

Competencies for Spiritual Care and Counselling Specialist

Canadian Association for Spiritual Care/ Association canadienne de soins spirituels (CASC/ACSS)

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Spiritual Care and Counselling Specialists

Spiritual Care and Counselling Specialists are clinical practitioners who help people draw upon their own spiritual, religious and cultural resources for direction, strength, wisdom and healing as they journey through life's stages.

The Canadian Association for Spiritual Care (CASC/ACSS) embraces a holistic approach to wellness and to both personal and relational development with a special focus on spiritual and religious care. CASC/ACSS is a national multi-faith organization which is committed to the professional practice, education, certification and support of persons involved in spiritual care and spiritual counselling. CASC/ACSS certified Spiritual Care and Counselling Specialists are educated at master's and doctoral levels and have a minimum of 2,500 hours in post graduate clinical training to become competent as professionals who integrate the development of clinical skills with knowledge of self and knowledge of theological, spiritual, philosophical, psychological and cultural frameworks.

Mission:

The CASC/ACSS mission is to promote excellence in spiritual care and counselling practice, education and research.

Purpose and Role of Spiritual Care

The purpose of spiritual care and counselling is to support others by focusing primarily although not exclusively on their spiritual practices. This support fosters healthy development in accordance with each one's unique worldview and significant concerns. It assists in finding contextual and ultimate meaning in life. Spiritual care is provided in a variety of institutional settings including health care, military, corrections, education and other multi-faith, religious and secular communities as well as private practice settings. In most institutions the role of a spiritual care practitioner includes supportive, caring staff/colleague consultation in addition to client¹ care.

Effective spiritual care has therapeutic outcomes insofar as its goal is for spiritual health and wholeness. Spiritual Care and Counselling Specialists may or may not provide therapy² defined

¹ Use of "client" defines persons including patients and/or family members, counselees, residents, inmates, congregants, spiritual directees, students or staff in keeping with the practitioner's professional setting.

² "Therapy" comes from the Greek word *therapeuein*, denoting "to attend", "to treat", and "clinical" connotes *at the bedside*. Spiritual Care and Counselling Specialists do offer careful attending, i.e. therapy, whether or not offering clinical treatment in the narrower sense of the concept.

as facilitating cures or solutions to pathologies. Spiritual care seeks to promote spiritual well-being in the midst of the human condition with all of its challenges, crises, illness, suffering, pain and grief. As a result of effective spiritual care interventions, symptoms of spiritual distress and suffering may be transcended, transformed or alleviated and healing is facilitated. In addition, spiritual care is often provided at times of celebration and joy where there is no spiritual distress, as in the birth of a child or a wedding ceremony. Spiritual Care practitioners are a therapeutic presence. They witness experience and minister to others by providing sacred space and ritual in the ordinary and profound moments of life and death. This role fills a universal human need and has existed in various forms and nomenclature throughout history in all cultures. A spiritual care practitioner is understood symbolically as one who walks alongside others in times of joy or sorrow and stands between what is known and the mystery of the unknown.

Core Relational Values

The practice of spiritual care flows from underlying core values that shape the practitioner's interactions. We specifically, although not exclusively, highlight the following:

- Respect – we validate the worth and value of all people and respect their freedom of choice
- Empathy – we listen attentively and deeply in an effort to understand another person's circumstances, point of view, thoughts and feelings
- Faith Affirmation – we encourage beliefs that bring hope, peace, and strength to foster coping skills and healing.
- Connection – we understand the interconnectedness and interdependence of all existence and undertake to promote positive relationships
- Vitality – we promote what inspires life-giving energy versus what is destructive, dispiriting or soul-destroying.

Core Practice Values

- Competence – we are committed to adherence to the CASC/ACSS standards³ of practice
- Ethical Conduct – we seek the highest good of all persons entrusted to our care
- Self-care – we integrate personal spiritual practices with spiritual growth and professional development

³ There is a direct correlation between competencies and standards. Competencies are those attributes and capacities necessary to care well. Standards are usually articulated by diverse professional organizations (such as CASC/ACSS) and governmental or religious institutions. They embody key values and vocational commitments; they also identify certain legally binding professional and ethical requirements. We understand competencies as those personal and professional qualities, assets or skills with which Spiritual Care and Counselling Specialists meet the standards of practice in a wide variety of care giving settings.

