

Interaction

ASERVIC

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President's Address: Shannon Ray



President

Shannon Ray
shanray@nova.edu
954-262-5725

Past-President

Mark Young
myoung@cfl.rr.com

President-Elect

Carman Gill
cgill@argosy.edu

Treasurer:

Jennifer Curry
jcurry@lsu.edu

Secretary:

Aisha Lusk
aisha-
lusk@yahoo.com
773-330-6017

Happy New Year,

I hope that 2013 brings peace, prosperity, and productivity to you and yours.

There are many exciting events planned for the ACA Annual Conference and Exposition to be held in Cincinnati from March 22-24. If you are planning to attend, be on the lookout for ASERVIC sponsored sessions covering a variety of topics, including- Spiritual Implications of Changes to the DSM-5; Meditation for Emotional Wellness; and, Spiritual, Religious, and Mental Health Issues Experienced During War Time.

ASERVIC is co-hosting two receptions including a Graduate Student Ice Cream Social. If you would like to attend the ASERVIC luncheon on Friday, March 22, purchase your ticket(s) soon as they are in limited supply. Tickets can be ordered online through the ACA conference registration site. Also, make sure you stop by the ASERVIC booth and pick up your spiritual vitamins!

Our Innovative Services Committee has put together a membership survey in order to enable us to better meet member needs. Please check the website for the link to the online survey. Your feedback makes a difference, and I will personally review all of the responses.

If you have any questions, comments, or would just like to say "hello", please email me anytime at shanray@nova.edu

Warmly,
Shannon



The ASERVIC Ethics Corner

by Stephanie F. Dailey, Ed.D.,
Harriett L. Glosoff, Ph.D., &
Leila Roach, Ph.D.

Spirituality in Group Counseling: Ethical Issues **Leila F. Roach, Ph.D.**

There is increasing agreement among counseling professionals that spirituality and religion are important in most clients' lives and are central to the ways that people make meaning, especially as they navigate life's challenges. In fact, according to the Pew Forum (2008), 92 percent of Americans report a belief in God or a universal spirit. The report also suggests a growing diversity in religious groups across the United States, as well as increasing internal diversity within these groups. Consequently, spiritual and religious issues are likely to impact how individuals view their problem(s) and they may want to discuss these concerns in a counseling setting. In addition, a person's spiritual or religious beliefs and practices may have implications regarding effective strategies for treatment. Counselors, however, are often unprepared to address these issues in counseling because they lack the appropriate education and training (Robertson, 2010). While most of the current research has focused on integrating spirituality and religion in individual counseling, little is known about how to integrate these issues into group counseling (Cornish & Wade, 2010). Because group counseling is widely supported as an effective means of treatment for clients with a variety of concerns, it is important for counselors to be aware of how to address spirituality and religion in a group setting. Moreover, counselors are faced with several ethical issues when leading groups comprised of spiritually and religiously diverse clients. The purpose of this article is to address some of these challenges while working within a group setting.

While some groups are designed specifically to incorporate spiritual or religious themes, many groups do not include this specialized focus. When leading personal growth groups or groups in community agencies that focus on a wide range of intrapersonal and interpersonal issues, counselors must address the needs of multiple clients as well as the group which makes attending to religious and spiritual issues more complicated in groups than in individual counseling (Cornish, Wade, & Post, 2012). Counselors may wonder about the value of discussing spirituality and religion in a group setting and may feel that it could be more appropriately addressed in individual counseling. Spiritual and religious interventions that align with some group member beliefs might alienate other members, thus jeopardizing the therapeutic alliance with the group counselor or other group members. In addition, spiritual and religious interventions could potentially threaten group cohesion if group members engaged in an unproductive intellectual debate of different spiritual and religious worldviews that allowed them to avoid working on their issues or that led to misunderstandings and polarization between group members.

In order to effectively address these issues and the associated ethical concerns, counselors can communicate openness to these topics early in group process by including a discussion of spiritual and religious issues in the assessment process. Eichler, Deegan, Canada, and Wells (2011) outline a model for using a spiritual assessment to mobilize clients' spiritual resources that highlights present, past and future strengths. A brief initial assessment such as the one proposed by Hodge (2005) could be adapted and utilized during the initial screening process. His questions include:

1. I was wondering if you consider spirituality or religion to be a personal strength.
2. In what ways does your spirituality help you cope with the difficulties you encounter?
3. Are there certain spiritual beliefs or practices that you find particularly helpful in dealing with problems?
4. I was wondering if you attend a church or some other type of spiritual community.
5. Do resources exist in your faith community that might be helpful to you? (Hodge, 2005, p. 343).

