



The Elephant in the Room: Trauma, Spirituality and Healing

Naomi Halpern, CQSW, Grad Cert Human Rights

with special guests

Dr Colin Ross, MD and Dr Alana Roy, PhD

23 - 24 June 2023 | 9.00am - 1.00pm AEST





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The Elephant in the Room: Trauma, Healing and Spirituality




Naomi Halpern, CQSW, Grad Cert Human Rights


Part 1: 23 June 2023
9.00am – 1.00pm AEST

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What is trauma?




“any disturbing experience that results in significant *fear, helplessness, dissociation, confusion, or other disruptive feelings* intense enough to have a *long-lasting negative effect* on a person’s attitudes, behaviour, and other aspects of functioning. Often *challenge an individual’s view of the world* as a just, safe, and predictable place.”

American Psychological Association

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“... spirituality to be the ubiquitous *transcendental relationship between an individual & an ultimate/s God or Gods* and the *relative subjective experiences*.

Religion is a particular framework that formally delineates this relationship”

Hayes & Cowie, 2005
Psychology & Religion: Mapping The Relationship
Mental Health, Religion & Culture, Vol 8. 27-33, 2005

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Religion	Adherents	Percentage
Christianity	2.382 billion	31.11%
Islam	1.907 billion	24.9%
Hinduism ⁽¹⁾ Nonreligious ⁽²⁾ Agnostic/Atheist	1.193 billion	15.56%
Buddhism	506 million	6.56%
Chinese traditional religions ⁽³⁾	394 million	5%
Ethnic religions excluding some in separate categories	300 million	3%
African traditional religions	100 million ⁽⁴⁾	1.2%
Sikhism	26 million	0.34%
Spiritism	15 million	0.19%
Judaism	14.7 million ⁽¹⁾	0.19%
Bahá'í	5.0 million ⁽¹⁾	0.07%
Jainism	4.2 million	0.05%
Shinto	4.0 million	0.05%
Can Dao	4.0 million	0.05%
Zoroastrianism	2.6 million	0.03%
Nepaliko	2.0 million	0.02%
Avestan	1.9 million	0.02%
Neo-Paganism	1.0 million	0.01%
Unitarian Universalism	0.8 million	0.01%
Rastafarí	0.6 million	0.007%
Total	7.78 billion	100%

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Subdivisions in the most common religions

Christianity: Roman Catholic, Protestants, Eastern Orthodox, Greek Orthodox, Anglican many other sub-denominations

Islam: Sunni, Shia, Ibadi, Ahmadiyya or Sufi



Hinduism: four main groups: Vaishnavism, Shaivism, Shaktism and Smartism

Buddhism: Theravāda and Mahayana, each with subgroup

Judaism: Orthodox, ultra-Orthodox, Conservative and Reform

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- ¾ of religious people live in a country where form a **majority of the population** - ¼ live as religious **minorities**.
- 97% of **Hindus** live in **3 Hindu-majority countries**: India, Mauritius and Nepal
- 87 % of **Christians** live in **157 Christian-majority countries**.
- ¾ **Muslims** live in Muslim-majority countries.
- **Religiously unaffiliated**, **7 / 10** live in countries where they are in the **majority**, including China, the Czech Republic and North Korea.
- 72% of **Buddhists** live as a **minority in their home countries**: Bhutan, Myanmar, Cambodia, Laos, Mongolia, Sri Lanka, Thailand.

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Harriet Sherwood, The Guardian, 27/8/2018

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Religious beliefs in Australia



2021 census 93.1% answered question about religious affiliation

- Christianity (43.9%)
- No religion (38.9%)
- Islam (3.2%)
- Hinduism (2.7%)
- Buddhism (2.4%)


International study found 84% acknowledged having a spiritual / religious belief.

16% don't identify with or practise an organised religion

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Calhoun (1998)

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“.....agnostics *(impossible to know the truth about existence or not of God / after life)* tend to *cope less well with personal crises* than either *religious people or atheists*, and that the rise of individualism means people want to work things out for themselves rather than accept an authority, religious or atheist .”

Dr Philip Hughes, The Christian Research Association
The Age 7/6/2008

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“..... People who don't know what to believe about life and the world tend to have *lower levels of resilience*.

They don't cope as well when the crises of life come, they have a *weaker sense of purpose*.”

