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Why You May Not Need a Christian Therapist
A Theological, Ethical, and Psychological Case for Secular Psychotherapy

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ABSTRACT: *Christians can have reservations about psychotherapy, perceiving that non-Christian therapists or psychological services may disregard or demean their faith. While Christian mental health providers are an invaluable resource, this article seeks to address why and how Christians can benefit from psychological services that are not overtly Christian. Fear of psychology is first contextualized within the integration literature with reference to worldviews and historical, epistemological, and methodological distinctions between theology and psychology. Three pillars provide support for Christians to explore the benefit of psychotherapy from non-Christian therapists. The theological pillar explains how Christians can confidently engage with secular culture through principles of God's common grace, natural revelation, and providence. The ethical pillar explains how psychological practice is rooted in legal and ethical accountability, promoting respect towards clients with religious beliefs. The psychological pillar reviews principles (e.g., evidence-based practice, heuristics, competence) and research suggesting that meeting with a Christian therapist or incorporating faith elements into psychotherapy does not lead to improved treatment outcomes. These pillars are used to discuss the ways in which faith can and should be incorporated into psychotherapy to honour client preference even when the therapist does not share the client's faith. Recommendations are made for the psychological and Christian communities.*

KEYWORDS*: psychology, evidence-based practice, therapist matching, faith-based psychotherapy, mental health literacy, theology of work, Christian counselling*

Over the years, the Christian community of which I am a part has made strides in destigmatizing mental illness. Christians are open to seeking psychotherapy when needed. Yet, there remains hesitation about receiving therapy from a mental health provider who is not a Christian or does not practice from an exclusively Christian lens. When I am asked for a referral, some express the belief that a non-Christian therapist would pressure them into behaviours or practices that defy important Christian values (e.g., marriage or sexual ethic, the sanctity of life, or issues of personal identity). In these conversations, Christians sometimes opt to go without my recommendation rather than risk attending therapy with a non-Christian mental health provider.

I am a Christian. I am also a clinical psychologist who provides therapy. But I struggle to resonate with the term "Christian therapist" for whom many in my community are searching. I am not debating the importance and benefit of Christian mental health providers who incorporate faith

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elements into therapy. We need Christian therapists and the good work they do. There is simply more nuance to this discussion that is missed when we resort to making discrete Christian and non-Christan categories. My goal in this article is to demonstrate that:

1. Non-Christian therapists can provide respectful and competent care to Christians.
2. Standard evidence-based psychotherapy can be beneficial to Christians.
3. Issues of the Christian faith can and should be incorporated into standard psychotherapy.

I first contextualize the fear of psychology within the faith and psychology integration literature, speaking to the impact of worldviews and historical, epistemological, and methodological factors. In this section, I disclose my own worldview and place within the diversity of integration. Next, I present three pillars that support Christians' engagement with therapists who do not share their faith and psychotherapy that is not overtly Christian. The theological pillar explains how Christians can confidently engage with culture through principles of God's common grace, natural revelation, and providence. The ethical pillar explains how psychological practice is rooted in legal and ethical accountability, promoting respect towards clients with religious beliefs. The psychological pillar reviews and analyzes psychological research related to therapist matching (i.e., matching a client with a therapist who shares their beliefs), faith-based psychotherapy (i.e., incorporating elements of faith into therapy), client preference, therapist attitudes, and competence to provide evidence for the above goals. Finally, I summarize and integrate all three pillars into a framework for integrating faith into standard psychotherapy. Recommendations are provided to bridge the gap between psychologists and Christians.

This article is written for the Christian academic community of pastors and teachers. I hope it sparks thoughtful discussion among your peers and provides helpful guidance for your congregants and students. This article is also written for regulated mental health providers, regardless of religious affiliation. I hope it stimulates curiosity and exploration about faith integration in therapy for those interested in providing competent care to the Christian community.

Important Terms

It is important to note that research evaluating faith integration in psychotherapy includes individuals from different religious and spiritual backgrounds. However, studies reviewed were typically comprised of a large subset of Christians.

Studies exploring faith-based issues in psychotherapy reference both religion and spirituality. *Religion* usually refers to a set of beliefs, values, and practices belonging to an organized community of believers. *Spirituality* is defined more diffusely, referencing one's personal sense of connection to God and the sacred (Vieten & Lukoff, 2022). Because elements of both religion and spirituality may be relevant to a Christian's expression of faith, they are both used when referencing relevant studies.

The terms psychologist, therapist, mental health provider, and counsellor are all used interchangeably to refer to regulated professionals offering psychological services.

The terms psychotherapy, therapy, treatment, and counselling are all used interchangeably to refer to regular appointments with a mental health provider to address and resolve issues of mental illness.

Therapist matching is a term used to refer to working with a therapist who shares one's religious and spiritual beliefs (e.g., a Christian therapist). *Faith-based psychotherapy* is used to refer to therapies that have been adapted to incorporate religious and spiritual components (e.g., Christian therapy). *Standard psychotherapy* refers to the existing evidence-based practice for treating mental illnesses that have not been adapted to incorporate religious or spiritual components.

Fear vs. Integration of Psychology

The fear that religion and psychology are inherently at odds is not unfounded. Research demonstrates the hesitation certain religious clients have towards psychotherapy. Some believe psychological services will disregard or downplay their faith. They worry that nonreligious therapists will pathologize their beliefs and that therapy will pressure or weaken their faith (Harris et al., 2016; Mayers et al., 2007). Perhaps because of these concerns, religious clients are willing to sacrifice 10-15% of the benefit they may reap in therapy to work with a therapist who shares their religious beliefs or incorporates religious components into therapy (Dimmick et al., 2021).

Compared to the percentage of individuals in the general population who believe in God or have a religious affiliation, psychologists are significantly less religious. Across two surveys (Delaney et al., 2007; Rosmarin et al., 2013), psychologists were less likely to have a religious affiliation, to describe religion as important to them, to believe in God, to pray regularly, or to attend places of worship regularly. This is not a new or developing pattern either. Bergin and Jensen (1990) found a similar gap between the general population and mental health providers 35 years ago.

In this vein, it is unsurprising that a quick internet search reveals blog posts, forum discussions, and books that caution Christians against the "secular" world of psychology and guide readers to seek Christian care from Christian providers. These sources range in their quality, accuracy, and extent to which fearmongering tactics are used. Yet, an antagonistic perspective towards psychology is not unanimous among the Christian community. The faith integration discussion is rooted in a complex historical and philosophical context we need to understand prior to exploring whether Christians are safe to seek psychotherapy from non-Christians.

