating Factor in PTSD Treatment Continued

Consistent with two previous studies, the JTM yielded significant results regarding the decrease of PTSD symptoms when compared to the pre-test (Table 1). Tables 2 and 3 show participants had an average of an 11 point decrease in PTSD symptoms overall. Furthermore, when we differentiated between participants who wrote/read the confrontation and forgiveness letters (n=44), and those who only did a confrontation letter (n=15), there was an average difference of 11.89 in PCL-5 scores. This data further supports previous research that a two day, narrative focused, spiritually driven group intervention is effective in decreasing PTSD symptoms overall, and clearly demonstrates that writing and reading a forgiveness letter shows significantly more improvement in PTSD symptomology than those who did not.

## Discussion

The previous three studies of the JTM have further developed research suggesting narrative approaches are effective with the Sub-Saharan African clientele with PTSD symptomology (Nwoye, 2007), and addressing shame is critical to working with clients with PTSD (Saraiya & Lopez-Castro, 2016; Dorahy et. al., 2017). The current study is in line with the limited literature suggesting forgiveness as a critical moderating factor in PTSD treatment across varying cultures (Anna, Cinquegrana, Regalia, & Crapolicchio, 2017; Orcutt, Pickett, & Pope, 2005; Laufer, Raz-Hamama, Levine, & Solomon, 2009).

Whether forgiveness is viewed through a relationally transactional lense, as a path to change the relational patterns of karma, or a result of an anthropology of the inherent imperfection of all beings, forgiveness is a spiritual act. Because most—if not all—major world religions teach on the importance of forgiveness, we suggest that it is an effective intervention for the treatment of trauma, particularly for spiritually-oriented and religiously involved clients. Counselors should become more competent in the ways forgiveness fits into the therapeutic process, and future research should aid in this process by further establishing evidence-based forgiveness-oriented therapy modalities.

## Limitations

The current study has a number of limitations, including a lack of control group, a particularly non-diverse demographic, and a disproportionate number of participants between groups who completed all stages (n=44) and those who only completed the confrontation stage (n=15).

## Conclusion

There is promising evidence for the effectiveness of a spiritually grounded trauma model that incorporates narrative therapy, shame-focused interven-

tions, and forgiveness as a critical step in the therapeutic process. It is the authors' interpretation that forgiveness is a contextualization factor that helps clients create a coherent narrative through the integration of implicit memories with explicit narratives. We suggest forgiveness aids the client in reprocessing, reintegrating, and recontextualizing past characters of their story in a way that explicitly secures the content of memory in time and space—keeping the body from feeling the need to continually live in a hypervigilant state (van der Kolk, 2015; Rothschild, 2000). Based on the current research, counselors working with religiously involved and spiritually-oriented clientele should become more competent in using forgiveness as an intervention in trauma therapy. *Tables can be found on next page*

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## Forgiveness As A Critical Moderating Factor in PTSD Treatment Continued

			2017	2018	2019	Total
PCL-5	Pre	M	36.09	37.38	35.97	36.48
		SD	16.07	12.34	12.13	13.51
	Post	M	27.72	30.55	24.97	27.75
		SD	20.78	16.91	15.43	17.71
		<i>p</i>	0.003	0.005	<0.001	<0.001

T-test for Equality of Means						
		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Change	Equal variances not assumed	-2.501	26.479	.019	-11.89	4.75447

	N	Mean	Std. Deviation	Std. Error Mean
Wrote Forgiveness Letter	44	-14.0227	17.05	2.57
Only Wrote Confrontation Letter	15	-2.1333	15.50	3.99

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## Exploring Ethical, Spiritual and Religious Values in Counselor Training and Practices with PERMA

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Positive psychology aims to strengthen one's emotional awareness and psychological well-being in order to reach a life full of happiness. This perspective is consistent with the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) competencies which support "the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ASERVIC, 2019). This essay highlights the ways in which Positive Psychology, and specifically the PERMA model, can promote ASERVIC competencies and the best evidence-based practices of counseling. The role of meaning in the PERMA model will be explored as it pertains to the key aspects of ASERVIC.

