



# INTERACTION

## INSIDE THIS ISSUE

- President's Address...1,5
- Introductions of '18-19 Leadership.....2-4
- Solidarity Statement...6
- Spirituality in the Field ...7-8
- Webinar Submissions...8
- Spiritual & Religious Values Column.....9-11
- Ethics Corner.....12-13
- Awards.....14
- Submission Requests..15



## President's Address Dr. Leila Roach

Kuzoozangpo La and Tashi Delek! Greetings and best wishes from Bhutan. As your president for the 2018-2019 year, I would like to welcome you to the Summer 2018 edition of Interaction. I begin my presidency from the kingdom of Bhutan, a Buddhist country in South-east Asia where religious practices are woven into the fabric of daily life including medical and mental health treatment. The two concepts of Mencho (medical treatment to correct problems) and Rimdo (special pujas or rituals for the prevention of future problems that keep

evil spirits/demons away and invite deities) are often used to describe this concurrent medical and religious treatment for mental health issues (Dr. Chencho Dorji, personal communication, June 18, 2018). My work here reminds me daily of my ethical obligation to honor the spiritual and religious beliefs and practices of the people I work with across cultures, as well as to remain humble and open to the experiences of others.

I write this welcome to you on the eve of our annual conference that will have occurred in Dallas, Texas by the time this newsletter is published. Our conference began with a pre-conference workshop presented by the Momentous Institute followed by an informative key note address by Rick Carlson, author of *Taming your Gremlin*. We were honored to have so many inspiring poster and educational sessions presented by our colleagues from around the world who have provided numerous opportunities to more deeply integrate spiritual, ethical, and religious values in counseling. We are proud of our ASERVIC members who were recognized for their service and scholarship at our annual luncheon – thank you for your contributions to our profession. I would like to extend a special thank you to our conference co-chairs, Dr. Ryan Foster and Dr. Daniel Gutiérrez, and to express my gratitude to everyone who was involved in conference planning and who helped in a myriad of ways. My hope is that everyone in attendance was rejuvenated by the sessions as well as the time to connect and network with colleagues and friends. We appreciate your participation and commitment to the mission and vision of ASERVIC.



### President

Leila Roach

### Past-President

Claudia Sadler-Gerhardt

### President-Elect

L. Marinn Pierce

### Treasurer

Amanda Giordano

### Secretary

Isabel A. Thompson

### Interaction Editor

Heidi L. Henry

### Interaction Assistant Editor

Joy M. Mwendwa

President's Address continued on page 5

# Introducing 2018-2019 ASERVIC Executive Board



## ASERVIC President, Leila Roach

As President of ASERVIC, I provide leadership to the Executive Board and Board of Directors in serving the mission and vision of ASERVIC in empowering and enabling the integration of spiritual, ethical, and religious values in counseling. In addition, I represent ASERVIC to the public and conduct

## ASERVIC President Elect L. Marinn Pierce

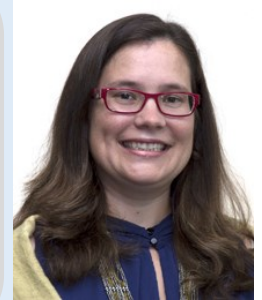
I provide support to the President in her duties and fill the role of President in her absence.



## ASERVIC Secretary

Isabel A. Thompson

As Secretary, I serve as a member of the ASERVIC Executive Board helping to lead the organization in alignment with its mission and vision. My duties include participating as a voting member of the board, completing the meeting minutes for virtual and face-to-face ASERVIC Board meetings, and writing official ASERVIC correspondence as assigned by the ASERVIC President.



## American Counseling Association Governing Council, ASERVIC Representative Chair, Strategic Planning Committee Elizabeth O'Brien

My role as a member of Governing Council is to help guide the vision and mission of the American Counseling Association. It is a balance between working towards the health of the larger organization, while representing the voice of ASERVIC when the our organization has issues that are brought forward in the Council.



## ASERVIC Treasurer, Amanda Giordano

I manage the finances of the organization and help carry out the board's decisions as to how to best use ASERVIC resources to serve members.



## ASERVIC Past President Chair, Nominations/Elections

Claudia Sadler-Gerhardt  
Mentor and advise the President and President-Elect; chair the nominations committee for the officers and board member positions for the next year.

