

Article 44

An Integrative Spiritual Development Model of Supervision for Counselors-in-Training

Karen R. Weiss Ogden and Shari M. Sias

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Weiss Ogden, Karen R., is a second-year doctoral student at East Carolina University in Greenville, North Carolina. Her areas of specialty and interest include counselor supervision, substance abuse counseling, and spirituality.

Sias, Shari M., is an Associate Professor in the Department of Rehabilitation Studies at East Carolina University in Greenville, North Carolina. Her areas of specialty and interest include counselor supervision and development, substance abuse counseling, family counseling, and spirituality.

The efficacy of spirituality in counseling is now widely recognized (Bostwick & Rumman, 2007; Galanter et al., 2007; Koenig, 2007). This recognition has led to the development of professional organizations focusing on the inclusion of the spiritual dimension in counseling (Aten & Hernandez, 2004; Miller, 2003; Stebnicki, 2006). In fact, the training bodies of several organizations (American Counseling Association [ACA]; American Psychological Association [APA]; Counsel for Accreditation of Counseling and Related Educational Programs [CACREP]) have specific curriculum requirements in the area of spirituality (Miller, 2003; Stebnicki, 2006).

Despite recognition of the importance of spirituality in counseling, several issues have hindered its inclusion in clinical practice. First, few supervisors have the proper training to competently address issues of spirituality in counseling and supervision (Aten, Boyer, & Tucker, 2007; Aten & Hernandez, 2004; Miller, 2003; Miller, 2002). Second, staff members in counseling come from a variety of backgrounds with diverse spiritual beliefs and affiliations (Miller, 2003), and these variations can affect the supervisory relationship, creating incongruity in the conceptualization of client needs. Third, lack of understanding of spiritual differences can often lead supervisors to avoid spiritual issues in supervision and focus more on development of skills (Miller, 2003). Finally, there is a lack of systematic training on spiritual issues in the context of counselor training and supervision (Tan, 2007).

Clinical supervision is the primary means through which counselors develop the skills, knowledge, and competencies for ethical and effective counseling (Sias & Lambie, 2008). Since it is often in the context of counseling that clients begin to explore issues of spirituality, counselors whose approach includes spiritual development may provide more comprehensive counseling services than those who focus primarily on the integration of

counseling skills. To foster this development, supervisors need to create a learning environment that incorporates a holistic approach to client care. Supervisors must prepare the supervisee to appropriately address spiritual concerns that may impact clients' recovery efforts and the mental health issues that led them to counseling (Aten & Hernandez, 2004; Miller, 2003). Integration of spiritual learning and development contribute to counselor efficacy and in turn to improved client interactions and retention (Miller, 2003; Galanter et al., 2007).

There has been minimal research regarding the spiritual development of counselors-in-training and the implications of that training on clinical care and supervision (Richards & Bergin, 2000; Shafranski, 2000). This article presents an integrative model of supervision for counselors-in-training that is designed to enhance counselor competencies by incorporating spiritual development. This model was originally developed to address the needs of substance abuse counselors-in-training (Weiss Odgen & Sias, in review) and has been expanded to address the need of counselors-in-training regardless of clinical focus.

The Integrative Spiritual Development Model

Fowler's Theory of Faith Development

According to Miller and Thoresen (2002), spirituality is a comprehensive construct that consists of practice, belief, and individual experience. The Integrative Spiritual Development Model (ISDM) for clinical supervision is designed to support the spiritual development of counselors-in-training. Grounded in Fowler's (1981) theory of the stages of faith development, the model is supported by Kohlberg's (1981) theory of moral development and developmental models of clinical supervision (Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Stoltenberg & Delworth, 1987). Fowler defined faith as "a person's way of seeing him or herself in relation to others against the backdrop of shared meaning and purpose" (p. 4), and he endorsed the idea of faith as a "human universal" (p. xiii). That is, faith to a greater or lesser degree is a part of the human experience. Fowler suggested that levels of spiritual development mark important distinctions in the degrees of complexity with which individuals understand self, others, and social situations. Spiritual development expands toward progressively more complex levels of understanding, integration, meaning making, and interpersonal relationships (Fowler, 1981; Miller, 2003).

