

The Evolution of Islamic Spiritual Care and Counseling in Ontario in the Context of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario

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Abstract

This article highlights some significant aspects of the new regulations and the benefits of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPO) in regards to the spiritual care and counseling practice of Muslim spiritual caregivers and imams. Currently, not all chaplains, spiritual care providers, and pastoral counselors, including Muslim spiritual caregivers in Ontario need to register in the College. Nonetheless, the scope of the practice of Muslim spiritual caregivers and imams includes the practice of counseling and psychotherapy. Therefore, Imams, and other Muslim spiritual caregivers may decide to join the new College in order to engage in the practice of psychotherapy in an ethical manner.

Keywords: Islam; Spiritual care; Muslim spiritual caregivers; Psychotherapy; Counselling

Introduction

The College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario (CRPO), which will be the governing body of a new health regulatory college and is currently under development in Ontario, will affect the future spiritual care activities of many Muslim spiritual caregivers, including imams. Although they are not exempted from providing spiritual care and counseling to Muslims in a health care setting within the context of the Psychotherapy Act of 2007 [1], Muslim spiritual caregivers must provide evidence of their education, training and professional experience if they claim to provide psychotherapy to Muslims. If they meet the requirements, many Muslim spiritual caregivers can use one of the titles under the categories of membership of the College:

1. Registered Psychotherapists, the professionals who practice psychotherapy;
2. Temporary, professionals who are registered as psychotherapists outside Ontario but wish to practice for a brief time in Ontario for a specific, time-limited purpose;
3. Inactive members, those who existing members but are not in active practice; and
4. Qualifying members, those professionals who have completed an education and training program but need to complete the remaining requirements, such as registration examination, clinical experience, additional course work, etc. [2].

Currently, not all chaplains, spiritual care providers, and pastoral counselors, including Muslim spiritual caregivers in Ontario need to register in the College because they can engage in spiritual counseling, which is about advice and information giving with regards to religion or faith without becoming members of CRPO. Nevertheless, chaplains,

spiritual care providers and counselors who are members of the Canadian Association for Spiritual Care (CASC) are highly encouraged to register as members of this new regulatory body, if they prove that they have acquired appropriate education & training and clinical experience related to the practice of psychotherapy. The overall purpose of the new regulation of the mental health practice in Ontario is to protect the public from the harm of the mental health professionals, including Muslim spiritual caregivers who provide counseling and psychotherapy to Muslims in a health care setting. It also highlights new dynamics of traditional separation of religious institutions and the state, and the near-systematic state responsibility for religious leaders, chaplains, and pastoral counselors within the mental health practice.

Nonetheless, since the beginning of the discussions about CRPO, there are many speculations about the minimum training standards, and how the College will restrict the use of the terms 'psychotherapist' and 'registered mental health therapist' only to those admitted to the new college. The discussion of the membership requirements of the College concern many chaplains, pastoral counselors, spiritual care providers, social workers, etc., who also ask the question whether they need to be registered in the College in order to practice psychotherapy. However, it is without a doubt that the new approach to regulating psychotherapy practice in Ontario will impact the function of many spiritual caregivers and counselors because it will pose some challenges to all clergy, regardless of faith backgrounds, and who engage in counseling. First of all, one of the challenges with regards to CRPO is the ambiguity around the definition of "spirituality" in the context of new regulation, which leaves the definition of a faith or spiritual dimension of the counseling relationship to spiritual caregivers and counselors, and their professional and organizational affiliations. Second, the new regulation will encourage spiritual caregivers and counselors towards having a clear understanding of their role as spiritual caregivers and pastoral counselors, and the limits and responsibilities of their positions. Therefore, Muslim and other non-Muslim spiritual caregivers, who are popular as "mental health

workers" and want to apply faith traditions within the context of ministry and psychotherapy, struggle with the dilemma of to become or not to become a member of CRPO.

Many Muslim spiritual caregivers engage in a therapeutic relationship with their clients by assessing, treating, teaching and educating Muslims in a health care setting or prison, which are parts of the practice of psychotherapy. Therefore, they also carefully watch the development of the College. They, like many other religious and spiritual caregivers, ask questions about the future impact of the College on their counseling practice; however, they are not sure whether their education and work experience will be enough to be eligible to work as counselors for the members of their community. Therefore, I decided to write this paper with a purpose to highlight some significant aspects of the new regulations and the benefits of the new College in regards to the spiritual care and counseling practice of Muslim spiritual caregivers and imams.

