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A CONSTRUCTIVIST APPROACH TO PROMOTING SPIRITUAL COMPETENCIES IN COUNSELOR TRAINEES

A Dissertation Submitted to the

Executive Doctoral Program in Counselor Education and Supervision

Graduate School of Education

Duquesne University

In partial fulfillment of the requirements for

the degree of Doctor of Philosophy

By

Devon D. Manderino, M.A., LPC

August 2014

DUQUESNE UNIVERSITY
SCHOOL OF EDUCATION
Department of Counseling, Psychology and Special Education

Dissertation

Submitted in Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy (Ph.D.)

Executive Counselor Education and Supervision Program

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May 21, 2014

A CONSTRUCTIVIST APPROACH TO PROMOTING SPIRITUAL
COMPETENCIES IN COUNSELOR TRAINEES

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ABSTRACT

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A CONSTRUCTIVIST APPROACH TO PROMOTING SPIRITUAL
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By

Devon D. Manderino

August 2014

Dissertation supervised by Dr. Jered Kolbert.

Spirituality has been documented as both a positive and negative influence in the counseling process. Despite this evidence, counselor education programs are not consistently training their students to competently address the role of spirituality in counseling. This study examined the effect of a 2.5 hour, five-activity model on spiritual competency levels of counseling interns. The constructivist activity model positively increased overall spiritual competency scores of participants as well as in five out of six competency foci. This study also found that students who scored higher on a Personal Spiritual and Religious Practices scale tended to have larger increases in their spiritual competency scores after participation in the activity model.

DEDICATION

This dissertation is dedicated to my husband, Christopher L. Manderino, who never

doubted for a moment that I could accomplish my dreams.

ACKNOWLEDGEMENT

My pursuit of a doctoral degree has demonstrated that, with God, all things are possible. So many people have aided in this journey with their encouragement, guidance, and belief in me. I would not be where I am without them.

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Chapter 1: Introduction

Counseling and spirituality is "the yearning within the

human being for meaning for that which is greater than the

encapsulated individual, for interconnection with all that

is. It is an expression of the whole person, physical,

emotional and intellectual."

–Thorne, 2001, p. 438.

Spirituality has been increasingly recognized as a factor in positive treatment outcomes

for mental health (e.g., Brown, Carney, Parrish, & Klem, 2013; Johnson et al., 2011; Kendler et

al., 2003; Kyle, 2013; Lawler-Row, 2010; Murphy & Fitchett, 2009; Taliaferro, Rienzo, Pigg,

Mill, & Dodd, 2009). Despite this fact, counselors often report avoiding addressing religious and

spiritual issues in the therapy setting (Plumb, 2011). Counselors state that they are reluctant to

address religion and spirituality due to various reasons: they see themselves as insufficiently

prepared to address issues, are unresolved in finding a balance between scientific approaches and

the nature of spiritual practices, or consider religion and spirituality to be topics for religious-

affiliated experts rather than counselors (Plumb, 2011; Souza, 2002; Young, Cashwell, Wiggins-

Frame, & Belaire, 2002). Lack of training appears to directly impact counselors' ability to

effectively address spirituality in counseling; 80% of counselors reported that spirituality was not

addressed within their counseling program (Walker, Gorusch, & Tan, 2004).

Researchers have proposed curricula to address this training deficit (Cashwell & Young,

2004). However, research is limited in relation to the effectiveness of teaching strategies for

developing spiritually competent counselors. This chapter will provide a brief overview of

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spirituality and theoretical foundation for this study, identify the problem, and describe the

purpose of this study with the inclusion of research questions and hypotheses.

Theoretical Foundations

   Definition of spirituality. The nature of spirituality is something both universally and

intimately experienced (Cashwell & Young, 2011). Eighty-three percent of therapists

acknowledge the spiritual nature of the therapeutic process (Dlugos & Friedlander, 2001).Viktor

Frankl spoke of spirituality as a search for meaning, stating that "the meaning of life differs

from man to man, from day to day and from hour to hour" (1959, p. 128-129). Frankl

emphasized the phenomenological nature of meaning- making; the meaning of suffering, for

example, is unique to each individual. If a chess player is asked which move is the best to make,

the decision will be dependent on the situation; meaning-making is not to seek the one right

answer for all humans but rather the "best move" for that particular being. Frankl suggested that

in order to feel fulfilled, the individual must derive his or her own meaning out of life. If the

counselor provides that meaning to the client, the client may be robbed of that chance for

fulfillment. According to Frankl, spirituality is ultimately this search for meaning: meaning

within suffering, within relationships, within existence.

   Myers and Williard (2003) purported that an appropriate definition of spirituality would

be inclusive of almost all orientations and ideologies without putting one above another. The

Council for Accreditation of Counseling and Related Educational Program's (CACREP)

definition appears to accomplish this, describing spirituality simply as "a sense of a relationship

with or belief in a higher power or entity greater than oneself that involves a search for

wholeness and harmony" (2009, p. 63). However, CACREP's definition fails to incorporate the

spiritual element of relationship with others. Myers and Williard defined spirituality as both

finding meaning and building relationships with others; Cashwell and Young (2011) proposed a causal relationship within spirituality, stating that spirituality was a primarily transcendent experience producing positive interactions and regard for others as an outcome of spirituality.

Statement of the Problem

Counseling students are not currently demonstrating spiritual competency (Robertson, 2010). In addition, faculty report feeling underprepared to teach role of spirituality (Young et al., 2002). There is a lack of agreement regarding what should be taught (Cashwell & Young, 2004), and while courses/activities have been proposed, there is limited research on the effectiveness of these activities in increasing competency. This study seeks to increase the existing literature on effective counselor education activities for the development of spiritually competent counselors by evaluating the outcomes of a group of constructivist activities. Potentially, the increase of empirically supported strategies would directly benefit counseling programs seeking to improve their students' knowledge of spirituality in counseling.

Purpose of the Study

The purpose of this study was to examine the effectiveness of a constructivist activity model in increasing the spiritual competency levels of master's-level counselors in training. Specifically, this study implemented five activities of a constructivist activity model with counseling students enrolled in an internship course. Change in spiritual competencies were measured by the Spiritual Competency Scale (SCS-R-II) given before and following the activities. As a summary, this study directly addressed a gap in literature regarding effective teaching strategies for addressing issues of spirituality in counseling by addressing the following questions:

- Research Question #1. Does participation in the constructivist-based activity model impact spiritual competency as measured by the SCS-R-II.

  - Hypothesis #1. The constructivist activity model will produce an increase in spiritual competency as measured by the SCS-R-II.

  - Hypothesis #2. The constructivist activity model will produce an increase in each of the six subscales of the SCS-R-II.

- Research Question #2. Will a change in SCS-R-II scores differ in relation to other identified variables of demographics, spiritual well-being, counselor self-efficacy, and personal religious and spiritual practices?

  - Hypothesis #3. Participants who indicated personal religion or spirituality will have larger score increases on the SCS-R-II.

  - Hypothesis #4. Counselor self-efficacy will positively correlate with SCS-R-II score change.

The following chapters provide a summary of the current literature, describe the research design used in this study, and present and interpret results.

Chapter 2: Literature Review

Concepts of spirituality have appeared within mental health literature since the early stages of the profession , as depicted in writings by theorists such as Freud, Jung, the psychosocial theories of Maslow and Erickson, existential theories such as Frankl, and Rogers' person-centered theory (Eliason, Triffanoff, & Leventis, 2007; Myers & Williard, 2003). Although definitions of spirituality and the nature of its relationship and place within counseling vary amongst theorists, the relevance of spirituality is being increasingly noticed within counseling and psychology research. The prevalence of literature related to spirituality and counseling has increased drastically since the 1970s (Powers, 2005); between 2000 and 2004 alone, 332 articles and 75 books were published with keywords of "counseling" and "spirituality." Three peer-reviewed journals are currently in publication specifically addressing spirituality and counseling/ psychology: the American Counseling Association's (ACA) journal *Counseling and Values* and the American Psychological Association's (APA) journals, *Psychology of Spirituality and Religion,* and *Spirituality in Clinical Practice.*

Spirituality's Role in Counseling

Spirituality and positive counseling outcomes. Extensive research has demonstrated that spirituality correlates with positive outcomes in counseling. Spirituality has been identified as a predictor of decreased psychological symptoms and increased positive treatment outcomes, including extended sobriety (Hodge, 2011).

Addictions counseling literature is overflowing with studies regarding the use of spirituality in treatment as a predictor of treatment outcomes. This is likely due to organizations such as Alcoholics Anonymous, which incorporates spirituality as part of its Twelve Step recovery program. Spirituality correlated with decreased substance use even past successful

discharge from addictions treatment (Delaney, Forcehimes, Campbell, & Smith, 2009; Robinson, Cranford, Webb, & Brower, 2007; Robinson, Krentzman, Webb, & Brower, 2011; Stewart, 2008). Positive changes in spirituality and religion correlated with sustained abstinence from alcohol over six (Robinson et al., 2007) to nine months (Robinson et al., 2011). Robinson et al. (Robinson, 2011) found this relationship was found even for recovered individuals who were not associated with Alcoholics Anonymous or another twelve-step program. Individuals uncertain about their beliefs regarding God reported significantly more frequent drinking than those that identified as agnostic, atheist, spiritual, or religious (Tonigan, Miller, & Schermer, 2002), suggesting that a spiritual crisis may have a relationship with risk of relapse.

The inclusion of spirituality within the counseling process is associated with positive outcomes beyond the addictions counseling field. For example, theistic treatment, i.e. incorporating an individual's religion, has been proven successful with eating disorders (Richards, Smith, Berrett, O'Grady, & Bartz, 2009). Existential well- being and spiritual beliefs inversely correlated with suicidal ideation amongst college students (Kyle, 2013; Taliaferro, Rienzo, Pigg, Mill, & Dodd, 2009), prompting development of suicide prevention models that incorporate spirituality (Taliaferro et al., 2009). Greater spiritual well-being predicted that clients would report fewer symptoms of both anxiety and depression (Brown, Carney, Parrish, & Klem, 2013; Johnson et al., 2011; Murphy & Fitchett, 2009). Particular aspects of spirituality such as forgiveness and gratitude are correlated with lower rates of depression (Kendler et al., 2003; Lawler- Row, 2010).

Spirituality and religion often serve as a method of coping (Gills et al., 2011) and positive coping skills such as seeking support from a spiritual leader, positive reframing of stressful events through use of spiritual beliefs, and support from spiritual community correlated with low

rates of depression (Pargament, Smith, Koenig, & Perez, 1998). Individuals with high spiritual and religious values responded more positively and produced stronger treatment outcomes with therapy that incorporated their values (Worthington, Hook, Davis, & McDaniel, 2011). Individuals who identified as religiously conservative expected counselors to incorporate religion and spirituality into treatment (Belaire, Young, & Elder, 2005), while 82% of Christian clients wished for the inclusion of spiritual interventions in their counseling (Weld & Eriksen, 2007). It is reasonable to expect that the inclusion or exclusion of spirituality in the counseling process would thereby impact these clients' acceptance and commitment to the therapeutic process. Individuals with high religiosity demonstrated lower rates of unhealthy dependency (Cecero, Bedrosian, Fuentes, & Bornstein, 2006).

