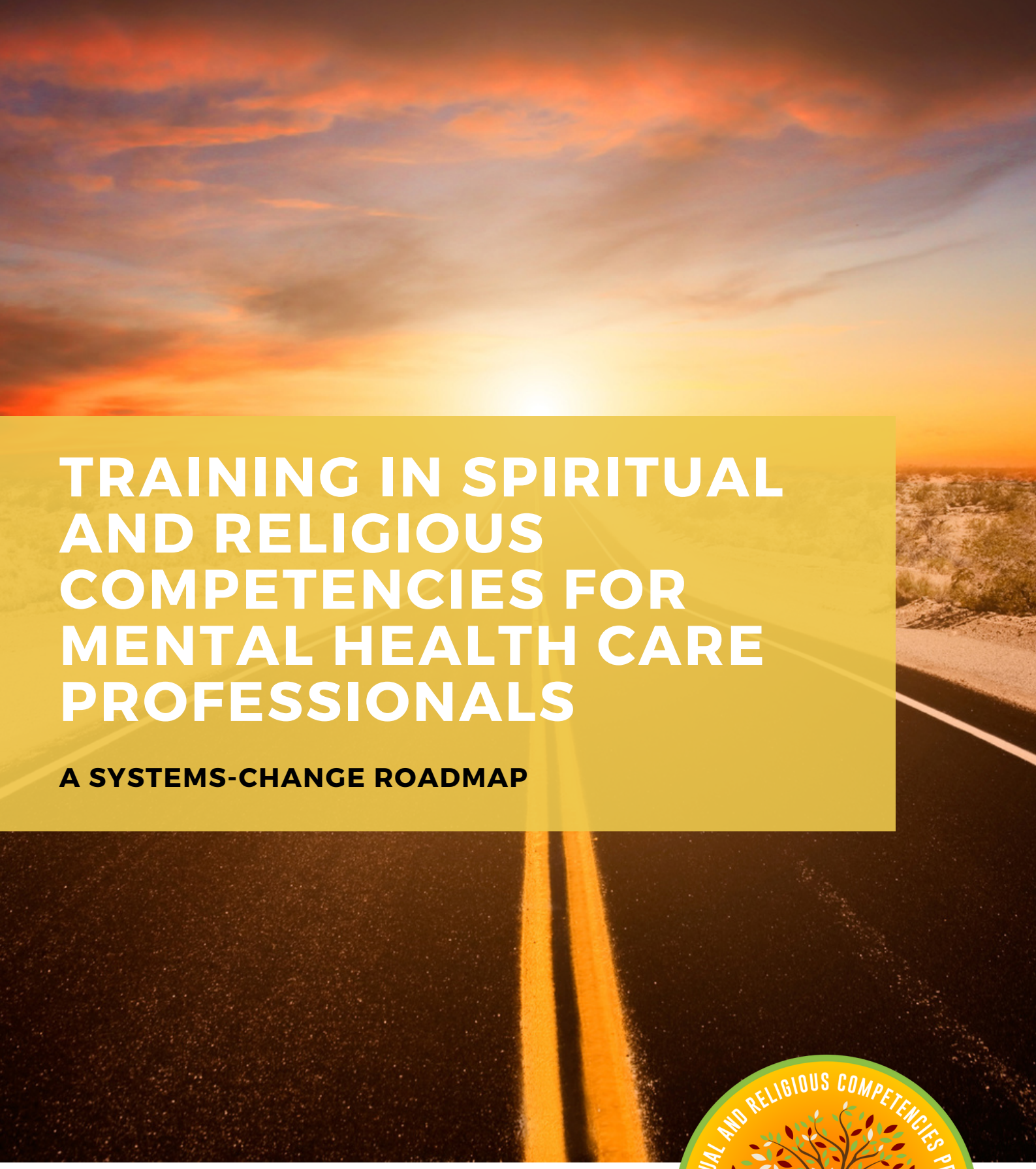

TRAINING IN SPIRITUAL AND RELIGIOUS COMPETENCIES FOR MENTAL HEALTH CARE PROFESSIONALS

A SYSTEMS-CHANGE ROADMAP

FUNDED BY

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Background

This proposed roadmap for systems change in how mental health professionals are trained in spiritual and religious competencies was constructed from qualitative analysis of focus groups, interviews with over 70 leaders and stakeholders across counseling, marriage and family therapy (MFT), psychology and social work, and input from a two-day in-person stakeholder meeting.

