Ethical Guidelines for the Use of Prayer in Counseling

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Abstract

Spirituality has increasingly been recognized as an essential ingredient in counseling and has led to a corresponding increase in the use of prayer as a counseling technique. The increase in the use of prayer has made it essential for the profession to provide ethical guidelines. This article provides a review of recent counseling literature and brief review of the ethical codes of the associations pertinent to the counseling profession with regard to the use of prayer in counseling. Four ethical guidelines have been developed and discussed: self-awareness, informed consent, spiritual assessment, and supervision. Recommendations have been given for counselors who opt for the use of prayer within their practice, including specific recommendations for supervision.

*Keywords:* ethical guidelines, prayer, counseling, spiritual, supervision
Ethical Guidelines for the Use of Prayer in Counseling

The increase in utilization of prayer in counseling has created an imperative for the profession to provide ethical guidelines. Basic principles and procedures are needed to stipulate the appropriateness of the use of prayer in counseling as well as provide more specific guidelines to direct the counselor in the provision of the highest standard of client care. Spirituality has increasingly been recognized as an essential ingredient in counseling and has led to a corresponding increase in the use of prayer as a counseling technique. The use of prayer in counseling has been considered to be controversial by some authors (Sullivan & Karney, 2008, Richards & Bergin, 1997) and often met with suspicion. While not specifically identifying the use of prayer, it has been suggested by other authors that the exclusion of a client’s spirituality in counseling is, in fact, unethical (Bishop, Avila-Juarbe, & Thumme, 2003). A recently published counseling textbook includes an entire chapter on the use of prayer in counseling and suggests that “prayer is a vital spiritual practice” (Cashwell & Young, 2011, p. 243). Recent research has revealed that counselors have used prayer in counseling both as a pre-session technique as well as in-session (Gubi, 2008).

The first concern of this article is to provide a brief review of the ethical codes of the associations that guide the counseling profession in the use of spiritual interventions and specifically, prayer. Based on this review, we have developed four ethical guidelines for the practice of prayer as a counseling technique: counselor self-awareness, counselor/client assessment, informed consent, and supervision/consultation. Each of these ethical guidelines will be described and discussed in some detail with support provided by recent counseling literature. It is important to note that it is beyond the scope of this article to determine whether or not the use of prayer in counseling is ethical.
Review of the Ethical Codes

The ethical codes of the associations that guide the practice of counseling provide a point of entry to examine the ethical implications of the use of prayer in counseling. Ethical codes have frequently been adopted or incorporated into licensure laws, and have provided the underlying framework for the ethical codes of national accreditation bodies and credentialing organizations. While a number of organizations purport to represent professional counselors, this review will focus on the following: the American Counseling Association (ACA), the American School Counseling Association (ASCA), the American Psychological Association (APA), the American Mental Health Counselor Association (AMHCA), and the American Association of Pastoral Counseling (AAPC). A cursory review of the current ethical codes provided by these organizations has revealed no specific mention of the use of prayer as a counseling technique. However, specific principles such as personal values, client rights, informed consent, and competence are relevant to the discussion of the ethical implications of prayer in counseling.

Historically, codes of ethics have proliferated as various groups within counseling, certification bodies, and state licensure boards have developed their own standards and codes of ethics (Remlely & Herlihy, 2007). The existence of multiple codes has created difficulties and even confusion for counselors who hold membership in more than one organization. In an effort to reduce further difficulties or confusion, we have chosen to focus on the ACA ethics code, since the American Counseling Association is the largest organization representing professional counselors.

Our review of the ACA code identified the following principles related to the use of prayer in counseling: personal values, client rights, informed consent, and professional
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...competence. Each of these will be briefly discussed with specific sections of the ACA code specified.

