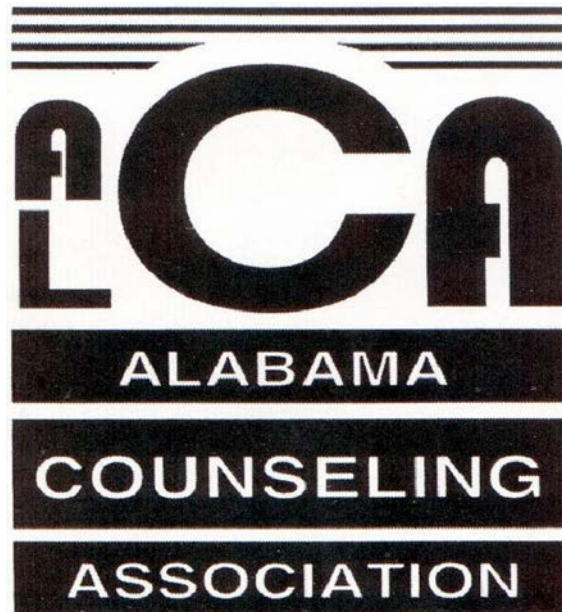# The Alabama Counseling Association Journal

- Enhancing human development through the lifespan
- Promoting public confidence and trust in the counseling profession
- Caring for self and others
- Acquiring and using knowledge
- Respecting diversity
- Empowering leadership
- Encouraging positive change

Letter from the Editor

Welcome to the Fall 2017 edition of The Alabama Counseling Association Journal. This year the Executive Council has selected a new Executive Directive for The Alabama Counseling Association. Please help me welcome Dr. Nancy Fox who is stepping into the shoes of Dr. Ervin "Chip" Wood our longtime leader, mentor, and friend.

There are so many current issues impacting the counseling profession including DACA.

As stated in the **ACA Code of Ethics** Preamble, counselors are committed to supporting social justice and to "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within in their social and cultural contexts."

Rescinding **DACA** is outright discrimination against individuals who were brought to the United States as children, through no fault of their own, and who consider themselves to be Americans.

Counselors know that discrimination is traumatic and can cause mental and physical health problems and disorders. In their professional roles, counselors help clients find safety in understanding the emotions and thoughts that result from harmful or life-threatening events.

In addition, counselors are committed to safeguarding the integrity of the counselor–client relationship for all clients, regardless of immigration status. Counselors ensure that records and documents in any medium are secure. They closely guard the privacy of all clients, disclosing information only with client authorization, including status as a client. Counselor guidance in this area is outlined in the **ACA Code of Ethics**, Section B: Confidentiality and Privacy.

Dr. Eddie Clark

Editor

Alabama Counseling Association

Assisting the Professionals of Alabama since 1966

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A Counselor Education Student Organization: Faculty and Student Experiences

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Abstract

This paper explores the different aspects of a counselor student organization, from the perspective of a faculty advisor and student leader. There is a need for students in counseling programs to feel a connection to the faculty, staff, and other students in the program. This connection decreases student attrition and increases student involvement and confidence in the success of their matriculation through the program. Students' participation in a student organization increases their understanding of the profession of counseling, encourages them to serve their communities, helps them to stay informed of current issues in counseling, and supports their participation in professional development. Although being a member of a counseling organization has many different benefits, there are some challenges that counseling student organization faculty and students face while planning and implementing the activities of a graduate student organization. The authors will discuss the need for a student organization in a counselor education program, the benefits of a student organization, and the challenges experienced by the faculty advisor, student leaders, and members.

*Keyword*s: student, organization, faculty, connection, support

It is evident that there is a need for student organizations in counselor education programs. Most graduate students have other responsibilities while attending graduate school. These responsibilities include family, religious, community, and social obligations. There are multiple reasons why there is a need for student organizations in counselor education programs. First, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires counselor education programs to provide students with an understanding of professional counseling organizations, including membership benefits, activities, and services to members, and current issues (CACREP, 2016, p.9). Having a student organization on campus helps students understand the benefits of being a member of an organization and gives them an opportunity to build relationships with other students in the program, serve the community, participate in professional development, and stay abreast of current issues in the profession of counseling. Secondly, when students are a member of an organization, they feel connected to the school, program, and students in the program. This connection and integration into the academic community is important to prevent graduate student attrition. A lack of integration into the graduate program and culture of graduate school has been identified by researchers as a contributor to student attrition (Lovitts & Nelson, 2000).

As mentioned earlier, many graduate students have other responsibilities outside of their academic requirements. These other responsibilities require some students to attend school as a part-time student. The decreased time spent in classes contributes to the student feeling disconnected from the culture of graduate school. Student organizations give part-time evening

students the opportunity for greater integration into the academic community (Reisman, Lawless, Robinson, & Beckett, 1983). Additionally, counselor education student organizations help to meet the career needs of students. These organizations offer career planning services and professional development workshops. These services help students to stay abreast of legal and ethical issues, increase awareness of career opportunities, and increase knowledge and skills to work with diverse clients. Another need for counselor education student organizations is the contribution that the students make to the community. Members of student organizations plan community service activities that contribute to local community organizations (Ginsburg, Cox, Joyner, & Lawson, 2011). Members contribute to local organizations by donating money, clothes, food, toys, and/or time.

Making the choice to attend graduate school has its advantages and disadvantages. Many graduate programs challenge students to exercise their thoughts, positions, and opinions with grounded research as they matriculate through their rigorous academic course work. Through active participation, students are also encouraged to become engaged in co-curricular activities; investing in the greater mission of the department to be well rounded for the global world. In an effort to grow professionally, students may participate in professional organizations. Finding the time to become engaged in graduate student organizations can present a set of challenges and obstacles that yield the development of new skills or greater awareness of self. Faculty members may encourage and promote an atmosphere for continued student growth through membership in these organizations. Chickering (2008) suggests that service to others can be one of the most engaging experiences that one can have to enhance personal development. Service can be seen in many forms. As a faculty advisor, many strengths and challenges have surfaced through on-going participation and guidance of graduate student organizations. Through graduate

organizations, students volunteer their time, energy, and expertise towards a greater good. In one's experience, a few of the strengths that may surface as a result of active participation are as follows: opportunities for outreach and development of community partnerships, development of student leadership skills, and peer mentorship. On the other hand, several challenges may generate as a result of advising students through graduate student organizations. Supporting and guiding students in the participation of student organizations, exploring and providing activities to enhance personal and educational endeavors, time management, and active student participation as just a few of those challenges. In an effort to overcome these challenges, faculty advisors must seek the on-going feedback from students on what goals they want to establish that will benefit their educational experience and provide opportunities for those activities to come to fruition. In addition, the advisors must be mindful to guide the students in choices that seek to blend the vision of the universities mission and that of the student organization. Finally, to engage busy professionals in student led organizations the utilization of technology, such as conference calls, video conferencing programs and internet based programs, aid in helping to meet the hectic work and school schedules of many graduate students. Although many challenges and opportunities are present, the expectation is to offer the opportunities to students to enhance their learning experiences. Seeking advanced degrees, while simultaneously being engaged in student organizations, may require strategic planning; however, with the guidance, support and on-going communication, the investment can be achieved in preparing graduate students to meet the demands of a diverse society.

Faculty Experience

The involvement in extra-curricular activities while in college has long been known to have benefits that promote student development (Moore, Lovell, McGann, & Wyrick, 1998). Most counselor education programs have a Chi Sigma Iota International Honor Society chapter on their campus, but students are required to have a 3.5 grade point average to apply for membership in the honor society. This would prevent students with a grade point average below 3.5 from participating in a counseling organization on the campus. To ensure that all students participate in student organizations, the program faculty initiated the Counselor Education Student Association (CESA). This organization was developed to address all students' needs, including students with grade point averages below 3.5. By being a member of a student organization, the support students receive is often reinforced by a faculty advisor. The benefits of this relationship through participation in a professional student organization are valuable for both student and faculty. Through intentional collaboration and strategic goals with faculty advisors, student engagement along with purposeful activities promotes long term benefits and potential challenges. The strengths and probable obstacles benefit and prepare future professional counselors for life and the workplace.

Advisement

The advisement of a student organization is a critical aspect of student development. Organizations for students are designed to provide leadership and engagement opportunities, but a faculty advisor is a requirement. The decisions are made by students; however, they are guided and supported with the knowledge of the faculty advisor (Dunkel, Schuh, & Chrystal-Green, 2014). As a faculty advisor, I work with student leaders to ensure decisions are made based on

the needs and opinions of the members of the organization. Advisors are also instrumental in assisting student leaders when making difficult decisions and managing activities and services.

Challenges

Working with students in a graduate program promoting student participation can present some unique challenges. As an advisor, intentionality to mission, purpose and goals must be a constant. Student expectations must be shared in an effort to reach fruition. Addressing and meeting needs in a short time frame, outside of academic, work, family, and personal commitments must be factored. Working professionals can offer sound perspectives; however, may be limited in extended volunteer hours. Incorporating technology is a useful, yet, a challenge comparing natives to the millennial generation.

Benefits

Many benefits can be gained in professional student organizations. The enhancement of the academic experience, investment of time and outcome, the opportunity to network with other professionals and students are vast. The ability to practice and builds one character and leadership skills are available. The mentorship, individual and group, between peer and faculty is evident. The investment in one's profession is paramount and the collaboration with other student organization is beneficial. Ultimately, participation in student organizations can yield overall satisfaction among students (Montelongo, 2002).

Challenges Become Opportunities

Many graduate students enrolled in programs vary in age, time commitment, and interest. Often times, students will have the interest, yet, not the time or ideals can be varied. The creative

ideas of the young and mature, coupled with technology and social media use, yields opportunities to grow. Many students are comfortable and advanced with the use of social media, but there are some students who are apprehensive about using social media. Although this can be a challenge, it allows for collaboration, constructive team building, wisdom of shared experiences and a purposeful vision. The use of technology, specifically the internet by college students, has primarily been utilized to connect with friends and family; however, social media has also been beneficial with sharing information with students to promote its use within student organizations (Clark, Frith, & Demi, 2004; Gemmill, E., & Peterson, M., 2006). Social media allows you to engage newly admitted students as well as current students (Heiberger & Harper, 2008). Facebook, Twitter, Instagram, and other social media platforms can be used to keep students connected and informed of the organization's meetings and activities. As a faculty advisor, I have supervised the leaders of the counseling organization using Facebook and e-mail to keep members updated. It is also important that flyers are posted in counseling classrooms and hallways to ensure members who do not use social media, are informed of planned events.

Student Experience

One of the most rewarding experiences of being in graduate school was being a part of the Counselor Education Student Association (CESA). CESA is a graduate organization for counselor education students. There were no requirements to be a part of the organization aside from being a current student. I was afforded the opportunity to serve as the President during an academic school year.

During my tenure as president of CESA, I learned more intimately the benefits of serving; serving my peers, faculty, and the community. I would say that it was my most productive year in the counseling program. CESA required me to be more organized,

marketable, and influential. CESA has proven to be very successful with building a rapport within the student body in the counseling program. I also noticed that because relationships were being established in the organization, students would encourage each other and be a support system for one another, which would ultimately increase retention.

CESA has been very successful and involved in the community. We have served clients of the Family Sunshine Center during a holiday party, participated in the Read Across America Initiative and the Diabetes Association Walk, assisted with workshops for continuing education, provided incentives to students that attended the Alabama Counseling Association Annual Conference, donated non-perishable food items to the local salvation army, provided dinner for counselor education students, and engaged in fundraising activities to further support CESA's goals.

One of the barriers that I was concerned about as president was getting more of the student body involved in the organization. During my presidency, approximately 50% of the students in the counseling program were members. To increase student participation, the CESA leaders visited all classrooms to recruit students, conducted a survey to identify the best meeting date and activities in which students would like to participate. The organization also helped the entire student body, including students who were not members of CESA, by offering free dinner to any student who wanted to attend a meeting. Overall, CESA helped me to be more active in the graduate program and allowed me to build a rapport with my peers, faculty, and community agencies.

Recommendations

The partnership between students and faculty advisors sharing mutual responsibilities has multiple strengths and challenges within student organizations; however, when entering the process with students consider some recommendations. Students enrolled in short term, two year graduate programs are limited with time and often resources. Identify students early through orientation meetings that desire involvement in professional student organization and mentor others. Develop clear descriptions of officer responsibilities and share roles with leaders before they commit to serving in a leadership position. Work with students to develop a strategic plan that fit the needs of those students that desire short term goals and long term goals through the involvement of student organizations. Recognize that student engagement may present limited time and resources for some activities. Embrace the use of technology in multiple forms to have a greater impact. Acknowledge the expertise of student abilities through brief, yet, specific surveys. Appreciate service to the organization in any form (*one-time volunteer opportunity to multiple hours invested*). Promote self-care, a healthy balance between academics and professional student involvement. Support the creativity of students; however, intervene in the development of unrealistic and lofty goals. Create a succession plan for student leaders that will yield long term sustainability and growth. Ultimately, the implementation of a graduate student organization has many more benefits than challenges. Students being a part of the counseling community while matriculating through a graduate program will help them understand the importance of being connected to other counselors, giving back to the community, and being a life-long learner.

