



**Professional Standard
of the
Netherlands Association of Spirituals Counsellors
in Care Institutions**

**“Vereniging van Geestelijk Verzorgers in Zorginstellingen”
(VGZ)**



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Professional Standard for Spiritual Counsellors in Care Institutions

Introduction

The professional standard describes who spiritual counsellors in care institutions are, what they do and what is expected of them.

The standard is composed of two documents: a *professional profile* of spiritual counsellors in care institutions and a *professional code* for spiritual counsellors in care institutions. The professional profile describes the premises, core tasks and quality requirements of the profession as well as the required level of competence of a spiritual counsellor. It delineates the position of the spiritual counsellor within the realm of health care and is a guideline for further development of the profession.

The professional code lists the rules of conduct required of a spiritual counsellor in the exercise of his profession.

As a whole the professional standard provides a description of the essence of the profession.

Internally the professional standard constitutes a foundation of professional practice for the members of the Netherlands Association of Spiritual Counsellors in Care Institutions. (VGVZ).¹ Also it can play a role in communication with management of health care institutions on the position, tasks and capacity of spiritual counselling services.

Externally the professional standard is intended for whoever wants to be more closely informed on spiritual counselling in care institutions. In dealings with employer organizations, client and patient organizations², commissioning bodies, educational institutions, health insurance agencies and government, the standard can serve as a basis and starting point for further communication.

The standard is based upon current practices in the various fields of health care. They include general hospitals, mental health institutions, revalidation centres, institutions for persons with a mental handicap, nursing homes and homes for assisted living.

I. Professional profile of spiritual counsellors in care institutions

1. Terminology and definitions

Spiritual counselling in care institutions

Spiritual counselling in and out of care institutions is:

The professional and official guidance of and caregiving to people in the process of seeking meaning for their existence, from and on the basis of religious and existential convictions, and professional consultation in ethical and philosophical aspects of caregiving and management.

Care institutions

Care institutions are understood to be those institutions that are members of the following associations in the Netherlands:

- Association of Hospitals (Vereniging van Ziekenhuizen / NVZ)
- Association of University Hospitals (Vereniging van Academische Ziekenhuizen / VAZ)
- Association for Mental Health and Addiction Care (Vereniging voor de Geestelijke Gezondheids- en Verslavingszorg / GGZ Nederland)
- Association for Care of the Handicapped (Vereniging voor Gehandicaptenzorg Nederland / VGN)
- Association for Nursing Homes and Assisted Living (Vereniging voor Verpleging en Verzorging Arcares)
- Association for Revalidation Centers (Vereniging van Revalidatiecentra in Nederland / VRN)

The General Assembly of the VGVZ can also recognize other institutions as care institutions.

The Association of Spiritual Counsellors in Care Institutions (VVGZ)

¹ Vereniging van Geestelijk Verzoekers in Zorginstellingen (VGVZ) = Association of Spiritual Counsellors in Care Institutions.

² A spiritual counsellor serves residents, patients and clients. Where 'patients' is written, 'client' or 'resident' can also be read.



The Association of Spiritual Counsellors in Care Institutions (VGVZ) is the national professional association of all spiritual counsellors who are employed in care institutions in the Netherlands and who are members of the VGVZ.¹

The VGVZ has as its goal the advancement of spiritual counselling in care institutions and the preservation and improvement of the quality of spiritual counselling in care institutions as an integrated aspect of the total care service.

The activities of the VGVZ are directed towards the development of the profession, profile and position of spiritual counselling in care institutions.

In addition the VGVZ seeks to secure favourable terms of employment for the profession.

2. Historical sketch and legal framework

2.1 Development of the professional association and of the profession

The professional association

The development of the profession of spiritual counsellor is entwined with the history of the professional association, the VGVZ.

On April 2, 1971 the Association of Spiritual Counsellors in Hospitals was founded. The association started with a Roman Catholic and a protestant sector. At its founding 255 members were registered. In subsequent years the association has been broadened to become a professional association for all spiritual counsellors working in health care institutions in the Netherlands.

The VGVZ now includes five sectors: catholic, protestant, humanist, Jewish and Islamic. A Hindu sector is in the process of being formed. The VGVZ also includes six fields of work: general hospitals, mental health institutions, revalidation centres, institutions for persons with a mental handicap, nursing homes and assisted living. As of October 2002 there were 770 members.

Professionalization

In response to developments in church, society and health care the VGVZ has from its beginning sought to professionalize spiritual counselling. A solid foundation for that process was laid in 1987 when the Commission on Spiritual Counselling of the National Hospital Council ascribed to spiritual counselling an official status in health care. Spiritual counselling was understood to focus on fundamental questions in the sphere of illness, death, health and existential aspects of life. Spiritual counselling was consequently defined as: *professional and official guidance of and caregiving to people from and on the basis of religious and existential convictions.*²

In the last decade of the twentieth century specific attention was paid to the contribution of spiritual counsellors to integral care. Along with guidance and care aspects related to the patients and those nearest to them, advisory tasks related to policy on ethical and philosophical matters became an important element. In light of that- professional standard contains an adapted version of the definition of 1987.

The emphasis on professionalization received expression in the development of a course of study for members of the VGVZ. The course consists of three parts: 1. introduction week on spiritual counselling an organizational aspects; 2. clinical pastoral training (12 weeks or equivalent training); and 3. individual supervision.

In 1995 the *Professional Profile of Spiritual Counsellors in Care Institutions* was published in which the core tasks of a spiritual counsellor are indicated.³ In 1996 a *Handbook on Spiritual Counselling in Care Institutions* was published.⁴

In 1996 the periodical *Circular Letter* for the members of the VGVZ was transformed into a *Journal for Spiritual Counselling*. Along with information from the association scholarly articles are included that contribute to the professionalization of spiritual counselling.

1997 a policy paper of the Commission on Professionalization was published with regard to the *Position of the Department of Spiritual Counselling in Care Institutions*.

¹ For a precise description of the history of the VGVZ, see W.J.Kuttschrütter, *Vereniging van Geestelijk Verzorgers in Ziekenhuizen, Historische schets 1971 – 1991*, Utrecht 1991.

² “Department of Spiritual Counselling in Organization and Policy”, NZr, Utrecht 1987, p. 8.