Fowler's (1981) theory is made up of six stages of faith development that mark increased maturity and personalization of an individual's spiritual "identity." The stages of faith development are: Intuitive-Projective Faith, Mythic-Literal Faith, Synthetic-Conventional Faith, Individuative-Projective Faith, Conjunctive Faith, and Universalizing Faith. In applying Fowler's stages to counselor supervision, it is necessary to understand how supervisees' develop in each stage. In the first stage, Intuitive-Projective Faith, supervisees tend to exhibit naive cognitive egocentrism and they lack perspective taking abilities. They demonstrate significant dependence on the perceptions of authority figures/supervisors or past parental messages in regard to spiritual or religious beliefs.

In the Mythic-Literal Faith stage, supervisees continue to rely heavily on the guidance of supervisors but begin to develop improved capabilities for simple perspective taking and meaning making. However, they still lack the ability to fully understand the

experiences and beliefs of others/clients. This is evidenced by black-and-white thinking and a strong belief in “right” and “wrong.”

Individuals in the Synthetic-Conventional stage attempt to form a spiritual identity that is integrated into their personal and professional experience. Though still somewhat rigid and self-focused in their approach to spiritual issues, they have more capacity for social perspective taking and a broader understanding of mutual interpersonal perspectives regarding spirituality.

In stage four, Individuative-Projective Faith, individuals begin to individuate instead of conforming to the faith of significant others. They critically examine the system of beliefs, symbols, values, and commitments they previously accepted uncritically. This analysis is often filled with angst and a sense of confusion. However, with guidance and encouragement in a nonjudgmental supervisory environment, individuals develop a new sense of spiritual autonomy from which they begin to understand the spiritual experiences and meaning making of others in a more expansive way.

In the Conjunctive Faith stage, individuals begin to develop an ability to live with the paradoxical complexities of faith. This fosters their ability to engage in non-defensive, mutual dialogue with clients whose traditions differ from their own. Individuals in stage six, Universalizing Faith, have reached a level of spiritual maturity that promotes a vision for a universal or interconnected community that is different from that they have previously experienced (Fowler, 1981; Fowler & Dell, 2006; Ripley, Jackson, Tatum, & Davis, 2007).

Kohlberg’s Theory of Moral Development

Similar to Fowler’s (1981) theory of faith development, Kohlberg’s (1981) theory of moral development outlines six hierarchical stages of moral development (i.e., Punishment and Obedience; Instrumental Exchange; Interpersonal Conformity; Authority and Social Order; Morality of Contract, Individual Rights, and Democratically Accepted Law; and Universal and Ethical Principals; Ripley et al., 2007). The stages are qualitatively different and sequential (Kohlberg & Wasserman, 1980). According to Kohlberg (1975), moral development is “a natural product of a universal human tendency toward empathy or role taking, towards putting oneself in the shoes of other conscious beings. It is also a product of a universal human concern for justice, for reciprocity or equality in the relation of one person to another” (p. 675). Moral development is characterized by an increasing sense of differentiation, the ability to view situations from another's frame of reference and increased integration of one's own views and ideas. Hence, supervisees’ level of moral development may affect their ability to function in complex counseling situations and in multi-dimensional counseling related tasks. As individuals advance in their moral development, they are able to demonstrate more cultural sensitivity, broader expressions of empathy, and greater autonomy and interdependence. This allows them to respond in ways that are increasingly effective (Sias, Lambie, & Foster, 2006). Each of the stages with primary descriptors is presented in Table 1.

Table 1. Kohlberg's Theory of Moral Development and Primary Descriptors

Stages 1 and 2: Pre-Conventional Stages (Collectively)
Individuals are concerned primarily with self rather than others.
Stage 1: Punishment and Obedience
The goodness or badness of behavior depends on the consequences of the behavior. At this stage, the individual evaluates the rightness or wrongness of behavior via strict rules for what is punished and what is not punished.
Stage 2: Instrumental Exchange
Individuals conform to rules in order to benefit themselves and are guided by maxims such as "You scratch my back and I'll scratch yours" or "An eye for an eye".
Stages 3 and 4: Conventional Stages (Collectively)
Individuals are concerned primarily with societal views of rightness.
Stage 3: Interpersonal Conformity - "Good Boy" or "Good Girl" Morality
What is right is determined by "what pleases, helps, or is approved by others."
Stage 4: Authority and Social Order - Maintaining Morality
Individuals are primarily concerned with conforming to socially defined rules of conduct. They value doing their duty and respecting the established social order.
Stage 5 and 6: Post-Conventional Stages (Collectively)
Individuals emphasize the greater good for society and the guiding use of universal values in moral decision-making.
Stage 5: Morality of Contract, Individual Rights, and Democratically Accepted Law
Individuals focus on what is good for society or large social groups.
Stage 6: Universal and Ethical Principles
Individuals emphasize universal virtues and values.

