



CASC / ACSS

Canadian Association / Association canadienne
for Spiritual Care / de soins spirituels

STANDARDS OF PRACTICE

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The Canadian Association for Spiritual Care / Association canadienne de soins spirituels (CASC/ACSS) advances the professionalism of spiritual care and psychospiritual therapy in Canada.



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SECTION 1: STANDARDS OF PRACTICE FOR CASC/ACSS CERTIFIED PROFESSIONALS

1.1 A HISTORY OF SPIRITUAL CARE AND PSYCHOSPiritUAL THERAPY

In Canada, Supervised Pastoral Education (SPE) came out of the Clinical Pastoral Education (CPE) movement in the United States. American Pioneers, Dr. William Keller, Dr. Richard Cabot, and Rev. Anton Boisen,ⁱ introduced a new training method into theological education in the 1920s (Veinotte, unpublished). Their mission was to train clergy within the healthcare system and enable religious clergy to become part of the healing team for patients (“those that suffer”). Boisen believed that students studied patients as “living human documents” (Asquith, 1982) under supervision, much like how interns became medical doctors. Clergy developed through action and reflection, self-awareness, and spiritual growth a practical method for “doing” theology and augmented traditional methods of theological education beyond the academy. This new orientation assisted clergy to develop more effective communication skills and, through CPE’s spiritual formation, become more competent in delivering pastoral care to the sick and dying.

According to Stokoe (2005), the founders of the CPE movement made it clear to every student that they must not think of themselves as under training to “become a psychiatrist or a psychoanalyst” because it would take years of specialized training for that goal within formal institutions. Instead, the ethos of CPE was to bring “the minister-to-be face to face with human misery in various institutions, and there, under competent supervision, to accomplish three things:

1. Open the student’s eyes to the real problems of [all] and to develop in [them] methods of observation which would make [them] competent as an instigator of forces which religion has to do and the laws which govern these forces
2. To train [them] in the art of helping people out of trouble and enabling them to find spiritual Health
3. To bring about a greater degree of mutual understanding among the professional groups which are concerned with the personal problems of human beings (Stokoe, 2005).

By the end of the 1930s, CPE attracted Canadian students,ⁱⁱ who became leaders in developing SPE and rallying a movement of clinical pastors (Veinotte, unpublished).

SPE valuing inclusivity moved beyond Christian Protestantism to ecumenical affiliations and inter-faith clergy. With the term SPE, members of the Canadian Association were more closely associated with academic theological institutions with their emphasis on ministry supervision than with clinical observation. By the 1970s, CPE programs in Canada were well established across the nation and were an integrated part of many theological institutions (Veinotte, unpublished).

In Quebec, towards the end of the 1960s, the CPE program began in English at the Douglas Hospital, located in Verdun, and later at the Montreal General Hospital. In 1971, a first training



in French was given at the Robert-Giffard Hospital Center in Quebec (Beauport). It was the Camillian Fathers who pioneered CPE training by introducing French courses in Quebec. From there, the training of supervisors allowed the expansion of French-language training in the Quebec City region (Hôpital de l'Enfant-Jésus, Clinique Roy-Rousseau), in Montreal (Hôpital Notre-Dame) and in Sherbrooke (Centre hospitalier de Sherbrooke) (Zanetti, 1979; Giguere, 1993).

In Canada, the training branch to become a Pastoral Counsellor was Pastoral Counselling Education (PCE). An effort to solidify CPE and PCE under the same Supervisory Education has been a long-standing value. Since the 1980s, some SPE centres have included 1 PCE unit during a CPE year-long residency. By the 1990s, PCE centres underwent significant expansion, and Supervisor-Educators piloted a blended PCE and CPE unit in the 2000s. Another value learned from PCE centres has been integrating academic counselling courses for retaining the standard pastoral counselling.

As we advanced in 2022, CASC/ACSS developing its core curriculum content integrating it with a Learning Management System for online learning. CASC/ACSS also adopted new nomenclature for CPE (moving from Clinical Pastoral Education to Clinical Psychospiritual Education) and PCE (moving from Pastoral Counselling Education to Psychospiritual Therapy Education and using the acronym PTE) to reflect its transition from an ecumenical Christian sub lens or perspective to an interfaith or spiritual one. Lastly, many provinces are moving toward applying to regulatory professional colleges. Hence the need to clarify our Standards, Scope, and Competencies in this work.

