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Article 43

Holistic Relevance Supervision: Advancing the Counseling Supervisee's Development From a Holistic, Transformative Learning, and Integrative Perspective

Luisa De La Lama and Luis De La Lama

De La Lama, Luisa B. has a Master's degree in Mental Health Counseling. She is currently pursuing her Ph.D. in Counselor Education and Supervision at the University of South Florida. Luisa is a frequent presenter and workshop leader on counseling, psycho-educational, and personal development topics nationwide. Her presentation and research focus on trauma recovery and post-traumatic growth, transformative learning, critical practices in counselor education, and couples' long term relationship success. Luisa has worked with families in crisis, women in substance abuse and trauma recovery, runaway youth, and individuals undergoing life and spiritual transitions. Luisa can be reached at lilledelalama@hotmail.com

De La Lama, Luis is a Licensed Mental Health Counselor, and a doctoral student of Counselor Education and Supervision at the University of South Florida. For 30 years, he has counseled individuals and families of many cultures and faiths in 13 countries across the globe. His presentations and research focus on multicultural spirituality, arts-based inquiry, narratives in psychoeducational programs, and the creative application of virtual reality in counseling and education. Luis can be reached at Luis@worldwidecounseling.com

Counselor supervision experts have developed a variety of models for clinical supervision, which may be divided into three categories: (a) developmental models, based on the supervisee's stages of development; (b) social role models, based on the supervisor's role in the supervisory relationship; and (c) counseling theory supervision models based on the supervisor's specific theoretical background (Bernard & Goodyear, 2004; Haynes, Corey, & Moulton, 2003; Lemberger & Dollarhide, 2006). Although these models are helpful to orient clinical supervisors, they fail to adequately address three broad and significant orientations in the fields of counseling and psychotherapy: (1) the orientation toward the integration of spirituality into counseling and psychotherapy (Cashwell & Young, 2005; Morgan, 2007; Onedera, 2008; Pargament, 2007; Richards & Bergin, 1997; Serlin, 2005; Sperry, 2008), (2) the orientation towards the incorporation of transformative learning theories and practices (Cranton, 2006; Merriam, Caffarella, & Baumgartner, 2006; Mezirow & Taylor, 2009; Taylor, 2007, 2008; Taylor, Marienau, & Fiddler, 2000) from adult education into counseling and supervision (Guiffreda, 2005; Rose, Loewenthal & Greenwood, 2005; Tsoi-Hoshmand, 2004), and (3) the orientation

toward an increasingly integrative approach to counseling and psychotherapy (Gurman, 2008; Haynes et al., 2003; Norcross & Goldfried, 2005).

This paper will provide a brief overview of these three orientations and present the Holistic Relevance Supervision Model, which provides a visual and conceptual framework to help supervisors understand what questions to ask their supervisees in order to provide holistic, transformative, and integrative supervision. The application of the holistic, transformative, and integrative Holistic Relevance Supervision Model will be illustrated in the case of supervisee Kerry and her pregnant, HIV positive, client Sasha, and will include a table of possible questions the supervisor may ask the counseling trainee.

Background: Three Theoretical Orientations Informing the Holistic Relevance Supervision Model

Spiritually Integrated Counseling and Psychotherapy

This orientation towards the integration of worldview/values and spirituality in counseling (Cashwell & Young, 2005; Onedera, 2008; Pargament, 2007; Richards & Bergin, 1997; Serlin, 2005; Morgan, 2007; Sperry, 2008) is based on the now common knowledge that over 80% of Americans believe in God or a Higher Power. From this perspective, it is imperative that supervisors understand the need to conceptualize their counseling trainees and the trainees' clients as comprised of more than just body, emotions, and mind. Instead, to provide spiritually integrated supervision, supervisors need to view themselves and others as holistic beings (Shannon, 2002; American Holistic Medical Association [AHMA], 2008), with behaviors that may be deeply influenced by their spiritual orienting systems and conceptions and by their search for the sacred (Pargament, 2007; Pargament, Desai, & McConnell, 2006). The Holistic Relevance Supervision Model presented in this paper provides supervisors with a visual map to help them understand and conceptualize the supervision process from a holistic perspective.