Dr Philip Hughes, The Christian Research Association
The Age 7/6/2008

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Our working definition of Spirituality



- Search for meaning and the sacred
- Connection with something greater / 'other than' self & interpersonal relationship
- May or may not be associated with religion
- May or may not be associated with belief in God or Gods
- Does not condone harm in the name of God or ideology



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Spiritual concerns in therapy



19% of students who sought counselling at a university counselling centre reported *moderate to extreme distress* related to spiritual / religious concerns

Johnson & Hayes, 2003.

Troubled spirits: Prevalence and predictors of religious and spiritual concerns among university students and counseling center clients.
Journal of Counseling Psychology, 50, 409-419.



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".....The challenge for our society is to help people come to a sense of *clarity about what life is about, whether humanistic or religious*. Without that, people fall into the immediate, the here and now, and often that's a very consumerist way of living."

Dr Philip Hughes, The Christian Research Association
The Age 7/6/2008




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- Psychologists tend to be less religious than the general public, preferring instead to *embrace spirituality apart from religion*
- 82% surveyed state effects of *religion are beneficial to mental health*
- 83% felt religious / spiritual issues are *often relevant to treatment*

Delaney, H.D., Miller, W.R., & Bisonó, A.M. (2007).
Religiosity and spirituality among psychologists: A survey of clinician members of APA.
Professional Psychology: Research and Practice, 38, 538-546



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“Australian psychologists are ‘**dragging the chain**’ with regard to incorporation of spiritual or religious beliefs into the therapy process”

Passmore (2003)

“In the area of psychoanalysis and psychotherapy there is a **reductionist attitude** to spiritual matters”



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Simmonds (2004)

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What do clients want in Australia?




Australian Study:
414 research participants

70% want spiritual / religious beliefs incorporated into the therapeutic process

8% disagreed


22% neutral

Finlayson, Smith & Simmonds (2006), Help-seeking and paranormal beliefs in adherents of mainstream religion, alternative religion and no religion.
Counselling Psychology Quarterly, 19, 333-341



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What do clients want in USA?

USA Study: “participants indicated that their **religious and spiritual beliefs** needed to be incorporated into their therapy because it related to their **personality, behaviour and world view**”.

Rose, Westefeld, Ansley (2001)
Spiritual issues in Counselling: Clients' beliefs and preferences.
Journal of Counseling Psychology, 48, 61-71

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Religious/spiritual psychotherapy behaviors: Do we do what we believe to be important?

- 29 recommended religious/spiritual psychotherapy behaviours
- 96 psychologists surveyed regarding perceived importance and use of these behaviours
- The most and least frequently endorsed behaviours were identified
- ↑ religious / spiritual self-identification more likely to report using these behaviours in psychotherapy
- Overall and 90% of individual items, clinicians engaged in these behaviours less frequently than importance ratings suggested they should

R Frazier & N Hansen
Professional Psychology: Research and Practice, Vol. 40, #1 Feb 2009


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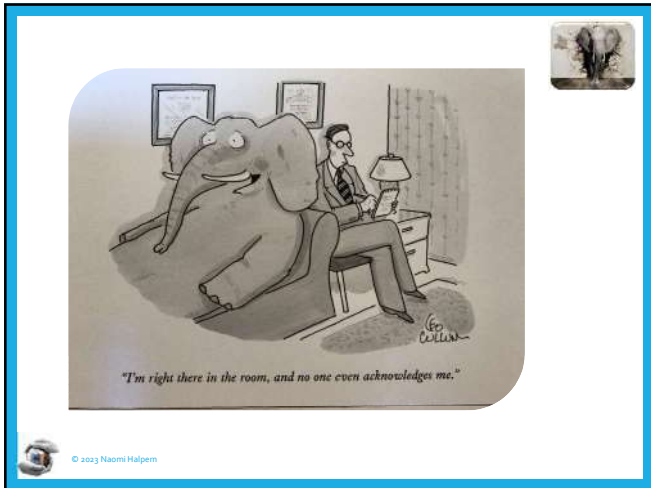


- 82% psychologists reported assessing clients religious / spiritual involvement
- On average, discussed religious / spiritual issues with only 30% of their clients
- Don't know if client / clinician first raised religious / spiritual issues
- Assess importance but fall short in incorporating relevant interventions

