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*President's Message*

**A Brand New Year**

*A brand new year!  
A clean slate on which to write  
our hopes and dreams.  
This year I will spend  
Less time and energy on things and  
more time and energy on people.  
All of life's best rewards,  
deepest and finest feelings,  
greatest satisfactions,  
come from people--  
people like you.*

I trust that all of you have found time to regroup and recharge over the holidays! Each new year presents an opportunity to identify those things that bring meaning to our lives and to find better ways to connect as individuals, as families, and as communities.

Since my fall message, your Executive and a dedicated and hardworking Board of Directors have been very busy with a number of items that will affect CCPA members – 5000+ strong!

- The recruitment call for new members to the Ethics Committee, Complaints Division was successful! As a next step, five to six webinars will be presented from January to March to orient new members to the committee. Thank you to those who stepped forward!
- The Public-Facing website (<http://talkingcanhelp.ca/>) is written in plain language for your clients. I have found it helpful to direct individuals to the site when they have questions about the roles and responsibilities of counsellors and psychotherapists or if they are looking for a Canadian Certified Counsellor. Other sections of the site include useful resources, a glossary of common mental health issues, a wonderful list of "Helping you with.... The A to Z list," and FAQs. Please take a moment to acquaint yourself with the site.
- CCPA is continuing to develop and support our latest certificate – Canadian Certified Counsellor - Supervisor (C.C.C.-S.). The graduate level online supervision course is once again being offered through the University of Ottawa from January to April 2014 and a number of webinars on supervision have also been developed to support the certificate- and the good news is, these webinars are open to all! By the way, Beth Robinson is offering an intermediate level workshop on supervision in Victoria in May. (<http://www.ccpa-accp.ca/en/supervisorworkshop/>)
- The Awards Committee has created a new award – the CCPA Indigenous Practitioner Award to honour excellence in advancing culturally congruent counselling and psychotherapy services for Indigenous People in Canada. Behind the scenes our members are busy this month reviewing award nominee entries to be announced at the upcoming CCPA Conference in Victoria.

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- Regulation of the profession is on the mind of many! Trish McCracken, Ontario Anglophone Director, has been busy updating Ontario members about her experiences of completing the mandatory jurisprudence module. She has also developed a powerpoint on creating a portfolio to prepare members for their applications to the College of Registered Psychotherapists in Ontario (<http://www.ccpa-accp.ca/en/ontarioregulation/>). In New Brunswick, Serge Hall is busy with the Federation (AFCONB, NBACT, and NBPCA) that has the goal of obtaining regulation of the counselling profession in New Brunswick. Our Quebec Anglophone Director, Kiraz Johannsen, is taking the ethics and record keeping course provided by the Order of Psychologists and is organizing a work group to support CCPA members in the psychotherapy application process.
- Speaking of directors, our Ontario Francophone Director, Verdiane Bukumi has just returned from Burundi, East Africa where she was promoting mental health. Tracy Duffy, Director from Newfoundland, recently presented at the Newfoundland and Labrador Psychology and Counselling Association (NLPCA) conference on Compassion Fatigue in the Workplace. Margie Cain from PEI is committing her time to the Indigenous Circle Chapter, the Awards Committee, and the Northern Initiative project. Beth Robinson has been the voice of CCPA on two radio shows in Nova Scotia, one on the role of CCPA counsellors in the aftermath of natural and manmade disasters and the other on addressing the mental health needs of children and youth in Nova Scotia. Kim Landine from New Brunswick has put her energies into student rep recruitment and serving as the Career Counsellors Chapter liaison and working with the Awards Committee in developing and reviewing the current status of our CCPA awards.
- Heading west, Miriam Duff, director for Manitoba/Nunavut has been supporting the newly formed Manitoba Chapter and facilitating the Northern Initiative’s outreach work to our members in the north. Gisèle Lalonde, Director in Saskatchewan, is busy connecting with students at the University of Saskatchewan and the University of Regina while serving as the School Counsellors Chapter liaison. In Alberta/NWT, Sara Holland led the Awards committee through the process of creating the new Indigenous Practice Award. Natasha Caverley, President-Elect, is discussing with Anne Marshall (Local Organizing Chair for the 2014 CCPA Conference) regarding what is locally needed to put on an excellent conference in Victoria.
- Don’t forget that CCPA, in partnership with the Université de Moncton, is holding the second research conference at l’Université de Moncton in Moncton, NB, on February 28 and March 1, 2014. (<http://ccpa-accp.ca/research/index.html>)

While CCPA continues to grow in membership, it remains your professional home and endeavours to maintain close relationships with its members. CCPA embraces a commitment to provide service to our members and advocacy for the profession. CCPA is your voice so please keep in touch and let us know how we are doing!