We recommend the resources footnoted below for further reflection of the particulars of our movement in Spiritual Care Practice and Psychospiritual Therapy.ⁱⁱⁱ

1.2 A PHILOSOPHY OF STANDARDS APPLIED

After reviewing CASC/ACSS surveys from members on the roles of the Certified PST and Certified SCP, the Professional Practice Commission (PPC) approved a new strategy and terms when standardizing Spiritual Care and Psychospiritual Therapy in Canada. All Associate and Certified Members are to follow best practices according to the newly revised Standards of Practice (see below). New descriptions for the Certified Spiritual Care Practitioner (SCP) and Certified Psychospiritual Therapist (PST) were drafted based upon the member's cross-national survey results. The PPC commissioned a working group to outline a new series of sections in Chapter 3 of the CASC/ACSS Policy and Procedure Manual from those survey results. The working group drafted three descriptions to support the SCP's and PST's unique roles and the similar ethos of their core identity. Our working philosophy on these roles was to explain our shared identity, values, and model of spirituality when providing care, then to have two further descriptions of how the SCP and PST functions are distinct. Throughout the following sections, members will notice a reference to a "Spiritual Model of Care." For nearly a century, the spiritual care movement in both the United States and Canada has utilized an implicit model of spirituality and care. In the years to come, we will strive to develop a working group that will be assigned to designate a philosophy of spirituality and care distinct from other models to further assist our association in clarifying the profession compared to other occupations.



1.3 DISTINCTIONS IN TERMINOLOGY

1.3.1 STANDARDS OF PRACTICE

Standards of Practice outline the expectations and broad responsibilities for CASC/ACSS Members that contribute to public protection in providing high quality Spiritual Care and Psychospiritual Therapy. They inform Members of their accountabilities and the public of what to expect of them. The standards apply to both CASC/ACSS Associate and Student Members as well as Certified Professionals at varying levels, regardless of their role, job description, or area of practice. Standards are authoritative statements that reflect the values and priorities of the profession and provide direction for professional practice and a framework for the evaluation of practice.

1.3.2 SCOPE OF PRACTICE

Scope of Practice refers to the expression of the standard of practice in the CASC/ACSS Member's individual context. For example, the scope of practice states where, when, and how, a Member in a particular context of care carries out their professional practice.

1.3.3 COMPETENCIES OF PRACTICE

Competencies define skills, abilities, attitudes, and knowledge as outlined in the Manual and demonstrated by CASC/ACSS Certified Professionals.

1.3.4 DEFINING SPIRITUALITY

Foundational Definition of Spirituality

Since defining the term, "spirituality" can't be done in a vacuum, CASC/ACSS acknowledges the 2014 International Consensus by Puchalski, et al., titled, *"Improving the Spiritual Dimension of Whole Person Care."* The International consensus definition of spirituality is as follows:

"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

CASC/ACSS Definition of Spirituality

Based upon this definition, CASC/ACSS has developed a working definition of spirituality. Currently the CASC/ACSS working definition of spirituality is:

"Spirituality is a universal dimension of human experience, a connection to the beyond, a life energy leading to resilience with features such as meaning, purpose, values, hope, trust, love, truth, wonder, beauty, and our sense of connection to self, to others, and to life in general."

1.3.5 DEFINING SPIRITUAL CARE

Spiritual Care embraces a holistic approach, attending to an individual's beliefs, values, behaviours and experiences related to spirituality, religion, culture, and/or transcendence to develop relatedness, wholeness, healing, resilience, meaning and purpose.



Spiritual Care is applied through assessment/identification and treatment/support specific to the person (individual and community). Spiritual and cultural values present often in intermingled fashions. Basic understandings of various cultures' beliefs/values/worldviews enhance understanding and appreciation of each person's unique identity.

1.3.6 DEFINING PSYCHOSPIRITUAL

This term refers to how psychological theory and practice are relationally integrated with spirituality and sacred presence. This conjoined term, Psychospiritual, acknowledges the interconnection of mind and spirit in wellness, appreciating the care recipients' whole personhood with multiple dimensions. The goal here is what world religions have called "the cure of the soul" (Mijares & Khalsa, 2005; O'Connor, Lund & Berendsen, 2014). The term acknowledges the central role of spirituality in health and healing. Psychospiritual implies the practitioner or therapist will utilize spiritual knowledge, spiritual assessment, and ritual as central to their clinical evaluation and/or counselling relationship.

1.3.7 COMMON IDENTITY, VALUES, AND SPIRITUAL MODEL OF CARE

"CASC/ACSS Certified Professionals" share a common identity, values, and a shared Model of Care (known as a "Spiritual Model of Care" going forward). Their Spiritual Model of Care is holistic in nature and is distinct from other models of care (e.g., medical, psychological, social, ecological/holistic). It is part of the common bio-psycho-social-spiritual model but is more particular in philosophy and scope.

The Spiritual Model of Care integrates insights from religion, spirituality, the social sciences (psychology, sociology, theology, philosophy, and anthropology), natural sciences (neuroscience, evolutionary theory), insights from counselling and psychotherapeutic approaches and modalities, ethics, human diversity, and a range of humanistic traditions.