Spirituality and negative counseling outcomes. In contrast to the positive outcomes associated with spirituality in counseling, spirituality and religion can also exacerbate psychological issues. Negative coping skills such as negative reframing of stressful situations according to spiritual beliefs and religious conflict correlated with negative mental health (Pargament, 1998). Reported experience of negative past religious experiences predicted higher reports of anxiety and depression amongst chronically ill patients (Johnson et al., 2011). Whereas intrinsic religiosity predicted lower anxiety, extrinsic religiosity (example: use of religion to gain status) predicted higher anxiety (Tapanya, Nicki, & Jarusawad, 1997). Investigation into the nature of a client's religiosity and spirituality may provide insight into triggers for anxiety.

Spiritual crisis may trigger or exacerbate psychopathology symptoms including depression, anxiety, and even psychosis (Cashwell & Young, 2011). In fact, psychotic religious delusions are associated with higher outcomes of self-harm (Erol & Kaptanoglu, 2000).

Appropriate assessment is necessary to differentiate between delusions of a religious nature and functional religious beliefs.

To date, there is no known research exploring the impact of counselor use of spiritual techniques with atheist or nonreligious clients. However, research has demonstrated that counselors who implemented techniques based on the clinician's own experience to address client needs may be acting unethically (Plumb, 2011). Souza's (2002) observation that underprepared counselors may fail to recognize the value of the client's own beliefs could also be generalized to the worldviews of clients who do not identify as religious.

Spiritually Competent Counseling

The inclusion of spirituality within the counseling setting necessitates an awareness of not only the counselor's definition of spirituality, but the client's as well. It is through this awareness that counselors are able to experience with their clients. Carl Rogers spoke of the need for counselors to connect with clients through a constructivist understanding of the client's subjective interpretations of experiences (Eliason et al., 2007). Rogers envisioned a counseling profession focused and guided by the needs of the unique human being that is each client. This study regards familiarity with spiritual concepts as a necessary component of effective counseling and therefore of counselor education.

Spirituality was traditionally placed as a subheading of overarching multicultural counseling competencies. In an article formulating expectations for multicultural competency, Sue, Arredondo, and McDavis (1992) postulated that counselors should be aware of their own values, biases and any other part of their worldview that might impede working with different clients. Furthermore, counselors needed to, without judgment, seek understanding of their client's perspective. D'Andrea and Sprenger (2007) suggested that clients who identified as

nonreligious or atheist should be counseled using a multicultural perspective that matched the client's specific worldview. Sue et al. (1992) recognized an overall need for counselors to be culturally competent in beliefs, knowledge, and skills. Spiritual and religious beliefs were mentioned explicitly as a consideration in the client's conceptualization of mental health.

There are differing opinions on the relationship between spirituality and religion (Bishop et al., 2003; Cashwell & Young, 2011; Cashwell et al., 2007; Myers & Williard, 2003; Plumb, 2011; Souza, 2002). Spirituality and religion are regarded as different theoretical constructs, with the latter typically tied to organized institutions of faith. The Spiritual Well-Being Scale, for example, defined spirituality as existential in relationship with others, while religion was seen as a relationship with a higher power (Gregory, 2011). Cashwell and Young saw religion and spirituality interacting on a spectrum, with the categories of religion and spirituality not mutually exclusive but not completely dependent on each other, either.

The ACA Code of Ethics (2014) specifically referenced spirituality in relation to the following ethical guidelines: (1) the involvement of religious/spiritual leaders as potential supports for the client; (2) efforts to help terminally ill clients to obtain care for spiritual needs; (3) nondiscrimation; and (4) recognizing influence of spirituality on assessment implementation and interpretation. Underprepared counselors may engage in unethical practices; Souza (2002) cited examples such as "a counselor who undervalues spiritual belief systems and the failure of counselors to recognize a potentially effective coping skill" (p. 216), while Plumb (2011) purported that religiously or spiritually inclined therapists tend to implement intrapersonal strategies (i.e., techniques based on the clinician's own experience) to address the spiritual and religious needs of their clients, even when to do so might directly contradict addressing the client's own experience.

In reflection of ethical concerns such as those mentioned, a division of the ACA entitled the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) created a series of Spiritual and Religious Competencies as a guideline for ethical counseling practices (ASERVIC, 2009). The ASERVIC competencies were first proposed in 1995; a revision in 2009 pared the competencies into its existing nine competencies (Robertson & Young, 2011). The nine competencies are divided into six foci for spiritual and religious competencies:

- culture and worldview

- counselor self-awareness

- human and spiritual development

- communication

- assessment

- diagnosis and treatment (ASERVIC, 2009).

Practicing clinicians are able to refer to these guidelines when making clinical and ethical decisions regarding spirituality within counseling. The full list of competencies can be found in Appendix A. The 2009 standards have been endorsed by the American Counseling Association (ASERVIC, 2009). Research regarding the ASERVIC standards has primarily focused on counselor education and will be subsequently discussed.

Counselor Education and Spirituality

The need for training in spirituality has been recognized by both educators and students. Faculty rated the importance of ASERVIC competencies at 3.83 out of 5 (Young et al., 2002), while the majority of counseling students judged that discussion about spirituality should be included within their training (Souza, 2002).

The primary accrediting body in the examination of counselor education is the Council for Accreditation of Counseling and Related Educational Programs (CACREP), which serves as the leading organization for accreditation and monitoring of counseling programs in the United States. The most recent publication of standards by CACREP identified issues of religious and spiritual nature under the category of multicultural awareness (CACREP, 2009). The 2009 standards state that accredited counseling programs should ensure the development of the counselor's "cultural self-awareness", including "other culturally supported behaviors that promote the optimal wellness and growth of the human spirit, mind, or body" (CACREP, 2009, p. 11).

CACREP has proposed revisions to its 2009 standards, and notably amongst these revisions is the expansion of spiritual competencies. Rather than including spirituality as a subcategory of multicultural competency, the current draft of the 2016 standards placed spirituality as its own core standard (CACREP, 2013). This new distinction for spirituality states that CACREP-accredited counseling programs must demonstrate that their students understand the "role of spirituality in counseling" (2013, p. 9); programs that have a specialty in addiction counseling must address the "role of spirituality in the addiction recovery process" (2013, p. 16). It is the responsibility of the counseling program to demonstrate its fulfillment of each CACREP standard; this is achieved by both identifying "where the content is covered in the curriculum" and supplying "evidence of student knowledge or application" (2013, p. 9). Therefore, the introduction of the 2016 CACREP standards will oblige accredited counseling programs to: (a) determine how their curriculum addresses the role of spirituality within its curriculum; and (b) demonstrate that their students are knowledgeable about this role.

Young et al.'s (2002) study of 94 counseling programs found that 50% of those programs reported inclusion of spiritual and religious issues in counselor education. Approximately 41% of participants in Robertson's (2010) study reported receiving training in spirituality and religion within their counseling program. Using a sample of 335 counseling interns, Dobmeier and Reiner (2012) found that 84% of participants reported encountering spiritual and religious issues within counselor training. However, a meta-analysis of therapy and spirituality demonstrated that 80% of counselors do not report that spirituality was addressed within their training (Walker, Gorusch, & Tan, 2004). Between 86.1% and 93% of students were unfamiliar with ASERVIC spiritual competencies (Dobmeier & Reiner, 2012; Robertson, 2010). Perhaps even more concerning is that only 46% of counselor education faculty reported that they had the preparation necessary to address ASERVIC competencies within courses and supervision (Young et al., 2002).

Counseling trainee development. Counseling in general, and particularly a sensitive area such as spirituality, does not often present with clear solutions. Beginner counselors search for the manner in which counseling can be done correctly (Stoltenberg & McNeill, 2010), often falling into the trap of giving advice. As a counselor continues to develop, self-awareness and clinical judgment improve (McAuliffe & Eriksen, 2011) to the point that the counselor is able to be confident in his or her own abilities. Faculty and supervisors must recognize how the student's developmental stage might influence his or her ability to grasp and adapt to the grey nature of addressing spirituality in counseling; a cookie-cutter or fail-safe approach to counseling and spirituality is not likely to be found. Models have been proposed to describe the development of counselors and recognize the role of educators/supervisors at different stages in a counselor's formation. Rønnestad and Skovholt (2013) identified three phases for counseling

students: lay helper, beginning student, and advanced student. A student moving through these phases will often display delicate self-consciousness and sensitivity to criticism (Bernard & Goodyear, 2009). Similarly, the Integrated Developmental Model (IDM) identified beginner counselors/supervisees as being dependent on the supervisor with limited self-awareness and a focus on skills (Stoltenberg & McNeill, 2010).

Research has investigated self-reports of counselor competencies through judging "comfort level" in relation to concepts (Dobmeier & Reiner, 2012; Myers & Williard, 2003; Souza, 2002). However, the developmental process of a counseling student would suggest that there are many skills and concepts that a beginner counselor may have conceptual knowledge of but struggle to implement in actual practice. The counselor's limited self-awareness would also limit his or her ability to report on how effective he or she is in implementation. Self-awareness develops as the trainee progresses in a counseling program, as well as the ability to make clinical decisions in confusing circumstances (McAuliffe & Eriksen, 2011). Advanced counseling students are typically able to account for and monitor their own internal process while attending to the client and the presenting issue (2011). Constructivism attends to this counselor development through pushing the students to develop the ability to think critically in the moment (2011). Rather than offering the fail-safe way to counsel, constructivist pedagogy aims to develop the student's skills in determining a course of action in often ambiguous scenarios (2011).

Constructivist pedagogy. The constructivist approach to teaching situates the instructor as co-investigator in developing meaning. The student builds understanding and critical thinking skills through discussion and problem-solving activities. Constructivist theory places meaning-making as directly based in the context of the individual's experience (Watts, 2011). Therefore,

constructivist pedagogy focused less on providing "answers" and more on developing the student's ability to construct and derive meaning out of experiences. Constructivist theory includes ample opportunities for dialogue as well as practice of treatment skills (Shawe, Rayne, & Lorelle, 2012). Constructivist pedagogy places the educator as a collaborator in knowledge-building rather than in an expert position (2012). The process of meaning-making becomes the focus of learning.