**Board Members**  
(Additional board members and their photos are mentioned on the next page.)



Hannah Bayne

Patrick Mullen

Taunya Marie Tinsley

Melissa Zeligman

# COMMITTEE CHAIRS & OTHER LEADERSHIP ROLES

**2019 Conference Co-chairs**  
Stephanie Dailey, Carmel Gill, and Harriet Glossoff

**Chair, Governing Documents**  
Harriet Glossoff

**Co-Chair,  
Awards Committee  
BOARD MEMBER**

**Joffrey S. Suprina**  
As Co-Chair of the ASERVIC Awards committee, I lead the committee that awards grants to state chapters and researchers and recognizes excellence in the counseling and spirituality fields.



**Chair,  
Membership Services  
Rev. Martin Burnham**

My responsibilities include issuing Membership Certificates, monitoring membership trends, and addressing any concerns from ASERVIC members.



**Co-Chair,  
Awards Committee  
Sean M. Ridge**

As Co-Chair, I facilitate the processes related to the call for nominations and proposals, collection of materials, and decisions regarding ASERVIC awards.



**Chair,  
Ethical Values Committee  
BOARD MEMBER**

**Richard E. Watts**  
The EVC's primary responsibility is educating ASERVIC membership regarding the ethical integration of spirituality/religion into counseling.

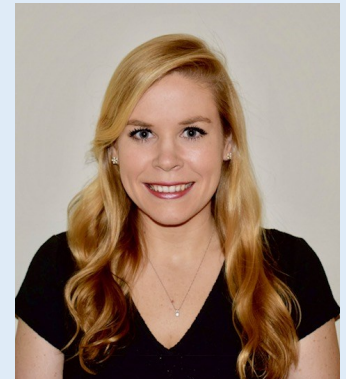
**Chair, Spiritual & Religious  
Values Committee  
BOARD MEMBER**

**Anita Neuer Colburn**  
The S/RV Committee helps promote the ASERVIC (2009) Competencies and supports open dialogue regarding religious and spiritual values. Our members represent a wide array of spiritual/religious backgrounds.



**Chair, Webinar & Webmaster  
C. Missy Butts**

In my role as ASERVIC's Webinar chair, I organize and advertise each webinar sponsored by ASERVIC and manage the webinar Continuing Education process. As ASERVIC's webmaster, I am responsible for updating the content and resources that are available on ASERVIC's website, [www.aservic.org](http://www.aservic.org).



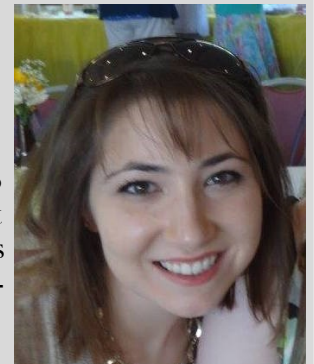
**Co-chair, Media Committee  
BOARD MEMBER**

**Ryan D. Foster**  
I facilitate communications among ASERVIC members through webinars, website, social media, and the newsletter.



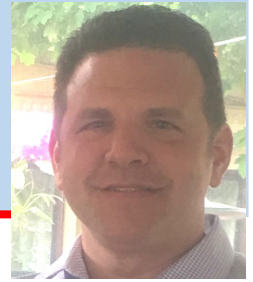
**Chair, State Divisions  
Victoria Giegerich**

In my role, I coordinate the development of new state divisions, provide support to active state divisions, and act as a liaison between divisions and ASERVIC at the national level.



**Graduate Student Representative, Michael P. Verona**

The GSR acts as a liaison between the graduate student members of ASERVIC and the ASERVIC Board, giving a voice to the graduate students and communicating their needs to ASERVIC's leadership. The GSR also plans and implements graduate student activities and initiatives with an overall goal of connecting students to the organization.



# EDITORS



**Editor-in-Chief,  
Counseling and Values  
Craig S. Cashwell**

As the CVJ Editor, I oversee all activities of the journal, including corresponding with authors, assigning reviews, selecting the editorial board, and working with ACA staff to ensure timely publication of accepted manuscripts.



**Editor  
Interaction  
Heidi L. Henry**

As Editor of ASERVIC's newsletter, I select and edit submissions, create newsletter layouts, and add graphics in order to produce an informative and visually appealing way to communicate news and scholarship to ASERVIC members.