Scholars and theologians alike have debated the integration of the psyche and the soul as far back as the early Christian church who "struggled with a similar issue in its encounter with Greek philosophy: should the Church reject pagan philosophy, or should it affirm that there are valid insights in pagan philosophy that are gifts given by God through common grace?" (Entwistle, 2021, p. 29). The debate also predates the development of psychology as a modern discipline, in that Christians have long since argued about the extent to which scientific inquiry is compatible with theological tenets (Entwistle, 2021, see Chapters 1-3 for review). Whether it be Greek philosophy, science, or the field of psychology, the opinions and perspectives about how to reconcile the Christian faith with other disciplines vary widely across time periods, communities, and individuals. Within psychology alone, Eck (1996) identified twenty-seven different integration models. For the purposes of this article, I will briefly review Entwistle's (2021) framework which combines existing models into six overarching integration approaches. (1) *Enemies* refer to individuals who antagonistically believe that Christianity and psychology are incompatible and mutually exclusive. (2) *Spies* refer to individuals who study and use Christian phenomena or doctrine to promote psychological well-being without having a deeper commitment to the Christian faith. (3) *Colonialists* refer to individuals who affirm selective psychological findings that bolster the authority of their existing Christian beliefs without extending effort to truly understand the nuance associated with these findings. (4) *Rebuilders* refer to individuals who reject modern psychology and its assumptions and instead wish to reconstruct the field of psychology by developing theories and approaches founded on explicitly Christian assumptions. (5) *Neutral parties* refer to individuals who see the benefit of and correlation between Christianity and psychology but define them as independent disciplines—they are comfortable operating within either camp. (6) *Allies* refer to individuals who strive to identify and reconcile distinct assumptions, epistemologies, and methodologies within each camp to best "discern the underlying unity of truth and to use it for godly ends" (p. 338). Each of these models has strengths and weaknesses, and many of them (e.g., enemies, spies, neutral parties) explain the bidirectional reactions of Christians towards psychology or psychologists towards Christianity (see Chapter 8 for review).

Several factors explain such diversity in integration approaches. First, every individual holds a distinct worldview or set of assumptions and beliefs that shape the way they see and understand the

world. Sire (2020) defined worldview as "a set of presuppositions, (assumptions which may be true, partially true, or entirely false) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality" (p. 6). Worldviews are largely inherited and resistant to change. Even within the same communities (i.e., Christians, psychologists), answers to the rightful integration of theology and psychology can diverge widely based on a variety of factors including life experience, cultural upbringing, or economic or political factors. As much as we like to claim that our conclusions about the world and humankind are objective and independent of personal bias (i.e., based on the authority of scripture or the rigor of the scientific method), the fact is that our assumptions shape the way we interpret these sources. Second, the field of theology and psychology hold distinct epistemological (i.e., nature of knowledge), anthropological (i.e., nature of humanity), and cosmological (i.e., nature of the world) approaches which lead to distinct assumptions (e.g., supernaturalism or naturalism), methodologies (e.g., hermeneutics or empiricism), ways of organizing findings (e.g., systematic theology or theories), and goals (e.g., understanding salvation or reducing suffering, Entwistle, 2021, see Table 7.1). While these different approaches can be explained as different ways of knowing the same underlying phenomenon, they can lead to possible contradictions to which individuals react differently. I recommend Entwistle's (2021) book on integration for a thorough and thoughtful review of the different assumptions Christianity and psychology have about the world and humankind as this is beyond the scope of the current article.

Regardless of your worldview, epistemology, or methodology, both theology and psychology agree that well-meaning humans can err in the conclusions they make about the world and humankind. In other words, "both Christian thinking and secular thinking can be done well or done poorly" (Entwistle, 2021, p. 32). The worldview with which you approach this article will influence the way you react to the case I make about seeking psychological services that are not overtly Christian. If you resonate most deeply with enemies, colonialist, or rebuilders approaches to integration, you are likely to struggle with some of the conclusions I make. Likewise, if you are a non-Christian psychologist, you may struggle to appreciate why Christians are so divided on this topic. For this reason, it is important to approach new theological or psychological perspectives with intellectual humility. Rather than discounting or dismissing the interpretation of the other side in favour of your own perspective or opinion, Entwistle (2021) proposes a *quest for faithful reading* model. This model calls for a reexamination of the "assumptions, data, methodologies, and reasoning behind our theological and our psychological conclusions. At times, we will certainly find that our psychological conclusions are wrong, but there are also times when we will find that we invested more faith in our theological position than was warranted by the evidence" (p. 522). It is helpful to see the plurality of integration approaches as beneficial rather than harmful. Diversity fosters growth if approached with humility, respect, and curiosity.

Whether consciously or unconsciously, I suspect that many in my Christian and psychological communities have yet to engage in a *quest for faithful reading* regarding the conflict about faith integration in psychology. My hope in writing this article is to foster an intellectually humble environment for pastors, biblical scholars, and psychologists alike to critically and thoughtfully review the data and reasoning behind my recommendations and to reexamine their assumptions about these recommendations. Given the impact of worldviews on topics relevant to the integration of faith and psychology, it is only appropriate that I begin with a disclosure of my own worldview before presenting my case. Here is my honest and humble attempt at a *quest for faithful reading*.

My Worldview

A number of factors influence my approach to integrating Christianity with psychology. I was born into a multigenerational Christian family who practiced within a Protestant, and specifically Pentecostal tradition. The transformational faith of my parents and grandparents led to a personal choice to become a Christ follower at a young age. I remain committed to living out this faith day by

day, which includes, but isn't limited to, loving God and loving my neighbour (Matthew 26:36-40). My Christian worldview can be summarized by the Apostle's Creed. That is, I believe in a created world and humankind made in God's image. I believe that sin separates us from right relationship with God, others, and the world. I believe in the reconciling role of Christ's death and resurrection through which he freely and unconditionally offers us right relationship again. I believe that God will fulfil his redemptive plan for humankind. I participate in this redemptive plan by living like him while also waiting for him to return one day. The focus of the Pentecostal church on the helping role of the Holy Spirit makes me comfortable with supernatural explanations for human experience.

I am not formally biblically trained, which highlights an important limitation in my knowledge and potential bias in my worldview assumptions. As such, I do not offer a thorough hermeneutic of scriptural texts within this article because it is beyond the scope of my practice. Instead, I assume the role of learner by relying on and relaying to you the work of trusted biblical scholars and theologians who have committed time to understanding the integration of faith and psychology. I also have the privilege of being in close relationship with a number of family members who are biblically trained, including my spouse, father, and father-in-law upon whom I rely regularly for consultation.