I look forward to meeting many of you in lovely Victoria, BC for CCPA’s Annual Conference. For the first time, we will be partnering with the International Association for Counselling (IAC) to host the IAC Conference 2014, taking place May 3-7, 2014 in Victoria, BC. Following the IAC 2014 Conference, CCPA will be hosting the CCPA 2014 Annual Conference from May 7 to 9, 2014. Hope to see you there!

Blythe Shepard, PhD, CCC  
President, CCPA

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### **Calling All Clinical Supervisors! -By Kim Hollihan, CCPA**

Are you a Canadian Certified Counsellor currently providing clinical supervision or intending to do so? If yes, you might be interested in CCPA’s Canadian Certified Counsellor – Supervisor (C.C.C.-S.) designation.

C.C.C.-S. is a national certification service that identifies to the public, employers, post-secondary institutions, regulatory colleges, and practitioners those counsellors and psychotherapists whom CCPA recognizes as qualified to provide clinical supervision services in Canada. Through the creation of a recognized designation, a minimum standard of competency is assured and the delivery of competent, professional services promoted. The designation reinforces that clinical supervision is a specialty within the overall practice of counselling and psychotherapy and enhances the professional credibility of those certified. Renewal requirements, including continuing education credits, encourage and provide opportunities for continued professional development and growth.

CCPA established standards and a system of voluntary professional certification for clinical supervisors in 2013 in response to an increasing demand for supervision services. The growing need for qualified clinical supervisors can be attributed to the supervision related requirements for C.C.C., regulatory colleges and effective counselling/psychotherapeutic practice.

It is important to note that the C.C.C.-S. designation intends to certify clinical, not administrative, supervisors. The following definitions from CCPA’s *Supervision of Counselling and Psychotherapy – A Handbook for Canadian Certified Supervisors and Applicants\** help distinguish between the two types of supervision:

**Clinical supervision:** A professional relationship in which the supervisor is “responsible for the development of the supervisee, as well as the safety and quality of services delivered to the client (s) by him or her” (Shepard & Martin, 2012, p. 5). Clinical supervision is essential to counselling and psychotherapy training and practice.

**Administrative supervision:** A professional relationship in which the supervisor has a managerial role and may act as a consultant with the purpose of “plac(ing) an emphasis on issues related to larger matters of organizational functioning” (Shepard & Martin, 2012, p. 5).

\*Note the supervision handbook is available for purchase through the CCPA National Office.

There are four pathways available to you when applying for the C.C.C.-S.designation:

- **Pathway One: CCPA-Sponsored Graduate Coursework in Clinical Supervision**

This pathway is for individuals who have successfully completed the CCPA-sponsored graduate level course: **Counselling Supervision: Theory and Practice (3 credits)**. The course is currently offered in English online through the University of Ottawa. A CCPA-sponsored graduate level course in French is under development by the Université de Sherbrooke. The intent is to offer this course during the 2014/15 academic year.

- **Pathway Two: Graduate Course in Clinical Supervision**

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This pathway is for individuals who have successfully completed a graduate level course in clinical supervision from a regionally accredited institution or AUCC-member institution, preferably at the doctoral level or has successfully completed a graduate level course in clinical supervision from an accredited doctoral program in a country other than Canada.

- **Pathway Three: Clinical Supervisor Training obtained through another Canadian or international professional association**

This pathway is for individuals who have proof of supervisor qualification with another Canadian or international professional association requiring its members to meet equal or greater standards to CCPA’s C.C.C.-S., or who are in possession of a national or state clinical supervisor credential of equal or greater standard to CCPA’s C.C.C.-S.

- **Pathway Four: Work Experience**

This pathway is for individuals with a minimum of ten (10) years of full-time equivalent clinical experience as a practising counsellor/psychotherapist, counselling psychologist or equivalent relevant experience.

While each of the four pathways has its own associated criteria, there are several core requirements common to all. For criteria details and to help determine which pathway is the most appropriate for you, please visit <http://www.ccpa-accp.ca/en/supervisorcriteria/> or call the National Office toll free at 1 877 765 5565.