**Message from *Interaction's* Editor, Heidi L. Henry:**

I am so excited to introduce our Assistant Editor, Dr. Joy M. Mwendwa. Joy joined the *Interaction* Editorial team for the Spring 2018 edition. It is a pleasure to have her assistance and I hope you enjoy getting to know her as she becomes an integral part of the *Interaction*.



**Assistant Editor, *Interaction*  
Joy M. Mwendwa**



I am humbled to be part of the ASERVIC family! Currently, I am an Assistant Professor in the Department of Counselor Education and Family Studies at Liberty University. I've worked in the counseling field for 10 years at different capacities including serving as a counselor in community and church settings, doing college counseling, and international counseling in Kenya, Malawi, and Ireland. I continue work as a counselor educator and counseling supervisor. Some of my research interests include qualitative and indigenous research methodology, the development of the profession of counseling, multicultural competence and the supervisory relationship. During my doctoral program, I was blessed with the experience to serve as the graduate marketing assistant where I was part of the team responsible in compiling and editing our department's newsletter. I look forward to learning and growing in this area and in other leadership aspects.

## President's Address Continued



As my presidential year begins, I would like to highlight a few initiatives we are focusing on this year. Beginning about 19 months ago, ASERVIC, CSJ, AMCD, and ALGBTIC began having conversations about how our divisions could join forces and collaborate to serve our members and promote the mission of our divisions and ACA. From these conversations, an inter-divisional presidential statement emerged. I encourage you to read the statement included in this newsletter and on our website. During the ACA conference in Atlanta this year, our divisions collaborated on a joint day of service that included 4 hours of training on multicultural counseling with immigrant communities. ASERVIC leader Daniel Gutiérrez presented a session titled *Welcoming the Stranger: Providing Culturally Responsive Care for Latinx Immigrants*, that described the development of outreach programs that engaged in partnerships with local faith-based communities. The training was followed by community service with a local Atlanta grassroots organization, Southerners on New Ground (SONG).

Under Claudia Sadler-Gerhardt's leadership, we appointed a Strategic Planning committee led by Dr. Elizabeth O'Brien. As part of this effort, Dr. Jesse Fox will be heading up a Spiritual Competencies Task Force, an initiative to research and validate the ASERVIC competencies. We will also be continuing our webinar series this year and invite your participation in these programs. We encourage you to share your beliefs, practices, and experiences by writing an article for our newsletter column, *Spirituality in the Field*. And please take the opportunity to check out our website ([www.aservic.org](http://www.aservic.org)) for many valuable resources on spiritual, ethical, and religious values in counseling, as well as connecting with us through Facebook and ASERVIC Connect. Our 2019 Conference Committee is busy planning for our next annual conference in Colorado Springs so please stay tuned for further details.

I would like to take this opportunity to thank Dr. Claudia Sadler-Gerhardt, who served as president last year and Dr. Stephanie Dailey who served as past-president for their guidance and mentoring over the past year. I'd like to welcome our wonderful and dedicated board members, both new and returning, who are introduced in this newsletter. We have an engaged group of committee chairs and members who would welcome the participation of anyone who would like to be further involved with ASERVIC. Please contact us if you are interested in getting connected.

I have been involved with ASERVIC for many years and thank you for allowing me to serve as your president. I am proud to work with such an inspiring group of colleagues and friends who embody the mission and vision of our organization. I look forward to a meaningful year ahead.

With gratitude,  
Leila





## *Statement of Solidarity*

As our presidential year begins in 2018, we wanted to share with you a collective commitment to multiculturalism, diversity, advocacy, and social justice.

Beginning about 19 months ago, we began having conversations about how our divisions can join forces and collaborate to serve our members and promote the mission of our divisions and ACA. From these conversations, this inter-divisional presidential statement emerged.

We are dedicated to:

1. Joint webinars, once a quarter.
2. Joint advocacy statements.
3. Continued support for the task force addressing the “elephant in the room”.
4. Joint service days at ACA conferences and expositions.
5. Continued, collaborative and advanced support across divisions.
6. Strong presence in the field and the governing council as a whole to promote mutual interests.
7. Promoting and implementing our division’s endorsed competencies through clinical professional practice and research.