The Incorporation of Transformative Learning Into Counselor Education and Supervision

The trend to incorporate adult learning theories and practices, and transformative learning theory in particular (Cranton, 2006; Merriam et al., 2006; Mezirow & Taylor, 2009; Taylor, 2007, 2008; Taylor et al., 2000) into counselor education and supervision, is evidenced by articles and presentations calling for the inclusion of transformative learning into counseling education (De La Lama & De La Lama, 2009a, 2009b; Guiffida, 2005; Rose et al., 2005; Tsoi-Hoshmand, 2004), and the Association for Counselor Education and Supervision (ACES) 2009 conference theme "Transformative Actions," calling for proposals to advance transformative pedagogy, research, and scholarship relating to "the implementation of transformative practices" (ACES, 2009). Transformative learning practices based on critical reflection and critical self-reflection (De La Lama, & De La Lama, 2009a, 2009b; Cranton, 2006; Brookfield, 2005, 2009) are well suited to promote the counseling trainee's development from a holistic and integrative perspective, which we will illustrate through the case presented below.

The Orientation Toward Psychotherapy Integration

Supervisors need to be prepared to help their supervisees navigate the increasingly integrative psychotherapeutic environment in which practitioners, supervisors, (Norcross & Goldfried, 2005; Gurman, 2008; Haynes et al., 2003), as well as community counseling agencies, often apply a variety of therapeutic modalities, such as Cognitive Behavioral Therapy, Motivational Enhancement Therapy and Motivational Interviewing, Solution Focused Therapy, Narrative Therapy, 12 Step programs, and others. This trend toward psychotherapy integration makes it imperative that supervisors and supervisees follow an integrative model to conceptualize their practice from an integrative perspective. Although Hayes et al. (2003) dedicate a section of their textbook to integrative supervision, they do not provide a clear model to help supervisors conceptualize the integration of several discrete theoretical modalities. The Holistic Relevance Supervision Model fills this gap and helps supervisors and counselor trainees to conceptualize the integration of a variety of therapeutic modalities based on the most salient client's needs and the focal point of the theories of change.

Holistic Relevance Supervision Model

The Holistic Relevance Supervision Model guides supervisors to maximize their supervisee's personal and professional development by conceptualizing their supervisee's needs through three distinct conceptual lenses: (A) Conceptualizing the supervisee as a whole individual in need of holistic supervision that addresses worldview and spirituality, (B) conceptualizing the supervisee as an adult learner, in need of informative as well as transformative learning experiences during supervision, and (C) conceptualizing their supervisee as an integrative clinician-in-training, in need of supervisory guidance on how to become an integrative clinician.

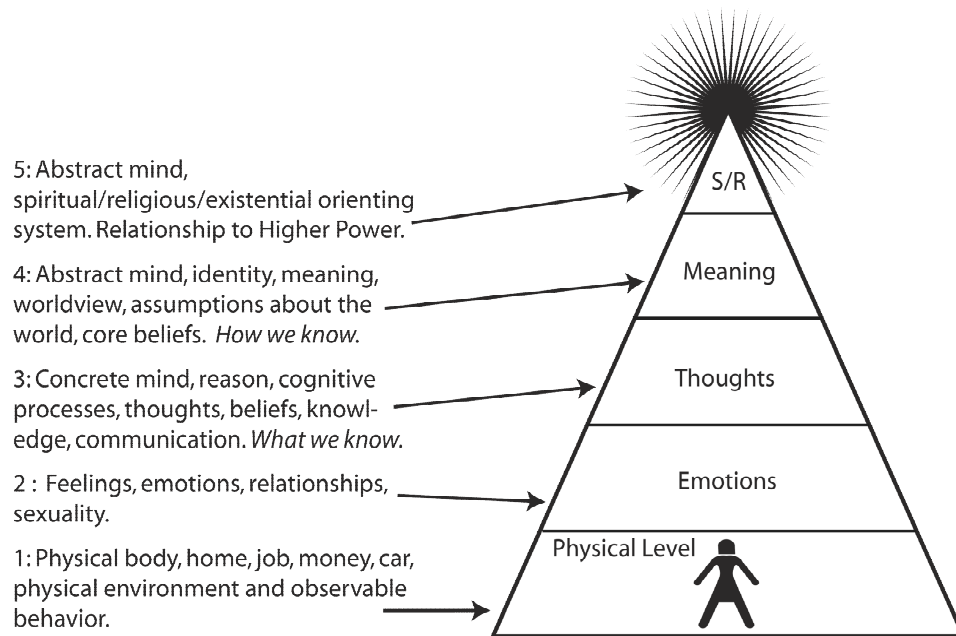
Conceptualizing the Supervisee as a Whole Individual, in Need of Holistic Supervision