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**In Remembrance...D. Stuart Conger**

It was with tremendous sadness that we bid a final farewell to a respected colleague and friend, D. Stuart Conger, on November 28th, 2013. Stu was a pioneer in the career counselling and career development field in Canada, an exemplary leader with vision, commitment and a willingness to work hard. He dedicated his lengthy career to promoting and advancing the field, as evident in the numerous firsts he was part of, including the creation of a computerized career exploration program, a competency based training program for Employment Counsellors, a national forum for exchanging developments in career counselling (NATCON) and a multi-million dollar fund to support innovative research and program development projects at Canadian colleges and universities (CAMCRY). The CAMCRY project earned Canada international recognition as a leader in career development and career counselling.

Stu held various leadership roles during his career that spanned over 50 years. He was President of CCPA from 1981-83. He was the founder of the Canadian Career Development Foundation (CCDF) and served as its first Executive Director for many years. He was also Vice-President of the International Association for Educational and Vocational Guidance (IAEVG). In addition to his direct leadership activities, Stu was a strong supporter of emerging leaders in the field in an effort to foster its continuing advancement. Many of these emerging leaders have been recognized by the prestigious Stu Conger Award for Leadership in Career Counselling and Career Development, given annually by CCDF to an individual who, through sustained commitment and significant contributions to the field, is influencing and advancing it just as Stu did.

In preparation for CCPA’s 50th anniversary, Stu was interviewed regarding his CCPA presidency. Stu’s ability to mobilize others was evident when responding to what was most memorable about his presidency: “I had an excellent Board of Directors who were keen to advance guidance and counselling”. And again, when asked what he learned from being president, “I learned that you can move an entire organization with a handful of dedicated people”. Committed to promoting the professional development of practitioners and ensuring they have opportunities to share and discuss research and practice, the personal highlight of his CCPA presidency was the association’s sponsorship of an international conference (IAEVG) in Ottawa.

Stu often said that his best legacy was the Stu Conger Award for Leadership in Career Counselling and Career Development. Upon Stu’s request, those who wish to do so may donate to this leadership award, c/o The Canadian Career Development Foundation, 202 - 119 Ross Avenue, Ottawa, Ontario K1Y 0N6 (or email: [information@ccdf.ca](mailto:information@ccdf.ca)).

Stu leaves an enormous legacy and he will be missed.

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### **The War Brain – *By Eileen Bona***

From soldier to "disordered." From warrior to "outpatient." From hero to "dischargee." Too many of our military folks, our upstanding Canadian citizens and role models of patriotism and sacrifice are returning to us from overseas different in a way that is earning them labels like "mentally ill" or "mentally disordered." They are referred to psychotherapists to talk about their depression, anxiety, and their PTSD. They are taking medications and desperately hoping they can ascend from the depths of their memories, shut out the fury of their recent horrifying experiences, and descend into a peaceful sleep routine sometime in the near future.

Most military personnel in Canada didn't ask to go overseas to fight someone else's war and none of them planned to come back with the haunting memory of it negatively affecting their lives. Are they "disordered, clinical, diagnosable?" Much research supports the fact that the human brain, like the horse's brain and every other animal brain, has a universal response to life-threatening circumstances. The "different" way that veterans have come back may be "normal" considering where they have been.

At the time of a threat, the human brain reacts similarly to that of a "prey animal." Neuroscientist Mobbs conducted a fear-based experiment at the Medical Research Center in Cambridge, England. Mobbs had subjects play a video game in which they were being hunted by a predator while they were lying in an fMRI scanner. Mobbs found that people experienced a "freeze" response when they first perceived a threat and at this time, the frontal lobes of their brains showed the most activity. Forebrain activity prepares our bodies to act and to think and strategize ways to avoid being harmed. The forebrain activity also keeps our midbrains inactive which keeps us from moving so we can stay still and think. In the experiment, when the predator came closer, the forebrain functions were shut down and the midbrain functions were activated. The midbrain activates our "flight or fight" responses. Our fight/flight response is also controlled by the Sympathetic Nervous System which triggers over 1400 different physiological and biochemical changes in the brain when we perceive a threat, whether real or imagined. Psychological changes include feeling more aggressive, angry, and fearful. A long term fight/flight response keeps us in a heightened state of fear and anxiety.