The ACA code of ethics (ACA Code, A.4.b) has stipulated that counselors become aware of their personal values and avoid the imposition of values onto their clients. The use of prayer may constitute an imposition of counselor values onto a client, and is mentioned as a concern by several authors who have written about the use of prayer (Magaletta & Brawer, 1988; Kelly, 1995; & Gubi, 2008). The main concern is that if prayer is used in counseling, it should be implemented with extreme caution. If, after careful consideration the choice is made to utilize prayer in counseling, counselors have a responsibility to: (a) include prayer in their informed consent, (b) make their client aware of their personal values and beliefs regarding prayer, and (c) explain how they plan to use prayer in the counseling session.

The choice to use prayer must be viewed as an informed choice and must reside with the client. This is consistent with the sections A.1.c regarding counseling plans and section A.2.a which stipulates that consent must be an ongoing discussion throughout the counseling relationship (ACA Code of Ethics, 2005). If a counselor anticipates the use of prayer in counseling, the counselor must follow the ethically accepted practice of first obtaining informed consent and then regularly including this during the counseling relationship.

When practicing ethically as a licensed counselor it is also imperative to work within one’s scope of professional competence, as listed in C.2.a in the ACA code of ethics (ACA Code of Ethics, 2005). Since the practice of prayer in counseling is not currently included in the core counseling competencies of most counselor education programs, the use of prayer in counseling may be viewed as a specialty area of practice. The use of prayer has not been included in the skills and competency standards as set forth by the Council for Accreditation of Counseling and
Related Educational Programs (CACREP) or in the standards of practice recognized by the National Board for Certified Counselors (NBCC). Hence, in keeping with ACA code of ethics C.2.a, if a counselor has not received specific pastoral, clerical, or religious counseling training, the counselor is technically incompetent to use prayer in counseling practice.

Our review has revealed that current ethical codes do not include specific reference to or specific guidance for the use of prayer in counseling. However, we contend that the codes do support the importance of personal values, client rights, informed consent, and professional competence. Based on these ethical foundations, we propose that the following guidelines can be developed as a strategy for the use of prayer in counseling. Each of these four guidelines will be described and discussed along with a review of extant counseling literature: counselor self-awareness, informed consent, client/counselor assessment, and supervision/consultation.

**Self Awareness**

It is an ethical imperative that professional counselors who contemplate the use of prayer in counseling first obtain the knowledge, personal awareness, sensitivity, and skills necessary for competence. Self awareness is a key to functioning as an effective and ethical counselor and as such is the first of our four suggested guidelines for the use of prayer in counseling. The ethical codes of all major counseling associations identify self-awareness as an imperative skill to possess (ACA Code of Ethics, 2005, A.4.b; ASCA, Ethical Standards for School Counselors, 2004, E.1.b, E.2.C; AMHCA Code of Ethics, 2010, C.1.i). Self-awareness related to the use of prayer will be considered at three levels: the counselor level, the client/counselor relationship level, and at the supervision level.
Counselor level. Counselors need to understand their own beliefs about prayer, about the use of prayer in their own lives, in the lives of others, and finally, in the counseling process. A first consideration is and awareness of how the use of prayer might affect the process of change. Kelley (1995) has described the counselor’s awareness as being “sensitive and multidirectional” (p. 90). Counselor awareness has been seen as a key foundation to the integrity a counselor needs to build the “I/Thou” relationship with a client (Kelley, 1995). Kelley has described this as the development of an “inner congruence of being which is un-distortedly oriented toward others” (p. 90). Souza (2002) explored the importance of incorporating an awareness of spirituality in counselor education and stated that spirituality is a component of multicultural counseling. These two understandings of self-awareness provide an important insight: counselors must understand and appreciate that spirituality is a crucial aspect of diversity. Counselor awareness of their own spirituality is foundational to a consideration of the use any spiritual intervention, especially the use of prayer.

A second consideration is whether the use of prayer might simply improve the environment for change. Gubi (2001) has referred to the “covert use of prayer” (p. 428). At this level, counselors may “ground” themselves with the use of prayer before and in between sessions as a technique to enhance the counselor’s spiritual awareness and preparation. Rose (as cited in Gubi, 2008) suggested that prayer used by counselors in between sessions can offer a way of “changing the counsellor’s conviction” and “a process of self-emptying and attending to nothingness” (p. 75).

