THE CHURCHILL FRAMEWORK

for COUNSELLING & PSYCHOTHERAPY

A Core Competence Framework When Working with Clients' Faith / Religious / Spiritual Issues

Heather Churchill
in partnership with **ACC**

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THE
CHURCHILL
FRAMEWORK



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Updated framework June 2025

In June 2025, the framework was updated and revised. I would like to thank those ACC members who critically evaluated the framework as part of their accreditation process and I have incorporated a number of their valuable suggestions and recommendations into the new edition. My thanks also go to Kathy Spooner and Dr Janet Penny, who reviewed the changes and also added some further minor amendments.

A Core Competence Framework When Working With Clients' Religious/Spiritual Issues in Clinical Practice

Introduction

Over the years I have become more and more convinced of the need to have a Core Competence Framework in the UK which specifically provides guidance to therapists when their clients' religious/spiritual issues emerge in clinical practice. As a result of this conviction, and as part of my further studies, during 2019, I started to draft out a 'Core Competence Framework when working with clients' religious/spiritual issues in clinical practice'.

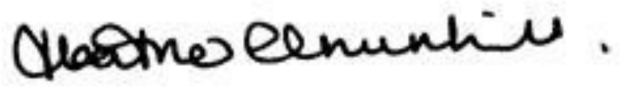
In order to produce the framework, I have drawn on several existing models, theories and frameworks (nearly all emanating from the USA), which provided recommendations as to how practitioners can ethically and competently address their clients' religious/spiritual issues in clinical practice, and these sources are listed at the end of the framework. I have also drawn on my experience with clients, together with the numerous discussions, debates and reflections that I have undertaken with students, tutors and colleagues over many years in order to set out 27 core competences that I believe are relevant for a UK audience and vital to be included in a Competence Framework.

Process of Development

Having produced the first draft of a 'Core Competence Framework', I submitted an article for the 2019 summer edition of *accord*, which was entitled 'Core competences for working with a client's religious/spiritual issues in clinical practice'. Following the publication of this article, Kathy Spooner, the then Director of Counselling and Psychotherapy of the ACC and now CEO of the organisation, contacted me and asked me to consider whether I would be interested in a leading a collaborative project, initiated by the ACC, which would facilitate a number of senior Christian counselling practitioners in the UK

to peer review and scrutinise the framework I had produced, and to make suggestions and recommendations for further improvement. I was very interested in this idea and delighted to learn that a number of expert practitioners expressed an interest in being involved in the task, including, Dr Owen Ashley, Dr Martyn Baker, Dr Roger Bretherton, Professor Christopher Cook, Dr Precious Koce, Richard Lahey-James, Sue Monckton-Rickett, Dr Janet Penny, Gwyn Pritchard, Kathy Spooner and Professor William West. The aforementioned practitioners provided feedback on my draft Framework and then several: Dr Martyn Baker, Dr Precious Koce, Sue Monckton-Rickett, Dr Janet Penny, Gwyn Pritchard, Kathy Spooner, Professor William West and I, met together by Zoom, in order to have two 'round table discussions' (19th September 2020 and 10th October 2020) to make further recommendations to improve the Framework. I am immensely grateful for the time they freely gave in scrutinising the Framework and for their wisdom, insights and suggested amendments, all of which have been reflected in the Framework.
The competencies in the framework fall naturally into four key domains: Relational Communication, Knowledge and Skills, Self-awareness and Reflective Practice, and Supervision. These are set out in the Competence Framework document.