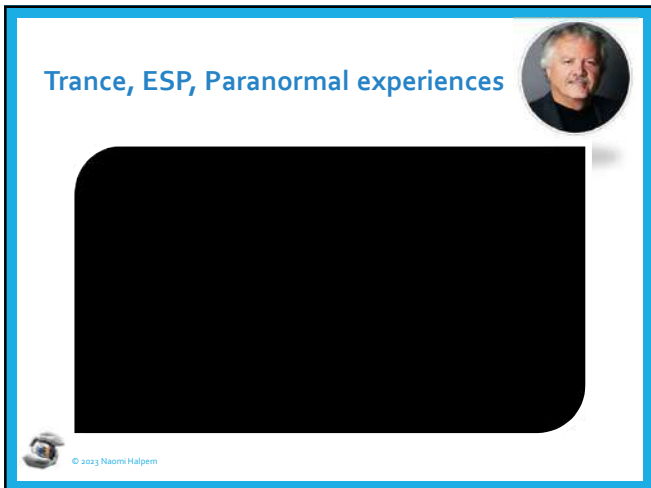
R Frazier & N Hansen
Professional Psychology: Research and Practice, Vol. 40, #1 Feb 2009

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Trauma and spiritual experiences




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Institutional betrayal




- Refers to wrongdoings perpetrated by an institution upon individual's who are dependent on that institution.
- Including failure to prevent or respond supportively to wrongdoings by individuals (e.g. sexual assault) committed within the context of the institution.



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Prof. Jennifer Freyd, 2008

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Calls handled	Letters and email	Private sessions	Referrals to authorities
42,041	25,964	8,013	2,575

Royal Commission into Institutional Responses to Child Sexual Abuse



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Australian examples of abuse in religious or spiritual context

- Exclusive Brethren
- Esther House
- Little Pebble
- Hasidic Judaism
- Jehovah witness
- Hillsong
- Latter Day Saints
- The Family
- Scientology



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Abuse in 'Spiritual' Context

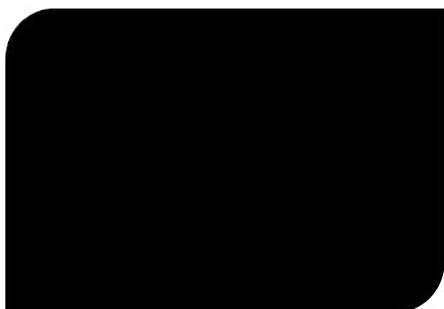
- Blame the victim - DARVO
- God's Will
- Sign of love or wrath



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Locus of control shift and ambivalent attachment to the perpetrator



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Locus of control shift



"I am bad" = compensates for feelings of helplessness, powerlessness

"I am bad" = attempts to manage pain, grief and anger

It's my fault because I am bad. Therefore, I can change and be good – then I will be lovable and the abuse will stop = illusion of power

Enables maintenance of attachment bond

Ross & Halpern, 2009

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Ambivalent attachment to the perpetrator



- Unable to hold contradictory feelings e.g. love and hate – stuck in black and white thinking.
- Identifies with the aggressor = self blame and treats self badly as did the perpetrator e.g., self-harm.
- Identifies with passive victim = projects on to others to fix it.
- Splitting: "I hate you - don't leave me"!

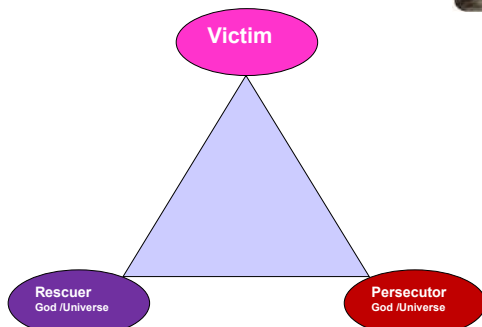
Approach – Avoid

Ross & Halpern, 2009

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Karpman's Triangle & Spiritual Conflicts



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Commonly Reported Experiences



Spiritual attacks by demons & malevolent entities



"Yea, though I walk through the valley of the shadow of death, I will fear no evil" Psalm 23




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Spiritual Experience VS Delusion or Psychosis



- Dissociation, auditory, visual, olfactory, sensory hallucinations, delusions and psychosis are **common reactions to, and defenses against**, abuse and trauma
- Spiritual experiences treated with suspicion in western society** may be valid in other cultures
e.g. spirit possession, hearing or seeing spirits, faith healing, presence of ancestors



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Conflicts about Meaning



God as Perpetrator Ambivalent attachment to the Perpetrator and the Locus of Control Shift

- ♦ God is punishing me because I am bad
- ♦ **God doesn't love me or else 'He' wouldn't have let daddy/mummy/other hurt me**
- ♦ God is punishing me for my bad thoughts



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Conflicts about Meaning



God as Rescuer

- ♦ God loves me because 'He' made daddy have an accident so he couldn't hurt me anymore
- ♦ God loves me because 'He' sent Priest / Rabbi / Imam to beat me, to make me obedient to his Will



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Conflicts about Meaning



- God / Universe is loving or punishing depending on innate goodness or badness
- Abuse is proof that God doesn't exist



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Conflicts about Meaning



- This is happening because I have bad karma
- I was cruel to my Mum/ Dad in a past life and so that is why she / he left me
- I chose to come into this family to work out past karma so I knew the abuse would happen / needed it to happen to "learn" or work off "bad karma"



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Displacement of Feelings



I hate God because 'He' / 'She' / 'they' let bad things happen to me.