The major questions that direct this paper are: what are the formal education and training programs of the Muslim spiritual caregivers, imams, etc., in order to register with the College? Do they have enough supervised clinical experience, which is one of the important requirements of the membership? What will be the major contribution of the new College to the practice of Islamic spiritual care and counseling? Will imams and other Muslim spiritual care professionals be recognized in the legislation [3] as being key players in the delivery of psychotherapy services?

What is Islamic Spiritual Care and Counseling?

The Health Professions Regulatory Advisory Council (HPRAC) distinguishes psychotherapy from the counseling profession and declares that "The practice of psychotherapy is distinct both from counselling, where the focus is on the provision of information, advice giving, encouragement and instruction, and spiritual counselling, which is counselling related to religion or faith based beliefs." Psychotherapy is "the assessment and treatment of cognitive, emotional or behavioral disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication" [1]. However, our practice showed that spiritual counselors actively use the knowledge and skill of psychotherapy such as therapeutic listening, reflection and decision making based in social sciences, i.e. psychology, psychotherapy, spirituality/religion, ethics, family studies, etc. My assumption is that many imams and Muslim spiritual caregivers engage in the broad scope of "spiritual counseling." In order to articulate my idea I would like to provide a theoretical and clinical framework of Islamic spiritual care and counseling.

The essence of Islamic spiritual care and counseling based on theological and social sciences is founded on the Qur'an, and the Sunnah (the words, actions and approvals or (and) disapprovals of the Prophet Muhammad). Islamic spiritual care and counseling is the Muslim term to describe a religiously based spiritual care and counseling offered by religious leaders, e.g. Imams, to the members of their congregation. Islamic spiritual care and counseling is an independent discipline but is related to other forms of Islamic spiritual and religious care such as Islamic education, preaching, theology, and ethics. It has many forms and targets to help the Muslim patients to enlarge their theological understanding and abilities to face the personal, relational, or public challenges, including grief and loss, empathetic listening, parenting, violence, etc. Its main goal is healing,

sustaining, guiding and reconciling. Islamic spiritual care and counseling is more than clerical responsibility. Although it is the main duty of the mosque and other Islamic institutions, the community and ordinary Muslims are also responsible for spiritual health of their fellow Muslims. The benefit of such a service helps the patient not to feel isolated and gives him/her a sense of companionship. However, the resources of social sciences such as developmental theory, grief theory, and gender studies are also important to apply in order to provide an effective spiritual care and counseling [4].

Historically, the effective Islamic spiritual and religious care and counseling is based on the concept, which views human beings as an integral composite of physiological, psychological, and spiritual components. Muslims seek spiritual and religious care alongside with medical attention according to the Prophet's practice and teaching, which views our healthy body and spirit as a gift and trust from God. The traditional Islamic spiritual care methods and techniques involve the basic tenets of the Islamic faith and life style. It starts with re-examining the purpose of life. In Islam, the purposes of life are: (1). to inhabit the earth, 'to be', (2). to worship God (the Qur'an, 51:56-58) and (3). to represent God on earth (the Qur'an, 2:30). Islam teaches that when human being forgets these purposes, then the heart becomes corrupted and when the heart is corrupted the physical body cannot operate well. Therefore, the '*tazkiyah*' (purification) becomes necessary. The Muslim spiritual and religious caregivers' role is to help the client go through the re-examination process without feeling guilt and achieve good mental and spiritual health of the individual through natural balance within the individual and the practice of social and religious obligation [5,6].

In Canada, Muslims are a large and an important group, almost in all provinces. Muslims have specific values, beliefs, and ways of life. All aspects of Muslim life are influenced by the Islamic concepts contained in the Holy Book (the Qur'an). Islamic spiritual caring is an important aspect of caring for Muslim clients. However, every Muslim, too, is expected to care for their sick family and community members. Visiting the sick is a staple of Islamic moral mores and is also common to most traditions. We see that how the Prophet Muhammad visited the sick and offered them prayer and words of comfort. He also encouraged the healthy people to ask the sick to pray to them. These are indeed, a source of blessing, as Islam teaches us.