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Langer-Giedion Syndrome: Implications for Counselors Assisting Clients with Rare Disorders

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Abstract

Langer-Giedion Syndrome is a rare disorder known to affect less than 100 individuals

worldwide. The syndrome affects patients in multiple ways. It causes orthopedic manifestations

that result in abnormal bony growths. It also causes intellectuality disability and learning

disorders, delayed speech and communication skills, sensory processing issues, and hearing loss.

The syndrome is a genetic disorder identifiable in infancy after common features are observed

and confirmed clinically through genetic testing.

Keywords: syndrome, rare, genetic

The definition of a rare disorder varies based on geographic location. According to the National Organization for Rare Disorders (2017), in the United States, a rare disorder is one that affects less than 200,000 people; through clinical verification nearly 7,000 varying disorders have been identified. Many individuals living with rare disorders encounter similar barriers that impact their well-being and daily living. Parents of children with rare disorders and adults living with disorders encounter a lack of research and information that hinders care, social isolation, added stress and financial burdens.

A Description of the Disability

Signs and Symptoms

The National Organization for Rare Disorders identifies Langer-Giedion Syndrome as a genetic disorder that causes significant orthopedic issues, intellectual and learning disabilities, speech/communication delays, sensory processing issues and hearing loss (2016). The syndrome is characterized by distinct physical features including thin hair, a large nose, bony growths called exotoses or osteochondromas, and often short stature. The syndrome is very rare with fewer than 100 cases worldwide; the disorder is usually clinically diagnosed through genetic testing after in infant presents with the typical features.

Causes and Treatments

According to the National Organization for Rare Disorders (2016), the syndrome, also known as Trichorhinophalangeal Syndrome type 2 (TRP2), is caused by a deletion of genes on the long arm of chromosome 8. Changes in the genes EXT1 and TRPS1 cause the syndrome's distinct features. Treatment generally includes multiple surgeries to remove growths that develop

on the bones. Despite the complex nature of the disorder, the syndrome is not believed to shorten life expectancy. There is no cure for the disorder, but developing a comprehensive plan of care can add significantly to quality of life. Supportive therapies, including physical and occupation therapy, are included in a patient's plan of care to help alleviate pain, improve mobility, and strengthen fine and gross motor skills; speech therapy is utilized to help with language and communication delays.

Psychological implications of the Disability for the Individual with the Disability

Langer-Giedion Syndrome is a complex disorder which significantly affects an individual's daily living in multiple ways. Rare disorders can have a negative impact on psychological and emotional well-being. A high level of stress can result from the varying areas of disability that range from physical to developmental. According to Helm (2015), individuals with rare disorders experience feelings of isolation, stress, and loneliness. Members of the rare disease community confront varied barriers that hinder their well-being such as a lack of emotional support, limited treatment options, and a lack of research.

Sociological Implications of Disability

Family and Social Factors

Disability affects a family in many ways including increased stress, financial challenges, and isolation from peers. These factors are exacerbated when a rare disorder is involved. Pelentsov, Felder, Laws and Esterman (2016) report that parents of children with rare disorders often feel that their child's care is stymied by a lack of knowledge and support from health care providers. In surveying a diverse group of families of children with rare disorders, Pelentsov et al. (2016) indicated parents typically felt that there was a lack of awareness relative to their

child's diagnosis. Parents expressed dissatisfaction caused by common themes of limited knowledge, poor communication, lack of research, and feeling detached from the medical team and service providers.

Building on prior studies that indicate these factors negatively affect a child's access to services and quality care, the survey also emphasized that families have considerable needs that go unmet while raising a child with a rare disease or disorder. Families expressed feelings of loneliness and frustrated compounded by a lack of research and information within the medical community; many of the gaps in provider knowledge relate to a failure to effectively address the unique aspects of the rare disorders in health care training programs (Pelentsov et al., 2016).

Families and caregivers of those with rare disorders experience higher levels of emotional and psychological distress than family members of those with more common disorders (Weng, et al., 2013). Families reported concerns about the children's future, courses of treatment, the medical team's lack of knowledge.

Parents reported feeling withdrawn not only from the medical community but also from mainstream society and their previous social circles. The surveyed parents referred to their experience raising a child with a rare disorder as isolating; these feelings of isolation, loneliness, and feeling disconnected from others are common (Pelentsov et al., 2016). These families do not have the benefit of finding support in the community as seen in more prevalent disorders. According to Pelentsov et al., (2016), many parents surveyed indicated a loss of social connections and relationships after the birth of a child with a rare disorder.

Although some parents craved relationships, some intentionally limited social interactions because of their caregiving demands. Families of those with rare disorders have

often not met other parents of a child with the same disorder; particularly rare disorders like Langer-Giedion Syndrome occur with so little frequency that peer support from other families can be lacking. The lack of peer support takes a significant toll on families (Pelentsov et al., 2016).

The incidences of rare disorders are generally not in close locations, the feasibility of face-to-face support groups is nonexistent for affected families. Viable support options for families include online support groups supported by social media and website development. These opportunities would provide beneficial support, information, and a sense of community (Pelentsov et al., 2016).

Public Attitudes and Misconceptions

Adults with rare disorders face problems in the community that mimic those experienced in youth populations. Individuals with rare disorders may encounter barriers because of their symptoms and society's reactions to their disability; additionally, the perception of a disorder as being rare led to negative views of diagnoses (Grut & Kvam, 2013). Prior research indicated that participants held varying degrees of functional limitations that affected daily living skills and received services related to education, rehabilitation, and family support services (Grut & Kvam, 2013).

All participants reported facing difficulties because providers had negative reactions to the rare nature of the presenting diagnoses; these reactions are seen as common responses to patient needs. Some professionals withdraw and are hesitant to complete complex care related to rare disorders. Professionals who lack knowledge about rare disorders make decisions based on assumptions and do not handle treatment with the appropriate level of care; many patients found

that health-care providers disregarded their input and research they had personally gathered from years of dealing with their disorders (Grut & Kvam, 2013).

To alleviate the impact of negative reactions from the medical community and health care professionals, patients report making concerted efforts to build relationships with health-care providers. Patients focused on improved communication, information sharing, and team-building.

Educational Considerations

Individuals with rare disorders need assistance and supportive therapies. For those with Langer-Giedion Syndrome and similar disorders, supports are needed in the educational setting. Langer-Giedion Syndrome causes some level of intellectual disability, speech and language delay, learning disabilities and sensory processing issues (National Organization for Rare Disorders, 2016). For younger individuals, early intervention programs and support from special educational services may be warranted.

<center>**Vocational Rehabilitation Considerations**</center>

Langer-Giedeon Syndrome is a complex syndrome that affects multiple body systems. There are many considerations relative to vocational rehabilitation and the work place. Although the syndrome itself is rare, there are effective accommodations are those relative to the effects caused by developmental disabilities. Due to the high incidence of intellectual disability associated with the syndrome, accommodations should relate to cognitive ability, speech and communication, social skills, and sensory issues. According to the Job Accommodation Network (2013) appropriate accommodations include providing instructions verbally or through pictorial representations, using checklists or prompts to aid in memory and recall, using organization tools

and aids, using grips and assistive devices to help with fine motor skills, and assigning peer support and mentors to assist with social skills deficits.

Similarly, Langer-Giedion Syndrome and many other rare disorders present with physical and muscular limitations that can be readily accommodated by methods used for more common disorders. Accommodating these physical and developmental effects can be achieved with fidelity by utilizing many established means. Appropriate accommodations may include use of assistive devices, tools to support fine and gross motor skills, fully accessible work areas, flexible scheduling and increased break times (Job Accommodation Network, 2013).

Implications for Support

Counseling and Online Support

Families of children with rare disorders and adults living with rare disorders have many unmet needs that can be remedied through greater support from community resources and the medical community. Peer support can be increased by developing an online community of support to facilitate the exchange of information and to share resources and updated research (Pelentsov, et al., 2016). Social support represents a significant area of need for parents and feelings of isolation add to the psychological distress of parents. Parents are forced to develop their own level of expertise that can be a consuming part of daily living.

Many families resort to wading through their stressors without much-needed professional intervention. Living with rare disorders creates a need for counseling services to assist families with coping skills and stress-related issues. Families may need to seek counseling and related services to manage these demands (Grut & Kvam, 2013).

Research

Parents expressed significant distress due to a lack of information and research related to their children's diagnosis; this added to the medical community's lack of awareness related to rare disorders (Pelentsov et al., 2016). Parents want their medical teams to actively seek resources and information to aid in their children's care. As a result, parents often become educators to the medical team. Research and commitment to awareness is important to parents and the rare disease community so that those with rare disorders can expand their quality of living.

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Significance of Training for LGBTQ Intimate Partner Violence Victim Counselors

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Abstract

The counseling profession continues to produce significant advances in counseling competencies with ethnic minorities; however counselor competency with sexual minorities remains underdeveloped. In particular, the training of counseling students with sexual minorities is vastly underdeveloped. This article discusses a research project on counselor competency with LGBTQ intimate partner violence victims, particularly with the implications of both academic and professional training.

The counseling profession continues to produce significant advances in counseling competencies with ethnic minorities, however counselor competency with sexual minorities remains underdeveloped (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray & Mobley, 2007; Speziale, & Ring, 2007). Specifically, research regarding competency in counseling intimate partner violence victims is prolific; however a lack of inquiry exists for sexual minority intimate partner victims. This population is at a heightened risk because they are both oppressed and victims of abuse. Further research into establishing competencies for counselor competency with sexual minority intimate partner victims is important in order to provide the best practices for this sensitive population. Best practices can help to ensure that only the most effective treatments are provided and will discourage the use of non-empirically based treatments. A qualitative design from a queer theory perspective utilizing ground theory methods was used for this study for its capacity to provide in-depth, descriptive information on factors that promote counselor competency with the chosen population.

Intimate partner violence (IPV) plays a significant role in the sexual minority population. Understanding the history of this topic allows researchers to improve counselor competency and victim care. Past research in intimate partner violence is focused on themes including definition, significance, power and control, and academic training.

Definition

Intimate partner violence is an ever-increasing problem in the United States. Before further discussion can begin, it is important to define what "intimate partner violence" is. Intimate partner violence (IPV) is a pattern of controlling, abusive behavior (including physical,

emotional, verbal, psychological and sexual) in an intimate relationship (Renzetti & Miley, 1996; Heintz & Melendez 2006; Farley, 2006; Murray & Mobley, 2007; National Institute for Justice, 2007.

Significance

The first topic to examine following an understanding of what intimate partner violence means is the significance of the problem. Domestic violence is recognized as a significant, preventable public health problem in contemporary U.S. society that affects millions of men and women of any sexual orientation (Balsam & Szymanski, 2005; Hellmuth, Follansbee, Moore, & Stuart, 2008; National Institute for Justice, 2007).   In fact, one study declared it to be the third largest health issue facing gay men, following sexually transmitted diseases and substance abuse (Cruz & Firestone, 1998). It is important to note that intimate partner violence does not require sexual intimacy and can occur with a couple at any stage of their relationship. Physical intimate partner violence (IPV) can also vary in frequency and severity and occurs on a continuum, ranging from one hit that may or may not seriously impact the victim to chronic, severe battering (National Institute for Justice, 2007). Emotional, verbal, psychological and sexual intimate partner violence have not been researched sufficiently enough to be plotted on a similar continuum. The prevalence of IPV in minority groups delineates a significant need for research into how to best and appropriately treat/counsel victims.

Power and Control

Another factor of examination of intimate partner violence is the role of power and control in sexual minority intimate partner violence. In both homosexual and heterosexual relationships, violence is usually a means by which the abuser maintains power and control over

the victim and often occurs in a cycle of three phases (Cruz & Firestone, 1998).   In the first phase, there is a buildup of tension. This build up culminates in a violent act upon the victim (phase 2). This is followed by the third phase, also known as the "honeymoon phase," where the abuser is remorseful and tries to make amends with affection and gifts. The cycle repeats until an intervention is introduced. An understanding of the cycle of violence is essential for competency in IPV. (Cruz & Firestone, 1998).

Academic Training

The next factor that impacts our understanding of the training required with sexual minority individuals is the academic training that counseling students receive. Currently, the sexual minority training provided to graduate students is believed to be minimal and inadequate. It was found that graduates feel unprepared to work competently with sexual-minority individuals. This was found to be true even though professional associations require their members to be not only knowledgeable about sexual orientation, but also to be competent in providing counseling services to diverse clientele (Alderson, 2004). This feeling of being unprepared can lead counseling professionals to feel anxious when dealing with sexual minority clients. It is suggested that programs adopt a flexible curriculum that includes the currently accepted theories of multicultural competency along with effective lesbian, gay, and bisexual affirmative counseling practices.