God abandoned and betrayed me



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Commonly Reported Experiences



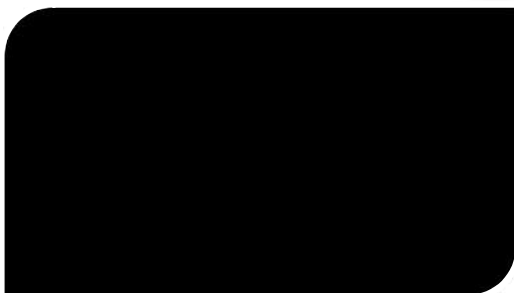
Spiritual protection
& support from
God, angels, saints,
spirit guides,
ancestors, other ...



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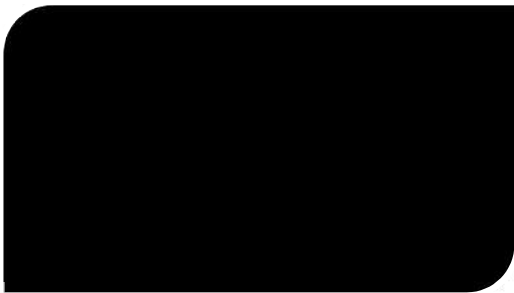
Positive and negative spiritual experiences in DID



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Exploring three realms of being

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Self-reflection



Growing up did I learn never to talk about religion / spirituality?

Am I uncertain how to start a conversation?

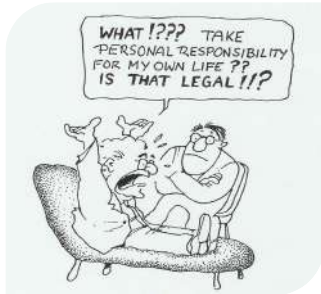
Am I waiting for my client to raise it?

Am I avoiding my own religious / spiritual unresolved questions by not exploring this dimension with my clients?

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Surrender to a Higher Power &/or Personal Responsibility



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Important Considerations



- Spiritual / Religious beliefs & perspective
- Socio-political-cultural context
- Race / Ethnicity
- Gender / Sexuality
- Age: current & at time of trauma/abuse



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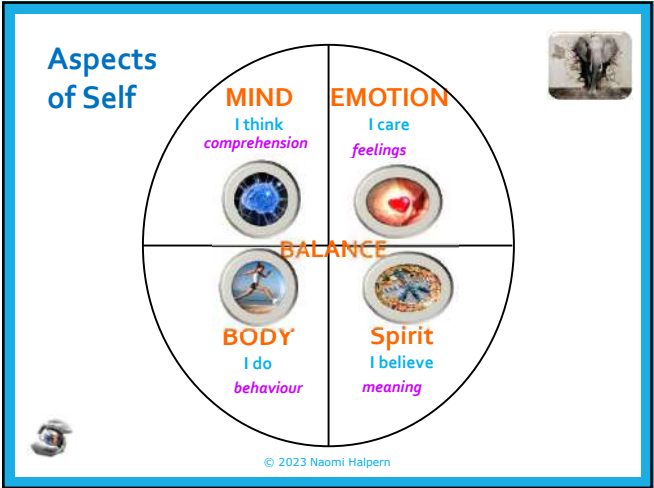
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Approach client's belief system



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Exploration of spirituality and its role in healing from trauma

- Exercises 1:1 or groups
- Psychedelic medicines
- Internal communication: Role Play - Dialoguing
- Emotion & body work
- Art

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Exercises to explore spirituality

1. An object that symbolises or expresses something about your spirituality.
2. Challenges and deepening of spirituality.
3. How do you know what is real – does it matter?
4. Role of spirituality in your healing.
5. How do you express your spirituality in daily life?