Both SCPs and PSTs assess the nature and extent of concerns, collaboratively develop a care plan and provide interventions to promote, maintain, and restore health and/or palliate illness, injury, spiritual distress and suffering. They evaluate the implementation of a care plan to ensure its efficacy. At their core, both professionals are spiritual leaders representing the transcendent with sacred presence in their respective communities of care. Both professionals may be ordained or endorsed by their faith community. Both require formalized academic education or equivalent with courses in theology through an accredited institution.

Where the SCP and the PST differ in their roles are the following: *education, training, context of care, and scope of practice* (i.e. activities performed in the context of care).

What follows below are descriptions of the two roles in how they are distinct given what was written above.

1.3.8 DISTINCT IN ROLE, EDUCATION, CONTEXT OF CARE, AND REGULATORY CONDITIONS FOR THEIR PROFESSIONAL PRACTICE

A CASC/ACSS Certified Spiritual Care Practitioner (SCP) is a certified professional in the provision of spiritual care who fulfills their role primarily within institutional contexts. SCPs utilize a Spiritual Model of Care alongside other models operative within a given institutional setting. SCPs differ from PSTs in their academic and professional formation. In terms of their academic formation, SCPs have thorough course work that is theological in nature (history, teaching, sacred texts, ethical studies in a faith tradition) and various in-depth education regarding their specialized institutional context of practice. SCPs demonstrate a working knowledge of



psychological theory and modalities so they can understand and work with the dynamics influencing their care-recipients. SCPs engage with care-recipients in personal and spiritual distress. SCPs specialize in support and intervention strategies relevant to situational crisis associated with such things as illness, incarceration, addictions, and pressures related to specialized settings like healthcare, the military, corrections, industry, education, or a faith community.

A SCP receives spiritually formative training through CPE (Clinical Psychospiritual Education), which applies a Spiritual Model of Care within a corresponding institutional context. SCPs practice specialized spiritual care in accordance with CACS/ACSS values and its Model of Spirituality. SCPs are mandated by their institution to attend to the spiritual, represent the sacred, and attend to the emotional, spiritual and religious needs of care-recipients and staff by providing care and consultation specific to their institution and within the systemic milieu in which it exists. Their distinctiveness is grounded in their ability to provide spiritual care and counsel within special or distressing contexts, circumstances and to address systemic issues impacting care within complex organizations.

A CASC/ACSS Certified Psychospiritual Therapist (PST) is a certified professional in the provision of Psychospiritual Therapy. They facilitate the integration of therapy with spirituality primarily within the context of community agencies, faith communities or a private practice. A PST integrates psychotherapeutic modalities into the Spiritual Model of Care at a more extensive level than a SCP. PSTs differ from SCPs in their academic and professional formation. While PSTs complete studies in spiritual formation, their primary academic formation focuses their graduate-level course work on topics such as mental health, counseling, specific psychopathologies, and contemporary psychotherapies in private practice. A PST has professional formative training through PTE (Psychospiritual Therapy Education) where PSTs learn to utilize an explicit approach with their care-recipient to frame the therapeutic goals within an articulated and agreed upon spiritually integrated psychotherapeutic modality. The PST stream also requires courses in therapy. They primarily provide individual and/or group therapy to care-recipients according to a contract and sometimes practice in collaboration with universities, legal bodies, or a care-recipient's physician. Their distinctiveness is grounded in their ability to provide in-depth psychospiritual therapy with or without a team context.

1.4 OUR COMMON COMMITMENT

Note: *Use of this common commitment is to be determined.*

I commit to fulfill, to the best of my ability, this covenant and promise:

I will uphold the ethos of our profession to learn from people as “living human documents.”

I will treat the sacred with respect and endeavor to bring vitality to those in need.

I will nurture and help others connect with their experience of the transcendent

I will meet people with authentic presence amidst our common human condition.

I will use the sacred presence granted to me by others for their comfort, healing and recovery.

I will diligently upgrade my professional skills, within my scope of practice, understanding my limitations.

I will hold myself to our common code of ethics to safeguard others.



I will speak the truth as I limitedly know it and treat my colleagues who hold this commitment with respect, kindness and humility even when I voice my disagreement.

I will work with my peers to advance our profession and fulfill our shared responsibility.

As I honour and remain true to this commitment, may I enjoy the rewards that come with integrity:

- a fulfilled sense of meaning and purpose
- the fruits of companionship with my colleagues
- remembrance with all affection

1.5 OUR STANDARDS OF PRACTICE



1 ACCOUNTABILITY

Each member is answerable to the public, CASC/ACSS and responsible for ensuring that their practice and conduct meets organizational requirements, policies, and regulatory Guidelines.