My personality is driven, detail-oriented, and intellectual, so school has always come naturally to me. Seeing these strengths, I was encouraged by my parents to pursue higher education. Since the first year of my undergraduate degree, I felt a call on my life to become a psychologist. Specifically, I felt the call to attend secular liberal arts universities for my undergraduate and graduate training, receive supervision from non-Christian experts in the field, achieve the highest designation in the field of psychology (PhD), and work within the public sector. This extended pathway of study has fostered certain academic assumptions including the fact that human functioning is incredibly complex and usually best understood by considering multiple overlapping domains (e.g., biological, social, psychological, spiritual). Theology and psychology may approach the same human experience (e.g., emotions, thoughts, behaviours) with distinct explanations (i.e., epistemologies and methodologies), yet they often come to complementary conclusions (Myers, 2010). Rather than weakening my faith, academic study has shown me ways in which Christianity and psychology can beautifully intersect.

I am comfortable with empirical, rational, and logical approaches to scientific inquiry and believe that the natural world reveals God's handiwork in creation. I find myself somewhere between the *neutral parties* and *allies* models depending on the context. The neutral parties model is well suited to my work within academic and public health settings. As a regulated professional, my ethical code requires me to respect the dignity and identity of all individuals by putting their needs and values above my own in clinical practice. Integration of faith practices into therapy is determined by the worldview and preferences of the clients I see rather than by my personal beliefs or values. This does not create a crisis of faith for me. Rather, Evans (2012) captures my feelings perfectly when he says, "Christian psychology can be the work of people who do not think of themselves as doing Christian psychology, and indeed might even reject the label … What makes their work Christian is not the label but the fact that it is done as part of a Christian calling and that the work itself is partly shaped by Christian character, emotions, and convictions … the primary goal of a Christian psychologist is not to be different but to be faithful" (p. 34). Being a psychologist gives me opportunity to love my neighbour and play a role in God's redemption and restoration of the world (Entwistle, 2021, p. 166). My work as a therapist, even without explicitly integrating faith components, involves understanding and empathizing with others in their most vulnerable moments and providing a pathway through and sometimes out of their suffering. This reminds me of Isaiah 61:1–2 which speaks of God call to "bring good news to the oppressed, to bind up the broken hearted, to proclaim liberty to the captives, … [and] to comfort all who mourn" (NRSVue).

Finally, my worldview is shaped by multiple layers of privilege as a white, able-bodied, well-supported, heterosexual woman whose family settled in Canada. These privileges afford me opportunities, time, and resources to which many individuals lack access. Both my Christian heritage and psychological training hold colonialist histories. As a Christian and psychologist, I am engaged in

the lifelong process of acknowledging the systemic barriers in my places of work and worship and doing what I can to promote reconciliation and social justice (Micah 6:8).

Pillar 1: A Theology of Work

The case that Christians should, at times, seek psychotherapy from non-Christian psychologists is rooted in my understanding of a theology of work. Trusted Christian theologians, historians, and pastors known for their expertise in the integration of faith and work help answer questions such as: *How do Christians live out a calling to a secular workplace?* and *How do Christians interact with secular culture?*

Let's start at the beginning. Genesis 1 teaches that good work has been mirrored for us in the creation story (vv. 26–27, 31). God created humans in his image and invited us to partner with him in ruling over creation. The concept of ruling is interpreted as creating culture and bringing order out of chaos (Keller, 2012). Keller defines work as "rearranging the raw material of God's creation in such a way that it helps the world in general, and people in particular, thrive and flourish" (p. 59).

Each church tradition understands the role of creating culture in a slightly different way. Serving God at work can involve furthering social justice, creating beauty, being excellent or competent at what one does, or sharing faith with others (Keller, 2012, p. 22). While all of these are valuable, there can be a tendency within certain church communities to believe that work is better or more sacred when explicitly sharing one's faith at work or working within a Christian space. For example, the teacher works for a Christian school, the musician writes Christian music, the lawyer works for a Christian nonprofit, and, in this case, the psychologist offers Christian therapy. While God does call some of us to Christian workplaces, most Christians work in secular environments (Comer, 2017, pp. 94, 104).

This sacred vs. secular divide was influenced by the medieval Catholic church who believed that the only way to truly serve God was to become a priest, nun, or monk (Keller, 2012, p. 68). Martin Luther (1520/1970, p. 12), a theologian known for his seminal role in the Protestant Reformation, rejected this prominent dualistic view, arguing that all Christians are a "royal priesthood" (1 Peter 2:9) called to work and labour for the Lord. Colossians 3:23 says "whatever task you must do, work as if your soul depends on it, as for the Lord and not for humans." This means that all work by Christians is sacred when done to serve God and help humanity flourish, regardless of whether it is done in an overtly Christian manner.

Luther (1529/1978, p. 90) further explained that God's providence, his ability to care, love, and nurture his creation, happens through the labour of humans. Referencing The Lord's Prayer, he said that when we pray for our daily bread, we acknowledge the ways that God has provided for the needs of humanity through the work of those around us. This means that God uses image-bearing humans, whether believers or not, to provide for our needs.

When speaking about God's providence, we also need to highlight the theological principles of common grace and natural revelation. Common grace is "God's general favor, by which he … maintains human life and culture, and bestows gifts to all people indiscriminately" (Doornbos, 2018). Natural revelation is the ability to see God's goodness and glory through the observation of creation (e.g., beauty, order, wisdom; Bird, 2020, pp. 229-234).

Mark Noll (1995), church historian, sums up these principles beautifully when he says:

> Who, after all, made the world of nature, and then made possible the development of sciences through which we find out more about nature? Who formed the universe of human interactions, and so provided the raw materials for politics, economics, sociology, and history? Who is the source of harmony, form, and narrative pattern, and so lies behind all artistic and literary possibilities? Who created the human mind in such a way that it could grasp the endless realities of nature, of human interactions, of beauty, and so make possible the theories of such matters by philosophers and psychologists? Who, moment by

> moment, sustains the natural world, the world of human interactions, and the harmonies of existence? Who, moment by moment, maintains the connections between what is in our minds? The answer in every case is the same. God did it, and God does it. (p. 51)

This theology of work supports the first two goals of this article. That is, non-Christian therapists can competently and respectfully provide standard psychotherapy in a way that is beneficial to Christians. Because all humans are made in the image of God, are blessed by gifts, talents, and abilities through God's common grace, and can both reveal God's glory and provide for the needs of humanity through the good work they do, we need not fear work done by non-Christians, especially if it is helping humanity thrive and flourish. Rather than approaching secular culture (i.e., standard psychotherapy) with fear, we can "adopt a stance of critical enjoyment of human culture and its expressions in every field of work" knowing that good work that is not overtly Christian is not a threat to Christian faith (Keller, 2012, p. 197).