In the brain of a horse, we see the same brain patterns at play. Horses are prey animals and have had to survive in the wild. Whenever a horse experiences anything that it perceives as threatening, it triggers into a "freeze" response. A threat can be anything from a piece of flying plastic to a bicycle on the road. Their ancient brain circuitry results in them being easily startled and when they are, their heads go high into the air which triggers a chemical rush into their brains. The horses freeze and their synapses stop firing. They react by running away or kicking, biting, or stomping the object. They fight or flight. They are keenly "survival skilled" and this served their species well in the last several hundred thousand years.

Hyper-alert veteran and instinct-driven horses are both actively engaged in their primitive survival minds. They are on high alert and share a common understanding for the need for safety. Horses are great mirrors for human emotions. A sensitive horse will feedback feelings of fear, anxiety, sadness, or anger in their body posture, movements, position of their heads, breathing, licking, and chewing and much more. If people are hiding their true emotions or are incapable of understanding them, horses will react to what is really happening and with the right informed and sensitive human helper, people can be assisted to address and deal with what is really going on inside their bodies. The process is not easy, foolproof, or immediate but through working with horses, people in

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“war brain” mode can learn to understand that their condition is a normal response that requires understanding, awareness, and a return to peace time.

Since 2007, the United States Department of Veterans Affairs has provided grants for qualified professionals to run equine assisted programs with returning troops from Afghanistan and Iraq. Preliminary results are suggesting that there are statistically significant rates of positive change for those involved in these programs. The Equine Assisted Growth and Learning Association evaluated treatment of members of the Georgia National Guard where deployments averaged two years or more. The study revealed that 100 percent of soldiers who completed equine assisted therapy had dramatically reduced stress levels. There are many reasons why horses are effective at helping veterans gain insight and understanding while decreasing the negative symptoms caused by combat zone experiences. This topic will be discussed in a follow up article.

Another alternate method for helping soldiers deal with the after effects of war is dog-assisted therapy. Dogs are being recognized as a comfort and support to warriors who have trouble sleeping, have nightmares and other fear-based reactions that assisted them in surviving the war zone. The U.S. Defense Department funded a \$300,000 study at the Walter Reed Army Medical Center in Washington in 2009 that involved partnering servicemen and women who were still exhibiting survival reactions with trained service dogs. Thirty-nine people who were exhibiting “survival symptoms” were given service dogs and 82 percent reported a reduction in symptoms. There are now more than 100,000 service dogs in the United States some of which are providing assistance to the Nation’s warriors by nudging them when they begin to show signs of panic attacks, calming them by reacting calmly to something the person perceives as a threat, or validating the person’s heightened awareness if an actual threat is present. The dogs’ natural reactions to the environment help the combat survivor relearn how to interpret real from imagined threats and give the survivor the immediate feedback s/he needs to either relax and calm or fight/flight. Pacelle notes that benefits include decreases in medication, increases in sleep and increases in social integration. Animal Assisted Therapy (AAT) is being recognized as an effective therapeutic modality for helping veterans positively readjust to peace time so much so that the first AAT symposium was held at Fort Myer Army Base in Virginia in late 2009.

Animal assisted healing methods are non-intrusive, non-medicated, natural ways to help our human brains return to balance. When some veterans return home from extended tours of duty there are sometimes unexpected feelings of isolation, anger, fear, or grief. Their brains have been soaking in a hormonal bath for months, keeping them “on their toes”, and in “high alert” to ensure their survival. Animal assisted programs run by qualified professionals are plentiful in Alberta. There are at least 25 such programs that have been in existence for as long as 15 years. If animal and equine assisted therapies have been researched and found to be non-intrusive, effective helping techniques in the United States, then perhaps it is time that the awareness of this helping medium is brought forward to provide further assistance to our Canadian Forces personnel.

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**Art Trading Card Invitation** – *Creative Arts in Counselling Chapter*

## **Art Trading Card Invitation**

The Creative Arts in Counselling chapter of CCPA invites you to join an exciting new project for 2014! We would like to invite chapter members and any member of CCPA that are interested, to join a Canada wide Artist Trading Card Exchange, ATC. If you've never participated in an ATC before, don't worry it's easy!

ATC's are basically small works of art that are meant to be exchanged with other creative people. It's also a great way for CCPA members to connect with one another. ATC's are 2.5 X 3.5 inches and created by the technique and media of your choice. You can learn more about ATC's at <http://peninsulascribes.files.wordpress.com/2011/07/art-in-your-pocket.pdf> or to see some examples visit <http://www.youtube.com/watch?v=VKxcaAqiASc>. Below are a couple of examples of ATC's.

