



# SEN SPIRITUAL EMERGENCE NETWORK

**Spiritual Emergence Network c/o Ted Esser  
P.O. Box 503562, San Diego, CA 92150**

**[www.spiritualemergence.org](http://www.spiritualemergence.org) – [sendirector@groffoundation.org](mailto:sendirector@groffoundation.org)**

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Dear Mental or Integrative 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 psychiatrists, psychotherapists, and other kinds of professionals 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 and other related professionals now includes more than 190 professionals in over 30 states. Since 1980, our Information and Referral Service has received thousands of calls. Over the past 37 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 or related professional with training and 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.

Joining us 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 and emails coming into SEN are directed to the closest professional in the geographic area of the contact. 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?

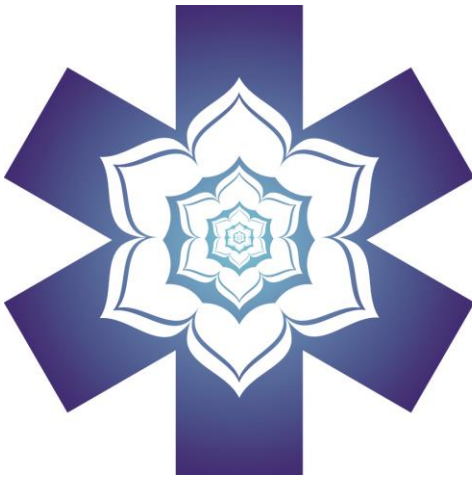
If so, please let us know by filling out and emailing us back the enclosed form.

Also, if you know of other 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 thirty-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 and Related Professionals

*Please type in your contact information. SEN will use it 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, if applicable. 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)**

Kundalini                       Unitive Consciousness                       Near Death Experience  
 Shamanic                       UFO/Alien                       Possession/Channeling  
 Past Life                       Renewal through Return                       Psychic Opening  
 Recovery                       Existential Crisis                       Loss/change of faith  
 Spiritual By-pass                       Other: \_\_\_\_\_

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**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                      \_\_\_\_ Western 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 attach 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 SEN 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 SEN: Yes\_\_\_\_ No\_\_\_\_

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

**NOTE: Forms that are returned incomplete or without copies of licensure & malpractice insurance (if applicable) will NOT to be processed.**



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### MATERIALS CHECKLIST

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

- Completed SEN Referral Information Form
- Copies of your license and malpractice insurance (if applicable).
- Curriculum Vita
- A one page statement describing your approach to therapy (or your profession) and any spiritual-related training **sent in an email as an attachment to:** [sendirector@groffoundation.org](mailto:sendirector@groffoundation.org)
- Donation