It is our hope and presidential goals to promote unified support to our membership and clients who are experiencing oppression and marginalization related to political, social, and professional issues.

In our current divisive political and social climate, unity, respect and collaboration is needed now more than ever. As your presidents for 2018-2019, we provide this statement as our pledge to you that we will serve and lead in an equitable, inclusive and competent manner that is grounded in the mission of each of our divisions and ACA.

In Solidarity,

Anna Flores Locke, PhD  
Counselors for Social Justice  
anna.locke@nyack.edu

Shon Smith, EdD  
Assoc. for Multicultural Counseling and Development  
amcdleader2018@gmail.com

Leila Roach, PhD  
Assoc. for Spiritual, Ethical, and  
Religious Values in Counseling  
lroach@stetson.edu

Jared S. Rose, PhD  
Assoc. of LGBT Issues in Counseling  
jsrose@bgsu.edu

# SPIRITUALITY IN THE FIELD

*Jeff Edmiston*

My name is Jeff Edmiston, and I live and work in southwest Idaho. I am a top tier licensed counselor and ordained in the Church of the Nazarene. Since the fall of 2012, I have worked as a college mental health counselor on the campus of a private Christian university. I also serve there as an adjunct professor, and I am working to complete a Ph.D. in Counselor Education and Supervision through another CACREP accredited university. Spirituality and religion are central to my own life and wellbeing and are natural areas of exploration in the counseling relationship. I am actively interested in the application of the ASERVIC Competencies to both counseling and counselor education.

## **Use of Values to Assess and Communicate Client Spirituality**

Over the past eight years, I have practiced counseling using Acceptance and Commitment Therapy (ACT). This model of therapy has proven to be a valuable tool for identifying and working with clients' religious and spiritual content and issues. The ASERVIC (2018) Competencies for Addressing Spiritual and Religious Issues in Counseling directs counselors to assess their clients' religious and spiritual perspective and to use concepts and language that are consistent with those identified perspectives. The values clarification process, which is a standard component of ACT, is a natural way to assess a client's spiritual or religious perspective.

ACT is a third-wave behavior therapy that uses six processes that can be grouped into acceptance and mindfulness processes and behavior change processes (Hayes, Strosahl, & Wilson, 2012). Working with these six processes, a clinician helps guide a client from psychological rigidity to psychological flexibility (Hayes, Strosahl, & Wilson, 2012). According to Harris (2009), the goal of ACT is to empower and equip clients to accept the pain and discomfort we all experience while creating a meaningful and satisfying life. Personal values provide the language ACT therapists use for clarifying meaning and satisfaction for each client.

I assess values in a variety of ways. One of my favorite methods of assessing personal values is to

lead the client through a values card sort. This exercise is used as a Motivational Interviewing intervention and is consistent with ACT (Miller & Rollnick, 2012). I recently conducted an initial intake with a middle-aged male of Mexican descent. Using our agency intake documentation and interview form, I learned that my client was raised Catholic but has not practiced this religion since childhood. Towards the end of our session, I conducted a values card sort. From this exercise, I learned that my client valued responsibility, security, loving, independence, health, change, compassion, justice, and trust. I then explored what each of these values meant to my client and why he chose these particular values.

These values can be further explored in the context of various life domains and relationships. For example, Harris (2008) used a Bull's Eye exercise which directs clients evaluate their values in the areas of work, relationships, personal growth, and leisure. The idea is for the client to assess how consistently he or she is moving towards his or her values in each domain. The Bull's Eye exercise is easily adapted for use with the four domains of spiritual health personal, communal, environmental, and transcendental (Fisher, 2010). Sometimes a client's values are overtly associated with religious and spiritual themes while other times the association is more covert but applicable. Whether they are rooted in religion or secular humanism, clients can connect meaning, purpose, and spirituality to their chosen values. Additionally, spiritual health can be explored as the client's consistent movement in the direction of their values within the various spiritual and life domains (Fisher, 2010).

I have used the ACT values clarification process as a tool for exploring clients' spiritual and religious values, assessing spiritual health, identifying language acceptable to the client, and helping clients navigate life and spiritual issues. This process not only informs me about my clients' worldview and perspective, but it creates a common language for my clients and me to communicate about this critical and complex topic. This approach is one of the ways I attempt to competently address spiritual and religious issues in the counseling field.