The purpose of this study was to examine differential counselor competency in counseling both sexual minority and majority intimate partner violence victims. The study used a qualitative design from a queer theory perspective utilizing grounded theory methods. The qualitative information collected from this study provides insight into counselors' experiences

with sexual minority intimate partner violence victims, and in turn, raises the awareness of counselors who work with all underrepresented minorities. In particular, the results will benefit the education of counselors and other social service professionals, encouraging them to be more mindful of their sexual minority clients' specific needs. Using a queer theory perspective and grounded theory methods, the primary focus of this study was to identify the impact counseling sexual minority and sexual majority intimate partner violence victims has on developing counselor competency.

Method

The plan for research was to conduct a qualitative study from a queer theory perspective utilizing ground theory methods in order to gain a better understanding of the unique experiences of the study participants' experiences with counseling sexual minority intimate partner violence victims. First, participants were recruited via convenience and snowball sampling techniques. The study consisted of 10 qualitative interviews with counselors who work with intimate partner violence. I conducted the initial interviews, followed by coding by the research team. After initial coding, the research participants were given a chance to review the codebook and respond to the themes determined. Those responses were coded for major themes by the research team. Responses in both the primary and secondary interviews provided data for identifying common factors of counselor competency with the sexual minority IPV population.

Results and Discussion

One of the primary themes that resulted from the study data was the impact of training on mental health professional competency with sexual minority intimate partner violence victims. Training is defined as instruction and preparation mental health professionals have for

performing mental health services. This broad theme of training was broken into two sub-themes, academic and professional training.

Academic Training

The academic training that mental health professionals received was the first sub-theme that emerged under the larger training theme. Academic training is understood as the instruction and experiences one receives as a direct result of participation in a university program. The literature focuses specifically on the teaching of current models of multicultural competency. The literature stated that while the current models of multicultural counselor competency that address knowledge, attitudes, and skills are commonly accepted to influence effective work with diverse populations, there are a number of studies that have identified the content of knowledge that counselors should possess to work effectively with sexual minority clients (Israel & Selvidge, 2003). Some content that may be important to both sexual minority clients and other non-dominant groups includes having knowledge of sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, understanding that there is diversity within identified groups, and having knowledge of identity development. Other unique areas for sexual minority clients include having knowledge of parenting and family structures, the "coming out" process, and family of origin concerns (Israel & Selvidge, 2003). Two sub-categories were designated from the data collected, importance of academic training and experiential activities.

Importance of Academic Training

This theme is defined as the schooling mental health professionals receive through university programs. While there were differing opinions on the level of importance of the

academic training on helping treat sexual minority intimate partner violence victims, all

counselors placed at least some importance on academic programs. The literature stated that the

sexual minority training provided to graduate students is believed to be been minimal and

inadequate (Alderson, 2004). While some participants stated that their academic programs

merely provided a general education from which to begin from, others stated that their academic

programs provided significant experiences that aided them in their current work with sexual

minority intimate partner violence victims. Forty percent of the study participants verbalized the

viewpoint that their mental health master's programs did not assist them with their specific

population. Their viewpoints are supported by the literature (Alderson, 2004). They commented

on how there were only a few class periods that they can remember on intimate partner violence

or sexual minorities.

When referring to her academic program, one participant, Starr, could only recall that

there were, "Some seminars in my doctoral training. Some additional seminars on internship."

Another participant, Cathy, verbalized similar feelings when she stated, "So I feel like I had

some training in my masters program under special pops I think." A third participant, Donna,

provided a helpful clarification on how counselor educator programs are helpful, but was not the

most important training setting for her,

> A lot of things we learned in the classroom, you have that basic education
> but when you are actually sitting with a person. Trust me, the textbook
> does not come to mind, but there are some things that you learned that you
> can apply. Even that you hone it down and you master that skill as time
> goes of working with actual clients.

Another participant, Sally, stated similar opinions on the lack of preparedness she received from here academic program,

> I know in my 48 hour masters program, we had one multicultural
> counseling class. So, I felt like if I hadn't had the personal experience
> to sort of compliment what I learned in that one particular class in terms
> of counseling and how to bring multiculturalism and social advocacy
> into the realm of counseling that I would be lacking. I think it's almost
> a disservice.

For these participants, they did not see the impact of their academic program as significant. For others, however, the impact was more significant.

Promoting the importance of the academic setting, the fifth study participant, Adam, illustrates this importance in his comments on his own academic experiences. He commented on how in his master's program, the introduction of counseling theories and the hands-on practice were the most beneficial. He went on to comment on how role plays, videos, case conceptualizations, and then also some of his fellow students in the program provided special assistance in his understanding of counseling sexual minority intimate partner violence victims. Specifically speaking about the impact of his counseling colleagues in his academic programs, he stated that,

> You know, things come out and we all kind of process as colleagues and a
> lot of the kind friends that I made in Tennessee, when I was in graduate
> school, where near victims or they themselves had worked with trauma or
> abuse.

He went on to also comment on how working at his universities counseling clinic was also beneficial as some of the students that came had issues with domestic violence or intimate partner violence.

While Donna had stated the limitations of her academic program, she also provided support for the importance of an academic program on counselor development. Donna commented on the skills she learned and the class in which she learned these skills, "Being able to just be a listener, reflective, and knowing how to unpack the layers. These things I learned in our skills class actually, I think." She went on to comment on how some of the skills also came from other academic training, "Some of it in my undergraduate classes in Human Services, but a lot of it in, I want to say (one) class, I think. That was the most effective training that I can think of that helped me." This perspective is important in that it highlights not only graduate training, but also undergraduate training as well.

Experiential Activities

The sub-category, experiential activities, was understood to be the activities within academic classes that are focused on contact with the target population. Introducing the value of experiential activities in the classroom, Adam commented on how in his master's program, the introduction of counseling theories and the hands-on practice were the most beneficial. He went on to comment on how role-plays, videos, case conceptualizations, and fellow students in the program assisted with his understanding of counseling sexual minority intimate partner violence victims. Specifically speaking about the impact of his counseling colleagues in his academic programs, Adam stated that, "You know things come out and we all kind of process as colleagues and a lot of the kind friends that I made in Tennessee, when I was in graduate school,

where victims or they themselves had worked with trauma or abuse." He went on to comment on how working at his university's counseling clinic was also beneficial as some of the students that came had issues with domestic violence or intimate partner violence

Donna also provided support for the importance of experiential activities within an academic program on mental health professional development. Donna commented on the skills she learned in her skills class, "Being able to just be a listener, reflective, and knowing how to unpack the layers". She went on to comment on how some of the skills also came from other academic training, "Some of it in my undergraduate classes in Human Services… That was the most effective training that I can think of that helped me." This perspective was important in that it highlighted not only graduate training, but undergraduate training as well.

The participants also provided ways in which the experiential activities in academic programs could be enhanced or improved. One way in which the participants felt that programs could be changed is by the inclusion of case studies. Kayla commented "… more case studies, maybe, of how it's affected somebody to open up somebody's eyes even more, especially if they are closed to begin with. That's the kind of stuff that I want." Other participants, like Adam, focused more on the experiential exercises and activities as an important facet to enhance. Adam provided a passionate statement that helped to increase the understanding behind the importance of experiential exercises and activities, "experiential exercises and activities and processes, are the best thing on earth…to be in the situation, have the experiences, to be able to get to know our own bias and prejudices, and background." He went on to state that in addition to the value of getting to practice oneself, experiential activities also benefit the student by, "having the experiences of meeting others, like sexual minorities, and to see the universal human qualities. I think the information is incredibly valuable."

This awareness brought on by experiential exercises and activities was also verbalized by other participants, such as Camilla and Sally. Sally stated that,

> I think that exposure so that they are aware when they get out there that
> you are not just going to have this one kind of client or this one kind of educational
> income level that's going to sit in front of you and be able to
> have that didactic experience that we practice in class.

She went on to suggest that a cross-cultural internship experience would be valuable for counselors before they graduate from an academic program and get the degree. Camilla also provided suggestions on how experiential exercises and activities could be incorporated into a counselor education curriculum via immersion experiences. She stated, "partnering with someone who is transgendered…I don't think (students) get that, practical real-life kind of stuff in classes… throw some kind of real life stories in like that." She went on to clarify that reading about underrepresented individuals is not enough, "you can look at a book all you want…I think a class would have to be really experiential and have people coming in to share their stories so the students get to know them as people."

In relation to the importance of experiential exercises and activities, Adam also suggested that,

> broadcasting or advertising can be increased then the experiential part of it
> can also be increased because it would, in a sense, invite the community to embrace
> whatever program it is and allow for people to work with people
> with sexual minorities in a safe, controlled environment

This statement provided not only a suggestion for improving counselor competency, but also a way to increase community knowledge of the counseling program. Counselor exposure to new types of clients in a controlled environment may be beneficial. The importance of an increase of current mental health preparation programs models for teaching about non-dominant groups is supported by the literature (Israel & Selvidge, 2003). Adam suggests that experiential exercises and activities would be

> …a great project with multicultural…you go out and actually discover things yourself. To put yourself in a situation when you are actually the minority and then you, in essence, put on the worldview of the minority. To have that very personal experience…It's a very powerful experience.

As the participants stated, the training and exposure a student receives during his or her academic program is important to their success after graduation. It is up to academic programs to provide the holistic education needed to prepare students for a variety of settings after graduation.

Professional Training

Beyond the classroom, professional training was also seen as important to developing competency with sexual minority intimate partner violence victims. This is the 2nd subtheme under Training. It is defined as the continuing education mental health professionals receive after graduation from their academic programs. Professional training received after graduation from an academic program was of particular importance when considering how to improve counselor competency with the sexual minority intimate partner violence victim population. The theme of professional training was divided into two parts, on-the-job and seminars.

On-The-Job Training

The first sub-theme for professional training is on-the-job training. It is defined as the instruction that mental heath professionals receive directly from their employers. This instruction is typically received through certification programs and in-service trainings. On-the-job training was mentioned by three of the study participants, but the impact it had on those individuals was significant. One example of on-the-job training was given by Starr,

> We have a 32 hour training program to talk about sexual violence,
> domestic violence, and certifies people to work on our hotline to
> answer crisis intervention questions like that. So I went through the
> domestic violence ones specifically for work during my masters
> program and then the sexual violence one when I came here to work.

Kayla also commented on the importance of on-the-job training when she commented that she learned more on-the-job then when she was in school.

Starr contributed further insight into the importance of on-the-job training when she discussed the importance of training for direct service staff in domestic violence shelters. She stated that there should be more training for shelter staff because they do not understand the unique needs of clients coming into their facilities. One example Starr gave was "…for a lesbian going into an all female shelter, is a very threatening environment if that was the gender of her perpetrator." She emphasized that through training, direct service staff can be provided the skills and knowledge to help clients of various backgrounds.

Seminars

Another important aspect of professional training involved seminars. This theme is defined as the training mental health professionals receive through continuing education programs. Starr found that individual seminars from people in the field who have specialties in different topics were particularly helpful for her, especially an in-depth, weekend long training. Cathy viewed seminars as "helpful to just put more tools in your toolkit." While all the participants viewed seminars as at least somewhat helpful, Kayla verbalized frustration that was mirrored by other participants. Kayla stated that,

> It's interesting because I went to a DCJS training, we all did. I went to one
> on the LGBTQ community and it was stuff I already knew, but I was
> surprised by the number of people who didn't… So I don't know if it was
> my openness to begin with and the clients I have worked with, but it was surprising to me
> how it seemed to me to be kind of redundant training…
> It seems like other trainings I go to."

Kayla's statement was significant in that it provided a perspective that even though some counselors feel basic-level education on sexual minorities is repetitive, there is still an apparent need for these types of trainings in the professional community.

Skills building was a significant training topic across both academic and professional training. Several participants verbalized the importance of skills building in all training settings. Donna reinforced this view when she stated,

> Skills class is something that I think should be ongoing for counselors even
> after they have been in the field for a while. Refresher training. New skills,
> new techniques. Besides what we read in magazines and stuff like that, we
> really aren't getting anything.

These skill-building trainings were verbalized as a way to improve counselors' techniques no matter what the training setting, particularly with skills that the counselor does not frequently use.

In summary, training was found to be a very important part of building counselor competency with sexual minority intimate partner violence victims. Training was divided into seminars and on-the-job training. The participants provided many examples, as stated above, regarding their own beliefs about the importance of both academic and professional when counseling the target group such as certifications, direct staff training, and continued skills building training. While consensus could not be established for a universal set of training topics, the opinions shared by the study participants provide a starting point for further exploration.

Implications

The results of this study have produced implications for several areas of counselor education and training. The two main implications for increasing counselor competency with sexual minority intimate partner violence victims found in this study are the training and experiences of counselors in both an academic program and in post-graduate practice.

Academic Program

It was found that the training and experiential activities that counseling students receive during their academic program is vital to the development of their competency with sexual minority intimate partner violence victims. The academic programs were found to be important for competency development, as they provide the basic training and skills building for

professional counseling practice. As counselor educators are responsible for the content of academic training programs, implications for counselor education is discussed below.