Briefly, Seligman (2010) identifies five important components of the PERMA model: positive emotions, engagement, relationships, meaning, and accomplishments. PERMA is an evidence-based model that highlights how each component can enhance and enrich an individual's well-being. Pascha (2017) argues that positive emotions are the most salient and fluid aspect of this model. It is important to recognize that positive emotions fluctuate. Since positive emotions are not always present in life, there is a need to experience, reminisce, and savor feelings of happiness as they arise in daily life. Engagement is defined as becoming immersed in one's work by learning, challenging oneself, and taking part in activities that encourage happiness. Relationships extend beyond intimate relationships and include fostering healthy connections that appear in many different forms. Connections can exist through people, spirituality, and community. Meaning emerges as individuals find purpose and flow in enjoyable and challenging activities. Importantly, religious faith or other forms of spirituality can often provide powerful sources of meaning and purpose. Similarly, the last aspect of PERMA is accomplishment, often expressed as feeling satisfied and fulfilled in one's activities (Pascha, 2017). Of all the domains mentioned, meaning will allow for a more fruitful conversation in addressing religion and spirituality.

There are many paths to achieve a meaningful life, such as developing close relationships, engaging in altruism, social activism, and community service. Interestingly, pursuing careers such as counseling often reflect a "spiritual calling" or vocation. However, there are moments where some will feel disconnected from their meaning and thus suffer burnout and make poor ethical choices (Handelsman, 2017). The PERMA model presents important opportunities to experience spiritual, ethical, and religious values in clinical work. Having an outlet to reflect on meaning acts as a potential antidote to counselor burnout, and can strengthen the quality of counselor training, clinical services, and work-life balance. This is especially important given how a person's spirituality may interact with their values, identity, and community. It has been suggested that the acknowledgement and reconciliation of spirituality with individual values results in improvements in affect, self-image, work satisfaction, and ethical behavior (Currier, Kuhlman, & Smith, 2015; Dombo & Gray, 2013). To address spirituality in the lens of meaning, there needs to be a clear assessment of how much value it has to the individual and how they can achieve congruence by mending or reframing any conflicts with other meaningful values.

Spirituality offers diverse opportunities to explore and pursue spiritual, ethical, or religious activities and to join professional and personal communities of practice. Examples include joining a meditation or prayer group and volunteering to improve the lives of vulnerable neighbors such as homeless, elderly, or disabled populations. Additionally, these strength-based actions can offer powerful experiences of spirituality. Recent studies show the effectiveness of the PERMA model has increased subjective well-being, and resilience as well as decreasing levels of depression among diverse populations such as students, musicians and adults (Antoine et al: 2018; Ascenso, Perkins, & Wiliamon, 2018; Coffey, Wray-Lake, Mashek, & Branand, 2016; Roth, Suldo & Ferron, 2017). Although more research with counselors and culturally diverse populations is warranted, these results are promising.

## Exploring Ethical, Spiritual and Religious Values in Counselor Training and Practices with PERMA Continued

Counseling professionals and trainees are encouraged to reach out to culturally diverse populations and to learn about their histories, spiritual beliefs, and places of worship. Doing so can promote ethical practices while increasing one's own awareness and sense of meaning (Handelsman, 2017). Understanding how religious and spiritual beliefs may relate to unique worldviews is critical in today's climate where cultural misunderstandings are widespread. The marriage of the PERMA model and the ASERVIC competencies has the potential to deepen one's connections with their spiritual, ethical, and religious self, while finding a deeper sense of meaning. With that understanding, counselors and trainees gain important personal insight while developing the skills to serve diverse populations.

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## Experiences of Religion and Spirituality in the Workplace: A Conversation and Counseling Considerations

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Recently, I was approached by a friend, who asked to consult about ways he could advocate for integrating religion and spirituality into practices of the counseling agency where he works. To maintain anonymity, I will call this friend, Martin. Martin works at a community agency, with a wide array of diverse clients and colleagues. Martin, a black male, who identifies as a spiritual and religious person, is a conservative Christian individual who practices his faith, regularly attending church and participating in the spiritual practices and sacraments of his denomination. Martin appreciates the diversity and excels in a work environment, where multiculturalism is celebrated; however, religion and spirituality are an exception to the celebratory atmosphere surrounding multiculturalism in this agency. When diversity is discussed in staff meetings, Martin feels oppressed. There is positive discourse surrounding many aspects of multiculturalism, yet, because coworkers and supervisors have experienced negative encounters with religion, negative discourse and unacceptance surrounds religion and spirituality. For example, Martin's workplace has