2 QUALITY

2.1 Quality of Care and Therapy: Each member seeks and creates opportunities to enhance the form of their practice according to their context of care

2.2 Professional Development: Each member endeavors to advance growth in spirituality and self-awareness, maintain and continually improve their competence by self-assessment, education in professional growth, and participating in peer-review



3 ETHICS

Each member understands, upholds, and promotes the values and beliefs described in the CASC/ACSS Code of Ethics and Professional Conduct as well as relevant codes of conduct for organizational obligations



4 KNOWLEDGE

Each member takes responsibility for continued education, demonstrating a working knowledge of current theory and practice as it relates to their context of care



5 LEADERSHIP

Each member demonstrates initiative by providing, facilitating, and promoting the best possible care and service to their recipients



6 PROFESSIONAL RELATIONSHIPS

6.1 Relationships of Care and Therapy: Each member establishes and maintains respectful, collaborative, therapeutic, and professional relationships with care-recipients

6.2 - Professional Relationships: Professional relationships with other care providers, agencies, institutions are based on trust and respect, and result in improved care

1.5.1 STANDARD 1: ACCOUNTABILITY

CASC/ACSS members are accountable to the public, CASC/ACSS and responsible for ensuring that their practice and conduct meets legislative and organizational requirements, policies, and regulatory Guidelines.

CASC/ACSS Associate Member & Engaged in Practice

- When required by people involved in the care of the individual, provide an appraisal for their spiritual needs and resources.
- Record details of spiritual care delivery, care-recipient preferences and outcomes of care into individual's care records and databases, in accordance with applicable standards and policies.
- Comply with federal, provincial, and local policies and regulatory guidelines regarding privacy and confidentiality
- Adhere to organizational policies and procedures such as mandatory and occupational health and safety training.

CASC/ACSS Certified Professional

As for the Previous Level Plus:

- Are accountable to fellow CASC/ACSS Certified Professionals through Peer Review process
- To understand and be accountable to the organizational and institutional culture and systems
- "Develop an understanding of the organizational and institutional culture and systems, while actively advocating for the integration of spiritual care and/or psychospiritual therapy into the organization's culture"
- Incorporate the care-recipient individual identity including their cultural, family, religious/spiritual, age, sexual orientation, ethnic and other contexts
- Are accountable to external foundations and to uphold donor intent.
- Are accountable to intentions of funding source and external foundations
- Are accountable to self and one's own personal life to maintain their own wellness in order to provide ethical psychospiritual care and therapy



1.5.2 STANDARD 2: QUALITY

1.5.2i QUALITY OF CARE AND THERAPY

CASC/ACSS Members seek and create opportunities to enhance the quality of their practice according to their context of care.

CASC/ACSS Associate Member

- Participate in continuous quality improvement projects as directed
- Conduct literature review of relevant population within context of care
- Provide brief education regarding spiritual screening, and how to make referrals to a certified SCP or PST professional or to other professionals
- Provide clear and timely communication via in person or virtual technologies with others that improves quality of care

CASC/ACSS Certified Professional

As for the previous level plus:

- Initiate and participate in continuous quality improvement programs and projects
- Contribute to professional publications such as academic and professional journals
- Collaborate with researchers and practitioners
- Educate staff across organizations, universities, agencies or in private practice regarding the significance of spirituality and the scope of a specialist
- Report on improvement initiatives and outcomes to the agency, university, institution's executive quality committee
- Advocate and collaborate with others for quality practice improvements in the workplace



1.5.2ii PROFESSIONAL DEVELOPMENT

CASC/ACSS Members endeavor to advance growth in spirituality and self-awareness, maintain and continually improve their competence by self-assessment, education in professional growth, and participating in peer-review.

CASC/ACSS Associate Member

- Engage continuing professional development and educational standards in preparation for certification as SCP or PST
- Provide peers and colleagues feedback that encourages professional and spiritual growth
- Be familiar with current research in spiritual care and psychospiritual therapy
- Read literature within your professional stream and consult with other certified professionals
- Maintain, clarify, explore and grow in one's spiritual tradition with spiritual practices
- Implement spiritually informed self-care practices to maintain one's work-life balance.

CASC/ACSS Certified Professional

As for the previous level plus:

- Integrate current spiritual orientation with one's work at a deeper level
- Join or initiate a professional practice committee regarding a particular topic of concern
- Assume full responsibility for their own professional development and sharing knowledge with others
- Investing time outside of one's profession, effort and other resources to improve knowledge, skills, and judgement
- Participate in an annual performance review
- Complete 50 hours of Professional Development per year: 20 hours of Spiritual Growth, 20 hours of Continuing Education & Supervision, 10 hours of Research
- Complete CASC/ACSS's Ethics Education Module at minimum once every peer review cycle (5 years)



1.5.3 STANDARD 3: ETHICS

CASC/ACSS Members understand, uphold, and promote the values and beliefs described in the CASC/ACSS Code of Ethics and Professional Conduct as well as relevant codes of conduct for organizational obligations.