- Responsibility – we fulfill our professional responsibilities in keeping with the scope of practice outlined by hiring institutions, CASC/ACSS Standards of Practice, and faith affiliation guidelines
- Accountability – we adhere to professional competence and performance reviews in keeping with the CASC/ACSS standards for certification and professional practice, institutional policies, and faith community policies and procedures

Competencies for Spiritual Care and Counselling Specialist

1. Spiritual Assessment and Care

Spiritual Assessment and Care are distinct but inter-related activities. Spiritual Assessment is an extensive, in-depth, ongoing process of actively listening to and summarizing a client's story, spiritual strengths, needs, hopes and coping strategies as they emerge over time. Spiritual Care is the professional relationship established with a client that provides a framework for ongoing assessment and inter-professional interventions that help meet the wellness needs and goals of the client.⁴

1.1 Relational Approach: Provides a relational and patient/family-centred approach to assessment and care that sensitively encounters the client(s) and engages them in their healing process.

- 1.1.1. Engages with the client's experience.
- 1.1.2. Facilitates expression and articulation of a client's beliefs, values, needs and desires that shape the client's choices and interactions.
- 1.1.3. Encourages the client to express emotions and a full range of feelings.
- 1.1.4. Encourages the client to share fears/concerns, hopes/dreams, creative expression, intuition and awareness of relationships, including the divine/transcendent in understanding the core identity of the client.

1.2 Assessment: Gains an understanding of a client's source(s) of spiritual strength, hope, methods/ways of coping, needs, risks and wellness goals through encountering the client and integrating this knowledge with historical, theological, philosophical, socio-cultural and psychological theoretical frameworks of human development and transitions in life.

- 1.2.1 Assesses by means of listening to story. Encounters the life narrative of the client through dialogue, observation and emotional understanding.
- 1.2.2 Identifies the client's worldview and theological or spiritual belief system.
- 1.2.3 Identifies the client's sacred symbols, metaphors and relationships that provide meaning.
- 1.2.4 Assesses past and present trauma, spiritual distress, spiritual pain, suffering, grief and loss.

⁴ Adapted from: Christina M. Puchalski, B. Ferrell, *Making Health Care Whole: Integrating Spirituality Into Health Care* (Pennsylvania: Templeton Press, 2010), 95.

- 1.2.5 Assesses specific risks, including suicide, homicide, violence, abuse, neglect, drug abuse and monitors risk over time.
- 1.2.6 Assesses spiritual coping strategies.
- 1.2.7 Assesses for faith process and development, structure and content.
- 1.2.8 Recognizes when and how medications/drugs are impacting the client.
- 1.2.9 Recognizes when physiological or psychological symptoms are limiting effectiveness of care and when there is need for consultation with others within the care team.

1.3 Planning: Co-develops with the client(s) a spiritual care plan that complements and is integrated with inter-professional care plan, treatment and interventions.

- 1.3.1 Determines the type and level of care/intervention appropriate and formulates a therapeutic direction(s).
- 1.3.2 Attends to client's expectations and the involvement of loved ones in the care plan.
- 1.3.3 Develops a safety plan.
- 1.3.4 Develops personalized goals and objectives where relevant and appropriate to the client situation.
- 1.3.5 Ensures interventions are timely, based on informed therapeutic approaches and are related to appropriate community resources.
- 1.3.6 Monitors progress.
- 1.3.7 Responds to disruptions of the spiritual care relationship in a timely fashion.
- 1.3.8 Monitors quality of the spiritual care relationship on an ongoing basis.
- 1.3.9 Restores therapeutic direction when it is hindered or diminished.
- 1.3.10 Integrates the practices of assessment, intervention and outcomes.
- 1.3.11 Evaluates the therapeutic effectiveness of the Spiritual Care plan and interventions.