The theme of the swap is *Connect*, which is our wish for everyone that participates in this exchange. Participants will create four cards and receive three cards back from different CCPA members participating in the exchange with some contact information on the back of the card. The fourth card will be displayed at the upcoming CCPA conference in Victoria, BC. Our plan is to also scan each card received and showcase them on the Creative Arts in Counselling Chapter's new facebook page for all to see!

One twist to our exchange is that we ask people to include some art materials that you either used in the making of your ATC's or that you wish to share with others, such as scraps of collage and craft papers or other little items like feathers or buttons if you used such things. This is optional, of course some people may wish to use only 2-d materials like markers, pencil crayons, pastels or paint. The art materials received will be used in the making of more ATC's at an upcoming exchange at the conference in Victoria.

**\*\*All ATC's are to be received by March 31, 2014\*\***

Please mail your three Art Trading Cards to:

Sandra Grew  
1528 Stittsville Main Street  
PO Box 308 Stittsville  
Stittsville, ON  
K2S 1A9

Please include a self-addressed envelope and we'll cover the return postage!  
For additional information, you can contact Sandra Grew at [sandragrew@gmail.com](mailto:sandragrew@gmail.com).

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### **Safe & Effective Use of Self in the Spiritual & Religious Realms of Psychotherapy**

**Practice** - *By Patricia Anne Loraine McCracken, M.Ed., C.C.C., C.T.S., R.M.F.T., CCPA Ontario Anglophone Director, 2011-2015*

The purpose of this article is to encourage psychotherapists to consider and undertake critical self-reflection in regard to the religious and spiritual components of psychotherapy. How does a therapist develop the capacity to understand his/her own subjective context? How does the therapist’s awareness of his/her subjective context affect his/her pattern of interaction or participation in therapeutic conversations and non-verbal communications? How does the therapist’s personality, insights, perceptions and judgments optimize interactions with clients during the therapeutic process?

Haug wrote that spirituality connotes a personal, internalized set of beliefs and experiences while religions organize these beliefs and experiences into collective dogma and practices associated with organizational memberships. She also noted that spiritual literacy will enable therapists to non-judgmentally and respectfully open space for the discussion of religious or spiritual content that is important to clients. According to Haug, there are four dimensions impacted by spirituality, including cognitive, affective, behavioural and developmental and that therapists who have spiritual literacy would be better able to support clients to solve dilemmas consistent with their deeply held beliefs.

One aspect of self-awareness which influences and is influenced by interactions with others is the realm of religion and spirituality. How does the therapist determine cultural literacy? What are the religious and spiritual aspects of the culture of the therapist and client? What is self from other when it comes to religion and spirituality as part of the culture of the therapist and the client(s)? Therapists should ask themselves, “Am I a spiritually sensitive therapist?”; “What is my level of spiritual literacy?”; “Do I use myself in safe and effective ways in the psychotherapeutic process?” and “On a scale of 0 to 10, where 10 is strong religious and spiritual awareness, what is my score? ”

I have increased awareness of how religious and spiritual aspects come into my work. For example, while taking a course last spring on Suicide and Critical Incident Stress Management I was able to learn more from a First Nations participant about the role of spirituality in his/her culture. Someone I know, once asked me why God led him to be in the place of a train accident and have him witness the death of an individual. AA and Alanon have a strong Christian base. Issues related to miscarriage, stillbirth and abortion also have religious and spiritual overtones.

When using work depression inventories with clients, I often see comments about guilt, punishment, and failure and I have seen how pastoral counsellors use scriptural education, biblical references, prayer, rituals, and sacraments to help clients. I’ve learned the hard way that the coffin of an Orthodox Jewish teenager who commits suicide cannot be taken into a synagogue. I’ve learned that when an Iranian teen is killed in a motor vehicle accident that her mother and father cannot sit together in the mosque. Incidents like these illustrate how expectations and assumptions have to be checked. Psychotherapists should strive to be spiritually sensitive.

Readers of this article might want to self-assess and determine learning goals and action plans to further develop their spiritual literacy- an ethical imperative. To guide others in their decision-making or life planning, therapists need to remember that the customs of religion can affect marriage expectations and communication. Rusu and Turliuc suggest that if therapists do not have a proper training to address religion and spirituality in therapy, they

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should adopt a collaborative approach to overcome the lack of specialized training, including adopting a posture of learning about the faith in the dialogue with the client or collaborating with and referring to the client’s spiritual community.