Through these activities, **seven primary strategic goals** have been identified:

1 Define Competencies

Establish exactly which competencies, at the bare minimum and ideally, should be delivered through training across mental health professions; position the competencies within a broader framework of intersectionality and Equity, Diversity, Inclusion (EDI), Social Justice training, as well as a clinically-relevant domain.

2 Demonstrate Relevance and Evidence

Effectively communicate the relevance of spiritual and religious competencies to clinical and other mental health practice (education, research, etc.), and develop accessible and engaging ways to understand the research evidence.

3 Establish Teaching Guidelines

It is not only important to clearly convey *what* we propose should be taught, but *how* it should be taught - including infusion into existing curricula as well as stand-alone models. Create guidance on methods and approaches, quantity and frequency, language/taxonomy, and benchmarks and assessments.

4 Deliver Teaching/Training Resources

Develop and disseminate high-quality training materials and resources that are professionally-sanctioned, accessible, and effective, such as syllabi, textbooks, readings, videos, case vignettes, interactive activities, discussion questions, etc.

5 Provide Professional Development

In addition to what and how spiritual and religious competencies should be included in training, it is important to determine *who* does the teaching and training. A barrier to inclusion of religious and spiritual (R/S) competencies in training is lack of faculty and other professionals who have enough expertise, and have examined their own biases, to deliver the training. There is a need to provide professional development for faculty, supervisors, training directors to be able to deliver training, and/or know how to rely on resources that can be used for training.

6 Influence Licensing and Accreditation Standards

One of the best ways to make sure that training in spiritual and religious competencies is included in training is to make it part of licensing and accreditation requirements. Advocate for inclusion of evidence-based R/S competencies in the licensing and accrediting standards across mental health professions.

7 Encourage Awareness and Engagement

Engage in activities to support making spiritual and religious competency training ubiquitous, such as working with textbook authors, placement at conferences, special issues, small grants, reaching out to postdocs and junior faculty, etc.

Community Engagement

What We've Done So Far

In Phase 1 of the project, we conducted 8 focus groups and over 30 interviews with representatives from all mental health domains, including clinical psychology, counseling psychology, social work, counseling, marriage and family therapy (MFT), as well as individuals with lived experience and spiritual/religious leaders. Participant backgrounds included directors of mental health professional training programs; members of professional associations, accrediting bodies, and licensing boards; licensed practitioners; and people with lived experience.

Taking the data from these focus groups and interviews, we held an in-person stakeholder meeting to begin planning and drafting our roadmap. Participants shared the same backgrounds of our focus group participants and interviewees, and also included experts in competency training, as well as intersection of religion/spirituality and mental health.

What's Next:

With Communities

- To create a safe space, we need to start with the community and create trainings within and in collaboration with the community, rather than top-down or exclusively originating in academia.
- It is essential to intentionally collaborate with communities that are marginalized or disenfranchised when reviewing competencies, designing programs, and decision-making.
- To gain adoption and endorsement from the Black, Indigenous, People of Color (BIPOC) community, it is important to consider ways in which their communities access mental health and psychological support. Thus, another aim includes becoming a bridge to equity and inclusion.
- Additionally, we must seek input and include various religious backgrounds throughout the project, including nonreligious spiritual perspectives and traditions beyond the Judeo-Christian-Islamic stream, such as Indigenous, Hindu, Buddhist, Confucian, Taoist.
- Consult with communities and identities who have been oppressed or discriminated against by religious and spiritual groups, such as women, LGBTQ+, indigenous/first nations peoples, and spiritual traditions.

With Spiritual Leaders

- In developing and defining competencies, a broad spectrum of religious and spiritual leaders, communities, and consumers are integral in determining the competencies. Thus, collaboration with community-based spiritual mentors, including but not limited to clergy, e.g. monks, shamans, elders, traditional healers, herbalists, is necessary to gather firsthand information and advice directly from the people who have experience with integrating R/S in their work.
- In this collaboration, we can also engage with these spiritual leaders to educate them about the connection of R/S and mental health, from a mental health perspective.

With Scholars

- To reduce bias and prevent our project imposing top-down findings, we will continue to seek input from a community of scholars as we proceed.
- Interdisciplinary work across mental health fields will create support and build momentum.
- Support scholars in investigating and reporting R/S competency training for mental health clinicians and impact on therapeutic relationship and client outcomes.
- Bringing in younger generations of scholars will ensure this work continues, leading to our long-term goal of all future mental health professionals being competent in addressing religion and spirituality.