CASC/ACSS Associate Member

- Adhere to CASC/ACSS Code of Ethics and Professional Conduct
- Maintain an ethical stance in all relationships
- Maintain an ethical stance towards colleagues and SPE Supervisors
- Support ethical decision making
- Maintain personal and professional boundaries
- Reflect frequently on the role that one's spirituality informs moral character
- Apply best practice to moral dilemmas and moral distress within one's professional role and limits of education
- Articulate how one's personal values, worldview, and social location influence their care
- Possibly include gifts here.

CASC/ACSS Certified Professional

As for the previous level plus:

- Promote ethical decision making
- Identify and respond appropriately to ethical issues.
- Participate in continuing education regarding ethical practice.
- Consider views of the wider community and/or institution on relevant ethical issues
- Serve as a member of organizational ethics committees or equivalent
- Consult relevant community stakeholders to hold one accountable to spiritually informed morality and an ethical lifestyle
- Apply an ethical approach to policies, procedures, and service delivery.
- Provide education to staff on the role of spirituality when moral dilemmas arise pertaining to care-recipients
- Encourage and support critical thinking and dialogue about moral dilemmas



1.5.4 STANDARD 4: KNOWLEDGE

CASC/ACSS members take responsibility for continued education, demonstrating a working knowledge of current theory and practice as it relates to their context of care.

CASC/ACSS Associate Member

- Ensuring that one's practice is based in spiritually informed theory and evidenced-based practice to meet all relevant standards and guidelines
- Identifying and recognizing surprising or unexpected care-recipient responses and acting appropriately
- Recognizing limits of one's professional practice and consulting appropriately
- Creating plans of care that address care-recipient's needs, wishes, hopes.
- Demonstrate a thorough knowledge and understanding of cultural, spiritual and religious diversity.
- Undertake personal spiritual formation in a community, with an academic institution, or in a spiritual friendship.

CASC/ACSS Certified Professional

As for the previous level plus:

- Establish and maintain communication systems to support quality service and research
- Analyze, integrate, and apply a wide range of information using a variety of frameworks or theories that result in a global approach and creative solutions
- Maintain a thorough knowledge of the services provided within the context of care
- Refresh your spiritual/religious theory/theology by taking a course on a topic of interest or joining an educational group
- Engage in spiritual care or psychospiritual therapy presentations at relevant events, forums, and conferences.



1.5.5 STANDARD 5: LEADERSHIP

CASC/ACSS members demonstrate leadership by providing, facilitating, and promoting the best possible care and service to their recipients.

CASC/ACSS Associate Member

- Maintain professional understanding of current developments in leadership as someone with sacred authority
- Refer to faith community leaders and multi-faith services when care-recipient needs religious-specific consultation, ritual, or guidance.
- Provide consultation and feedback to Supervisor-Educators on SPE programs for quality improvement
- Participate in pilot programs initiated by CASC/ACSS certified professionals
- Provide informal leadership as a SPE student to the educator, leader, and director of programing
- Enable others to develop expertise and confidence in the CASC/ACSS Competencies
- Take on informal and formal roles with responsibilities that challenge your current level of professional acumen

CASC/ACSS Certified Professional

As for the previous level plus:

- Use research to educate executives, administrators, boards and managers about the role, value and impact of spiritual care within your organization.
- Develop and implement an annual plan for ??? quality improvement.
- Create an environment within the working culture that aligns with spiritual health principles.
- Advocate for a quality practice setting that support's SCP or PST's ability to provide safe, effective and ethical care.
- Coordinate with leadership and staff to provide consultation on sacred space construction, blessings, dedications of new or newly remodeled space, offices or clinical units
- Promote living out mission, vision, and values.
- Organize and conduct ceremonies, religious services, and memorials on behalf of care-recipients and staff.
- Providing professional and educational advice to interdisciplinary teams and committees.



1.5.6 STANDARD 6: RELATIONSHIPS

1.5.6i RELATIONSHIPS OF CARE AND THERAPY

CASC/ACSS Members establish and maintain respectful, collaborative, therapeutic and professional relationships with care-recipients.

CASC/ACSS Associate Member

- Demonstrate respect, empathy and compassion for care-receivers
- Maintain boundaries between professional spiritual care and therapeutic relationships with non-professional relationships
- Mindful of the transcendent, numinous and the sacred in each encounter with care-recipients.
- Recognize the potential for spiritual, religious, and therapeutic abuse
- Demonstrate, through action and reflection, spiritual principles to enhance sacred presence
- Ensure that personal needs are met outside of the professional relationship with a care-recipient
- Offer a non-anxious and non-judgemental presence
- Be aware of self as it pertains to one's own family of origin, transference, defenses and its contribution to their professional relationship with care-recipients.
- Examine one's assumptions about care-recipients and test perceptions.