A holistic conceptualization of supervision and therapy posits that the supervisor, supervisee, and client be viewed with an understanding of the body-mind-spirit – interconnectedness most human beings believe in and value (Pargament, 2007; AMHA, 2008). This essential unity is reiterated by Shannon, who states that “Our mental attitudes and beliefs structure the world in which we live. Our spiritual beliefs form the highest level of attitude and perspective that we employ to understand our world” and further describes how “The body with its biochemical processes, blends imperceptibly with the neurologically linked mental and emotional processes of the mind, and the neurologically linked processes of the mind blend imperceptibly with the attitudinal and belief structures of the spirit” (2002, p. 28-29). In the case of atheists and agnostic individuals, the construct of core self, soul, higher meaning, ecological or humanistic consciousness, ultimate purpose, or some other construct substitute that of God or Spirit.

Adding to the existing developmental conceptualization of the supervisee's growth and development during the supervisory relationships, as presented by Bernard and Goodyear (2004) and Haynes et al. (2003), our Holistic Relevance Model provides the framework to conceptualize supervisees and their clients' individual intra-psychic experiences from a holistic, transformative, and integrative perspective.

5-Level Holistic Relevance Model. The Holistic Relevance Model is best depicted by the Pyramid of Relevance, which describes five general areas of individual relevance comprising the five horizontal sections of the pyramid depicted in Figures 1 and 2. The five strata represent broad categories of individual experience based on the four elements and the spirit or nous of classical Greek philosophy (Benson, 2004; Huffman, 2005). These strata help to discern which realm of the supervisee's experiences, and those of his or her client, may need to be addressed and/or developed, and they also point to therapeutic modalities and types of intervention that may be most appropriate to address a particular presenting problem.

Figure 1. Holistic Relevance Model



Dynamics between the five levels of relevance. The pyramids shown in Figures 1 (above) and 2, 3 (below), help to visualize how the more abstract levels of awareness at the narrower top, which contain only a select number of assumptions, meaning perspectives, beliefs, values, and/or doctrines, to influence the lower, more concrete realms of thought, emotions/relationships, and behavior. The broad base of the pyramid, in contrast, depicts how a myriad of physical and environmental influences will affect a number of emotions, guide thought patterns, feed back into worldview, and ultimately connect to broad spiritual and/or religious concepts, precepts, values, and norms.

The pyramid also helps to conceptualize and visualize the dynamic interaction and influence among these 5 levels of experiential relevance. Figure 3 (below) shows how an individual's spiritual, religious, and existential orienting system (or concept of core self, or essence, for atheists and agnostics) influences his/her meaning making, valuing system, and worldview; how it may provide answers to existential questions (level 4), including broad cultural beliefs, identity, worldview, and assumptions, which in turn guide ways and patterns of thinking (level 3), feeling/relating (level 2), and acting (level 1). Thus, notions at the higher levels impact all the way down to how an individual

feels about his or her physical body, reacts to his or her environment, and determines his or her behavior.

