

## Book Review

Vieten, C., & Scammell, S. (2015). *Spiritual and religious competencies in clinical practice: Guidelines for psychotherapists and mental health professionals*. Oakland, CA: New Harbinger.

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When I received my MSW training, I don't recall teachers or field instructors ever bringing up the role, or lack thereof, of religion or spirituality in clients' lives. I wouldn't describe it as a taboo subject, exactly, but we were somehow subtly discouraged from asking clients about their religious beliefs and traditions. Perhaps it was not considered to be relevant to the presenting problem, or perhaps there was concern that clients who did not follow an organized religion might feel judged or otherwise infer that we were pushing them in that direction. I also don't remember clients bringing up their spiritual lives, but probably because I never asked. This is slowly changing. However, many social workers still have not had any professional training in the area of spirituality and religion, and consequently, do not feel confident in supporting this area of clients' lives. Vieten and Scammell present 16 competencies resulting from six years of research. They recommend these competencies for all practicing psychologists. They are applicable to all behavioral health professionals, including social workers, mental health counselors, marriage and family therapist, and psychiatric nurses.

Cassandra Vieten is a clinical psychologist. She earned her PhD at the California Institute of Integral Studies where she studied the integration of Eastern philosophies into psychotherapy. She is CEO of the Institute of Noetic Sciences and a scientist at the Pacific Medical Center Research Institute. Her primary research interest is exploring

how psychology, biology, and spirituality interact to affect experience and behavior.

Shelley Scammell is also a clinical psychologist. She earned her PhD at the California Institute of Integral Studies. She has taught as an adjunct professor at that same university, as well as at Sonoma University and the American College of Chinese Medicine. Since 2005, she has maintained her own psychotherapy practice in California.

The authors frame spiritual and religious competence as a dimension of cultural competence. Cultural competence comprises the awareness, knowledge, and skills necessary to engage with clients from different cultural backgrounds. The authors argue that it is not possible to fully understand clients without also understanding the influence, or lack thereof, of spiritual and religious attitudes and behaviors.

The authors' intent is to help professionals who want to develop competence in the areas of religion and spirituality. They caution that this text will not teach the high level of proficiency needed for clinicians to develop a specialized practice where they overtly use religious or spiritual interventions. It will, however, help clinicians learn the attitudes, knowledge, and skills necessary to competently identify and address religious or spiritual issues and help clients draw upon those resources, as appropriate.

The book is divided into three sections. In the first section, the authors use the first three chapters to introduce key concepts such as religion, spirituality, and cultural competence; and they explain the difference between professional competence and proficiency. They discuss how conscious and unconscious attitudes and biases can influence our ability to convey empathy, respect, and appreciation. The second section of the book is comprised of seven chapters that address the knowledge clinicians need to do clinical work. The six chapters in the final section discuss the skills necessary to practice ethically and competently.

Religion refers to affiliation with an organization guided by an understanding of the divine. Spirituality is defined by the authors as a personal connection to the sacred. The authors identify five important reasons to develop spiritual and religious competence. First, spirituality and religion is important in the lives of many clients. We cannot know clients without knowing about this dimension of their lives. Second, the role of mental health treatment is expanding. Previous generations may have turned to clergy for guidance with problems, but today's generation more commonly turns to mental health professionals. Third, clients *want* to talk about their spiritual and religious lives. The authors assert that clients feel more satisfied with services when clinicians acknowledge this dimension to their lives. Fourth, there is a link to psychological functioning. Religion and spirituality can provide comfort, support, and positive coping mechanisms in times of stress. Finally, while the author's acknowledge that social work has made some attempts to create guidelines for practice, they report that psychologists need to catch up to other professions that have recognized and established such competencies. The authors stress that clinicians do not need to be spiritual or religious themselves in order to attain religious and spiritual competence.

Chapters 1, 2 and 3 comprise the first section of the book that addresses attitudes. It begins with what the authors consider to be the most fundamental spiritual competency: **demonstrating**

**empathy, respect, and appreciation.** They recommend that the first step is to develop an awareness of implicit biases and to engage in reflection to challenge those biases. Mindfulness is suggested as an approach to become cognizant of the thoughts, feelings, and body sensations that occur in response to the content shared by clients. The recommended approach is a "warm and curious stance" toward clients and their beliefs and practices (p. 26).

The authors identified the competencies of **appreciating religious and spiritual diversity** and **being aware of one's own beliefs.** Religious and spiritual diversity are discussed as essential components of multiculturalism that are easily overlooked because they are invisible to outsiders. To avoid making assumptions about clients and to better understand their worldview, clinicians are encouraged to directly ask about this dimension of clients' lives. Recognizing and appreciating diversity helps clinician's build understanding about what aspects set clients apart from others, what aspects they share in community with others, and which aspects have relatively no effect on their emotional well-being.

Self-understanding diminishes the power that personal beliefs have to filter our perceptions of constructs such as free will, locus of control, and forgiveness versus punishment. The authors suggest strategies to increase self-understanding such writing in a journal or creating a timeline of the clinician's spiritual history.

Chapter 4 begins the second part of the book, which discusses knowledge as a necessary component of religious and spiritual competence. The authors first identify the competency of **exploring diverse beliefs and practices.** In growing up, some people are more exposed to diverse religious beliefs than others. We are cautioned not to rely on generalizations about specific groups, but to ask clients about their specific beliefs.