CASC/ACSS Certified Professional

As for the previous level plus:

- Role-model spiritually healthy relating as a professional process
- Identify and support education related to professional spiritual care and psychospiritual therapy relationships
- Promote a relational philosophy that supports person-centred approaches, spiritual health principles (e.g. dignity, meaning-making, beliefs, tolerance, holism, etc.) to the betterment of the care-recipient's wellness.
- Advocate for systems of care that acknowledge and support members in developing and maintaining professional spiritual care and psychospiritual relationships
- Demonstrate sensitivity and openness to other's convictions and beliefs



1.5.6ii PROFESSIONAL RELATIONSHIPS

CASC/ACSS Members' professional relationships with other care providers, agencies, institutions are based on trust and respect, and result in improved care-recipient care.

CASC/ACSS Associate Member

- Model positive collegial relationships
- Utilize effective conflict-resolution skills
- Develop networks to share knowledge of best practices and share knowledge with other professionals to promote best practice outcomes
- Integrate a non-anxious and non-judgemental presence when working with colleagues
- Challenge one's assumptions about their working relationships with other professionals

CASC/ACSS Certified Professional

As for the previous level plus:

- Use a wide range communication and interpersonal skills to establish rapport and maintain collegial working relationships
- Appropriate a dignity approach with knowledge of, and respect for each other's roles, education, expertise and unique contribution to other professionals
- Promote a work environment in which trust and respect among all disciplines is respected
- Ensure systems are in place to effectively reduce and manage conflict between team members



SECTION 4: STANDARDS OF PRACTICE – CERTIFIED SUPERVISOR- EDUCATORS

4.1 DEFINITION STATEMENT

The Certified Supervisor-Educator is a CASC/ACSS Certified Professional who has demonstrated supervisory competence in the field of Supervised Pastoral Education (SPE) and has demonstrated the ability to conduct autonomous SPE programs in keeping with the standards outlined in the CASC/ACSS Policy and Procedure Manual.

As a CASC/ACSS Certified Professional, the Certified Supervisor-Educator is also accountable to the Standards of Practice outlined in Chapter 3, Section II above.

CASC/ACSS recognizes Certified Supervisor-Educators in the areas of Spiritual Care (CPE) and Pastoral Counselling (PCE).

There are two categories of Supervisor-Educators within CASC/ACSS:

4.1.1 Provisional: A Provisional Supervisor-Educator is a Member who is certified in their field of specialization as either a Psychospiritual Therapist or a Spiritual Care Practitioner and has achieved formal admission to learn the theories and competencies required to supervise SPE and who supervises students under the supervision of a CASC/ACSS Certified Supervisor-Educator.

4.1.2 Certified: A Certified Supervisor-Educator is a Member who has demonstrated supervisory competence in the field of SPE and is able to conduct SPE programs in keeping with the standards of CASC/ACSS. CASC/ACSS recognizes supervisors in the areas of Spiritual Care (CPE) and Psychospiritual Therapy (PCE).

4.2 COMPETENCIES OF CERTIFIED SUPERVISOR- EDUCATORS

4.2.1 CONCEPTUAL KNOWLEDGE OF CLINICAL SUPERVISION

Demonstrates knowledge in theories and methodologies related to SPE supervision drawn from adult education, spiritual/religious understanding, the behavioural sciences, and professional and organizational ethics.

- Articulates an understanding of methodologies for clinical supervision grounded in the professional literature.
- Develops and articulates a philosophy of SPE based on adult learning models relevant to the supervision of individuals and groups that is congruent with the distinct professions of spiritual care and psychospiritual therapy.
- Demonstrates a thorough understanding of human diversity and the ability to supervise out of this conceptual knowledge, integrating principals of intercultural competency, human rights and anti-racism. Supervises from an awareness of how various dynamics



related to ethnicity, culture, religion, gender, and class operate consciously as well as unconsciously at interpersonal, intrapersonal and systemic levels.

- Articulates an understanding of organizational culture and systems within which SPE program development can occur and is conversant about how to develop various elements of an SPE program.
- Articulates an understanding of various types of trauma (e.g. complex or repetitive; intergenerational) and implements a trauma-informed approach to SPE program design, group facilitation and supervision. The reason for this is to ensure the safety of students and to guide their ability to provide trauma- informed spiritual care or spiritually integrated counselling / therapy.

4.2.2 APTITUDE IN SPE PROGRAM DESIGN, IMPLEMENTATION AND ADMINISTRATION

Demonstrates an ability to design, implement and manage a program of SPE based on educational principles appropriate to experiential learning and that integrates the CASC/ACSS core competencies.