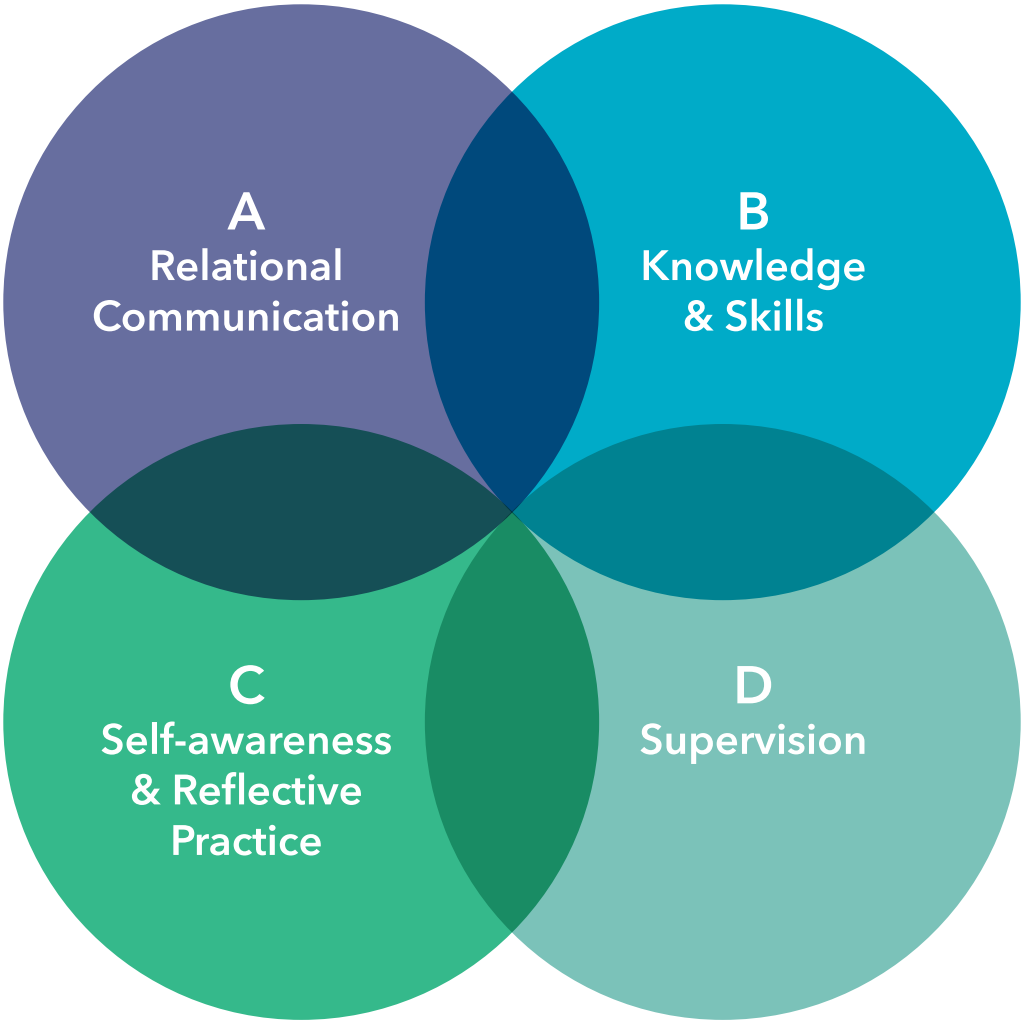
As a Christian, I consider it is important to respect and embrace diversity and to build positive relationships with those who belong to different faith communities to myself. I hope that practitioners who hold different faith beliefs or none will find the Framework to be of value and that in addition it can be used and adapted to meet the specific needs of other faith communities. My desire is that the Framework may also facilitate a constructive interfaith dialogue and it is for this reason that I have deliberately left out of the Framework any mention of the word 'Christian'. Finally, I hope the Framework will be a valuable resource for training providers when they consider the curricula they might want to include in their training in order to ensure that their students are competent, respectful and practice ethically when their clients raise faith/religious/ spiritual concerns.[1]



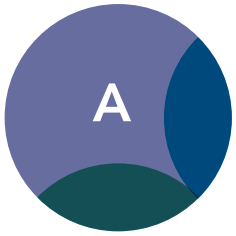
[1]This paragraph was added in December 2023 to address the application of the Framework to different faiths.

THE COMPETENCE FRAMEWORK

Four Key Domains



A RELATIONAL COMMUNICATION



A1 **Recognise a client's religious/spiritual issues**
Therapists have the ability to recognise any faith/religious/spiritual issues that their client might refer to.