Counselor/client level. At the counselor/client level self-awareness is expanded to include not only the counselor but the client as well. At this level, it has been suggested that if counselors cannot relate to the possibility that prayer might be helpful for a client, there may
ethical concerns (Richards & Potts, 1995). It is important to acknowledge that counselors could choose to avoid the use of prayer. Lambie, Davis, and Miller (2008) have suggested that the counselor may make this choice because of their own lack of knowledge about prayer, or because the counselor practices a different religion from the client, or simply because the counselor holds a bias against prayer. In each of these instances there exists the distinct potential for an ethical breach. Richards and Potts (1995) stated that “those who would exclude all spiritual perspectives and interventions from psychotherapy are in danger themselves of violating (ACA’s) ethical principles regarding respect for human diversity” (p. 169). Richards and Potts (1995) further indicated that it is a lack of empathy, a refusal to contextualize information offered by clients, a lack of competency in the utilization of clients’ spiritual resources, and a cultural blind spot that indicates disrespect for, or a lack of sensitivity to the client’s religious values. An even stronger warning was issued for counselors who contemplate the use of prayer by Richards and Bergin (1997) who warn that “prayer should not be viewed as a substitute for professional competence” (p. 203).

While these are important ethical considerations for counselors who self-identify as having limited religious or faith-based awareness, there are other concerns for those who deem themselves to be religious. A major component of the need for self awareness is to mandate that counselors do not “impose their own values on their clients” (ACA, 2005, Section C.4). Koenig and Pritchett (1998) strongly advocate for caution in decisions to use prayer. They warn that the use of prayer may have unexpected effects on the therapeutic relationship and result in possible boundary issues up to and including the compromise of the counselor’s objectivity and neutrality. Clearly an approach that is consistent with the ACA Code needs to be maintained which includes a non-judgmental, non-intrusive, and non-offensive way of introducing the topic
of prayer. The client must be given clear permission to reject the offer for prayer in a way that
does not leave the client feeling that they disappointed the counselor (Koenig & Pritchett, 1998).
In summary, when a non-religious counselor encounters a religious client and/or religious
counselors encountering nonreligious clients, self awareness on the part of the professional is an
ethical obligation (Spero, 1982).

**Counselor/supervisor level.** Supervision has long been recognized by professional
counselors as the first line of prevention and remediation for the avoidance and management of
countertransference in counseling (Remley & Herlihey, 2007; Bernard & Goodyear, 2004). It
follows then, that an integral part of counselor awareness when prayer has been contemplated
would include the ethical practice of supervision and/or consultation. Since the use of prayer in
counseling is arguably an example of an unconventional practice, competent consistent
supervision is required both to maintain counselor awareness and to assist the counselor in the
management of appropriate therapeutic boundaries (Magaletta & Brawer, 1998).

One issue in the supervision of counselors that choose to use prayer in counseling is that
frequently it has not been discussed during supervision. Gubi’s (2008) research revealed that
many counselors do not bring their use of prayer to supervision. A study of 19 counselors that
self-identified as using overt and covert prayer in their counseling practice revealed several
themes that might impede counselor openness, such as, (a) supervisor’s non-acceptance and
acceptance, (b) the criteria used for choice, and (c) the supervisory agenda. Gubi’s research
emphasized the need for supervisors as well as counselors to maintain an appropriate level of
awareness not only of their own spirituality but even more importantly of their attitudes toward
the use of spiritual interventions such as prayer in counseling.
Clearly at all three levels self-awareness is essential to an ethically sound decision with regard to the use of prayer in counseling. Not only is it imperative that the counselor maintain a high level of awareness of his/her own spiritual perspective but also of the client’s spiritual perspective as well. A parallel process is implicated at the supervisory level with high importance for supervisor’s self-awareness as well as the counselor’s candidness in disclosure of the use of prayer as a technique. The choice to use in prayer in counseling must be viewed as a collaborative choice that takes into consideration the counselor’s and the client’s spiritual and religious values and resources, and then, utilized only with appropriate and competent supervision and consultation.