# SPIRITUALITY IN THE FIELD

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## CALL FOR WEBINAR PROPOSALS

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) invites members, colleagues, students, and other related specialists to submit proposals for our webinar series! The webinars are offered to ASERVIC members as a division benefit, and archived webinar recordings are stored on ASERVIC's website as a resource for ASERVIC members. Additionally, participants and presenters may receive free continuing education hours for eligible programs.

Webinars are scheduled based on the presenter's availability and expertise, and topics of webinars must remain within the guidelines of ASERVIC. To submit a proposal for ASERVIC's webinar series, please complete the form using the following link: [https://unccprojectmosaic.az1.qualtrics.com/jfe/form/SV\\_3wQPAic0YXeIDIH](https://unccprojectmosaic.az1.qualtrics.com/jfe/form/SV_3wQPAic0YXeIDIH)

For questions about ASERVIC's webinars, please contact Missy Butts at [cbutts4@uncc.edu](mailto:cbutts4@uncc.edu)

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) has been approved by NBCC as a continuing education provider, ACEP No. 1010. Programs that do not qualify for NBCC credit are clearly identified. ASERVIC is solely responsible for all aspects of the program. For more information about ASERVIC's webinars, visit [www.aservic.org/resources/webinars](http://www.aservic.org/resources/webinars)





# Spiritual and Religious Values Committee Column

## ***Cult Recovery: A Clinician's Guide to Working with Former Members and Family***

Editors: Lorna Goldberg, William Goldberg, Rosanne Henry & Michael Langone

2017, ISBN-10: 0931337097; ISBN-13: 978-0931337093, (paperback)

International Cultic Studies Association

ICSA: \$79 <http://bit.ly/2oAEDrv>; Amazon.com \$79, 500 pages.

### **Book Review by Cyndi Matthews, Ph.D., LPC-S, NCC**

*Cult Recovery: A Clinician's Guide to Working with Former Members and Family* is a comprehensive, landmark book that brings together 26 leading experts, clinicians, and researchers from the field of cult recovery. These cult recovery experts discuss counseling and research issues related to working with former cult members and their families. Dr. Stephen Kent, from Edmonton, Alberta, Canada described the book as "Decades of valuable and useful research and treatment experience (front cover)." Dr. Carmen Almedros, from Madrid, Spain, claimed that the book is "A must read for students and mental health professionals (front cover)." In Michael Langone's words, one of the editors of the book, the overall goal of the book is to bring together experts in the field of cult recovery and explicitly point out how these "experts approach the kinds of problems that might confront therapists working with former cult members or families of cultists (p. xxiii)."

I have counseled with cult survivors along with current cult members and have also researched former cult members in counseling situations, thus I, personally, have been looking forward to this resource. This is the first book of its kind, and I loved going through, chapter by chapter, reading and learning from the experts and from this clinical resource that deals with the specific and traumatic issues faced by former cult members and their families.

The *Clinician's Guide* was published by The International Cultic Studies Association (ICSA). ICSA was founded in 1979 as the American Family Foundation (AFF) by parents who were concerned about their children dropping out of college and joining cults. In the 1990s, AFF found that they were working with former cult members and their families. Today, ICSA has observed that its members are made up of former cult members, family members of current cult members, along with clinicians and professionals who work with former cult members and their families.

The need for a Clinician's Handbook regarding cult recovery has been long awaited and long overdue. ICSA researchers in the past have estimated that over 2,500,000 individuals in the United States and Canada have joined cults over the past 30-40 years (McCabe, Goldberg, Langone, & DeVoe, 2007). Singer (2003) found over 5000 cults operating in the US and Canada. Because of the prevalence of cults, Lottick (2005) discovered that 26% of clinicians, therapists, psychologists, and counselors, have treated former cult members and 12% of clinicians have treated current cult members. In 2008, in a subsequent study, Lottick's findings increased to 33% of psychologists having treated former members. In this same study, Lottick also discovered that 13% of these same clinicians reported being personally involved with cults, either through personal experience or through the experiences of their family members. This handbook is a much needed resource for all mental health professionals working with former cult members and their families.