In addition, Cornish and Wade (2010) suggest that group leaders include a section in their informed consent documents on the possible discussion of spirituality and religion, including potential benefits, drawbacks, and boundaries for what is and is not appropriate. Group leaders can emphasize the importance of respecting others' beliefs and prohibit the proselytizing of any one belief system as part of establishing group norms. Such a discussion early on creates clear guidelines, indicating to group members that these are acceptable aspects of group process and encouraging them to bring up these topics later on. A reminder to group members regarding these guidelines can also help defuse any potential conflict or assist the group in creating a safe and neutral environment for discussion of spiritual and religious issues. Doing so will hopefully help members move from an intellectualized conversation and focus the discussion on how their own spiritual and religious beliefs, practices, and issues may influence the problems that brought them to the group as well as the possible resolution of those problems. As issues of spirituality and religion emerge, group leaders can treat these as any other personally important and clinically relevant issue. Cornish, Wade, and Post (2012) conducted a study examining how experienced group counselors attended to issues of spirituality and religion in a group setting. The researchers developed and administered an on-line questionnaire to 242 counselors who were members of the American Group Psychotherapy Association (AGPA), with an average of 25.1 years of experience working as mental health professionals, and representing diverse spiritual worldviews. Participants provided both quantitative and open-ended responses in the following areas: perceived appropriateness of religious and spiritual interventions; use of religious and spiritual interventions; comfort with spiritual discussions; barriers to addressing spirituality; openness to addressing spirituality and religion; counselor spirituality; and counselor religious commitment. Results indicate that counselors felt it was important to address these issues when group members brought them up, noting that it could be harmful to ignore them. However, counselors were less likely to raise the issue of spirituality and religion than other issues in a group setting. Results of their study also indicated that counselors' levels of spiritual and religious commitment were related to their practices in group counseling (Cornish, Wade, & Post, 2012). Counselors may over or underutilize spiritual and religious resources based on their own attitudes, beliefs and preferences rather than on client need. This illuminates the need for counselors to examine their personal beliefs and biases in order to find ways to prevent these biases from harming clients. Counselors can enhance their effectiveness by increasing their awareness of their own spiritual and religious beliefs as well as engaging in continuing education. ASERVIC's competencies for addressing spiritual and religious issues in counseling (ASERVIC, 2009) provide clear guidelines for developing counselor self-awareness and knowledge. Counselors can read quality books, attend workshops and seminars, and seek out supervision and consultation from appropriate colleagues in order to broaden their knowledge of spiritual and religious traditions (Plante, 2007). In addition, Cornish, Wade, and Post (2012) contend that training and educational programs can help counselors learn to: (a) navigate potential pitfalls that can occur when religion or spirituality are brought up in session; (b) use the interactions that emerge to highlight typical relationship patterns; and (c) steer conversations in a therapeutic direction (p. 135).

Counselors can advance their group counseling skills and facilitate group interaction by inviting feedback from group members, by encouraging them to share ways that they can relate to other members' experiences, and by asking group members to share their own religious and spiritual experiences. This article highlights the importance of monitoring the ethical issues that emerge or are likely to emerge as clients share their spiritual and religious experiences as part of group process. Group counseling provides rich opportunities for counselors to utilize spiritual and religious resources as a source of strength for group members, to use conflicts and disagreements about spirituality and religion to highlight group process, and to deepen understanding, appreciation and respect for those who hold differing beliefs and alternative worldviews.

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**WANTED—NEWSLETTER
SUBMISSIONS!**

We are interested in articles or information dealing with Ethics, Spirituality, or Religion in Counseling. Please submit any items you may have to Claudia Sadler-Gerhardt, Editor, at cgerhard@ashland.edu by the following deadline:



March 30—Spring Issue

The ASERVIC Ethics Committee is always looking for ideas or guest authors for the ASERVIC Ethics Corner. If you have a topic you would like addressed or if you are interested in submitting a piece related to the ethical inclusion of spirituality and/or religion in counseling or counselor education, please contact :

Stephanie Dailey at stdailey@argosy.edu.

Previous issues of the newsletter have been posted on the ASERVIC website.

We are continuing to email the newsletter in an attempt to conserve resources.

However, if you prefer to receive the newsletter in paper form, please let us know so we can send you a hardcopy through the mail. We want to do what we can to keep this valuable member service coming to you and we appreciate any feedback you have to offer.



ASERVIC OPPORTUNITIES

Call for Monographs

A collection of Psycho-spiritual and religious practices in counseling

Submitted monographs will be peer-reviewed for an on-line article submission and book.

Include:

Theoretical foundation and relevant research.

