



Spiritual Emergence Network c/o Ted Esser P.O. Box 912 Fairfax, CA 94978  
[www.spiritualemergence.info](http://www.spiritualemergence.info) - [tviv2001@yahoo.com](mailto:tviv2001@yahoo.com)

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Dear Mental Health Professional,

We are writing to you as part of an ongoing national outreach to mental health professionals interested in working with spiritual and religious issues. Since the inclusion of the 'Religious or Spiritual Problems' (V62.89) category in the Diagnostic and Statistical Manual (DSM-IV), there has been a growing awareness of the need for professionals with expertise in this emerging specialization. We connect people in psychospiritual crisis to licensed psychotherapists and psychiatrists who have this type of training or awareness. Our members can differentiate diagnostically between a 'spiritual emergency' and psychosis, and give the proper kinds of treatment that are effective for individuals in spiritual/religious crisis.

Since its founding as the Spiritual Emergency Network (SEN) in 1980 by Christina Grof, we have been dedicated to helping people who are undergoing the challenges and disturbances that can accompany psychological and spiritual growth and experience. Providing information and making referrals to a wide range of trained professionals, SEN has grown into an international organization. Through the years, a body of knowledge and expertise has developed which has led to increasingly effective ways of working with "spiritual emergence and emergency" and the complexities of psychological and spiritual growth.

Our National Referral Directory of licensed mental health professionals now includes over 180 professionals in 31 states. Since 1980, our Information and Referral Service has received thousands of calls. Over the past 27 years we have found that there is an increasing need for our services. With this growth comes the increasing need to expand our professional referral sources. Our goal is to develop a comprehensive directory of professionals providing coverage in every state. If you are a licensed mental health professional with experience in this field, please consider joining us and becoming listed in the SEN National Referral Directory by filling out the enclosed form and returning it to us.

Membership is *free*, but we do suggest an annual donation of any size in order to cover the costs of phones, computers, and everything else necessary to run our organization. Calls coming into SEN are directed to the closest licensed professional in the geographic area of the caller. These professionals work directly with the client and can also become the client's resource to other qualified service providers (e.g. body workers, spiritual directors, acupuncturists, etc.).

If you're uncertain whether you wish to become part of the network, please use the following questions as a guide:

- Do I value religious/spiritual growth and experience in others, and myself regardless of the religious affiliation or spiritual tradition?

- Am I interested in working with individuals experiencing intense emotions and non-ordinary states of consciousness who are searching for the deepest meaning of life?
- Am I interested in differential diagnosis and treatment options for “spiritual emergency” and other conditions which can mimic some symptoms of severe mental illness?

If so, please let us know by mailing back the enclosed form.

Also, if you know of other licensed professionals who would like to be listed in the directory, please contact them directly or send us their names.

Again, if you believe that it is important, perhaps crucial, for our profession to continue to develop its capacity to serve this population, please support SEN with a voluntary donation. This donation is not necessary for listing in the directory and will not affect your receiving referrals in any way. However, your contribution would be extremely helpful in supporting our growth and outreach efforts.

The last twenty-seven years have shown us how crucial our service can be to callers. Our task now is to expand our service and become more visible so that we can better serve our callers and the professionals working with them. We look forward to having you as part of our professional National Directory.

Thank You!  
The SEN Staff



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## SEN Referral Information Form for Mental Health Professionals

*Please type or print your contact information.*

*SEN will use this information to correspond with you and as referral information.*

Name/contact person: \_\_\_\_\_  
 Institutional Affiliation: \_\_\_\_\_  Male  
 Business Address: \_\_\_\_\_  Female  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 How did you learn about SEN? \_\_\_\_\_  
 Degree level & Specialty: \_\_\_\_\_  
 Degree granting institution: \_\_\_\_\_

**Please provide copies of your license and malpractice insurance. This information must be complete!**

Type of license: \_\_\_\_\_ License #: \_\_\_\_\_ Licensing state: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Year licensed: \_\_\_\_\_  
 Name of insurance carrier: \_\_\_\_\_  
 Coverage Limits: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Interns** please include your supervisor's information below, along with documentation:

Name of Supervisor: \_\_\_\_\_  
 Area Code & Phone number: \_\_\_\_\_  
 Type of license: \_\_\_\_\_ License #: \_\_\_\_\_ Licensing state: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Year licensed: \_\_\_\_\_  
 Name of insurance carrier: \_\_\_\_\_  
 Coverage Limits: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Types of client issues with which you are able to work: (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Kundalini         | <input type="checkbox"/> Unitive Consciousness  | <input type="checkbox"/> Near Death Experience |
| <input type="checkbox"/> Shamanic          | <input type="checkbox"/> UFO/Alien              | <input type="checkbox"/> Possession/Channeling |
| <input type="checkbox"/> Past Life         | <input type="checkbox"/> Renewal through Return | <input type="checkbox"/> Psychic Opening       |
| <input type="checkbox"/> Recovery          | <input type="checkbox"/> Existential Crisis     | <input type="checkbox"/> Loss/change of faith  |
| <input type="checkbox"/> Spiritual By-pass | <input type="checkbox"/> Other: _____           |  |

**What level of support services can you access for a client? (check all that apply)**

Groups/Social                       Psychiatric medication                       Crisis support  
 Emergency hospitalizations    Residential facilities                       Other: \_\_\_\_\_

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**Therapeutic orientations: (check all that apply)**

Transpersonal    Psychodynamic    Existential    Humanistic    Jungian    Gestalt  
 Systems    Altered States    Shamanic    Body-oriented    Psychiatric    Cognitive/  
 Other: \_\_\_\_\_

**Spiritual orientations with which you feel able to work: (0- unqualified to 3- very qualified)**

\_\_\_\_ Christian                      \_\_\_\_ Jewish                      \_\_\_\_ Islamic                      \_\_\_\_ Goddess  
\_\_\_\_ Buddhist                      \_\_\_\_ Hindu/Yogic                      \_\_\_\_ Native American  
\_\_\_\_ Shamanic                      \_\_\_\_ Esoteric Traditions                      \_\_\_\_ Contemporary Spiritual Tradition  
\_\_\_\_ Other(s): \_\_\_\_\_

**Are you willing to work with clients who exhibit characterological difficulties? Y N**

**Will you do consultations by phone? Y N      Do you accept low-fee clients: Y N**

**Are you interested in supervising therapists who work with spiritual issues? Y N**

**Please include a copy of your Curriculum Vita as well as a one page statement describing your approach to therapy and any spiritual-related training.**

I hereby authorize the Spiritual Emergence Network to verify and/or disclose this information. I certify that it is true and correct.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Intern's Supervisor:** I hereby authorize the Center for Psychological & Spiritual Health to verify and/or disclose this information. I certify that it is true and correct. **And, I am qualified to supervise the above intern in the areas s/he indicates.**

I am listed with CPSH: Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Forms that are returned incomplete or without photocopies of licensure & malpractice insurance will **NOT** to be processed.



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### **CONTACTS FOR THE REFERRAL DIRECTORY:**

Contact information on colleagues who might be interested in becoming part of the SEN National Referral Directory:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession: \_\_\_\_\_

### **BOOK ORDERS:**

I would like to order \_\_\_\_\_ copy(s) of Emma Bragdon's A Sourcebook for Helping People with Spiritual Problems. \_\_\_\_\_ I have enclosed a voluntary donation of \$18.90 (\$14.95 + \$3.95 for S & H) per book. These helpful books for mental health professionals were donated to us by the author Emma Bragdon.

*"This Sourcebook is a valuable resource for anyone interested in spiritual experiences and their relationship to psychological health and pathology. It is a clear, concise statement about the nature of spiritual emergencies and appropriate treatment modalities. It deserves careful reading by mental health professionals as well as lay people who are exploring their own spiritual growth. It provides a well-balanced perspective and a wealth of useful information."*

*- Francis Vaughan, Ph.D.*

### **DONATIONS:**

**Please consider an *annual* donation to the Spiritual Emergence Network.**

The National Referral Directory is essentially a professional association whose benefits to members are referrals and professional education opportunities. SEN is prohibited by California Law from soliciting a mandatory membership fee "for referrals". However, we can ask for a voluntary donation.

### **Total:**

**Suggested Donation** \$ \_\_\_\_\_ + (book(s) donation) \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Donations must be paid with a check or a money order only. **THANK YOU!**



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### **MATERIALS CHECKLIST**

#### **To be mailed:**

- Completed SEN referral Information Form for Mental Health Professionals
- Copies of your license and malpractice insurance.
- Curriculum Vita
- Donation

#### **To be emailed:**

- A one page statement describing your approach to therapy and any spiritual-related training **sent in an email text or as an attachment to:** [tviv2001@yahoo.com](mailto:tviv2001@yahoo.com)