With Policy Leaders

- Public comment around competencies is influential in creating policy and structural changes.
- Provide evidence and tools to encourage decision makers to incorporate R/S competencies into training, licensing, and accreditation.
- Better understand and address barriers or hesitancies in implementing R/S competency training.

Strategic Goal 1: Define Competencies

Need

In order to promote increased training in spiritual and religious competencies, there must be clear communication, understanding, and documentation of exactly what competencies we suggest should be routinely included in training.

Objective

Develop and disseminate a core set of spiritual and religious competencies for mental health care professionals that can be modified for specific disciplines and settings.

Action 1: Define Core Evidence-Based Competencies

- Define evidence-based competencies and determine which are the minimum components of training and which are optional/adaptable components (i.e. basic vs advanced/specialty).
- Support each discipline to create/refine their own competencies, and discover if it is possible/advisable to achieve cross-professional consensus.

Action 2: Position Competencies Within a Framework of Intersectionality

- Develop a contextual statement to frame the competencies, including ethics, cultural humility, multicultural broaching, trauma-informed, etc.
- Define intersectionality in this context to include components of identity as well as privilege and oppression.

Action 3: Position Competencies Within a Framework of Whole-Person Wellness

- Develop a contextual statement that frames R/S as a functional domain, aligned with a bio-psycho-social-spiritual approach to assessment and treatment planning.

Action 4: Create Competency Assessments

- Develop assessments of competency for therapists, students, and supervisors, including readiness benchmarks. Early competency assessment could determine future training for graduate students, leading to individual or customized training based on competency level.

Key Considerations

- Ensure competencies are evidence-based.
- Avoid suggesting that a religious or spiritual bent is needed for services.
- Competencies should not be biased against secular clients.
- Distinguish between religious competency and religious conversion.
- Write competencies in a way that will be applicable across the diversity of religions, as well as atheist or agnostic.
- Competencies should be developed within a taxonomy framework (i.e., articulated for all programs).
- Ensure that the language of these foundational R/S competencies do not suggest an advanced “expertise” level. An option to address “expertise concerns” is to conceptualize these competencies as program focus area.
- Include perspectives from both clients (or consumers of counseling/psychotherapy) and students/trainees into the action items.

Strategic Goal 2: Demonstrate Relevance and Evidence

Need

Faculty, supervisors, and training directors need ways to become aware of and easily access the evidence linking R/S to mental health and the effectiveness of various forms of R/S competency training.

Objective

Develop easy and engaging ways to make leaders and decision-makers aware of the case for the relevance of R/S to mental health, and synthesize and communicate evidence for including R/S competencies in training (including effects on practice/client outcomes), as well as where gaps or neutral/negative studies exist.

Action 1: Evidence for Buy-In

- Create a compendium of scientific evidence supporting the necessity and value-added benefit of R/S competency training.
- Produce a structured framework that brings awareness to R/S as a component of diversity and psychological functioning.
- Create a graphic to show where R/S is missing, why it should be incorporate into training, our research findings, and best practices for implementation.

Action 2: Identify & Encourage Areas for Future Research

- Current gaps in research include demonstrating how intervention or psychotherapy effectiveness differs when R/S is brought up compared to when it is not brought up, empirical evaluation of proposed competencies using multimodal evidence (i.e. case studies, lived experiences, quantitative and qualitative data), and research on why people are fearful of introducing R/S into the curriculum or negative effects of incorporating R/S into training, practice, and supervision.

Key Considerations

- The medical field has already incorporated R/S into training and practice.
- Religion is not just a variable in isolation from other identities or intersectional realities; for example, in some communities, R/S is very racialized. As researchers, it is a privilege to study religion, but for others it is a visible identity (e.g. name, physical features, & how you're treated based on these factors)
- Getting buy-in will lead to more than just checking boxes
- R/S competency might be especially applicable to community-level mental health work
- The weight of importance of R/S can vary by location
- Evidence and research need to be inclusive and not solely focused on dominant religions
- Do not exclude evidence that doesn't fit into an academic model. Value historical traditions and reports of positive R/S effects.
- Encourage research that investigates unique expressions and experiences of R/S in diverse populations, including what people are doing outside the U.S. or in other parts of the world.