Definition/Description and History (Definition/description and brief historical overview of the experience or practice);

Indications (How the experience/practice can/should be addressed/used in the counseling process);

Cautions/Contraindications (Any factors that should limit or eliminate attention to the experience or use of the practice or that indicate need for referral; if a practice is “unproven” or “developing,” so specify per 2005 ACA ethics)

ASERVIC Teaching Module Project

In response to our members, The Association for Spiritual, Religious, and Ethical Issues in Counseling has been asked to continue the teaching module project to assist Counselor Educators with the integration of spiritual and religious issues in the CACREP core classes. We were excited by the quality of submissions from the first call. Currently, there are nine teaching modules that have been uploaded to the ASERVIC website ready for integration into your classroom! Please think of submitting some of the great ideas you already implement with others. This is a great way to infuse ASERVIC and spiritual, religious, and ethical issues into the classroom.

All submissions for either should be sent electronically to Lisa Jackson-Cherry at ljackson@marymount.edu

Deadline for proposals: February 15, 2012.

Please see ASERVIC website-- www.aservic.org for further details

Counseling Clients Amidst “Dark Night of the Soul” Experiences

Jodi L. Bartley
The University of North Carolina at Greensboro

*“If a man wishes to be sure of the road he treads on, he must close his eyes and walk in the dark.”
~ Saint John of the Cross*

Perusing recent conference programs and journal articles, it appears that the integration of spirituality and religion into counseling – where appropriate – has become a topic of increased interest. As stated in the competencies endorsed by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009), counselors are called to recognize, be sensitive to, and support clients with religious and/or spiritual concerns. The “dark night of the soul” could represent such a concern.

Originally coined by Saint John of the Cross in the sixteenth century, the “dark night of the soul” can be defined as “a metaphor to describe the experience of loneliness and desolation in one’s life associated with a crisis of faith or with profound spiritual concerns about the relationship with God” (Durá-Vilá & Dein, 2009, p. 544). Further, it has also been defined as a process whereby one begins to surrender her or her worldly attachments and enter into a more liberating relationship with one’s conception of the divine (May, 2004). Although the dark night of the soul originally arose within the framework of Christianity, it could emerge across many types and forms of religion and spirituality. During this time (or these times), people generally feel a sense of spiritual dryness and disconnection from rituals and experiences that provided meaning in the past. Emotionally, such experiences may trigger feelings of grief, abandonment, loss, and emptiness (May, 2004; O’Connor, 2002). Although the dark night of the soul may be conceptualized as a step along the journey of spiritual growth, the sense of losing one’s connection with the sacred can be a deeply painful and disorienting experience. In fact, its symptomology may present very much like clinical depression. According to O’Connor (2002), the key difference between dark night of the soul experiences and clinical depression is the attribution of the associated emotions. Those experiencing clinical depression often attribute their emotions to more secular issues, whereas those in the midst of dark night of the soul experiences are searching for the sacred in some form.

When faced with clients in the midst of dark night of the soul experiences, counselors are encouraged to be sensitive and supportive. First, it is important to differentiate between symptoms of the dark night of the soul and symptoms of clinical depression (O’Connor, 2002) and treat clinical depression where appropriate. From there, counselors can encourage clients to reflect upon their experiences and find meaning in the journey (Durá-Vilá & Dein, 2009). In such an experience, clients may also benefit by connecting with others who have endured similar challenges (Kinnier, Dixon, Scheidegger, & Lindberg, 2009).

This could take the form of joining a spiritual/religious group, talking to a spiritual director, or even reading accounts of people who have journeyed the same road (e.g., Saint John of the Cross, etc.). Furthermore, it may be beneficial for a counselor to reframe the client's experience as a positive phase in the process of moving *closer* to his or her understanding of the divine (May, 2004). Such a perspective could provide a further sense of hope and patience in the journey. Finally, in concordance with ethical guidelines, counselors are encouraged to refer clients to religious and/or spiritual directors when the situation extends beyond counselors' scope of practice.

With sensitivity and recognition of the difficulties often inherent in the process of religious and/or spiritual growth, counselors can support clients in their journey into the darkness and emergence into the imminent dawn on the horizon.

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PLEASE HELP US SERVE YOU!!! MEMBER SURVEY

Greetings Members and Former Members of ASERVIC! We hope you had a wonderful holiday season and are getting back into the swing of the new year. The ASERVIC Innovative Services Committee is working on a strategic plan to increase the benefits of being an ASERVIC member and to make them more applicable to what the membership needs. Please take a few minutes to take one of these these quick surveys online. These surveys will also be sent out on the CESNET and ASERVIC listservs. The deadline for the survey to be completed is March 1st.