support groups for the LGBTQ+ community (among other multicultural support groups). Martin's coworkers are also heavily involved in LGBTQ+ celebrations in the community and at the local university. Martin appreciates these aspects of diversity as essential to the culture of his workplace. Yet, Martin explained that, when any co-worker mentions Christian organization activities or brings up the latest religious extremist, crude jokes are made, sarcastic snickers are voiced, and eyes begin to roll. This is accepted, with the director not only in the room, but also supporting and engaging in the negative behaviors. Martin believes the same behaviors would not be accepted if they were in reference to other multicultural groups.

*Continued on next page*

## Experiences of Religion and Spirituality in the Workplace: A Conversation and Counseling Considerations Continued

As Martin identifies as both spiritual and religious, he understands the importance of advocating for both spiritual and religious issues, such as allying with religious and/or spiritual organizations to enhance the collaboration between these organizations and Martin's workplace. Martin would like to offer support lines similar to the support provided to the LGBTQ+ groups through his place of employment. He wants the religious and spiritual community to believe that they also have a mental health ally in the community. Moreover, Martin faces a challenge because over half of his co-workers also identify as being a member of a diverse multicultural communities (other than affiliations with religion or spirituality) and they are bold about their desires to advocate for their identified groups. His co-workers' desire to support their own marginalized groups is admirable to Martin, and their outspoken advocacy is generally supported by the agency in their quests to advocate for their own diverse populations. In similar fashion, Martin desires to advocate for clients' spiritual and religious perspectives. Martin desires to include religion and spirituality as a positive aspect of multiculturalism and share this essential part of his own multiculturalism with his team. Martin also understands that religion and spirituality are integral to many of his clients' growth processes and is aware of the ethical implications for such inclusion. Nonetheless, Martin does not speak out for fear of oppression. He believes that the strong support for other avenues of diversity, coupled with the crude jokes and negative behaviors towards religious organization, make him the minority and likely to have a small voice in a system where there seems to be support for avenues of diversity but less so in the areas of religious and spiritual diversity. Due to his chosen silence, Martin is unable to advocate for a population with whom he strongly identifies and one he believes deserves inclusion in the community support offered by his place of work.

After my conversation with Martin, I checked in with 9 other friends and acquaintances about their experiences of identifying as a religious or spiritual being in their counseling work. Such individuals included some who work in community agencies, some working in private practitioner groups, and some Counselor Educators. The group of people with whom I conversed included individuals from Catholic Christian backgrounds (both highly devout and loosely affiliated), Protestant Christian backgrounds (both highly conservative to Christian in only identity), Jewish backgrounds (practicing Jews only), and three of whom identified as spiritual but not religious (practicing their spirituality through meditation, yoga, repetition of daily mantras, belief in God, prayer, chakra healing, reading self-enhancement books, spending time in nature, among other mindfulness practices). I found that Martin's case is not unique. Within my personal circle of connections, 7 of the 9 religious and spiritual individuals choose not to express a most sacred aspect

of their diversity at work, due to fear of professional exclusion. The other two had no fear in openly voicing their support of religious and spiritually diverse clients and organizations. These two were also apart of private practice groups with no structured hierarchy in their place of work. Although some might conclude that the 7 of the 9 are simply not bold and have had bad experiences in the workplace, I could not reasonably come to that conclusion. Knowing these people, their admirable counseling abilities, teaching skills, and their strong professional identities left me puzzled as to what was preventing them from boldly advocating for inclusion of clients; religious and spiritual issues and advocating for the religiously and spiritually diverse clients within their communities, agencies, and higher learning institutions.