Strategic Goal 3: Establish Teaching/Training Guidelines

Need

Faculty/training directors are not always clear on HOW spirituality and religion should be included in training. There is a need to provide methods of spiritual and religious competency training that are feasible and effective. There is a need to develop teaching guidelines - methods, language, benchmarks, assessments (infusion and stand-alone), and strategies for delivering competencies in classrooms/training settings.

Objective

Develop clear guidelines to ensure training programs and sites know HOW to best deliver spiritual and religious competency training.

Action 1: Develop a Conceptual Framework for Training

- Develop a reliable conceptual framework to carry out R/S competency training and position training within already adopted practice guidelines and ethics codes.

Action 2: Develop a Universal Curricula/Pedagogy for Training in R/S Competencies

- With students, faculty, and administrators, create a course to develop R/S competency training curricula with collective exercises wherein people define R/S and figure out needs and gaps.
- Include experiential learning/immersion experiences within training and optional low-cost advanced seminars on R/S competencies for graduate students to complete in their own time.

Action 3: Develop Skills-Based Curricula

- Determine the basic skills trainees should be exposed to and practice, including how to present R/S to clients and how to handle potential issues that may arise during sessions.
- Create case breakdowns, role plays, and vignettes to learn how to approach R/S in practice, incorporating examples of how R/S is assessed or approached and opportunities to practice R/S skills.

Action 4: Develop Knowledge-Based Curricula

- Determine the basic knowledge that trainees should learn, including the history of R/S, boundaries and power management to ensure imposition of ideals does not occur, when to refer, consult, or collaborate with an R/S leader, general knowledge of common religions, and referrals of how to gain more R/S knowledge.

Action 5: Recommend Ways to Incorporate into Existing Curriculum

- For a stand-alone course, consider working with several other diversity leaders to band together and create "diversity training 3.0" that includes R/S as a key diversity factor (i.e. more than just a section of a chapter).
- For infusing R/S into existing course, infuse R/S into all courses through case studies, role plays, case conceptualization, and treatment planning intersectionally with other identities and address R/S in practica and internships.
- Include R/S as a component to look for when examining other cultural competencies.

(See Key Considerations on next page)

Strategic Goal 3: Establish Teaching/Training Guidelines

Key Considerations:

- Make training rewarding, easy, and required.
- Infusion needs to be intentional.
- Think ethically of how to protect people before working to enrich them; first and foremost, do no harm.
- Connect R/S to overall wellness and contextualize it within a framework of power and oppression to avoid knee-jerk negative responses to R/S terminology. Frame R/S competency as a way to better understand any client, from religious to atheist.
- Frame R/S as client worldviews comparable to how worldview is shaped through race, ethnicity, gender.
- Use R/S terms as they are intended. Do not "sugar coat" or try to hide.
- Teach from an open-minded, humble position and create a safe space for open and honest discussion and reflection. Educators need to commit to vulnerable, difficult conversations with trainees about their own beliefs.
- Training of R/S should be more of a conversation and dialogue approach rather than lecture training.
- Content should have a global perspective. Include case examples from a variety of religions to avoid overrepresentation of dominant religions. Intentionally include all types of belief systems in examples.
- Emphasize self-education since R/S is often region and community specific.
- Approach R/S competencies training as a way to better serve clients.
- It is important to work with supervisors to ensure students practice these skills.
- Frame R/S competency as a form of professionalism.
- Encourage students to be accountable for engaging in difficult conversations.
- Define scope of practice boundaries to prevent role ambiguity or confusing responsibilities for addressing certain R/S topics or dynamics.
- Familiarize faculty and students with basic assumptions about R/S dynamics that can be interpreted differently from a variety of methodologies (e.g., philosophical, scientific, theological, etc.) to prevent imposition of values.

Strategic Goal 4: Deliver Teaching/Training Resources

Need

There are not enough trusted and effective training materials for teaching spiritual and religious competencies in mental health professions.

Objective

Provide high-quality training materials and resources that are professionally-sanctioned, accessible, and effective.

Action 1: General Resources

- Create and disseminate training and reference materials.
- Create a general resource page that includes information on competencies, speakers bureau contacts, cross-disciplinary resources, common textbooks, information on different religious entities.

Action 2: Classroom/Didactic Resources

- Develop interdisciplinary training materials for professors to incorporate in their teaching, including exercises and opportunities to practice.
- Create a general model syllabus and sample syllabi for each discipline along with educational resources appropriate for different levels of instruction, including readings, case studies, simulation scenarios and interactive patients.