Muslim spiritual and religious caregivers implement different techniques to be effective in their care. These techniques include the more traditional techniques, such as dream interpretation, exorcism of spirit, recitations of the traditional supplications, and contemporary counseling skills. Taking the Qur'anic and prophetic tradition as main guidelines, Muslim traditional healers see illness as an opportunity to serve, clean, purify and balance the physical, emotional, mental and spiritual domains [7,8]. As doctors take care of the body, the spiritual and religious caregivers also engage with the soul compassionately. In this regard, they are the physicians of the soul, experts in the patient wounded by sin, mental and emotional problems, professionals who know how to apply the powerful medicines of a loving Lord and the powerful tools of science so that each redeemed life can be restored [9,10].

The scope of the practice of Muslim spiritual caregivers and imams includes the practice of counseling and even psychotherapy. Nonetheless, according to the Psychotherapy Act and the Regulated Health Professions Statute Law Amendment Act, [1,3] only the members of the College are authorized to perform the controlled act, will be able to refer to themselves as psychotherapists, counselors, etc.,

and will be subject to certain conditions. Therefore, Muslim spiritual caregivers may benefit from joining the new college in order to practice psychotherapy or use the title by advancing their knowledge and experience. If Muslim spiritual caregivers decide not to engage in education in line with the membership requirements of the College, they may not guide the members of the community through the therapeutic relationship; if they continue to provide spiritual care and counseling they will breach the legislation.

New Avenues for Islamic Spiritual Care and Counseling Practice

Ontario recognizes ministers of religion, including imams, as those who are representatives of their respected religious communities but with the status of private associations. Imams and many other Muslim spiritual caregivers are either trained by public universities in Ontario, or by their respective denominational schools, or theological schools in Canada or overseas (such as Islamic Institute of Toronto, etc.). None of the Islamic training schools are subsidized by the government, and the training of imams in these schools neither include a comprehensive counseling training nor these schools collaborate with Canadian universities; therefore, their programs are not accredited counseling programs in Canada. Although, unlike Europe, Canada does not have any board or accreditation body to develop standards on issues such as the accreditation of imams, the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario promises new avenues for Islamic spiritual care and counseling practice. The membership requirements of the new college resonate well in the Qur'an and the prophetic tradition. For example, the Prophet's definition of *ihsan*-doing what is beautiful-sets out the ethical criteria for effective Islamic spiritual care. As outlined in a narration related to the Prophet Muhammad, *ihsan* means to obtain perfection, or excellence, in worship, such that Muslims try to worship God as if they see Him, or have a strong faith that He is constantly watching over them such a guideline points towards vigilance and the highest level of self-awareness and professional awareness in spiritual and religious care [10]. Furthermore, the Qur'an and the Hadith encourages Muslim spiritual caregivers to look for innovative ways to improve the Islamic spiritual practice. For example, the Surah of Alaq (The Clot) or Iqra (Read) clearly states the importance of education:

Read in the name of your Lord, who created; Created man, out of a clot of congealed blood: Read! And your Lord is most bountiful, He who taught you to write, taught man that which he knew not" (the Qur'an, 96: 1-5).

In other chapters of the Qur'an, we read, "And remember we took a covenant from the Children of Israel (to this effect): Worship none but Allah. Treat with kindness your parents and kindred, and orphans and those in need; speak fair to the people; be steadfast in prayer; and practise regular charity. Then did ye turn back, except a few among you, and ye backslide (even now)" (the Qur'an, 2:83); "And We have enjoined on man (to be good) to his parents: in travail upon travail did his mother bear him, and in years twain was his weaning: (hear the command), 'Show gratitude to Me and to thy parents: to Me is (thy final) Goal. But if they strive to make thee join in worship with Me things of which thou hast no knowledge, obey them not; yet bear them company in this life with justice (and consideration), and follow the way of those who turn to me (in love): in the end the return of you all is to Me, and I will tell you the truth (and meaning) of all that ye did'" (the Qur'an, 32:14-15).

The prophetic tradition also encourages looking for increasing knowledge by education and research. For example, the Prophet used to say, "There is no disease that Allah has created, except that He also has created its treatment." In other occasion, the Prophet Muhammad said: "Tafakkur for an hour is better than a whole night's salah [prayer]. So reflect on the bounties of God and the works of His Power. But do not attempt to reflect on His Essence, for you will never be able to do that (al-Khumayni, online citation.)"