A2 **Attend and be empathic to a client's religious/spiritual beliefs/concerns**
Therapists are able to listen and attend to their client when the client expresses their faith/religious/spiritual beliefs and in addition are empathic and non-judgemental when these differ from their own. This is applicable not only when faith beliefs of the therapist and the client differ, but when faith beliefs are perceived to match because even then there may be differences in doctrine and practice.

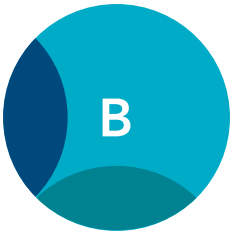
A3 **Offer respect, acceptance and be non-judgemental**
Therapists are able to offer respect, acceptance and be non-judgemental to their clients' faith/religious/spiritual beliefs, including those the therapist may have a personal negative response to.

A4 **Be reflective and do not make assumptions**
Therapists have the ability to be reflective and be aware of the danger of making assumptions about the faith/religious/spiritual beliefs their client may or may not hold.

A5 **Be aware of ethical requirements**
Therapists are aware of the ethical requirement not to impose their own beliefs and values, faith or otherwise, onto a client and to be sensitive and valuing of their clients' worldview. This includes therapists recognising that it is unethical and inappropriate to proselytise in counselling.

A6 **Explore a client's religious/spiritual concerns with curiosity, respect and acceptance**
Therapists are also able to therapeutically explore with curiosity, respect and acceptance their clients' faith/religious/spiritual concerns and difficulties when they are important to the client and/or are relevant to their psychological well-being and mental health (see also B5.)

B KNOWLEDGE & SKILLS



B1 **Recognise the importance of religion/spirituality for some clients**

Therapists are aware that a client's faith/religious/spiritual beliefs will impact their view of themselves and the world around them as well as influencing their choices and behaviour. In addition, therapists are aware that for some clients, faith/religion/spirituality is an important part of their lives and to dismiss this area could be perceived by the client as a denial of their core being and/or identity.

Therapists are also aware that for some clients, faith/religion/spirituality is a source of comfort and support, especially in times of stress.

B2 **Ask open and non-threatening questions in the assessment session**

As part of the assessment process, a therapist is able to ask open, curious and empathic questions in order to assess whether a client may wish to explore faith/religious/spiritual issues in therapy.

Questions such as 'is there anything that is important to you or helps you find meaning', or 'how do you find comfort in times of stress?' are likely to be helpful, appropriate and non-leading and give a client permission and an opening to disclose any faith/religious/spiritual issues they might be struggling with.

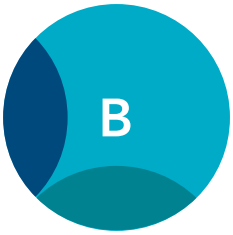
If therapists are working in a faith based context then more explicit questions may be appropriate, such as, 'has the problem impacted your faith/religious/spiritual journey at all?' Or, 'do you have any faith/religious/spiritual beliefs that you find especially meaningful?' In this context, therapists may also consider exploring family and cultural history in relation to faith/religion/spirituality.

B3 **Recognise the importance of not ignoring or undermining a client's religious/spiritual concerns**

Therapists are aware that when clients raise faith/religious/spiritual concerns, it is important to explore these and not to dismiss, marginalise, ignore or undermine them in the counselling session.

B4 **Recognise a client's right to autonomy at all times**

Therapists are aware of their clients' right to autonomy. The exploration of faith/religious/spiritual issues should not be determined by the therapist's own personal agenda, but should be in service of the therapeutic process.



B5 **Assess the potential link between a client's faith/religious/spiritual issues and their psychological issues**

When faith/religious/spiritual issues are raised in clinical practice, the therapist is able to assess any possible link between their clients' psychological difficulties and the faith/religious/spiritual issues that are being disclosed.

Similarly, when psychological issues are explored, the therapist is able to assess any possible link with their clients' faith/religious/spiritual difficulties. Where there is a link, therapists are aware that discussion and further exploration is likely to be helpful to the client and the therapeutic process.

If the client wants or wishes to explore faith/religious/spiritual issues, but these are not considered salient to their presenting problem and psychological well-being, therapists have the ability to carefully consider the potential limits of therapy and be aware of the possibility of potential role confusion (for example, acting as a religious leader or pastoral carer). Under these circumstances, the therapist in consultation with their supervisor, will carefully consider whether it is in the best interests of the client to recommend a referral to an appropriate helper. (See also C3.)