Implications for Counselor Education

In regard to counselor education, the study can assist in the improvement of several aspects of the pedagogical practices of educating counseling students in at least three ways. One lies in the modification of current and future courses. In particular, the modification of experiential classes, such as internship and practicum, should be examined. As the participants stated, there is a belief that the experiential activities offered during an academic program are not providing adequate exposure to the intimate partner violence population. Potential ideas for improvement of experiential experiences include mandating exposure to intimate partner violence victims during multi-cultural and practicum classes. This could be accomplished through community service projects or an interview assignment with a member of this population. This exposure is vital to the development of counselor competency with the sexual minority intimate partner population. In addition, changes in the structure of multicultural counseling classes can be examined to include information on the sexual minority intimate partner violence population. Further implications of the study might include the inclusion of specific courses covering issues related to the sexual minority intimate partner violence population.

Expanding the Knowledge Base

In the first case, this study can contribute to the field in that it will add to the limited knowledge base concerning counselor competency with sexual minority intimate partner violence victims. While there is significant data on intimate partner violence within the heterosexual mainstream population, there is very little research on domestic violence in the

sexual minority population. The specific elements of that knowledge base include increased knowledge of evidenced-based practices, quantitative data, and qualitative data.

Implications for In-service Seminars

Another implication resulting from the data collected is the improvement of continuing education programs and seminars. Based on the study participants' responses, significant additions need to be made in the topics provided related to sexual minorities and intimate partner violence victims. The participants stated that the seminars that they have attended primarily only provided basic information on sexual minorities, which they felt was not helpful enough for enhancing their competency in counseling sexual minority intimate partner violence victims. Through the information provided on suggested seminar topics, which are advocacy, unique intimate partner violence effects on sexual minority clients/couples, and skills building, continuing education sponsors will be better able to produce continuing education seminars that will best enhance professional counselors' competency with sexual minority intimate partner violence victims.

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Summary

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In review, the counseling profession continues to produce significant advances in counseling competencies with ethnic minorities, however counselor competency with sexual minorities remains underdeveloped (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray & Mobley, 2007; Speziale, & Ring, 2007).   This population is at a heightened risk because they are both oppressed and victims of abuse.

The purpose of the research was to conduct a qualitative study from a queer theory perspective utilizing ground theory methods in order to gain a better understanding of the unique

experiences of the study participants' experiences with counseling sexual minority intimate partner violence victims. The research plan consisted of recruiting 10 counselors who work with intimate partner violence via convenience and snowball sampling techniques. I conducted the initial interviews, followed by coding by the research team. After initial coding, the research participants were given a chance to review the codebook and respond to the themes determined. Those responses were also coded for major themes by the research team.

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CACREP 2016 Standards for School Counseling Programs

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Abstract

State and national school counseling standards are continuously changing. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) just published the 2016 Standards and these standards will replaced the 2009 Standards July 1, 2016. It is important that counselor education program faculty is aware of the new standards and develop plans to fully implement the new standards. The author provides an overview of the CACREP 2016 Standards for School Counseling Programs.

School counseling graduate programs are constantly changing as the state and national standards change for the profession. The American Association of State Counseling Boards and American Counseling Association (ACA) both acknowledge that we need common standards for license portability and to prevent fragments in the profession (Ritchie & Bobby, 2011). This common set of standards is the CACREP Standards (CACREP, 2015). There are many benefits to graduating from a CACREP-accredited program, that include, but are not limited to the graduates being knowledgeable about mental health and social diversity issues that might affect student achievement (Kimbel & Scott, 2011), knowledgeable about core counseling issues (Neukrug, as cited in Fletcher, 2012), sanctioned for ethical misconduct less frequently than non-CACREP-accredited program graduates (Even & Robinson, 2013), and score higher on National Counselor Examination than non-CACREP graduates (Adams, 2005).

The final version of the 2016 CACREP Standards were released summer 2016 and any application for accreditation postmarked after June 30, 2016, must address these new standards. There are six sections in the 2016 standards: Section 1, The Learning Environment, Section 2, Professional Counseling Identity, Section 3, Professional Practice, Section 4, Evaluation in the Program, Section 5, Entry-Level Specialty Areas, and Section 6, Doctoral Standards for Counselor Education and Supervision. The new standards also include a Glossary to define key terms within the standards. This article will review the changes in sections one thru five, and how they impact school counseling.

Section 1: The Learning Environment

The Institution

Section 1 addresses the Learning Environment. This section includes standards for the institution, the academic unit, and the faculty and staff. The 2009 standards included standards for these areas, as well as standards for evaluation. In the 2016 standard, evaluation has its own section, Section 4, with more detail about the evaluation requirements. There were many changes and additions to the standards in Section 1. Standard B in the 2016 Standards was standard A in the 2009 Standards. In the 2016 Standards, standard B was changed to ensure that core counselor education program faculty are accurately described on the institutional media. Standard D in the 2016 Standards was not included in the 2009 Standards. Standard D requires graduate assistantships for program students that are commensurate with graduate assistantships in other clinical programs at the institution.

The Academic Unit

One of the most influential changes with the 2016 Standards is the number of hours required for the School Counseling specialty area. In Standard I of the 2009 Standards, there was a requirement for 48 semester credit hours or 72 quarter credit hours to complete a School Counseling Program. In Standard J of the 2016 Standards, beginning July 1, 2020, there will be a required minimum of 60 semester credit hours or 90 quarter credit hours to complete a School Counseling Program. This increase in credit hours will increase the cost for a school counseling degree. Currently in the state of Alabama, there is a 48-hour requirement to complete a School Counseling Program. This is already more hours than a master's degree for a traditional teacher program. Traditional teaching master's degrees only require 30 hours of coursework, which is

18 hours less than a School Counseling Program. School Counseling majors are already paying for 18 credit hours more than teaching majors. Starting in 2020, students in CACREP Accredited School Counseling Programs will have to take 30 hours more than teaching majors. This means that School Counseling majors have to be in school double the time of teaching majors and they will have to pay double the tuition of teaching majors. Consequently, this will lead to a decrease in School Counseling Program enrollment across the state of Alabama.

Standard K in the 2016 Standards was Standard J in the 2009 Standards. The standards are almost the same, but the word "continuous" was added to Standard K in the 2016 Standards. Although there was only one word added to the standard, the one word adds a specific requirement to the standard. The old standard addressed units making "systematic efforts to attract, enroll, and retain a diverse group of students" (CACREP, 2009, p. 3). The new standard addresses units making "continuous and systematic efforts to attract, enroll, and retain a diverse group of students" (CACREP, 2015, p. 6). The unit will not only need a system to attract, enroll, and retain a diverse group of students, but the unit is also required to show continuous efforts to attract, enroll, and retain a diverse group of students.

Standard L in the 2016 Standards was Standard K in the 2009 Standards. In the new standard, the admission decision recommendations were expanded from the 2009 Standards. The 2009 Standards required that three admission criteria be considered when admitting new students to the program: (1) potential success in forming effective and culturally relevant relationships, (2) career goals, (3) aptitude for graduate work. The 2016 Standards added respect for cultural differences as admission criteria. This is an example of how the new standards put emphasis on cultural competency.

Standards M in the 2016 Standards was Standard L.1 in the 2009 Standards. In 2009, the standard only addressed the requirement for a new student orientation before or at the beginning of the first term of enrollment. In 2016, the standard is more explicit about what is expected during the new student orientation. The expectations include dissemination and discussion of the handbook, ethical and professional obligations, personal growth, and eligibility for certification and licensure.

Standard N in the 2016 Standards was Standard L in the 2009 Standards. This standard addresses the student handbook. The 2009 Standards identified that the handbook should include a mission statement and program goals, information on professional organizations and activities, written endorsement policy, student retention, remediation, and dismissal policy, and academic appeal policy. The 2016 Standards added two addition items that should be included in the student handbook. The two new requirements that should be included in the student handbook are (1) matriculation requirements and (2) expectations for students.

Standard O in the 2016 Standards is a new standard. This standard expands on the policy for retention, remediation, and dismissal. Not only should there be a policy for retention, remediation, and dismissal, the program should also have a policy consistent with institution's due process policies and with the counseling profession's ethical codes. This standard also emphasizes not just having a student retention, remediation, and dismissal policy, but also ensuring that the program follows the policies in the student handbook.

Standard P in the 2016 Standards was Standard O in the 2009 Standards. Standard P addresses advisors in the counselor education programs. Students are required to have an assigned advisor at all times during the program. Although there was a requirement, in the 2009

Standards, for the advisor to develop a program of study with the student within the first 12 months in the program, this requirement has been removed from the 2016 Standards.

Standard Q in the 2016 Standards was Standard U in the 2009 Standards. Standard Q focuses on the unit recruiting, employing, and retaining a diverse faculty. The 2016 Standards also added the requirement for the unit to create and support an inclusive learning community.

Standard R in the 2016 Standards was Standard W.1 in the 2009 Standards. Standard R is the first standard in which there is a description of the core faculty. In the 2009 Standards, there was only a requirement for three full-time faculty in counselor education. In the 2016 Standards, there was a requirement added that core faculty can only be core faculty at one institution.

Standard S in the 2016 Standards was Standard M in the 2009 Standards. Standard S addresses the number of credit hours taught by non-core faculty. Credit hours taught by non-core faculty must not exceed the number of hours taught by core faculty. In the 2016 Standards, there was also an explanation for this requirement. The requirement ensures students are taught primarily by core faculty.

Standard T in the 2016 Standards was Standard N in the 2009 Standards. This standard addresses the full-time equivalent (FTE) students to FTE faculty ratio. In the 2009 Standards, there was a requirement that the FTE students to FTE faculty ratio should not exceed 10:1. In the 2016 Standards, the FTE students to FTE faculty ratio was increased to not exceed 12:1.

Standard U in the 2016 Standards was Standard V in the 2009 Standards. This standard addresses the work load of faculty in counselor education. In the 2009 Standards, it only addresses the teaching loads being consistent with other graduate programs that require intensive

supervision. In the 2016 Standards, it addresses not only the teaching expectation, but also advising, scholarship, and service expectations and how they should be consistent with the institutions mission.

Faculty and Staff

Standard W in the 2016 Standards was Standard W.2 in the 2009 Standards. This standard addresses the educational requirements for core faculty. In the 2009 Standards, core faculty had to have an earned doctoral degree in counselor education and supervision or been employed as full-time faculty in a counselor education program for at least one academic year before July 1, 2013. In the 2016 Standards, core faculty have to have an earned doctoral degree in counselor education or have related doctoral degrees and have been employed as full-time faculty members in a counselor education program for a minimum at least one full academic year before July 1, 2013. The new standard is different because it clarifies that a core faculty member must have an earned doctoral degree, either in counselor education supervision or a related field. If they have a doctoral degree in a related field, they must have been employed at least one full academic year before July 1, 2013. This means that if a faculty member does not have a doctoral degree the faculty member cannot be identified as a core faculty member in a counselor education program. This also means that if a faculty member does not have at least one year of experience before July 1, 2013, the faculty member cannot be identified as a core faculty.

Standard X in the 2016 Standards was Standard W.4 and Standard W.5 in the 2009 Standards. This standard focuses on the professional activities of faculty. Although the two standards from 2009 were combined to develop Standard X in the 2016 Standards, there was not much difference between the two standards. The 2016 Standards clarified that there should be

sustained development and renewal activities, advocacy and professional service, and research and scholarly activities.

Standard Z in the 2016 Standards was Standard Y in the 2009 Standards. This standard focuses on the requirements for non-core faculty. In the 2009 Standards there were three requirements for non-core faculty, but in the 2016 Standards, there is only one requirement: non-core faculty must have a graduate or professional degree in a field that supports the mission of the unit. Other requirements for non-core faculty are also addressed in other standards.

Standard AA in the 2016 Standards is a new addition to the standards. It was not identified in the 2009 Standards. Standard AA states that core faculty should orient non-core faculty to program and accreditation requirements.

Standard BB in the 2016 Standards was Standard W.3 and Y.2 in the 2009 Standards. This standard addresses the preparation and experience of program faculty. Although the two standards from 2009 were combined for Standard BB, there is not any difference, other than core and non-core faculty both being addressed in this one standard.

Standard CC in the 2016 Standards was Standard X.1 in the 2009 Standards. This standard addresses the requirements for an academic unit leader. The 2016 and 2009 Standards that address the academic unit leader requirements are close to being the same. The difference is a requirement of a written job description, in the 2016 Standards, that includes all the requirements outlined in the standard.

Standard DD in the 2016 Standards was Standard X.2 in the 2009 Standards. This standard addresses the requirement for a faculty member identified as the practicum and internship coordinator for the program. The 2016 and 2009 Standards that addresses the

practicum and internship coordinator requirements are close to being the same. The difference is a requirement of a written job description, in the 2016 Standards, that includes all the requirements outlined in the standard.

Section 2: Professional Counseling Identity

Foundation

The professional counseling identity section covers the standards that should be covered in all CACREP programs. In the 2009 Standards, there were two main areas in this standard: Foundation and Knowledge. In the 2016 Standards, there are still two main areas, but the Knowledge area was changed to Counseling Curriculum. The Foundation area covers basic requirements for the counselor education program and the Counseling Curriculum area covers the syllabi and curriculum requirements.