Based on my reflection on the sources in Islam and Psychotherapy Act and the Regulated Health Professions Statute Law Amendment Act, in this section, I will highlight few aspects of Islamic spiritual care and counseling that will be affected by the College.

Ethics

The Muslim spiritual caregivers basically use religious or prophetic medicine to interpret human suffering within a wider spiritual, emotional, and ethical framework in order to provide an effective spiritual care. During the Islamic spiritual and religious care, the Muslim spiritual and religious caregivers encounter people in the midst of the everyday settings. They try to spread and the love of God to persons at the point of their deepest need, to relieve their sores and grief. They try to address to emotional and spiritual needs of Muslims in hospitals, prisons, nursing homes, including performing religious and spiritual rituals in case of birth, death and other life events. They listen empathetically to people, get to know people's histories, rejoice with people in their achievements and affirm them, say a few prayers, read the scriptures, etc. While performing all these duties, they also encounter very significant ethical issues because they work with vulnerable population and know their sensitive secret, which they share or witness. People, especially those who are in long-term care facilities, and suffer from mental health problems, are especially vulnerable. The membership requirements of the College will ensure that imams and Muslim spiritual caregivers will integrate awareness of self in relation to professional role; the impact of the Muslim spiritual caregivers' role on the therapeutic process; how their values and attitudes may impact their Muslim clients; increase of awareness of oppression, power and social injustice and their impact on the client and also the therapeutic process; identify and develop culturally-relevant resources; and recognize barriers that may affect access to therapeutic services.

Education

Many Islamic universities and training institutes in Europe launched mental health certificate courses that are awarded accredited qualifications. In the Netherlands, for example, the Dutch accreditation authority has granted such a qualification to the Islamic University of Rotterdam for MA program in Islamic Spiritual Counseling. In the UK, Cambridge Muslim College, Muslim College in London, and Bristol launched Certificate in Islamic Counseling Studies, which is accredited by the British Counseling and Psychotherapy Central Awarding Body. However, in Canada many Muslim spiritual caregivers do not have an adequate training in counseling. Very few of them use the theological language while using the social sciences approach. According to the Code of Ethics that has been approved at the Transition Council's meeting on November 16, 2011, Muslim spiritual caregivers now must have excellence in professional counseling practice in order to work in the best interests of clients; to work within their abilities and competencies; and to pursue personal and professional growth throughout their career [11].

These requirements will encourage the Muslim spiritual caregivers to enroll in university programs that will prepare them to work as spiritual caregivers and counselors. The important component in new education requirements for all who want to work as spiritual caregivers and counselors now must ensure that their education integrate a theory of human development (spiritual, moral, social, emotional, cognitive, behavioral, sexual, gender, and biological development) across the lifespan, knowledge about the contextual and systemic factors that facilitate or impair human functioning, counseling theories and intervention methods.

The membership in new College will increase the effectiveness of Muslim spiritual caregivers in many ways. Several research findings also suggest that effectiveness of Islamic spiritual care depends on several factors, such as education and research [9]. In a qualitative study on the effectiveness of Islamic spiritual care, the Muslim spiritual caregivers agreed that learning acquiring a new knowledge in different fields, including religion and social sciences, is an ongoing process and contributes to the effectiveness of Islamic spiritual care [9]. Muslim spiritual caregivers also need to increase their knowledge about the cultural sensitivities of Muslims and contemporary jurisprudence along with traditional issues, confidentiality and privacy. Isgandarova [10] concludes that theological studies are not enough to provide effective spiritual care, simply because the health of the whole person requires the services of adequately trained spiritual and religious caregivers [9].

First of all, education in Islamic theology is the essence of effective Islamic spiritual care. Muslim spiritual caregivers usually receive strictly religious and Islamic training, which is based on the study of Arabic, the Qur'an and the sayings of the Prophet of Islam. The study includes memorizing the sacred texts, hadiths, fatwas (juridical pronouncements). Second, the social sciences are important component of Islamic spiritual and religious care. Depending on the country of study, many Muslim spiritual caregivers, especially imams may or may not receive training in sociology, psychology, non-Arabic literature, and second-language training. However, the limited understanding of Muslim spiritual care prevents Muslim spiritual caregivers to receive education in social sciences, which make their work unsatisfactory, even though, the traditional understanding of spiritual care included human sciences, psychology, etc. Second, many Islamic theological schools, especially in Muslim countries, do not provide clinical or supervised education.