Action 3: Clinical Resources

- Create tools for clinical training, including handouts, discussion guides, training videos, roleplays/simulations, assessments, and demonstrations of ways to approach R/S with clients and how R/S may be brought up in session by clients.
- Develop a process of how to discuss and assess with clients how R/S impacts their mental health.

Key Considerations

- Ensure teaching materials are quality and accessible (i.e., online, downloadable, easy to use).
- Create modules that are easily adoptable.
- Provide training material in multiple languages to ensure the training properly translates in the clinical setting.
- Ensure inclusivity in teaching and training materials (e.g. atheist, agnostic, R/S beyond the Big 5).
- Immigrants, refugees and Black and brown people interested in R/S would likely constitute some of the clients of future social work mental health practitioners, and so some familiarity and knowledge about diverse faiths/beliefs are crucial.
- Make training materials inclusive of telehealth best practices.
- Anecdotal pieces, life stories. outcomes of non-inclusion of R/S.
- Consider how to adjust terminology to specific audiences of trainees and clients (e.g. Christian language with Christians, Buddhist language with Buddhists, existential/humanist language with humanists and nonreligious people), always placing priority on the preference of terms expressed by a particular group.
- Include substantial diversity of views and practices within what is often seen as a homogeneous group (e.g. Christian).

Strategic Goal 5: Provide Professional Development

Need

In addition to what and how spiritual and religious competencies should be included in training, it is important WHO does the teaching and training. A barrier to inclusion of R/S competencies in training is lack of professionals who have enough expertise, and have examined their own biases, to deliver the training. There is a need to provide professional development for faculty, supervisors, training directors to be able to deliver training, and/or know how to rely on resources that can be used for training.

Objective

Increase the number of faculty/supervisors/trainers who are qualified to deliver R/S competency training, or know how to use training resources, across mental health professional training sites.

Action 1: Faculty Development

- Faculty development should include self-reflection and growth, beyond just content and skills. Training includes how to teach students about R/S, how to incorporate R/S into their teaching, and observation of others who do this well.

Action 2: Practitioner Training

- Create CEU content and offer the training in common CEU settings, including conferences, online courses or webinars in both synchronous and asynchronous formats. Issue badges or certificates of completion for R/S competency training.
- Create a call or email line for consultation on R/S issues with clients or supervisees and develop resources for when clients say things that trigger the therapist related to R/S (e.g., training on how to reground yourself in the moment and continue working).

Key Considerations:

- Professors need to be willing to spend longer time in training than students to expect students to have this as part of their training.
- Focus on the ambivalent (in terms of R/S) trainers.
- Humble ourselves and learn from others who have done this work well (e.g., social workers in other countries).
- Provide support and acknowledge when to collaborate/consult with R/S leaders (e.g., priest, pastor, imam, Muslim leaders, indigenous faith leaders, swami or Hindu spiritual leaders, lama or Buddhist teachers, African faith leaders, etc.).
- Include self-of-the-therapist/practitioner process, ensuring time to focus on process in addition to content. Emotional regulation is a key part of how MH practitioners are able to provide a healthy and authentic space for clients/patients to heal, but emotional regulation requires intrapersonal and interpersonal insight that is facilitated through self-of-the therapist kind of work.
- Training/professional development of faculty and training directors/supervisors (free, easy, cheap).
- Until most faculty know how to teach this, find ambassadors who can provide this train-the-trainers. Embed experts who can then extend their ability.

Strategic Goal 6: Influence Licensing & Accreditation Standards

Need

Licensing and accreditation boards across the mental health disciplines do not require R/S diversity as a standard. Advocate for inclusion of evidence-based R/S competencies into licensing and accrediting standards across mental health professions.

Objective

Encourage licensing and accreditation boards to include R/S competency as a required standard for accreditation.

Action 1: Incorporate into Licensing/Training Requirements

- Work with licensing boards to include R/S as a key component of the professional development that will occur in programs and create test questions regarding R/S.
- To prepare for the licensing test questions, develop required training content for programs to incorporate and look closely at field placement opportunities for trainees and work with.

Action 2: Incorporate into Ethics/Accreditation

- Incorporate R/S into code of ethics and into the language, education, and community.
- Gain buy-in from accreditation boards and other governing bodies by organizing a policy discussion of ethical issues (e.g. separation of church and state) or holding a round table of representatives of licensing, education, and practitioners to discuss concerns and best ways to adopt R/S into accreditation.