(Adapted from Kohlberg, 1981)

Development Models of Supervision

Development models of supervision focus on how supervisees progress as they gain increased training and experience (Loganbill et al., 1982; Stoltenberg & Delworth, 1987). Stoltenberg's (1981) counselor complexity model views the supervisee not as a counselor lacking skill, but as an individual embarking on a course of development that will culminate in the formation of a counselor identity. The process cultivates the integration of skills and increases the supervisee's awareness of self and others. Development models of supervision intend for supervisors to assess and match supervisee needs with appropriate levels of intervention (Gingrich & Worthington, 2007; Stoltenberg, McNeill & Delworth, 1998). These models examine supervisees' characteristics, common behaviors, emotions, and needs in relation to development level, and experience with specific counseling tasks. Supervisees at lower levels of development are more concrete and dependent on their supervisor. They require structure, specific behavioral tasks, and direction from a supervisor as support. More advanced supervisees have more complex ways of thinking, have more tolerance for ambiguity, and require a supervisory environment that is less structured, more collegial, and focused on interpersonal processes and personal development (Bernard & Goodyear, 2008; Sias & Lambie, 2008). In their developmental model, Loganbill and colleagues (1982) advanced the idea that supervisee development is a cyclical rather than linear

process. Supervisees cycle in and out of the various developmental levels and learn to integrate skills as they do. Supervisors adapt their approach to the needs of supervisees, continually assessing and adapting their skills to match their supervisees' changing requirements (Sias & Lambie, 2008). Developmental supervision theories parallel the developmental theories of Fowler (1981) and Kohlberg (1981), allowing for the development of effective strategies for supervision and training.

Implementing the Integrative Spiritual Development Model

The Integrative Spiritual Development Model (ISDM) offers practical approaches for educators and supervisors to support the spiritual development of counselors-in-training. Similar to the practice standard for effective multicultural training which consists of (a) a consciousness-raising component, (b) an affective/experiential component, (c) a knowledge component and (d) a skills component (Sue & Sue, 2008), the ISDM provides structured support for monitoring the supervisees spiritual and cultural awareness, skill differentiation, and skill integration. These components enhance the counselor's intellectual understanding, emotional awareness, counselor identity formation, and self-efficacy regarding the integration of spirituality in clinical practice.

Concrete and Graduated Orientation

A supportive, developmentally responsive supervisory environment is most effective when spiritual development and cultural diversity education are interwoven with fundamental counseling competencies in an environment that provides consistent structure, guidance, and a concrete and systematic orientation (Sias & Lambie, 2008). Frequent and directive feedback is needed to reduce counselor anxiety and fears and to initiate and encourage collaborative dialogue regarding the complex and multidimensional aspects of spiritual development (Bernard & Goodyear, 2008; Miller 2003).

The initial phase of education and training should provide deliberate and systematic information on predominant religions, beliefs, practices, customs, and worldviews. This educational component needs to be paired with a review of ethical and multicultural guidelines and codes pertaining to the client's religious and spiritual beliefs (Stebnicki, 2006). This introduction can be initiated through didactic lectures, group discussions, assigned readings, and interactions with others of divergent views. For example, having guest speakers of various spiritual and religious traditions speak during group supervision sessions provides supervisees an opportunity to directly interact with individuals from divergent views. This format would include an exploration of cultural sensitivities and needs that may impede the initiation of counseling or present cultural or spiritual barriers that may limit counseling access, integration, or engagement (Johnstone, Glass, & Oliver, 2007).

