



Loma Linda University

School of Behavioral Health

Religious and Spiritual (R/S) Competencies for SBH Clinical Trainees

SBH Spiritual Life and Wholeness Committee

Attitudes

- Demonstrate empathy, respect, and appreciation for diverse religious, spiritual, or secular backgrounds and affiliations in behavioral health settings
- View R/S as important aspects of human diversity, along with factors such as race, ethnicity, gender identity, sexual orientation, socioeconomic status, disability, and age
- Are aware of how their own R/S background and beliefs may influence their clinical practice and supervision, as well as their attitudes, perceptions, and assumptions about the nature of therapeutic and supervisory processes

Knowledge

- Know that many diverse forms of R/S exist, and explore R/S beliefs, communities, and practices that are important in behavioral health
- Can describe how R/S can be viewed as overlapping, yet distinct, constructs
- Understand that some R/S experiences may be difficult to differentiate from pathological symptoms
- Recognize that R/S beliefs, practices, and experiences develop and change over the lifespan
- Are aware of internal and external R/S resources and practices that research indicates may support biopsychosocial health and recovery
- Are aware of R/S experiences, practices, and beliefs that research indicates may negatively impact biopsychosocial health
- Can identify legal and ethical issues related to R/S that may surface when working in behavioral health settings

Skills

- Can conduct empathic and effective behavioral health services with diverse R/S backgrounds, affiliations, and levels of involvement
- Can conduct sensitive clinical supervision with supervisees from diverse R/S backgrounds, affiliations, and levels of involvement while encouraging reflection, congruence, and development
- Inquire about R/S background, experiences, practices, attitudes, and beliefs as a standard part of understanding clinical history
- Encourage the exploration and use of R/S strengths and resources
- Can identify and address R/S problems in clinical practice, and make referrals when necessary

- Stay abreast of research and professional developments regarding R/S specifically related to behavioral health, and engage in ongoing assessment of their own R/S competence
- Recognize the limits of their qualifications and competence in the R/S domains, including any responses to R/S that may interfere with clinical practice, so that they (a) seek consultation from and collaborate with other qualified clinicians or R/S sources (e.g., priests, pastors, rabbis, imams, and spiritual teachers), (b) seek further training and education, and/or (c) make appropriate referrals to more qualified individuals and resources

Adapted from:

- Vieten, C., & Lukoff, D. (2021). Spiritual and religious competencies in psychology. *American Psychologist*. <https://doi.org/10.1037/amp0000821>

Other sources:

- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.
- Ross, D. K., Suprina, J. S., & Brack, G. (2013). The Spirituality in Supervision Model (SACRED): An emerging model from a meta-synthesis of the literature. *Practitioner Scholar: Journal of Counseling & Professional Psychology*, 2(1), 68-83. <http://0-search.ebscohost.com/catalog.llu.edu/login.aspx?direct=true&db=aph&AN=92621826&site=ehost-live&scope=site>