Spirituality and religion impact culture, beliefs, and customs. Is female circumcision in Africa a result of the culture or of religion? Was the mass suicide of Jonestown a result of a new form of religion or spirituality? Could I provide therapy for the victims of these situations in a value-free position? As a therapist navigates the various layers present within the multi-layered nature of religious and spiritual autonomy for clients, his or her spiritual literacy is tested. There are many questions a therapist could use to self-reflect and determine their spiritual literacy. Psychotherapists/counsellors might occasionally visit questions which lead to self-reflection and goal setting. As you read the following questions, note any goals you set for yourself as a result of self-reflection. The focus is on assessing and developing religious and spiritual competence in psychotherapy and seeking out the appropriate CECs to develop these competencies. Current research emphasizes that these issues are related to competence, ethics, boundaries, and best practices. Here are some questions to consider:

Have I

- considered training and supervision in relation to spirituality and religion?
- developed an awareness of what I need to study next to improve my competence in using spiritual and religious elements in my practice of psychotherapy?
- integrated spirituality and religion into informed consent procedures?
- trained in and used effective spiritually sensitive techniques such as meditation, guided imagery, and relaxation techniques in my work?
- reviewed therapy models and techniques to determine if they are open to spiritual inclusion?
- read the American Psychiatric Association Guidelines regarding possible conflict between psychiatrist’s religious commitments and psychiatric practice?
- provided access to the spiritual support base in my geographic area and made referral resource lists for my practice and for clients to have?
- sought consultation/supervision as required in addressing religion and spirituality in therapy?
- developed an awareness about the breadth of religious or spiritual traditions including language and practices?
- developed skills in recognizing and avoiding therapist triangulation when working with multi-religious groups?
- been able to integrate spiritual literacy and spiritual self-awareness into my work as a psychotherapist?

Am I

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- inviting clients to reflect, articulate, and engage in discussion about beliefs and values which influence their behaviour and relationships?
- inviting clients to talk about beliefs and religious/spiritual convictions and practices which influence their emotions, attitudes, expectations, and coping behaviours?
- inviting clients to talk about inclusion and belonging from the spiritual and religious stance?
- encouraging clients to talk about their life-affirming spiritual/religious beliefs as resources – such as the Teachings of the Grandfathers for First Nation clients?
- encouraging clients to use the networking and community building opportunity available in the spiritual and religious community as a way to build their social networking and support system – especially in rural and isolated communities?
- encouraging clients to talk about socially constructed beliefs and meaning systems?
- encouraging clients to collaborate with their larger religious and spiritual community?
- demonstrating awareness of religious/spiritual customs - including bereavement customs?
- demonstrating an awareness of the empowering beliefs of various religious and spiritual perspectives and trying to connect clients to those?
- demonstrating awareness of the dimensions of power connected to spirituality and religion and how to be culturally sensitive when these are discussed?
- demonstrating receptivity to religious and spiritual diversity in therapy?
- demonstrating respect for behaviour or dress associated with religiously based customs?
- demonstrating patience and encouragement when client’s dilemmas are related to a crisis of conscience involving spiritual or religious perspectives or positions?
- demonstrating non-judgemental attitudes to the language clients use to convey religious or spiritual beliefs?
- creating spiritually sensitive genograms that show constraining spiritual/religious issues?
- considering my own spiritual/religious symbols and office decor as self-disclosure in the therapeutic relationship?
- considering the impact of spiritual and religious beliefs about LGBTIQ identities, reproductive rights, abortion and other moral/legal/human rights debates?
- considering ethical dilemmas such as the dual relationship of counselling a member of one’s own faith group?
- remaining non-judgemental when clients do not connect with a spiritual belief?

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- remaining non-judgemental when clients do not believe in God?
- referring to or consulting with counsellors able to provide a better standard of care in relation to religion and spirituality using a collaborative approach?

What training should therapists have in relation to spirituality and religion in therapy? As therapists we need to continue to learn and improve competence and the standard of care we provide for clients. For further information, see Richard and Bergin who outline five potential ethical pitfalls therapists might encounter when they integrate religion and spirituality into therapy. The authors offer checklists of ethical recommendations.