Proposed educational activities. Spiritually competent counselor education should not only allow for a discussion of skills related to assessing and incorporating a client's spirituality, but also the development of awareness of the counselor's own spiritual beliefs. Factors such as a counselor's own beliefs and religion form a lens through which the counselor interprets the world. Souza (2002) put forth a need to address the student's personal spiritual development as a component of counselor training to avoid counter transference with clients; Myers and Williard (2003) suggested that counseling programs could incorporate experiences in cultural and spirituality diversity at part of the practicum experience. However, there has been little agreement within the content of course syllabi on what spirituality topics should be covered (Cashwell & Young, 2004). Dobmeier and Reiner (2012) identified that while spiritually competent counseling itself may not have been addressed, topics such as forgiveness did appear within multiple counseling courses. Methods other than courses may allow for development of spiritual competency, such as exercises or experiences promoting a student's development of spiritual self-awareness. Currently, however, there are few if any empirically supported activities preparing counselors in this competency.

Research has focused on introduction of specific courses as a means of teaching the role of spirituality in counseling (see Briggs & Rayle, 2005; Cashwell & Young, 2004; Pate & Hall,

2005), though this focus has not been adopted by accredited counseling programs. Analysis of program curricula and course descriptions found that 90% of CACREP-accredited counseling programs did not offer an elective or core course specifically addressing spirituality within counseling (Manderino, 2013). It may not be practical for counseling programs to introduce an entire course on spirituality; an alternative solution would be to address spirituality within the context of other courses and experiences.

Constructivist pedagogy and spirituality. The instructor's role in constructivist pedagogy is to facilitate exploration and building of critical thinking skills through learning opportunities. Two studies stand out as examples of specific classroom activities for counseling students from a constructivist framework. In both studies, the suggested activities corresponded with the ASERVIC competencies foci. Shawe, Rayne, and Lorelle (2012) specifically referenced a constructivist framework in developing their identified activities; while Hagedorn and Gutierrez (2009) did not explicitly identify this theoretical framework, there were remarkable similarities between the suggested activities. For example, both suggested use of case studies and student discussion as activities. The studies focused primarily on building student competency through development of critical thinking skills and self-awareness. The limitation of both studies is that, though the activities are strongly linked to theory, the activities have not yet been tested to determine if they actually increased spiritual competency.

Institution type and spiritual competencies. Research indicating differences between institutions in producing spiritually competent counselors is limited. Young et al. (2002) found no significant difference in inclusion of spiritual/religious concepts between public and private institutions. The study assumed that private institutions included faith-affiliated institutions; thus, failing to differentiate between private secular and private faith-affiliated institutions might

have neutralized any potential difference that faith-affiliated institutions presented. A study of 329 CACREP-accredited master's- level counseling programs found that faith-affiliated institutions were significantly more likely to offer a course on the topic of spirituality and counseling (Manderino, 2013). In that study, 16 of 58 counseling programs within faith-affiliated institutions offered a course on spirituality and counseling, while only 16 of 271 programs within secular institutions offered a course. No pastoral counseling programs were included in that study, as those programs were endorsed through the American Association of Pastoral Counselors rather than CACREP. It is reasonable to expect, however, that pastoral counseling programs would also include spirituality within their course curriculum.

Dobmeier and Reiner (2011) found no relationship between institution type and students' perception of preparedness for implementing ASERVIC competencies according to student qualitative self-report. In contrast, the implementation of a quantitative assessment entitled the Spiritual Competency Scale (SCS) found that attending a faith-affiliated institution predicted significantly higher spiritual competency scores compared to secular institutions (Robertson, 2010). This latter study assumed that faith-affiliated schools provide more training in addressing spiritual issues due to valuing faith/religion more than a secular school. However, the students' own spirituality was not accounted for in these studies. It stands to reason that students who highly value faith/religion are drawn to programs in faith-affiliated institutions. Religious affiliation was found to impact spiritual competency, as evangelical Christians scored highest and those who identified as "neither spiritual nor religious" scored lowest (2010). Robertson (2010) also found that participants who reported taking a course on spirituality scored higher on the Spiritual Competency Scale. However, neither of these studies examined specific educational strategies in relation to spiritual competency levels, nor did they longitudinally

examine the participants' development of spiritual competencies throughout their counseling training.

Conclusion

Spirituality has been directly linked to positive outcomes in counseling, while spiritual crises contribute to psychological symptoms such as anxiety, depression, and psychosis. Despite this recognized link, counselor training related to spirituality is inconsistent and untested. Research is necessary to determine the effectiveness of teaching strategies in developing spiritually competent counselors.

Chapter 3: Methodology

This chapter will identify the quantitative procedures used in this study. Specifically, this chapter will describe the research design, participants, instrumentation, and statistical methods. The purpose of this research study was to determine if specific constructivist activities were effective in increasing the spiritual competency of counseling students through use of a repeated-measures experimental design. For the purpose of this study, spiritual competency as an interval score measured by the Spiritual Competency Scale (SCS, Robertson, 2008) was used as the dependent variable. The independent variable consisted of participation in the classroom activities, with spiritual competency measured prior to and post treatment. Potential variables that could influence SCS scores were identified as follows: counselor self-efficacy, counselor's personal spiritual well-being, frequency of religious practices, personal importance placed on spirituality and religion, and specific religious affiliation. These variables were accounted for by specific measures described further on in this chapter.

Sampling Procedure

This study specifically focused on the competency levels of graduate counseling interns. Participants were recruited from internship courses of two Catholic universities in the western Pennsylvania and eastern Ohio region of the United States. The initial research design planned for additional recruitment from a secular university to broaden generalization opportunities, but this was not successfully coordinated. The sample pool was limited to students currently enrolled in an internship course to control for possible variations in course sequencing and therefore prior experience. In addition, it was hypothesized that internship students would be better prepared to participate in constructivist activities that incorporated their prior learning and current experience with clients. A total of fifteen participants were used in this study. Four separate treatment

sessions were offered, with no more than six participants within each treatment group. Treatment groups were restricted to this size to mirror a supervision group, which CACREP (2009) caps at a maximum of six students. This supervision format was reflective of Myers and Williard's (2003) suggestion that spirituality be addressed in a practicum setting, though internship students were chosen so that they might already have some field experience.

Recruitment. Participant recruitment was initiated through contact with faculty responsible for the internship students upon approval of the study by both the Dissertation Review Committee and the Institutional Review Board. These faculty members then provided information to internship students regarding the research opportunity and directed interested individuals to contact the researcher directly. Interested individuals were provided with an "Informed Consent Form" that described the purpose of the study and use of the data. The consent form also identified that participation was voluntary and students were under no obligation to participate or complete the study. Participants were informed that their decision to participate or decline would not influence their grade in any course, nor would their direct responses be shared with any individual beyond the researcher.

In reflection of the constructivist tenant that students themselves contribute to the learning experience, random assignment to groups was the ideal method for controlling for individual differences. However, random assignment to groups was only possible in the spring semester, when enough participants ($n = 9$) from one university volunteered to allow for two treatment sessions. The remaining six participants in this study were unable to be randomly assigned due to being either from a different university or volunteering during the fall semester. The use of multiple groups replicated the same activities across treatment groups.

Multiple dates and times were offered to encourage higher rates of participation. However, the response rate was lower than anticipated; approximately 43% of internship students from University A and 17% of internship students from University B volunteered for this study.

Risk to participants. All potential risks were identified within the consent form and discussed with participants prior to initiating the treatment. Due to the often personal nature of spirituality, it was anticipated that some participants might encounter negative or uncomfortable feelings when exploring how spirituality interacts with their chosen profession of counseling. The treatment activities asked for willingness to explore personal reactions to presented scenarios; participants could have potentially felt uncomfortable sharing their reactions in the treatment setting. Participants were reminded in the study that they were not obligated to share more information than they were willing, and that participation was voluntary. All participants were directed to contact their own university counseling center or the researcher if they experienced distress as a result of the study.

Instruments

The following instruments were used to measure the variables for each participant. Ordinal and nominal variables were coded numerically in the Statistical Package for the Social Sciences 21.0 (SPSS 21.0) before conducting any statistical analyses.

Spiritual Competency Scale. A review of the literature indicated that the Spiritual Competency Scale (SCS) is the only existing scale that measures counselor competency levels in relation to the ASERVIC Spiritual and Religious Competencies. The SCS produces an interval aggregate score along with six factored subscale scores. This study specifically used the SCS-R-II, the most recent edition of the scale.

The SCS was initially tested using a two-time administration with a sample of 18 secular schools and 10 faith-affiliated schools (Robertson, 2008). The original full scale featured 90 items, with an internal reliability of $\alpha = 0.93$. Social desirability, as measured though the Marlowe-Crowne Social Desirability Scale given concurrently with the SCS, had no correlation with respondents' answers on the SCS (2008). The original competency cut-off score was set at 450, though the majority of participants failed to meet this level (2008). The SCS was modified into a 22-item, six-factor instrument, SCS-R, with each factor directly relating to one of the six foci of the ASERVIC competencies (Robertson, 2010). Robertson (2010) reported internal reliability for the factor SCS-R at $\alpha = 0.88$ *(M* = 97.80, *SD* = 14.00)*. The SCS-R-II developed as a revised version of the SCS-R using a new sample of ASERVIC members; the SCS-R-II removed one item and adjusted the aggregate competency cut-off score to 105 (L. A. Robertson, personal communication, July 29, 2013). The SCS-R-II as its earlier versions, used a modified Likert-type scale response set for presented items. All responses were scored as follows: High Disagreement: 1; Mid-range Disagreement: 2; Low Disagreement: 3; Low Agreement: 4; Mid-range Agreement: 5; and High Agreement: 6 (L. A. Robertson, personal communication, July 29, 2013).

The multiple factors of the SCS-R allowed for more detailed information to be gathered about counseling student competencies, with the six factor model explaining 60.4% of variance in participant scores (Robertson, 2010). According to an unpublished study by Robertson (personal communication, July 29, 2013), the six factors of the SCS- R-II directly corresponded with the ASERVIC competency foci: Culture and Worldview ($\alpha = 0.61$); Diagnosis and Treatment ($\alpha = 0.71$); Assessment ($\alpha = 0.85$); Human and Spiritual Development ($\alpha = 0.70$); Counselor Self-Awareness ($\alpha = 0.70$); and Communication ($\alpha = 0.60$). Further psychometrics

for the SCS-II-R were not made available by Robertson. The SCS-R-II was selected for this

study for its empirically- based competency cut-off that were established through use of the

ASERVIC members; the competency cut-off scores for the SCS-R did not have the advantage of

this empirical support. The factored SCS-II-R allowed for assessment of specific areas of

strength or weakness; for example, a student may demonstrate a desirable score related to

Culture and Worldview, but not in the area of Diagnosis and Treatment.