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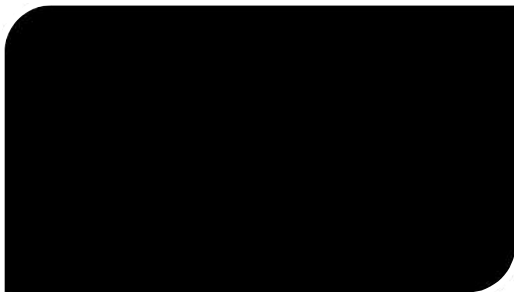
Psychedelic medicines and healing



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Therapeutic use of psychedelic medicines



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MDMA & Psychedelics: the embodied & the transpersonal



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Alana's healing journey







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Q&A with
Alana Roy and Colin Ross





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Meeting place
(talking through to parts)



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Internal communication

Talking through to parts

- "What if" cascade
- Assists with co-consciousness, identifying parts, function, relationships between parts
- Does another part have another point of view, think, feel differently?
- Is anyone else listening / do they have a point of view?
- Are you aware of any other thoughts, feelings, sensations?
- Who inside knows something about this, can help with this?

Written communication

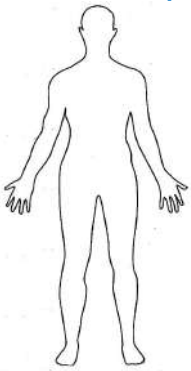
- Parts worksheet
- Round table discussion – agree on 'rules of engagement'
- Written dialogues (alternate between dominant and non-dominant hand)
- Creative writing



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Spiritual experiences are often embodied and are connected to traumatic memory held in the body



Notice posture and movements
Change posture – how does it feel?
Let parts of the body speak
Music and dance
Rituals



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- **Inner landscape:**
"can you show me what it look like inside"
- "where does that part of you live inside – can you draw it?"
- Can X draw "something" about that experience?
- Can Y draw "something" in reply to X's experience?
- Ask questions – let the client interpret

Communication through artwork

"Telling without talking"
(Cohen & Cox, 1995)



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Forgiveness or Letting Go?

... the road to healing or a by-product of healing?

Forgive, sounds good.
 Forget, I'm not sure I could.
 They say time heals everything,
 But I'm still waiting

I'm not ready to make nice,
 I'm not ready to back down,
 I'm still mad as hell
 And I don't have time
 To go round and round and round

It's too late to make it right
 I probably wouldn't if I could
 Cause I'm mad as hell
 Can't bring myself to do what it is
 You think I should

The Chicks, 2006






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Harnessing the spiritual dimension in healing







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Acceptance Affirmation


"This is how it is. Not how it
 - Was
 - Might have been
 - Should have been

Not how
 - I wanted it to be
 - Hoped it would be
 - Planned it would be

I ACCEPT THAT THIS IS HOW IT IS
 Now I get on with my life in a positive way"

Author Unknown
 Change your Thinking, Edelman, S. 2006



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Complex trauma therapy objective



"...the creation of safe places (*autonomic*) for sharing where the unspeakable can be given voice (*pre-frontal cortex*), where feelings can be felt (*limbic*), and where sense can be made out of what seemed previously senseless (*pre-frontal cortex*)".



Atkinson, J. Trauma Trails 2000 - *Italics* Halpern, 2018

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Vicarious Trauma & Spirituality



"a transformation in the therapist's inner experience which results from exposure to clients trauma material"

Pearlman, 1993

"therapists with a history of childhood and/or adult trauma may not only experience secondary traumatization as a consequence of exposure to clients trauma material but 'primary traumatization' from reactivation of their own experiences"

Perry, 1992

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Disrupted world view & spirituality



- What the world is about, how the world works and your role and place in the world
- The relationship between causality and meaning
- A sense of meaning, hope and a connection with something beyond the self i.e. *Life is bigger than just you*

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Vicarious resilience

Bearing witness

Exposure to human resilience and courage

Exposure to human goodness

Meaningful involvement in the client's journey

"There is a crack in everything, that's how the light gets in"
Leonard Cohen

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"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

Rachel Naomi Remen

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Our greatest fear is not that we are inadequate.
 Our deepest fear is that we are powerful beyond measure.

It is our light not our darkness which frightens us most. We ask ourselves: who am I to be brilliant, gorgeous, talented, fabulous?

Actually, who are you not to be? Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you.

We were born to manifest the glory that is within us. It is not just within some of us: it is in everyone. And when we let our light shine, we unconsciously give other people permission to do the same...

Marianne Williamson

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Exploring Spirituality Exercises

These exercises are designed to facilitate exploration of the impact trauma has had on a person's spirituality and the role spirituality plays in their healing process. Exercises can be done in 1:1 therapy sessions, as homework, or in groups.