The Foundation area in the 2016 Standards has three standards and the Foundation area in the 2009 Standards had seven standards. Standard A in the 2016 Standards was Standard A in the 2009 Standards. The 2009 Standards only addressed the mission statement in Standard A, but the 2016 Standards addressed both the mission statement and program objectives in Standard A. Standard B in the 2016 Standards was Standards, B, B.1, B.2, B.3, and B.4 in the 2009 Standards. The five standards were condensed into one standard and the 2016 Standards added a requirement to address student learning. Standard C in the 2016 Standards was Standard C in the 2009 Standards.

Counseling Curriculum

Counseling Curriculum is the second area in the professional counseling identity section. Standard D in the 2016 Standards was Standards D, D.1, Dl.2, D.3, D.4, and D. 5 in the 2009 Standards. The six standards were condensed into one standard and the 2016 Standards added a requirement to include a disability accommodation policy and procedure statement in all syllabi.

Standard E in the 2016 Standards was Standard E in the 2016 Standards. There is not much change with this standard. The 2016 Standards deleted Standard F from the 2009 Standards. The standard that was deleted, addressed the infusion of technology in the program delivery and its impact on the counseling profession. The 2016 Standards addressed the use of technology in other standards throughout the eight common core areas. Standard F in the 2016 Standards was Standard G in the 2009 Standards. This standard addresses the eight common core areas that must be covered in the curriculum. The counseling education program must document where these standards are addressed in the curriculum.

Professional Counseling Orientation and Ethical Practice

Standard F.1 in the 2016 Standards was Standard G.1 in the 2009 Standards. This standard addresses the common core area of Professional Counseling Orientation and Ethical Practice. There were ten sub-standards in the 2009 Standards. The 2016 Standards includes the same standards and adds three additional standards that address the relevance of current labor market information, technology's impact on the counseling profession, and personal and professional self-evaluation.

Social and Cultural Diversity

Standard F.2 in the 2016 Standards was Standard G.2 in the 2009 Standards. This standard addresses the common core area of Social and Cultural Diversity. There were six sub-standards in the 2009 Standards. The 2016 Standards includes five of the same standards, deletes one of the standards, and adds three additional standards. Standard G.2.e was removed from the 2016 Standards It addressed counselors' roles in developing cultural self-awareness and promoting social justice. The three added standards address the effects of power and privilege, help-seeking behaviors of diverse clients, and the impact of spiritual beliefs.

Human Growth and Development

Standard F.3 in the 2016 Standards was Standard G.3 in the 2009 Standards. This standard addresses the common core area of Human Growth and Development. There were eight sub-standards in the 2009 Standards. The 2016 Standards includes the same standards, with one standard separated to make two standards, and adds two additional standards that address the biological, neurological, and physiological factors that affect human behavior and ethical and culturally relevant strategies for optimal development.

Career Development

Standard F.4 in the 2016 Standards was Standard G.4 in the 2009 Standards. This standard addresses the common core area of Career Development. There were seven sub-standards in the 2009 Standards. The 2016 Standards includes six of the same standards, with two of the standards revised to address technology and strategies for advocating for diverse clients. There was one standard, G.4.e, deleted from the 2009 Standards that addressed career and educational planning, placement, follow-up, and evaluation. Four standards were added that

address approaches for assessing the conditions of the client's work environment, strategies for assessing abilities, interests, values, personality, and other factors, strategies for facilitating client skill development, and ethical and culturally relevant strategies in career development.

Counseling and Helping Relationships

Standard F.5 in the 2016 Standards was Standard G.5 in the 2009 Standards. This standard addresses the common core area of Counseling and Helping Relationships. The title of this standard was changed from Helping Relationships in the 2009 Standards. There were seven sub-standards in the 2009 Standards. The 2016 Standards includes five of the same standards from the 2009 Standards. There were two standards, G.5.a that addressed an orientation to wellness and prevention and G.5.e that addressed as systems perspective to family and other systems theories, that were deleted from the 2016 Standards. In the 2016 Standard there are nine additional standards that address a systems approach to conceptualizing clients, ethical and culturally relevant strategies for in-person and technology-assisted relationships, the impact of technology on the counseling process, developmentally relevant counseling treatment or intervention plans, development of measurable outcomes for clients, evidence-based counseling strategies and techniques, strategies to promote client understanding of community-based resources, suicide prevention models and strategies, processes for helping students to develop a personal model of counseling.

Group Counseling and Group Work

Standard F.6 in the 2016 Standards was Standard G.6.1 in the 2009 Standards. This standard addresses the common core area of Group Counseling and Group Work. The title of this standard was changed from Group Work in the 2009 Standards. There were five sub-

standards in the 2009 Standards. The 2016 Standards includes the same standards, with one standard separated to make two standards, and adds two additional standards that address types of groups and ethical and culturally relevant strategies for designing and facilitating groups.

Assessment and Testing

Standard F.7 in the 2016 Standards was Standard G.7 in the 2009 Standards. This standard addresses the common core area of Assessment and Testing. The title of this standard was changed from Assessment in the 2009 Standards. There were seven sub-standards in the 2009 Standards. The 2016 Standards includes five of the same standards from the 2009 Standards, with two of the standards combined to make one standard. There was one standard, G.7.f that addressed social and cultural factors related to assessment and evaluation of individuals, groups, and specific populations, that was deleted from the 2016 Standards. In the 2016 Standard there are eight additional standards that address methods of preparing and conducting initial assessment meetings, procedures for assessing danger to others, self-inflicted harm, or suicide, procedures for identifying trauma and abuse, use of assessments for diagnostic and intervention planning purposes, use of assessments for academic/educational, career, personal, and social development, sue of environmental assessments and behavioral observations, use of symptom checklists and personality and psychological testing, use of assessment results to diagnose developmental, behavioral, and mental disorders.

Research and Program Evaluation

Standard F.8 in the 2016 Standards was Standard G.8 in the 2009 Standards. This standard addresses the common core area of Research and Program Evaluation. There were six sub-standards in the 2009 Standards. The 2016 Standards includes five of the same standards

from the 2009 Standards with one of the standards revised to address mixed research methods. There was one standard, G.8.e that addressed the use of research to inform evidence-based practice, that was deleted from the 2016 Standards. In the 2016 Standard there are five additional standards that address identification of evidence-based counseling practices, development of outcome measures for counseling programs, evaluation of counseling interventions and programs, designs used in research and program evaluation, and analysis and use of data in counseling.

Section 3: Professional Practice

Entry-Level Professional Practice

The professional practice section covers the requirements for practicum and internship experiences. The 2009 Standards addressed three areas in professional practice: (1) Supervision Qualifications and Support, (2) Practicum, and (3) Internship. The 2016 Standards addresses these three areas, as well as (1) Entry-level Professional Practice and (2) Practicum and Internship Course Loads, for a total of five areas in professional practice.

Standard A in the 2016 Standards was not in the 2009 Standards. This is a new standard that addresses the requirement to have counseling liability insurance policies while being enrolled in practicum and internship.

Standard B in the 2016 Standards was Standards F.4 and G.5 in the 2009 Standards. The 2016 Standard addresses the requirement for audio/video recordings and/or live supervision during practicum and internship. In the 2009 Standards, this requirement was in two different sections. It was identified in the practicum section of the standards and in the internship section

of the standards. In the 2016 Standards this requirement is combined into one standard and not identified in two different sections.

Standard C in the 2016 Standards was Standards F.5 and G.6 in the 2009 Standards. The 2016 Standard addresses formative and summative evaluations of the student's abilities during practicum and internship. In the 2009 Standards, this requirement was in two different sections. It was identified in the practicum section of the standards and in the internship section of the standards. In the 2016 Standards this requirement is combined into one standard and not identified in two different sections. In the 2009 Standards, there was only a requirement to document a format evaluation, but in the 2016 Standards, formative and summative evaluations are required during practicum and internship.

Standard D in the 2016 Standards was Standard G.4 in the 2009 Standards. This standard addresses the student being familiar with professional activities and resources. In the 2009 Standards, the standard mentioned internship activities in addition to direct services, such as record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings. In the 2016 Standards, these addition activities were deleted and there is only a requirement for technology resources. The 2016 Standards also required professional activities, resources, and technology resources in both practicum and internship.

Standard E in the 2016 Standards was not in the 2009 Standards. Standard E addresses the student participating in group experiences during professional practice. The standard requires students to lead or co-lead a counseling or psychoeducational group during practicum or internship. In the 2009 Standards there was not a requirement for a student to lead or co-lead a group during practicum or internship.

Practicum

Standard F in the 2016 Standards was Standard F in the 2009 Standards. Standard G was Standard F.1 in the 2009 Standards. These two standards are the same standards that were in the 2009 Standards. Practicum students are still required to complete a minimum of 100 clock hours in and at least 40 clock hours of direct service.

Standard H in the 2016 Standards was F.2 in the 2009 Standards. This standard addresses the practicum student's weekly interaction with supervisors. Students are required to meet with supervisors and average of one hour per week for individual or triadic supervision. This supervision could be with a counselor education student faculty, a student under supervision of a counselor education faculty member, or a site supervisor. The only change in this 2016 Standard is a requirement for the site supervisor to collaborate with the counselor education faculty on a regular schedule. The 2009 Standard was more specific and required the site supervisor to collaborate with the counselor education faculty bi-weekly.

Standard I in the 2016 Standards was F.3 in the 2009 Standards. This standard addresses group supervision during practicum. Students are required to participate in and average of 1 ½ hours of weekly group supervision, on a regular schedule. Students must be supervised by a counselor education program faculty member or a student supervisor. Both sets of standards include this requirement, but the 2016 Standards also state that the student supervisor should be under supervision of a counselor education faculty member.

Internship

Standard J in the 2016 Standards was Standard G in the 2009 Standards. This standard addresses the number of hours required to complete internship. Students are required to

complete 600 clock hours of counseling internship, in their specialty area, after successfully completing practicum. Both sets of standards include this requirement.

Standard K in the 2016 Standards was Standard G.1 in the 2009 Standards. This standard addresses the requirement for direct service hours during internship. Students are required to complete at least 240 hours of direct service hours during internship. Both sets of standards include this requirement, but the 2009 Standards included a requirement to have experience leading groups. The group leadership experience was moved to Standard E in the 2016 Standards.

Standard L in the 2016 Standards was Standard G.2 in the 2009 Standards. This standard addresses the requirement for individual and/or triadic supervision throughout internship. Individual and/or triadic supervision is required for one hour per week throughout internship. In the 2009 Standards, it stated that the supervision is usually performed by the onsite supervisor. In the 2016 Standards, it states that the supervision can be provided by the site supervisor, counselor education faculty, or a student supervisor who is under the supervision of a counselor education program faculty member.

Standard M in the 2016 Standards was Standard G.3 in the 2009 Standards. This standard addresses the requirement for 1 ½ hours per week of group supervision throughout internship. In the 2009 Standards, it stated that the supervision is usually performed by a program faculty member. In the 2016 Standards, it states that the supervision can be provided by counselor education faculty or a student supervisor who is under the supervision of a counselor education program faculty member.

Standard L in the 2016 Standards was Standard A in the 2009 Standards. This standard addresses the qualifications of the counselor education program faculty who supervise practicum and internship experiences. In the 2009 Standards, there was a requirement for counselor education program faculty to have a doctoral degree, relevant experience, appropriate credentials/licensure, and relevant supervision training and experience. In the 2016 Standards, counselor education program faculty are still required to have relevant experience, professional credentials, and counseling supervision training and experience, but there is no longer a requirement for counselor education faculty, who serve as practicum or internship supervisors, to have a doctoral degree.

Supervisor Qualifications

Standard N in the 2016 Standards was Standard A.1, A.2, and A.3 in the 2009 Standards. This standard addresses the requirements for faculty serving as individual or group practicum/internship supervisor. Faculty serving as supervisors must have relevant experience, professional credentials, and training and experience in counseling supervision.

Standard O in the 2016 Standards was Standard B.1, B.2, and B.3 in the 2009 Standards. This standard addresses the requirements for students serving as a practicum or internship supervisor. In the 2009 Standards, students serving as a practicum or internship supervisor was required to have a master's degree, equivalent to the requirement in a CACREP-accredited program, completed or are receiving preparation in counseling supervision, and be supervised by program faculty, with the faculty-student ratio that does not exceed 1:6. In the 2016 Standards, students serving as practicum or internship supervisors must have completed a program that meets the requirements of a CACREP-accredited program, completed or are receiving

preparation in counseling supervision, and is under supervision from counselor education program faculty. Standard O in the 2016 Standards does not address the 1:6 faculty-student ratio. This ratio requirement is addressed in Standard V in the 2016 Standards.

Standard P in the 2016 Standards was Standard C.1, C.2, C.3, and C.4 in the 2009 Standards. This standard addresses the requirements for site supervisors serving as a practicum or internship supervisor. In the 2009 Standards, site supervisors are required to have a minimum of a master's degree in counseling or a related profession, appropriate certifications and/or licenses, a minimum of two years of pertinent professional experience, knowledge of the program's expectations, requirements, and evaluation procedures for students, and relevant training in counseling supervision. Standard P in the 2016 Standards is consistent with Standard C in the 2009 Standards with the same qualifications for site supervisors.