³ Beroepsprofiel van de Geestelijk Verzorgers in Zorginstellingen, Utrecht 1995.

⁴ Drs. J.J.A. Doolard (red.), *Handboek Geestelijk Verzorging in Zorginstellingen*, (Kok) Kampen 1996.



In 1999 volume 1 in a series of VGVZ tracts was published: *Spiritual Counsellors in Care Institutions and Their Initial Training*. In the tract qualitative criteria were formulated which a spiritual counsellor must satisfy. Also the educational institutions that provide training for spiritual counselling were analyzed with a view to their weaknesses and strengths.

In 1997 a study by the Netherlands Institute of Mental Health and Addiction was published: *Profession: Spiritual Counsellor*.¹ That study on the person, work and place of work of spiritual counsellors in health care provides a good picture of how spiritual counselling is anchored and appreciated in clinical health care. In 1998 a study of spiritual counsellors in general hospitals followed.²

Of importance for further professionalization was the founding of a special professorate for 'Aspects of Spiritual Counselling' at the University of Groningen on behalf of the Christian Association of Care Institutions. In 2001 the professorate was moved to the Kampen Theological University. The Free University of Amsterdam also has developed a Masters degree with a specialization in spiritual counselling in organizations.

Throughout the year many opportunities for continuing education have been provided in order to increase the knowledge and expertise of spiritual counsellors.

2.2 Legal Framework

In legislation a development can be traced with regards to spiritual counselling in care institutions and its financing.

In 1972 the Netherlands Hospital Council recognized that spiritual counselling in all hospitals, whether confessional or not, was to be considered an aspect of the total care provided and that the resultant costs should be included when establishing health care tariffs. In response to attempts to undermine this position the commission Hirsch Ballin confirmed in the report *Government, religion and existential convictions* (1988)³ that spiritual counselling is part of the insured basic package of health care and that its financing requires no separate subsidizing by government.

Governing bodies must, according to the commission, provide legal warrants that spiritual counselling be made available in sufficient quality as an integrated element of the care provided. In other words the commission recommended a legal requirement to be included in norms of official recognition.

On March 11, 1992 a legislative proposal was presented to regulate the quality of health care institutions. In an appendix explanation it was indicated that care institutions, together with commissioning bodies, were to provide warrants for spiritual counselling as an element of qualitative health care. On April 1, 1996 the "Law on the Quality of Care Institutions"⁴ went into effect. In article 3 it states:

"In the case that care services require the stay of a patient in the institution for the duration of at least 24 hours, then the care provider bears responsibility for making spiritual counselling available in the institution, in a form that is as far as possible congenial to the religion or existential convictions of the patient or client."

Spiritual counselling thus belongs to the basic conditions of good health care.

By means of the "Law on the Right to Complaint of Clients in the Care Sector"⁵ clients of care institutions can file a complaint if insufficient spiritual counselling is made available.

Furthermore the "Law on Client Participation in the Care Sector"⁶ determines that the care provider must consult the client council on every proposal on general policy concerning spiritual counselling. The weight of this right of consultation is that the care provider may in principal not diverge from the recommendation of the client council unless a special committee can determine that the care provider has reached his proposal by a proper weighing of the interests involved.

¹ A de Roy, D Oenema, L. Neijmeijer, G. Hutschemakers, *Beroep: geestelijk verzorger. Een verkennend onderzoek naar persoon, werk en werkplek van geestelijk verzorgers in de gezondheidszorg*, Trimbos-instituut (Netherlands Institute of Mental Health and Addiction), Utrecht 1997.

² D. van der Loo, L. Jabaaij en J. Goudriaan, *De geestelijk verzorger in het algemeen ziekenhuis, een praktijkstudie naar functieuitvoering van geestelijk verzorgers en waardering daarvan door patiënten*.

³ Commissie- Hirsch Ballin, *Overheid, godsdienst en levensovertuiging*, The Hague 1988.

⁴ "Kwaliteitswet Zorginstellingen"

⁵ "Wet Klachtrecht Cliënten Zorgsector"

⁶ "Wet Medezeggenschap Cliënten Zorgsector"



3. Definitions and general premises

3.1. Right and need

Persons in care institutions are by need or necessity forced to live in a setting remote from their normal environment. Experiences with illness, disability, dependence and finiteness determine to a great degree their life there. The perception of religion, of philosophical views and of values and norms can take on another meaning. It is for that reason that spiritual counselling is an integral part of the care that is offered. In making spiritual counselling available the institution recognizes the need for and the right to spiritual counselling, such as is laid down in the quality law.

3.2. Explanation of the definition

Spiritual counselling in and out of care institutions is:

professional and official guidance of and *caregiving* to people in the process of *seeking meaning* for their existence, from and on the basis of *religious and existential convictions*, and professional *consultation* in ethical and philosophical aspects of caregiving and management.

Seeking meaning

'Seeking meaning for existence' refers to the continual process in which each person, in interaction with one's surroundings, seeks meaning for his or her life. In the individual process of ascribing meaning to life, religion and philosophical views play an essential role. The process of seeking meaning takes place on four levels.

1. On a *rational* level it has to do with the appropriation of values, the continual reformulation of a view on life, telling one's life story or asking questions about the meaning of life.
2. On an *emotional* level it entails expressing and dealing with existential emotions, such as fear, joy or sorrow.
3. On a *behavioural* level the search for meaning is expressed in, among other things, the choices that one makes, in the realization of values and norms (or failure to do so), or in the expression of religious convictions.
4. On a *spiritual* level it has to do with sources of inspiration, images, symbols, poetry, music, prayer and ritual.

The ability to ascribe meaning to life determines spiritual well being. For patients that ability is subject to trial. Fundamental questions present themselves. Feelings of bewilderment arise, sorrow, fear, anger, powerlessness and despair. The demise of autonomy and the loss of one's social roles, relations and skills cause loneliness. Images of God and of humankind undergo change. Vitality and motivation can be lost.

A spiritual counsellor has a guiding and caring task in a patient's process of seeking meaning, as well as in that of those nearest to him or her. As for no other caregiver that process is the primary and proper domain of work of a spiritual counsellor. That domain can also be referred to in terms of existential or philosophical views on life or as the 'spiritual' dimension. It is to be distinguished from 'physical', 'psychological' and 'social' dimensions.