Therefore, I found myself wondering, "How do we, as counselors, advocate for the inclusion of all aspects of multiculturalism, including religion and spirituality, as a way to further support religious and spiritual individuals within our areas of professional practice and influence?" Ethically, counselors are bound to certain codes that serve as a contract between us and our clients. The ACA Code of Ethics (2014) encourages counselors to respect a client's multiculturalism and advocate for changes in systems that create barriers to such. Thus, it is a counselor's ethical duty to support both the client and advocate for changes in systems that may prevent clients from receiving the same level of care and support as other clients. This directly relates to Martin's dilemma of feeling that a systemic issue needs to be addressed in his place of employment, as it could be preventing equality of support to the clients served at his workplace. Moreover, the ASERVIC competencies were designed as a complement to the ACA Code of Ethics (2014) to further support counselor's ethical practices with religious and spiritual clients. The ASERVIC competencies outline behaviors and skills counselors should use when working with their religious and spiritually devout clients (Cashwell & Watts, 2010).



## Experiences of Religion and Spirituality in the Workplace: A Conversation and Counseling Considerations Continued

Counselors are provided guidelines and ethical codes for working with spiritually and religiously diverse clients. Yet, what should counselors do about their colleagues, the staff meetings, things directly stated and discreetly implied behind closed doors? Some statements that were given to me by the above 9 individuals included, "It [openly supporting/advocating for religious and spiritual groups] could be political suicide for me" and, "I would not have support launching advocacy projects for religious groups, so I don't because I can't do it alone." Therefore, how do we begin to advocate for spiritual and religious diversity in the same ways we do with other multicultural aspects, when the systems in which we operate often dismiss or ignore religion and spirituality as a vital part of multicultural counseling? Thus, I returned to some of the literature to help create a new discourse for Martin and my fellow colleagues struggling with religious and spiritual advocacy in their places of work. The ACA (2014) ethical code states, "Counselors strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients" (American Counseling Association, 2014, D.1.g). Additionally, the Multicultural and Social Justice Counseling competencies state, "Privileged and marginalized counselors address inequities at the institutional level" (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015, p. 11). Certainly, the discourse about multiculturalism affects the mindset of a counseling staff, which in turn may affect our clients. Arrendondo et al. (1996) also noted, "Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served" (p. 70). Negative discourse and willfully choosing to exclude or mock a specific multicultural population from a system's advocacy agenda is contrary to the ethical code and the multicultural competency skills set. Martin and my other colleagues may have a place to begin here. According to the above codes and competencies, there is no room for discriminatory practices, with our clients, among our colleagues, and within systemic organizations that employ counselors. Especially within circles of mental health professional, there should be no fear of discrimination according to multiculturalism, including religious and spiritual diversity. Additionally, by not advocating for spiritual and religious practices, the welfare of those who identify as religious or spiritual may suffer due to feelings of not being supported within their population. (Based on my discussions, this may occur within the local community or in a university setting).

Furthermore, not only should counselors maintain a personal awareness of their duty to advocate, counselors should also understand the importance of including religion and spirituality in counseling practices. A significant body of literature addresses the importance of religion and spirituality in counseling. Such literature suggests that the inclusion of a client's religious and spiritual values, when appropriate, can enhance client counselor relationship, help counselors work more effectively in aiding client's path to healing and direction in their lives, aid in increasing marital satisfaction, aid in marital healing, aid in family counseling, aid in decreased incidence and severity of depression, and can serve as a source of meaning and purpose for clients (Cashwell & Young, 2005; Duba-

Onedera, 2008; Duba & Watts, 2009; Kasen, Wickramaratne, Gameroff, & Weissman, 2012; Pargament, 2007; Watts, 2001). Moreover, recent literature also advocates for training both counselor educators and counseling students so that they possess competencies in this area (Adams, 2012; Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Therefore, through understanding the importance of religion and spirituality as an essential component of multiculturalism for many clients, advocacy may become easier for Martin and my other colleagues, as well as others who may be struggling with advocacy for their own religious and spiritual populations.

