The Churchill Framework

In Partnership with the Association of Christians in Counselling and Linked Professions

Introduction

A Core Competence Framework When Working With Clients' Religious/Spiritual Issues in Clinical Practice

Over the years I have become more and more convinced of the need to have a Core Competence Framework in the UK which specifically provides guidance to therapists when their clients' religious/spiritual issues emerge in clinical practice. As a result of this conviction, and as part of my further studies, during 2019, I started to draft out a '*Core Competence Framework when working with clients' religious/spiritual issues in clinical practice*'.

In order to produce the framework, I have drawn on several existing models, theories and frameworks (nearly all emanating from the USA), which provided recommendations as to how practitioners can ethically and competently address their clients' religious/spiritual issues in clinical practice, and these sources are listed at the end of the framework. I have also drawn on my experience with clients, together with the numerous discussions, debates and reflections that I have undertaken with students, tutors and colleagues over many years in order to set out 27 core competences that I believe are relevant for a UK audience and vital to be included in a Competence Framework.

Process of Development

Having produced the first draft of a '*Core Competence Framework*', I submitted an article for the 2019 summer edition of Accord, which was entitled '*Core competences for working with a client's religious/spiritual issues in clinical practice*'. Following the publication of this article, Kathy Spooner, the then Director of Counselling and Psychotherapy of the ACC and now CEO of the organisation, contacted me and asked me to consider whether I would be interested in a leading a collaborative project, initiated by the ACC, which would facilitate a number of senior Christian counselling practitioners in the UK to peer review and scrutinise the framework I had produced, and to make suggestions and recommendations for further improvement.

I was very interested in this idea and delighted to learn that a number of expert practitioners expressed an interest in being involved in the task, including, Dr Owen Ashley, Dr Martyn Baker, Dr Roger Bretherton, Professor Christopher Cook, Dr Precious Koce, Richard Lahey-James, Sue Monckton-Rickett, Dr Janet Penny, Gwyn Pritchard, Kathy Spooner and Professor William West. The aforementioned practitioners provided feedback on my draft Framework and then several: Dr Martyn Baker, Dr Precious Koce, Sue Monckton-Rickett, Dr Janet Penny, Gwyn Pritchard, Kathy Spooner, Professor William West and I, met together by Zoom, in order to have two 'round table discussions' (19th September 2020 and 10th October 2020) to make further recommendations to improve the Framework. I am immensely grateful for the time they freely gave in scrutinising the Framework and for their wisdom, insights and suggested amendments, all of which have been reflected in the Framework.

