



INTERACTION

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Greetings from ASERVIC President, Dr. Jareé Avent Harris

Welcome to the December Edition of the Interactions Newsletter! As we close out the year, we are thrilled to share this Interactions Newsletter edition with you, filled with content that I hope you'll find informative, inspiring, and impactful. A heartfelt thank you goes to our incredible Interactions Newsletter editorial team for their dedication and passion in creating such a valuable resource for us all.

This moment offers a wonderful opportunity to reflect on the accomplishments of the past quarter and look ahead to the promising opportunities of 2025. As we do so, I invite you to revisit our mission statement, which continues to guide our work and values:

"ASERVIC is an organization of counselors and human development professionals who believe that spiritual, ethical, and religious values are essential to the overall development of the person and are committed to integrating these values into the counseling process. Through research and practice, ASERVIC empowers and enables the exploration, development, and expression of spiritual, ethical, and religious values relating to the person, society, and counseling professional."

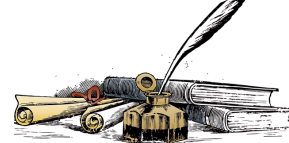
What an incredible honor it is to carry out this mission in our clinical, educational, and spiritual roles and within our profession and communities. I deeply appreciate everyone who contributes their time and expertise to ASERVIC, including through committee service. Your involvement is invaluable, and your efforts are driving meaningful progress toward our mission. There are so many ways to get involved in ASERVIC—join our committees, attend events, or contribute to this very newsletter or the Counseling & Values Journal. Your engagement not only enhances your professional growth but also enriches the resources and support available to all members.

I am looking forward to our Annual Conference in June 2025. Hosting an in-person conference has been a top priority for our ASERVIC Board as we work to strengthen our connection and community. We look forward to bringing everyone together for another impactful gathering! In the meantime, we're preparing to launch the session proposal process soon and encourage you to start thinking about how you'd like to contribute to this year's event. The ASERVIC Board is actively planning for the conference, and we hope to release additional details soon.

Don't forget about our **"Plus One Challenge: Grow ASERVIC, Expand Our Impact"** initiative! Let's continue sharing the value of ASERVIC with our networks and invite others to become members and join our incredible community.

As we wrap up this year, I wish you all a joyful and restful holiday season. I'm excited about the work we'll accomplish together in 2025 and the continued growth of our profession.

"Your involvement is invaluable"



Greetings Colleagues and Esteemed Readers,

I would like to extend my sincerest apologies for the delay in publication and appreciate your patience. The pause in our usual publication schedule has provided the opportunity to engage in in-depth contemplation of the fundamental themes that unify us: the spiritual, religious, and ethical aspects of counseling.

In both personal and professional settings, spirituality and religion frequently provide a reservoir of resilience, meaning, and moral direction in our shared search of knowledge and integration of these values. This edition carries on our exploration of how our ethical obligations interact with spiritual and religious principles to create a counseling environment that is not only successful but also compassionate and whole.

As you read through the newsletter, consider the following points:

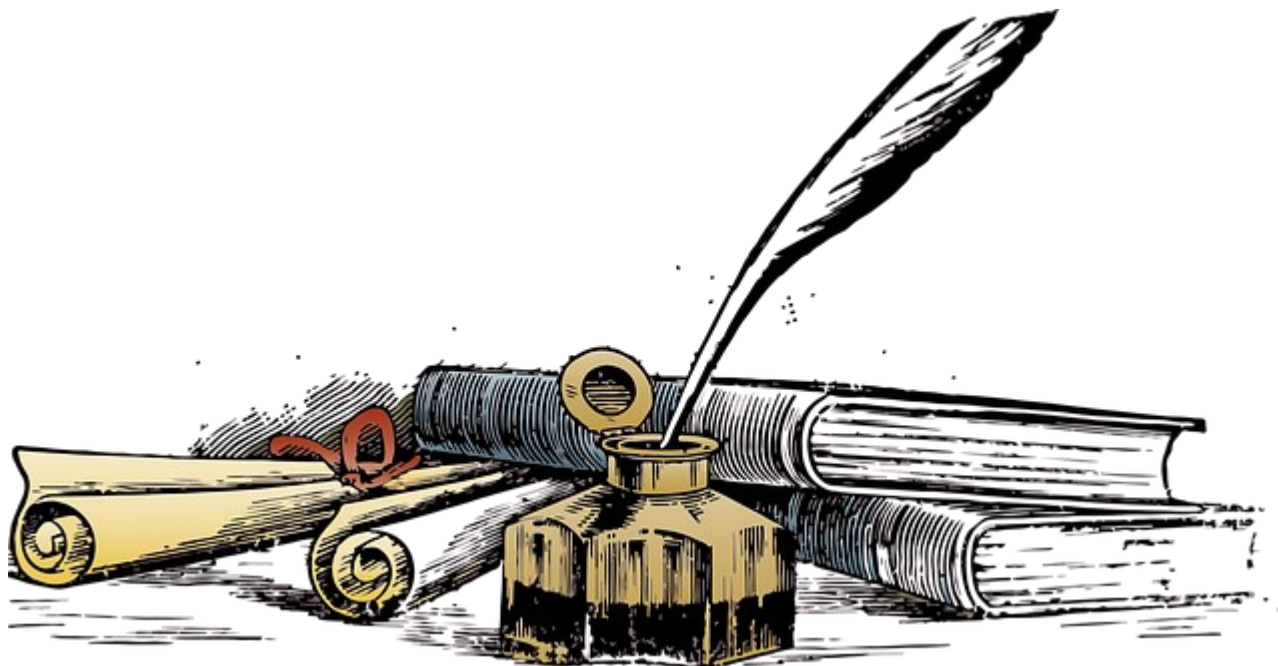
- **Think about Practice:** How may your counseling style be informed by your own religious or spiritual beliefs? How might a better awareness of these characteristics improve ethical decision-making?
- **Foster harmony:** List everyday activities—mindfulness, meditation, prayer, or quiet thought—that help you find inner peace. How may these techniques be included into your daily work to increase clarity and resilience?
- **Accept Joy:** Think about the little graceful moments that break up your day. Even in difficult conditions, what ceremonies or practices enable you to recover pleasure and maintain hope?