   Counselor Activity Self-Efficacy Scale. Self-efficacy has been found to correlate with

spirituality and spiritual training (Watkins van Asselt & Senstock, 2009). Therefore, counselor

self-efficacy was measured as a potential correlate of spiritual competency scores. The

Counselor Activity Self-Efficacy Scale (CASES) was developed by Lent, Hill, and Hoffman

(2003) to assess counselors' perceptions of their own skills. The CASES served as a strong

instrument for measuring self-efficacy amongst counseling students for two reasons: a) the scale

detected changes over a semester, as demonstrated with changes of 0.70 to 0.95 standard

deviations with practicum students, and b) the scale differentiated between students of different

competency levels (2003). The sensitivity of the CASES allowed for differentiation of skill

levels of counseling students, for counseling experience was found by Lent et al. to correlate

positively with self-efficacy. Previous studies indicated that scores were found to be stable over

a two week period, particularly for students with more experience (2003).

   Lent et al. (2003) assessed six factors that comprise the CASES: insight skills ($\alpha = 0.85$,

$M = 6.02$, $SD = 1.40$), exploration skills ($\alpha = 0.79$, $M = 7.27$, $SD = 0.95$), action skills ($\alpha = 0.83$,

$M = 6.13$, $SD = 1.46$), session management ($\alpha = 0.94$, $M = 6.39$, $SD = 1.20$), relationship conflict

($\alpha = 0.92$, $M = 5.70$, $SD = 1.45$), and client distress ($\alpha = 0.94$, $M = 5.01$, $SD = 1.97$). Lent et al.

found a significant increase in scores on various subscales in as years of counseling experience

levels increased from less than one year to one to three years of experience and over three years of experience. The CASES demonstrated high concurrent validity with alternate measures of self-efficacy (2003). Internal consistency of the CASES was reported at α = 0.97 (*M* = 6.05, *SD* = 1.16, Lent et al., 2003). Test-retest reliability was 0.96 for the overall CASES and the range of 0.78 to 0.94 for each of the six factors (2003).

Spiritual Well-Being Scale. A counselor's own spirituality was found to be a predictor of spiritual competency on the SCS (Robertson, 2010). Given these findings, it was desirable to include an assessment of personal spirituality as a potential covariate or moderator. Therefore, the participants' spirituality was accounted for as a potential correlating variable. A scale historically used in counseling research and clinical practice is the Spiritual Well-Being Scale (SWBS) developed by Ellison in 1983. The SWBS was developed to measure the subjective state of spiritual well-being, defined as a reflection of one's spiritual health and maturity manifested by hopefulness and connection with others (Ellison, 1983). Ellison theorized that two constructs contributed to spiritual health: religious and existential well-being, as determined by the two separate subscales of Existential Well-Being (EWB) and Religious Well-Being (RWB). The SWBS identified existential well-being as a sense of purpose and satisfaction in life, while religious well-being spoke to the individual's relationship with God or a higher power (Ellison, 1983).

The SWBS was a 20-item Likert-type scale with choices ranging from strongly disagree to strongly agree (Paloutzian & Ellison, 2009). Scores can be categorized into low, moderate, and high for the overall SWBS as well as subscales (2009). A score between 20 to 40 would indicate low overall spiritual well-being, while a score of 41 to 99 and 100 to 120 indicate moderate and high spiritual well-being, respectively (2009). Within the subscales, a score

between 10 and 20 indicates dissatisfaction with relationship with God (RWB) or dissatisfaction with life and uncertainty about purpose (EWB), while a score of 21 to 49 indicates moderate satisfaction and a score between 50 and 60 indicates high satisfaction (2009).

A norm group was featured within the test manual for interpretation of scores. Test-retest reliability has ranged from 0.82 to 0.99 for the composite scale, 0.96 for the RWB, and 0.86 for the EWB (Gill et al., 2011; Paloutzian & Ellison, 2009; Schoenrade, 1992; Stanard et al., 2000). Paloutzian and Ellison (2009) reported internal consistency ranging from 0.89 to 0.94 for the SWBS, 0.82 to 0.94 for the RWB, and 0.78 to 0.86 for the EWB. Concurrent validity has been demonstrated with scales such as the Intrinsic Religious Orientation and the UCLA Loneliness Scale (Frame, 2003; Genia, 2001; Gill et al., 2011; Paloutzian & Ellison, 2009; Schoenrade, 1992; Stanard et al., 2000).

One disadvantage to the SWBS was a documented ceiling effect (Genia, 2001) that limited the ability of the SWBS to discriminate amongst individuals of high SWBS. The RWB subscale does refer to a conceptualization of a higher power entitled "God," thereby possibly impacting the answers of individuals who do not ascribe to that construct. These disadvantages were not anticipated to significantly impact this study, as this study was not seeking to differentiate between individuals of high SWBS.

Other measures. The original SCS sample demonstrated differences according to specific demographics (Robertson, 2010). In that study, religious affiliation of both the individual and the institution were found to impact SCS scores. Identifying as evangelical correlated with the highest scores on the SCS, while identifying as "neither spiritual nor religious" correlated with low scores; in addition, students who attended a religious-affiliated institution scored higher on the SCS than those from a secular institution (2010). This study was

not able to include students from a secular institution or compare different religious affiliations, but rather used two Catholic universities in relatively close geographic proximity. Participants were asked to indicate their religious affiliation, with common religious affiliations found in the United States census provided as options along with two additional options: "other," in which the participant is asked to specify their affiliation; and "no affiliation," in which the participant identifies with no specific religion. Participants were asked to select one option for religious affiliation.

Participants were provided with two Likert scale questions (with 1 = no importance and 5 = of great importance) asking, "How important to you is your own spirituality?" and "How important to you is your own religion?" It was recognized that operational definitions or spirituality and religion were not discussed prior to completion of these questions and therefore reflected the participant's initial understanding of spirituality and religion. No participants indicated a need to adjust their answer based on discussion of the definitions of spirituality and religion. A third Likert scale question asked "How often do you participate in worship services associated with your religion?" with a five-point range of options from (1) "Never" to (5) "Daily." Additional demographic information was collected, including sex, ethnicity, age, and frequency of worship attendance. See Appendix B for the demographic questionnaire.

Procedure

All participants were provided with the pre-test measures prior to initiation of treatment interventions. All pre-test measures were marked with a unique code to allow for comparison of pre and post-test scores. The researcher implemented the experiment and instruments for each group to ensure consistency across institutions and sections.

Five activities were implemented during a single 2.5 hour session. The activities were framed by Shawe et al. (2012) using a constructivist educational approach, and each activity corresponded to a specific focus of the ASERVIC competencies. The communication focus of the ASERVIC competencies was not targeted through an individual activity but instead was addressed in the discussion during each activity. For example, the first activity included exploration of how clients might communicate spiritual/religious themes in a counseling setting. Each activity is described in more detail below.

Activity 1. The first activity focused on building awareness of differing perceptions of religion and spirituality through group dialogue. The researcher acted as moderator for the group and introduced alternative perspectives not mentioned by the participants. The participants in each group worked to develop their own definitions of spirituality and religion. Sample discussion questions included:

- "How would you describe or define religion? How would you describe or define spirituality?" (Shawe et al., 2012, p. 274).
- Is it possible to be spiritual without religious? Religious without spiritual?
- "What importance do you believe one's spirituality or religion has on someone's life?" (Shawe et al., 2012, p. 274).
- "What do you see as important similarities and differences between various beliefs?" (Shawe et al., 2012, p. 274).
- "When do you feel it is therapeutically relevant to address spiritual or religious themes that you recognize in a client's life?" (Shawe et al., 2012, p. 274).

The goal of this activity was to develop definitions of spirituality and religion, as well as explore some cultural and personal differences in understanding of these concepts.

Activity 2. The second activity sought to increase the participants' self-awareness in relation to spiritual issues through use of case studies. Two case studies were implemented that describe clients with different religious and spiritual values. The first case presented an adult woman with significant anxiety whose religious beliefs regarding her son's homosexuality contributed to her distress. The second case, taken as an excerpt from Curry and Simpson (2011), addressed a client who experienced self-described "soul wounding" and was seeking spiritual as well as emotional healing from abuse. These case studies were used with all experimental groups. The participants read the case study together and discussed their own reactions to the client. Sample discussion questions included:

- "How do you see your own values as influencing clients or counseling sessions?" (Shawe et al., 2012, p. 275).

- "Related to spirituality and religion, what beliefs or values might you associate with clients whom you would find difficult to work with?" (Shawe et al., 2012, p. 275).

- Were there any parts of this case that elicited a reaction in you?

- What might you do if your personal beliefs opposed those presented by the client?

The goal of this activity was to build the participant's awareness of how his or her own values and beliefs might impact their counseling, rather than an exploration of strategies to implement with these clients.

Activity 3. The third activity explored spiritual development through creation of a spiritual genogram. Spiritual genograms serve as a tool to illustrate family history and patterns in relation to spirituality (Gill et al., 2011; Shawe et al., 2012; Willow et al., 2009). Participants were provided with paper and drawing supplies of various colors.

The researcher first inquired if participants have created a genogram in the past, to which all participants identified that they had. The researcher then instructed the participants to construct a diagram of themselves and their families in relation to spirituality. A code sheet was provided to each participant for use in the exercise, though participants were encouraged to create additional codes as necessary. The code sheet can be found in Appendix C. Following the activity, participants were invited to share their genograms and respond to the following:

- "What do you view as significant influences on one's spiritual and/or religious development?" (Shawe et al., 2012, p. 276).

- Looking at these genograms, what patterns do you notice regarding spiritual and religious development?

- How might this information impact your work with a client?

Participants were also asked to develop an example of when they might use this exercise with a client.

Activity 4. This activity directly targeted assessment. Participants were asked to develop several sample questions about spirituality that could be used in an intake assessment. These questions were then compared with a pre-existing assessment sample. Participants were invited to critique the sample and explore how or when this might be used in treatment. Discussion questions included the following:

- "What is the value of collecting information about a client's spiritual and religious beliefs as part of an intake? What are the risks?" (Shawe et al., 2012, p. 277).

- "What are some appropriate questions to ask if you wanted to learn more about a client's spiritual and religious beliefs/values? What are questions that you feel counselors should avoid?" (Shawe et al., 2012, p. 277).

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■ "How would you feel as a client being asked these questions?" (Shawe et al., 2012, p. 277).

■ Are there any questions you would leave out of an assessment? Any you might add?

■ ░ould it make a difference how questions are presented (written versus orally)?

By the conclusion of this activity, participants were able to identify at least two appropriate questions for use in assessment of spirituality.

Activity 5. The final activity focused on diagnosis and treatment. A case study was verbally presented to the participants. The case study was taken as an excerpt from Cashwell and Young (2011) as an example of differential diagnosis between spiritual experience and psychotic symptoms. Although the original case presented by Cashwell and Young featured a female client, the gender and a few other minor details were changed to fit this study. Building on the experiences of all previous activities, participants were asked to develop a case conceptualization and determine the diagnosis and course of treatment. Participants then practiced proposed strategies such as questioning, confrontation, behavioral, and cognitive techniques. The group provided feedback to participants regarding the perceived effectiveness of proposed strategies.