The competencies in the framework fall naturally into four key domains: Relational Communication, Knowledge and Skills, Self-awareness and Reflective Practice, and Supervision. These are set out in the Competence Framework document.
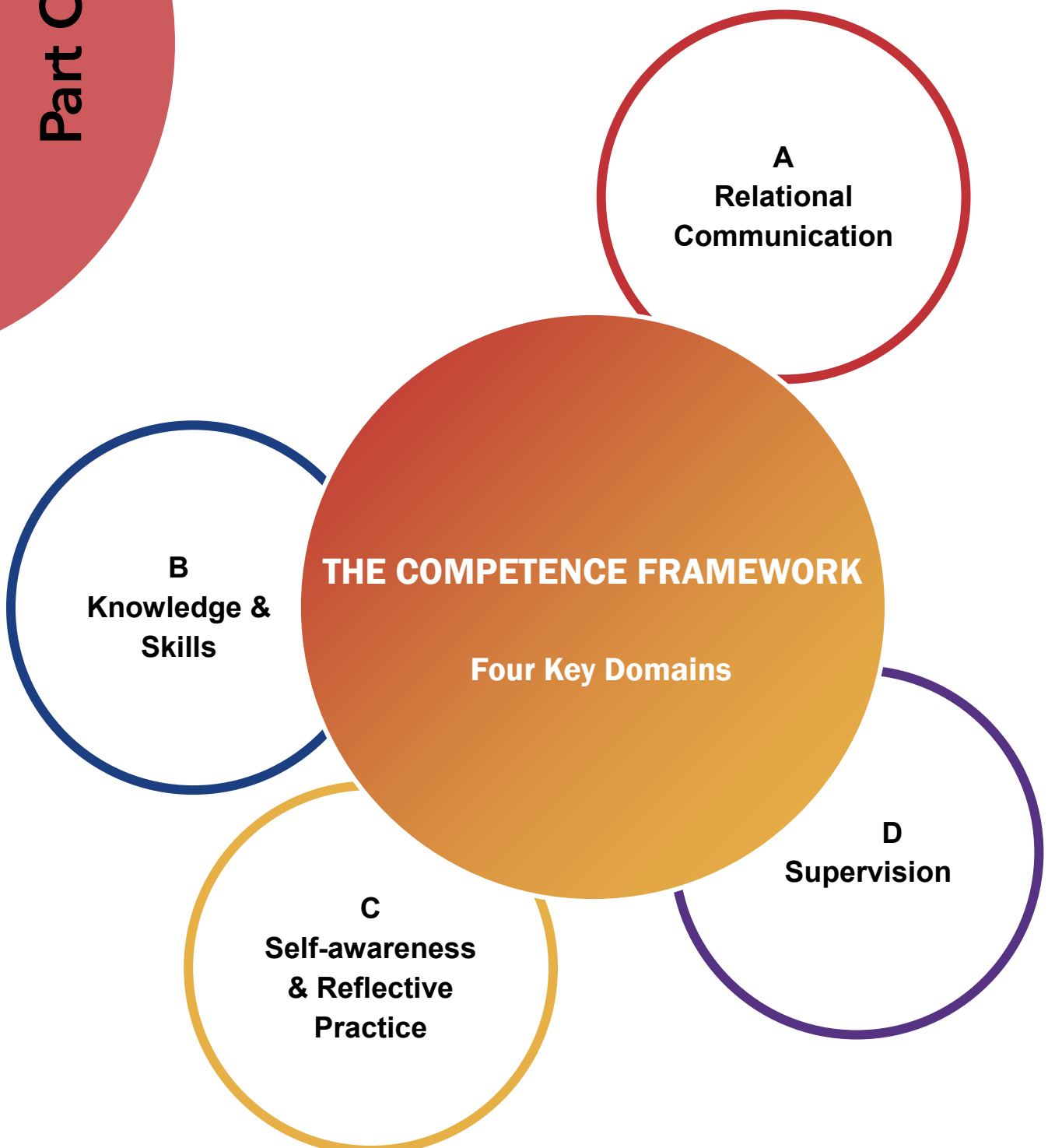
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Part One

A Core Competence Framework When Working With Clients' Religious/Spiritual Issues in Clinical Practice

A
Relational Communication

B
Knowledge & Skills

THE COMPETENCE FRAMEWORK

Four Key Domains

C
Self-awareness & Reflective Practice

D
Supervision

(A) Relational Communication

A1	**Recognise a client's religious/spiritual issues**
	Practitioners have the ability to recognise any religious/spiritual issues that their client might refer to.
A2	**Attend and be empathic to a client's religious/spiritual beliefs/concerns**
	Practitioners are able to listen and attend to their client when the client expresses their religious/spiritual beliefs and in addition are empathic and non-judgemental when these differ from their own. This is applicable not only when faith beliefs of the practitioner and the client differ, but when faith beliefs are perceived to match because even then there may be differences in doctrine and practice.
A3	**Offer respect, acceptance and be non-judgemental**
	Practitioners are able to offer respect, acceptance and be non-judgemental to their clients' religious/spiritual beliefs, including those the practitioner may have a personal negative response to.
A4	**Be reflective and do not make assumptions**
	Practitioners have the ability to be reflective and be aware of the danger of making assumptions about the religious/spiritual beliefs their client may or may not hold.
A5	**Be aware of ethical requirements**
	Practitioners are aware of the ethical requirement not to impose their own beliefs and values, faith or otherwise, onto a client and to be sensitive and valuing of their clients' worldview. This includes practitioners recognising that it is unethical and inappropriate to proselytise in counselling.
A6	**Explore a client's religious/spiritual concerns with curiosity, respect and acceptance**
	Practitioners are able to therapeutically explore with curiosity, respect and acceptance their clients' religious/spiritual concerns and difficulties when they are important to the client and/or are relevant to their psychological wellbeing and mental health (see also B5).