The next competency, which is discussed in Chapter 5, is **understanding spirituality and religion as different, but overlapping**. The authors elaborate on the distinction between religion and spirituality. They report that an increasing number of Americans belong to no specific religion, yet confirm a belief in God. They state that the majority of young adults between 18 to 29-years-old describe themselves as spiritual, but not affiliated with organized religion. Religion and spirituality are conceptualized as a continuum of diversity, rather than as a dichotomy.

A discussion of knowledge for clinical practice would not be complete without the competency of **knowing the difference between spirituality and psychopathology**, which is discussed in Chapter 6. The authors acknowledge that psychiatric symptoms sometimes have strong religious or spiritual content. Distinguishing visions from hallucinations and existential distress from depression is important, not only to recognize when mental health interventions are appropriate, but to also avoid pathologizing behaviors that are understandable within a cultural context. They offer a screening tool to help distinguish between spirituality and psychopathology.

In Chapter 7, the authors present **lifespan development as a framework in which to view religious beliefs and practices**. They present Rambo's 7-stage model of religious conversion as a way to understand conversion. Fowler's model of faith development is discussed as a way of understanding the client's growth and change in this area. Chapter 8 builds upon this by discussing the empirical research that **links spiritual and religious practices to psychological well-being**. As an example, mindfulness is discussed as an intervention to improve symptoms of depression. Other examples include improved outcomes related to substance abuse, stress-related disorders and dementia and an increased sense of meaning, resilience, and happiness. The authors urge clinicians to explore professional literature to identify best practices that have empirical support.

Chapter 9 goes on to discuss **practices that may be counterproductive to psychological well-being**. These include negative religious coping, religious scrupulosity, over-involvement, belonging to a cult, unresolved spiritual struggles, and difficulty integrating religious experiences. The authors assert that religious coping strategies such as understanding events as punishment or abandonment by a higher power are generally not helpful. Scrupulosity may be associated with obsessive-compulsive disorder. Over-involvement also suggests a compulsive quality to the cognition or behavior. To determine if a group is cult-like or just promotes extreme beliefs, a clinician should consider how the beliefs affect the client's wellbeing, and they discuss features of a cult.

In Chapter 10, the authors identify the competency of **being aware of legal and ethical issues**, such as bias, scope of expertise, dual relationships, and self-disclosure. Clinicians without adequate training in these areas should not recommend that clients practice spiritual interventions. Clinicians should choose interventions based upon best practice and clinical expertise, not on personal religious or spiritual beliefs.

Chapter 11 begins the last part of the book, a discussion of skills. The authors begin by identifying the competency of **working with religious and spiritual diversity**. Clients should be considered the experts of their own religious and spiritual experiences. The authors challenge the frequently cited idiom of being "color blind" as an faulty expression of an absence of bias, because most people do have biases. A more skilled approach would be to increase self-awareness of biases and to appreciate the rich differences that clients bring to a professional relationship rather than leaving those differences unacknowledged. They caution, however, against taking too much time and attention away from the presenting problem. They recommend that clinicians respond to clients using open-ended questions, affirmations, reflective listening, and summarizing (OARS), reminiscent of motivational interviewing.

Chapter 12 identifies the competency of **taking a religious and spiritual history**. The authors recommend four main areas of inquiry for an initial assessment: 1) determining the importance of religion or spirituality to the client, 2) learning if the client attends formal services, 3) exploring how spiritual beliefs offer strengths and challenges to clients, and 4) assessing the degree, if any, to which religion or spirituality influences the presenting problem. Chapter 13 discusses the competency of **helping clients access their religious and spiritual resources**. It emphasizes that doing so will help them draw upon their strengths to improve psychological wellbeing. Recommended strategies include helping clients access outer resources (e.g., clergy, place of worship, places or objects with sacred meaning, sources of meals and housing), inner resources (e.g., nurturing a personal relationship with the divine, dreams, journaling), bibliotherapy, and religious and spiritual coping methods and interventions. Use of spiritual traditions, guided visualization, mindfulness, mantra repetition, tai chi, and yoga are given as examples of religious and spiritual coping methods.

In Chapter 14, the competency of **identifying spiritual and religious problems** is discussed. A four-step process is offered to help determine which intervention is most appropriate for a particular client. In working with religious and spiritual problems, clinicians should learn more about the problem, identify its source, help clients counter imbalanced beliefs, and witness the client's processing of the issue through the OARS approach. They should be authentic, patient, and understanding rather than confrontational.

In Chapters 15 and 16, clinicians are encouraged to **stay up-to-date and current with new theories and treatments**. The authors recommend continuing education to maintain professional competence. When situations present themselves that are beyond our scope of expertise, we are advised to **know our limits** and seek consultation, get additional training, or make a referral.

Although it was written by authors whose background is in psychology, I found this well-researched book to be entirely consistent with the social work values of developing cultural competence, recognizing clients as the experts of their own experience, respecting and appreciating diversity, and starting where the client is at. The authors have used empirical research to identify specific competencies for use by all behavioral health practitioners. It would be an appropriate text in a spirituality course in the Specialization year or perhaps as a supplemental text in an HBSE course.