

At OASERVIC, our mission this year is to attend to “Navigating the journey of Life from a mind, body, and spirit perspective” as we connect with one another.

MESSAGE FROM OASERVIC PRESIDENT

Claudia Sadler-Gerhardt, Ph.D.

Welcome to this edition of OASERVIC *Connections*, the first issue of this new year in the counseling calendar. Welcome from the new Executive Board of OASERVIC! This upcoming year promises to bring some exciting happenings!

At the beginning of the summer, we spent several days at the Outer Banks in North Carolina, my absolute favorite place on earth. It’s a place where walking the beach, feeling

the ocean spray, and listening to the crashing of the waves refreshes my soul as nothing else can. This year, there must have been a bumper crop of pelicans, because whenever we happened to be on the beach they were flying overhead. I must confess, I really think pelicans are funny looking creatures, with that pouch under their beaks and their long necks. Every walk, I looked forward to seeing their approach, and I would stop to watch them go by. I noticed that they resembled geese somewhat in the way they flew in formation alternating leaders at times. Flying overhead in a straight line, it was fascinating to see the leader fall back and a different bird take the front spot. Along they glided, effortlessly it seemed, low over the ocean looking for their next meal, or at times, high above us, enjoying the flight.

I wondered how they knew when to change leaders. Did they have some sort of communication or connection? And how did they decide which bird was in charge? To me, it appeared that they were in perfect harmony as they glided overhead.

Another beach creature that fascinates me is the sand crab—again, I have to admit they are kind of funny looking too, with their furry legs, and googly eyes on posts at the top of their heads. As I approached they would scurry away using their sideways locomotion. When I appeared too threatening, they would dart down into their hole alone. I never saw more than one crab at a time. I wondered how lonely it might be for the crab to hide by itself, away from the dangers of life above

For me, the pelican and the crab are metaphorically related to our work as counselors. The work we do can often be risky and scary, especially when we are alone or isolated. Peering out of the hole like the crab, we can

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feel overwhelmed and helpless to make any kind of difference in the lives of our clients. But the beauty of our work is that we don't have to face it alone. We have colleagues to call for consultation or supervision, for collaboration, for connection. We don't have to be the lead bird. We can allow the encouraging words and guidance of our colleagues lift our spirits as we share our concerns. As we collaborate and connect, we can be energized to continue the work that we do, knowing that we don't have to hide in the hole beneath the sand.

At OASERVIC, our mission this year is to attend to "navigating the journey of life from a mind, body, and spirit perspective" as we connect with one another. We all know the risks of becoming isolated lone rangers, and yet often we lose that sense of collaboration and connection. We talk about collaborating with our clients—let us not forget to collaborate with one another. We can lift one another up by our words and actions. We must be willing not only to look for that colleague to encourage, but to be willing to fly in the updraft of someone else at times.

Be well!
Claudia

*Look for us at the
All Ohio Conference!
We will sponsor The Wellness Room
both days and will also present a
workshop on Thursday, November
5, 2009 from 3:35 p.m.-4:35 p.m.*

*Earn 3 hours of Ethics Continuing
Education! OASERVIC will sponsor a
Spring Workshop on April 2, 2010 at the
Sandberg Leadership Center at
Ashland Seminary.
Elizabeth Welfel, Ph.D.
Professor at Cleveland State University
will be the featured presenter.*

Leadership 2009-2010

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Assessment

10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

Diagnosis and Treatment

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.

12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.

13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.

14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

SOQIC Meets Spiritual Competencies: How Better Intake Skills Can Improve Client Care

Sanda Gibson, M.A., P.C.

Intakes are always a period of hyper focus for me. I try to gather clinical information, build rapport, and instill trust. But I also try to get some sense of the client's beliefs and values. What is meaningful to this person? How did this person come to be sitting in my office? Improving intake skills can help the counselor to get a more holistic picture of the client.

In my agency, we use SOQIC forms, which are a standardized integrated medical records forms toolset that covers the entire treatment process, including assessment, treatment planning and progress notes. Many community mental health agencies throughout Ohio utilize these forms because they provide a consumer-centered, federally compliant and cost-effective mental health delivery system. One item on the diagnostic assessment form is "religion/spirituality."

Typically, this data field elicits a response like "Baptist" or "I was raised Catholic" or "I was baptized Lutheran" or "None." With the pressure to

gather so much assessment information, I'd record the client's answer and move on. But I've learned to park myself and my client on that blank space for a while. As our profession clearly recognizes, religious and spiritual issues may be important to clients and impact their mental health treatment. Yet a client may be reluctant to share and/or a counselor may be reluctant to ask. Indeed, spirituality was a taboo topic in most therapy settings for years. So a counselor may feel like he/she is trying to navigate in uncharted waters.

The SOQIC Forms User Manual clarifies how a counselor might complete this data field:

Record religious and/or spiritual issues that are important to the client and that may impact their mental health treatment. Spirituality may not mean the same as religion. It may encompass more about the person's soul and feelings that may be connected to some form of a higher power or some other entity that helps the client to feel a sense of significance or belonging. May need to include in clinical summary.