B6 **Appreciate a client's faith/religious/spiritual values and faith practices**

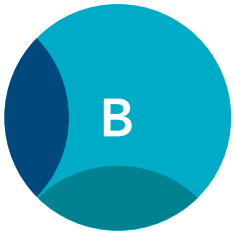
Therapists have an appreciation of their clients' faith/religious/spiritual values and faith practices and endeavour to understand, as far as is possible, their clients' specific faith worldview.

Therapists are also able to recognise the possibility they may not understand their clients' faith/religious/spiritual perspectives and if this is the case will seek further information in order to be able to assist their clients or be open to exploring with their clients whether the client believes a referral to another therapist would be beneficial.

B7 **Have a competent understanding of mental health issues/problems**

Therapists have a competent understanding of mental health problems, themes, clinical needs and assessment issues. These include having the ability to recognise and evaluate when therapy may be or may not be appropriate and/or whether the exploration of clients' faith/religious/spiritual issues may be detrimental to their clients' mental health and well-being, such as when clients have significant mental health conditions, e.g. psychosis. It is important that therapists are aware that the symptoms of psychosis can manifest as faith/religious/spiritual hallucinations and delusions.

However, therapists are also aware that clients can have direct experiences of God which are not necessarily symptoms of a mental health disorder (see B8.)



B8 **Recognise that clients can have times of faith crises and also times of faith transition**

Ideally therapists will have knowledge and understanding of the concepts related to faith development and should be aware that clients can have times of faith crises and also times of faith transition and are mindful that a period of doubt/faith difficulties/questions can sometimes be triggered by challenging life events or experiences.

Therapists are also able to recognise that faith crises and/or faith transitions can be times of growth and development for clients and that it is therefore important to avoid pathologising or undermining their clients' faith/religious/spiritual beliefs.

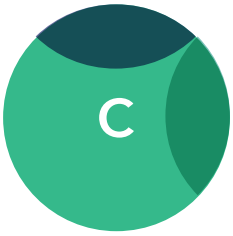
B9 **Recognise that faith/religious/spiritual beliefs can be a source of difficulty at times**

Therapists recognise that faith/religious/spiritual beliefs can be associated with difficulties at times. Such difficulties may include their clients' relationships with God/the Divine and/or conflicts within the religious community and/or experiencing abuse, for example, spiritual, domestic and/or sexual abuse. In these situations, therapists are able to sensitively assist their clients to explore their beliefs/issues and to consider the conflicts and/or abuse they have experienced. Therapists are also able to facilitate clients to objectively consider whether any of their faith/religious/spiritual beliefs/issues might be helpful or unhelpful to their mental health and well-being.

B10 **Document the rationale for exploring a client's religious/spiritual issues and/or the use of religious/spiritual interventions**

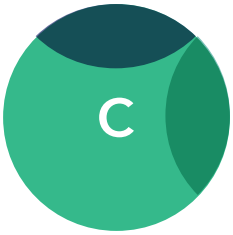
Therapists have awareness of the importance of documenting in their clients' case notes the rationale for, and outcome of, exploring faith/religious/spiritual issues. This includes documenting when faith/religious/spiritual interventions have been utilised.

C SELF-AWARENESS & REFLECTIVE PRACTICE



C1 **Recognise issues of difference and diversity and practise in a non-discriminatory manner**

Therapists have the ability to recognise issues of difference and diversity (including when they share the same faith tradition/background) and practise in a non-discriminatory manner and avoid oppressive practice. (See also guiding principle no 4.)



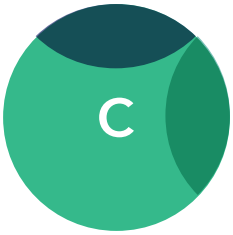
C2 **Recognise the potential need for further training**
Therapists recognise that having a personal faith is not necessarily sufficient on its own to work competently with their clients' faith/religious/spiritual material. Therapists have the ability to evaluate whether they need to seek further training in order to work proficiently in this area.