Figure 2. Pyramid of Relevance

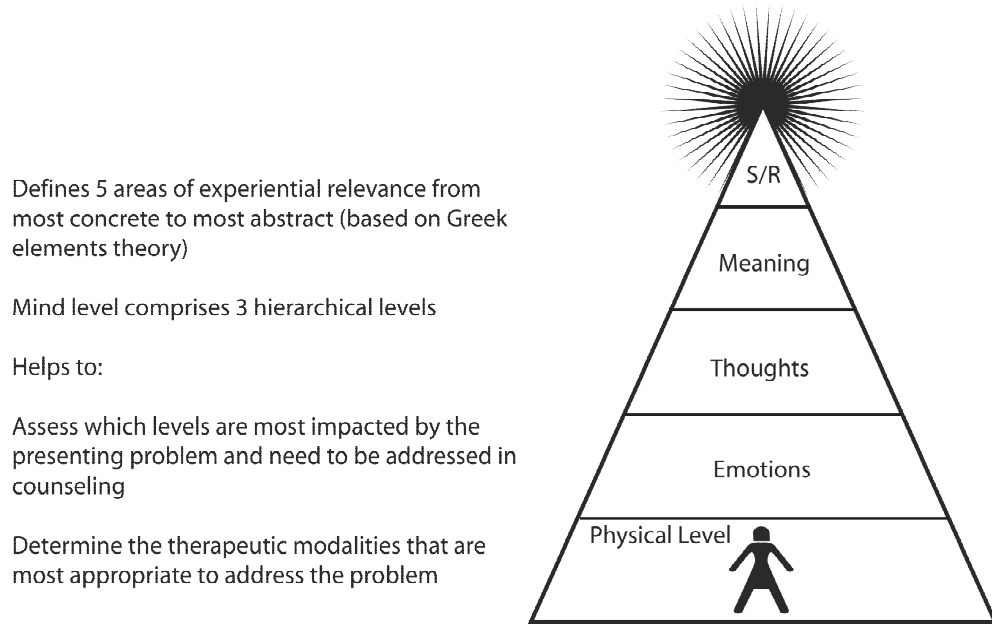
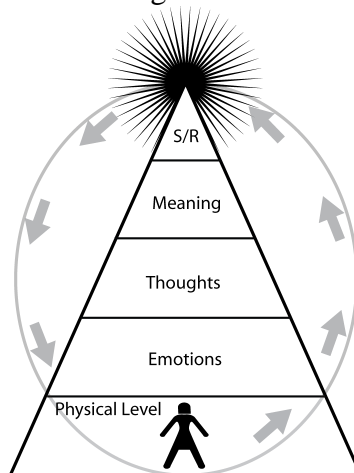


Figure 3. Holistic Dynamics Among the 5 Levels of Experiential Relevance



From the bottom up, the physical (level 1) realm of experience may in turn influence the entire pyramid. For example, when a traumatic event happens to a client, or a client's behavior causes a counseling dilemma for the supervisee (level 1), these difficulties may evoke certain emotions (level 2), activate thoughts and reasoning (level 3), trigger deep critical reflection, and critical self-reflection about meaning, identity, and existential meaning structures (level 4), which in turn may challenge a person's spiritual, religious and existential meaning perspectives, and assumptions (level 5).

Conceptualizing the Supervisee as a Transformative Learner in Need of Critical Reflection and Self- Reflection

Asking the right question of the supervisees, the supervisor may foster transformative learning and cognitive development in the supervisee. Social role models of supervision address the fact that the effective supervisor must assume the role of teacher (see for example Bernard and Goodyear, 2004); these social role models of supervision, however, do not describe how to conceptualize the supervisee as adult learner or how the supervisor may facilitate transformative learning experiences in the supervisee through asking appropriate questions leading to critical reflection, and critical self-reflection (Brookfield, 2005; Cranton, 2006; Merriam, Caffarella, & Baumgartner, 2006). Transformative learning and the critical practices that promote it, however, are now recognized as necessary and essential to adult learning (Brookfield 2000; 2005; 2009; Merriam et al., 2006; Mezirow, 1991, 2001; Mezirow, & Taylor, 2009) and counselor education, as well as an effective means to help develop the counselor's cognitive complexity (ACES, 2009; De La Lama & De La Lama, 2009a, 2009b; Guiffreda, 2005; Rose et al., 2005; Tsoi-Hoshmand, 2004).

Kegan (2001; Kegan & Lahey, 2009) divide learning into two categories, *informational* or informative learning and *transformational* or transformative learning. While informative learning adds information to an existing pool of knowledge, transformative learning challenges, unsettles, and changes an individual's existing meaning structures, overarching belief systems, and assumptions about the world. Informative learning addresses *what* and how much an individual knows, including skills, techniques, facts, and theories, while transformative learning addresses *how* the individual knows and why, such as in ideologies, assumptions, and worldview, epistemology, and identity. Transformative learning then, advances cognitive development, complexity, and emancipates the learner from previously held positions about the self and the nature of reality (Brookfield, 2000; Kegan, 2001; Kegan & Lahey, 2009; Mezirow & Taylor, 2009; Taylor, 2007, 2008), ultimately leading the learner to transform his/her worldview.