The aim of spiritual counselling is the spiritual wellbeing of the patient. That wellbeing relates to the totality of one's humanity.

Professional and official

A spiritual counsellor does his/her work professionally and officially. The professionalism of the spiritual counsellor is of importance in order to provide optimal guidance and adequate care for patients and those nearest to them. At the same time a spiritual counsellor also takes on institutionally related tasks with regards to views on care, ethics and identity. In order to meet the professional qualifications of a spiritual counsellor the following requirements must be placed on his/her training and education:

- a. a degree in theology and/or humanistics from a government accredited academic institution of education (university or college)¹; and
- b. certification accredited by the VGVZ. To that end a spiritual counsellor must, subsequent to his or her formal education, yearly complete sufficient continuing education in order to remain registered as a certified spiritual counsellor.

¹ How this requirement is to be translated in terms of the new bachelor's and master's programs is a matter of discussion within the commission on registration of the VGVZ.



The educational requirements ensure that two important qualities of a spiritual counsellor are present, namely that he/she

- a. is capable of secondary reflection, which is to say that he/she can recognize and examine his/her own presuppositions and premises; and
- b. has a broad availability, which is to say accessibility for persons with convictions other than those of the spiritual counsellor.

As the bearer of an *office* a spiritual counsellor has an identity authorized by a socially recognized religious or humanist community. That identity can be distinguished but not severed from the professional aspect.

For the VGVZ the official character is of importance because the domain of spiritual counselling (the meaning of life) is never 'neutral' and always requires a determination of the position of the spiritual counsellor. At the same time a spiritual counsellor must always possess an open attitude towards other philosophical views. That requires authenticity with respect to one's own views. Office and personal spirituality are at the heart of professional identity.

Guidance and care service

Spiritual counselling occurs in an encounter, in reciprocity. A bond of trust is a prerequisite for allowing an other to enter into one's own search for meaning. Trust assumes mutual respect.

Spiritual counselling is *guidance* when the search for meaning has lost its evident character and questions arise. This takes the form of support in matters of content and attentive presence directed towards recognition and confirmation of values and existential convictions.

Spiritual counselling is *caregiving* when the search for meaning is out of balance or plays a significant role in the perception of illness or disorder. This takes the form of an intervention aimed at transformation and healing in the search for meaning.

Spiritual counselling takes place on the basis of competency in diagnostic, hermeneutic and therapeutic approaches.

On the basis of religious and existential convictions

In care institutions we encounter patients with diverse religious or philosophical backgrounds, explicit or not. In order to do justice to freedom of religion and conviction the care institution should provide various forms of spiritual counselling as suitable. The make up of the department of spiritual counselling will take into account the signature of the institution and the variety of beliefs and convictions among the patient population. It is not always possible to reflect the plurality in an optimal fashion. That might well lead to fragmentation of the available staff positions, which in turn would not well serve a recognizable presence in and commitment to the institution. Spiritual counsellors must be accessible for patients of all beliefs and convictions. That a spiritual counsellor shares the same tradition as the patient can be of particular value for the patient. When a patient requests a representative of his or her own tradition, the spiritual counsellor will refer him or her to an appropriate colleague of the same institution, if available, or he or she will make arrangements for access and compensation for a representative from outside the institution.

Ethical consultation

Ethical consultation takes place at institutional levels, among health professionals and at the level of patients and those nearest to them. A spiritual counsellor, who stands in a particular tradition and has knowledge of ethical standpoints in other traditions, is capable of clarifying and discussing various ethical standpoints not only in decision making but also in processes that determine those standpoints. In the role of ethical consultant a spiritual counsellor contributes to ethical policy in the interrelation between the identity of the care institution, the ethical views of professionals and those of patients and those nearest to them.

3.3. Sanctuary function and integration

Spiritual counselling is inextricably bound up with the total care service of the institution. In the primary care process the spiritual counsellor works with other caregivers and engages in formal and informal consultation. At the same time a spiritual counsellor provides a sanctuary function in his work. That means that:

1. a patient can at all times call upon a spiritual counsellor apart from other caregivers;
2. a spiritual counsellor has the right to visit patients at his/her own initiative and to offer spiritual counselling;



3. a spiritual counsellor has an obligation to provide guidance to all patients who call upon him/her to do so, also when the patient has been referred by other caregivers.

The organization recognizes that a spiritual counsellor is to be granted access to patients where he/she on the basis of his/her function considers that to be necessary or desirable.

3.4. Spiritual counselling in and out of care institutions

Institutions in all forms of health care provide, besides clinical care, forms of external care as well: out clinics, day clinics, extramural care and de-concentrated care. In principal there is no distinction between clinical care in the institution and care offered out of the institution. That means that spiritual counselling is available for all patients, who are in need of care from the institution, regardless of whether they are residing in or outside of the institution.

3.5. Quality policy

In the law on the quality of health care institutions four criteria are indicated:

- art. 2 institutions must provide responsible care;
- art. 3 the organization of the institution must be such that it facilitates responsible care;
- art. 4 the institution must audit, control and improve the quality of care in a systematic fashion;
- art. 5 the institution must exercise accountability for the policies it implements to ensure quality of care.

In order to receive accreditation as a care institution all the various sections and departments of the institution must also meet quality criteria. Within that framework it is of importance that the department of spiritual counselling compile a quality handbook in order to promote and monitor the quality of spiritual counselling. That should also be stimulated by employer organizations and those instances that have established norms for quality and direction for drawing up quality handbooks.

In a quality handbook a department of spiritual counselling describes its own norms. The norms do not apply to the substance of spiritual counselling, but to the process and formal descriptions thereof. An example for a quality handbook is included as an appendix following part I of the professional standard.

Even apart from the quality law and a quality handbook for spiritual counselling the VGVZ is concerned to continually improve the profile and professionalism of spiritual counselling. Various VGVZ commissions are continually working to improve the quality of the profession.

4. Core tasks and quality criteria

The core tasks of a spiritual counsellor can be distinguished in core tasks related to patients and those nearest to them (4.1), core tasks related to the institution (4.2) and core tasks related to the profession (4.3).