Pillar 2: Ethics and Accountability in Psychology

Not only can Christians be reassured by the theological principles explained in the first pillar, they are also protected by the legal and ethical accountability governing the practice of psychology. Regulated mental health providers are explicitly prohibited from pathologizing, pressuring, or dismissing the faith of their clients. Rather, every regulated psychologist in Canada is currently required to adhere to a strict set of provincial and federal laws and ethical guidelines. These laws and ethical guidelines are taught in graduate school and adherence is observed during multiple supervised practice placements before graduation. When registering as a psychologist, each member is required to demonstrate their knowledge of laws and ethics in written or oral exams.

While reviewing all laws, standards, and codes is beyond the scope of this article, the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017) is a good place to start. This code begins by explicitly prohibiting any form of discrimination, including against one's religious beliefs. The code asserts that each human being has "a moral right to have their innate worth as human beings appreciated" (CPA, 2017, p. 11). Religion is listed as an integral part of one's identity that gives meaning to life. As such, psychologists are asked to acknowledge that one's religious identity and their place in a religious community or church is core to any therapeutic relationship. Psychologists are told to assert this moral right by "demonstrating appropriate respect for the knowledge, insight, experience, areas of expertise, and cultural perspectives and values of others, including those that are different from their own" (CPA, 2017, p. 12, I.1). They are asked to "seek as full and active participation as possible from individuals … respecting and integrating as much as possible their opinions and wishes" (CPA, 2017, p. 13, I.16). Relatedly, psychologists are called to recognize the bias inherent in their own worldviews. That is, "engage in self-reflection regarding how their own values, attitudes, experiences, and social context … influence their actions, interpretations, choices, and recommendations" (CPA, 2017, p. 18), "to be open and honest about the influence of such factors, … to be as objective and unbiased as possible under the circumstances" (CPA, 2017, p. 25), and to "integrate this awareness into their efforts to benefit and not harm others" (CPA, 2017, p. 20, II.10).

In addition to ethical guidelines, Canadian psychologists are regulated by provincial credentialing bodies (e.g., College of Alberta Psychologists [CAP]) that hold them accountable to these ethical standards. To become a regulated member, psychologists must prove that they have completed the necessary education and training requirements, pass several exams, pay yearly dues, and engage in continued competence programs each year. Each credentialing body is also equipped with a complaints department, whereby members of the public can submit informal or formal concerns regarding a psychologist's practice or behaviour, which is then reviewed and adjudicated.

These ethical standards are baked into the fundamental client-centred and evidence-based approaches psychologists are taught from day one. For example, "unconditional positive regard" is a term popularized by the father of client-centred therapy, Carl Rogers, and means the complete and unchanging support a therapist has for a client, regardless of their thoughts, beliefs, strengths, or weaknesses. I have always found this concept akin to our biblical understanding of Christ's unconditional love for humanity. Therefore, at the foundation of psychological practice, regardless of the therapist's belief system or the type of therapy offered, is a requirement to provide empathic, respectful care to whomever they see. If a psychologist discriminates against someone for their religious beliefs, they are not only breaking the ethical code they have agreed to follow but are subject to disciplinary action by their regulatory body. This ethical accountability provides support for the first goal of this article. That is, therapists are called to provide respectful care to Christians regardless of their religious affiliation and worldview.

Pillar 3: Psychological Research and Reason

This pillar reviews psychological knowledge relevant to why and how Christians may benefit from standard psychotherapy by non-Christian therapists. To set the stage for review of scientific findings, I first present information relevant to the epistemology and methodology of evidence-based psychotherapy. Next, I critically analyze the existing research on therapist matching and faith-based psychotherapy which serves to address the first two goals of this article: (1) non-Christian therapists can provide respectful and competent care to Christians and (2) standard psychotherapy can be beneficial to Christians. Finally, I review research examining client preference for integrating faith into psychotherapy as well as therapist attitudes towards offering this type of care. A discussion distinguishing therapist attitude from competence serves to support the third goal of this article: (3) issues of the Christian faith can and should be incorporated into standard psychotherapy.

Evidence-Based Psychotherapy

Based on the theology of work presented above, psychological knowledge obtained through research can be an expression of God's common grace and natural revelation. Likewise, treating debilitating mental illness using standard psychotherapy can be a means through which God's providence meets our needs. Before describing psychological findings that support this article's goals, it is important to first understand how the field of psychology knows what it knows.

In 1949, the *scientist-practitioner* model was proposed as a model for training in clinical psychology graduate programs. This model ensures that therapists, at least those with graduate training in psychology, have expertise in both research and practice and can integrate the two (Jones & Mehr, 2007). Psychologists use their research knowledge to inform the therapy they provide. Likewise, providing therapy should engender further research questions. This is why graduate programs involve both intensive practicum placements and the completion of a Masters thesis and a Doctoral dissertation.

Related to the scientist-practitioner model is the term *evidence-based practice* (American Psychological Association [APA], 2006). Although sometimes overused or even misused by mental health providers, evidence-based practice is the careful integration of three components: reliance on the best available research, use of clinical judgement and expertise, and consideration of the values and preferences of the client.

Determining whether a given therapeutic approach is evidence-based first depends on examining the available research for the therapy in question. Evidence for or against a particular psychotherapy is determined through the culmination of many randomized controlled trials (RCTs), a research design that involves randomly assigning participants to receive either a certain therapy

iteration or remain on a temporary wait-list (i.e., wait list control). Results across different therapy groups are compared to see which group improves the most. The more RCTs completed by different researchers, the more evidence there is for or against a particular therapeutic approach. A large body of studies examining the same underlying questions can be synthesized quantitatively in meta-analyses to better understand the main findings. Over time, as evidence is accumulated, professional organizations (e.g., APA, UK National Institute for Health and Care Excellence) create guidelines that mental health professionals can reference to determine which therapies have the best available research support.