As we move forward into the new year, I encourage you to explore these reflective issues in your own practice while also engaging with the scholarly discourse offered.

I am deeply grateful for your patience and your continued commitment to advancing our shared understanding of how spiritual, religious, and ethical values can transform counseling. I look forward to your insights and contributions as we continue to foster a community of reflexive practitioners and educators.

Wishing you a prosperous and enlightening new year,

The Editorial Team



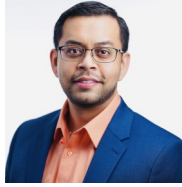
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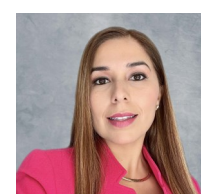
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Election Results 2025

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NEW MEMBER SPOTLIGHT

Brandon Lackey



What drew you to membership in ASERVIC?

For 20-plus years, I have served with multiple Christ-centered ministries that provide long-term, residential recovery services. The holistic approach to life recovery made ASERVIC appealing. I recently returned to school, having gone about my service backwards. As a student, I hope to lean on ASERVIC to resource my continued ministry, career, and clients.

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

Missions were always a priority as part of my faith community, and I thought I would find myself in the foreign mission field. However, I became engaged locally, working in home missions with marginalized persons. I didn't have to travel around the world to find the lost, hurting, homeless, hungry, and addicted.

How do you see yourself working with ASERVIC?

I love advocacy efforts and enjoy educational engagements.

2. I am intrigued by the balancing act of ethics, morals, and legalities in the helping professions and admire those committed to all three.

3. I am attracted to collaborating with spiritual AND professional individuals and organizations.



NEW MEMBER SPOTLIGHT



Jenny Boss

What drew you to membership in ASERVIC?

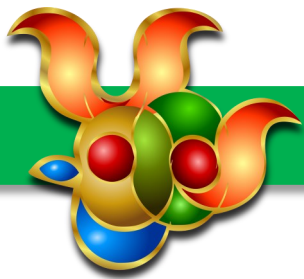
As a Christian who also feels called to counseling, I was drawn to ASERVIC to be a part of a community of like-minded people. People trying to bridge the gap between religion\spirituality and the healing so many who come for counseling long for.

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

I started a relationship with Jesus at age 25, after my father was killed and years of self-destruction. I then entered a relationship with an abusive man. As I drew closer to Jesus, I realized just how toxic my life and environment was. I started my own counseling and learned about myself, how to heal, and how to care for myself. The change that I've gone through following this has been priceless. It's through experiencing my own healing that my passion to help others through Counseling was birthed.

How do you see yourself working with ASERVIC?

First of all, as I am just beginning to venture into this world of Counseling, I am excited to see all the different ways that I can connect. But my intention is to stay connected to a like-minded community and continue to grow in my knowledge, spiritually, and professionally to reach my ultimate goal: **to help serve people.**



NEW MEMBER SPOTLIGHT



T. Champion

What drew you to membership in ASERVIC?

I am a second-year grad student in the Addictions and Co-Occurring Disorders track at Hazelden Betty Ford Graduate School in Minneapolis. When I applied for ACA Membership, I saw the list of groups I wanted to connect to and because I am an ordained minister and certified Chaplain, I wanted to connect with a group who would speak to the religious and spiritual community. It is my desire to connect my education and counseling to ministries within the African American community, as there is such a need for connecting counseling and spirituality and faith traditions.