Each of these tasks requires specific qualities. Following a list of the respective core tasks in each category the required qualities will be described below. In the concluding paragraphs the quality requirements will be described in terms of general quality requirements (4.4), requirements with regard to attitude and skills (4.5) and requirements with regard to knowledge (4.6).

Spiritual counsellors work in various sorts of care institutions. In each field of work there will be specific emphases in the manner in which spiritual counsellors fulfil their tasks. A short stay patient at a general hospital deserves a different approach than that of a resident of a psychiatric hospital, nursing home or home for persons with a mental handicap. The core tasks and quality requirements are valid for each field of work, but allow room for differences in emphasis.

4.1 Core tasks related to patients and those nearest to them

- Personal guidance and caregiving in individual and group settings, with use of appropriate professional diagnostic methods
- Contributing to individual plans for care, nursing and treatment
- Communication with other caregivers of patients and those nearest to them
- Leading liturgy and making use of rituals in individual and group settings
- Organization of presence, accessibility and availability
- Maintenance of external contacts (e.g. for referral, mediation and after-care)
- Enlistment, selection, training and guidance of volunteers



In order to exercise these core tasks it is necessary that an authentic praxis of religious belief or existential conviction be coupled with an openness towards the belief or conviction of the patient and those nearest to him or her. The spiritual counsellor is aware of his or her own religious or philosophical assumptions. That requires a sound knowledge of various philosophical views and religions and of related questions on belief and life. In order to make and maintain contact with persons who request spiritual counselling good communication skills are important.

Because contact can also occur in a group setting a spiritual counsellor needs knowledge of and insight into group dynamics and processes.

A spiritual counsellor has at his or her disposal competence in diagnostic, hermeneutic and therapeutic areas.

Diagnostic and hermeneutic competence is the capacity to interpret experiences of illness, suffering, disability, dependence and finiteness in the light of the religious or philosophical frame of reference of the patient by relating the situation in which the patient finds him/herself to his/her tradition.

Therapeutic competence consists of providing an appropriate ritual, prayer, text or content on the basis of the tradition of the patient in order to further healing in the context of the search for meaning, for example, by means of reconciliation (with one's own life, others, illness, finiteness or God).

Knowledge of illnesses and how people deal with them and their consequences is of importance.

A spiritual counsellor is able to handle the tension between multidisciplinary collaboration and professional and official confidentiality.

4.2. Core tasks in relation to institutions

- Contributing to views on care and ethics in an institution
- Contributing to the identity or signature of an institution
- Training and support of other professionals in the field of religion, existential views and the search for meaning
- Fulfilment of a confidential role for other professionals, related to their primary tasks
- Advocacy of the position of spiritual counselling within the institution
- Documentation of the work of spiritual counselling and exercising accountability towards the institution
- Managing the department of spiritual counselling

In order to exercise these core tasks the spiritual counsellor has to possess a clear religious or humanist identity. He/she is clear on his/her standpoint with regard to developments in the care sector and is both critical and loyal towards the institution. A spiritual counsellor keeps up with developments in ethics and in religious and humanist communities.

A spiritual counsellor has knowledge of and insight into relevant legislation and rules.

A spiritual counsellor contributes to policymaking, including in the form of projects to improve the quality of spiritual counselling, and provides an account of the 'product' of spiritual counselling in annual reports.

4.3. Core tasks related to the profession

- Increasing one's own expertise and professionalism
- Maintaining a relation with the commissioning body
- Submitting oneself to and participating in peer review

In order to exercise the core tasks a spiritual counsellor must be willing to further his/her own knowledge and skills in continuing education .

A spiritual counsellor can only practice his/her profession in combination with continual attention to his/her own spirituality and motivation. Just as a spiritual counsellor is critical and loyal towards the institution, so also towards the commissioning body.

A spiritual counsellor formulates standards that can be submitted to examination and that assure the quality of spiritual counselling in the care institution. He/She undergoes examination as well.

4.4. Quality criteria

General quality criteria

A spiritual counsellor:



1. has completed an academic or equivalent degree in theology or humanistics;
2. has an official commissioning by a socially recognized religious denomination or humanist society;
3. is capable of secondary reflection by virtue of broad and fundamental knowledge of scholarly theories and methods in various disciplines, which is to say that he/she can recognize his/her own presuppositions and premises and relate them to other viewpoints, and can in an original manner use that ability in specific diagnosis, guidance and treatment and in ethical judgement and consultation;
4. has through training and supervision at a post-academic level acquired sufficient proficiency in the areas of attitude, spirituality and skills;
5. is from his/her own tradition accessible for persons of all religious or philosophical convictions, in denominational and non-denominational care institutions;
6. works within the framework of the professional standard of spiritual counselling and quality policy of the VGVZ;
7. is capable of giving form and substance to spiritual counselling in the given context.

4.5. Quality criteria with regard to attitude and skills

The criteria for quality with regard to attitude and skills are categorized in terms of identity, communication, collegiality, leadership, professionalization, didactics and positioning.

Identity

A spiritual counsellor:

1. possesses a personal identity as pastor, minister, humanist counsellor, rabbi, imam or pandit;
2. possesses an authentic and open religious or existential conviction, develops and maintains a personal spirituality and can make adequate use of those sources in contacts with patients;
3. is careful to observe the confidentiality of office and profession;
4. has a sensibility for symbols and is skilled in the use of rituals in word and gesture.

Communication

A spiritual counsellor:

1. is capable of entering into a relation of trust; can give and receive trust with a great measure of integrity;
2. is acceptant of persons and their convictions and has respect and reverence for them;
3. is understanding of personal experiences and is capable of empathy;
4. understands verbal and non-verbal signals of persons and groups on rational, emotional, behavioural and spiritual levels;
5. has diagnostic skills in questions of life and meaning, religion and philosophy, life stories, the perception of illness and handicap and how people deal with them;
6. has hermeneutic skills in the mediation between present perceptions and the sources of religious and philosophical views;
7. can communicate on matters of existence and meaning and religious perceptions in relation to the religious or philosophical frame of reference and context of others;
8. can deal with one's own emotions and those of others;
9. is able to find a right balance between distance and proximity;
10. can make competent use of the relevant conversational, communicative and therapeutic skills;
11. recognizes projection, transference and countertransference and is able to deal with them to the benefit of the spiritual well being of the patient;
12. effects change in spiritual well being of patients in caregiving contacts on rational, emotional, behavioural and spiritual levels in both individual and group settings;
13. promotes spiritual well being on rational, emotional, behavioural and spiritual levels in various forms of spiritual guidance and support;
14. communicates verbally and non-verbally in symbols and images over religious and philosophical subjects;
15. is skilled in working with groups;
16. is capable of dealing with differences and conflicts;
17. is capable of dealing with crisis situations;
18. is capable of persevering to a great degree in looking for appropriate forms of guidance and caregiving and in providing them;
19. can communicate verbally and in writing at both an academic and common level on complex subjects;



20. can deal with a great measure of psychological burden.