(B) Knowledge and Skills

B1	**Recognise the importance of religion/spirituality for some clients**
	Practitioners are aware that for some clients, religion/spirituality is an important part of their lives and to dismiss this area could be perceived by the client as a denial of their core being and/or identity. In addition, practitioners are aware that for some clients, religion/spirituality is a source of comfort and support, especially in times of stress.
B2	**Ask open and non-threatening questions in the assessment session**
	As part of the assessment process, a practitioner is able to ask open and non-threatening questions in order to assess whether a client may wish to explore religious/spiritual issues in therapy.
	Questions such as 'is there anything that is important to you or helps you find meaning', or 'how do you find comfort in times of stress?' are likely to be helpful, appropriate and non-leading and give a client permission and an opening to disclose any religious/spiritual issues they might be struggling with.
	If practitioners are working in a faith based context then a more explicit questions may be appropriate, such as, 'has the problem impacted your religious/spiritual faith at all?' Or, 'do you have any religious/spiritual beliefs that you find especially meaningful?' In this context, practitioners may also consider exploring family and cultural history in relation to faith/religion/spirituality.
B3	**Recognise the importance of not ignoring or undermining a client's religious/spiritual concerns**
	Practitioners are aware that when clients raise religious/spiritual concerns, it is important to explore these and not to dismiss, ignore or undermine them in the counselling session.
B4	**Recognise a client's right to autonomy at all times**
	Practitioners are aware of their clients' right to autonomy at all times. The exploration of religious/spiritual issues should not be determined by the practitioner's own personal agenda, but should be in service of the therapeutic process.
B5	**Assess the potential link between a client's religious/spiritual issues and their psychological issues**
	When religious/spiritual issues are raised in clinical practice, the practitioner is able to assess the possible link between their clients' psychological difficulties and the religious/spiritual issues that are being disclosed. Similarly, when psychological issues are explored, the practitioner is able to assess the possible link with their clients' religious/spiritual difficulties. Where there is a link, practitioners are aware that discussion and further exploration is likely to be helpful to the client and the therapeutic process.
	If the client wants or wishes to explore religious/spiritual issues, but these are not considered salient to their presenting problem and psychological well-being, practitioners have the ability to carefully consider the potential limits of therapy and be aware of the possibility of potential role confusion (for example, acting as a religious leader or pastoral carer). Under these circumstances, the practitioner in consultation with their supervisor, will carefully consider whether it is in the best interests of the client to recommend a referral to an appropriate helper.