Psychological research and the field of science are not without their limitations (Stea, 2024, pp. 168 – 170). Results from RCTs do not always map onto experience in real life. While they do tell us which group got better, on average, they fail to tell us the outcome of any individual participant. Additionally, science is conducted by humans, meaning that it is, by nature, fallible. Science is influenced by the scientist's worldviews and assumptions about the world, making pure objectivity challenging if not impossible (Entwistle, 2021, p. 211). "Garbage in, garbage out" is a common quip borrowed from the computer science field used to suggest that the results of research (output) are only as good as the quality of the research (input).

As seen in Pillar 2, psychologists are ethically required to acknowledge, understand, and address their own assumptions and bias in both research and practice. This is where the second component of evidence-based practice – clinical judgement and expertise – comes in. Checks and balances such as peer-review, journal impact ratings, and scientific literacy (i.e., understanding how science is conducted and thinking critically about results) keep psychologists accountable in this regard. Stea (2024) referred to scientific research, including that conducted in psychology, as a "self-criticizing machine" (pp. 103-104). That is, psychology is always trying to improve upon existing therapies while remaining humble about what it does and does not know. A good psychologist will consider ways to tailor evidence-based practice to the client's concerns based on an integration of available credible research.

Finally, notice that the third component of evidence-based practice involves consideration of a client's values and preferences. We will return to the importance of client preference after reviewing psychological research on therapist matching and faith-based psychotherapy.

Therapist Matching

The literature on religious or spiritual therapist matching is preliminary at best. Only two published studies were found evaluating the impact of a religious or spiritual therapist match on treatment outcomes. First, Mayers et al. (2007) interviewed ten clients who had recently finished a course of therapy. Although they were anxious that therapy might weaken their religious beliefs, they were surprised to find that it did the opposite. Participants reported that engaging with standard psychotherapy strengthened their faith and was perceived as an important part of their spiritual walk. Moreover, participants reported that the therapist match was no longer considered important. Second, Rosmarin and Pirutinsky (2020) did not find any benefit for therapist matching with Orthodox Jews, such that overall mental health improvement was the same regardless of whether the individual saw an Orthodox or nonreligious therapist.

Even when extrapolating to therapist matching for other demographic variables (e.g., race, gender), only two relevant meta-analyses were found. First, Cabral and Smith (2011) explored the impact of race or ethnic matching on client match preference, perception of the therapist, and therapy outcome. Although clients preferred a therapist match and tended to view their matched therapist more positively, therapist matches did not result in better mental health outcomes. Second, Swift et al. (2018) explored the impact of client preferences on therapy dropout and outcome. Client preferences were defined across categories of treatment approach (e.g., medication vs. therapy), the types of therapeutic activities (e.g., homework assignments), and the type of therapist (e.g., demographics,

personality). Although honouring client preference was associated with fewer dropouts and a small positive effect on outcomes depending on the measure and time of measurement, the type of preference (i.e., treatment, activity, therapist) did not moderate these findings. As such, no clear influence of therapist matching can be claimed. Limitations of both meta-analyses include significant variability in the strength of results (i.e., effect size) between studies, leading to interpretations that provide an overarching trend rather than specific, nuanced findings.

Although more research is needed on therapist matching to make firm conclusions, we can posit potential interpretations. Across all four studies, the trend tentatively suggests that therapy can be beneficial even without a therapist match. Moreover, it is interesting that predictions made by participants in Mayers' (2007) and Cabral and Smith's (2011) studies did not come true. That is, "clients benefit from therapy despite their initial preferences being unmet … For instance, clients who enter therapy with a therapist of another [demographic] than their own may presume worldview dissimilarity and thus be pleasantly surprised when it does not occur. Conversely, clients who specifically request a therapist of their own [demographic] but then encounter divergent worldviews with this therapist may have unmet expectations detrimental to the therapeutic alliance" (Cabral & Smith, 2011, p. 545).

Unmet predictions are related to psychological knowledge of heuristics, an informational processing system upon which all humans rely. Heuristics are quick decision-making tactics that allow humans to efficiently come to an answer. They work well for most easy decisions (e.g., choosing which grocery store item to buy), but can lead to errors in judgement (i.e., incorrect predictions) when dealing with more important life decisions or emotional problems (Shea, 2024, pp. 120-122). For example, common errors in judgement made when anxious include probability overestimation (i.e., overestimating the likelihood of a negative outcome) and catastrophizing (i.e., overestimating how bad the outcome will be). One evidence-based psychotherapy called cognitive behaviour therapy (CBT), used to treat a variety of emotional disorders including anxiety, depression, obsessive-compulsive disorder, and posttraumatic stress disorder, involves critically evaluating the types of quick, emotionally-driven predictions made about feared situations (i.e., a non-Christian therapist will weaken my faith) and testing out predictions by conducting real-life experiments to see if they come true (i.e., seeing a non-Christian therapist). Some of the concern Christians feel about the field of psychology may be due to heuristic thinking (e.g., overestimations of the likelihood and severity of being judged or misunderstood) rather than an informed decision based on the available evidence.

Faith-Based Psychotherapy

Compared to therapist matching, the research on faith-based psychotherapy is more robust. At first glance the titles and abstracts of the three most recent meta-analyses comparing faith-based psychotherapy to standard psychotherapy for individuals struggling with diagnosed mental health disorders (e.g., anxiety, depression, eating disorders, posttraumatic stress disorder) make it seem as though faith-based psychotherapy outperforms standard psychotherapy (Anderson et al., 2015; Bouwhuis-Van Keulen et al., 2024; Captari et al., 2018). However, a closer look at the research results reveals more nuance. Remember that research findings (output) are only as good as the quality of the study (input). These meta-analyses first identified that most of the reviewed studies failed to meet minimum methodological requirements. Researcher allegiance was a particularly concerning limitation. In the majority of cases, principal investigators had not only created the faith-based psychotherapy but were also acting as therapists within the study. Researcher allegiance can lead to conscious or unconscious bias (e.g., administering the newly developed treatment more efficiently) often creating self-fulfilling prophecies whereby the newly developed treatment is spuriously superior.

Despite these limitations, existing results demonstrate the following patterns. First, faith-based psychotherapies usually do better than wait-list control, which is unsurprising because some

treatment is better than no treatment regardless of the type of treatment offered. Second, faith-based psychotherapies also seem to do better when additional sessions containing religious or spiritual content are added to the standard psychotherapy, meaning that those receiving the faith-based psychotherapy get more therapy than those receiving the standard psychotherapy. While the relationship between therapy duration and recovery is complex, it is generally agreed that two comparison treatments should be the same in length. Third, results are mixed when comparing a faith-based psychotherapy with a different theoretical orientation than the standard psychotherapy counterpart (e.g., spiritually integrated therapy vs. CBT). Bouwhuis-Van Keulen et al. (2024) found no significant difference between the two, but Captari et al. (2018) did. However, Captari et al. (2018) acknowledged that differences may have been found because faith-based psychotherapies were not always compared to a bona fide treatment comparison (Captari et al., 2018).