- Understands and articulates CASC/ACSS guidelines, regulations and procedures as found in the CASC/ACSS Code of Ethics and Professional Conduct, the Standards for Certification, the Standards for Accreditation in securing program approval, the Standards of Practice for Certified Members and the Standards of Practice for Supervisor-Educators, and their relevance to students' clinical practice and progress toward certification.
- Draws on and effectively uses a wide variety of clinical education methods program resources for SPE students' learning (e.g. client aggregates, spiritual care/psychospiritual therapy colleagues, interdisciplinary staff and consultants, community agencies, administrative structures).
Assists diverse students in taking responsibility to formulate a plan of learning and to evaluate the results of the learning experience.
- Integrates the Competencies of CASC/ACSS Certified Professionals into the education material and their supervisory practice.
- Understands and articulates how social locations, systems and structures can affect students' spiritual care/psychospiritual therapy practice, learning and the educational context. Attends to diverse needs of students including attention to learning styles and accommodation of learning differences. Demonstrates an understanding of how colonization in Canada and demography must factor in when designing SPE programs contextual to the needs of the region in which they teach and seeks engagement with Indigenous healers and/or Elders in SPE content related to Indigenous peoples.
- Articulates, understands, and complies with legislated regulations and expectations of career colleges or educational institutions within their province or jurisdiction such as employment standards acts, consumer protection acts, and human rights codes.

4.2.3 ENGAGEMENT IN THE SUPERVISION OF INDIVIDUAL SPE STUDENTS

Demonstrates an ability to assess and relationally engage individual SPE students such that the student's clinical learning, personal awareness, reflection on spiritual/religious



theories, and professional competency is furthered and optimal integration can occur.

- Understands the individual student through awareness of the student's cultural, religious and spiritual history and experiences of trauma. Assists the student to understand how these factors may operate across a range of contexts, including interpersonal, intrapersonal and systemic levels, both consciously and unconsciously. Is sensitive to and respectful of the student's psychological and psychospiritual patterns and individual learning style.
- Assesses the individual student's spiritual care/psychospiritual therapy and personal resources, and engages them moving toward a viable spiritual care practitioner/psychospiritual therapist professional identity.
- Responds flexibly to individual students, using a wide range of supervisory methods and strategies with particular attention to enabling students to develop an optimal and measurable plan for learning which is reviewed regularly.
- Uses the strengths and limits of one's own personality and personal history as teaching tools and as resources in shaping one's supervisory style.
- Assesses students' performance and growth according to the requirements of CASC/ACSS Standards including a formal written mid-unit assessment.

4.2.4 FACILITATION OF SPE GROUP SEMINARS AND RELATED ACTIVITIES

1. Demonstrates knowledge of group process, and skills for group supervision. This will include the ability to facilitate the shared review of students' clinical documents, personal/professional development, skills integration, and ability to use the peer group for learning.
 - 1.1. Facilitates the development of group interpersonal relationships and interactions to optimize learning in the safe and effective use of self.
 - 1.2. Assists the group and enables individual group members to use their response to the program as a learning experience for their ongoing development as reflective practitioners and therapists.
 - 1.3. Draws upon a wide range of clinical education methods such as IPR, verbatims, audio/videotaped interviews, team interaction, administrative meetings, clinical seminars, didactic seminars, case conferences, the practice of counselling, and supervisor-student sessions.
 - 1.4. Attends to and navigates group dynamics (e.g. overt and covert conflict, unengaged member, dominating member, critical conversation).
 - 1.5. Draws on and effectively uses a wide variety of clinical education methods program resources for SPE students' learning (e.g. client aggregates, spiritual care/psychospiritual therapy colleagues, interdisciplinary staff and consultants, community agencies, administrative structures,).



4.3 ACCOUNTABILITY, PROFESSIONAL DEVELOPMENT AND RESPONSIBILITIES

4.3.1 ACCOUNTABILITY

Certified Supervisor-Educators are accountable to all of the following:

- 1.6. The persons with whom they work (students, clients, patients, and members of faith communities);
- 1.7. Appropriate workplace standards and authority;
 - 1.7.1. Certified Supervisor-Educators will be familiar with the policies and procedures of the institution at which they work along with those of any other professional bodies that may influence the delivery of spiritual care or psychospiritual therapy in that setting;
 - 1.7.2. Certified Supervisor-Educators will have a working knowledge and an ability to function within the system of the workplace;
 - 1.7.3. Certified Supervisor-Educators will develop and exercise the leadership and administrative skills needed to carry out their responsibilities in the workplace. These may include the development of policies and procedures, supervision of staff and volunteers, and networking within the larger community; and
 - 1.7.4. Certified Supervisor-Educators will maintain appropriate records in accordance with the CASC/ACSS Policy and Procedure Manual: Chapter 3, Section V.
- 1.8. Workplace colleagues;
- 1.9. Their own faith community; and
- 1.10. CASC/ACSS.