Collegiality

A spiritual counsellor:

1. is collegial and communicative in relations with colleagues and other caregivers and is attentive to the person behind the functionary;
2. gives in a balanced manner form and content to the sanctuary function;
3. can work in an interdisciplinary setting on the basis of his/her own professional and official responsibility;
4. has a clear relation to his/her own religious or philosophical tradition and an open, respectful attitude towards other traditions.

Leadership

A spiritual counsellor:

1. gives direction to volunteers and other assistants of the department of spiritual counselling; can deal with the dynamics between volunteers and professionals; evaluates the capabilities of volunteers;
2. gives direction to the department of spiritual counselling;
3. leads discussions and can chair committees and working groups.

Professionalization

A spiritual counsellor:

1. has the willingness and skills to continue learning; is able to engage in self-reflection and self-criticism;
2. studies developments within his/her own profession and keeps up on them;
3. can give and receive feedback, e.g. in supervision and intervision;
4. is capable of secondary reflection and can bring to discussion his/her own premises as well as the ideological aspects of theories.

Didactics

A spiritual counsellor:

1. can make use of didactic methods and procedures in training and teaching other professionals on religious, philosophical and ethical matters.

Positioning and organization

A spiritual counsellor:

1. develops policy and quality criteria in the field of spiritual counselling and implements them at the levels of both institution, departments and wards;
2. formulates one's own goals and tasks, sets priorities, implements and evaluates them;
3. organizes, gives leadership and delegates;
4. takes initiative and negotiates;
5. is creative and flexible, careful and accurate;
6. documents one's own work, and reports, records and evaluates it by means of annual reports, policy papers and product accountability;
7. manages his/her time and appointments;
8. can make use of networks and has skills in public relations;
9. functions within examinable quality norms;
10. is involved in the development of the culture of the institution and in the desired maintenance or adaptation of it.

4.6 Quality criteria with regard to knowledge

A spiritual counsellor has up to date knowledge on an academic level in the following areas:

Basic knowledge

1. Knowledge of faith and existential issues, religion and philosophy, ethics, theology, humanistics and culture.
2. Knowledge of the place, functions and effects of religion and philosophical views, both in society and in individual lives.
3. Knowledge of one's own tradition and developments in it.
4. Knowledge of holy books, original sources and liturgy in one's own tradition.



5. Knowledge of other relevant traditions.
6. Knowledge of ritual, symbols and liturgy.
7. Knowledge of the possibilities and limits of spiritual counselling; knowledge of content and development, tasks and aspects of quality of spiritual counselling (Professional Standard).
8. Knowledge of significant methodology for spiritual counselling (diagnostic, hermeneutic and therapeutic methods).
9. Knowledge of group dynamics and group processes.
10. Knowledge of communicative and didactic methods and procedures.

Supplementary knowledge

1. Sufficient knowledge of related disciplines such as psychology, psychotherapy, anthropology, social work, (special) education and sociology.

Clinic related knowledge

1. Knowledge of the history of the institution
2. Insight into the concepts of care and ethical policy of the institution.
3. Knowledge of ethics and its application to health care.
4. Knowledge of relevant developments in health care.
5. Knowledge of relevant legislation and rules.
6. Knowledge of the foremost illnesses and handicaps and particularly the perceptions of them and how people deal with them.
7. Insight into the tasks of other caregivers.
8. Insight into methods, procedures, protocols and care dossiers.
9. Insight into criteria and norms on the quality of spiritual counselling.
10. Knowledge of the regional map of social, religious and humanist circles and their addresses.



Appendix: Handbook on Quality

In a handbook on quality of a department of spiritual counselling in a care institution or home for the elderly the following processes and protocols are to be described:

Policy and organization

- The organizational embedment in the institution.
- The embedment of quality policy of the department of spiritual counselling in the quality policy of the institution.
- The competence and responsibilities of the staff of the department of spiritual counselling.
- The organization of meetings and deliberation in the department.
- Criteria with regard to training and experience of spiritual counsellors.
- Arrangements for substitution and availability.
- Manner of working with the professional code, professional profile and professional directives.
- Arrangements for recruitment, selection and introduction of new staff.

Process management

- Tasks and activities of the department of spiritual counselling and knowledge in the institution with regard to those activities.
- Attuning the activities to those of other departments, services and external relations.
- Informing the institution for whom and in which manner spiritual counselling can be referred to.
- Criteria with regard to priorities in the tasks and activities of the department.
- Arrangements for information materials on spiritual counselling.
- Informing the institution in which manner the department of spiritual counselling can be called upon in ethical, and philosophical questions.
- Role of the department of spiritual counselling in a catastrophe plan.

Direct care program of spiritual counselling for patients and/or residents

- Arrangements for making appointments and planning visits with patients/residents.
- Criteria for visits with patients/residents.
- Arrangements for delegation of the workload.
- Procedure with regard to making acquaintance and meeting urgent requests.
- Arrangements with regard to privacy and dealing with confidential information.
- Arrangements with (nursing)wards with regard to visits.
- Arrangements with regard to evaluation.
- Arrangements with regard to referral to colleague spiritual counsellors.
- Arrangements on the services and compensation of religious or humanist officials from outside the institution.
- Arrangements for the co-ordination of the care with other caregivers and collaboration with other disciplines.

Organization of (religious) gatherings (worship services)

- Arrangements with regard to the organization of (religious) gatherings (worship services).
- Arrangements with service departments on the availability and furnishing of the rooms involved.
- Tasks and responsibilities of those involved.
- Consultation with (religious) communities.
- Arrangements how to act in case of incidents or catastrophes.
- Arrangements for the participation of volunteers (tasks and responsibilities).