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

This is a long one, but I was raised in a Christian family. My paternal grandparents were founding pastors, and it would become apparent that I would follow in their footsteps. I went to seminary and have my MDiv, and my master's in ministry with a concentration in missions, and a PhD in Practical Theology with my concentration in missional studies. I have taught several classes, but I knew there was more. I received salvation at 17, and when I graduated from college, I wanted to go into counseling but obviously God had other plans. I have served and been in church all my life and with this, I remain connected to my faith because it has been the guiding force and foundation that I have been grounded in.

How do you see yourself working with ASERVIC?

My daughter had been in active addiction for 15 years and I had no idea what to do. I went to church and wanted them to help me but realized they couldn't because they had no idea the pain I was feeling. Therefore, upon entering Hazelden Betty Ford Graduate School, I made it my mission to raise the awareness of mental health and addiction in the church, particularly in the African American religious community. It is my desire to serve ASERVIC as an advocate for other mental health professionals who need a place to connect their faith with their work. I want to publish and represent the organization at conferences and other events to promote the mission and message of this ministry within the American Counselor Association. This group is vitally important as we help our clients connect to their spiritual center and help them find their path out of addiction and better mental health.

Spiritual Integration in Counseling



Spiritual integration in counseling is the collaborative process between a therapist and client that incorporates the client's spirituality into their treatment. Professional counselors, supervisors, educators, researchers, and counselors in training are called to practice counseling with cultural competence which includes incorporating spiritual integration.

Our ASERVIC competencies, highlight the two last two competency sections for diagnosis and treatment and their four associated competencies **#10-14** which are foundational guidelines for counselors working with clients with spiritual and religious backgrounds.

The competencies associated with assessment and diagnosis are:

10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can

- a) enhance well-being;
- b) contribute to client problems; and/or
- c) exacerbate symptoms

12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.

13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.

14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

The importance of spirituality and faith as a cultural variable is part of the fabric of counseling treatment. Counselors often view their client's faith as playing a prominent role in the lives of individuals and families (Scott et al., 2017).

Reviewing practical strategies for assessment and diagnosis can support the counselor's understanding of their client's spiritual and religious views as reflected through their values.

The Spiritual and Religious Values Committee wrestled with this very concept and discussed pragmatic strategies to increase counselor awareness of client's spiritual and religious faith backgrounds. In particular, committee member Dr. Chris Ostrander discussed highlighting spiritual and religious values through learning about the client's participation of religious and spiritual and what these events and celebrations meant as per their personal experience as well as from religious source text explanations. The counselor's preparation and review would lead to an increased understanding of the client's context and religious values. The counselor can then engage in a discussion with their client about how they view and celebrate spiritual and religious holidays. This dialogue could serve as a way to assess if the client's understanding and participation of the event supports and empowers them during this or prior seasons of their lives or if it serves a barrier for moving forward in the therapeutic process.

The following is a four step guidance to support a counselor's quest to further understand their client's spiritual and religious values as celebrated through their participation in spiritual and religious holidays.

Here are the steps:

1. Identify the spiritual and religious holiday (refer to an Interfaith Calendar)
2. Research the spiritual and religious holiday's significance
3. Highlight the spiritual and religious values as found in the event's significance
4. Integrate the spiritual and religious values to your client's discussion in counseling sessions.



**Jennifer D. Vinces-Cua, PHD,
LMHC, LPC, ACS, NCC
Spiritual and Religious Values
Committee Chair**

During sessions, you can ask your client,

**“What does this holiday mean or symbolize for you?
Are there any connections to your lived experiences?
If so, how?”**

An additional way to assess your client's spiritual and religious values would be for the counselor to increase their knowledge of spiritual and religious values through ongoing professional development and direct collaboration with clients to learn about their unique and individualized experience. Lastly, the counselor can develop a table with the spiritual and religious values for monotheistic religions, nontheistic religions, indigenous practices, and other beliefs can be formulated. An example of an initial table for monotheistic and nontheistic religions has been developed below.

There are numerous ways to honor and leverage your clients' spiritual and religious values. We continue the quest to integrate spirituality in our counseling profession.

To view the ASERVIC competencies, please visit the website: <http://www.aservic.org/resources/spiritual-competencies/>.

To view the ASERVIC competencies in Spanish, please view the following article: <https://doi.org/10.1163/2161007x-bja10005>

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Spiritual and Religious Values in Monotheistic Religions