Standard Q in the 2016 Standards was Standard D in the 2009 Standards. Standard Q addresses how counselor education program faculty supports site supervisors. The 2016 Standards state that counselor education program faculty should offer orientation, consultation, and professional development opportunities to site supervisors. This is consistent with the 2009 Standards, but the 2009 Standards also required counselor education program faculty to provide assistance to the site supervisors. The term "assistance" has been removed from the 2016 Standards.

Standard R in the 2016 Standards was Standard E in the 2009 Standards. Standard Q addresses written agreements between the student, counselor education program faculty, and the site supervisor. In the 2009 Standards, there was a requirement that supervision contracts be developed to define the roles of the student, counselor education program faculty, and site

supervisor during practicum and internship. In the 2016 Standards, some terms were changed and defined. In the 2016 Standards, the term "written supervision agreements" replaced "supervision contracts" and there is an additional requirement that supervision agreements must detail the format and frequency of consultation to monitor student learning.

Practicum and Internship Course Loads

Standard S in the 2016 Standards starts a section that was not in the 2009 Standards. The Practicum and Internship Course Loads section is new to the standards and it addresses the faculty course loads during practicum and internship. This standard states that when individual/triadic supervision is provided by counselor education program faculty or a student under supervision, there should be a 1:6 faculty to student ratio, in practicum and internship. It clarifies that this is equivalent to a faculty member teaching one 3-semester credit hour course.

Standard T in the 2016 Standards addresses the faculty to student ratio in courses. It states that practicum and internship courses should not exceed 1:12 faculty to student ratio when individual/triadic supervision is provided by the site supervisor and the counselor education faculty or student under supervision provides group supervision. It clarifies that this is equivalent to a faculty member teaching one 3-semester credit hour course.

Standard U in the 2016 Standards addresses group supervision during practicum and internship. There is a requirement that group supervision of students in practicum and internship should not exceed 1:12 faculty to student ratio.

Standard V in the 2016 Standards addresses the requirements for counselor education faculty supervising students who provide supervision. There is a requirement that a 1:6 faculty to student ratio should not be exceeded when counselor education faculty provide supervision of

students providing supervision. It clarifies that this is equivalent to a faculty member teaching one 3-semester credit hour course.

Section 4: Evaluation in the Program

The 2016 Standards added a section titled, "Evaluation in the Program". Evaluation was covered I n Section I in the 2009 Standards. Now evaluation has its own section with more detail about the evaluation requirements. There are three different areas in this section: (1) Evaluation of the Program, (2) Assessment of Students, and (3) Evaluation of Faculty and Supervisors. This section of the standards addresses how the program should be evaluated, how the results should be reported, and who should receive the reports of the evaluation results.

Evaluation of the Program

The first area in the Evaluation in the Program Section of the 2016 Standards is the Evaluation of the Program. This area includes Standards A thru E. Standard A in the 2016 Standards was Standard AA in the 2009 Standards. Standard A addresses an evaluation plan. The plan must be empirically based for systematically evaluating the program objectives and student learning outcomes. The plan must explain the "(1) the data that will be collected, the procedure for how and when the data will be collected, a method for how the data will be reviewed or analyzed, and an explanation for how data will be used for curriculum and program improvement" (CACREP, 2016, p.17). This information should be reported for each of the data types listed in Standard B. In the 2009 Standards, there was only a requirement for continuous systematic program evaluation. The requirement was not as detailed as the requirements in the 2016 Standards.

Standard B in the 2016 Standards was Standard AA.1, AA.2, AA.3, and AA.4 in the 2009 Standards. Standard B addresses how to evaluate the program objectives. It combines these four 2009 Standards and includes more detail in what is required. Standard B requires the counselor education program faculty to evaluate the program objectives by: (1) aggregating student knowledge, skills, and dispositions, (2) demographic and other characteristics of applicants, students, and graduates, and (3) data from systematic follow-up surveys of graduates, site supervisors, and employers of graduates.

Standard C in the 2016 Standards was Standard AA.5 in the 2009 Standards. This standard addresses the use of program evaluation data to make program modifications. The 2016 and 2009 Standards that address program modifications are close to being the same. The difference is a requirement of counselor education program faculty to provide this evidence, in the 2016 Standards.

Standard D in the 2016 Standards was Standard AA.6 in the 2009 Standards. This standard addresses the annual report that is disseminated by the counselor education program faculty. The 2016 standards are more detailed in describing what should be included in the annual report. The annual report should be reported by program level and include: (1) program evaluation results, (2) program modifications, and (3) substantial program changes. This report should be published on the program website and shared with the students, faculty, administrators, and site supervisors.

Standard E in the 2016 Standards is a new standard. This standard addresses information that must be posted on the program's website. The counselor education program faculty must post the number of graduate for the past academic year, (2) pass rates on credentialing

examinations, (3) completion rates, and (4) job placement rates. This information should be posted to the website annually in an easily accessible location. This is also the information that CACREP requests in the CACREP Vital Statistics Report that programs submit to CACREP each September.

Assessment of Students

The second area of the Evaluation in the Program section is the Assessment of Students. This area includes Standards F thru H and addresses how the program should assess students in counselor education programs. These are new standards that were not included in the 2009 Standards. Standard F in the 2016 Standards addresses how faculty should systematically evaluate student learning by identifying key performance indicators in the eight core areas, measuring student learning with multiple measures, over multiple points, and review or analysis of data.

Standard G in the 2016 Standards addresses how faculty should systematically assess each student's professional disposition by identifying key professional dispositions, measuring student professional dispositions over multiple points, and review or analysis of data. Standard H in the 2016 Standards addresses student data in relation to retention, remediation, and dismissal. The counselor education program faculty should systematically use individual student assessment data for retention, remediation, and dismissal.

Evaluation of Faculty and Supervisors

The third area of the Evaluation in the Program section is the Evaluation of Faculty and Supervisors. This area includes Standards I thru K and addresses how faculty and supervisors are evaluated by students. Standard I in the 2016 Standards was Standard DD in the 2009

Standards. This standard requires that written procedures for students' evaluations of faculty are available to the counselor education program faculty. This is close to the 2009 Standard, but the 2009 Standard emphasized the availability of the written faculty evaluation procedures at the beginning of each evaluation period. This requirement was not included in the 2016 Standards.

Standard J in the 2016 Standards was part of Standard BB in the 2009 Standards. This standard addresses student evaluation of counselor education program faculty. Standard BB in the 2009 Standards addressed the regular, systematic evaluation of faculty in curricular experiences and supervisors in clinical experiences, while Standard J in the 2016 Standards only addresses the counselor education faculty.

Standard K in the 2016 Standards was part of Standard BB in the 2009 Standards. This standard addresses student evaluation of practicum and internship supervisors. Standard BB in the 2009 Standards addressed the regular, systematic evaluation of faculty and supervisors, while Standard K in the 2016 Standards only addresses the practicum and internship supervisors.

Section 5: Entry-Level Specialty Areas: School Counseling

The last set of standards is the School Counseling Standards. These standards address students preparing to specialize in school counseling. In the 2009 Standards, they addressed the development of all K-12 students, but the 2016 Standards address the develop of all P-12 students. In the 2009 Standards there were eight domains in which programs had to provide evidence that student learning occurred: (1) Foundations, (2) Counseling, Prevention, and Intervention, (3) Diversity and Advocacy, (4) Assessment, (5) Research and Evaluation, (6) Academic Development, (7) Collaboration and Consultation, and (8) Leadership. Each domain had two areas to address: (1) Knowledge and (2) Skills and Practices. There was a total of 67

school counseling standards in the 2009 standards. In the 2016 Standards there are only three domains: (1) Foundations, (2) Contextual Dimensions, and (3) Practice. The standards were decreased to only 34 school counseling standards in the 2016 standards. This is almost half of the standards required in the 2009 standards.

Conclusion

State and national standards are constantly changing and school counseling programs are changing along with the standards. Although there are less standards than the 2009 Standards, the 2016 standards address the core knowledge and skills needed to be an effective school counselor. There should be an evaluation of the counselor education faculty's education, experience, and credentials to ensure faculty meet the new CACREP requirements. Currently, school counselor candidates only have 48 hours of coursework to complete a CACREP-accredited school counseling program. Starting July 1, 2020, all CACREP-accredited school counseling programs will be 60 hours instead of 48 hours. This may negatively impact CACREP-accredited school counseling programs in Alabama. When other master's level programs for educators are 30-36 hours, it will be difficult for educators to choose a program that takes double the time and double the debt to complete the program. Counselor educators want to working together to develop a plan to address the increase in the required number of hours. It is imperative that counselor educators and current counselors advocate for our profession to ensure its sustainability.

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Addressing Spiritual Competencies within Group Counseling: Three Experiential Methods

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Abstract

Although research literature contends spirituality and religion are important facets of individuals'
lives and should be addressed in counseling, the majority of current literature focuses on the
integration of spirituality and religion within individual counseling settings. This article
elaborates on these findings proposing the integration of spirituality and religion within group
counseling. The following article will present three experiential activities founded upon the
Association for Spiritual, Ethical, and Religious Values in Counseling's (AERVIC; 2009)
Competencies for Addressing Spiritual and Religious Issues in Counseling.

Keywords: Spirituality, experiential activities, counseling

Spirituality and religion are often viewed as significant components of individuals' identities. A recent random sampling of 1,018 American adults revealed 91% of Americans believe in God or a universal spirit (Gallup, 2011). Of this population, 81% of individuals reported religion was either very important (55%) or fairly important (26%) in their lives. In response to this interest, mental health experts have addressed spirituality and religion within the therapeutic realm (Cashwell & Watts, 2010; Graham, Furr, & Flowers, 2001; Kelly, 1995; Weinstein, Parker, & Archer, 2002; Young, Cashwell, Wiggins-Frame, & Belaire, 2002).

Several prominent counseling organizations address this need by including proclamations related to spirituality and religion within their organizing documents' revisions. Specifically, the American Counseling Association (ACA, 2005) code of ethics now requires counselors to consider the impact of their client's religion and spirituality when assessing individuals, and the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) recently developed 14 spiritual competencies (2009) to address the integration of spirituality in counseling. Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standards requires counselors to understand "the role of spirituality in the addiction recovery process" (p. 19) and "postsecondary student development in a multicultural society, including characteristics such as… spirituality" (p. 49). In addition, a burgeoning body of literature explores the integration of spirituality and religion within counseling practice (Young et al., 2002).

Although literature concerning the integration of spirituality and religion within counseling continues to develop, few articles address the integration of spirituality within a

group counseling setting (Cornish & Wade, 2010). This is a surprising deficiency given group counseling's value as a cost-effective method of treatment that can extend benefits beyond those provided by individual counseling (Corey, 2012; Yalom, 2005). In addition, the few studies documenting the process of addressing elements of spirituality and religion within a group setting have yielded promising outcomes (Richards, Berrett, Hardman & Eggett, 2006; Rye & Pargament, 2002; Rye et al., 2005).

However, at the time of this article, the authors were unable to uncover research describing the use of experiential activities within a group setting founded upon the spiritual competencies (ASERVIC, 2009). Since these recently developed competencies are designed to guide counselors in the application of spirituality and religion within counseling and were generated by a committee of experts in the field of counseling, interventions that consider these competencies are needed. Therefore, this article will provide counselors with three experiential methods, adapted to incorporate the spiritual competencies, and addressing spirituality and religion in group counseling.

Before detailing the experiential activities, the following discussion (a) defines spirituality and religion, (b) outlines the spiritual competencies serving as a foundation for these activities, and (c) discusses the benefits and barriers to addressing spirituality and religion within a group setting. Each of these elements will provide a foundation to better understand and incorporate the experiential activities into group counseling practice.

Definitions of Spirituality and Religion

The concepts of spirituality and religion have been addressed in literature. For instance, Hill et al. (2002) gave spirituality and religion the same definition (i.e., individual processes that

occur during the search for a divine being or universal truth). Nevertheless, a distinction exists in relation to practice. While spirituality refers to an individuals' internal process of meaning making, religion denotes organized practice within a religious setting. More recently, the CACREP (2016) standards refine the definition of spirituality describing "a sense of a relationship with or belief in a higher power or entity greater than oneself that involves a search for wholeness and harmony" (p. 63). Using these definitions as a foundation, the following section explores the spiritual competencies that address the integration of spirituality and religion into counseling practice.

The Spiritual Competencies

In response to a growing interest in spiritually sensitive counseling, in 1995 several counselors and counselor educators formed a committee, which lead to the development of 14 competencies to assist counselors in addressing spiritual and religious issues within therapy (Cashwell & Watts, 2010). These competencies (ASERVIC, 2009) are divided into six categories: (a) Culture and Worldview, (b) Counselor Self-Awareness, (c) Human and Spiritual Development, (d) Communication, (e) Assessment, and (f) Diagnosis and Treatment.