Interpersonal Assessment and Personally Relevant Application

To support educational components and advance the spiritual development of counselors-in-training, coursework, supervision, and fieldwork experiences must be personally relevant and consistent with the supervisees' developmental needs (Sias & Lambie, 2008). To aid in the counselor-in-training's development, the supervisor should

begin by assisting supervisees in examining their own level of spiritual understanding and development. One useful tool for this is the Spirituality Self-Rating Scale (SRS; Galanter et al., 2007). This instrument measures individuals' attitudes toward spirituality. Another instrument is the Defining Issues Test (DIT; Rest, 1986). The DIT assesses levels of moral reasoning. Both the SRS and DIT have strong psychometric properties and are useful for both pre-and post tests and follow-up assessments (Galanter et al., 2007; Rest & Narvaez, 1994; Rest, Narvaez, Bebeau, & Thoma, 1999). Instruments such as the SRS and the DIT provide a non-threatening way to help supervisees understand their own spiritual development while allowing them to explore how their spiritual and/or religious understanding may affect their clinical practice and therapeutic interventions. Kohlberg (1981) noted that individuals in the initial stages of moral development tend to base their decisions on their own experiences, perspectives, and self interest. Similarly, Fowler (1981) noted that individuals in the initial stages of faith development lack insight into their own internal workings and those of others. Counselors in these initial stages of development frequently maintain black and white thinking about spiritual matters. Limitations in the counselor-in-trainings' ability to apply perspective taking can lead to difficulties in the establishment of a therapeutic alliance and individualized care when working with others whose spiritual traditions differ from their own (Ripley et. al., 2007). Supervisors can assist counselors-in-training in exploring the perspectives of others regarding the role of spirituality and cultural beliefs in clients' counseling efforts.

Skill Development

The process of skill attainment and integration requires sensitivity to the anxiety and fear that supervisees experience as part of moving from the role of a student to that of a practitioner. Often counselors-in-training have fears of "not doing it right." Additionally, they tend to evaluate the motives and intentions of others, seeking ways to please and gain their approval (Fowler, 1981; Kohlberg, 1981; Stoltenberg, 1981). Their anxiety frequently leads to conservative techniques and guarded interactions that impede their ability to be "present" in clinical interactions and hinder their ability to convey empathetic responses (Bernard & Goodyear, 2008; Sias & Lambie, 2008). Using supervisory skills such as active listening (attending, acknowledging, paraphrasing, and reflecting), peer observation, direct supervisory observation, supportive feedback, and ongoing education (didactic and experiential), the supervisor can foster the counselor-in-training's role-taking abilities, thereby reducing anxiety and enhancing the supervisee's risk taking ability to incorporate new ideas, perspectives, and higher order skills. This assists the supervisee in forming a professional identity that allows for clinical inclusiveness of cultural and spiritual diversity.

Guided Reflection and Integration

Personal reflection and ongoing "meaning making" are fundamental to spiritual development and maturation (Fowler, 1981; Miller, 2003). In the ISDM, supervisors proactively initiate and guide supervisee reflection on new experiences, challenges, issues of transference, ethical concerns, and self-care strategies. The use of journaling, videotaping, group discussions, and supervisory dialogue can be used to encourage counselors-in-training to incorporate learning on both a personal and professional level. (See Appendix A for other activities used to integrate spirituality in supervision.)

Supportive Collaborative Feedback

The goal of the supervisor is to provide a growth producing supervisory environment that facilitates the supervisee's spiritual development and promotes a holistic approach to counseling. It is important for supervisors to balance experience, learning, and reflection. Individual and group supervision can be used to provide concrete information regarding skill development and to share experiences for mutual learning. These approaches can decrease counselors' anxiety and normalize the challenges of having their work viewed by others (Sias & Lambie, 2008).

As supervisees' confidence and ability to integrate client perspectives increases, they will show more consistent individuation and a deepened sense of their own convictions (Stoltenberg, 1981). With support, they will engage in critical evaluation of the theoretical and spiritual frameworks they previously accepted without question (Bernard & Goodyear, 2008; Fowler, 1981). They begin to compare the supervisor's approach to spiritual issues with their own perspectives (Ripley et. al, 2007). This perspective taking is combined with an increasingly client-centered focus. As development progresses, supervisors need to continually assess the counselor-in-training's internalization of ideas and skills and adjust the supervisory environment to effectively respond to overconfidence in their critical reasoning and in their level of competence regarding cultural and spiritual issues (Bernard & Goodyear, 2008).

Mentoring

Supervision, like counseling, is an interpersonal process (Sias & Lambie, 2008). Therefore, supervisors should seek to broaden the scope of roles, clinical dynamics, and internal evaluative processes for counselors-in-training. The ISDM reinforces the importance of mentoring to assist in the formation of a supervisee's counselor identity. Part of progressive supervision involves the assignment of a senior clinician as a mentor, whose role is to share his or her wisdom and expertise in integration of spirituality in counseling. Mentors provide an example of what counseling "looks like" in a practical sense. They encourage counselors-in-training to explore and validate their own growth and development. While novice counselors may initially emulate the style of their mentor, counselors-in-training are encouraged to develop and implement their own strengths and style.