1.4 Intervention: Provides a variety of interventions and approaches to spiritual care related to needs assessment and co-developed inter-professional care plans.

- 1.4.1 Helps client evaluate role and function of spiritual/religious identity in their life.
- 1.4.2 Helps client to identify spiritual strengths, vulnerabilities, resilience and resources.
- 1.4.3 Facilitates exploration of a client's sense of purpose and meaning in life.
- 1.4.4 Facilitates exploration of issues in relationships, moral distress and grief/loss.
- 1.4.5 Facilitates contextualized meaning-making and sacred and religious interpretation.
- 1.4.6 Utilizes spiritual/theological/faith reflection in exploring and making meaning of one's life situation and in bringing the unconscious to the conscious understanding when it is safe and appropriate.
- 1.4.7 Fosters the client's independence and responsibility within the care team.
- 1.4.8 Offers support and guidance for spiritual growth.
- 1.4.9 Strengthens relational connections and fosters experiences of community.
- 1.4.10 Enables reconciliation (e.g. conflict management, forgiveness and relational growth).
- 1.4.11 Assists client in their own creative expression of spirituality.
- 1.4.12 Provides or facilitates prayer, rituals, rites, ceremonies and services.
- 1.4.13 Leads or facilitates spiritually-focused themed groups, workshops and studies.

2. Self-awareness

Assesses the impact of one's own spirituality, beliefs, values, assumptions and power dynamics in relationships with clients.

- 2.1 Has a clear sense of personal and professional identity, integrity and authority.
- 2.2 Integrates personal culture, beliefs and values leading to authenticity, consistency and dependability in the practice of spiritual care.
- 2.3 Maintains the practice of self-reflection and self-evaluation including critical self reflection on one's words, actions and theoretical orientation.
- 2.4 Recognizes professional limits, and when to make referrals and consultations.
- 2.5 Recognizes instances where practitioner's life experiences may enhance therapeutic effectiveness.
- 2.6 Recognizes the symbolic power associated with the practitioner's role and the presence and importance of transference or counter transference in the spiritual care relationship.
- 2.7 Recognizes occupational hazards contributing to burnout.
- 2.8 Integrates beliefs about well-being and distress.

3. Spiritual and Personal Development

Continues to develop and maintain personal and professional growth, awareness and self-understanding and makes oneself appropriately accountable.

- 3.1 Engages in ongoing theological/spiritual reflection.
- 3.2 Nurtures and utilizes own spirituality with integrity.
- 3.3 Identifies and integrates areas of need and interest regarding continuing education in development of areas of own personhood, religion, spirituality and meaning.
- 3.4 Identifies and utilizes personal and professional support, consultation and supervision.
- 3.5 Evaluates clinical practice, identifies strengths and weaknesses, set goals and modifies practice accordingly as necessary.
- 3.6 Consults with other professionals and spiritual care and counselling colleagues when appropriate.
- 3.7 Engages regularly and holistically (body, mind, spirit) in self-caring practices.

4. Multi-Dimensional Communication

Employs communication strategies that include active and attentive listening, awareness of the non-verbal, appropriateness, and relevant content.

- 4.1 Listens actively, empathically and reflectively, validating the client's emotional and spiritual experience.
- 4.2 Assesses and responds appropriately to all aspects of non-verbal communication.
- 4.3 Attends to social support and relationships.
- 4.4 Attends and respectfully responds to intercultural relational approaches.
- 4.5 Artfully responds to richness of the client out of the richness of one's own personhood.
- 4.6 Communicates in a manner appropriate to the recipient.
- 4.7 Attends to feelings, attitudes, thoughts and behaviour.
- 4.8 Employs effective verbal (and non-verbal) communication.
- 4.9 Explains theoretical concepts in everyday language.
- 4.10 Recognizes conflict, whether overt or covert, verbal or non-verbal and uses a conflict resolution approach appropriate to the situation.
- 4.11 Communicates assessment information so the client understands its relationship to care giving goals and outcomes.