1

| Religion | Ethics | Values |
|---------------------|---|---|
| Judaism | The Ten Commandments <ol style="list-style-type: none"> 1. No other gods besides me 2. Not make for yourself a sculptured image, or any likeness 3. Not swear falsely by the name of the Lord your God 4. Remember the Sabbath day and keep it holy 5. Honor your father and your mother 6. Not commit adultery 7. Not steal 8. Not commit murder, 9. Not bear false witness against your neighbor 10. You shall not covet | <p>Tzedakah: "justice" Involves giving to others, even when it's difficult.</p> <p>Chesed: "loving-kindness" and involves helping those in need.</p> <p>Equality: All humans are descended from Adam means that all people are created equal.</p> <p>Uniqueness: God created each person to be unique.</p> <p>Compassion, peace, human dignity, integrity, and industriousness</p> <p>Tikkun olam: "repairing the world".</p> <p>Derekh eretz: "treating all people with dignity and respect".</p> <p>Fidelity: keeping promises and honoring contracts.</p> <p>Haganat hateva: "environmentalism" and the appreciation of the natural world.</p> |
| Christianity | building moral character, emphasizes moral duty, natural law, the Golden Rule (do unto others) | Fruits of the Spirit: love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control |
| Islam | should not harm self or others, actions are judged by the intent behind them, must love others as himself - cannot be a believer without this. | <p>6 Articles of Faith (Belief in): 1. one God, 2. angels, 3. prophets of God, 4. revealed books of God, 5. day of judgment, 6. destiny and divine decree</p> <p>5 Pillars of Islam: 1. declaration of faith, 2. daily prayer, 3. Zahah charity, 4. Fast of Ramadan, 5. Haij pilgrimage to Mecca</p> |

Spiritual and Religious Values in Nontheistic Religions

2

| Religion | Ethics | Values |
|-----------------|---|--|
| Hinduism | 5 "Yamas of Ancient Hindu Ethics: <ol style="list-style-type: none"> 1. Ahimsa (non-violence) 2. Satya (truth, non-falsehood) 3. Asteya (non-stealing) 4. Brahmacharya (celibacy if unmarried and non-cheating on one's partner if married) 5. Aparigraha (non-possessiveness). | 4 Aims of Human Life "Puruṣārthas": <ol style="list-style-type: none"> 1. Dharma (righteousness, moral values) 2. Artha (prosperity, economic values) 3. Kama (pleasure, love, psychological values) 4. Moksha (liberation, spiritual values, self-actualization) |
| Buddhism | 5 Precepts <ol style="list-style-type: none"> 1. Not killing 2. Not stealing 3. Not misusing sex 4. Not engaging in false speech 5. Not indulging in intoxicants | <p>Sila: Virtue, good conduct, morality.</p> <p>Samadhi: Concentration, meditation, mental development.</p> <p>Prajna: Discernment, insight, wisdom, enlightenment.</p> |

SHOULD CHRISTIANS PRACTICE SELF-LOVE?

How Modern Psychology and Christianity Integrate

A main tenet of modern psychology is the practice of self-love, or in a more clinical sense, self-positive bias. Self-love is a fundamental aspect of mental well-being that is cultivated through actions that engender feelings toward oneself, such as self-acceptance, self-worth, and emotional resilience. Of these, one key framework emerges, self-compassion (Neff, 2003). Self-compassion is seen as having three main components, self-kindness, mindfulness, and recognizing shared humanity (Neff, 2003). These principles encourage individuals to interact with themselves in an understanding and kind way, avoiding harsh criticism of oneself to mitigate stress and improve emotional health. The cornerstone to this approach is acknowledging oneself without judgment (Martin, 2023).

Dr. Kristin Neff (2003) stated, “Self-compassion is an emotionally positive self-attitude that should protect against the negative consequences of self-judgment, isolation, and rumination (such as depression).”

Other research on self-positivity bias shows that individuals who practice will often reduce their anxiety, depression, and isolating behaviors. However, self-love is not practiced only to stop negative behaviors or to quit feeling bad. Self-positivity bias is meant to focus on the more positive aspects of life by increasing motivation and improving self-esteem (Field, 2022). Psychologists like Jeffrey Borenstein (2023), see self-love as “a state of appreciation for oneself,” marked by actions



that nurture both physical and mental health, from establishing boundaries to avoiding self-criticism.

This concept of self-love, self-compassion, and self-positive bias sounds good and is evidenced-based. However, when working with the Christian population there is an issue that presents itself regularly that seemingly contradicts this evidenced-based practice. That is the theological concept of dying to the flesh and denying oneself. Many Christians in therapy are resistant to modern psychological practices because it seems to fly in the face of Scripture.

The Apostle Paul said, “For if you live according to the flesh you will die, but if by the Spirit you put to death the deeds of the body, you will live” (*English Standard Version [ESV], Rom. 8:13*). Jesus also stated, “If anyone would come after me, let him deny himself and take up his cross daily and follow me” (*ESV, Luke 9:23*). There are many other passages that preach the same message, that in order to be different one must deny themselves, and allow themselves to be convicted as a sinner.

In light of this, **should a Christian practice self-love?**

Or perhaps a better question is, in acknowledging one’s shortcomings, inconsistencies, and failures practicing self-hatred, **how does a person reconcile the Scriptural practice of crucifying the flesh and practicing self-love?**

The answer can be found in the words of Jesus, “And he said to him, ‘You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself’” (*ESV, Matt. 22:37-39*). Here, Jesus identifies that loving your neighbor as yourself is one of the two greatest commandments, central to a life of faith. Furthermore, the Apostle Paul reaffirms this message in his letter to the Church in Galatia by writing, “For the whole law is fulfilled in one word: ‘You shall love your neighbor as yourself’”; (*ESV, Gal 5:14*). Later Paul relates this ideology to marriage in Ephesians when he tells husbands to love their wives as they love their own bodies.