**Informed Consent**

All of the ethical codes provided by the associations that guide the profession of counseling require the use of informed consent. It is sound ethical guidance that counselors who contemplate the use of prayer in counseling have a clear understanding of and developed skill in the practice of obtaining informed consent. The basic rationale for informed consent is that clients have a right to know what to expect when they enter into a counseling relationship. Remley and Herlihy (2007) have concluded that it is “safe to assume that mental health providers do have a legal obligation to obtain consent” (p. 78). Although the specific guidelines for informed consent vary from state to state, it is essential to ethical practice that professional counselors provide their clients with the information needed to make good decisions. This is especially true for counselors and clients that contemplate the use of prayer in counseling. Remley and Herlihy (2007) have noted that it is challenging for professionals to provide clients with sufficient information with regard to treatment choices, primarily because counseling has not been viewed as a science. A strong case can be made that the use of prayer in counseling
can be considered more from the perspective of philosophy than science and thus the inclusion of more information related to treatment choices is crucial.

It is important to note that terminology and procedures for informed consent in counseling has closely followed the terminology and procedures first used in the practice of medicine (Remley & Herlihy, 2007). Bullis completed a detailed review of law and ethics in spiritual counseling in 2001 and suggested that counseling closely followed the medical profession. Bullis noted that prayer therapy was specifically identified on a list of “Mind/Body Controls” by the Committee on Alternative Medicine of the National Institute of Health at the time of his review of that document. The significance of informed consent when the use of prayer is anticipated in counseling is underscored by a case related by Bullis (2001). A physician was ultimately found criminally responsible as a result of the use of a non-invasive procedure in the treatment of a patient. The case was appealed multiple times and eventually sent to a state supreme court where it was determined that the patient was not informed of the potential risks of the non-invasive treatment: bed rest. Prayer, and specifically a more passive style of prayer such as silent prayer by the counselor or the client, could easily be construed to be “non-invasive” in the field of counseling. As such, a passive use of prayer carries with it the potential of a similar ethical breach as well as the potential for litigation if informed consent has not been appropriately obtained.

Informed consent is essentially a contract between the professional counselor and the client. As such, the contract must include the legal principles of offer, acceptance, and consideration. The suggested standard of ethical practice includes both a written disclosure statement as well as verbal review of pertinent information (Remley & Herlihy, 2007). The 2005 ACA Code (A.2.b) stipulates that clients are provided with the “purposes, goals, techniques,
procedures, limitations, risks, and benefits” and that counselor qualifications include both specializations and competencies. Additionally, Corey, Corey, and Callanan (2006) suggested that a description of the counselor’s theoretical orientation and philosophy should be included in the disclosure statement. Hunter and Yarhouse (2009) have included an “expanded informed consent” (p. 164) when the use of a specific prayer technique is implemented. The expanded consent should include: 1) disclosure of religious views/cultural/spiritual diversity, 2) assess client’s openness to religious interventions, 3) newness of modality, and 4) availability of other options.

We recommend that professional counselors who anticipate the use of prayer in counseling adopt an informed consent procedure that includes the following. First, the professional counselor must maintain a professional disclosure statement that identifies all of the information identified by the ACA Code A.2.b (2005) as well as a clear description of the counselor’s religious views and concept of spiritual diversity. And secondly, we recommend that the professional disclosure statement include both a description of the specific prayer modality anticipated, the counselor’s competence in its use, and the availability of other options.