Based on the need to develop the supervisee's cognitive complexity (Bernard & Goodyear, 2004) and according to adult learning theory (Cranton, 2006; Merriam et al., 2006)—and most supervisee's will invariably be adult learners by the time they enter supervision—effective supervision needs to foster transformative learning. Transformative learning, however, does not occur automatically, may be uncomfortable, and must be consciously fostered and developed (Brookfield 2000, 2005; Cranton, 2006; Mezirow, 1991, 2001; Taylor, 2007, 2008). To facilitate cognitive development and cognitive complexity in supervisees, supervisors should guide their supervisees to consciously re-evaluate their levels 3, 4, and 5 of holistic relevance, either when a counseling or developmental problem appears, and/or at regular intervals. Such re-evaluations will help supervisees question their assumptions about reality, develop new spiritual and/or existential meaning, and induce clear cognitive processes and emotional changes which in turn guide them to build a strong and positive professional identity (Guiffreda, 2005; Tsoi-Hoshmand, 2004).

Figure 4: Transformative Learning and the Holistic Relevance Model

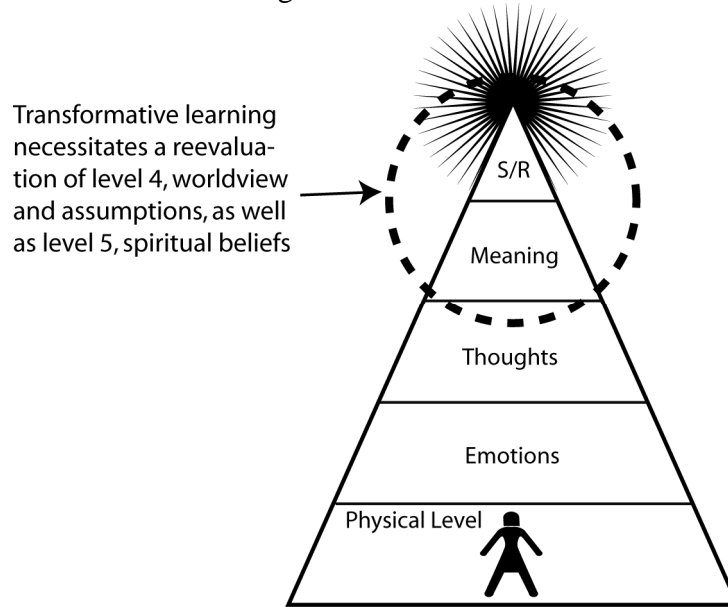
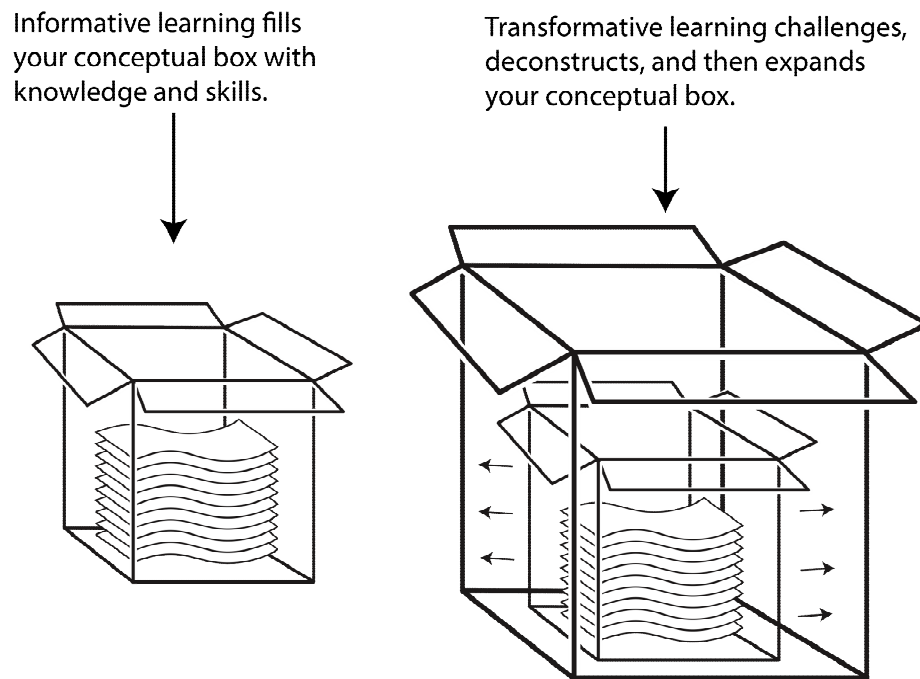


