Chart comparing Pastoral/Spiritual Care, Spiritual Direction, Mental Health Counseling

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|  | **Short-term Pastoral/ Spiritual Care:**  **Congregation or chaplaincy** | **Spiritual Direction**  **(Long-term)** | **Mental Health Counseling/**  **Therapy** |
| **Ini-tiated by** | -Initiated by either the spiritual caregiver (a religious professional, chaplain, lay spiritual caregiver) or the careseeker (member of the community of faith, patient, resident, client), often during a crisis.  -Crisis care is sometimes followed by ongoing supportive care in congregational settings | -Initiated by those seeking spiritual direction when they experience a desire for spiritual growth, a deeper relationship with God, discernment of God’s will | -Initiated by the client seeking/ mandated to get help with a problem (e.g., trauma/crisis, emotional distress, addiction, depression, etc.).  -Either can initiate a conversation about the client’s spirituality. |

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| **Con-tract of care** | -The caregiving contract is often implicit.  -The conversation may begin informally (e.g., in a hallway) or formally (e.g., hospital visit, home visit); may be spontaneous or planned  -Crisis care is typically 1-3 conversations/visits  -When the contract does become explicit, caregivers need to specify the purpose of further care conversations, how often, when and where these will occur, the limits of confidentiality, and the caregiver’s availability.  -Locations vary (faith community, hospital, accident scene, careseeker’s home, public venues)  -Religious leaders and chaplains adhere to denominational/religious/chaplaincy organizations’ professional codes of conduct and state laws on mandated reporting.  -Lay spiritual caregivers abide by the ethical guidelines of organization designates them.  -Referrals as needed to other caregivers with ongoing spiritual care as part of a treatment team | -The spiritual direction contract is explicit at the outset  -Locations vary widely; may be part of or independent from a faith community  -Typically 1 hour/month; may be as infrequent as once/year  -Clergy or lay spiritual directors adhere to the ethical requirements of the spiritual direction organization that trained/credentials them.  -Explicitly triadic with God/Spirit  -Careseekers need to be in a psychological stable place when they begin spiritual direction.  -Referrals as needed to other caregivers | -The mental health counselor or therapist makes the contract explicit at the outset  -Care occurs in the counselor’s office or organizational setting.  -Counselors adhere to their professional/organizational codes of conduct and state laws on mandated reporting. Relationship defined by organization in which counseling occurs and the therapist/counselor’s professional credentials and ethics  -Exploration of the spiritual dimension and use of spiritual assessment and tools depends on the context (whether it is part of the counselor’s and organization’s approach to care) and the client’s background and goals |

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|  | **Short-term Pastoral/ Spiritual Care:**  **Congregation or chaplaincy** | **Spiritual Direction**  **(Long-term)** | **Mental Health Counseling/**  **Therapy** |
| **Goals** | -Assess careseeker safety  -Assess psychological and theological benefits and liabilities of the careseeker’s spiritual and religious practices and meaning-making  -Help careseekers mourn losses/cope with stress using religious and spiritual practices to connect with God/the sacred  -Help careseekers explore existential, spiritual and religious meanings  -Assess and enhance careseekers’ spirituality through the development of a well integrated spirituality  -Enhance connection with the community of faith | -Awareness of God’s presence and movement in careseeker’s life  -Discern and respond to God’s call/will  -Enhance spiritual practices, resources, coping  -Make meaning of life experiences  -Develop gifts and virtues  -Integrate mind, body, and spirit | -Depends on the presenting problem and context, may include:  -Ensure client safety  -Psychological assessment, including readiness to change  -Develop psychological insights and skills  -Support change  -Support personal, social, and spiritual growth/wholeness  -Enhance self-understanding/ acceptance |
|  | **Short-term Pastoral/ Spiritual Care:**  **Congregation or chaplaincy** | **Spiritual Direction**  **(Long-term)** | **Mental Health Counseling/**  **Therapy** |
| **Key**  **Tools** | -Reflective listening and empathy  -Assessment of careseeker’s resources/strengths  -Theological reflection and accountability,  -Intercultural spiritual care: pay attention to differences, don’t assume commonalities  -Strategies for spiritual coping, healing, relational justice: prayer, meditation, scripture, and ritual  -Community support  -Interfaces with psychological and sociological understandings of human behavior | -Reflective listening and use of silence  -Spiritual practices, especially prayer, discernment, and ritual  -Assessment of careseeker’s spiritual temperament, practices, and strengths  -Strategies for religious/spiritual coping  -Theological reflection  -Community support such as group spiritual direction | -Reflective listening and empathy  -Diagnostic tools/tests and psychological theories, research, treatment plans and tools that are empirically tested and validated  -Strategies for coping  -Support groups  -Medical/psychiatric support  -Spiritually-integrated counseling: psychologically assesses spirituality; helps clients use psychologically healthy spiritual practices |

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