Action 3: Mental Health Field-Wide Incorporation

- Incorporate a program-wide biopsychospiritual model into every aspect of training/accreditation, ensuring R/S is elevated to the same level of importance as other identities.
- Highlight R/S in DSM revision efforts and incorporate clinician consequences for religious arrogance.
- Standardize the inclusion of R/S questions during intake to signal to clients that R/S is acceptable to discuss in session.

Key Considerations

- There is strength in numbers and solidarity, making cross-disciplinary consensus important in creating more effective change in education, practice, and policy.
- Focus on structural changes, rather than individual changes. Structural changes encourage programs to come up with ways to meet expectations
- Training recommendations need to be received through accreditation body recommendations
- It will be easier to ask program directors to incorporate R/S into existing curriculum rather than adding another thing (e.g. focus on infusing rather than adding stand-alone training.)
- Address R/S in standards and accreditation to bring awareness to gaps in training.
- Engaging state boards is also important in influencing licensure requirements. Engaging accrediting bodies is influential as states follow the recommendations of accrediting bodies (i.e., COAMFTE and the hours requirements for minimal clinical competencies).
- Work with the major training communities (e.g. CUDCP, NCSPP, the Counseling Psychology association, the Psychology Clinic Directors organization) to give some time at their annual meeting to guidelines and recommendations. Ask training communities to help distribute teaching/training resources to their constituent members. Make a list of training directors and contact them directly.

Strategic Goal 7: Encourage Awareness, Advocacy, and Engagement

Need

There is a need for greater visibility and opportunities for the field to engage in the topic of R/S as it relates to mental health practice.

Objective

Improve widespread recognition of the importance of R/S competency of mental health professionals.

Action 1: Advocate for Leaders

- Find respected faculty who are willing to learn, teach, and create a network of adjuncts or guest speakers with a strong background in R/S competence.
- Facilitate and safely promote a culture of institutional safety to affirm R/S competencies in education.
- Fund doctoral students and offer student research awards focused on R/S.
- Identify critical voices to champion this issue, especially respected leaders/site champions who can share personal anecdotes of how R/S competencies helped them in sessions with clients.

Action 2: Advocate for Resources

- Provide textbook authors with content and justification.
- Create federal funding for R/S material and increase the number of universities that have partnerships between mental health and R/S.

Action 3: Spread Awareness

- Engage in other activities to support making spiritual and religious competency training ubiquitous, such as working with textbook authors, placement at conferences, special issues, small grants, reaching out to postdocs and junior faculty, etc.
- Offer travel grants for researchers to present at mainstream conferences and professional associations as well as formulate a statement of support for the topic.
- Help programs understand why R/S is important to address by directly inquiring why certain programs do not want to or do not already include R/S competencies in training.

Key Considerations

- If faculty members buy-in and recognize R/S as an important aspect of mental health, they will work to navigate structures that could be preventing the trainings in the program or institution.
- Support from the Department of Education would bring significant influence.
- Focus on influence on a grand level; influencing individuals does not bring real changes to the system.
- In the promotion of R/S competence, there needs to emerging visible leaders.

Timeline

	2022	2023	2024	2025
I. Define Competencies				
Define core evidence-based competencies				
Position competencies within a framework of intersectionality				
Position competencies within a framework of whole-person wellness				
Develop competency assessments				
II. Demonstrate Relevance & Evidence				
Demonstrate evidence for buy-in				
Identify & encourage areas for future research				
III. Establish Teaching/Training Guidelines				
Develop conceptual framework for training				
Develop a universal curricula/pedagogy for training in R/S competencies				
Develop skills-based curricula				
Develop knowledge-based curricula				
Recommend ways to incorporate into existing curriculum				
IV. Deliver Teaching/Training Resources				
Develop general resources				
Develop classroom/didactic resources				
Develop clinical resources				
V. Provide Professional Development				
Provide faculty development				
Provide practitioner training				
VI. Influence Licensing & Accreditation Standards				
Incorporate into licensing & training requirements				
Incorporate into ethics & accreditation				
Incorporate mental health field-wide				
VII. Encourage Awareness, Advocacy, & Engagement				
Advocate for leaders				
Advocate for resources				
Spread awareness				

Thank You

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