*Cult Recovery: A Clinician's Guide* is comprised of 20 chapters divided into five different sections, and also includes an extensive bibliography of papers written about cult recovery. The introduction is written by Michael Langone, the Executive Director of ICSA, who does a succinct and clear job of introducing clinicians to cults, types of cults, why people join and stay in cults, along with a list of symptoms former cult members may exhibit once leaving their cult. Langone points out that ICSA is concerned with cults or groups where the "relationship seems to enforce an exploitive compliance through subterfuge (p. xviii)." In other words, cults are defined as abusive and exploitive groups that can deeply damage and traumatize their group members.

Each of the five sections of the book, prefaced with a cult expert's take on the topic, explores the counseling implications of the cult's exploitive compliance, abuse, and trauma, along with possible counseling interventions, and case studies. The five sections explored include:

1. Helping Families and Loved Ones
2. Helping Former Members - Individual Psychotherapy
3. Support Groups
4. Recovery Workshops, Intensive Programs, and Residential Treatment
5. Special Issues and Research

*(Continued on next page)*

# Spiritual and Religious Values Committee Column

The book's 20 chapters were extremely well written from very different, therapeutic perspectives. Some authors wrote from a clinician's point of view and they wrote their chapters based on extensive experiences they have had in counseling and the common themes they each found. This included William Goldberg who discussed counseling with family members who currently had loved ones in a cult. William and Lorna Goldberg also discussed utilizing support groups as a form of or as an adjunct to therapy, writing from their extensive therapeutic experiences.

Some authors discussed how they utilized a model from another field, such as Pat Knapp's application of utilizing a faith-based model, and applied the model to cult recovery counseling. Madeline Tobias' discussed utilizing Cognitive Processing Therapy (CPT) for former members of high demand groups. She discussed a case study throughout her chapter, and utilized CPT as a means of working through the case. Likewise, Rosanne Henry discussed case vignettes through the lens of attachment theory and mentalization, Leoni Furnari utilized cases to discuss the use of Eye-Movement Desensitization and Reprocessing Therapy (EMDR) with both first and second generation former cult members. Likewise, Shelly Rosen did a very credible job of discussing trauma theory and looking at former cult involvement through a trauma lens. Also, in an extremely well-researched chapter, the Marshall's discussed theories and practices of self-care for both the therapist and for working with former cult members.

Other authors came at it from a clinician/researcher point of view, writing, and researching new theory. Two of my favorite chapters were from Doni Whitsett and Steve Eichel who proposed their own theories based on the experiences they had with their clients. Doni Whitsett proposed a double helix model in working with former cult members, whereby one strand of the DNA represented building upon the present life of the client, while the second strand was interwoven with strand one, and represented working through the past trauma from the cult. Steven Eichel, likewise described his own Brief Intermittent Developmental Theory (BIDT) and described how he would utilize it in relation to two different clients, one first generation cult survivor, and another born and raised in a cult..

Some other authors discussed their past successes and history of working with former cult members through cult recovery workshops, psychoeducation, treatment facilities, exit counseling, outpatient counseling, etc. Almost all chapters included case studies and scenarios and explained how the authors either had or would utilize their theory in working with that particular situation. The book appropriately concluded with a discussion of research concerning cult survivors and counseling with former members. Lois Kendall, the notable author of *Born and Raised in a [Sect]: You are Not Alone* authored these two chapters, one that discussed what cult research tells clinicians and researchers overall, and another chapter that spoke to how research should and can occur with former cult members. These chapters were very helpful in terms of assisting clinicians and researchers in advancing the field of cult recovery.

There are many strengths in this much-needed clinical resource. The editors have drawn on very experienced clinicians and researchers who have obviously worked with many former cult members in the past. Almost every author included case studies and discussed how they would work with those individuals according to their theory or intervention. For the most part, this Clinician's Guide was very hands-on and dealt with real-life examples that clinicians could utilize and adapt to their own clients. Most of the chapters also included excellent resources if readers wanted to continue researching counseling with former cult members. Most of all, because of the different viewpoints in working with former cult members, the Clinician's Guide pointed out the possibility of flexibility on the part of counselors working with former cult members/survivors. With many different authors and theoretical orientations, the overall message was that there is no one right way to work with a client. The authors offered many different perspectives, all with the common goal of healing the trauma that past cult members had suffered and experienced. *(Continued on next page)*