Interestingly, the Law, Jesus, and the Apostle Paul all agree that the idea is not simply to love others, rather one’s capacity to love others is a direct reflection of how an individual feels about themselves. Therefore, it is not counterintuitive for a believer to practice self-love. Rather, modern psychology agrees with the deep theological virtue that taking care of yourself in a caring and non-judgmental way will directly impact how well a Christian can practice the virtue of loving others.

Practicing self-compassion does not mean to be self-focused, but what it does mean is that the believer is called develop and care for oneself as they build their identity in Christ. Self-love will reveal itself in how a person’s life is lived.

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MORAL INJURY A WOUNDED WORLDVIEW

by Rachal Ryan

As Clinicians strive to better understand and treat a whole and unique individual within the confounds of the therapeutic alliance, a better understanding of the human condition is uncovered one session at a time. In some instances, it can be difficult to evaluate or articulate a person's presenting symptoms because clinical classification is working to modernize in such a way that substantiates the injuries a person withstands to their moral compass, worldview, or soul.

In a post-pandemic population therapists are likely to encounter an individual that has undergone something that harmed them ethically. The central focus is to identify the wound to the client's worldview so therapeutic gains can be made in restoring the cracked lens through which they see the world through. That wound can be classified and better understood as a Moral Injury (MI).

A moral injury is categorized by a precipitating event that alters the way in which the individual sees themselves in relationship to the world. As the authors of the Moral Injury Outcome Scale (MIOS), Litz et al. (2022), note:

“Potentially morally injurious events (PMIEs) entail acts of commission (e.g., cruelty, proscribed or proscribed violence) or omission (e.g., high stakes failure to protect others) and bearing witness (e.g., to grave inhumanity, to the gruesome aftermath of violence), or being the victim of others' acts of commission (e.g., high stakes trust violations) or omission (e.g., being the victim of grave individual or systemic failures to protect) that transgress deeply held beliefs and expectations about right and wrong“.

Symptomology clusters often manifest in correspondence with PTS. MIOS differentiates by exacerbating the individual's sense of shame and perceived violation of social and or individual trust due to the perception of self-involvement.

Assessment for Moral Injury has been conducted by the United States Military and Veterans Association utilizing a standardized assessment instrument available to all licensed



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I have no known conflict of interest to disclose .
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clinicians (Teng et al., 2018). MIOS is a widely used measure of the impact that potential moral injurious events have had on one's life. A copy of the scale can be downloaded at: [Moral Injury - MIRECC / CoE](#) Please contact Dr. Brett Litz at litzb@bu.edu for administration instructions and scoring key. There is no need to restrict use of this instrument to a military or first responder population.

While this is modern terminology with a limited amount of research surrounding the topic of “Moral Injury” academically, historical writings have withstood the ages telling of those that were harmed having acted outside of their self-prescribed code of ethics. That scope is widened when we include those who have witnessed actions of others so contrary to how they perceived people to be that they have their core understanding of the world or themselves altered.

Treatment of moral injury includes addressing the client's perceived shame and, unforgiveness towards oneself, by reestablishing trust in oneself and other interpersonal relationships, seeking soul care, and expressing and processing how they feel and view themselves in reflection of the Morally Injurious Event. These goals can be achieved with case conceptualization and treatment planning from any empirically supported theoretical counseling orientations. Unique and creative counseling interventions are the future of our field.

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Reflections on Research and the Bible

By *Janita Dagg*, LPC-S, Liberty University



In 2016, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) outlined and emphasized the importance of research and scholarship in the field of professional counseling (CACREP, 2024, S3H). Not only should researchers understand the elements of methodologies, statistics, needs assessment and program evaluation, but they also should be versed in applying the research to outcomes identifying counseling-based practices and the importance of evidence-based research in real-world application (Gibson et al., 2023). Research and scholarship are critical in the development, refinement, and validation of any therapeutic model used in a professional counseling session. Each model is vital, requiring effective techniques, and are the cornerstones for psychological and therapeutic interventions. Evidence-based practices have a foundation of research, ensuring techniques are grounded in science and scholarship, and identifying the methods and conditions for promoting the best outcome and well-being of the client (Marshall et al., 2024).

Empirical research is the foundation for therapeutic models providing evidence for the effectiveness of various models; constantly evolving and tweaking the approaches for continuous improvement to existing and future methodologies making them more efficient. Refinement, development, and validation of research methods are imperative to the field of counseling and for interdisciplinary collaboration (Supriyanto et al., 2019). The foundation of empirical research can be seen throughout history. There are many manuscripts, textbooks, and publications written on the subject of research methodology spanning back to first identified philosophers of Socrates, Plato, and Aristotle (Spangenberg, 2022). The Bible may not be seen or accepted as a research methodology text, but the passages lay a foundation of quantitative and qualitative research including individuals who have engaged in various types of research and

research principles. Research can be viewed as a systematic process of inquiry and investigation that seeks to advance knowledge and applications (Bayne et al., 2021).