Current ASERVIC Members:

<http://www.surveymonkey.com/s/82X2MHH>

Former ASERVIC Members:

<http://www.surveymonkey.com/s/27KT6JY>

ASERVIC Innovative Services
Committee

Marcy LeLaucheur

Cristen Wathen

Jodi Bartley

#26 ACTS: The Spirit of Intentional Kindness

Sanda Gibson, MA, PCC, Ohio University

The horror at Sandy Hook Elementary is still fresh in our national consciousness and the discussion is rekindled about gun control, mental health, and school safety. But, inevitably, we all move along in our lives as Newtown is added to the list of mass shootings in our modern history.

Somehow, I couldn't get Sandy Hook off my mind and I felt a continuing pervasive sadness and helplessness. Everyone wanted to do *something* from lighting 26 candles to laying a stuffed teddy bear on a makeshift altar in the town square. When I caught a blurb on the news about "26 Acts," a response initiated by NBC journalist Ann Curry, I found a way to grieve that was meaningful and that I could carry into 2013. Ms. Curry suggested that people do 26 acts of kindness to honor the victims. This was a plan to transform the grief into concrete specific acts that were intentional, compassionate, and honoring. With this new consciousness of how I would move into the new year, I am finding that opportunities simply present themselves. My task is to be mindfully aware of where I can be intentionally kind.

My first act was to buy a magazine subscription called *Renew* for the sister of my best friend. This sister battled alcoholism and had recently returned to sobriety after a lengthy relapse. This magazine celebrates the sober life and contains many interesting stories and also profiles of celebrities who have overcome addiction. I wrote her a short letter supporting her accomplishment and explaining that this was my #1 of the 26 Acts that I hoped to accomplish this year.

I am keeping a list of these acts in a journal. It celebrates the memory of these precious souls that is not morbid, but affirming and respectful. I hope that my small acts are part of a larger tapestry of kindness that is being woven throughout our nation. I think of "The Butterfly Effect" where a small change at one place in a deterministic nonlinear system can result in large differences to a later state. Might this suggestion by a journalist stimulate new patterns of kindness exponentially across the globe?

I hope that many of us will catch the spirit. I can't think of a more inspiring 2013 resolution or expression of spirituality for all of us--professional counselors and clients alike.

To learn about ways that people are expressing their "26 Acts," check this website:

http://usnews.nbcnews.com/_news/2012/12/18/15999109-if-you-do-good-youll-feel-good-ann-curry-explains-origins-of-26acts-of-kindness?lite



CALLING ALL GRAD STUDENTS!

FREE!!!

**ICE CREAM SOCIAL FOR GRAD STUDENTS ONLY!
ACA CONFERENCE 2013**

ASERVIC, AACE, and ASGW are hosting a joint reception at the ACA conference in Cincinnati for graduate students. Enjoy **free** ice cream courtesy of Graters and learn more about how you as a graduate student can get involved in our associations.

Name: The ASERVIC, AARC, & ASGW Grad Student Ice Cream Social
Time: Saturday, March 23rd 3:30pm to 4:30pm
Place: Hilton (room TBA)

**For further information email Jesse Fox at
jessefox@knights.ucf.edu**



ASERVIC EVENTS AT ACA 2013

LUNCHEON KEYNOTE SPEAKER!

ASERVIC welcomes Dr. Anneliese Singh as our luncheon speaker—March 22, 12 Noon–2 pm

Anneliese A. Singh, PhD, LPC is an Associate Professor in the Department of Counseling and Human Development Services at The University of Georgia. Her clinical, research, and advocacy interests include: the resilience and coping of transgender survivors of trauma, LGBTQQ bullying and violence prevention, and South Asian American survivors of child sexual abuse. Dr. Singh is a past President of the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) where her Presidential Initiatives included the development of counseling competencies for working with transgender clients, supporting queer people of color, and ensuring safe schools for LGBTQQ youth. She is a founder of the Georgia Safe Schools Coalition, an organization that works at the intersection of heterosexism, racism, sexism, and other oppressions to create safe school environments in Georgia.

The 2013 ACA Conference & Expo will be in Cincinnati, OH, on March 21-24. Educational sessions and networking with old and new friends are at the top of the list of “must do” at the conference! As always, ASERVIC will be a presence there with our yearly luncheon, an Interfaith Service, and an information booth. Below are just a few of the dates and times of ASERVIC events for your planning purposes.

EVENT	DATE	TIME	LOCATION
ASERVIC Board Meeting	March 21	9 AM—5 PM	Hyatt Hotel
ASERVIC Luncheon <u>(Order tickets through ACA)</u>	March 22	12 PM—2 PM	Hyatt Hotel
Interfaith Service	March 24	9 AM—10 AM	TBA?

See www.aservic.org for a listing of Places of Worship in Cincinnati that may be visited.

WE’LL SEE YOU AT ACA !!