4.3.2 PROFESSIONAL DEVELOPMENT

- 1.11. Certified Supervisor-Educators are responsible for ongoing development and integration achievable in two or more of the following individual and relational ways:
 - 1.11.1. Active membership in an ongoing professional and personal peer support group;
 - 1.11.2. Ongoing supervision and consultation;
 - 1.11.3. Personal therapy and/or spiritual growth; and
 - 1.11.4. Recreation and self-care.



- 1.12. Certified Supervisor-Educators demonstrate their ongoing commitment to personal and professional development by integrating their philosophy of spiritual care, therapy, psychological theory, ethical understanding, and religious and spiritual learning into their professional practice. This commitment will be demonstrated by the completion each year of 50 hours of professional development that is comprised of:
 - 1.12.1. At least 20 hours focused on spiritual growth, e.g., retreats, spiritual direction, personal therapy, personal reflective study and spiritual discipline;
 - 1.12.2. At least 20 hours focused on continuing education and supervision, e.g., workshops, conferences, courses, case studies, seminars, peer support and/or supervision;
 - 1.12.3. 10 hours focused on research and/or utilization of research findings in practice.
- 1.13. Continuing education is an integral part of the Certified Supervisor-Educator's responsibility of maintaining and fulfilling their professional practice. Therefore:
 - 1.13.1. Certified Supervisor-Educators will develop a strategic program of continuing education that addresses the needs of their own professional growth and development and the needs of those with whom they work; and
 - 1.13.2. Certified Supervisor-Educators will pursue opportunities for continuing education on an annual basis. The specific number of days will be negotiated with the workplace, but five to ten days per year are recommended.

4.3.3 RESPONSIBILITIES

1.14. GOAL SETTING AND QUALITY IMPROVEMENT

- 1.14.1. Certified Supervisor-Educators will develop clear goals based on an understanding of the practice of supervision; and
- 1.14.2. Certified Supervisor-Educators will develop concrete plans for maintaining the quality of the education offered.

1.15. CASC/ACSS ADMINISTRATION

Certified Supervisor-Educators will promptly attend to all matters related to administering an SPE program, including, but not limited to:



- 1.15.1. Seeking program approval and site accreditation as required;
- 1.15.2. The submission of the following to the National Office:
 - 1.15.2.i. Student Membership Forms, together with the Student Membership fee at the beginning of the unit; and
 - 1.15.2.ii. The Education Centre Unit Reports together with the student registration fees by the mid-point of the unit, in order to guarantee that students who successfully complete the unit receive their certificates;
- 1.15.3. The completion of student evaluations by the end of the unit; and
- 1.15.4. The completion of the Certified Supervisor-Educator's Summary and Assessment (Form 2.2) at the end of each Advanced student's first Advanced unit.

GLOSSARY

CASC/ACSS Code of Conduct. Gives expression to the basic values and standards of the profession, guides decision-making and professional behavior, provides a mechanism for professional accountability, and informs the public as to what they should expect from professionals.

Best practice. Refers to a technique, method or process that is more effective at delivering a particular professional outcome than another technique or process. One demonstrates best practice by becoming more efficient and more effective. Best Practice refers to the aim of exceeding and excelling the minimal standard of practice.

Care provider. Any volunteer, friend, family or professional who provides care to the care-recipient (APC, no year).

Care-recipient. A person who receives spiritual care or psychospiritual therapy from a member of CASC/ACSS.

Competencies for Professional Practice (a.k.a. certification competencies). These competencies define what knowledge, skills and training are required to be a professional Spiritual Care Practitioner or Psychospiritual Therapist.

Intervention. Any act, with or without words, originating in the care-provider's assessment, offered or intended for another's healing or well-being.

Religion. "An organized system of beliefs, practices, rituals and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power or ultimate truth/reality) and (b) foster an understanding of one's relationship and responsibility to others in living together in a community." (Koenig, McCullogh & Larson, 2001)



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- “Standards of Practice” by Spiritual Care Australia, 2013.
- “Standards of Excellence for Spiritual Care” by Providence Health and Services, 2007.
- “The Standards of Practice for the Teaching Profession” by the Ontario College of Teachers
- “Standards of the Work of the Chaplain in General Hospital” by Rev. Russell L. Dicks, D.D., 1940.

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ⁱ Dr. William S Keller was a medical doctor from Cincinnati, Ohio; Dr. Richard C. Cabot was Boston Physician, and the Rev. Anton T. Boise was a Presbyterian minister from Boston.

ⁱⁱ Charles Fielding, Albert V. Bentum, Earle McKnight, Charles Taylor, Archibald MacLachlan and Edgar Bull.

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