B Knowledge and Skills

B6	**Appreciate a client's religious/spiritual values and faith practices** Practitioners have an appreciation of their clients' religious/spiritual values and faith practices and endeavour to understand, as far as is possible, their clients' specific faith worldview. Practitioners are also able to recognise the possibility they may not understand their clients' religious/spiritual perspectives and if this is the case will seek further information in order to be able to assist their clients or be open to exploring with their clients whether a client believes a referral to another therapist would be beneficial.
B7	**Have a competent understanding of mental health issues/problems** Practitioners have a competent understanding of mental health problems, themes, clinical needs and assessment issues. These include having the ability to recognise and evaluate when therapy may be or may not be appropriate and/or unlikely to help and/or the exploration of clients' religious/spiritual issues may be detrimental to their clients' mental health and well-being (such as when clients have significant mental health conditions, e.g. psychosis. It is important that practitioners are aware that the symptoms of psychosis can manifest as religious/spiritual hallucinations and delusions). However, practitioners are also aware that clients can have direct experiences of God which are not necessarily symptoms of a mental health disorder (see B8).
B8	**Recognise that clients can have times of faith crises and also times of faith transition** Practitioners are aware that clients can have times of faith crises and also times of faith transition. During these times, it is important practitioners are able to recognise these can be times of growth and development for clients and that it is therefore important to avoid pathologising or undermining their clients' religious/spiritual beliefs.
B9	**Recognise that religious/spiritual beliefs can be a source of difficulty at times** Practitioners recognise that religious/spiritual beliefs can be a source of difficulty at times. Such difficulties may include their clients' relationships with God/the Divine and conflicts within the religious community. In these situations, practitioners are able to sensitively assist their clients to explore their beliefs/issues and facilitate them to objectively consider whether these beliefs/issues might be helpful or unhelpful to their mental health and well-being.
B10	**Document the rationale for exploring a client's religious/spiritual issues and/or the use of religious/spiritual interventions** Practitioners have awareness of the importance of documenting in their clients' case notes the rationale for, and outcome of, exploring religious/spiritual issues. This includes documenting when religious/spiritual interventions have been utilised.

(c) Self-awareness and Reflective Practice

C1	**Recognise issues of difference and diversity and practise in non-discriminatory manner** Practitioners have the ability to recognise issues of difference and diversity (including when they share the same faith tradition/background) and practise in a non-discriminatory manner and avoid oppressive practice.
C2	**Recognise the potential need for further training** Practitioners recognise that having a personal faith is not necessarily sufficient on its own to work competently with their clients' religious/spiritual material. Practitioners have the ability to evaluate whether they need to seek further training in order to work proficiently in this area.
C3	**Be aware of the issue surrounding dual relationships** Practitioners have an understanding and awareness of the tensions that may arise (especially within the religious community and/or pastoral and counselling settings) between different helping roles, e.g. therapist, pastoral carer, religious leader and/or spiritual director. Practitioners have the ability to understand the ethical importance of avoiding dual relationships whenever possible. When this is not possible, practitioners are able to reflect on and manage the ethical complexities and relational implications of the dual relationship. This includes having the ability to manage the dual relationship and maintain appropriate boundaries related to their role as a therapist. (This is of particular relevance when the practitioner is a leader or holds a position of authority in a faith community.)
C4	**Evaluate the potential harm as well as the benefits of utilising religious/spiritual interventions** Practitioners are aware of the ethical importance of staying within their level of competence when working with religious/spiritual issues. In addition, as with all interventions, practitioners have the ability to carefully and ethically evaluate the risks/potential harm as well as the benefits to a client when making use of religious/spiritual interventions in clinical practice.
C5	**Be aware of potential power dynamics** When making use of religious/spiritual interventions such as prayer, practitioners are able to reflect on and be aware of the ongoing power dynamics that can occur, including when the practitioner and the client come from the same faith tradition. As with all other areas of counselling, practitioners will discuss any proposed religious/spiritual intervention with their client and only proceed if: a) the client gives specific informed consent, and b) the intervention is considered by both parties to be of therapeutic value. Practitioners will work with religious/spiritual interventions in a manner that is consistent and coherent with the therapeutic work the practitioner is undertaking with the client.

(C) Self-awareness and Reflective Practice

C6	**Develop a self-critical and reflective approach** Practitioners have developed a self-critical and reflective approach to their clinical practice. This includes practitioners reflecting on their responses and reactions to their own, as well as their clients', religious/spiritual issues and difficulties and in addition, paying attention to any potential relational dynamics/transference and counter-transference issues that arise when working in this area.
C7	**Reflect on own history/background/assumptions** Practitioners have an ability to reflect on how their own history, background, assumptions, values and/or religious/spiritual faith or issues might influence and/or impact their response to their client.