Education and training

- Goal and content of the training.
- Responsibilities for training.
- Arrangements with regard to training.

Reporting, recording and maintaining archives

- Responsibilities for reported and recorded information (which data, to whom available, etc.)
- An arrangement for maintaining archives.
- Arrangements for a term of preservation.

Means and materials

- Criteria for the location of a department of spiritual counselling.
- Criteria with regard to equipping and furnishing the rooms of the department.



- Criteria for accessibility and signposting.
- Arrangements for budgets, acquisition and management of means and materials.

In order to ensure that the quality handbook maintains its process character, the departments of spiritual counselling will be regularly inspected and the described processes will be examined.

It must be clear who the author of the Quality Handbook for Spiritual Counselling is and who is responsible for keeping it up to date.



II. Professional code of spiritual counsellors in care institutions

1. Background of the professional code.

Together with the professional profile and the register of professional spiritual counsellors in care institutions the professional code is an important instrument for guaranteeing the quality of spiritual counselling in those institutions.

A professional code and rules of conduct are to be viewed as a form of self-regulation. The formulated rules serve as a norm for examining the activities of counsellors affiliated with the VGVZ.

The regulations of registration and the professional profile provide a norm for the quality of spiritual counselling.

In de professional code rules of conduct are formulated that are of importance for maintaining a measure of quality.

The professional code is to some extent a code of aspiration, in which important aspired ideals are formulated. To another extent the code is a code of limitation: a system of specific rules of conduct, imposed by the profession, that provide a bottom limit that may not be transgressed by members of the profession.

The professional code is intended for and applicable to all who work professionally as spiritual counsellors in health care institutions and who are members of the VGVZ.

Membership in the professional association implies that a counsellor abides by the code and acts professionally in accordance with the professional standard of ethics that it delineates. Membership entails that one is willing to submit oneself to peer review and to be held accountable for one's professional activities.

There are several reasons for drawing up a professional code.

For the members of the VGVZ the primary significance lies in the formalization of the norms and values which counsellors are to observe, as well as the formulation of a number of elementary rules for the conduct of counsellors in their professional practice.

With regard to external parties the existence of a professional code provides a warrant that the promotion of certain values and norms, which are made concrete in the individual professional practice, satisfy the requirements that government and society lay down for the sake of good caregiving.

For patients the professional code can provide a basis for establishing a relation of trust with the spiritual counsellor, in as much as the code lays down what may be expected of a counsellor.

The formalization of the professional code is no static occurrence. The code will need to be adapted regularly. The code does not provide an exhaustive manual.

Jurisprudence will develop that will contribute to define the conduct of the spiritual counsellor. Once every five years the professional code will be revised or amended.

2. Professional code for spiritual counsellors in care institutions

Preamble

1. The professional code is intended for and applicable to all who are professionally employed as spiritual counsellors in and out of care institutions and who are also members of the VGVZ.
- 2.1 Spiritual counselling in and out of care institutions is to be understood as professional and official guidance of and caregiving to people in the process of seeking meaning for their existence, from and on the basis of religious and existential convictions, and professional consultation in ethical and philosophical aspects of caregiving and management.
- 2.2 The official commissioning of the spiritual counsellor can be distinguished but not severed from the professional character. Office and profession together constitute the identity of the spiritual counsellor.
3. The code is binding for all members of the VGVZ as of June 17, 2002.



4. With regard to failure of a member spiritual counsellor to observe the professional code a patient¹ or other interested party has the right to file a complaint with the Board of Inspection as indicated in chapter 3 (Complaint Structure and Regulations), article 1 of this code.
5. A spiritual counsellor shall confront colleagues if he/she is of the opinion that they have acted contrary to the regulations of the professional code. If an addressed colleague is not willing to account for his/her action in a collegial talk or in the presence of a commonly chosen third party, or if he/she persists in what is considered to be ethically improper action, then the counsellor who signals the infringement of the code shall posit a complaint at the most appropriate instance, if the seriousness of the infringement gives cause for that. He/She shall inform the colleague in writing that a complaint has been filed.

General premises

6. A spiritual counsellor shall respect the uniqueness of every person. The premise is that every person has a right to spiritual counselling, irrespective of ethical origin, nationality, age, sex or sexual inclination of the patient. The same holds for political preference, lifestyle, existential convictions and/or social position of the patient.
7. A spiritual counsellor is accountable for who he/she is and for what he/she stands. The very person of the spiritual counsellor is at stake in contacts with patients, those nearest to them and co-workers.
8. A spiritual counsellor is at all times aware of the asymmetry in the relation between him/herself and the other. A counsellor shall make no misuse of his/her advantage due to expertise or position.
9. A spiritual counsellor is personally responsible for the practice of his/her profession. To that end he/she is required to maintain the level of knowledge, attitude, skills and spirituality by means of the appropriate channels of schooling, training, intervision, supervision and collegial examination.
10. A spiritual counsellor shall exemplify authenticity in living one's own religious or philosophical views, along with an openness to other convictions. He/She shall consider it of importance to maintain one's own spirituality.
11. A spiritual counsellor shall not discredit the profession. As a member of the profession he/she shall act in accordance with the dignity of the profession, including his/her personal functioning in and out of work.
12. A spiritual counsellor is aware of the fact that he/she acts on the basis of a weighing of interests. He/She seeks to allow insight into his/her acts and is willing to account for them.

Relation to the commissioning body

13. Due to the double loyalty of a spiritual counsellor, both to the institution and to the commissioning body, a tension can exist between various norms and values. Where choices are required by such tensions, fundamental respect for the convictions and integrity of the patient deserves priority. Subsequent to that are professional responsibility in relation to the institution and to the commissioning body. If a spiritual counsellor is unable to resolve the tension or bring it into accordance with his/her own conscience, then it must be possible to refer a patient to a colleague counsellor.

Aspects of the professional code in relation to a patient

14. The posture of a spiritual counsellor towards a patient shall be characterized by respect for the patient, for his/her capabilities and incapacities and by recognition of both the responsibility of the patient and one's own responsibility.

¹ Spiritual counsellors deal with patients, clients and residents. Where 'patient' is used, client or resident can also be read.