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Both the SOQIC instructions and ASERVIC indicate that **spiritual inquiry must be client-centered**. Much like encountering a new culture, a clinician must interact with a spirit of curiosity and respect, and never make assumptions. We would never make the error of assuming every Asian client is a math genius or all Italians love spaghetti. Similarly, we can't assume that Christian clients hold extreme right-wing political views or that atheists are non-spiritual. I also don't assume that religion has always been a positive experience. Some of my clients have been wounded by religious parents and communities. If we don't park ourselves in the spirituality/religion box for a while, we may miss information that is critically important to our clients' healing.

Therapists have to be aware of and remove their own prejudices. Any message a counselor sends that may be disqualifying or critical sends the message that it is unsafe to talk about religion and spirituality in sessions. Clients are willing to discuss and explore their spirituality and religious convictions with a therapist if they believe that the therapist is accepting and not negating, judgmental, dismissing, or surprised by their religious and spiritual beliefs and observances (Richards, Hardman, & Berrett, 2007).

The intake process, when the counselor and client are getting to know one another, is the best place to open dialogue about these matters of spirituality and religion. I treat it like a clinical inquiry. For example, if a client indicates a problem with mood swings, I ask a lot of questions to determine what exactly what I am looking at. It's critical for me to know specific symptoms, duration, history, drug and alcohol use, and so forth. I don't want to backtrack when I am trying to diagnose and realize I missed important details.

Similarly, in the spirituality/religion box, I try to ask a mix of closed and open-ended questions. If a client indicates that he/she is a Methodist, I might ask: Are you part of an organized religious community? Is that community helpful to you? Were you brought up in a church? Do you ever read sacred or uplifting writings? Some open-ended questions might include: What are your beliefs? How does your spirituality influence you? What principles do you live by? Tell me about your concept of who or what God is. Would you like spiritual interventions to be part of your treatment plan?

Some clients have nothing to say on the topic. But I often find that clients want to share what is meaningful to them if I open the dialogue in the intake process. Developing religious competencies not only helps the therapeutic alliance, it also provides clues for the counselor on how to use interventions effectively to fit the client's spiritual and/or religious perspectives and practices. As counselors, we put on our science lens to diagnose accurately and use empirically-sound interventions. Putting on that spirituality lens enables us to catch a glimpse of our clients' experience of mystery and meaning. And that glimpse may be the vision we need to move our clients toward positive change and healing.

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Twelve Step Programs As An Intervention To Break Chains of Addiction

Joan Steidl, M.A., P.C.C.

Many clients who suffer with addictions – be it addiction to alcohol, illegal drugs, food, relationships, sex, gambling, or work – have discovered that involvement in a 12-step self-help group, like Alcoholics Anonymous (AA), has been a critical component of their effort to break their addiction.

As mental health practitioners who are interested in understanding how to, or perhaps are already using spiritual interventions with our clients, it may prove helpful to have a basic knowledge of the 12 steps and 12-step programs. The 12-steps are the foundation for scores of other self-help programs, such as Al-Anon, Narcotics Anonymous, Overeaters Anonymous, Emotions Anonymous, and Workaholics Anonymous. Twelve step programs are not religious programs but are based on the spiritual principles found in the 12 Steps.

Upon close inspection one can see that the basic principles found in the steps – self-acceptance, self-reflection, forgiving one’s self and others, a commitment to personal growth, and service to others – are universal principles found in all the world’s religions and great philosophies. The steps also provide basic principles which, in many cases, can become the foundation for good mental health.

In the book *Evidence-Based Treatment for Alcohol and Drug Abuse*, authors Emmelkamp and Vedel (2006) point to studies that indicate use of a 12-Step programs may not work for every person, such as someone who may be angry and resistant. Motivational enhancement therapy, Cognitive behavioral therapy, and 12 step programs are all possible interventions to consider with our clients.

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The 12 Steps

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We’re entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The Ohio Association for Spiritual, Ethical, & Religious Values in Counseling (OASERVIC), one of the largest divisions of the Ohio Counseling Association, is seeking nominations for its annual

Humanitarian & Leadership Award

Nominees must be a professional counselor or counselor educator whose professional presence in the lives of those she or he serves personifies OASERVIC's belief that spiritual, ethical, and religious values are essential to the overall development of the person and are committed to integrating these values into the counseling process.

Guidelines for nominations are:

1. A minimum of one (1) letter of nomination must be received for each nominee.
2. In the letter, include how the nominee personifies and demonstrates the mission of OASERVIC.
3. Submit all letters of nomination electronically to Joan Steidl, PCC, OASERVIC Awards Chair at: jsteidl07@jcu.edu
4. Documents should be submitted in Word.
5. In the subject line please write: OASERVIC Nomination - (person nominated).
6. Please list the name, phone number, e-mail address of the lead person responsible for making the nomination.
7. While preference will be given to current members of OASERVIC to receive the award, being a member of OASERVIC is not a requisite.
8. An awards committee, selected by the Board of OASERVIC, will make the final determination of the award recipient.
9. The Award recipient will be recognized at the OASERVIC April 2, 2010 Spring Workshop, to be held at Ashland Seminary, Ashland, OH.

Nominations will be accepted beginning September 1, 2009.

Deadline for nominations is January 25, 2010.

It ain't what you don't know that gets you in trouble; it's what you know for sure that ain't so.

Mark Twain

In our next Issue of CONNECTIONS:

Useful Spiritual Assessments and Inventories to Use in Clinical Practice