Figure 5. Informative and Transformative Learning



The Supervisee as Integrative Clinician in Need of Integrative Supervision

As stated in the introduction, supervision models based on the supervisor's single theoretical approach fail to consider the reality of the increasingly integrative psychotherapeutic environment in which practitioners (Norcross & Goldfried, 2005),

supervisors (Gurman, 2008; Haynes et al., 2003), and even mental health counseling agencies now operate. With help of the 5-Pronged, holistic approach to psychotherapy integration described below, the integrative case conceptualization and treatment planning of supervision and counseling is greatly facilitated.

5-Pronged, holistic approach to psychotherapy integration. The Holistic Relevance Pyramid provides a useful framework to organize and classify a variety of therapeutic modalities and intervention strategies based on the broad areas of experiential relevance they address best, thus helping practitioners choose the most appropriate interventions from the current plethora of therapeutic approaches and techniques, and placing them into a helpful hierarchical order. With help of this graphic model, supervisors can show supervisees where a particular theoretic modality is positioned in relation to other approaches, and help them choose the most appropriate approach based on client's needs.

Figure 6. 5-Pronged, Holistic Relevance Model for Psychotherapy Integration

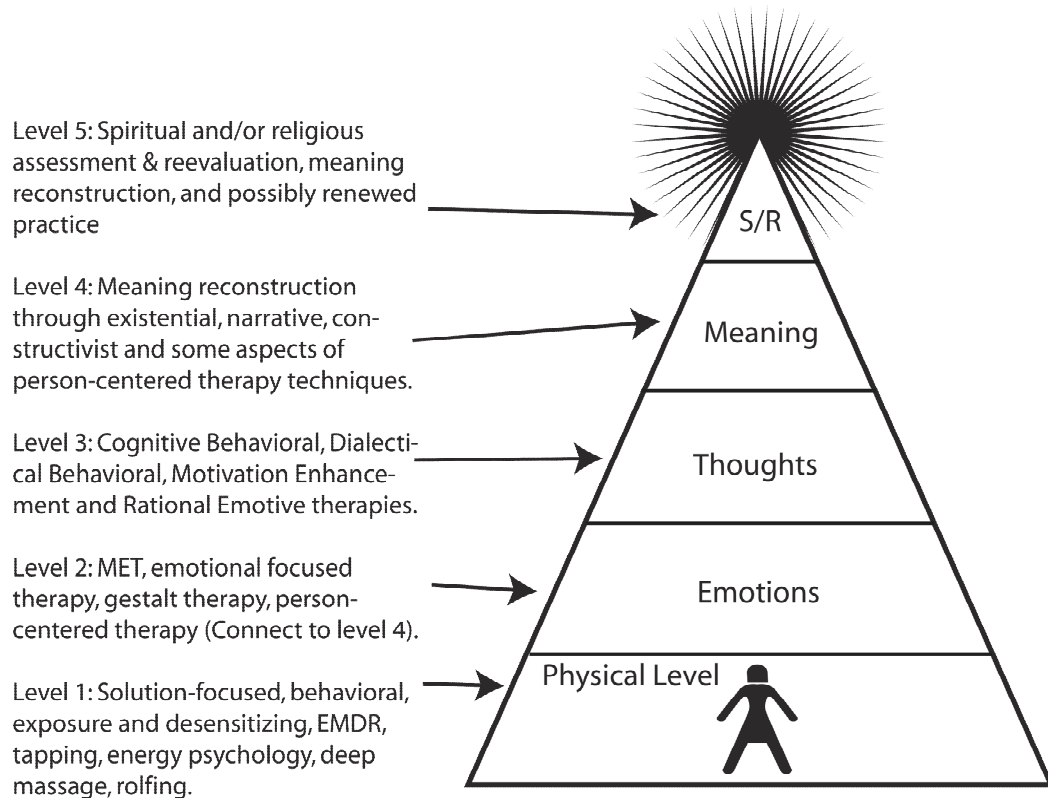


Figure 6 (above) provides a classification of well-known therapeutic modalities based on how they relate to the 5 levels of relevance. Viewing a variety of therapeutic theories through the prism of the Holistic Relevance Model can provide answers to question such as: Which therapeutic approach deals most effectively with behavioral problems or phobias? Which therapeutic school(s) and/or modalities predominantly address the emotional level and promote emotional healing to the individual? Which deal most appropriately with existential issues and identity crisis? What interventions and/or practices would be most conducive to a spiritual reevaluation and integration, and why?

How do these therapeutic modalities best complement each other? How are they best integrated?

Case Illustration of Supervisee Kerry and Her Client Sasha

Kerry is a 39 year-old Caucasian female counselor working at an outpatient substance abuse counseling center, completing the internship for her M.A. in Mental Health Counseling. A devout Catholic of Irish background, Kerry feels her faith helps sustain her through the difficulties inherent to her chosen profession. She particularly likes working in the substance abuse field because she feels supported in her work by the Alcoholics Anonymous (A.A.) and the Narcotics Anonymous (N.A.) communities, which rely on spirituality to help her clients enter recovery.