(D) Supervision

D1	**Present all work to supervision** Practitioners are aware of the importance of bringing all of their clinical work to supervision, including how (or whether) they have addressed their clients' religious/spiritual issues. This is important in order to receive feedback on the effectiveness of their work and to integrate their supervisor's suggestions into their clinical practice.
D2	**Reflect with supervisor whether role boundaries have been crossed or blurred** Practitioners have the ethical sensitivity to the issues surrounding dual roles and are able to reflect on these with their supervisor. For example, if a practitioner, in addition to being a therapist, holds a role such as a religious leader or spiritual director, the practitioner has the ability to reflect on and consider with their supervisor, whether role boundaries have been crossed or blurred and whether it might be beneficial for the practitioner to refer the client to another professional or therapist.
D3	**Explore relational dynamics/transference/counter-transference** Practitioners have the ability to process in supervision any relational dynamics/transference/counter-transference responses that might have occurred in the therapeutic process, including any responses that have occurred as a direct response to their clients' religious/spiritual material.
D4	**Explore impact of work with client on own religious/spiritual beliefs/practice** Practitioners have the ability to explore in supervision any particular impact the work with their clients' religious/spiritual beliefs might have had on the practitioners' own religious/spiritual beliefs and practice.

Five Guiding Principles When Working With Clients' Religious/Spiritual Issues in Clinical Practice

The client's right to autonomy and self-determination is enshrined in professional counselling ethics, as is the requirement of all therapists to not impose on or try to persuade a client to adopt the therapist's own religious and spiritual beliefs and moral judgements on client's undergoing therapy. The following five guiding principles are set out to help guide therapists in practicing holistically and ethically with clients, recognising that, as evidenced by research, religion and spirituality contribute to the mental health and wellbeing of many people.

1. Exploration (Assessment)

The therapist should be willing to explore their client's wishes regarding whether they want or do not want to explore any faith/religious/spiritual issues and concerns, and/or receive the use of religious/spiritual interventions in therapy. This implies an Assessment Process that gives space for religious and spiritual concerns to be raised implicitly or explicitly according to setting and context.

2. Agreement (Contracting)

Where a client wishes to explore their religious and/or spiritual issues in counselling at any point, their therapist should gain explicit informed consent from their client to work in this area, gaining a shared understanding of the client's wishes, and enshrining the client's right to autonomy. This implies a dynamic contracting process that allows the therapist and client to re-negotiate the focus of the therapeutic work where and when required.

3. Therapeutic Rationale

Therapists should be able to articulate a clear rationale regarding the use of religious/spiritual interventions for their client; having given careful consideration as to the potential benefit or harm that the intervention might create. Directive interventions based on the presuppositions and/or religious beliefs and judgements held by the therapist are to be avoided. Also therapists should be aware of situations where working with a client's religious and spiritual issues are contra-indicated, for example if there is severe mental illness.

4. Respect for Difference and Diversity

Therapists should be open to diverse religious beliefs, doctrines, faith and spiritual expressions and understandings even within the same religious denominations, and understand that faith is a dynamic and developmental process.

5. Sensitivity to the Sacred

Therapists should be mindful of and sensitive to the depth of impact (positive and negative) that addressing issues of meaning and purpose in a religious and spiritual context can have on their client, especially with issues relating to the client's sense of eternal significance and security. Therapists should therefore reflect on their own religious/spiritual beliefs and journey in order to enhance their self-awareness and their ability to identify any assumptions and/or prejudices that they hold. In addition, therapists need to be sensitive to the altered relational dynamics that can arise from working with the transpersonal dimension of the counselling relationship, and/or with clients' faith and spirituality in counselling. Therapists should work with the client and/or their supervisor to explore issues of impact and transference and counter transference that arise especially from working with religious and spiritual issues.

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