Throughout the Bible, there are various examples of research. Quantitative research is imperative not only in the field of counseling but across innumerable disciplines offering a systematic and empirical approach to the stated phenomena or hypothesis. Identifying relationships between variables, establishing patterns, and using statistical techniques can bridge the gap between various disciplines (Thoma et al., 2018). An example of quantitative research is the census (roll-call, register, enroll, or inscribe), from the Latin word '*censere*' meaning estimate, of the empire ordered by the Roman Emperor Augustus (Yeung & Lee, 2019). Note, that this is not the first census that was conducted in the Bible. Moses and Aaron, after escaping from Egypt, conducted a census of the Israelites divided by clan (Numbers 1:2, NIV).

The census was important for gathering measurable quantitative information, such as numerical population data, demographics, and economic status to implement taxes based on headcount and property. Details that are gathered are used to inform housing/property data, employment status, mortality and birth rates, economic standing, taxation, and military service. Interdisciplinary studies will often use quantitative research identifying well-defined variables and measurements to enable scholars to quantify phenomena across individuals, groups, or time periods (Divan et al., 2017).

The Bible also holds examples of qualitative research including the presentation of the synoptic gospels. Matthew (written by Matthew), Mark (written by Peter), and Luke (written by Luke) are known as the synoptic gospels due to their similar content and structure, themes, and codes.



Qualitative research explores complex phenomena providing a rich, in-depth understanding of the posed phenomena and enhancing scholarship to increase understanding of theories, techniques, and interventions (Aspers & Corte, 2019).

Qualitative research focuses on non-numerical data by collecting rich, descriptive information for understanding human experiences, behaviors, and social phenomena; in this case, the outline of Jesus' life. The thematic analysis of the synoptic gospels identifies the baptism, ministry in Galilee, journey to Jerusalem, crucifixion, and resurrection of Jesus while acknowledging the narrative analysis view of each writer (Yeung & Lee, 2019). The three gospels interact with each other through the overlapping use of many stories, narratives, dialogues, and images.

Research is the cornerstone of scholarship launching forth the advancement of knowledge, evidence-based practices, and critical thinking in the counseling profession. Scholars are able to navigate, describe, and build upon existing literature and research. The importance of research in scholarship can be navigated qualitative, quantitative, and mixed-method traditions, each offering distinctive insights that together create a unique understanding of various phenomena. Ultimately, scholarship and research are interconnected, presenting as two sides of the same cornerstone that advances the field of knowledge, develops new techniques, and enhances the professionalization of counseling.

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Counselor Self-Efficacy in the Intersection of Faith and LGBTGEQIA+ Identity: Introducing the CSS-RLGBT

By *Ashley Williams-Whitley*, Ph.D., LPC, NCC, ACS
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Introduction

The counseling profession is rooted in fostering holistic well-being in a method used to ensure that clients are affirmed in their diverse identities. However, when religious beliefs intersect with LGBTGEQIA+ identities, counselors may face unique challenges in providing competent care (Bayne, Conley, et al., 2020; Bayne, Harness, et al., 2020; Fallon et al., 2013; McDonald et al., 2017). The ability of counselors to navigate these complexities is largely influenced by believing in their own capacity to facilitate effective counseling outcomes. This conceptual exploration examines the importance of counselor self-efficacy in affirming religious LGBTGEQIA+ clients, identifies barriers to effective counseling, and introduces the Counselor's Self-Efficacy Scale in Counseling Religious LGBT Clients (CSS-RLGBT) as a framework for professional growth.

Understanding Counselor Self-Efficacy

Self-efficacy, as defined by Bandura & Adams (Bandura & Adams, 1977), is the belief in one's ability to execute behaviors necessary to achieve specific outcomes. In the context of counseling, self-efficacy influences the ability to work effectively with diverse populations, including those navigating both religious and LGBTGEQIA+ identities. High counselor self-efficacy is critical in facilitating affirming therapeutic spaces while managing potential conflicts between religious teachings and sexual or gender identity.

Counselors with higher self-efficacy are more likely to approach complex cases with confidence, employ evidence-based interventions, and maintain an ethical and inclusive stance in their practice.

Religious LGBTGEQIA+ individuals often find themselves navigating a complex web of societal and cultural norms that may be in direct opposition to their intersecting identities (Harris et al., 2017; Shurts et al., 2020). Developing self-efficacy involves both formal training and experiential learning. Exposure to diverse client populations, engagement in supervision, and participation in continuing education all contribute to enhanced counselor confidence. The ability to critically examine one's biases, explore areas of discomfort, and seek knowledge on best practices is essential for maintaining high levels of self-efficacy.