Continuity and Follow Up

Spiritual development and clinical competence continue to mature when there is continuity and consistency in feedback and follow-up. As counselors-in-training gain greater competence and autonomy, supervision is expanded to include the exploration of compatible work roles and environments (Bernard & Goodyear, 2008). Continuity in supervision is helpful in providing an arena for counselors-in-training to address ethical considerations (Miller, 2002) and to adjust to the disparity between their ideas of how counseling "should be" and the realities of their clinical responsibilities.

Conclusion

Counseling supervision models are needed that are practical and support both spiritual development and skill development. Holistic supervision can prepare counselors-in-training to conceptualize, address, and manage the complex issues experienced in the counseling arena. Although no model of supervision is appropriate for all trainees (Sias & Lambie, 2008), a general supervisory framework can be used to enhance trainees' skill development and promote their transition into professional practice. The ISDM is a flexible approach designed to provide a viable construct for supporting supervisees' skill development needs while encouraging the integration of spiritual development with core counseling competencies.

References

- Aten, A. D., Boyer, M. C., & Tucker, B. T. (2007). Christian integration in clinical supervision: A conceptual framework. *Journal of Psychology and Christianity*, 26, 313-320.
- Aten, A. D., & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychology: Theory, Research, Practice, Training*, 41, 152-160.
- Bostwick, J. M., & Rummans, T. A. (2007). Spirituality, depression, and suicide in middle age. *Southern Medical Journal*, 100, 746-747.
- Bernard, J. M., & Goodyear, R. K. (2008). *Fundamentals of clinical supervision*. Boston: Allyn & Bacon.
- Brussat, F., & Brussat, M. A. (n.d.). Spirituality and practice: Resources for spiritual journeys. Retrieved from <http://www.spiritualityandpractice.com/practices/practices.php?id=28>
- Fowler, J. W. (1981). *Stages of faith*. San Francisco: Harper & Row.
- Fowler, J. W., & Dell, M. L. (2006). Stages of faith from infancy through adolescence: Reflections on three decades of faith development theory. In E. C. Roehlkepartain, L. M. Wagener, & P. L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 34-45). Thousand Oaks, CA: Sage Publications.
- Galanter, M., Dermatis, H., Bunt, G., Williams, C., Trujillo, M., & Steinke, P. (2007). Assessment of spirituality and its relevance to addiction treatment. *Journal of Substance Abuse Treatment*, 33, 257-264.
- Gingrich, F., & Worthington, E. Jr. (2007). Supervision and the integration of faith into clinical practice: Research considerations. *Journal of Psychology and Christianity*, 26, 342-355.
- Johnstone, B., Glass, B. A., & Oliver, R. E. (2007). Religion and disability: Clinical, research and training considerations for rehabilitation professionals. *Disability and Rehabilitation*, 29, 1153-1163.
- Koenig, H. G. (2007). Spirituality and depression: A look at the evidence. *Southern Medical Journal*, 100, 737-739.
- Kohlberg, L. (1975). The cognitive-developmental approach to moral education. *Phi Delta Kappan*, 6, 670-677.