C3 **Be aware of the issue surrounding dual relationships**
Therapists are aware they may encounter dual relationships, and, when this is the case, they have an understanding and awareness of the difficulties and tensions that may arise (especially within the religious community and/or pastoral and counselling settings) between different helping roles, e.g. therapist, pastoral carer, religious leader and/or spiritual director.
Therapists have the ability to understand the ethical importance of avoiding dual relationships whenever possible. When this is not possible, therapists are able to reflect on and manage the ethical complexities and relational implications of the dual relationship. This includes having the ability to manage the dual relationship and maintain appropriate boundaries related to their role as a therapist. (This is of particular relevance when a therapist is a leader or holds a position of authority in a faith community.)
Therapists are aware that it is ultimately their responsibility to ensure their clients' interests and wellbeing are safeguarded and appropriate boundaries are maintained. Whilst some dual relationships are unavoidable, only in exceptional circumstances should a therapist enter into a dual relationship. If a therapist makes the choice to enter into a dual relationship with a client, they are able to justify their reasons for entering into this relationship with both their supervisor and/or potentially their professional body. (See also D2.)

C4 **Evaluate the potential harm as well as the benefits of utilising faith/religious/spiritual interventions**
Therapists are aware of the ethical importance of staying within their level of competence when working with faith/religious/spiritual issues. In addition, as with all interventions, therapists have the ability to carefully and ethically evaluate the risks/potential harm as well as the benefits to a client when making use of faith/religious/spiritual interventions in clinical practice.

C5 **Be aware of potential power dynamics and the risk of spiritual abuse**
Therapists recognise the potential power that they hold and are therefore able to recognise and manage the risk of spiritual abuse or unhelpful relational and power dynamics when faith/religious/spiritual issues are explored and/or faith/religious/spiritual interventions are utilised.

C5 continues on next page



In addition, when therapists make use of faith/religious/spiritual interventions such as prayer, therapists are able to reflect on and be aware of the ongoing power dynamics that can occur, including when the therapist and the client come from the same faith tradition.
To minimise the risk of spiritual abuse/power dynamics taking place, therapists will discuss any proposed faith/religious/spiritual intervention with their client and only proceed if:
a) the client gives specific informed consent, and
b) the intervention is considered by both parties to be of therapeutic value and
c) the therapist retains and limits their role as a professional who is facilitating the proposed faith/religious/spiritual intervention within an ethical framework of practice.
Therapists will also work with faith/religious/spiritual interventions in a manner that is consistent and coherent with the therapeutic work the therapist is undertaking with the client.

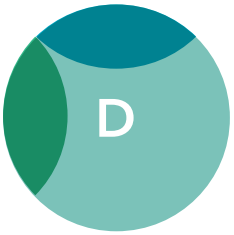
C6 **Develop a self-critical and reflective approach**

Therapists have developed a self-critical and reflective approach to their clinical practice. This includes therapists reflecting on their responses and reactions to their own, as well as their clients' faith/ religious/ spiritual issues and difficulties and in addition, paying attention to any potential relational dynamics/ transference and counter-transference issues that arise when working in this area. (See also C7.)

C7 **Critically reflect on own history/background/assumptions and values**

Therapists are able to critically reflect on their own faith/religious/spiritual beliefs, history, background and journey in order to increase their self-awareness and identify any assumptions and prejudices that they might hold. This will include therapists being aware of how their own values and faith/religious/spiritual beliefs or issues have the potential to impact their use of faith/religious/spiritual interventions and/or their responses to their client. [2]

[2] There are a number of resources that therapists might consider using in order to assist them if they face a values conflict between themselves and their client. For example, see:
Kocet, M. M. & Herlihy, B. J. (2014) Addressing Value-Based Conflicts Within the Counseling Relationship: A Decision-Making Model. *Journal of counseling and development.* 92(2) pp. 180–186 and
Handelsman, M. M., Gottlieb, M. C. & Knapp, S. (2005) Training ethical psychologists: An acculturation model.
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D SUPERVISION

D1 **Present all work to supervision**

Therapists are aware of the importance of bringing all of their clinical work to supervision, including how (or whether) they have addressed their clients' faith/religious/spiritual issues. This is important in order to receive feedback on the effectiveness of their work and to integrate their supervisor's suggestions into their clinical practice.