The adequate training of Muslim spiritual and religious caregivers can help them to assist Muslims in their emotional and spiritual problems arising in the Islamic spiritual and religious care which cannot be dealt with by the theoretical approach alone but require practical training and experience in social sciences. Therefore, the clear articulation of the relationship between social sciences, particularly psychology and theology and the process of constructing an Islamic spiritual and religious care and its various elements considering the theological reflection on experience and action are necessary. The process of construction accounts for (1) the explicit or implicit role of Islamic theology; (2) the relationship to various fields and disciplines outside of religion or theology, especially the social and behavioral sciences; (3) the awareness of the import of Muslim communities and the Canadian context; and (4) the integration of theory and praxis [12].

The new College will encourage Muslim spiritual caregivers and counselors who ask themselves: If they do not have a formal education in social sciences, how do they can claim to use them in their spiritual

and religious care practice? My assumption is that inadequate assessment and inappropriate treatment may often be the result. Both traditional and modern techniques of care and counseling require Muslim spiritual caregivers to achieve the process of self-examination, confession, and awareness in client. This process requires the Muslim spiritual and religious caregiver to be aware of their inner feelings, inner wounds and vulnerabilities.

The education requirement of the new College is a learning process for Muslim spiritual caregivers; however, it will enable the Muslim spiritual and religious caregiver to provide spiritual and religious care in gentle and compassionate ways without projecting their feelings on their clients. For now, in order to meet the requirements of the College, Muslim spiritual caregivers in Ontario, can obtain clinical supervision and competence through the Clinical Pastoral Education with the Canadian Association of Spiritual Care (former Canadian Association of Pastoral Practice and Education), can apply to the Wilfrid Laurier University's MA program in spiritual care and psychotherapy or Emmanuel College's MTS program in Islamic studies. However, it is always wise to ask them how their program will prepare them with the necessary competencies in order to be eligible member of the College.

Research

One of the positive contributions of the membership of Muslim spiritual caregivers and counselors, including imams, with the new College will the establishment of new initiatives to conduct research in the field of Islamic spiritual care and counseling for the purpose of evidence-based practice. The American Psychological Association [13] defines EBP as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences." Therefore, Code of Ethics of the Transition Council considers the responsible research an important aspect of psychotherapy: the responsible research means "To conduct only such research as potentially benefits society, and to do so safely, ethically and with the informed consent of all participants" [11].

Research is an important aspect of spiritual care and counseling for it informs the decision-making process and evidence-based knowledge. The research in the field of the Islamic spiritual care and counseling, however, is limited. Muslims spiritual care professionals have not always emphasized the importance of research and evidence of best practices in the field to guide their practice to meet the needs of Muslims in a health care setting. Many imams especially failed to use knowledge derived from empirical research in their spiritual care and counseling practice. Nonetheless, the recent research in Islamic spiritual care and counseling [10,12] point out until now many Muslim spiritual care professionals usually relied on folklore or common sense or simply the general knowledge of Islamic spiritual care and counseling was drawn from the work of researchers in other fields. Abu-Ras [14], for example, contributed to the Islamic spiritual care and counseling practice from the social work perspective, and al-Badawi [15] from the psychological perspective, and so on.

Nonetheless, Muslim spiritual caregivers now recognize the lack of research knowledge in Islamic spiritual care and counseling. They understand that they need not only understand the Islamic theology but also cultural and psychosocial aspects of care to provide effective care. The effective Islamic spiritual and religious care is an integral part of 'holistic medicine' involving the spiritual, psychological, physical, and moral aspects of being. In the past, researchers, who were

usually academicians, such as Rahman [16], contributed to the field of health and medicine in the Islamic tradition; however, most of these research findings were esoteric and abstract in nature and did not inform the Islamic spiritual care and counseling practice. Consequently, Muslim spiritual caregivers and counselors realize that they need practice relevant and evidence-based knowledge in their spiritual care and counseling practice [8,9,14,15,17]. This is a new but slow shift in Islamic spiritual care practices in North America under the pressure of the evidence-based health care practices that require not only “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” [18] but also respect for the client values and preferences. Moreover, one of the requirements of the government and non-government funding for spiritual care and counseling in health care or prison settings is experimental demonstration of the efficacy of our spiritual care and counseling services, which is only through research in the field.