Knowing the literature base to support the importance of including spirituality and religion into counselor practices and advocacy is only a part of this picture. ASERVIC competencies also play role in understanding the utility of and advocacy for integration of religion and spirituality into competent counseling practices. The ASERVIC competencies were developed so that counselors and counseling students would have skills and understanding for working with religious and spiritually diverse clients because of the importance of religion and spirituality (Cashwell & Watts, 2010). The creation of these competencies alone serves as support for the importance of including religion and spirituality in counseling practices and advocacy. Although the ASERVIC competencies do not directly address advocacy, there would be no need to create a set of competencies for spiritual and religious diversity if there did not exist a need for advocacy of this population. Although it is clearly important to include religion and spirituality into counseling practices and advocacy, there are still professionals preventing counselors from including religious and spiritual facets into multicultural advocacy projects. This became clear in my discourse with my colleagues who felt inferior and scared to boldly advocate for their local religious and spiritual communities. Because counselors are the starting point of advocacy for clients, the inability to share religion and spirituality as a component of multiculturalism impacts such clients (Decker, Manis, & Paylo, 2016; Ratts & Greenleaf, 2018). If counselors feel oppressed in discussing religion and spirituality, then current advocacy projects will be focused on other aspects of multiculturalism to the exclusion of religion and spirituality. This could represent both a personal counselor issue (i.e., fear of speaking out boldly), as well as a systemic issue (i.e., political repercussions of someone attempting to advance their career in a certain system). In either event, discourse and further understanding should continue, given the importance of this topic.



## Experiences of Religion and Spirituality in the Workplace: A Conversation and Counseling Considerations Continued

In some systems, the richness of religion and spirituality is being discounted or ignored in terms of multicultural advocacy. In Martin's case, and with other colleagues of mine, there was particular fear of boldly supporting religious and spiritual persons and organizations. After revisiting with Martin, I provided him with the ethical codes, multicultural competencies and ASERVIC competencies (of which he was unaware prior to our conversation) and discussed some ways he could approach his director with his concerns. While at the time of this article, he had not yet addressed the issue in his place of work, he felt strengthened and encouraged, believing he has much more support for a conversation with his director about his negative experiences surrounding religion and spiritual discourse in the workplace. As has been reiterated for me recently, from my discussions with colleagues and acquaintances, religious and spiritual issues are an important part of multicultural diversity (Henriksen et al., 2015). I have based the present article on anecdotal evidence, personal experience, and selected literature; however, I believe this topic needs to be more thoroughly addressed in research and practice, as it seems to have affected multiple counselors and clients within my network of colleagues. It seems plausible that others are affected by this same occurrence, given that in 7 out of 9 of my conversations, there was some fear in openly advocating for religious and spiritual organizations and client. An appropriate starting place for furthering understanding of this occurrence may simply begin with facilitating awareness and fostering open discussions about such workplace situations. This appears to be a systemic issue, given its reach into community organizations and universities, that is affecting both counselors and clients, and one that should be addressed as a part of counselor's ethical and multicultural best practices and to provide support for our religious and spiritually diverse client populations.

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# Integrating Sexual and Religious Identity for Sexual Minority Clients

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Accepting a sexual identity that conflicts with a religious identity can be confusing and challenging, especially for clients with a minority sexual orientation. The views that they were raised with can be in direct opposition to the attractions they feel. Clients who question their sexuality not only have to work to redefine themselves, but also may face discrimination from the majority culture or even ostracism from family and friends (Bayne, 2016). For counselors of a client struggling with a minority sexual orientation, it is crucial to acknowledge the rejection they may feel by admitting their sexual attractions which can be considered sinful by their religious doctrine. However, it is equally important to note that true integration and healing can come directly from the client's religious orientation and the overall acceptance and love that is taught by those religious values (Vesponne, 2016).

When working with a client who may be unclear about their sexual orientation, it is important to support the client and not prematurely force the issue of sexuality, even if the counselor feels the client is struggling with sexual identity. In order to develop a trusting therapeutic relationship, the counseling focus must be chosen by the client, not dictated by the counselor. The questions used during intake on both sexuality and religion should be included to show that the topic is open for discussion whenever the client is ready. A goal of therapy for someone working through a conflicting religious and sexual minority background is identity integration and to accept that sexuality is just a small piece of what defines the client, sexuality is not the whole person. The therapist should consider and explore the intersectionality of all of the pieces that make up the client's culture, not just sexual orientation (Bayne, 2016). For example, the counselor can investigate how sexual orientation, religious identity, socioeconomic status, education, race, ethnicity, and gender come together to define the client and their experiences, shedding light on the microaggressions and marginalization they may have experienced (Goldberg & Allen, 2018).