Kerry feels unsettled, confused, irritated, and ineffective about her interactions with her client Sasha, an 18-year old African American who, in Kerry's view, is too passive and displays classic self-centered, addict behavior. Sasha is an HIV positive, 4 months pregnant, crack cocaine user of Jamaican origin who has been court-ordered to treatment. Sasha has been in counseling for several weeks but appears very resistant to any intervention, acts sullen and even defiant, speaks very little, and refuses to get medical help for herself or her unborn child. So far, all Kerry has been able to uncover is that Sasha is angry at her drug using felon boyfriend Joe, who hid his positive HIV status, infected her with the disease, and impregnated her. Drifting in and out of jail, Joe appears incapable of helping her or her future baby, financially or in any other way.

The Holistic Relevance Supervision Model guides Kerry's supervisor to provide effective supervision. Following the general areas of relevance described by the Holistic Relevance Supervision Model, Kerry's supervisor asks Kerry the appropriate questions to guide her to see herself and her client from a holistic perspective, challenge her own assumptions, and plan interventions from a psychotherapy integration perspective (see table 1).

During the course of supervision, Kerry discovered that her Catholic religion, which preaches abstinence before marriage, prejudiced her against teen pregnancies and pregnant single women. To Kerry, Sasha's pregnancy without the protection of marriage was selfish, irresponsible, and classic addict behavior. After answering the questions based on the Holistic Relevance Supervision Model, Kerry realized that she had failed to see how her client's different and challenging life circumstances may have predisposed her to act the way she did.

With the guidance of the supervisor, Kerry was able to overcome her irritation and judgments and ask Sasha more contextual questions about her life. Kerry was now able to learn that Sasha had emigrated from Jamaica to America with her mother to flee from her abusive alcoholic father. Shortly after arriving in Florida, however, Sasha's mother had contracted a brain tumor and died quickly, leaving 14 year old Sasha to fend for herself on the streets in a foreign country. Her boyfriend Joe, 21 years old at that time, had taken her in and shown her how to support herself selling drugs. He had been her only lifeline. Understanding more about Sasha's background, Kerry was able to contrast Sasha's difficult circumstances to her own sheltered upbringing, and challenge her own assumptions about addicts and their behavior. This new understanding resulted in a transformative learning experience for Kerry, which prompted a change in Kerry's meaning perspectives about Sasha, her life choices and her behavior. She came to see her