■ Was the first clinician acting in a spiritually competent manner? Why or why not?

■ How would you determine if the presenting symptoms were hallucinations or a spiritual experience?

■ What are your personal beliefs in connection with this presented situation? Does it matter whether you believe the client?

■ How is the client communicating his experience?

■ What would you do if this was your client?

- "In what ways might spirituality or religion enhance a client's well-being? In what ways might spirituality or religion be a source of problems or exacerbate symptoms?" (Shawe et al., 2012, p. 278).

- "What right/responsibility do we as counselors have in engaging clients' beliefs that we may view as contributing to their problems or symptoms?" (Shawe et al., 2012, p. 278).

The goal of this final activity was to practice counseling skills of diagnosis and treatment with a case that centered around issues of spirituality. Participants were expected to incorporate knowledge from previous activities into this capstone activity.

Post-intervention. Following the intervention activities, participants were provided with the post-test measure, the SCS-R-II. Post-tests were coded with the same unique codes assigned to the pre-tests to allow for comparison.

Summary

This study evaluated the effectiveness of specific constructivist activities in increasing the spiritual competency level of graduate counseling students. The dependent variable was measured through implementation of the Spiritual Competency Scale prior to intervention and upon completion. Identified potential correlating variables of counselor self-efficacy, counselor's personal spirituality, affiliated religion, personal importance placed on spirituality and religion, and frequency of worship attendance were accounted for through various measures prior to initiation of treatment.

Chapter 4. Results

The purpose of this study was to examine the effect of a constructivist activity model on the spiritual competency levels of counseling interns. This study also sought to determine if specific variables such as spiritual well-being, counselor self-efficacy, and personal importance placed on spirituality and religion predicted changes in spiritual competencies. This chapter presents the results as well as a summary of the statistical analyses calculated through use of Statistical Package for the Social Sciences (SPSS). The findings are presented in narrative form with supporting tables and figures.

Descriptive Analysis of Sample

Demographic characteristics were analyzed through frequencies and measures of variability, specifically means and standard deviations. The data sample consisted of 15 participants recruited from two Catholic universities in the western Pennsylvania (12 participants) and eastern Ohio geographical areas (3 participants). The mean age of this sample was 29.4 years old ($SD = 4.94$), ranging in age from 24 years old to 38 years old. The sample consisted of nine females and six males; this was a higher ratio of males to females than in the student population of each program.

Participants identified religious affiliation as either a form of Christianity (specifically, Catholic, Baptist, Lutheran, or nondenominational Christian), agnostic, or nonreligious. The sample was not ethnically diverse, with 14 out of 15 participants identifying as Caucasian. However, this was reflective of the limited ethnic diversity of student populations within each program, where approximately 75 to 90 percent of students identify as Caucasian. All participants had completed between 16 and 19 graduate counseling courses in either a Clinical Mental Health Counseling, Marriage and Family Counseling, or School Counseling program and

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were enrolled in a counseling internship course during the data collection stage of this study.

See Table 1 for detailed demographics.

Table 1.

Demographics

Characteristic	Frequency	Percent
Sex		
Male	6	40.0
Female	9	60.0
Religion		
Catholic	7	46.7
Baptist	2	13.3
Lutheran	1	6.7
Non-denominational Christian	1	6.7
Agnostic	2	13.3
Nonreligious	2	13.3
Counseling Program Type		
Clinical Mental Health	10	66.7
Marriage and Family	3	20.0
School	2	13.3

Three Likert scale questions were included within the pretest measures to assess the participant's value of spirituality, religion, and the frequency of participation in worship activities associated with the participant's religion. The first question, "How important would you rate your spirituality?," had a sample mean of 4.07 ($SD = 1.10$) on a five-point scale, with a score of one indicating "never important" and a score of five indicating "always important." Using an identical scoring system, the question "How important would you rate your religion?" had a sample mean of 3.60 ($SD = 1.35$). The third question, "How often do you participate in worship practices associated with your religion?," demonstrated a sample mean of 3.20 ($SD = 1.21$) for its five-point scale (where 1 = never and 5 = daily). Participants that rated high on one question did not necessarily rate the other two questions as equally high.

Spiritual Competency Scale (SCS-R-II). The overall SCS-R-II mean for the pretest was 93.53 (*SD* = 11.56), with only four out of fifteen participants scored above the competency cutoff score of 105 on the pretest. That number doubled to eight out of fifteen participants meeting the competency cutoff on the posttest with a mean score of 102.67 *(SD* = 15.51)*. Robertson (personal communication, July 29, 2013) identified the expected score ranges as follows: a range of 15 to 18 points each for Assessment, Diagnosis and Treatment, Human and Spiritual Development, and Communication, a range of 20 to 24 points for Counselor Self-Awareness, and a range of 25 to 30 points for Culture and Worldview. In this study, score means for each subscale demonstrated the same trend as active ASERVIC members (see Figure 1), though five out of six subscale means fell below Robertson's expected range for both the pretest and posttest. In contrast, the mean for both the pretest (*M* = 25.73, *SD* = 2.52) and posttest (*M* = 26.93, *SD* = 2.60) fell within the expected range for the Culture and Worldview subscale.
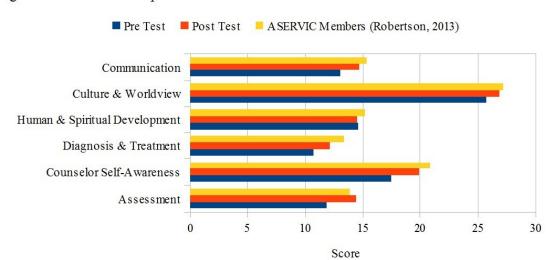
Figure 1. *SCS Mean Comparison*

Counselor Activity Self-Efficacy Scale (CASES). The CASES featured a possible score range from one to nine for each subscale. The total CASES score was calculated as an

average of the six subscales. For this study, the overall CASES mean was 6.50 ($SD = 0.71$). The CASES subscale means fell within expected range, with scores similar to individuals with at least one year of clinical experience (Table 2). The strongest skill for this sample appeared to be Exploration Skills, with a mean of 7.59 ($SD = 0.63$). The CASES did not correlate with pre-test SCS-R-II scores ($r = 0.18$, $p = 0.52$).

Table 2.

CASES Means

	Current Study		Means for Counseling Experience Level[a]		
	M	*SD*	< 1 yrs	1–3 yrs	> 3 yrs
Total CASES	6.50	0.71	5.36	**6.05**	6.61
Exploration Skills	7.59	0.63	6.84	7.25	**7.63**
Insight Skills	6.30	0.99	5.21	5.98	**6.56**
Action Skills	6.85	1.01	5.47	6.22	**6.71**
Session Management	6.53	0.99	5.77	**6.33**	6.89
Client Distress	6.04	1.05	4.01	5.06	**6.04**
Relationship Conflict	6.24	1.08	5.06	5.75	**6.15**

Note. Boldface indicates current study mean falls in this range.
[a] From Lent et al. (2003).

Spiritual Well-Being Scale (SWBS). The SWBS consists of a global score comprised of two subscales, Religious Well-Being (RWB) and Existential Well-Being (EWB). This sample demonstrated with a SWBS mean of 93.13 ($SD = 19.95$), indicating moderate to high overall sense of spiritual well-being. Likewise, the EWB mean of 50.87 ($SD = 6.23$) fell within the moderate to high range, indicating a moderate to high level of life satisfaction and sense of purpose. The RWB subscale scores featured a wider variability ($M = 42.27$, $SD = 16.84$) with two participants (13.3%) indicating a sense of unsatisfactory relationship with God, six participants (40%) indicating a moderate sense of religious well-being, and seven participants (46.7%) indicating a positive view of their relationship with God.

Research Question 1. Treatment Effect of Constructivist Activity Model

Research Question #1. Does participation in the constructivist-based activity model impact spiritual competency as measured by the SCS-R-II?

■ Hypothesis #1. The constructivist activity model will produce an increase in spiritual competency as measured by the SCS-R-II.

■ Hypothesis #2. The constructivist activity model will produce an increase in each of the six subscales of the SCS-R-II.

A paired samples t-test was conducted to compare the mean pretest SCS-R-II score to the mean posttest score. The total SCS-R-II pretest mean was 93.33 ($SD = 11.56$) and the total posttest mean was 102.67 ($SD = 15.51$). A significant increase from pretest to posttest was found ($t(14) = 3.82, p = .002, d = 1.02$). See Table 3 for corresponding means and standard deviations of each subscale as calculated through paired-samples t-tests.

Table 3.

Repeated Measures t-test of Spiritual Competency Scale

Spiritual Competency Scale	Pretest		Posttest		Score Difference		$t(14)$	p
	M	*SD*	*M*	*SD*	*M*	*SD*		
Total Score	93.53	11.56	102.67	15.51	9.13	9.26	**3.82****	0.002
Assessment	11.93	4.15	14.47	3.02	2.53	3.00	**3.27****	0.006
Counselor Self-Awareness	17.47	4.90	19.87	4.84	2.40	3.25	**2.86***	0.01
Diagnosis and Treatment	10.73	2.12	12.13	3.07	1.40	2.56	2.12	0.05
Human and Spiritual Development	14.60	2.87	14.53	2.83	-0.07	2.12	-0.12	0.91
Culture and Worldview	25.73	2.52	26.93	2.60	1.20	2.51	1.85	0.09
Communication	13.07	2.60	14.73	1.75	1.67	2.53	**2.56***	0.02

Note. * p < .05. ** p < .01.

A significant increase from pretest to posttest was found for three out of six subscales: Assessment ($t(14) = 3.72$, $p = .006$, $d = 0.87$), Counselor Self-Awareness ($t(14) = 2.86$, $p = .01$, $d = 0.76$), and Communication ($t(14) = 2.56$, $p = .02$, $d = 0.68$). An increase in scores from prettest to posttest was found to approach significance for Diagnosis and Treatment ($t(14) = 2.12$, $p = .05$, $d = 0.57$) and Culture and Worldview ($t(14) = 1.85$, $p = .09$, $d = 0.49$). No significant difference from pretest to posttest was found for the subscale Human and Spiritual Development ($t(14) = .12$, $p = .91$, $d = -0.03$).

Research Question 2. Relationships Between SCS-R-II Change and Other Variables

Research Question #2. Will a change in SCS-R-II scores differ in relation to other identified variables of demographics, spiritual well-being, counselor self-efficacy, and personal religious and spiritual practices?

- ■ Hypothesis #3. Participants who indicated personal religion or spirituality will have larger score increases on the SCS-R-II.