The best and least biased comparison to make uses a blended design; a faith-based psychotherapy that is identical in theoretical orientation (i.e., CBT) and duration (i.e., number of sessions) to standard psychotherapy with the exception that it interprets information about emotions, beliefs, values, and actions through a religious or spiritual lens (e.g., using scripture to challenge automatic thoughts). The blended design isolates the impact of the religious and spiritual component of the therapy while keeping everything else the same. Across all three meta-analyses, blended faith-based psychotherapy did not outperform standard psychotherapy on psychological symptoms (e.g., the level of reported anxiety or depression) at the end of therapy or at follow-up. What this means is that both approaches led to similar outcomes. This is consistent with psychotherapy research which generally demonstrates no meaningful differences in outcome when comparing two evidence-based treatments. Both approaches share important common factors that achieve similar outcomes (e.g., therapeutic relationship, unconditional positive regard, increasing self-awareness, evaluating beliefs, developing more effective behaviours etc.; Stea, 2024, pp. 176 – 177). Therefore, adapting an evidence-based therapy to incorporate religious or spiritual components is unlikely to outperform its standard counterpart. This research suggests that standard psychotherapy can be beneficial to Christians.

Client Preferences

Remember that evidence-based practice is based not only on best available research and clinical judgement and expertise, but on honouring client preference. Therefore, even if therapist matching and faith-based psychotherapy do not lead to better mental health outcomes than standard psychotherapy, it can be beneficial to offer these options to the client when they prefer them and when they are available. Research demonstrates that clients want to incorporate their faith into therapy, particularly when they have a high level of commitment to living out their faith in their daily lives (Oxhandler et al., 2021). Because clients feel that faith plays such an important role during difficult times of life, they report being open to discussing their beliefs in therapy and believe that doing so would improve mental health. Clients want therapists who are sensitive to religious and spiritual beliefs and know how to discuss them in therapy. In fact, when therapists take the time to understand one's religious beliefs, it is perceived as showing greater concern for the client's well-being (Terepka & Hatfield, 2020). In simulated therapy intake interviews, assessing for religious and spiritual beliefs improved the therapeutic relationship between client and therapist. "Individuals asked about their religiosity during the interview experienced the interviewer as more empathic, warm, understanding, experienced, trustworthy, and friendly" (Terepka & Hatfield, 2020, p. 3). This initial assessment of religious beliefs also promoted greater comfort and openness with discussing religious beliefs in future appointments. This does not necessarily mean that clients need to work with a therapist who shares their faith. In fact, only 12% of 989 Americans surveyed were opposed to working with a therapist from a different religious background (Oxhandler et al., 2021). Despite the positive attitudes toward incorporating religious views into therapy, there was a lack of consensus regarding who should first

bring up the topic of religion or spirituality (i.e., the therapist or the client), with a slight preference for clients bringing it up themselves instead of waiting for the therapist to do so.

Therapist Attitudes

Despite the lower religious affiliation among mental health professionals, their attitudes towards integrating faith into therapy are positive. In one survey, 82% of psychologists believed that religion has a beneficial effect on mental health (Delaney et al., 2007). Relatedly, mental health professionals reported that the most important competencies to demonstrate related to faith-based integration are (1) empathy, respect, and appreciation for a client's faith, (2) providing empathic and effective psychotherapy to religious clients, and (3) being aware of the influence of one's own biases, values, or beliefs on the process of psychotherapy (Vieten et al., 2016). There was greater variability in how relevant psychologists felt religious and spiritual issues were to the therapy being provided, how frequently they inquired about these issues, and how comfortable they felt doing so (Delaney et al., 2007; Rosmarin et al., 2013). Perhaps unsurprisingly, when the psychologist endorsed personal religious or spiritual beliefs, they were more open to the integration of faith into therapy in terms of relevance, frequency, and comfort level (Rosmarin et al., 2013). This is perhaps why religious clients seek out like-minded therapists. However, Rosmarin et al. (2013) also found that nonreligious psychologists with training in religious and spiritual issues related to therapy demonstrated substantially greater openness towards incorporating faith into therapy. In other words, an open attitude towards faith integration in therapy can be achieved both via personal faith and training.

The Importance of Competence

While there may be several reasons why Christians prefer Christian therapists and therapies, one possible reason is that Christians assume that only those who share their beliefs can understand and incorporate religious and spiritual issues into therapy. Although personal beliefs may lend important experiences to the provision of therapy, religious affiliation is not the same as competence (Gonsiorek et al., 2009). To illustrate this point, consider the amount of within-religion and within-person variability in faith-based perspectives and practices. Within Protestant Christianity alone there exists many denominations, all with slight, yet important, variations in doctrine and faith practices. While certain foundational tenets of the Christian faith may remain the same across these denominations, worldview perspectives related to important Christian values can vary substantially across them (Gonsiorek et al., 2009; Saunders et al., 2010). Therefore, even if a therapist is Christian, it may not ensure like-mindedness or competency in understanding, respecting, and incorporating an individual's religious beliefs into therapy. Likewise, positive attitudes towards faith-based psychotherapy are distinct from competence. While it is good to know what predicts greater openness towards faith-based integration (i.e., personal religious affiliation, greater amounts of training; Rosmarin et al. 2013), a positive attitude does not a competent therapist make.

Given these distinctions, Gonsiorek and colleagues (2009) suggest promoting a competency-based profession rather than an affiliation-based one. The word competence within psychology is used to evaluate ethical and effective psychological practice in a given area. Competence is generally defined as the interplay between knowledge (i.e., understanding the information), skill (i.e., effectively applying the information in practice), judgement (i.e., knowing which circumstances call for the particular skill and how to apply it), and attitudes (i.e., self-reflection on how one's values, attitudes, and experiences influence one's opinions about the information, CAP, n.d.). Competence is determined by clearly set benchmarks (e.g., CPA accreditation standards) and ongoing evaluation of these benchmarks during and after graduate training (e.g., coursework, reading, supervised practice, continued competence activities).