Assessment

Our third guideline is an assessment of both the counselor’s and client’s spirituality. We agree with Weld and Eriksen (2007) who suggested that a “full assessment of clients’ spirituality and prayer life” (p. 127) before the use of prayer as a spiritual intervention. Counselors that use prayer before an assessment has been completed “risk entering into a practice without the knowledge of how prayer will affect the client and counseling relationship” (Cashwell & Young, 2011, p. 250). In addition, we agree with Magaletta and Brawer (2008) that
it is ethically pertinent to assess not only the clients’ spirituality but also the counselor’s spirituality and posture toward the use of prayer.

The importance of assessment of religiousness and spirituality is evidenced by the volume of recent scholarship on this topic in counseling and counseling related publications (Gill, Harper, & Dailey, 2011; Richards, Bartz, & O’Grady, 2009; Weld & Eriksen, 2007; Griffith & Griggs, 2001; Kelly, 1995; Canda, 1990). However, the specific constructs of religion and spirituality remain fluid, and to some extent discipline specific which makes assessment of spirituality challenging for the counselor. Religiousness and spirituality have been viewed as “latent constructs” (Miller & Thoresen, 2003, p. 28), and as such cannot be directly observed or detected. As challenging as it may be, we contend that assessment remains a critical step that must be taken before prayer can be used in counseling.

Several authors have suggested models of assessment that can be implemented. Kelly (1995) expanded on the work of Mahoney (1991) and offered a two tiered typology for spiritual/religious assessment. Kelly suggested that before assessment can proceed the counselor must first consider the “conceptual context” (p. 133) for assessment as to whether the spiritual/religious issue is more internal and personally significant, or, if the issue is more externally focused. After the decision of context has been made, the assessor can then further explore specific types: a spectrum of categories that range from the religiously committed client to clients who are deemed to be actively hostile toward religion and, from the spiritually committed client to the client self-described as non-spiritual. Client dilemmas are assessed by a similar method and range from a predominantly religious/spiritual issue to an issue with little apparent connection with the spiritual/religious dimension (Kelly, 1995). While the Kelly model
is a very practical utilitarian assessment tool, it is limited by the specificity of the categories created to describe spirituality and religiousness.

An alternative model that purports to assess spirituality and religion is the Griffith and Griggs (2001) model, which offered a developmental approach with the application of Eriksen’s concept of identity, expanded by Marcia (1966) as the identity vs. diffusion life stage. Individuals move through a process of changes that delineate or differentiate four statuses of religious identity: diffusion, foreclosure, moratorium, and achievement (Marcia, 1966). Waterman (1993) offered another approach based on the use of several questions that delineate an individual’s religious status: “Should one believe in God or not? What form and frequency of religious observances should be maintained? Should involvement with an organized religion be maintained? What position should be taken on any of various doctrinal issues?” (p. 158). More recently Gill, Harper, and Dailey (2011) summarized spiritual assessment into five general categories: 1) context and worldview, 2) spiritual or religious issues, 3) strengths and resources, 4) interventions, and 5) self-exploration. Although all five categories bear some ethical relevance to the use of prayer in counseling the most salient category is the fourth category that involves decisions about interventions in counseling. While each of these models has made a distinctive contribution to the process of assessment of spirituality and religion, they are based on qualitative methods of assessment and require more time on the part of the counselor. It is our opinion that a less complex model that can be implemented more efficiently is indicated in the use of prayer in counseling.

Canda (1990) has offered a practical decision tree model of assessment designed specifically for the determination of the appropriateness of prayer with specific sensitivity to ethical decisions regarding the use of prayer. To begin, Canda described five levels of
involvement of the practitioner as a “range of options for the use of prayer” (p.10), from most to least “explicit and engaged” (p. 10) involvement. Canda suggested that three conditions must be considered to determine if prayer is appropriate: a) the client is interested; b) a spiritually sensitive relationship has been established; and c) the practitioner is qualified. Canda included assessment as a key component of each of the three conditions, respectively: a) practitioner assessment of client’s likely interest; b) client’s spiritual and religious background and interests assessed; and c) the spiritual self-awareness of the practitioner is well-developed. In general, Canda suggested that the fewer conditions or criteria met, the less appropriate the use of prayer as an intervention. As a footnote, Canda offered that even in the case that all criteria have been met, prayer that involves the explicit engagement of the practitioner and the client be used only “with caution” (p. 11).