- ■ Hypothesis #4. Counselor self-efficacy will positively correlate with SCS- R-II score change.

The initial research design planned to include the below variables as covariates for spiritual competency change due to treatment. However, the sample size was too low to include as a covariate or to test as a moderator. Instead, a separate analysis exploring correlations between spirituality (as well as counselor self-efficacy) and the SCS-R-II scores change from pretest to posttest to provide insights into whether they were likely to have functioned as a moderator.

Demographic variables and SCS-R-II score change. An independent sample t- test found no significant difference in SCS-R-II score changes existed between males and females ($t(14) = 0.026$, $p = 0.875$). In addition, a Pearson correlation analysis indicated a weak, non-

significant relationship between age and change in SCS-R-II scores ($r = 0.10$, $p = 0.74$). With three categories of counseling programs (Clinical Mental Health Counseling, Marriage and Family Counseling, and School Counseling), an ANOVA was calculated to assess for any differences between programs types in SCS-R-II score changes. No significant difference was found, $F(1, 13) = 0.986$, $p = 0.401$, $\eta^2 = 0.14$.

Due to the small sample size, religious affiliation categories were collapsed into "Religious" and "Nonreligious." Agnostic, atheist, and nonreligious were recoded into the "Nonreligious" category while all other religious denominations were recoded to "Religious." An independent sample t-test indicated no difference between "Religious" and "Nonreligious" for the overall SCS-R-II score change ($t(13) = 1.40$, $p = .184$, $d = 0.82$). However, participants categorized as "Religious" demonstrated a significantly larger increase in Culture and Worldview scores from pretest to posttest ($t(13) = 2.77$, $p = 0.016$, $d = 1.61$).

CASES and SCS-R-II score change. The overall CASES score was found to have a non-significant weak negative correlation ($r = -0.29$, $p = 0.92$) in relation to SCS- R-II score changes, indicating no overall relationship between the CASES and amount of change in SCS-R-II scores. Each of the six CASES subscales were also analyzed for potential correlations with SCS-R-II score changes. A weak nonsignificant positive correlation was found for Exploration ($r = 0.06$, $p = 0.84$), Session Management ($r = 0.18$, $p = 0.51$), Client Distress ($r = 0.001$, $p = 0.997$), and Relationship Conflict ($r = -0.13$, $p = 0.64$), while a weak nonsignificant negative correlation was calculated for Insight ($r = -0.13$, $p = 0.65$) and Action ($r = -0.11$, $p = 0.70$). These results indicated no relationship existed between CASES subscales and changes in SCS-R-II scores.

SWBS and SCS-R-II score change. A Pearson correlation was calculated to determine if a relationship existed between the SWBS and the score difference on the SCS-R-II. The overall SWBS had a moderate positive correlation with overall SCS-R-II score difference ($r = 0.596$, $p = 0.019$), indicating a strong relationship between the two variables. In examining the subscales, the SWBS correlated with the score difference of only one of the six subscales: a strong positive correlation with Culture and Worldview ($r = 0.755$, $p = 0.001$).

Religious Well-being positively correlated with the overall SCS-R-II score difference ($r = 0.622$, $p = 0.013$) and Culture and Worldview score difference ($r = 0.728$, $p = 0.002$), again reflecting a strong relationship with the overall SCS-R-II and a strong relationship with Culture and Worldview. The Existential Well-Being scale did not have a significant correlation with the overall SCS-R-II score difference nor with any of the SCS-R-II subscale differences.

Personal importance of spirituality and religion. Three Likert scale questions were included in the pretest measures to assess the participants' viewed importance of religion and spirituality as well as frequency of participation in activities associated with the participant's identified religion. A Pearson correlation was calculated for each of these items in relation to the SCS-R-II score changes. Importance of religion ($r = 0.69$, $p = 0.004$), importance of spirituality ($r = 0.73$, $p = 0.002$), and frequency of worship participation ($r = 0.64$, $p = 0.02$) each demonstrated a significant strong positive correlation with the overall SCS-R-II score change. Therefore, participants who rated spirituality or religion as highly important as well as participants who participated more frequently in worship activities were found to have larger increases in SCS-R-II scores from pretest to posttest, in comparison to participants who rated low on these items.

A pattern emerged with analysis of these three items in relation to SCS-R-II subscale changes (see Table 4). Each of the three items demonstrated a strong positive correlation with Culture and Worldview (importance of religion: $r = 0.72$, $p = 0.003$; importance of spirituality: $r = 0.72$, $p = 0.003$; frequency of worship participation: $r = 0.67$, $p = 0.006$), indicating participants who scored high on those three items had a stronger increase in Culture and Worldview scores. Placing a high level of importance on spirituality ($r = 0.52$, $p = 0.04$) or religion ($r = 0.69$, $p = 0.004$).and frequent participation in worship activities ($r = 0.54$, $p = 0.04$) corresponded with larger Communication score increases, with a significant and strong correlation noted for each. No other significant correlations were found.

Given the conceptual overlap in these items and the very similar patterns of relations among these items and the aforementioned measures, the three items of Religion Importance, Spirituality Importance, and Frequency of Worship were combined into a single scale entitled Personal Spiritual and Religious Practice (PSRP). Reliability statistics were calculated for this scale, and a resulting Cronbach's α of 0.944 indicated strong internal consistency. The scale had a potential score range from five to fifteen. The PSRP mean for this sample was 10.87 ($SD = 3.48$). Table 4 depicts the correlations for the PSRP and each of the three test items. The PSRP scale demonstrated a significant strong correlation with the overall SCS-R-II score change ($r = 0.71$, $p = 0.003$) as well as Culture and Worldview score changes ($r = 0.74$, $p = 0.002$), and a significant moderate correlation with Communication score changes ($r = 0.62$, $p = 0.01$).

Given that the Religious Well Being (RWB) subscale of the SWBS demonstrated a similar pattern to the three items of the PSRP, a Cronbach's α was run to analyze the impact of the RWB on the PSRP scale. No increase in α was observed through addition of the RWB. As a result, the RWB was not included on the PSRP scale.

Table 4.

Correlation Between Personal S/R Scale and Change in SCS-R-II Scores

	Spiritual Competency Scale (SCS-R-II) score change						
	Total	Assessment	Counselor Self-Awareness	Diagnosis & Treatment	Human & Spiritual Development	Culture & Worldview	Communication
	r	*r*	*r*	*r*	*r*	*r*	*r*
Personal Spiritual & Religious Practice Scale (PSRP)	**0.709****	0.445	0.264	0.207	0.202	**0.738****	**0.62***
How important would you rate your religion?	**0.694****	0.409	0.267	0.132	0.214	**0.719****	**0.69****
How important would you rate your spirituality?	**0.728****	0.422	0.412	0.269	0.155	**0.719****	**0.523****
How often do you participate in worship activities associated with your religion?	**0.604***	0.442	0.087	0.204	0.201	**0.669****	**0.539****

Note. $* p < .05$. $** p < .01$.

Summary

  The results of the paired-sample t-test suggested that the constructivist activity model significantly increased spiritual competency (SCS-R-II) scores. The Pearson correlation indicated a strong positive relationship between Personal Spiritual & Religious Practices and changes in spiritual competency (SCS-R-II) scores. Similarly, there was a positive relationship between Religious Well-Being and SCS-R-II score increases, though there was no relationship between SCS-R-II score changes and Counselor Self-Efficacy.

Chapter 5: Discussion

The study found that the proposed constructivist activity model significantly increased competencies of counseling interns in the area of spirituality and religion. In addition, this study found that trainees who identified spirituality and religion as important in their own lives and engaged in religious activities had larger competency increases than trainees who did not express those views. It is hypothesized that personal spiritual and religious practices directly impacted the degree of change of spiritual competencies that was produced by participation in the activities. However, the low sample size of this study precluded directly running moderation analyses. This chapter will explore the implications of this study's results, identify limitations to the study, and offer recommendations for implementation and further research.

Constructivist Activities and the Spiritual Competency Scale

While there have been numerous qualitative-style studies examining educational activities meant to promote spiritual competencies (see Briggs & Rayle, 2005; Curtis & Glass, 2002; Hage et al., 2006; Pate & Hall, 2005; Willow et al., 2009), this study was the first known empirical research on the effect of specific educational activities on spiritual competencies. This study demonstrated that the use of this group of constructivist activities increased spiritual competency scores of the students by an average of 9.13 points (which represents a 0.80 standard deviation increase from pre-test SCS-R-II scores). It was reasonable to assume that the participants' SCS-R-II scores would not have changed in a 2.5 hour period without participation in some religious or spiritually- focused activity, therefore it was reasonable to conclude that the significant score change could be attributed to participation in the treatment.

Activities and their corresponding ASERVIC foci. The subscales of the SCS- R-II corresponded directly to the Spiritual and Religious Competencies of ASERVIC (2009,

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Appendix A). The activities used in this study were set up to match a specific competency foci; for example, the first activity addressed points within the Culture and Worldview foci. The Communication foci was more indirectly addressed through the full activity model rather than one specific activity, and the significant score increase in the Communication subscale indicated that this was successful. Significant score increases were found for three out of six foci. Two of the remaining foci (Diagnosis & Treatment and Culture & Worldview) approached significance ($p = 0.05$ and $p = 0.09$, respectively); it is reasonable to hypothesize that these two foci did not reach significance due to the low power of the study. The conclusion of approaching significance was supported by the larger effect size ($d = 0.57$ and $d = 0.49$, respectively) found for the change in each subscale despite the small sample size. Average score increases for each of the five foci by order of greatest change were as follows: Assessment 2.53 points (3.00 *SD*), Counselor Self-Awareness 2.40 points (3.25 *SD*), Communication 1.67 points (2.53 *SD*), Diagnosis and Treatment 1.40 points (2.56 *SD*), and Culture and Worldview 1.2 points (2.51 *SD*).

The one exception to the observed positive effect was in the area of Human and Spiritual Development, which saw no difference in scores following the treatment and had a minimal effect size. The third activity, spiritual genograms, was intended to correspond with this particular focus. The specific questions in the SCS-R-II that comprise the Human and Spiritual Development subscale addressed the relationship between human development and spiritual development. The activity of spiritual genograms ended up focusing more on how to construct and interpret a spiritual genogram, rather than examining developmental themes. Previous research indicated that the use of spiritual genograms was qualitatively useful in enhancing spiritual competencies (Willow et al, 2009). However, this activity should be modified to better

address the focus of Human and Spiritual Development competency. One possible modification would be to present the participants with pre-made spiritual genograms and explore the common themes that exist between them (see Willow et al., 2009), rather than spending time having participants attempt to construct their own. Alternatively, use of a spiritual life map (Hodge, 2001) might allow for opportunities to address developmental themes without attaching these themes to specific individuals in a person's life.