5. Documentation and Charting

Documents clinical assessments, interventions and referrals in a way that is understood by members of the inter-professional team. Keeps records and statistics in a timely manner; demonstrates clarity, skill and appropriate confidentiality in all paper/electronic correspondence.

- 5.1 Identifies the referral source and reason for initial assessment.
- 5.2 Differentiates fact from opinion.
- 5.3 Uses clear and concise language that respects whole person care.
- 5.4 Provides concise statements about the significance of appearance, voice quality, and/or non-verbal communication in clinical interactions.
- 5.5 Notes referral and/or follow-up plan.
- 5.6 Understands and employs confidentiality limits regarding stories and confessions.
- 5.7 Employs electronic communication as relevant to practice and maintains appropriate security in its use.
- 5.8 Maintains professional documentation on clients in a secure location and keeps records for an appropriately designated length of time.

6. Brokering Diversity

Understands, values, promotes diversity and inclusion, and advocates for equitable care. Provides care that takes into account culture, bias, and the specific needs of clients.

- 6.1 Assesses the dynamics of the culture, resources and community.
- 6.2 Values diversity and advocates for accommodation of cultural, spiritual and religious needs and practices.
- 6.3 Assumes and communicates a non-judgmental stance.
- 6.4 Demonstrates sensitivity to the diversity and setting of spiritual care.
- 6.5 Integrates knowledge of diversity with reference to age, class, race, gender, ethnicity, levels of ability, language, spiritual and religious beliefs, educational achievement, sexuality, social factors, family, health beliefs and willingness to seek help.
- 6.6 Adapts the care approach when working with diverse individuals, families and groups and respectfully asks for guidance in learning intercultural relationship skills.
- 6.7 Shows respect toward various disciplines and interest groups.
- 6.8 Models behaviour that promotes inclusion.
- 6.9 Recognizes and responds to how oppression may impact human functioning.
- 6.10 Recognizes how the spiritual care practitioner's values and biases may affect relationships with diverse clients.
- 6.11 Identifies culturally and spiritually relevant resources.
- 6.12 Explores and addresses in a timely manner differences that may lead to misunderstanding and conflict.
- 6.13 Provides current information on different faith groups and cultural traditions.

7. Ethical Behaviour

Ethical behaviour is congruent with the values of the CASC/ACSS Code of Ethics reflecting justice, compassion and healing for all.

- 7.1 Shows respect to others.
- 7.2 Protects confidentiality.
- 7.3 Articulates and maintains clear, appropriate and therapeutic boundaries.
- 7.4 Recognizes one's responsibility to report to authorities what is in the interest of security and/or required by law and/or the CASC/ACSS code of ethics.
- 7.5 Participates in and promotes ethical reasoning and moral development.
- 7.6 Works within one's scope of practice knowing when it may be appropriate to make a referral or initiate a consultation.
- 7.7 Identifies ethical issues encountered in one's practice, teaching and research.
- 7.8 Complies with relevant regulations at all levels of government and within one's provincial regulatory body.
- 7.9 Differentiates the roles and functions of professional associations relevant to one's practice.
- 7.10 Advocates for individuals in abuse or neglect situations.
- 7.11 Speaks out against systemic oppressions that are in violation of human dignity, human rights and/or the CASC/ACSS code of ethics.

8. Collaboration and Partnerships

Is accountable to the public, faith communities, employers and professionals in all professional relationships.⁵

- 8.1 Builds and sustains working relationships with members of inter-professional, multi-disciplinary and multi-faith groups.
- 8.2 Clearly understands the role and function of each member of the inter-professional group and/or service providers working with the client.
- 8.3 Educates clients and professional colleagues on the criteria for referral for spiritual care and counselling services.
- 8.4 Clearly defines and communicates to other team members the meaning and methods of spiritual care.
- 8.5 Makes appropriate referrals to other professionals and partners.

9. Leadership

Exhibits leadership that provides advocacy and support as an integral team member.