- Kohlberg, L. (1981). *The philosophy of moral development*. San Francisco: Harper & Row.
- Kohlberg, L., & Wasserman, E. (1980). The cognitive-developmental approach and the practicing counselor: An opportunity for counselors to rethink their roles. *Personnel and Guidance Journal*, 58, 559-567.
- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist*, 10, 3-42.
- Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy*. Hoboken, NJ: John Wiley & Sons, Inc.
- Miller, W. R. (2002). *Integrating spirituality into treatment*. Washington, DC: American Psychological Association.
- Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist*, 58, 24-35.
- Rest, J. R. (1986). *Manual for the Defining Issues Test*. Minneapolis: University of Minnesota Press.
- Rest, J. R., & Narvaez, D. (1994). *Moral development in the professions: Psychology and applied ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Rest, J., Narvaez, D., Bebeau, M., & Thoma, S. (1999). *Postconventional moral thinking: A neo-Kohlbergian approach*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Richards, P. S., & Bergin, A. E. (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Counseling Association.
- Ripley, J. S., Jackson, L. D., Tatum, R. L., & Davis, E. B. (2007). A development model of supervisee religious and spiritual development. *Journal of Psychology and Christianity*, 26, 298-306.
- Shafranski, E. P. (2000). Religious involvement and professional practice of psychiatrists and other mental health professionals. *Psychiatric Annals*, 30, 525-532.
- Sias, S. M., & Lambie, G. W. (2008). An integrative social-cognitive development model of supervision for substance abuse counselors-in-training. *Journal of Teaching in the Addictions*, 7, 57-74.
- Sias, S. M., Lambie, G. W., & Foster, V. A. (2006). Conceptual and moral development of substance abuse counselors: Implications for training. *Journal of Addiction & Offender Counseling*, 26, 99-110.
- Weiss Odgen, K., & Sias, S. M. (in review). *An integrative spiritual developmental model of supervision for substance abuse counselors-in-training*. Manuscript submitted for publication.
- Stebnicki, M. A. (2006). Integrating spirituality in rehabilitation counselor supervision. *Rehabilitation Education*, 20, 115-132.
- Stoltenberg, C. D. (1981). Approaching supervision from a development perspective: The counselor complexity model. *Journal of Counseling Psychology*, 28(1), 59-65.
- Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists*. San Francisco: Jossey-Bass.
- Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated development model for supervising counselors and therapists*. New York: John Wiley & Sons.
- Sue, D.W., & Sue, D. (2008). *Counseling the Culturally Diverse: Theory and Practice*. Hoboken, NJ: John Wiley & Sons.

Tan, S. Y. (2007). Using spiritual disciplines in clinical supervision. *Journal of Psychology and Christianity*, 26, 328-335.

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Appendix A

Activities for Integrating Spirituality in Supervision

1. What's in a name?

- Purpose: To begin a dialog about spirituality in a non-threatening manner
- Group size: 3 to 4
- Level of physical activity: Low
- Estimated time: 15 to 20 minutes
- Props: Paper and/or a flip chart
- Instructions: Ask supervisees to get in groups of 3 or 4 and list as many different names for a "supreme being" or "universal force" as possible (God, Buddha, Higher Power, Great Spirit). Once the list is complete, have each group identify which names are attached to a religious process versus a spiritual process. Have each small group share their lists with the larger group. The large group discussion can then move to the difference between religion and spirituality.

2. Symbols of Spirituality

- Purpose: Team building and to introduce the importance and uses of symbols in spirituality
- Group size: 8 to 20
- Level of physical activity: High
- Estimated time: 30 to 45 minutes
- Props: A sheet of paper that has various spiritual symbols on it (cross, dream catcher, medicine wheel, tombs, temples, churches, trees, flowers).
- Instructions: This is a scavenger hunt for each team. The teams are asked to find items that most *closely resemble* the pictures on the sheet. The exact items are not likely to be in an office setting so supervisees are encouraged to use creativity in finding similar items. Each team has 20 minutes to find and bring as many items as possible to a central location. The winner is the group that finds the most objects. Prizes can be given to the winning group. Once the scavenger hunt is complete, a group discussion about the importance and use of symbols is encouraged.

3. Silent Moments

- Purpose: To introduce the importance of silence in spirituality
- Group size: 3 to 4
- Level of activity: Low
- Estimated time: 20 to 30 minutes
- Props: None

- **Instructions:** Have supervisees consider the following questions: (a) How is silence used in spiritual growth and development? (b) Do they (supervisees) incorporate silence in their own lives? If so, explain. (c) How might “moments of silence” be helpful to the clients they see? Following the discussion have the supervisees participate in a moment of silence activity such as the imagery exercise from the Seneca Nation “Entering into Silence” (Brussat & Brussat, n.d.). Ask supervisees to close their eyes and take 3 cleansing breaths...[pause] “Listen and hear the Silence...[short pause] Listen and see the Silence...[slightly longer pause] Listen and taste the Silence...[slightly longer pause] Listen and smell the Silence...[slightly longer pause] Breathe out one time. Listen and embrace the Silence... [shorter pause] When you are finished, open your eyes.
- **Variation:** Give supervisees the homework assignment of including moments of silence in their daily lives for one week (e.g. having one minute of silence before beginning work each day, before lunch or dinner each day or before driving home from work or school).