A tenet of constructivist pedagogy is that meaning is made through the participants themselves. It was reasonable to question whether a change in spiritual competency was due to participating in a particular group with specific individuals. However, the observed effect was repeated with four groups of up to six students each across two semesters and two universities. This allows for a broader generalization of the effectiveness of these activities to religious-affiliated (specifically, Catholic) institutions. Comparison of this data to a secular institution would further explore whether the treatment effect can be generalized to a wider population.

This study specifically incorporated the counselor trainee's self-awareness in relation to the presented activities, a skill typically demonstrated by more advanced counselor students (McAuliffe & Eriksen, 2011). It is questionable whether the participants would have demonstrated the same richness in exploration if they were at the beginning of their counseling training, which is often characterized by a desire for the "right way" to counsel (Stoltenberg & McNeill, 2010). The self-exploration characteristic of the "Advanced Student Phase" (Rønnestad & Skovhold, 2013) allowed for deeper examination of the participant's own thoughts and emotions as the activities progressed.

Participant responses to the activities. Several qualitative observations were made during the implementation of this study. The first case study, Sally, provoked a markedly strong

emotional response from the majority of participants. Many of the students expressed anger and frustration with Sally for her religious views, particularly in relation to Sally's statement that homosexuality was a "sin." Participants were encouraged to explore their feelings and how it might influence their therapeutic relationship with Sally. All participants expressed that their personal beliefs and feelings would not prevent them from working with Sally, though some students indicated it would be a challenging case. More time was spent processing this case than the other case, Shola, due to the emotional reactions brought on by the former. Most participants indicated feeling a sense of familiarity with Shola's spiritual journey, though cautious to not impose their own beliefs onto Shola. The third case, used in the final activity of this study, elicited reactions of frustration with the first clinician that viewed Joe's experience as hallucinations. Participants were challenged to explore what might have led to that clinician's conclusion, discussing how to differentiate between a spiritual experience and a psychotic episode.

The third activity asked students to create a genogram depicting relationships and patterns in their family related to spirituality and religion. This activity provoked an emotional response in one participant who identified not knowing much of his family history. The participant opted to listen rather than contribute during this portion of the treatment session. In individual follow-up with this participant, the individual stated that it was a momentary distress. The suggested modifications to Activity 3 would likely reduce similar emotional responses as the participants would not be asked to map out their own families.

In the consent form, participants were informed of potential risks such as emotional responses; these risks were reiterated during the introduction to the session. Nevertheless, this

incident re-emphasized the need for caution and sensitivity when using a constructivist approach that draws upon the participants' personal experience.

Differences in Increasing Spiritual Competencies

In addition to examining the direct treatment effect of the constructivist activity model, this study investigated variables that might serve as moderators for spiritual competency development. No significant pretest SCS-R-II differences were noted between groups using the following variables, though several significant correlations emerged through the SCS-R-II posttest.

Religious versus nonreligious. Prior to the start of treatment, participants indicated the religion with which they identified. Nonreligious, atheist, and agnostic were included as options in addition to twelve common religious affiliations; "Other" was also included as a possible selection. This study did not allow for multiple religious identities but instead asked for a single choice. Robertson (2010) identified a difference in SCS-R-II scores based on religion, with evangelical Christians scoring highest and nonreligious individuals obtaining the lowest scores. In contrast, this study found no overall difference in pretest or posttest SCS-R-II scores between participants of a religious identity and those without. However, this study did find that participants who identified with a religion had larger SCS-R-II score increases for the Culture and Worldview than those that identified as nonreligious, atheist, or agnostic. It should be noted that no participants identified with a non-Christian denomination of religion, therefore it is not known from this study whether the observed difference would hold with individuals of non-Christian faiths.

The Spiritual Well-Being Scale (SWBS) was used to assess both religious and existential well-being as a correlate for SCS-R-II score change. The Existential Well- Being subscale,

which addressed life satisfaction and sense of purpose, did not correlate with changes in the SCS-R-II score nor any of the SCS-R-II subscales. In contrast, the Religious Well-Being subscale, which measured perceived quality of one's relationship with God, demonstrated a positive relationship with an increase in Culture and Worldview SCS-R-II scores. It appeared from these results that individuals who identified with a religion and a positive relationship with "God" experienced a stronger increase in spiritual competencies when participating in this study. Perhaps personal religion enabled participants to look more favorably on spirituality and religion in general, thereby opening them up to more learning in the activities. An identified limitation of the SWBS is the use of the term "God." It is possible that this scale was off- putting to some that might identify with a spiritual being other than "God."

Personal spiritual and religious practices. In addition to identifying a particular religion and indicating their relationship with "God," participants were asked to identify the importance of religion and spirituality as well as how often they participated in worship activities associated with their religion. Higher responses on these three items were found to correspond with larger SCS-R-II increases overall and on the subscales of Communication and Culture & Worldview. It is reasonable to conclude some overlap with the Religious Well-Being subscale of the SWBS as well as identifying with any religion. However, the items indicated a particular pattern of change not seen with the RWB or religious identification. The three items were able to be combined into a single scale, Personal Spiritual and Religious Practices (PSRP), which also demonstrated a strong positive relationship with SCS-R-II score increases. Although the PSRP did correlate with the RWB, the RWB did not contribute to the internal consistency of the PSRP. This indicated that the PSRP captured some variability not accounted for by perception of quality of one's relationship with God. The PSRP also avoided mention of a specific deity such as

"God," perhaps avoiding the Christian bias seen in SWBS. A constructivist approach would suggest that meaning is built through prior knowledge connected with investigation of new information (McAuliffe & Eriksen, 2011; Watts, 2011); it is possible that individuals who identified more personal spiritual and religious practices had more experiences to draw upon during the activities, thereby resulting in richer learning reflected in greater score increases. Perhaps further attention should be given to Souza's (2002) suggestion that the student's personal spiritual development should be addressed as a component of counselor training. Further research is warranted as to the possible influence of personal spiritual and religious practices on the development of spiritual competencies.

Counselor Activity Self-Efficacy Scale. This study hypothesized that counselor development would positively correlate with SCS-R-II scores. The Counselor Activity Self-Efficacy Scale (CASES) was implemented as a self-report measure of counseling skills, allowing for general assessment of counselor development level. The results negated the hypothesis, demonstrating no clear correlation between a counselor's skill level and spiritual competency levels prior to treatment. In addition, the CASES did not correlate with any score changes on the SCS-R-II. This indicated that spiritual competency skills did not necessarily correspond with higher overall counseling skills as reported by the participants. The most probable explanation for this is that counseling skills measured by the CASES are typically addressed and emphasized during counselor training, while, as Walker et al. (2004) found, spiritual competency skills are not. One limitation of this current study was the use of a self-report measure for counselor level. A more accurate measure such as supervisor evaluations may unveil different results.

Limitations of this Study

The primary limitation of this study was the small sample size. It was surprisingly difficult to recruit participants for the study due to either lack of interest in the topic or lack of interest in participating in a research study. It was therefore probable that the participants in this study had at least some interest in exploring the role of spirituality in counseling, thereby creating a potential bias in the sample. However, Souza (2002) purported that the majority of counseling students identified discussion about spirituality as an important topic to be addressed within counseling training. If this finding holds true for counseling students in general, then the participants in this study were perhaps not abnormally motivated by the topic to participate.

To control for facilitator differences with this small sample, this study used only one facilitator. The interaction of facilitator and students is undeniably a factor in constructivist pedagogy, which focuses on the collaborative construction of knowledge (Shawe et al., 2012). Further research is necessary to determine if these results can be replicated across multiple facilitators or if it was exclusive to this researcher. In addition, the small sample size eliminated the possibility of using comparison and control groups, thereby leaving the question of how much of an effect this specific set of activities had in comparison to other pedagogical styles and in comparison to normal development. This study was unable to answer whether it was simply the experience of exploring spirituality's role in counseling or some element of this set of activities that led to increase in spiritual competencies.

Due to the small sample size, higher level statistical analysis such as ANCOVA and multiple regression were inappropriate for this study. This limited the conclusions in related to group differences observed with the PSRP to simply stating that a relationship existed. It is possible that the PSRP served as a moderator variable for increasing spiritual competencies;

however, further research with a larger sample is necessary to test that hypothesis. In addition, several results appeared to be approaching significance that may have been negatively impacted by the low power of the study. A larger sample size would allow for further analysis of the relationship between the activities and spiritual competencies as well as including moderators or covariates.

It should be recognized that the all the participants in this study were students. Although the informed consent stated that students' responses would not be shared with faculty, a social desirability factor may have still been present in students wanting to "look good." It may also be possible that students wanted to help the researcher "find good results" and modified their responses with that intention. Previous studies indicated that the SCS-R-II did not correlate with social desirability (Robertson, 2010); as this study did not actually measure social desirability as a factor, it cannot be assumed that this held true for this sample. Replication of this study with different samples, possibly with an added social desirability measure, would address this concern.

Counselor Education Addressing the Role of Spirituality

This study investigated one pedagogical approach to training counselors in spiritual competencies. Although commonly used in counselor education training, constructivism is certainly not the only approach used in counseling programs. Further research is necessary to determine if other methods of training produce increases in spiritual competencies.

Students reported a range of prior experience with the topics, from no experience to two classes addressing spirituality and counseling. Robertson (2010) indicated that religious-affiliated institutions demonstrated higher SCS scores than students of secular institutions. However, only approximately one quarter of the participants in this study, who were all students

of religious-affiliated institutions, met Robertson's competency cutoff score of 105. This finding, consistent with unfamiliarity with ASERVIC competencies (Dobmeier & Reiner, 2012; Robertson, 2010), raises the concern that counseling programs are not adequately preparing students to become spiritually competent counselors. The participants in this study were at the end of their academic training, representing the cumulative knowledge of two or more years in their respective counseling programs. This demonstrated deficit in current counselor training causes concern, for research has shown underprepared counselors have a higher risk of unethical practice (Plumb, 2011; Souza, 2002). With CACREP 2016 standards requiring programs to ensure their students understand "the role of spirituality in counseling" (CACREP, 2013, p. 9) as well as the ACA Code of Ethics that indicates counselors' responsibility in appropriate management of spirituality in assessment and treatment (ACA, 2014), empirically-based educational methods will help a counseling program to assert that their students are effectively prepared.

Recommendations for Future Research

This brief intervention of a 2.5 hour activity session can be easily worked into an existing counseling program as a method of addressing the role of spirituality in counseling. It is possible that this activity model could also be implemented as a training workshop for counselors that are currently in the field, for any changes made to current counseling programs will not impact those that have already passed through. This activity model was designed for use with small groups; a larger workshop could make use of small groups and multiple facilitators to replicate the methods used in this study. Modifications to the third activity as recommended in this chapter should be considered in order to better address the Human and Spiritual Development competency. Use of a control group would allow for further analysis of the impact of these

activities on spiritual competencies. In addition, this activity set should be compared to other models. It is possible that a more skill-based approach might have achieved similar results.