A competence-based profession means that if a therapist has training in treating religious and spiritual issues in therapy, it does not require them to hold the same belief system (Vieten & Lukoff, 2022). A competency-based profession also promotes accessibility to competent care rather than clients depending on their ability to find someone with shared religious beliefs.

Research over the past 20 years has identified specific competencies for religious and spiritual conscious assessment and therapy (see Vieten & Lukoff, 2022 for review). Knowledge-based competencies include, for example, understanding the great diversity that can present across or within religions and the ways in which religious experiences can influence psychological health in both positive (e.g., coping) and negative (e.g., church abuse) ways. Skill-based competencies include, for example, empathic and effective assessment of the client's religious beliefs during intake, incorporation of religious beliefs into therapy, and self-awareness about when to make appropriate referrals to those with more experience and/or when to consult with clergy. Finally, attitude-based competencies include, for example, recognizing the importance of a client's religious and spiritual beliefs and acknowledging one's own biases towards religion to create safe, respectful, and empathic spaces for clients to explore their mental health concerns (Vieten & Lukoff, 2022).

A Framework for Competent Faith Integration within Standard Psychotherapy

Most mental health professionals trained within secular environments admit to receiving little to no training during graduate school in religious or spiritual psychotherapeutic competencies (Vieten & Lukoff, 2022, Vieten et al., 2016). The good news is that most of them also agree they should receive more training in these competencies, regardless of their personal religious affiliation (Vieten et al. 2016, 2023). This highlights an important gap between attitudes and competence that needs to be addressed. Exploring how to bridge this gap involves defining what competent therapeutic care for Christians looks like. The extent to which religion and spirituality can be integrated into psychotherapy exists along a continuum proposed by Saunders et al. (2010), with one end involving religious and spiritual *avoidance* (e.g., explicit or implicit choices to keep discussions about faith out of psychotherapy) and the other end involving religious and spiritual *direction* (e.g., strategies that involve conserving or transforming faith). Evidence presented in this article outlines that avoidance of religious and spiritual issues in therapy is neither evidence-based nor ethical when seeing a religious client who wants to incorporate their beliefs into therapy. Likewise, directive religious or spiritual care is usually reserved for clergy and poses other ethical issues related to dual roles (i.e., acting as both a client's pastor and therapist) which psychologists are advised to avoid. While a pastor can engage in spiritual guidance and direction, advice giving, and evangelism, these tasks are not indicated nor ethically permissible to the psychologist (CAP, 2023, see standard 21.1). The role of therapist is to help a client explore, understand, and resolve their areas of suffering in a competent, yet unbiased way. In a resolution addressing religious-based prejudice and discrimination, the APA (2007) asserted that "it is outside the role and expertise of psychologists as psychologists to adjudicate religious or spiritual tenets." While "contemporary psychology as well as religious and spiritual traditions all address the human condition, they often do so from distinct presuppositions, approaches to knowledge, and social roles, and contents" (APA, 2007). In other words, the APA (2007) acknowledges the worldview distinctions between psychological and theological distinctions and calls for a respectful interplay between the two. This is where collaboration with clergy can be an important part of the puzzle for non-Christian therapists.

Mental health care often involves a holistic team approach wherein the psychologist works alongside other health care providers (e.g., a psychiatrist who prescribes medication). In order to clarify the distinction between ministerial expertise and clinical expertise, Milstein et al. (2010) proposed a continuum of care outlining how clergy, religious communities, and therapists can work together to support an individual's mental health. Religious communities serve to maintain and

bolster mental health and well-being and provide social, practical, and spiritual support when an individual in their community faces a significant value-based life stressor (e.g., home visits, bereavement groups, intercessory prayer, or pastoral counselling). However, when the individual's stress cannot be resolved by supports within the congregation and they display psychological distress or dysfunction characteristic of a mental illness, the individual requires professional psychological care. Collaboration begins when clergy know how to recognize the general signs and symptoms of mental illness, destigmatize seeking care from a psychologist, and make appropriate referrals to a professional who can determine the mental health issue and provide appropriate treatment. Once referred to a psychologist, religion and spirituality can be incorporated into therapeutic care to the extent that it is indicated by the psychologists' competence and the client preference, while also recognizing the ability to consult with clergy on matters that extend beyond their competence (Milstein et al., 2010). This model allows both clergy and psychologists to excel in their specific area of expertise, serving in complementary yet distinct roles.

Between the extremes of Saunders et al.'s (2010) avoidant and directive care remain two more appropriate options. First, *conscious care* is considered the minimum expectation of psychologists engaging in competent faith integration in therapy. Conscious care involves respectful and empathic assessment and understanding of the ways in which a client's religious and spiritual beliefs impact their mental health. Given ethical foundations discussed in Pillar 2 (e.g., respect, honouring a client's wishes, self-awareness of personal biases) and training in common factors of therapy (e.g., therapeutic relationship, unconditional positive regard), it is possible that many psychologists may already have the skills necessary to provide conscious care if they apply these skills to the client's religious and spiritual beliefs. Questions to ask during an intake appointment usually include understanding whether a client has any religious or spiritual beliefs, the extent to which the client engages in organized (e.g., communities of faith) or individual (e.g., prayer, scripture reading) practices, the strengths and resources that someone's faith provides, any problems resulting from their faith journey, and the relationship between their faith and the mental health concern needing treatment (see Saunders et al., 2010; Vieten & Lukoff, 2022). Second, *integrative care*, similar to the faith-based psychotherapy described above, involves incorporating a client's religious or spiritual beliefs and practices (e.g., prayer, scripture, forgiveness) into the evidence-based treatment (Saunders et al., 2010). While the research suggests that faith-based psychotherapy does not result in greater benefits than standard psychotherapy, integrative care may still be important should the client have a strong preference for one.

Conclusion

Three pillars support Christians to safely engage with psychological services that are not overtly Christian. Although theology and psychology hold distinct historical, epistemological, and methodological approaches to the world and human functioning, the theological pillar highlighted how seeking a non-Christian therapist to treat a debilitating mental illness using evidence-based psychotherapy can be a means through which God's providence meets our needs. Moreover, the knowledge and expertise that the field of psychology brings to mental health and illness is an expression of God's common grace and natural revelation. Second, the ethical pillar demonstrated that non-Christian therapists can and do provide respectful care to Christians thanks to their legal and ethical standards of practice and accountability to credentialing bodies. Third, the psychological pillar demonstrated that therapist matching and faith-based psychotherapies do not appear to result in better therapeutic outcomes compared to their standard counterparts, meaning that Christians can benefit from existing evidence-based psychotherapies. Integrating one's faith into therapy is not dependent solely on therapist attitude or religious affiliation, but on competent care. This means that even non-Christian therapists can become competent in faith-based psychotherapy. Finally, research

on client preference demonstrated that issues of Christian faith can and should be incorporated into existing therapies, regardless of therapist affiliation. The field of psychology needs to train psychologists accordingly. The following recommendations are made to help bridge the gap between these the psychological and Christian communities.