1. **Introduction to exercise:** Bring something to therapy session or group that symbolizes or represents something about your spirituality and what spirituality means to you. Write or draw something about what this object represents or expresses about your spirituality.

Invite sharing with therapist or group (if done as a group exercise allow 15 minutes for the exploration and 10 minutes per person to feedback to the group)

2. **Introduction to exercise:** Some people say that trauma and abuse has challenged their beliefs and perceptions around God or whatever spirituality means. They felt abandoned, angry, betrayed and that life is pointless and meaningless.

Some people express having a strong sense of, and connection with, their spirituality through abuse and trauma experiences. They describe feeling the presence of God, angels, a spirit guide, ancestor, or connection with 'something other than' and beyond the physical that sustained and nurtured them through difficult times.

How have your experiences of abuse or trauma impacted and influenced your spirituality?

What are some of the challenges you have faced regarding spirituality?

Invite sharing with therapist or group (if done as a group exercise allow 15 minutes for the exploration and 10 minutes per person to feedback to the group)

3. **Introduction to exercise:** Dissociation, auditory, visual, olfactory, sensory hallucinations, delusions and psychosis are common reactions to and defenses against abuse and trauma. Spiritual experiences that are accepted and seen as normal in other cultures are often treated with suspicion in western society. Some people and/or therapists may be confused as to the 'validity' or 'realness' of some spiritual experiences.

How do you work out what is 'real' and what may be delusion or projection of inner experiences and conflicts i.e., psychological defense mechanisms? Can you ever know for sure? If you work with the meaning of an experience, does it matter or when might it matter?

Invite discussion with therapist or group.

4. **Introduction to exercise:** Healing from trauma and abuse is a journey of exploring and integrating the mind (cognitive, understanding), body (physical – connection with the body), soul (expression of feelings and emotions) and spirit (beliefs, meaning, philosophies).

How has spirituality been a part of your healing?

Invite sharing with therapist or group (if done as a group exercise allow 15 minutes for the exploration and 10 minutes per person to feedback to the group)

5. **Introduction to exercise:** Spirituality is a way of being with oneself and in the world. Some of the ways it may be expressed are through prayer, attending a place of worship such as church, temple, mosque or synagogue, practicing meditation, yoga, martial arts, creative expression, being in nature, working with dreams and the metaphors reflected in daily life experiences, how you treat yourself and others, a private and personal expression and/or contributing and being of service to the community, environment or global issues.

In what ways do you express your spirituality in daily life?

Are there things you want to do or think you might like to try to deepen, express or practice your spirituality more fully?

Invite sharing with therapist or group (if done as a group exercise allow 15 minutes for the exploration and 10 minutes per person to feedback to the group)



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Dialogue with 'Parts' Work Sheet

We all have Parts. We may be aware of, and in touch, with some of our Parts and be unaware and not in touch with others. Our Parts, as in our external relationships, don't always agree. They may appear to have opposing needs, desires and motivations. Yet, all of our Parts have developed to assist us to navigate our world. In essence, each Part has a positive drive or motivation, even when a behaviour or attitude is also harmful or destructive. Learning to connect with, relate to and develop communication between our Parts leads to greater inner strength, wisdom, resilience and compassion for self and others.

Think about a current issue that is causing some degree of internal conflict i.e. you are experiencing conflicting thoughts, feelings, ideas, beliefs or needs around the matter.

Step 1: Summarize the issue: _____

Step 2: Using your dominant hand, ask yourself a question about the issue:

Step 3: Put the pen in your non-dominant hand and write down whatever answer, thought, feeling comes to mind – don't censor!:

Step 4: Based on the above response, ask a further question or reply to the response:

Continue the dialogue in this way, asking questions, responding to answers and seeking input from other Parts, until it feels like a solution or agreement has been reached, you feel greater clarity or understanding between the conflicted Parts of yourself or you have done as much as you can for the time being (and may come back to it another time).