# Spiritual and Religious Values Committee Column

As an area for expansion in the area of cult-recovery clinical research, Langone pointed out in the introduction that a third of ICSA former members were second or multiple generation survivors of cults, or in other words those born and/or raised in cults. The authors did a very credible job of discussing working with first generation former cult members, or those who joined a cult later in life and subsequently left. Some authors specifically took the time to discuss second generation survivors, such as Steven Eichel, Rosanne Henry, and Lorna Goldberg. However some of the authors missed out on the opportunity of discussing second and multi-generation cult survivors. As some of the authors pointed out, issues faced by those born and raised can be much more traumatic and affect developmental and attachment issues from which survivors may have a very difficult time recovering. A noted absence from the book was the discussion of people born and raised in cults leaving behind family and friends in the cult. Perhaps in the next book, *A Clinician's Guide part II*, authors can also discuss issues related to the trauma of leaving family, friends, history behind and entering an often unknown world on the outside of the cult.

As another minor point, as mental health clinicians in general are moving towards evidenced-based clinical research, some chapters lacked the research base to support the methods and interventions. Notable exceptions to a lack of research or evidence based interventions included Kendall's, Eichel's, Marshall's, and Jenkinson's chapters. Most chapters were supported by current evidenced-based research.

Overall, *Cult Recovery: A Clinician's Guide to Working with Former Members and Family* is an excellent resource for mental health clinicians and students studying to become mental health care workers. The *Clinician's Guide* is a long-awaited resource that provides excellent information to introduce clinicians and students alike to the multi-faceted levels needed in counseling former cult members. I would highly recommend this resource to students, clinicians, former cult members, and loved ones of former and current members. The chapters provide excellent information and resources for counseling and understanding former and current cult members. As Richard A. Chefetz, an M.D in private practice in Washington, D.C., stated on the back cover, "If you read one book about psychotherapeutic approaches to recovery from the morbidity of cult membership, then read *Cult Recovery* ... This book is a MUST." And I, as a mental health clinician and as a researcher, whole-heartedly agree with Chefetz!

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# ETHICS CORNER

## Spirituality and Counselor Educator

Wen-Mei Chou, Ph.D.

Being a counselor educator who seeks to maintain and integrate her/his spirituality into work can be both challenging and rewarding. There are many career development challenges that doctoral education may not be able to fully prepare students for in their career as counselor educators. One of these challenges that many new counselor educators have to figure out on their own is how to navigate the split between unconditional positive regard and respect for individuals in counseling, and the outcome-focused competitiveness in higher education. Some professors choose to be congruent with one aspect and give minimum energy for the other aspect, feeling that the two cannot exist in the same space. For example, educators may choose to focus most of their time on research projects publication, and much less on teaching and mentoring; or vice versa. Some professors compartmentalize these two aspects in their lives. For example, they may reserve all of their loving and patient energy for counseling related tasks, and release untamed aggression to other work tasks. Most of the counselor educators desire to find a balance, but often feel lost and dissatisfied.

I have personally struggled at finding a balance between the humanity and competitiveness in a university setting for almost 15 years. I am nowhere close to find the cure for this struggle, but there are some observations that may be worth sharing.

Spirituality is often seen as a private and irrelevant matter when people try managing the work place value conflict. However, spirituality can be a major resource when one is feeling lost. When applying the concept of spirituality to the counseling education setting, it becomes even more relevant because of the nature of counseling career.

Much has been discussed and written regarding spirituality in counseling and supervision. We have some understanding on how identifying and integrating spirituality into the counseling and supervision process can facilitate and enhance client's and supervisee's growth. Counselor educators most likely have introduced this topic in their classrooms. However, it is often forgotten that counselor educators can also access their own spirituality as a resource when navigating their career in academia.

Academia has a highly competitive culture. To teach at an accredited counseling program, the most basic requirement is that a person has earned a doctoral degree in her/his related field. Barbara J. Mcdermott (2002) identified three major factors that significantly predicted doctoral degree completion. These factors include (1) Type A personality, (2) having an internal locus of control, and (3) lacking external crisis that causes degree incompleteness. We can assume that the majority of the employees in higher education settings have Type A personality traits. Personality traits often correlates to career success and satisfactions. At the same time, all personality traits come with strength and challenges.