Recommendations for Increasing Competence of Psychologists

Psychologists need to use their self-reflection skills to explore their attitudes towards faith integration honestly. If attitudes are biased or even ambivalent, it is important to understand the worldview in which these assumptions are based and whether they are founded in evidence or heuristic error.

Psychologists need to increase their competence in religious and spiritual matters. In the short-term, competency might begin by learning more about Vieten and Lukoff's (2022) list of competencies and guidelines for intake assessments. Asking each incoming client about their religious or spiritual beliefs and expectations about incorporating them into therapy is an important initial step. Additional competence can be acquired through reading peer-reviewed articles or books, consultation with clergy, and attending seminars provided by researchers and therapists who demonstrate expertise in this domain. In the long-term, adding training in religious and spiritual competencies to graduate programs can be done through the creation of courses, revision of textbooks, development of seminars, use or development of measures to assess for religious and spiritual beliefs, and integration into supervision of practicum students and residents (Vieten & Lukoff, 2022). A set of helpful resources, including curriculum for graduate coursework, can be found at https://www.spiritualandreligiouscompetenciesproject.com. Ultimately, it is not expected that psychologists have a complete understanding of all of the religious intricacies of a given belief system, but rather that they assess religious and spiritual issues during an intake, understand how they relate to the mental health concern in question, and provide respectful, empathic, competent care. With more advanced levels of competence and/or collaboration with clergy, psychologists can engage in faith-based psychotherapy if this is what the client prefers.

Psychologists need to offer clients evidence-based practice, which means striking a balance between understanding and incorporating the client's preferences (i.e., incorporating faith into therapy), educating clients about and offering them the best available treatment option for their mental health concern based on scientific consensus, and using clinical judgement on how to integrate the two. Although therapist matching and faith-based psychotherapy have not shown added gains, research suggests that honouring client preference whenever possible can improve therapeutic alliance and lead to greater satisfaction in therapy.

Finally, it is important to be upfront with potential clients about the limits of one's competence. If a psychologist feels unable to provide religious or spiritual conscious care competently or in an unbiased manner, they should communicate this with the client before beginning a course of treatment and do their due diligence to find an alternative mental health provider.

Recommendations for Increasing Mental Health Literacy of Christians

The general public tends to have low levels of mental health literacy, a construct that involves understanding how to develop and sustain mental health, knowing the signs and symptoms of mental illnesses, destigmatizing mental illness concerns, and knowing when, where, and how to get psychological help (Stea, 2024, pp. 42-34). The question of Christian therapists and faith-based psychotherapy is inherently tied to mental health literacy, because it relates to knowing what kind of treatment Christians need and from whom. Assuming that the only type of respectful and effective psychological care available to Christians is from someone who shares their beliefs may indicate lower mental health literacy. This is not because one cannot receive excellent care from a Christian therapist or faith-adapted psychotherapy, but because this assumption is based on an incomplete

understanding of the available research and does not consider other options that may be better suited to treat one's specific mental health concern.

Christian therapists and faith-based psychotherapy are likely most relevant when a Christian is seeking therapy for a life issue inherently tied to their Christian values (e.g., marriage or sexual ethic, the sanctity of life, death and dying, or issues of personal identity) or to mental health concerns that arise from faith struggles (e.g., church abuse). However, when seeking therapy for a significant mental illness, including but not limited to anxiety disorders, depression, obsessive-compulsive disorder, posttraumatic stress disorder, addiction, or eating disorders, the research would suggest that evidence-based psychotherapy can address these concerns effectively. Furthermore, offering Christian counselling that is not based on or blended with the recommended evidence-based treatment can cause harm by prolonging distress, preventing improvement, and creating financial strain on the client who may need to seek more therapy for the mental illness after Christian counselling is concluded. While personal religious affiliation and competence can coexist, they are not the same and the former does not guarantee the latter. If a Christian can find a Christian therapist with competence in the area needing care, excellent! But if they cannot, they can critically engage with culture knowing that God's providence, common grace, and natural revelation can meet their need through a caring and competent provider who may not share their exact worldview.

Remember that psychologists are held accountable to an ethical code and regulatory body, meaning that at their baseline, they are called to respect Christian beliefs, incorporate the client's wishes and opinions into therapy, evaluate how their own worldviews influence their practice, and mitigate bias. If a Christian is ever coerced by a psychologist to disregard their beliefs, they should discontinue therapy and consider whether filing an official complaint to their regulatory body is required. Everyone is susceptible to biased thinking. Just as psychologists are asked to regularly evaluate their biases and beliefs, Christians should also explore whether their hesitation around seeking a non-Christian therapist is an emotionally-driven heuristic (e.g., overestimating how likely or how bad the negative experience will be) or based on actual evidence and experience. If a Christian has never seen a non-Christian therapist, they may want to try it out. Unethical encounters with a therapist who judges or dismisses faith should not happen, but can. The world is imperfect and sinful, and no one is immune to its effects. However, past negative experiences do not necessarily forecast the future.

Before choosing a therapist, Christians are encouraged to do their research. As the client, ask potential therapists as many questions as needed before booking a session. Psychologists often offer short phone calls to answer these questions or are willing to answer them over email. First, determine what school the psychologist trained at and which degrees and credentials they hold. Because terms like "therapist", "counsellor", and "clinician" are unregulated, it is important to know that the therapist is registered by a credentialing body. This can be a tricky landscape to navigate, especially given the large range in registration requirements across the country. When in doubt, choose a registered psychologist, one of the few regulated titles in Canada. Second, ask the therapist what type of clinical experience they've had treating the mental illness and whether they use evidence-based practice to treat it. Feel free to ask what the therapy is called and what to expect from sessions (Shea, 2024, pp. 193 – 194). Third, ask them about their experience, competency, and comfort with assessing and incorporating Christian faith into therapy. It is normal to speak with a few therapists, or even have a few sessions with each, before finding the right fit.

Finally, Christians are encouraged to bring up their faith during the intake, even when not seeing a Christian therapist or seeking therapy for a faith-related concern.

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