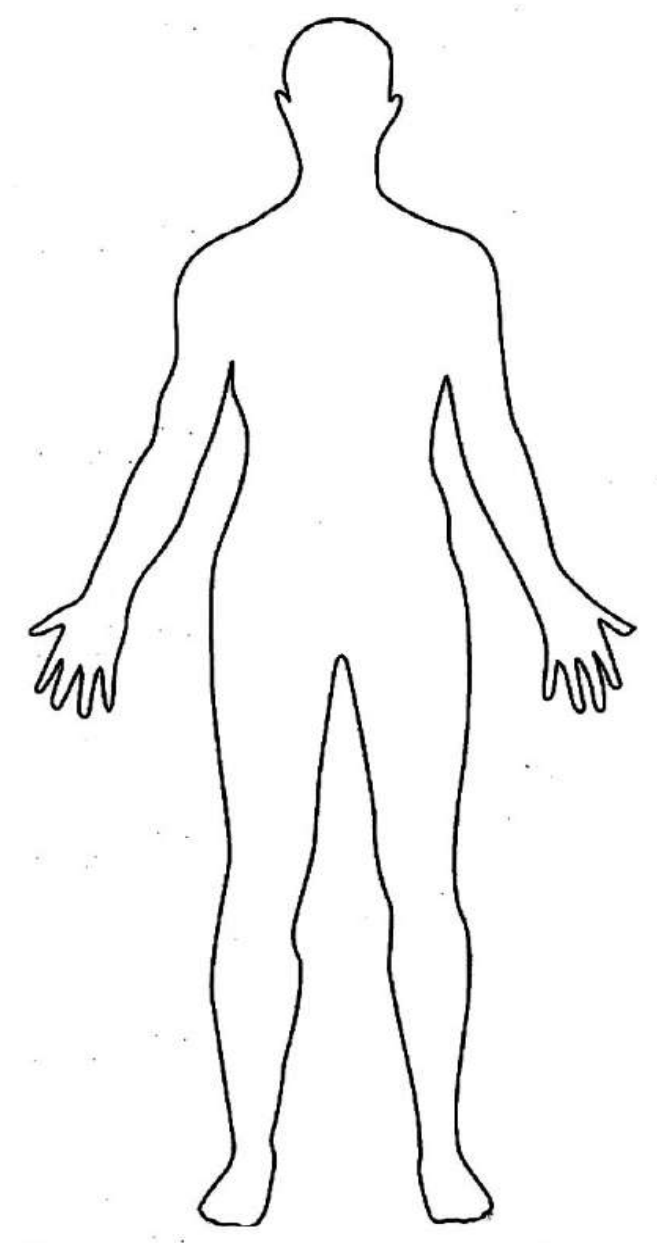
This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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Let your body do the talking





Visit: <https://delphicentre.com.au/>

Misconceptions About Forgiveness

Forgiveness

- ◆ means forgetting about what happened.
- ◆ is a sign of weakness.
- ◆ is the same as condoning or accepting the behaviour.
- ◆ means the other person has gotten away with it.
- ◆ means having to continue to have the person in your life.
- ◆ means you have to let go of your anger and pain immediately.
- ◆ means you have to trust the person again.
- ◆ is only for religious or spiritual people.
- ◆ is a one-time event.
- ◆ means you have to apologise or make amends as well.
- ◆ is necessary for closure.
- ◆ can only happen if the other person apologises first.
- ◆ means not pursuing justice.
- ◆ means giving up your boundaries.

- ♦ means suppressing your feelings.
- ♦ is only for minor offenses.
- ♦ is a requirement for healing or moving on.

Forgiveness of the perpetrator(s) is not necessary for healing. The hardest person to forgive for most victim-survivors is forgiveness of Self. Difficulty of self-forgiveness arises from the trauma dynamics, the locus of control shift and ambivalent attachment to the perpetrator, which protect victim-survivors from the pain of vulnerability, powerlessness, shame of not being 'worthy' (in their own eyes) of love and dependency.

Questions for the victim-survivor to be curious about might be:

“Why am I stuck in trying to forgive or not being able to forgive my perpetrator?”

“Have I forgiven myself for being a victim?”

Appendix

RELIGIOUS/SPIRITUAL BELIEFS AND PRACTICES SURVEY

Directions: Below you will find a list of 29 possible psychotherapist behaviors. Please consider each behavior in ***the context of working with a client who has religious/spiritual beliefs over the last 5 years of your career.*** Implicit in the description of all listed behaviors is that one **utilizes them when clinically appropriate.**

In the first column of ratings you are asked to rate ***how often you engage in each behavior*** when working with a client who has religious/spiritual beliefs (1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5=very often). In the second column of ratings, you are asked to rate the ***importance of each behavior to competent professional practice*** (1 = very unimportant, 2 = somewhat unimportant, 3 = neutral, 4 = somewhat important, 5 = very important).

For example, if the behavior to be rated is ***integrate religious/spiritual resources into treatment***, implicit in this item is that one utilizes these resources when clinically appropriate. If you do not use religious/spiritual resources, please rate this behavior as “1” for never. However, even if you do not engage in a particular behavior, you can still rate your perception of its importance to competent practice. If you thought it was somewhat important to competent professional practice, you would rate it as “4” in the second column.