It is our opinion that Canda’s model provides a practical, efficient process for the assessment of spirituality and religion for both counselor and client. The Canda model can easily be learned and utilized with minimal training and renders clear information that is directly applicable to the ethical decisions with regard to the use of prayer in counseling.

**Assessment: A general approach.** Some additional process considerations have been suggested by Kelly (1995) and Sperry (2001) that outline a general approach to assessment. Both authors emphasize the importance of the clinician’s self-awareness of “spiritual belief orientations” (Sperry, p. 110). Sperry suggested a brief screening assessment that includes three short answer questions and, depending on the responses of client, a full assessment is then made. Alternatively, Kelly (1995) suggested that the assessment of spirituality and/or religiousness begin with the intake stage of counseling. If clients are asked to complete an intake form either before coming to the first session or while in the waiting area, a few simple questions could be
included to gather more general information. After the intake form has been used to collect basic information, Kelly suggested that the counselor then move to the next level. Both approaches suggest a two-step process from brief measures to more in-depth and specific assessment techniques. We would concur with this two-step process and subsequently recommend the implementation of the Canda model for a more in depth and specific assessment to render a decision with regard to the use of prayer in counseling.

Supervision. The fourth ethical guideline we propose is supervision. When a counselor contemplates the use of prayer in counseling, it is an ethical imperative that the counselor engages in supervision or consultation with another professional counselor who has expertise in this area. Although many authors have noted an increase over the past two decades in emphasis on the assessment of spirituality and religiousness in the counseling literature, there are only a few guidelines for supervision of counselors who choose to implement spiritual and religious techniques. Two textbooks used in counselor education (Bernard & Goodyear, 2004; Bradley and Ladany, 2001) identified the ethical importance of monitoring client care and providing accountability for professional functioning, however neither mentions supervision for counselors that implement spiritual and/or religious interventions. The final chapter of Kelly’s ACA publication on “Spirituality and Religion in Counseling and Psychotherapy” (1995) included a brief paragraph that indicated the importance of consultation and referral with specific guidelines but no mention of the necessity of supervision. A more recent text used for counselor education in spirituality and religiousness offers a brief recommendation for supervision and consultation in reference to competent practice but the text does not offer specific guidelines for supervision (Cashwell & Young, 2011).
Our review of counseling literature did reveal one article that has provided an application of a well known model of supervision for counselors that anticipate the use of prayer in counseling. Polanski (2003) suggested the use of the Discrimination Model developed by Bernard (1997) as a way to “conceptualize spirituality in supervision” (p. 132). The Discrimination Model includes three areas of focus in supervision: intervention skills, conceptualization skills, and personalization skills. The supervisor assesses the central area that needs to be addressed and then determines a supervisory role based on the model from which to work: teacher, counselor, or consultant. Polanski (2003) reviewed the areas of concentration and deemed these as appropriate to the supervision of counselors who utilize spiritual and/or religious interventions. In accordance with Polanski’s suggestion, it is our suggestion that supervision of counselors who expect to implement prayer as a counseling technique may benefit from the following application of Bernard’s three perspectives. Since so little direction has been provided to guide in the supervision of counselors that use prayer in counseling, we have chosen to review these skills in more detail.

**Intervention skills.** According to the Discrimination Model, all of the activities that a counselor utilizes during a session are considered to be counseling interventions. So, for instance, the use of reflection skills such as paraphrasing and reflection of feeling are regarded as basic interventions. Likewise, more advanced skills might be utilized in the assessment of readiness for the application of a specific spiritual intervention, such as prayer. A first consideration of the supervisor is to consider which role to utilize in addressing the focus of supervision: teacher, counselor, or consultant. Given that the use of prayer can be regarded as a specific technique, the supervisor can adopt the teacher role (Bernard, 1979) which would include instruction in the use of prayer. An obvious implication of this role is that the supervisor
must be competent and have acquired the appropriate training not only for practice of prayer
techniques but also for spiritual assessment and informed consent.

