Comparing Spiritual Care, Spiritual Direction & Behavioral Health Counseling with thanks to Kelly Arora, PhD

	Short-term Crisis Spiritual Care/ Long-term Spiritual Support in Community of Faith or Chaplaincy	Spiritual Direction (Long-term)	Behavioral Health Counseling/ Therapy
Initiated by	-Initiated by either the spiritual caregiver (religious leader, chaplain, lay spiritual caregiver) or the care seeker (member of the community of faith, patient, resident, client), often during a crisis. -Crisis care is sometimes followed by ongoing supportive care in faith community settings	-Initiated by people seeking spiritual guidance or companionship when they want to explore new aspects of spirituality, desire spiritual growth, want a deeper relationship with the sacred, or have spiritual concerns/questions	-Initiated by the client seeking/mandated to get help with a problem (e.g., trauma/crisis, emotional distress, addiction, depression, etc.). -Either client or therapist can initiate a conversation about spirituality
Contract of care	CONTRACT: The caregiving contract is often implicit, without payment. The conversation may begin informally (e.g., in a social context or after a meeting) or formally (e.g., a hospital visit); may be spontaneous or planned. - Crisis care is typically one to three 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: Varied (e.g., faith community, hospital, accident scene, care seeker's home, public venues) PROFESSIONAL ETHICS: Religious leaders and chaplains adhere to denominational, religious or chaplaincy organizations' professional codes of conduct and state laws on mandated reporting. DISTINCTIVE ASPECTS OF CARE: *Socially just* by paying attention to interacting social advantages and disadvantages that may discriminate against others and reinforce prejudice, contributing to systemmic social injustice -*Interreligious and intercultural respect* values religious and cultural differences, and recognizes the religious diversity, multiplicity, and spiritual fluidity of those seeking care	CONTRACT: The spiritual direction contract is explicit at the outset. - Typically 1 hour/month - Some directors do not accept payment, some take donations, others negotiate rates or sliding fee scales. -May be part of or independent from a faith community/tradition LOCATIONS: In person, by phone, by email, or by videoconferencing PROFESSIONAL ETHICS: Clergy and lay spiritual directors adhere to the ethical standards of their faith community, spiritual direction training program and/or Spiritual Directors International. DISTINCTIVE ASPECTS OF CARE: Explicitly triadic relationship that includes the director, directee, and the sacred. - Care engages body, mind, spirit, and all aspects of life through a spiritual lens. No specific problem-solving focus. -Interreligious and intercultural respect values religious and cultural differences, and recognizes the religious diversity, multiplicity, and spiritual fluidity of those seeking care	CONTRACT: Therapist makes the contract explicit at the outset. Payment is negotiated and may be subsidized by insurance. LOCATIONS: The counselor's office, community settings, or by videoconferencing. PROFESSIONAL ETHICS: Counselors adhere to their professional/organizational codes of conduct and state laws on mandated reporting. Relationship defined by the organization in which counseling occurs and the therapist/counselor's professional credentials and ethics DISTINCTIVE ASPECTS OF CARE: Exploration of the spiritual dimension and use of spiritual assessment tools depends on the context (whether it is part of the counselor's and organization's approach to care) as well as the counselor's and the client's backgrounds and goals REFERRALS as needed to spiritual care providers (e.g., religious leaders, chaplains, or spiritual directors)

	-*evidence-based* by drawing upon research on aspects of religion and spirituality that help or harm persons, especially those experiencing religious, spiritual, and moral struggles. REFERRALS as needed to other kinds of care with ongoing spiritual care part of a treatment team	REFERRALS as needed to other kinds of care. Care seekers should be psychologically stable or under psychological care.	

Goals	-Assess care seeker safety and levels of trust; enhance trust and self-compassion through exploring intrinsically meaningful body-centered spiritual practices -Assess psychological and spiritual benefits and liabilities of the care seeker's spiritual and religious practices and meaning-making -Help care seekers mourn losses/cope with stress using religious and spiritual practices to connect with God/the sacred/transcendent dimensions of life -Help care seekers explore spiritual and religious values and beliefs, especially about suffering -Enhance connection with the community of faith if this is meaningful	-Awareness of transcendent dimensions/relationships (e.g., God's presence, the sacred) in care seeker's life -Discern and respond to transcendent dimensions and relationships (e.g., vocational calling; the next step on the spiritual journey) -Learn about or enhance spiritual practices, resources, coping -Make meaning of life experiences -Develop gifts and virtues -Integrate mind, body, and spirit	-Ensure client safety -Psychological assessment of presenting problem, including readiness to change -Develop psychological insights and skills -Support change -Support personal, social, and spiritual growth/wholeness -Enhance self-understanding/ acceptance
Key Tools	- Help people explore spiritual ways of deepening trust and self-compassion, so that they can collaboratively search for beliefs and values that nurture compassion, healing, and justice for persons, families, and organizations. -Explore spiritual practices that deepen trust and enhance compassionate accountability for spiritual changes -Assess care seeker's resources/strengths and coping practices -Explore values that enhance purpose and beliefs complex enough to bear the weight of suffering -Community support, worship, rituals if meaningful -Interface with psychological and sociological understandings of human behavior	-Reflective listening -Engagement with spiritual practices (e.g., silence, prayer, discernment, and ritual) -Assessment of care seeker's spiritual temperament, practices, strengths and struggles -Meaning making -Intuitive guidance -Guidance explicit to faith traditions, if that is meaningful to the care seeker -Identification of and support to change life-limiting patterns of behavior -Theological reflection -Community support (e.g., group spiritual direction, group spiritual practices or retreats)	-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 as a specialty