Utilizing intersectionality to prevent further marginalization, multiculturally competent counselors

should learn to separate their personal values from their professional values in order to treat clients from various cultures both similar and vastly different from their own culture. This separation acknowledges personal biases and prevents further marginalization of clients from minority cultures. Working with a client from a sexual minority culture does not mean the counselor's religious standards or morals are rejected. Students in a counseling program struggling to integrate their personal religious faith



with the ethical standards of counseling can be paired with a professor or professional in the field with similar values who has successfully learned to be multiculturally competent in their practice. Creating a professional counseling identity includes ethical behavior with culturally diverse clients (Sales & Hagedorn, 2016). Sales and Hagedorn (2016) remind the reader that unconditional positive regard is defined by Rogers (1961) as accepting our clients exactly as they are, while at the same time maintaining a separation between counselor and client as two individual beings.

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# SPIRITUALITY IN THE FIELD

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For the past 10 years, I have worked as a mental health counselor and provided services to children, teenagers, and adults in community-based agencies. Most clients from these agencies are of a low socioeconomic status and referred to services from schools or a court system. Many of these clients come from diverse cultural and ethnic backgrounds. While working with these clients, I have confronted a range of belief systems which have undoubtedly shaped and influenced these clients' outlook, perspective, and decision-making process. As outlined in the Association of Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) Competencies for Integrating Spirituality and Religion into Counseling, I have been conscious to maintain an active awareness of ways that my clients' religion or spirituality shape and influence their worldview (ASERVIC, 2009). On the same note, I constantly work to assess my own religious or spiritual views when working with my clients in order to consider the impact of such views on the counseling relationship (ASERVIC, 2009). The counseling experience is an active process where the exchange of ideas, thoughts, and sentiments take place. It is befitting to be cognizant of the possible influence of my individual ideas on the client's therapeutic process.

During the therapeutic process and with these competencies in mind, I incorporate a culturally sensitive approach to explore the client's religious or spiritual values. One model of therapy that allows me to do just as proposed is narrative therapy, emphasizing language in meaning making and validating experiences through the act of naming (Prout & Brown, 2007). One basic counseling skill that all counselors learn is validation. Even if an issue is not resolved, the mere fact that someone understands and validates the experience, can be significant to make a difference with a client. One specific intervention in narrative therapy that I have found to be particularly useful is externalization. Gill and Freund (2018) depict externalization as a stance whereby the counselor facilitates a discourse for clients to recognize and describe issues as apart from themselves (Gill & Freund, 2018).

With narrative therapy, I have been able to assist clients in framing their presenting issues



outside of themselves in order to address problematic behavior. I have also found that narrative therapy has provided room for me to incorporate the ASERVIC competencies by being sensitive to the client's religious beliefs and worldview. For example, two clients referred to me were labelled with diagnoses as if they were severely mentally ill. After meeting with the clients one-on-one, it became evident to me that the issues identified were related to religious and cultural beliefs that were not readily recognized. In both instances, each client was admitted into a mental health hospital where an observation and psychiatric evaluation was completed. Each of these two clients received a psychosis-related diagnosis. During the counseling process, one of the clients revealed that he acted "out of the norm" due to a heightened religious experience that he had never encountered before. This client is an active practitioner of the Vodou religion, an African based religion that is commonly practiced by individuals who originate from countries such as Haiti. Within Haitian Vodou, there are followers who engage in practices and others who are consulted with and act as mediums between the Vodou gods and the followers. This latter group of individuals are referred to as *mambo* or *houngan*, a Vodou priestess or Vodou priest respectively (McAlister, n.d.). The client that I worked with is a practicing houngan and identified having the ability, within his religious framework, to communicate with the Vodou gods and have visual encounters with them. During my first few counseling meetings with him, he was slow to disclose his experience. Eventually he identified that he had encountered a Haitian god that appeared in the form of an animal and he panicked because he thought he was being attacked. The client was in a public setting and had this unique encounter that was not visualized by others in the surrounding area. Police officials were called to the location and he was subsequently taken to receive a mental health evaluation. During counseling sessions, I discovered that the client was not fluent in English and although he understood that he was having a religious experience, he was unable to find English words to describe his experience and did not know how to explain it in a way for others to understand his experience in a religious context.