**Conceptualization skills.** According to the Discrimination Model, the supervisor uses
conceptualization skills to concentrate on the supervisee’s ability to assess the client and develop
a working understanding of the client’s issues (Bernard, 1979). In the case where a supervisee
has considered the use of prayer as a spiritual intervention, the supervisor may first adopt the role
of the counselor with the supervisee. After the completion of a spiritual assessment, the
supervisor helps the supervisee understand how the client’s religiousness and spiritual beliefs fit
with the client’s life circumstances. An important component of this process is for the supervisor
to help the supervisee identify ideological consistency with regard to the supervisee’s spiritual
belief system and preferred counseling theory (Polanski, 2003).

**Personalization skills.** Self-awareness is central to the implementation of personalization
skills in Bernard’s Discrimination Model (1979). Personalization skills can be challenging and
even uncomfortable for a supervisee who may not have developed a level of self-exploration and
self-awareness with regard to religiousness and spirituality. Polanski (2003) suggested that it
may be helpful for the supervisor to collaborate with the supervisee in the development of an
operational definition of religiousness and spirituality. Since many counselors have not been
trained in spiritual issues in counseling and the use of spiritual techniques such as prayer,
Polanski (2003) suggested that a structured format may be useful. The supervisor role most
helpful to this endeavor is the consultant which recognizes the importance of the supervisee’s
own spiritual belief system and offers a more collaborative approach to supervision.

It is our finding that because so little has been written on the topic of supervision with
counselors who choose to use prayer in counseling that this guideline is most important for
consideration. We contend that future scholarship should address supervision and supervision models to provide expanded supervision techniques specific to the use of prayer in counseling. We further contend that ethical codes should be revised to include more specific guidelines with regard to supervision.

**Summary and Recommendations**

The increase in the use of prayer in counseling has created an imperative for the profession to provide ethical guidelines. Our review of counseling literature has revealed that the use of prayer as a spiritual intervention in counseling has become a more frequently used practice among professional counselors who self-identify as faith-based and, to some extent, with secular counselors as well. We have reviewed the ethical codes of the associations that guide the counseling profession with specific focus on the ACA *Code of Ethics and Standards of Practice* (2005). Our review has revealed that while guidelines for the use of prayer in counseling have not been specifically addressed, the ACA ethics code does provide some general guidance with regard to competence, assessment, and supervision.

Based on our review of the ethical codes and on a review of extant literature on the use of prayer in counseling it is our recommendation that counselors who elect to use prayer in counseling need to:

a. be aware of self in terms of their beliefs about prayer and its use in counseling as well as why they are opting to use prayer at this time with this client;

b. have training in the use of prayer in counseling;

c. obtain informed consent from the client related to the client’s understanding of the purpose of the use of prayer, how it will be done, it’s potential benefits and possible harm;
d. do an assessment of the counselor’s and client’s views/values related to the use of prayer in counseling;

e. and, be supervised or be in consultation with someone who understands the potential benefits and risks of using prayer in counseling.

We urge counselors that have integrated the use of prayer in counseling to review these guidelines and employ them in practice. We contend that these are important guidelines for the purpose of maintaining an ethical practice. Further, we suggest that the associations that guide the counseling profession consider these guidelines in the revision of ethical codes of practice for use by professional counselors, counselor educators, licensure boards, and national accreditation bodies.

Finally, we suggest that more extensive counseling research needs to be conducted to examine the frequency of use and counseling outcomes for the use of prayer in counseling. We encourage that future scholarship be devoted to the development of specific strategies and techniques for supervision of counselors that contemplate or are currently using prayer in prayer in counseling.
References