15. A spiritual counsellor assures that contact between a spiritual counsellor and a patient can be entered into, maintained and ended freely. A patient has the right to terminate the guidance or care at any time.
A spiritual counsellor does not have the right to break off guidance or care unless there are significant reasons. When he/she chooses to terminate a contact, he/she must motivate the decision in terms understandable to the patient. Also he/she shall be willing to advise the patient as well as possible what could best be done in the given case. If such should prove necessary, he/she shall also provide adequate referral.
16. One's own interest or possible advantage on the part of the spiritual counsellor may play no role in entering into or maintaining a contact with a patient.
When other interests (such as training or supervision) play a role, then the patient must be informed prior to the contact and consent to it.
17. In recognition of the fact that every spiritual counsellor deals with matters that belong to the personal sphere of the patient, a spiritual counsellor shall observe restraint appropriate to respect for the person of the patient.
18. During guidance or care a spiritual counsellor shall have only a functional relation with the patient and shall not express any other wish. That implies as well respect for the physical and emotional integrity of the patient. That means, in addition, that it is prohibited to touch the patient in a manner that the patient and/or the counsellor could reasonably experience as being of a sexual or erotic nature.
19. A spiritual counsellor only gathers information with regard to the person and circumstances of the patient to the degree that such is of importance for guidance and care. He/She exchanges that information with other persons or instances to the degree that such is in the interest of the patient. Personal work notes do not belong to official care records and are to be destroyed at termination of the contact, or to be kept in a manner that no third party has access to them.
20. A spiritual counsellor must keep record of his/her professional activities so that he/she is capable of exercising accountability to colleagues of his/her professional doings, and, if necessary, to other members of the interdisciplinary team in which he/she works.

Confidentiality

- 21.1 It is the duty of a spiritual counsellor to keep confidential all that is confidentially entrusted to him/her on the basis of his/her profession, as well as that of which he/she must understand the confidential nature.
- 21.2 A spiritual counsellor can only be relieved of the obligation to maintain confidentiality if and when all six of the following conditions are met. That is the case if:
 - a. everything has been done to acquire permission of the patient;
 - b. by keeping matters confidential the spiritual counsellor is confronted with a conflict of conscience;
 - c. there is no other way to solve the problem except by suspending confidentiality;
 - d. it is practically certain that not suspending confidentiality will lead to evident and serious danger or injury for the patient or others;
 - e. the spiritual counsellor is practically certain that by suspending confidentiality injury to others or to the patient can be prevented or limited;
 - f. confidentiality is suspended only to the extent that is necessary to avoid danger or prevent injury.
- 21.3 If in a court of law bearing testimony or answering specific questions is in conflict with his obligation to maintain confidentiality, then it is the duty of a spiritual counsellor to appeal to his right to keep silent. The obligation to keep silent can only be lifted if all of the conditions in article 21, paragraph 2, a through f, have been met.
- 21.4. If a judge denies the right to keep silence, then the spiritual counsellor is free to answer the questions put to him with regards to the patient. If he/she chooses to answer, then s/he



confines her/himself to providing factual information and only the information that is asked for. S/He withholds her/himself from any normative judgement on the patient.

Minors and those who cannot be considered capable of reasonably judging their own interests

22. Guidance of and care for a minor, younger than 16 years of age, can only be provided with knowledge of her/his legal representative.
23. With regard to those who cannot be considered capable of reasonably judging their own interests, the rules of the code must be applied in accordance with what is reasonable and possible in the given circumstances.

Interdisciplinary collaboration

24. A spiritual counsellor seeks to maintain a good working relationship with other caregivers. That includes the mutual willingness to collaborate and to provide proper information, in recognition of the conditions of confidentiality as stated in article 21.
25. A spiritual counsellor seeks to enable the care institution to make use of her/his expertise where possible.
26. A spiritual counsellor abstains from guidance or care that is beyond her/his knowledge or capability and refers when necessary and possible to colleagues in caregiving.
27. A spiritual counsellor shall when necessary and possible seek to attune her/his care to that provided by other caregivers to a patient.
28. A spiritual counsellor shall, in the case that a contact need be referred to another caregiver, see to it that the relevant information is also properly conveyed, with knowledge of the patient concerned.
29. A spiritual counsellor shall refrain from public criticism on the functioning of colleagues, both of the own and of other care professions, and seek to discuss all matters in a collegial manner.

Relations to colleague spiritual counsellors

30. A spiritual counsellor reckons with a plurality of viewpoints among colleague counsellors with regard to religious and philosophical views and approaches in spiritual counselling. She/He shall seek dialogue on these matters.

Volunteers and trainees

31. With respect to the observation of the code a spiritual counsellor bears final responsibility for assistants, volunteers and trainees who are under her/his guidance.



3. Complaints: procedures and rules

Premises

The procedure for complaints is based on the principal that interested persons should be able to bring their complaints before an appropriate authority. In many cases that will be the employer or manager for or under whom a spiritual counsellor works.

If the complaint pertains to the office of the spiritual counsellor, then the complaint is to be presented to the proper commissioning body.

In all other cases complaints can be presented to the Board of Inspection of the VGVZ. If the board is of the opinion that the nature of the complaint first calls for mutual consultation between the parties and that such a path has been insufficiently explored, then the board will refer the complaint back to those parties.

Regulations for the Board of Inspection and the Board of Appeals

Task Description

1. The Board of Inspection is entrusted with hearing complaints pertaining to the observation of the professional code of the VGVZ.
2. In the framework of this task the Board of Inspection evaluates the complaints presented to the board and administers, if there is occasion to do so, disciplinary measures to members who have acted contrary to the professional code of the VGVZ.
3. The Board of Appeals is entrusted with hearing appeals on verdicts of the Board of Inspection.
4. In exercising its task the Board of Appeals evaluates the verdicts of the Board of Inspection. It can confirm, modify or annul the verdicts.

Members of the Board of Inspection

5. The Board of Inspection consists of five members of the VGVZ.
6. The members of the Board of Inspection appoint from their midst a chairman, vice-chairman and secretary. The Board makes a written report of the appointments to the General Council of the VGVZ.
7. The members of the Board of Inspection are to be appointed by the General Assembly for a term of four years. They can be reappointed once for a subsequent term of four years. In exceptional cases members can be asked to fulfil a third term.
8. Members of the board who are chosen between terms resign their position on the term of resignation of the member in whose place they have been appointed.
9. Membership in the Board of Inspection is incompatible with membership of the General Council of the VGVZ, and with membership of a sector or field council.