D2 **Reflect with supervisor whether role boundaries have been crossed or blurred**

Therapists have ethical sensitivity to the issues surrounding dual roles and are able to reflect on these with their supervisor. For example, if a therapist holds another role such as a religious leader or spiritual director, the therapist has the ability to reflect on and consider with their supervisor, whether role boundaries have been crossed or blurred and whether it might be beneficial for the therapist to refer the client to another professional or therapist.

D3 **Explore relational dynamics/transference/counter-transference**

Therapists have the ability to process in supervision any relational dynamics/ transference/counter-transference responses that might have occurred in the therapeutic process, including any responses that have occurred as a direct response to their clients' religious/spiritual material.

D4 **Explore impact of work with client on own religious/spiritual beliefs/practice**

Therapists have the ability to explore in supervision any particular impact the work with their clients' faith/religious/spiritual beliefs might have had on the therapists' own faith/religious/spiritual beliefs and practice.

FIVE GUIDING PRINCIPLES

1 **Exploration (assessment)**

The therapist should be willing to explore their client's wishes regarding whether they want or do not want to explore any faith/religious/spiritual issues and concerns, and/or receive the use of faith/religious/spiritual interventions in therapy. This implies an Assessment Process that gives space for faith, religious and spiritual concerns to be raised implicitly or explicitly according to setting and context.

2 **Agreement (contracting)**

Where a client wishes to explore their faith, religious and/or spiritual issues in counselling at any point, their therapist should gain explicit informed consent from their client to work in this area, gaining a shared understanding of the client's wishes, and enshrining the client's right to autonomy. This implies a dynamic contracting process that allows the therapist and client to re-negotiate, where and when required, the focus of the therapeutic work.

3 **Therapeutic Rationale**

Therapists should be able to articulate a clear rationale regarding the use of faith/religious/spiritual interventions for their client; having given careful consideration as to the potential benefit or harm that the intervention might create. Directive interventions based on the presuppositions and/or faith/religious beliefs and judgements held by the therapist are to be avoided. Also therapists should be aware of situations where working with a client's faith/religious and spiritual issues are contra-indicated, for example if there is severe mental illness.

4 **Respect for Difference and Diversity**

Since faith/religion/spirituality can be viewed as aspects of cultural diversity, therapists need to develop cultural sensitivity and attunement, especially when working with clients who hold a variety of faith/religious/spiritual beliefs and/or who come from a different (or even the same) faith background. Therapists will ensure they discover all they can about their clients' faith background and faith/religious/spiritual beliefs, in order to develop intercultural competence, to practise in a non-discriminatory manner, and to avoid oppressive practice. This means treating clients equally and fairly, regardless of the client's beliefs and/or background. In addition, therapists should be open to their clients' diverse religious beliefs, doctrines, faith and spiritual expressions and understandings even within the same religious denominations and understand that faith is a dynamic and developmental process. Therapists will need to balance respect for client beliefs and values with safeguarding concerns.

5 Sensitivity to the Sacred

Therapists should be aware that sacred moments may occur in therapy that have positive significance for the client's faith/religious/spiritual beliefs. These sacred moments may be ineffable having qualities of mystery that therapists should seek to acknowledge and respect, avoiding responses that dismiss or diminish the effect/impact on the client.

Therapists should be mindful of and sensitive to the depth of impact (positive and negative) that addressing issues of meaning and purpose in a faith, religious and spiritual context can have on their client, especially with issues relating to the client's sense of eternal significance and security.

Therapists should therefore reflect on their own faith/religious/spiritual beliefs and journey in order to enhance their self-awareness and their ability to identify any assumptions and/or prejudices that they hold. In addition, therapists need to be sensitive to the altered relational dynamics that can arise from working with the transpersonal dimension of the counselling relationship, and/or with clients' faith and spirituality in counselling. Therapists should work with the client and/or their supervisor to explore issues of impact and transference and counter transference that arise especially from working with faith, religious and spiritual issues.

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