Barriers to Counselor Self-Efficacy

Despite the importance of self-efficacy in counseling religious LGBTGEQIA+ clients, several barriers can hinder a counselor's ability to provide competent and affirming care such as religious and cultural bias, fear of incompetence, ethical dilemmas, and institutional constraints. Counselors with high levels of religiosity and a lack of exposure to LGBTGEQIA+ individuals may feel ill-equipped to navigate the complexities of intersecting identities (Farmer, 2017).

Religious and Cultural Bias. Personal religious beliefs or biases may unconsciously impact a counselor's approach to affirming LGBTGEQIA+ clients (Bayne et al., 2020; Fallon et al., 2013; Shurts et al., 2020). Many counselors are shaped by their cultural and religious upbringings, which can influence their perspectives on gender and sexual identity. If left unexamined, these biases may manifest in microaggressions, avoidance behaviors, or discomfort in addressing LGBTGEQIA+ concerns (Taskfo et al., 2013).

Fear of Incompetence. Counselors may avoid working with LGBTGEQIA+ clients out of a fear of causing further harm or not being able to provide adequate support (Taskfo et al., 2013). This fear can stem from a lack of formal training, limited exposure, or concern over potential ethical violations (2016; Taskfo et al., 2013).



Ethical Dilemmas. When a counselor's personal religious beliefs conflict with a client's LGBTGEQIA+ identity, difficult ethical decisions may arise (Bayne et al., 2020; Moe et al., 2015, 2017; Taskfo et al., 2013). Counselors may struggle to balance their professional ethical obligations with their own moral convictions that could lead to self-doubt and reduced self-efficacy.

Institutional Constraints. Workplace policies, organizational culture, and training program curricula may not adequately address the unique needs of religious LGBTGEQIA+ clients (Fallon et al., 2013; Williams et al., 2022). Counselors working in these environments may feel limited in their ability to provide affirmative care, hindering their self-efficacy.

Ethical Considerations and Professional Responsibilities

The **ACA Code of Ethics** (2014) and **ASERVIC** competencies emphasize the necessity of honoring both spiritual and sexual identities in counseling. Ethical principles such as autonomy, beneficence, and justice necessitate affirming LGBTGEQIA+ clients while also respecting their religious perspectives. Multicultural and social justice counseling competencies further highlight the importance of advocacy and inclusive practices to ensure ethical and effective treatment (Mintert et al., 2020). To navigate these ethical complexities, counselors must engage in continuous education on cultural humility, ethical decision-making, and religious diversity (Rose, 2020; Rose et al., 2019).



Practitioners should seek supervision and peer consultation to explore ethical dilemmas and ensure their practice aligns with professional standards. Ethical practice also involves advocating for policy changes within organizations that may inhibit affirming counseling practices.

Development of the CSS-RLGBT

Bandura's (1977) self-efficacy theory highlights the importance of counselors and counselors-in-training need for necessary knowledge and skills for effective practice. Research links high counselor self-efficacy to stronger counseling skills (DePue & Lambie, 2014);(Larson & Daniels, 1998); (Lent et al., 2003). Self-efficacy scales assess clinical preparedness, awareness, and basic knowledge, particularly in LGBT counseling (LGBT-DOCSS, LGB-CSI-SF). However, these studies do not fully reflect the evolving landscape of counseling or the increasing emphasis on intersectionality and inclusivity.

Several tools measure counselor competencies. Worthington et al., (2005) developed the LGB-KASH, assessing attitudes and knowledge with strong reliability. Carlson (2014) created the Spirituality in Clinical Training Scale used to validate spirituality's role in counseling. Bidell (2015) introduced the SOCCS to assess LGBT counseling competency, followed by the LGBT-DOCSS (2017), which showed strong reliability ($r = .87$). While these assessments remain valuable, they have not been updated to account for shifts in counseling practices, cultural dynamics, and policy changes affecting marginalized communities.

While counselors are becoming more comfortable working with LGBTGEQIA+ clients, competency gaps remain. Enhancing knowledge, cultural awareness, and advocacy can improve counseling effectiveness and support the training of new professionals and counselors wanting to work with religious LGBTGEQIA+ clients. Due to the limited availability of measures specifically designed to assess competency in counseling religious LGBTGEQIA+ clients, the Counselor's Self-Efficacy Scale in Counseling Religious LGBT Clients Scale (CSS-RLGBT) was developed to address key gaps in evaluating and enhancing counselor proficiency. This standardized self-assessment tool aims to

evaluate critical areas necessary for providing affirming and ethical care.

The scale evaluates counselor self-efficacy across multiple domains:

Application of Knowledge

Understanding how religious and LGBTGEQIA+ identities intersect. This includes knowledge of religious traditions, theological perspectives on sexuality and gender, and the ways in which faith-based communities impact LGBTGEQIA+ identity development.

Advocacy Skills

Promoting inclusivity within religious communities. Counselors must develop skills to facilitate dialogue within faith-based organizations, support LGBTGEQIA+ individuals in affirming their faith, and address systemic discrimination within religious contexts.