The first group of competencies (i.e., Culture and Worldview) address the importance for counselors' to understand the difference between religion and spirituality and comprehend the influence of client's religious and spiritual beliefs (or lack thereof) on their psychological functioning. The Counselor Self-Awareness competency conveys the need for counselors to have knowledge of (a) their personal values, (b) the impact of these values on the counseling process, and (c) their limitations in regard to client's spirituality and religion. The third competency, Human and Spiritual Development, describes the need for counselors to have the knowledge and

ability to apply various models of spiritual and religious development. Communication, competency four, highlights the need for counselors to respond to (rather than dismiss) clients' spiritual and religious verbalizations in a sensitive manner. The fifth category, Assessment, directs counselors to gather information on the client's spiritual and religious beliefs. The final category, Diagnosis and Treatment, outlines the need for counselors to consider clients' spirituality and religion with regard to diagnosis, goal setting, and treatment. When applying these competencies to group counseling, the counselor must consider several strengths and limitations

Benefits to Addressing Spirituality and Religion within a Group Setting

Cornish and Wade (2010) identified several strengths of attending to spirituality and religion within a group setting. The authors argued that group counseling might provide members with opportunities to discuss issues they would not normally address, and through these discussions, the group members could become more intimately acquainted. Cornish and Wade insist that whether group members are able to identify with other members' spiritual or religious beliefs is irrelevant. Even when members disagree, they have an opportunity to accept others regardless differing views and improve their comfort with speaking about their beliefs (Pargament, 2007). Thus, the topic of religion and spirituality has the potential to foster therapeutic factors (Yalom, 2005) that prove to be curative to groups by enhancing cohesion (helping members connect at a deeper level), generating interpersonal learning (learning about the diverse influences of spirituality and religion on other's lives), and uncovering existential factors within group members (creating opportunities for members to express an element of their lives that provides them with meaning).

By addressing spirituality and religion in a group setting, the members experience a safe outlet to discuss issues that may have been deemed taboo by their social support systems (Cornish & Wade, 2010). When individuals are forbidden or reluctant to address their concerns, questions, and doubts with their spiritual or social communities, they can experience feelings of isolation, anxiety, and ambiguity (Altemeyer, 1988). Honest and open discussions surrounding one's spirituality and religion can lead to feelings of universality (Yalom, 2005) when group members express similar concerns, doubts, or questions. Group members can also experience catharsis (Yalom, 2005) as they express feelings that they have hidden from others. Finally, through the exploration of spiritual or religious concerns within a group setting, the members are able to evaluate their beliefs thereby freeing themselves from pretence and becoming more authentic group participants.

Cornish and Wade (2010) also report that addressing spirituality and religiosity within a group setting improves group leaders' and members' awareness of participants' strengths and coping mechanisms. As a result, these strengths can be emphasized to foster healing and growth. In addition, group members can become aware of new spiritual and religious methods of coping as members' share their own sources of strength and purpose within their lives. As demonstrated by this range of positive outcomes, literature has identified many benefits to addressing spirituality and religion within a group setting.

Barriers to Addressing Spirituality and Religion within a Group Setting

Although benefits to addressing spirituality and religion within a group setting can be uncovered, limitations must also be considered. First, researchers have expressed a need for more training on attending to spiritual and religious issues within counselor preparation programs

(Briggs & Rayle, 2005; Young et al., 2002). These researchers argue that a lack of training generates reluctance on the part of counselors to address spiritual and religious issues as they arise in therapeutic settings. In addition, Hill et al. (2000) reported the average therapist is less religious than their clients. The discrepancy between the importance of spirituality and religion for counselors and clients may cause group counselors to be less attentive to clients' spiritual or religious concerns (Cornish & Wade, 2010). Therefore, counselors may be reluctant to address spiritual and religious issues with clients.

Cornish and Wade (2010) also describe that some practitioners consider addressing spirituality and religion inappropriate and outside of the realm of therapy. In addition, others may fear imposing their own beliefs and values on clients (Mack, 1994). However, counselors are trained to deeply understand and navigate a wide range of client beliefs and values without imposing their own values upon clients (Corey, Corey, & Callahan, 2010). Thus, counselors should be able to apply this training onto discussions surrounding spiritual and religious issues.

The nature of a group setting may provide additional limitations to discussing spirituality and religion. Specifically, group members might be at odds with one another upon discussing differing spiritual and religious beliefs and values (Cornish & Wade, 2010). However, group leaders are trained to effectively handle conflict within groups and the resulting group dynamics that may occur (Corey, 2012). In addition, discussions of members' spiritual and religious beliefs may result in heightened respect for individuals whom have differing beliefs and values as group members develop close relationships with individuals whom are different from themselves. This acceptance of diversity is an interpersonal skill that does not require group members to compromise their own spiritual or religious beliefs (Pargament, 2007).

In addition to the abovementioned potential limitations to addressing spirituality and religion in a group setting, Cornish and Wade (2010) report spiritual and religious discussions may leave uninvolved group members feeling disregarded. Although this is a possibility, effective group leaders are trained to attend to the group dynamics and can use feelings of exclusion as a topic for discussion within the group (Corey, 2012; Yalom, 2005). Furthermore, the absence of spiritual or religious observation equally influences member's worldviews and should be acknowledged, understood, and respected within the group. Also, for the purposes of the activities presented below, if group members report they are not spiritual or religious, the definition of spirituality can be broadened to encompass member's search for meaning or truth. When facilitating these activities, group leaders should first explain all aspects of the activities and obtain group members' unanimous consent before employing these activities within a group setting.

Addressing the Spiritual Competencies through Experiential Activities

The authors of this article, whom are all experienced counselors and/or counselor educators, adapted three experiential activities to incorporate several of the spiritual competencies (ASERVIC, 2009). Whereas an involved discussion of the theoretical tenets and empirical research surrounding each activity could warrant individual articles, the purpose of this article is providing practitioners with methods to directly apply the spiritual competencies to group practice. Each activity includes (a) the logistics of the group (i.e., population, time required, goals of the group, materials needed, and preparations), (b) methods, (c) follow-up process questions, (d) spiritual competencies addressed, and (e) the therapeutic factors that may arise as a consequence of these activities.

Spiritual Safari

The Spiritual Safari is an adaptation of an exercise originally described in Nelson, Lott, and Glenn's (2000) manual for educators, *Positive Discipline in the Classroom.* The original activity was designed to assist school age children in better understanding and appreciating individual's differences in personalities, thoughts, and strengths. Typically, preparation for the exercise takes between 5 and 20 minutes and implementation ranges from 40 to 60 minutes depending upon the extent of the participant's processing and discussion. Although this exercise was initially developed for children, it can be successfully adapted to groups of adults, adolescents, or children ranging from small groups (i.e., 6-10 participants) to small classrooms (i.e., 11-20 students). However, the group leader must adapt the extent and depth of processing to ensure the safety and comfort of the group members.

The objective of this activity is to provide group members with an opportunity to explore and share the role of spirituality or religion within their own lives. Through this projective task, members reflect on the integration of spirituality or religion in their personality and way of interactions with others. In addition to uncovering representative characteristics, group members also reflect upon attributes uncharacteristic of their spirituality or religion. Finally, in sharing and listening to the reflections of others within the group, participants learn to recognize and appreciate the differences and strengths of others' spiritual personas.

Materials and Preparation

Group leaders will need visual representations of four animals: a turtle, a chameleon, a lion, and a songbird to use in their presentation and discussion of the activity. These images can be in the form of a picture, poster, figurine, or stuffed animal. An easy visual representation is a

sketch by the group leader on a poster board. In addition to the images, the leader also provides a copy of the worksheet (see Figure 2) and a writing instrument for each participant.

Method

The group leader begins the activity by initiating a conversation on spirituality and religion. In this brief introduction, the leader can present the definitions of spirituality and religion and discuss the individual nature of each person's spirituality. Throughout this discussion, the leader is encouraged to foster an atmosphere of curiosity and openness (Corey, 2012) to learning about oneself and fellow group members.

Following the introduction, the group leader will present images or figures of the four animals (i.e., turtle, chameleon, lion, and songbird). In presenting each of the animals, the leader will ask the participants to reflect on the attributes they associate with each of the animals and select the animal they feel is most representative of their own religion or spirituality. For example, a group members may associate her spirituality or religion with a turtle if she feels that spirituality or religion is a very personal experience. On the other hand a participant may select a songbird if he feels spirituality or religion is an aspect of that is frequently shared and discussed with others. Someone may identify with a chameleon if spirituality or religion flexes and adapts to different situations; whereas, someone who selects a lion may view their religion as something based on established principles and traditional theology. An important aspect in identifying these characteristics is providing participants with the opportunity to describe why this animal is representative for them. Using the worksheets provided, participants generate a list of characteristics to describe how the animal they selected is representative of their spirituality or religion.

Subsequent to constructing the list of similarities to the selected animal, participants are instructed to complete the second section of the worksheet. Though this task, members develop lists of characteristics representative of each of the other animals, which did not match their own personal spirituality or religion. For example, a group member who selects a chameleon may list characteristics such as flexible, open, and eclectic as characteristics of himself and then list expressive, evangelical, or passionate as characteristics of a songbird. During this task, group members will be encouraged to think of qualities that they respect or admire that they do not currently possess. The focus of this portion of the exercise will be to explore the perspectives of others spirituality and religion and build a foundation for appreciating differences.

After all participants have had the opportunity to process and list their characteristics independently, they will then be asked to share their selection and reason for their selection with the group. This discussion will be facilitated by the questions listed in the section below.

Variations

If this activity is completed with a large group, after the initial presentation of the animals group members can be asked to congregate by the depiction of the animal they selected. Each of these groups can then develop a list of characteristics collaboratively. Performing this task as a small group may provide more comfort and security within a large group setting, as participants may feel more intimidated to share individually.

A second variation involves posting each person's list of characteristics by the animal they selected. Upon presenting the lists, group members are instructed to roam around the room and read one another's lists of characteristics prior to processing as a large group. This variation has the advantage of further preparing the group members for discussion and facilitating comfort

if unknown similarities are present. Nevertheless, some participants may feel uncomfortable sharing their writing for various reasons, so the group leader should be particularly sensitive and discuss this option with the group rather then requiring members to display their worksheets.

Process Questions

During the processing component of this activity, the leader will not only identify and link commonalities and differences among the participants' descriptions, but also cultivate respect and acceptance (rather then confrontation and challenge) for each person's individual beliefs and integration of spirituality and religion within their own life. Some questions to facilitate this conversation include:

1. How did you experience the process of ascribing characteristics to the animals?
2. Were the characteristics you ascribed the *other* animals congruent with other group members perceptions?
3. Were there any characteristics you were surprised to hear?
4. Were you surprised by your fellow group member's selections?
5. How can each of these different "animals" support the development or expression of one another's spirituality or religion?
6. Did you think you would have selected a different animal at a different stage in your life? If so, what has changed?
7. What did you learn about yourself from this activity? What did you learn about your other group members?

Spiritual Competences Addressed

This activity attends to several of the ASERVIC's (2009) competencies. First, the exercise addresses the Culture and Worldview competency through counselor's forthcoming discussion of religion and spirituality. In defining and describing the differences between spirituality and religion, counselors respect the individuality of each person's view and integration of religion and spirituality into their own lives. Similarly, the Counselor Self-Awareness competency is a focus as group leaders investigate their beliefs in preparing for the activity. Hearing each individual's conceptualization provides an opportunity to challenge existing beliefs and extend counselor's notions of religion and spirituality. Finally, counselors attend to the Communication competency as they draw from the group members' own definitions and lists of characteristics of spirituality and religion. Throughout discussions it is recommended that leaders assume a stance of curiosity and acceptance (Corey, 2012) rather than confrontation and challenge to cultivate a climate of courtesy, interest, and respect for each group member's individual beliefs. Along these lines, leaders should draw from the participant's own definitions of spirituality and religion during the discussion rather then attempting to merge the participant's definitions with the standardized definitions provided in the introduction to the exercise.

Therapeutic Factors

Several of Yalom's (2005) therapeutic factors may be achieved through participation in the Spiritual Safari. The novel, creative, and projective manner of this activity as well as the topics of spiritually and religion may improve participants' self-understanding and interpersonal learning (investigating existing beliefs and developing a better understanding of themselves, their

beliefs, and the values behind these beliefs), cohesion (exploring group members similarities and differences within a safe context), universality (developing a stronger relationship through shared collaboration), and catharsis (openly expressing thoughts and values that may be difficult to discuss in other settings). By sharing ones spirituality and religion, the group members have the opportunity to connect and better understanding both themselves and the other group members within a safe, accepting environment.

The Spiritual In-and-Out Box

This experiential activity was adapted from an exercise developed by Zimmerman and Aberle (2009) within the Fairness for All Individuals through Respect (FAIR) curriculum. Originally this activity focused on teaching social justice by exploring K-12 students' preconceived gender biases, but has been adapted to address group members' spiritual and religious preconceived notions. This activity takes approximately five minutes to prepare and one hour to conduct. The *Spiritual In-and-Out Box* is appropriate for individuals aged 8 and older with between 5 and 25 group members.