Behavior	How Often Do You Do This?					Importance to Competent Practice?				
	1	2	3	4	5	1	2	3	4	5
	1= Never 2= Rarely 3= Sometimes 4= Often 5= Very often					1= Very unimportant 2= Somewhat unimportant 3= Neutral 4= Somewhat important 5= Very important				
1. Help clients deepen their religious/spiritual beliefs in treatment.	1	2	3	4	5	1	2	3	4	5
2. Integrate religious/spiritual resources into treatment.	1	2	3	4	5	1	2	3	4	5
3. Modify treatment plan to account for clients' religious/spiritual concerns.	1	2	3	4	5	1	2	3	4	5
4. Make DSM-IV-TR diagnosis for religious/spiritual problems (V62.80).	1	2	3	4	5	1	2	3	4	5
5. Ask religious/spiritual questions to assess clients' religious/spiritual involvement.	1	2	3	4	5	1	2	3	4	5
6. Refer a client to a more religiously/spiritually qualified provider.	1	2	3	4	5	1	2	3	4	5
7. Refer to local community resources (church, synagogue, religious professionals, etc.).	1	2	3	4	5	1	2	3	4	5
8. Use extra-therapy resources to inform one's self about a client's specific religious/spiritual beliefs.	1	2	3	4	5	1	2	3	4	5

Behavior	How Often Do You Do This?					Importance to Competent Practice?				
	1= Never 2= Rarely 3= Sometimes 4= Often 5= Very often					1= Very unimportant 2= Somewhat unimportant 3= Neutral 4= Somewhat important 5= Very important				
9. Use interventions that have been shown to be effective for individuals with specific religious/spiritual beliefs.	1	2	3	4	5	1	2	3	4	5
10. Promote client autonomy and self-determination of highly religious clients, even when their values differ from yours.	1	2	3	4	5	1	2	3	4	5
11. Evaluate when one's religious/spiritual values and biases are negatively impacting treatment.	1	2	3	4	5	1	2	3	4	5
12. Use client's religious/spiritual beliefs to help inform their decisions about their values and their decisions.	1	2	3	4	5	1	2	3	4	5
13. Cite religious texts (i.e. Scripture) in treatment	1	2	3	4	5	1	2	3	4	5
14. Use religious metaphors in treatment.	1	2	3	4	5	1	2	3	4	5
15. Self-disclose one's own religious/spiritual beliefs.	1	2	3	4	5	1	2	3	4	5
16. Use clients' religious/spiritual strengths in treatment.	1	2	3	4	5	1	2	3	4	5
17. Self-assess one's competence to counsel clients regarding religious/spiritual issues.	1	2	3	4	5	1	2	3	4	5
18. Actively seek feedback on one's religious/spiritual psychotherapy competence from colleagues.	1	2	3	4	5	1	2	3	4	5
19. Actively seek client feedback about services provided	1	2	3	4	5	1	2	3	4	5
20. Use of prayer as a psychotherapy intervention	1	2	3	4	5	1	2	3	4	5
21. Help clients explore their religious/spiritual questions in therapy	1	2	3	4	5	1	2	3	4	5
22. Accurately determine when religious/spiritual beliefs are adversely affecting the client's well-being.	1	2	3	4	5	1	2	3	4	5
23. Seek out religious/spiritual informed case consultation.	1	2	3	4	5	1	2	3	4	5
24. Develop and implement a professional development plan to improve one's religious/spiritual psychotherapy competence.	1	2	3	4	5	1	2	3	4	5
25. Actively communicate respect for clients' religious/spiritual beliefs.	1	2	3	4	5	1	2	3	4	5
26. Seek out religious/spiritual informed continuing professional education.	1	2	3	4	5	1	2	3	4	5

Behavior	How Often Do You Do This?	Importance to Competent Practice?
	1= Never 2= Rarely 3= Sometimes 4= Often 5= Very often	1= Very unimportant 2= Somewhat unimportant 3= Neutral 4= Somewhat important 5= Very important
27. Initiate and explore religious/spiritual differences between therapist and client.	1 2 3 4 5	1 2 3 4 5
28. Include religious/spiritual dimensions in case conceptualization.	1 2 3 4 5	1 2 3 4 5
29. Strive to repair religiously/spiritually-based mistakes in treatment.	1 2 3 4 5	1 2 3 4 5

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RECOMMENDED READING

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