Type A individuals are described as outgoing, ambitious, organized, highly status-conscious, sensitive, impatient, anxious, proactive, and concerned with time management. They are often high-achieving workaholics (McLeod, 2017). The theorist who developed the Type A and B personality theory, Dr. Friedman (1996) highlighted three negative behaviors that Type A personality typically express: (1) defensive hostility, that often is covert and can be triggered by minor incidents; (2) a sense of time urgency and impatience, that leads to irritation and exasperation usually appearing to be "short-fused"; and (3) a competitive drive, that causes stress and result-driven mentality. If Type A individuals do not self-monitor their own negative behavior tendencies, they often experience difficulties in maintaining positive relationships with others.

Colleges and universities have rigorous annual evaluation and tenure requirements for their faculty members. From the administrator perspective, the number of students' enrollment and the funding for the program are extremely important. From the research faculty members' perspective, the number of publications and projects are the priority. From the teaching faculty members' perspective, curriculum design and evidence in serving students' learning are the focus. The pressure to compete and outperform other schools, programs, and colleagues tend to be a theme in the higher education arena. The learning environment become less safe when numbers, reputations, and individual results are the measurement for success, and the Type A competitive drive become the dominate force.

# ETHICS CORNER

A contemporary spiritual literature writer, Wayne Dyer (1996), describe some of the Type A personality traits as Ego. It is the drive to maintain favorable views of oneself. Ego motivates a person to continue to strive and inflate opinion of one's importance, which often causes stress and suffering for self and others. When an untamed ego runs wild in a higher education setting, negative behavior can be observed. For example, in order to make a program appear to be bigger than it is, an administrator may accept and enroll applicants who are not fit for counseling profession. In order to create a better personal record, a researcher may take credit for students' or colleagues' work as one's own. A scholar may inflate or misrepresent one's expertise and professional achievements. An educator may play favoritism with students for self-gain reasons, while disrespecting students who need additional support in their learning. In order to ensure one's sense of importance, a faculty member may use positions and titles to repress students and colleagues. In order to feel superior to others, a professional may slant and attack colleagues covertly.

These behaviors are harmful and unethical; at the same time, they are often tolerated and accepted in many university settings as norms. Students witness and experience these dynamics when they were in training, and continue their academic-of-origin patterns in their work settings. This Ego-driven culture is pervasive in the academic arena, but some educational programs and professors make conscious decisions to build healthier learning environment that matches with the helping professionals' humanistic principles.

The counseling profession emphasizes humanistic principles. An effective counselor education program supports both students' professional and personal growth. While students learn counseling professional knowledge through reading, lectures, and research, they learn to connect with their clients by observing faculty members demonstrate nonjudgmental unconditional positive regard and modeling trustworthy relationship. Students' clinical skills often improve tremendously when they experience transformative personal growth in their counseling training process. This transformative personal growth is a result from a safe learning environment where students experience faculty's hu-

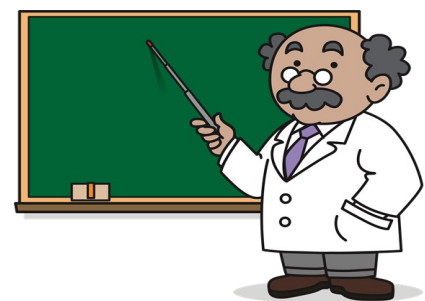
manity within appropriate boundaries. Having faith, trusting the process, and relinquishing control is the essence in this growth experience, which can also be defined as spirituality.

When we remember there is a bigger force in this world than us, we give respect to other people and the work process. Instead of forcing change to happen, we release our emotional attachment to the outcome and simply putting the efforts to support the unfolding story. Spirituality helps a person to embrace the ambiguity in life, and makes it possible for a type A individuals to maintain a non-reactive, patience, and acceptance state of mind. This peaceful mind set is not only important in the counseling and class room, but also crucial in the faculty meeting room and collegial relationships.

It is challenging to resist one's nature desire to compete and win at all costs. Spirituality offers an opportunity for one to pause, look at the bigger picture, and make a decision that serves beyond oneself. It also provides an internal sense of security when we have to let go control and embrace the potential loss. When more faculty members utilize their spiritual resources at their work setting, they potentially can create a safer and healthier learning environment for students.

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# 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@nnu.edu](mailto:lbohecker@nnu.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.
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