# SPIRITUALITY IN THE FIELD CONTINUED

The second client reported that he was actively engaged in an act of worship when he was confronted and referred for an evaluation. The client reported that he was engaged in silent prayer and though his lips were moving, no sound could be heard. The client reported that he was oblivious to a fire drill and commotion in his immediate surrounding due to his deep concentration and disregarded warning signals to evacuate. The client was informed that his behavior was inappropriate, problematic and was subsequently taken to a hospital for a psychiatric evaluation. The client identified having some issues with individuals in this organization in the past related to his religious practices of praying silently and praying out loud in Haitian Creole. He reported that he felt that these behaviors, previously identified, were not understood by those who observed him in the organization. This client understood his experiences as religious but felt some discrimination due to his race (Black), culture (Haitian), and religious practices.

Both clients were referred from the court system. In both instances, an apparent lack of understanding related to the clients' belief systems and religious practices, resulted in an unfortunate admittance to care for two devout practitioners of faith. This lack of understanding was apparent in the individuals who encountered both clients; the authority officials in the public venue with the first client and the staff members of a local organization in the second client. Both men were fathers who were not allowed to have their children in their care as a result of the incidences which took place. My court reports and conversations with dependency case managers, lawyers, supervisors, and the psychiatrist all identified the cultural/religious implication of the presenting issue. Unfortunately, the issue was bigger than me. Despite my counseling background, experience, and license, the court aligned with an evaluation completed by a psychologist who identified both fathers as being psychotic. The psychologist did not take into context the clients' religious practices or belief systems and maintained the position that both fathers presented with untreated mental illness and posed a risk to their children.

Through narrative therapy, I was able to work with the clients to formulate their stories and conceptualize how their respective religious experiences were misunderstood and resulted in misdiagnoses. Both clients originate from a culture that does not follow the Western conceptualization of mental health. These clients identified that their religious practices were not understood in light of their cultural background

and their behaviors were identified as symptoms of mental illness rather than a religious practice. Although the clients understood their own religions within the context of their culture, they were not understood by others. Through narrative therapy, I incorporated deconstruction and encouraged the clients to consider a different perspective related to their own story. By considering another perspective, clients may come to recognize their problems as concerns to be dealt with but not concerns which identify who they are. Clients are more than the problems or issues they have and can learn effective ways to deal with such issues. Narrative therapy is a great collaborative process which respects a client's views, whether spiritual or religious in nature.

My exchange during this process really enlightened me to the importance and necessity for counseling professionals to not only recognize but acknowledge the role of religious or spiritual beliefs in the counseling process. In other words, it is essential for counselors to consider the role of sociocultural factors on the client's presentation and issues of concerns. While meeting with these clients, I maintained an open stance and validated the feelings of being misunderstood and misdiagnosed. Instead of responding defensively and being guarded, both clients demonstrated flexibility in re-writing their own stories of the perceptions of others. The consideration of the client's value systems is essential to promoting the client's growth process and I have found narrative therapy to be an ideal platform for such values to be honored.

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# New Member Spotlight

Igor Light

## *How did you get here? What is your spiritual story?*



When I was a teenager, I met a person who introduced me to a spiritual perspective on life. Since then, I have explored a variety of religions and spiritual practices in the context of different cultures. I have concluded that spirituality is independent; it is beyond culture and religion, and it is inherent in all living beings. Spirituality is what we all have in common; it is the core of our identity, and it is the vital component of personal

## *How do you see yourself working with ASERVIC?*

As a spirituality oriented counselor, I am delighted to join the ASERVIC. It is a privilege that gives me the opportunity to grow personally and professionally. I want to build relationships with ASERVIC members and share my interest in spirituality, ethics, and religion in a counseling context. For the last ten years, I have been working on integrating the spiritual philosophy of Bhagavad Gita into a spiritually oriented counseling approach "Gita Therapy." I am of the belief that it will benefit many counselors and clients in their quest for spiritual growth. The Gita is universal and spiritually rich, serving the purpose of promoting equality, respect, and human dignity among people. My desire is to develop the Gita Therapy for the enrichment of the counseling profession.

## Come chat with us on **ASERVIC CONNECT**

If you are a current member of ASERVIC or a current state division member of ASERVIC you should have access to ASERVIC Connect through ACA Connect. To find ASERVIC Connect and make sure you have access, go to ACA's website to locate ACA Connect and the ASERVIC Community:

- 1) <http://community.counseling.org/home>
- 2) **Select Communities**
- 3) **Select My Communities**  
(you may be promoted to login to ACA)
- 4) **Find the ASERVIC Community**



If you cannot find ASERVIC under your communities, be sure that you are a current member.