Through this activity, group members may become more aware of their own religious views as well as alleviate any misunderstandings or misconceptions of others' spiritual and religious beliefs. The goals of this group include (a) increasing members' understanding and awareness of their own unique spiritual views, (b) discovering other member's views of religion and spirituality, (c) providing a safe atmosphere to discuss thoughts and feelings regarding similarities and differences between group members' views, and (d) clarifying misunderstandings while maintaining a respectful and positive learning experience.

Materials and Preparation

Group leaders will need one medium sized cardboard box for every five to nine group members, a ream of paper, scissors, tape, pencils, and colored markers.

Methods

The group leader will begin this group by leading a discussion on spirituality and religion using the definitions cited earlier. In addition, the group leader will discuss the meaning of "in-the-box" and "out-of-the-box" spirituality and religiosity. Within this activity, the term "in-the-box" refers to how an individual group member perceives *oneself*, and out-of-the-box refers to how group member perceives *others'* spirituality or religious views. In other words, in-the-box spirituality and religiosity pertains to group members' views of spirituality and religion within their own lives and out-of-the-box pertains to group members' perceptions of others' religious views. For example, a group member that defines him or herself as Catholic might depict a crucifix or a fish for their in-the-box symbol and a Buddha or a yin and yang symbol for their out-of-the-box picture.

After this discussion, the group leader will pose the following questions to the group, "What does in-the-box/out-of-the-box mean to you in general?" In addition, "What does in-the-box/out-of-the-box mean in regards to religion and spirituality?" The group leader may also want to ask, "What has influenced what goes in-the-box in your life?" The group leader will use group counseling techniques such as empathy, support, and blocking to insure a safe and productive group environment (Corey & Corey, 1997).

Once the group leader establishes that the group understands in-the-box versus out-of-the-box spirituality and religiosity as it applies to this activity, the leader will give the group(s) a

cardboard box, paper, colored markers, and scissors. This experiential activity can be adapted for use with large (12 or more) group by separating the large group into smaller groups (of five to nine members). The leader will then direct the members to draw, color, and cut out images that symbolize their in-the-box picture what spirituality and religion means to them. After approximately ten minutes, each group member will have an opportunity to voluntarily share their in-the-box image and the meaning they ascribe to this image. Upon sharing, each member would place their image inside their groups' cardboard box.

Next the group leader directs members to draw, color, and cut out images that would symbolize how they view other's spirituality and religion (i.e. out-of-the-box symbols). After approximately ten minutes, each group member will share his or her out-of-the-box images and meanings. In large group settings, group members should appoint a volunteer to share their groups' in and out-of-the-box images and meanings with the larger group. At the culmination of the activity, each member would tape his or her own out-of-the-box image on the outside of the box.

Process Questions

Along with the sharing discussed above, the group leader can choose from the following follow-up process questions:

1. What did you learn about other spiritual and religious beliefs during this activity?

2. Where do we learn what goes in-the-box and out-of-the-box for us? Are these influences helpful or hurtful in understanding other members' views of spirituality and religion?

3. Were you able to identify with other group members regarding their views of spirituality and religion?

4. Did this exercise allow you to expand what is in your box?

Spiritual Competences Addressed

ASERVIC's (2009) spiritual competencies are addressed within this activity. Regarding Culture and Worldview, the group leader must be able understand and relate to members' spiritual and religious views. Considering the Human and Spiritual Development section, the leader must have sufficient knowledge of varying spiritual and religious ideologies to assist members' in resolving misunderstandings or misinterpretations should they arise. During this process, the group leader will be constantly exploring and evaluating their beliefs and views, which is an emphasis of the competencies three, four, and five (i.e. Counselor Self-Awareness). The competencies addressing Communication, Assessment, Diagnosis, and Treatment are covered throughout this activity as members use appropriate terminology, and verbalize acceptance and understanding of divergent and convergent spiritual and religious beliefs.

Therapeutic Factors

Through the completion of this activity, several therapeutic factors (Yalom, 2005) that provide healing may occur. These factors include self-understanding (as members gain insight into their spiritual and religious beliefs through sharing, discussion, and reflection), cohesion and universality (as members share and learn about one another at a more meaningful level), altruism (as members listen to and support other members), and catharsis (as members openly express their emotions).

Spirituality and Religion: A Puzzling Matter

The following activity was adapted from a creative counseling technique designed by Jacobs (1992). Therapists have successfully used this activity in group settings, ranging from 5 to 12 group members, with individuals aged 18 and older. The activity typically takes 15 minutes to prepare and between one and two hours to conduct. The goals of this group include (a) understanding group members' unique spiritual and religious perspectives, (b) identifying the influence of spirituality and religion on group member's lives, (c) discovering spiritual and religious factors group members identify as a source of strength and/or coping, (d) provide an atmosphere where group members can openly discuss thoughts, feelings, and behaviors related to spiritual and religious matters, and (e) aid members in respecting and appreciating one another's spiritual and religious differences.

Materials and Preparations

In preparing for this activity, group leaders will need one 22''X 28'' (standard sized) poster board, a pair of scissors, a pencil, and colored markers. After obtaining the materials, leaders should outline several interlocking puzzle pieces on the backside of the poster board. Leaders should design one puzzle piece per group member. For example if the group consists of 7 group members, the leader should cut out seven puzzle pieces using all of the construction paper for the purposes of the puzzle. Each puzzle piece should be approximately the same size. The puzzle's design is only limited to the group leader's level of creativity. Thus, leaders can create a puzzle with a simple design or a more complex design (see illustration in Figure 1 representative of two puzzle configurations for a group with 7 members). After outlining the puzzle, group leaders should mark the backside of the puzzle piece with a "B" and then cut along

the lines sketched to divide the puzzle into several pieces. The group leader should bring all of the abovementioned materials to the group session.

Methods

Group leaders begin this activity by leading a discussion on spirituality and religion. The definitions cited within this article can be used for this purpose. In addition, group leaders should pose the following directives and questions to group members, "If you don't mind sharing, please tell us about how spirituality and religion influence your outlook." "How is spirituality or religion a source of strength for you?" And, "How do you use spiritual and religious activities to cope with distress?" Group leaders should employ overarching counseling skills (i.e., active listening, paraphrasing, refection of feeling, etc.) as well as bring member's non-verbal reactions (e.g., if a group member smiles, frowns, or crosses their arms, group leaders should use their clinical judgment in calling these behaviors to the groups' attention) into the here-and-now (Yalom, 2005) as group members share.

Upon hearing the impact of spirituality and religion on member's lives, group leaders should direct members to select one precut puzzle piece and use colored markers to sketch symbolic representations of spiritual and religious ideas, thoughts, feelings, and coping methods that are important to them on the puzzle piece. Once group members have finished with their illustrations, the group leader will conduct a round of sharing. Each group member that is willing to share will be given an opportunity to describe each of the symbolic representations they drew upon their puzzle piece. After sharing, group members should be instructed to work together to solve the spiritual puzzle by placing each of their puzzle pieces in its corresponding place on the floor or table.

Process Questions

In addition to the questions posed above, after the activity is completed, group leaders can choose from the following list of questions to assist in processing group members' experiences.

1. What did you learn about other group members during this activity?

2. What thoughts and feelings did you experience during this exercise?

3. What similarities and differences did you observe with regard to member's spirituality and religion (values, coping, strengths, etc.)?

4. What thoughts and feelings emerged when you successfully put the puzzle together with your group members?

5. Would anyone mind sharing how this activity may serve as a metaphor for interacting with individuals that differ from you spiritually or religiously?

Spiritual Competencies Addressed

This activity addresses several spiritual competencies outlined in ASERVIC's (2009) *Competencies for Addressing Spiritual and Religious Issues in Counseling*. First, through the competent execution of this exercise, counselors achieve the Culture and Worldview competency. Specifically, the counselor discusses the similarities and differences between spirituality and religion as well as recognizes the influence of spirituality and religion on the client's worldview. Further, the activity requires group leaders to explore their own value systems, continually evaluate the impact of their views on the group process, and recognize the introduction of spiritual issues that exceed their level of experience. In addition, each of these components address the standards illustrated in the Self-Awareness section of the competencies

(ASERVIC, 2009). Finally, the group leader achieves the Communication and Diagnosis and Treatment competencies by (a) responding to group members' spiritual and religious statements in manner that is therapeutically appropriate and consistent with the client's worldview, and (b) incorporating spirituality and religion into the therapeutic group process through a method that enhances group members' wellbeing.

Therapeutic Factors

Several of the therapeutic factors described by Yalom (2005) may arise when conducting this group. For instance, cohesion (as members share at a deeper level), interpersonal learning (as members learn to appropriately communicate their beliefs and respect the spiritual and religious views of others), universality (as members discover similarities with the views and struggles of others), imparting of information (as the leader provides the group with information concerning the difference between spirituality and religion), catharsis (as members express emotions related to their spiritual and religious views), and existential factors (as members' explore meaning and purpose found within their spiritual and religious beliefs) each may occur within the group.

Discussion

While the three experiential activities presented above were designed for easy use, additional limitations and caveats should be considered before using these exercises within group. These boundaries and considerations are discussed herein.

Limitations and Considerations

Given counselors can benefit from exploring their own competence and comfort with regard to spirituality and religion, we recommended that group leaders willingly explore their own values and beliefs and be prepared to competently govern their own reactions in relation to the content discussed within the group. In addition to attending to themselves, group leaders must be thoughtful of the specific population with which they will be executing these activities. In this role, assessing the appropriateness of the intervention, ensuring a climate of safety, and cultivating an atmosphere of mutual respect is paramount to the welfare of the group's participants.

Aside from emotional preparation and assessing the therapeutic climate within the group, counselors must be prepared to use these exercises effectively and in accord with the ACA code of ethics (2005). Thus, the authors of this article recommend that group leaders practice the implementation of these activities under guidance and supervision prior to working with a group. Also, group leaders are encouraged to tailor the activity to their specific group. Depending on the age, comfort, and security of the group, different elements of the activity may need to be adapted. For example there should be less of an emphasis on providing definitions for a group that has previously discussed spirituality and religion, or additional time should be allocated to processing the experience within groups that have not previously addressed these topics. While counselors are encouraged to practice these activities with supervision and guidance, they are also reminded to be adaptable and flexible during group sessions. By adjusting to group members' interests, each of these activities may become more valued and accepted by the group.

Finally, additional research and empirical support is needed on the integration of spirituality and religious discussions into group counseling. While this article presents activities that can be used with a range of clientele, research on the development and actual implementation of additional exercises would be beneficial to group counselors. As our profession continues to recognize the advantages of broaching and addressing spirituality and religion, therapists will need additional tools and research support for the validity of these resources.

Conclusion

While religion and spirituality are described as important aspects of many individuals' lives, the integration of these topics into group counseling literature is limited. At this time, counseling organizations have revised ethical codes to address counselor competence and sensitivity to religion and spirituality, and ASERVIC has developed 14 competencies to guide counselors integration of these topics into clinical practice. With attention to these developments, this article described three experiential activities designed to address client's existing interest in spirituality and religion within the group counseling setting.

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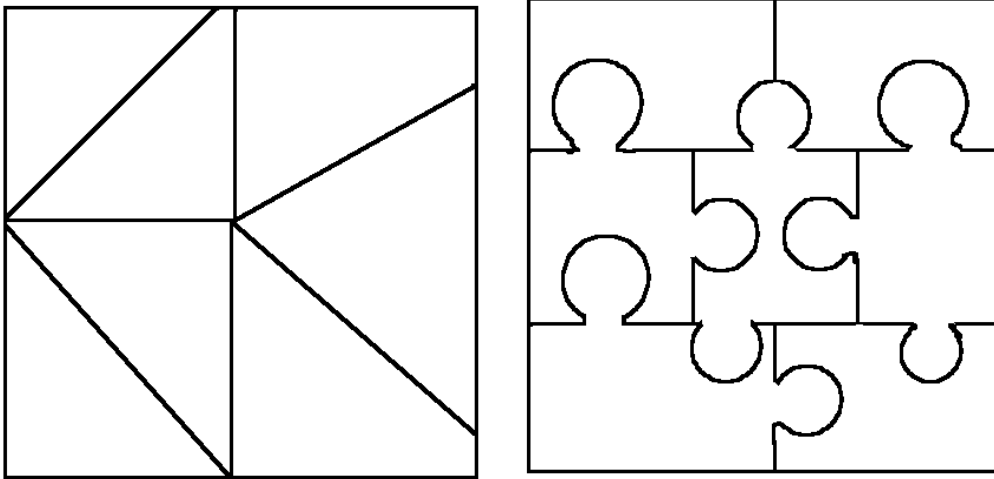*Figure 1: Two-puzzle configurations for a group with seven members.*

Figure 2: Spiritual Safari Participant Worksheet

Spiritual Safari: Who Am I?

Why I Chose to Be A (Animal Selected)
(List personal characteristics of selected animal that the individual identifies as being congruent with their personal spirituality or religion)

Why I Didn't Choose to Be A….		
(Unselected Animal 1)	**(Unselected Animal 2)**	**(Unselected Animal 3)**
(List characteristics of this animal described as incongruent with individual's personal spirituality/religion)		

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