Members of the Board of Appeals

10. The Board of Appeals consists of two members of the VGVZ and an independent legal expert as chairman.
11. With regards to the appointment, division of functions, terms of resignation, candidacy for reappointment and incompatibility of membership, articles 7 to 9 are likewise applicable to the Board of Appeals.
12. Membership in the Board of Appeals is by nature of its tasks incompatible with membership in the Board of Inspection.

Submitting a Complaint



13. Complaints can be submitted in a written and motivated account of the complaint by registered mail to the secretary of the Board of Inspection. Anonymous complaints will not be treated. Upon reception of a complaint the secretary will without delay inform the other members of the Board of Inspection, the accused and the accuser.
14. A complaint should at least include:
 - a. name and address of the accuser;
 - b. name and address (either of employment or residence) of the accused;
 - c. a description of the complaint.
15. The Board of Inspection will not treat any complaint on which it has already reached a verdict.

Treatment of a complaint

16. If a complaint falls outside of the framework of the professional code, the Board of Inspection will dismiss the complaint. The accuser and the accused will be informed of the decision in a written and motivated communication.
17. At least three members of the Board of Inspection must participate in the treatment of a complaint, upon consequence of annulment.
18. Members of the Board of Inspection shall refrain from participation in the treatment of a complaint if they have or have had a personal relation to the accused or the accuser, or if according to the judgement of the board there are other grounds for conflict of interest.
19. The Board of Inspection shall provide the accused opportunity to respond in writing to the complaint brought up against him. To that end the accused shall receive the complete text of the submitted complaint. If necessary opportunity can again be granted to accused and accuser to give written reply or rejoinder.
20. If the Board of Inspection is of the opinion that the complaint requires oral treatment or if the accused or the accuser expresses the wish for such, then the Board of Inspection shall call both accuser and accused to appear before a session of the board. Accuser and accused are entitled to let themselves be represented at the session by a third party. The accuser, accused and their respective representatives will be accorded sufficient opportunity and time to become acquainted with all relevant information with regards to the complaint.
21. At the request of accuser or accused or for official reasons the Board of Inspection can gather information and, for the sake of making inquiries, hear witnesses or experts. Witnesses and experts can refuse to testify when and if they privately or professionally maintain or have maintained a personal relation to the accuser or the accused, or if according to the opinion of the board other grounds for refusing to testify exist.
22. The sessions of the Board of Inspection are not public, unless the board decides otherwise. Confidentiality is required of members of the Board of Inspection on all cases they treat. The documents on the cases are confidential and are for exclusive examination by the members of the Board of Inspection, unless otherwise specified in these regulations.

Measures

23. The Board of Inspection can take the following disciplinary measures with respect to members who behave contrary to the professional code:
 - a. warning
 - b. reprimand
 - c. suspension of membership in the VGVZ for a maximum of one year
 - d. conditional termination of membership in the VGVZ
 - e. termination of membership in the VGVZ



24. In the case of decisions in which one or more of the measures specified in article 23 are imposed the Board of Inspection can determine that the decision in question be made known, in a written and motivated communication, to all members of the VGVZ, or otherwise publicized in the Journal of Spiritual Counselling.
Also the Board of Inspection can determine that decisions should be brought to the attention of the institution at which the spiritual counsellor, on whom one or more of the measures in article 23 are imposed, is employed.
25. Disciplinary measures go into force only upon expiration of the term in which the person in question may file an appeal to the decision of the Board of Inspection and if and when no appeal to the Board of Inspection has been filed within that term.
26. The written communication indicated in article 24 can not be sent before the decision in question has become irrevocable in the sense indicated in article 25 of these regulations.

Verdict by the Board of Inspection

27. The Board of Inspection shall as a rule pronounce judgement on a complaint within six months upon receiving it.
28. The decisions of the Board of Inspection will be made by majority vote and will be motivated with reasons. In the case of a tie vote, the chairman decides.
29. The secretary of the Board of Inspection shall send without delay and by registered mail a copy of the decision of the board to:
 - a. the accused
 - b. the accuser
 - c. the executive council of the VGVZ
30. As long as the decision of the Board of Inspection has not become irrevocable in the sense indicated in article 25 of these regulations, then the executive council, the accused and the accuser are required to keep confidential the content of the copy indicated in article 29.

Filing an appeal

31. Within six weeks of the copy indicated in article 29 being sent the accuser or accused can file an appeal to the Board of Appeals against a verdict of the Board of Inspection as well as against a decision of the board as indicated in article 16.
32. Appeal can be filed in writing and by registered mail to the secretary of the Board of Appeals. The board shall inform the Board of Inspection of the filing of appeal and request that all of the necessary and relevant documents be sent to the Board of Appeals. The secretary of the Board of Appeals shall also inform the Board of Appeals and the Executive Council of the VGVZ of the process of appeal.
33. A written appeal shall include:
 - a. name, address and place of residence of the person filing an appeal;
 - b. a copy of the verdict of the Board of Inspection against which appeal is being filed; and
 - c. the reasons for appeal.

Treatment and verdict

34. The articles 17 to 24 and articles 27 and 28 are correspondingly applicable to the treatment of an appeal by the Board of Appeals.
35. The Board of Appeals can confirm, modify or annul a verdict of the Board of Inspection and can do what the Board of Inspection could have done in light of articles 23 and 24.
36. The secretary of the Board of Appeals shall send without delay a copy of the verdict of the board by registered mail to:
 - a. the accused,
 - b. the accuser,
 - c. the Executive Council of the VGVZ, and
 - d. the Board of Inspection.



Concluding Provisions

37. The secretary of the Board of Inspection shall send before April 1 of each year a report of the activities of the board during the preceding calendar year to the secretary of the General Council of the VGVZ.
The same holds for the secretary of the Board of Appeals.
38. The archives of the Board of Inspection and the Board of Appeals shall be administered in such a manner that the confidentiality indicated in article 22 be guaranteed.
39. These regulations have been ratified in the General Assembly of the VGVZ on June 17, 2002.