A new relationship between the Muslim spiritual caregivers and evidence-based research will assign new roles to Muslim spiritual caregivers. They will, first of all, become consumers of research. It will be mandatory for them to seek, to evaluate, and to use appropriate and tested research findings in their practice to enhance their professional practice. Second, they themselves will themselves create a new knowledge and research with practical value in order to bridge the gap between the “esoteric” and abstract Islamic theology and Islamic spiritual care and counseling practice. This will require them to undertake critical self-reflection towards their practice. Third, they will contribute to Islamic spiritual care and counseling by participating in the research process, especially by applying the findings of the evidence-based research in their practice.

Thus, some of the benefits of pursuing counseling accreditation and joining the College are as follows: First of all, in some Muslim communities, the Muslim spiritual and religious caregivers appear to be an important source of mental health assistance for persons who know the member of religious institution on a personal, one-on-one basis. Second, these members of the community are more familiar with the spiritual and religious attributes and skills of imams, therefore, turn to them to seek counseling and assistance. Third, pursuing the proper counseling and theological education is in line with the Prophetic tradition: the Prophet Muhammad emphasized on correct methods of healing and cures in serious problems and encouraged to seek the professional help. For instance, in one occasion, the prophet had advised his companions to artificially fertilize palm-trees. Later, some of the companions informed him that his advice led to a bad crop, to which the Prophet replied, “You know better than I matters pertaining to this world.” According to this narration, the Prophet made it clear that his role was as a messenger to guide people from spiritual diseases to spiritual perfection. Muslims should seek help from the psychologists, psychiatrists, counselors, doctors, etc. for the mental and physical problems. The Qur’an and the hadith should not be viewed as the textbooks of medicine, counseling and psychotherapy, except for spiritual guidance. We need to benefit from the advanced secular education to benefit the community members who suffer from the mental health problems.

Conclusion

This article is a basic starting point for the investigation of the impact of CRPO on the effectiveness of Muslim spiritual and religious caregivers. In terms of a future research, more qualitative and

quantitative studies are required to draw a generalized conclusions. Such research projects will reveal how the membership of CRPO will increase effectiveness of using social sciences in Islamic spiritual care and the adequacy of the training of Muslim spiritual and religious caregivers.

Muslim spiritual caregivers and counselors are required to join the new college in order to practice psychotherapy or use the title. The Psychotherapy Act and the Regulated Health Professions Statute Law Amendment Act points out that only the members of the College, who are authorized to perform the controlled act, will be able to refer to themselves as psychotherapists, counselors, etc., and will be subject to certain conditions. This implies that not all chaplains or spiritual care providers are required to be registered. CRPO will ensure that those who provide counseling, psychotherapy and other forms of mental health support and activities meet the professional practice standards on clinical supervision and competence. It will also ensure who can conduct activities that involve “direct client contact” during intake, admission, and during the course of the therapy, etc.

Such a new approach to regulating psychotherapy practice will impact the function of many Muslim spiritual caregivers and counselors, who are popular as “mental health workers.” Their eligibility to become members of CRPO will depend on their particular roles, their training, and the expectations of their employers and Muslim community. However, currently, many Muslim spiritual caregivers, especially imams, have significant limitations in identifying emotional distress or suicide lethality due to the lack of counseling education. For example, Ali et al. [8] argue that imams have little formal training in counseling, which means that if they are asked to help congregants who come to them with mental health and social-service issues, imams need more support from mental health professionals to determine the needs of their Muslim clients and fulfill a potentially vital role in improving access to services for them. If the person poses a danger to self and others, the Muslim spiritual and religious caregivers need to use the evaluation of diseases and referral skills as additional sources of assistance for certain types of mental health problems. The Muslim spiritual caregivers may help client/patient to decrease his/her symptoms using traditional healing techniques, however, persons who are psychotic, suicidal, have addiction or substance abuse problems, are severely depressed and confused should be referred to other professionals such as counselors, social workers, psychiatrists, psychologists, etc. for additional help.

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