Self-Awareness

Recognizing personal biases and their impact on practice. Counselors must engage in reflective practice to examine their own attitudes and beliefs by ensuring that personal views do not interfere with client care.

Client-Therapist Relationship

Building trust and rapport with religious LGBTGEQIA+ clients. Establishing a safe and affirming space where clients feel understood in both their religious and LGBTGEQIA+ identities is crucial for therapeutic success.

Human & Spiritual Development

Integrating faith-based beliefs with identity exploration. Counselors should be equipped to facilitate discussions on reconciling religious faith with LGBTGEQIA+ identity by offering strategies that allow clients to maintain both aspects of their identity in a meaningful way.

Counselor Sensitivity & Attitudinal Awareness

Addressing ethical concerns while affirming religious LGBT clients. This involves understanding how to navigate religious trauma, internalized homophobia, and conflicts between faith and sexual orientation.

Future Directions

The CSS-RLGBT offers a pathway for increasing counselor self-efficacy and competence. Future research should focus on validating this instrument through empirical testing and examining the impact of counselor training on self-efficacy. Additionally, further exploration of interventions designed to enhance competency in religious LGBT counseling is warranted. Training programs should integrate content on the intersection of faith and LGBTGEQIA+ identities to ensure that counselors graduate with the necessary competencies to serve these clients effectively. Future studies should also examine client outcomes when working with counselors who have undergone specific training in religious LGBTGEQIA+ counseling.

Conclusion

Counselor self-efficacy is an essential factor in ensuring affirming and competent care for religious LGBTGEQIA+ clients. By addressing barriers, engaging in continued professional development, and utilizing self-assessment tools such as the CSS-RLGBT, counselors can strengthen their confidence and competency in this nuanced area. ASERVIC's commitment to integrating spiritual and ethical values into counseling emphasizes the need for ongoing research, education, and advocacy to support inclusive and ethical practices in counseling religious LGBTGEQIA+ clients.

By engaging in evidence-based practices, continuous self-examination, and persistent advocacy, counselors can guarantee that clients, regardless of their religious or sexual identity, will receive the affirmative support they are entitled to.

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Greetings,

I hope that this finds you and your families well. As we navigate the start of a new year, our thoughts are with those affected by the devastating fires in California and the harsh winter storms impacting communities across the nation. These events remind us of the importance of resilience, connection, and mutual support during times of uncertainty and challenge. In this spirit, ASERVIC, remains committed to fostering a sense of care and solidarity, ensuring our community has the resources and encouragement needed to face these difficulties together.



I wanted to take a moment to share some updates about the upcoming **ASERVIC 2025 Conference**, and I'm thrilled to provide an overview of the **purpose, place, and plan** as we prepare for this incredible event.

The Purpose

This year's conference will be held June 12-13, 2025. This year's theme, **"Inspiration to Impact: Empowering Leaders to Foster Growth, Advocacy, and Connection"** really reflects the heart behind our annual conference. While there are many logistics to consider when

planning and preparing for an event of this scale, our conference is such a sacred space for many of us. The conference affords us the opportunity to learn, reconnect with old friends and expand our network by meeting new colleagues who share our passion and dedication - for the purpose of equipping us to better serve our clients and communities.

The Place

We will be hosting the 2025 Conference at the **Renaissance Hotel in Portsmouth, Virginia**. Our vision is to always have a conference site where we can learn and recharge.

Portsmouth, and the Renaissance Hotel, in particular, offers the perfect blend of amenities to support a successful conference and opportunities to enjoy the scenic beauty of the riverfront. To learn more about Portsmouth and the attractions available please visit their official website: <https://www.portsmouthva.gov/>.

The Whova app will serve as the hub for our conference. It will house the call for proposals, the program agenda, and so much more. Please be sure to download the app and stay connected for important updates.

We need your support to make this conference a success! Spread the word—share it with a friend or invite a colleague. Our conferences are always incredible opportunities for learning, growth, and connection, and we want to extend this experience to as many people as possible.

Registration is open, and we're excited to offer an early bird rate—so be sure to register early to take advantage of the discount before **April 18th, 2025**.

Thank you all so much for being a part of ASERVIC. I look forward to seeing you in June!

Janeé R. Avent Harris
ASERVIC President

Inspiration to Impact: Empowering leaders to Foster Growth, Advocacy, and Connection



Keynote Speaker Dr. Thema Bryant

Psychologist, Author, Professor, Sacred Artist, & Minister

- Expert in trauma recovery, stress management, and healthy relationships.
- Tenured professor at Pepperdine University, directing the Culture and Trauma Research Lab
- Host of The Homecoming Podcast
- Ordained Elder leading the mental health ministry at First A.M.E. Church in Los Angeles
- Former President of the American Psychological Association (2023)
- Author of *Matters of the Heart* (Feb 4, 2025), focusing on relationships, healing, and mindset shifts



Plenary Speaker Dr. Daniel Gutierrez

Counselor, Professor and Researcher

- Expert in Community Mental Health and Positive Existential Psychology
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