- 9.1 Provides support to both staff and management.
- 9.2 Provides Clinical and Professional Consultation.
- 9.3 Ensures a sacred space for prayer, ritual and meditation.
- 9.4 Develops a strategic plan, which not only supports and advocates for spiritual care in the work place, but promotes the soul of the organization and also strengthens the organization's values in a manner that works towards preserving and fostering both the spirituality and the humanization of the work place.
- 9.5 Participates in professional organizations.
- 9.6 Establishes a way to involve volunteers appropriately.
- 9.7 Participates in leadership opportunities, change management and systems transformation and provides leadership to organizational projects relevant to spiritual values as appropriate.
- 9.8 Acts as a change agent within the culture of the organization.
- 9.9 Prioritizes and organizes activities, using planning and management skills, to support spiritual care strategies.
- 9.10 Follows through on commitments in a timely manner.
- 9.11 Obtains feedback from external sources to assist in performance review
- 9.12 Appreciates and responsibly uses resources.
- 9.13 Strategically positions spiritual care to ensure the well being of clients and ensures adequate resources.
- 9.14 Attends to union matters as required and/or appropriate.
- 9.15 Provides education on an ongoing basis related to spiritual care and counselling.

⁵ See Appendix A - *Interprofessional Collaborative Competencies*

10. Research

Sees research as integral to professional functioning and in keeping with one's area of expertise.

- 10.1 Reads research articles as continuing education pertinent to one's area of practice.
- 10.2 Asks researchable questions as these arise from practice.
- 10.3 Participates in and/or promotes research.
- 10.4 Uses appropriate methodologies and established ethical protocols (if/when conducting research).
- 10.5 Subjects one's findings as required and appropriate to professional peer review (if/when conducting research).
- 10.6 Disseminates research information.

APPENDIX A

INTERPROFESSIONAL COLLABORATIVE COMPETENCIES

Communication

Descriptor: Ability to communicate effectively in a respectful and responsive manner with others.

1. Communicates and expresses ideas in an assertive and respectful manner.
2. Uses communication strategies (e.g. oral, written, information technology) in an effective manner with others.

Collaboration

Descriptor: Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.

1. Establishes collaborative relationships with others in planning and providing patient/client care.
2. Promotes the integration of information and perspectives from others in planning and providing care for patients/clients.
3. Upon approval of the patient/client or designated decision-maker, ensures that appropriate information is shared with other providers.

Roles and Responsibilities

Descriptor: Ability to explain one's own roles and responsibilities related to patient/client and family care (e.g. scope of practice, legal and ethical responsibilities); and to demonstrate an understanding of the roles, responsibilities and relationships of others within the team.

1. Describes one's own roles and responsibilities in a clear manner.
2. Describes the roles and responsibilities of other providers.
3. Shares evidence-based and/or best practice knowledge with others.
4. Integrates the roles and responsibilities of others with one's own to optimize patient/client care.
5. Accepts accountability for one's contributions.

Collaborative Patient/Client-Family Centred Approach

Descriptor: *Ability to apply patient/client-centred principles through interprofessional collaboration.*

1. Seeks input from patient/client and family in a respectful manner regarding feelings, beliefs, needs and care goals.
2. Integrates patient's/client's and family's life circumstances, cultural preferences, values, expressed needs, and health beliefs/behaviours into care plans.
3. Shares options and health care information with patients/clients and families.
4. Advocates for patient/client and family as partners in decision-making processes.

Conflict Management/Resolution

Descriptor: *Ability to prevent and deal effectively with conflict between and with other providers, patients/clients and families.*

1. Demonstrates active listening and is respectful of different perspectives and opinions from others.
2. Works with others to prevent and deal effectively with conflict.

Team Functioning

Descriptor: *Ability to support effective team functioning to continually improve collaboration and quality of care.*

1. Evaluates team function and dynamics.
2. Demonstrates shared leadership within the healthcare team that is appropriate to the situation.
3. Contributes effectively and meaningfully in interprofessional team discussions.

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