



**The Association for Spiritual, Ethical, And Religious Values In Counseling**  
*A Division of the American Counseling Association*

December 10, 2021

Dear CACREP Standards Revision Committee:

Since 1951, the Association for Spiritual, Ethical, and Religious Values in Counseling has existed to promote the ethical integration of Spiritual, Ethical, and Religious Values in Counseling and Counselor Education. We believe that Religion and Spirituality (R/S) are unique areas of focus, essential to the overall development of the person, and critical to the process of counseling. Research and scholarship supports our mission as we have seen an increase in scholarship on the R/S Competencies and empirical support demonstrating the influence of spirituality on human development (Myers & Sweeney, 2004; Sink & Devlin, 2011; Sink & Hyun, 2012). Meta-Analyses of randomized controlled trials of religiously accommodative therapies have shown that they are just as effective as their traditional, secular counterparts on affecting psychological outcomes, while also producing *superior* change on spiritual outcomes that traditional psychotherapies neglect (Captari et al., 2018). In addition to being an important aspect of human development, assessment, and treatment, the literature also supports R/S as being an important part of an individual's cultural identity (Chae et al., 2004; Ibrahim & Dykeman, 2011; Passalacqua & Cervantes, 2011) as well as factors of individual differences across identities (Piedmont et al., 2020). In 2010, over 3,300 empirical studies indicated direct relationships between religion, spirituality, and multiple dimensions of health (Koenig et al., 2012). Integrative health models now include spirituality and religion as essential components of wellness (Myers & Sweeney, 2004). Religious and spiritual struggles and crises can uniquely contribute to existing psychological distress, or be unique sources of psychological turmoil, including suicidality (Bockrath et al., 2021).

Thus, research clearly demonstrates that R/S are unique, psychological territories and require that R/S competencies be an explicit focus in counselor training, rather than *assumed* under labels like *worldview* or *beliefs*. The literature has critiqued this approach considerably because it allows too much room for the culture of mental health, which in addition to emphasizing certain values like individualism and time efficiency has traditionally favored non-spiritual explanations of human functioning, to remain unchecked and dictate what counts for valid, psychological experiences (Sue et al., 2019). Historically, this approach resulted in the pathologizing of religious experience as delusions and hallucinations until updates to the DSM-IV (American Psychiatric Association, 1994) changed the diagnostic language to be accommodative of

experiences common to or sanctioned by one's culture or religion (Stoupas et al., 2018). The assumption that *worldview* or *beliefs* encapsulate R/S competence also places too much faith in existing multicultural competence models. Evidence has shown that existing multicultural competency models do not explain R/S competence adequately (Lu et al., 2018). These findings are consistent with self-reports from counselor trainees who have found their multicultural training lacking in adequate coverage of the essential knowledge domains, skills, and dispositions for working with clients around R/S topics (Rupert et al., 2018). Only by making these competencies explicit in counselor training will we make a path for improving effectiveness in counseling and to prevent discrimination, bias, and harm to clients (Burke et al., 1999; Gladding & Crockett, 2019; Lu et al., 2020; Mintert et al., 2020; Myers & Willard, 2003; Oxhandler & Pargament, 2018).

Multiple lines of evidence, therefore, have converged in recent years showing that religion and spirituality are generalizable across cultures, non-reducible to other psychological constructs (e.g., personality or social support), multilevel (relevant to all areas of clients' ecosystems), multidimensional (including unique beliefs, emotional states, motivational drives, behaviors, etc.), and multivalent (can be sources of strength as well as distress) (Pargament et al. 2013). For the preceding reasons, **we feel strongly that the removal of standard 2.F.2.g. *Concerning the impact of spiritual beliefs on clients' and counselors' worldviews* from the 2024 standards would be a colossal mistake.** Doing so significantly regresses our profession and undos the notable progress we have made in the last seven decades. Counseling has served as a model for addressing spiritual concerns in mental health treatment having been one of the first organizations to develop R/S competencies (Miller, 1999). While CACREP proposes removing these important standards, other mental health fields are moving toward including R/S (Parker et al., 2021; Vieten & Lukoff, 2021). For example, COAMFTE the accreditation for MFT programs now includes spiritual and religious beliefs as a part of their standard FAC:3 further demonstrating how repealing this standard would demonstrate a large step backwards as a helping profession. Empirical support for R/S competencies for psychologists now exists (Vieten et al., 2013). The proposed 2024 standards only note spirituality as a part of Addictions Counseling as if to insinuate that only Addiction Counselors need concern themselves with their client's spirituality. To make matters worse, it makes it seem like spirituality (and still there is no mention of how religion relates to addiction) is really only related to addiction related disorders.

In conclusion, we hope you will give serious consideration to our request and allow the standard to continue and perhaps even modify it to be more inclusive of religion and spirituality as multidimensional, multilevel, and multivalent aspects of psychological functioning. For example, we now have unique R/S theoretical models for counseling (Griffith & Griffith, 2001; Pargament, 2007; Piedmont & Wilkins, 2020; Stewart-Sicking et al., 2019), R/S manualized treatments

(<https://spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals/>), R/S

empirically supported treatments (Hook et al., 2009), and R/S competency approaches (Cashwell & Young, 2020; Vieten & Scammel, 2015; Gill & Freund, 2018) that are now available to counselors, but are not well integrated into counseling training.

To improve the standard, we would suggest including the revision to the existing standard:

***a. the role of religion and spirituality in clients' and counselors' psychological functioning***

We have a deep appreciation for the work that the Revisions committee is doing. We understand the value of having strong standards to guide training in our profession. For this very reason, we hope you will take the time to sincerely consider our suggested revisions. If you have any concerns or questions or would like clarification on anything suggested here, please do not hesitate to reach out.

Sincerely,



Daniel Gutierrez  
ASERVIC President  
2020 - 2021



Jesse Fox  
ASERVIC President  
2021-2022



Ryan Foster  
ASERVIC President  
2020-2021