## Did you know that we're on Facebook?

Follow ASERVIC on the popular social media site. Simply log into your account and search for ASERVIC, or connect [here!](#)



# Spiritual and Religious Values Committee Column

## Conversion Therapy

Christie Jenkins, PhD, LPCC S NCC  
ALGBTICO President (2019-2020)

On June 25, 2019, The American Counseling Association sent an email with the subject line of “Support A Conversion Therapy Ban in Ohio”. The email is about the Ohio legislature considering a bill that would ban Conversion Therapy for minors. The American Counseling Association does not endorse Conversion Therapy as it violates the ACA Code of Ethics. There is research to show that it can do harm to clients and it reinforces the thought that simply being an LGBTQIA individual means that you have a mental disorder. The American Counseling Association asked its members to send an email to the representatives in Columbus, Ohio in support of the bill.

If you go to the ACA website, it states:

The American Counseling Association opposes conversion therapy because it does not work, can cause harm, and violates our Code of Ethics. It has been banned in California, Oregon, Illinois, Vermont, New Jersey, New Mexico, Connecticut, Nevada, Rhode Island, Washington, Maryland, New Hampshire, Hawaii, Delaware, New York, and Washington DC. ACA will continue to support state legislation that bans this discredited practice.

<https://www.counseling.org/government-affairs/state-issues/conversion-therapy-bans>

The 2018-2019 President of ALGBTICO (Association Lesbian, Gay, Bi-sexual, and Transgendered Issues in Counseling in Ohio) sent out an email on June 28, 2019. She stated, “For anyone who might have missed this message form OCA, please take a moment to let your representative know you support a ban on conversion therapy being performed on minors.” That was the entire email. She wanted to ensure that everyone saw the email and that everyone had the opportunity to speak out if they chose to do so.

What happened next was stunning and disheartening. Many individuals on the OCA listserve asked to be removed from the listserve. Many of our fellow counselors who identify as LGBTQIA reported that they no longer felt safe after seeing the mass exodus and reading some of the comments. The hurt and concern for the LGBTQIA community was felt deeply by some fellow counselors. However, it was apparent from the influx of emails that there was much disagreement and debate regarding Conversion Therapy.

With ACA’s position on Conversion Therapy, 15 states and the District of Columbia banning the practice, and research showing that harm can and does happen with this modality, we must as counselors look at ourselves and examine our viewpoints. It is our responsibility to scrutinize our feelings and ensure that we uphold our ethical standards while seeking supervision for any biases or prejudices. In Ohio, this issue involves minors. Minors often do not have a voice or a choice in terms of treatment options and the practice of Conversion Therapy can be especially devastating. We must protect our most vulnerable populations by making informed decisions based on ethics, research, and law.



## Submission Request

# SPIRITUALITY IN THE FIELD

Do you have ideas or a story to share regarding your practice of spirituality in the field? If so, please submit to the next edition of the *Interaction*.

The Innovation Committee would like to formally invite current ASERVIC members to consider sharing their “Spirituality in the Field” experiences for publication in an upcoming ASERVIC newsletter.

Inquiries and submissions for this special section of the newsletter can be sent to  
**LYNN BOHECKER ([lbohecker@liberty.edu](mailto:lbohecker@liberty.edu))**

- ◇ Articles include an opening paragraph introducing the author to the readers.
- ◇ Articles include a second paragraph describing how the author incorporates one or multiple Spiritual Competencies in practice.
- ◇ Articles include a concluding paragraph or list of resources (books, trainings, websites/blogs, inspirational quote, etc.) related to the practices and competencies addressed in the article.
- ◇ A professional picture of the author is attached (in .jpeg format) with the article.



**Interested in submitting an article for  
the Fall issue of the  
*Interaction*?**

**The deadline is  
FRIDAY, October 11, 2019**

Please refer to [ASERVIC.org](http://ASERVIC.org) for guidelines for publication or for more information, or email Heidi Henry, *Interaction* Editor, at [counseling@heidihenry.com](mailto:counseling@heidihenry.com)