Table 1: Questions based on the Holistic Relevance Supervision Model

Levels of Relevance	Viewing the client holistically, the supervisor ask:	Viewing Counselor Kerry holistically, the supervisor ask:	Viewing Counselor Kerry as adult learner, needing IL and TL, the supervisor asks	Addressing the case from a psychotherapy integration perspective the supervisor and Counselor agree on:
5. Spiritual Orienting System	Is your client Spiritual or religious? Have you asked her about spiritual beliefs or community that may sustain her during this difficult time?	Does anything in your client's behavior bring up a conflict in your spiritual or religious belief system? With the spiritual belief system of your parents, relatives or caregivers?	IL: Have you explored traditions other than your own to better understand your clients? TL: Have you reflected upon, critically questioned the origin of your beliefs? Do you need to change any?	Narrative intervention to help client re-connect with what she holds sacred and precious. Assess and reevaluate spiritual beliefs and Referral to spiritual community, and NA Writing letter to unborn child
4. Worldview Assumptions Existential concerns Love	What difficult existential issues is your client dealing with right now? What are the implications for therapy?	Does this case bring up existential issues in you? Does it challenge your identity, assumptions, values, principles, and worldview?	IL: What do you know about your client's cultural background, upbringing, worldview? TL: Now that you know more, how does this transform you, your approach as a therapist?	Discuss existential issues and fears, death, loneliness, responsibility Narrative meaning and identity reconstruction Build survivor story
3. Concrete mind, Thoughts, Cognition Communication	How is your client's communication style, how clear does her cognitive process appear?	Do you recognize any faulty thinking within yourself? What is making communication so difficult with your client?	IL: What do you know about your client's past, about living pregnant with HIV? TL: Does this new knowledge change the way you see her, communicate with her?	CBT , MET interventions to motivate client to stop using and join program that specializes in helping HIV mothers
2. Emotion Relationships Sex	What emotions does she express, how? How are her relationships, her social support system?	What emotions is this case bringing up in you? Does this client remind you of someone else in your life? What support system do you have in place right now?	IL: What do you know about your client's past and present relationships, social support network? TL: Knowing more about your client's life, does this change your assumptions about her?	Gestalt and Emotion Focused Therapy to help with catharsis and express difficult emotions, Artful interventions: drawing, painting, expressive writing. Develop social network, Possibly couples counseling w. Joe
1. Physical body, work, environment, behavior	How is the client behaving? How are the client's body, work, finances?	How is this case affecting your behavior as a professional?	IL: Do you need to learn more about available legal, medical, and other help for your client? TL: How does this new information change your perception of this case?	Behavioral interventions to get client the medical and community help she needs

client as someone who had experienced extreme hardships and survived as best she could. Instead of seeing Sasha as a selfish addict in need of reprimand and discipline, Kerry now saw her client as a brave survivor, yet also as a traumatized, and probably terrified, individual, who deserved all the compassion and help she could provide. In addition, Kerry was also able to confront her own limited view of addicts, teen pregnancies, and HIV positive populations, and transform some of the restrictive, even parochial assumptions she had carried around for years, which were holding her back personally and professionally. In fact, over the course of the following weeks of supervision, as Kerry answered the supervisor's questions, she was able to see Sasha's life from a holistic, critical, developmental, and contextual perspective. This transformed Kerry's perception of Sasha's case and of herself as a more empathic and mature counselor.

Conclusion and Implications for Counselors

The case of Kerry and her client Sasha shows how the Holistic Relevance Supervision Model may provide a useful roadmap to facilitate holistic, transformative, and integrative supervision and counseling, and to help a difficult, stagnant case move forward successfully. In this case, to uncover the spiritual beliefs and assumptions about the world that may have caused Kerry's irritation and discomfort with this particular client, the supervisor considered Kerry and her client from a holistic perspective. Once the assumptions that contributed to the therapeutic stalemate were uncovered, the supervisor's informative and transformative learning approach helped the supervisee transform her understanding of the client's situation and her own attitude toward this case, thus freeing her mind to develop more helpful and integrative therapeutic interventions. With help of the Holistic Relevance Model and the 5-Pronged approach to psychotherapy integration, Kerry and her supervisor found the rationale to select, among various theoretical orientations and therapeutic approaches, the counseling interventions that were most appropriate for their clinical focus and their client's needs.

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