Conclusion

This is the first published study examining the quantitative effect of specific educational activities on spiritual competencies of counseling interns. Specifically, this study found that a constructivist activity model increased spiritual competency scores of graduate counseling internship students. Personal spiritual and religious practices were identified as a possible moderating variable for competency improvements. Though by no means the only solution for counselor training, the constructivist activities of this study offer one strategy to develop spiritually competent counselors.

References

American Counseling Association (Ed.). (2014). *ACA Code of ethics*. Alexandria, VA: Author.

American Psychological Association (2013). *Spirituality in Clinical Practice.* Retrieved from

> http://www.apa.org/pubs/journals/scp/index.aspx.

Association for Spiritual, Ethical, and Religious Values in Counseling (2009). *Competencies for*

> *addressing spiritual and religious issues in counseling.* Retrieved from

> http://www.aservic.org/resources/spiritual-competencies/.

Barnett, J. (2013, March). *Should you work with this client? Reflections from secular and*

> *religious based institutions*. Presented at the 11th Annual Midyear Conference on Religion

> and Spirituality, Columbia, MD.

Belaire, C., Young, J. S., & Elder, A. (2005). Inclusion of religious behaviors and attitudes in

> counseling: Expectations of conservative Christians. *Counseling and Values, 55*, 2-5.

> Retrieved from PsycINFO database.

Bernard, J. M. & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (4th ed.). Upper

> Saddle Ridge, NJ: Pearson Education, Inc.

Bishop, D. R., Avila-Juarbe, E., & Thumme, B. (2003). Recognizing spirituality as an important

> factor in counselor supervision. *Counseling and Values, 48,* 34-46. doi:10.1002/j.2161-

> 007X.2003.tb00273.

Briggs, M. K., & Rayle, A. D. (2005). Incorporating spirituality into core counseling courses:

> Ideas for classroom application. *Counseling and Values, 50*, 63-75. doi:10.1002/j.2161-

> 007X.2005.tb00041.x

Brown, D. R., Carney, J. S., Parrish, M. S., & Klem, J. L. (2013). Assessing spirituality: The

    relationship between spirituality and mental health. *Journal of Spirituality in Mental*

    Health, 15, 107-122. Retrieved from PsycINFO database.

Cashwell, C. S. & Young, J. S. (2004). Spirituality in counselor training: A content analysis of

    syllabi from introductory spirituality courses. *Counseling and Values, 48,* 96-109.

    doi:10.1002/j.2161-007X.2004.tb00237.x

Cashwell, C. S. & Young, J. S. (2011). *Integrating spirituality and religion into counseling* (2nd

    ed.). Alexandria, VA: American Counseling Association.

Cecero, J. J., Bedrosian, D. R., Fuentes, A., & Bornstein, R. F. (2006). Religiosity and healthy

    dependency as predictors of spiritual well-being. *International Journal for the*

    Psychology of Religion, 16, 225-238. Retrieved from PsycINFO database.

Council for Accreditation of Counseling and Related Educational Programs (2009). *2009*

    Standards. Retrieved from www.cacrep.org/template/index.cfm.

Council for Accreditation of Counseling and Related Educational Programs (2013). *Draft #2 of*

    the 2016 CACREP Standards. Retrieved from www.cacrep.org/template/index.cfm.

Curtis, R. C., & Glass, J. S. (2002). Spirituality and counseling class: A teaching model.

    Counseling and Values, 47, 3-12. doi:10.1002/j.2161-007X.2002.tb00219.x

Curry, J. R., & Simpson, L. R. (2011). Communicating about spirituality in counseling. In C. S.

    Cashwell & J. S. Young (2011). *Integrating spirituality and religion into counseling,* 2nd

    ed. (pp. 119-139). Alexandria, VA: American Counseling Association.

D'Andrea, L. M., & Sprenger, J. (2007). Atheism and nonspirituality as diversity issues in

    counseling. *Counseling & Values, 51*, 149-158. Retrieved from PsycINFO database.

Delaney, H. O., Forcehimes, A. A., Campbell, W. P., & Smith, B. W. (2009). Integrating

    spirituality into alcohol treatment. *Journal of Clinical Psychology, 65,* 185. Retrieved

    from PsycINFO database.

Dlugos, R. F., & Friedlander, M. L. (2001). Passionately committed psychotherapists: A

    qualitative study of their experiences. *Professional Psychology: Research and Practice,*

    32, 3, 298-304. doi:10.1037/0735-7028.32.3.298

Dobmeier, R. A., & Summer, M. R. (2012). Spirituality in the counselor education curriculum: A

    national survey of student perceptions. *Counseling and Values, 57,* 47-65.

    doi:10.1002/j.2161-007X.2012.00008.x

Eliason, G. T., Triffanoff, C., & Leventis, M. (2007). Spirituality and pastoral counseling

    practices. In J. Gregoire & C. M. Jungers (Eds.), *The counselor's companion: What every*

    beginning counselor needs to know (pp. 658-674). Mahwah, NJ: Lawrence Erlbaum

    Associates, Inc.

Erol, S. & Kaptanoglu, C. (2000). Self-inflicted bi-lateral eye injury by a schizophrenic patient.

    General Hospital Psychiatry, 22, 215-216. Retrieved from PsycINFO database.

Fluellen, S.J. (2008). *Development of the Spiritual and Religious Competency Assessment*

    (SARCA): An instrument to measure competency in supervisees (Doctoral dissertation).

    Retrieved from ProQuest database.

Frame, M. W. (2003). *Integrating religion and spirituality into counseling: A comprehensive*

    approach. Pacific Grove, CA: Brooks/Cole.

Frankl, V. E. (1959). *Man's search for meaning.* New York, NY: Simon & Schuster, Inc. Genia,

    V. (2001). Evaluation of the Spiritual Well-Being Scale in a sample of college students.

International Journal for the Psychology of Religion. 11, 25-33. Retrieved from ProQuest database.

Gill, C. S., Harper, M. C., & Daily, S. F. (2011). Assessing the spiritual and religious domain. In C. S. Cashwell & J. S. Young (2011). *Integrating spirituality and religion into counseling* (2ⁿᵈ ed.). Alexandria, VA: American Counseling Association.

Hage, S. M., Hopson, A., Siegel, M., Payton, G., & DeFanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counseling and Values, 50,* 3, 217-234. doi:10.1002/j.2161-007X.2006.tb00058.x

Hagedorn, W. B., & Gutierrez, D. (2009). Integration versus segregation: Applications of the spiritual competencies in counselor education programs. *Counseling and Values, 54,* 32-47. doi:10.1002/j.2161-007X.2009.tb00003.x

Hodge, D. R. (2001). Spiritual genograms: A generational approach to assessing spirituality. *Families in Society, 82,* 35-48. Retrieved from ProQuest database.

Hodge, D. R. (2011). Alcohol treatment and cognitive-behavioral therapy: Enhancing effectiveness by incorporating spirituality and religion. *Social Work, 56,* 21-31. Retrieved from ProQuest database.

Hunter, J. & Krantz, S. (2010). Constructivism in cultural competence education. *Journal of Nursing Education, 49,* 207-214. Retrieved from ProQuest database.

Johnson, K., Tulsky, J., Hays, J., Arnold, R., Olsen, M., Lindquist, J., & Steinhauser, K. (2011). Which domains of spirituality are associated with anxiety and depression in patients with advanced illness? *Journal of General Internal Medicine, 26,* 751-758. Retrieved from ProQuest database.

Kendler, K. S., Liu, X. Q., Gardner, C. O., McCullough, M. E., Larson, D., & Prescott, C. A. (2003). Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders. *American Journal of Psychiatry, 160*, 496-503. Retrieved from ProQuest database.

Knight, P. D. (2010). Determining the attitudes of mental health professionals toward integrating spirituality. *Dissertation Abstracts International: Section B. Sciences and Engineering, 71*(5-B), 3377. Retrieved from ProQuest database.

Kyle, J. (2013). Spirituality: Its role as a mediating protective factor in youth at risk for suicide. *Journal of Spirituality in Mental Health, 15*, 47-67. Retrieved from ProQuest database.

Manderino, D. (2013, March). *The prevalence of spirituality courses in counselor education.* Presented at the 11th Annual Midyear Conference on Religion and Spirituality, Columbia, MD.

McAuliffe, G. & Eriksen, K. (Eds.) (2011). *Handbook of Counselor Preparation: Constructivist, Developmental, and Experiential Approaches*. Thousand Oaks, CA: Sage.

Murphy, P. E., & Fitchett, G. (2009). Belief in a concerned God predicts response to treatment for adults with clinical depression. *Journal of Clinical Psychology, 65*, 1000-1008. Retrieved from ProQuest database.

Myers, J. E., & Williard, K. (2003). Integrating spirituality into counselor preparation: A developmental, wellness approach. *Counseling and Values, 47,* 142-155. doi:10.1002/j.2161-007X.2003.tb00231.x

Paloutzian, R. F., & Ellison, C. W. (2009). Manual for the Spiritual Well-Being Scale. Nyack, NY: Life Advance.

Pargament, K. I., Smith, B. W., Koenig, h. G., & Perez, L. (1998). Patterns of positive and

    negative religious coping with major life stressors. *Journal for the Scientific Study of*

    Religious, 37, 710-724. Retrieved from ProQuest database.

Pate, R. H., & Hall, M. P. (2005). One approach to a counseling and spirituality course.

    Counseling and Values, 49, 155-160. doi:10.1002/j.2161-007X.2005.tb00262.x

Powers, R. (2005). Research and theory: Counseling and spirituality: A historical review.

    Counseling and Values, 49, 217-225. doi:10.1002/j.2161-007X.2005.tb01024.x

Plumb, A. M. (2011). Spirituality and counseling: Are counselors prepared to integrate religion

    and spirituality into therapeutic work with clients? *Canadian Journal of Counselling and*

    Psychotherapy, 45, 1-16. Retrieved from ProQuest database.

Richards, P. S., Smith, M. H., Berrett, M. E., O'Grady, K. A., & Bartz, J. D. (2009). A Theistic

    spiritual treatment for women with eating disorders. *Journal of Clinical Psychology, 65,*

    172. Retrieved from ProQuest database.

Robertson, L. A. (2008). *The spiritual competency scale: A comparison to the ASERVIC spiritual*

    competencies (Doctoral dissertation). Retrieved from ProQuest database.

Roberston, L. A. (2010). The spiritual competency scale. *Counseling and Values, 55*, 7-24.

    doi:10.1002/j.2161-007X.2010.tb00019.x

Robertson, L. A., & Young, M. E. (2011). The revised ASERVIC spiritual competencies. In C. S.

    Cashwell & J. S. Young (2011). *Integrating spirituality and religion into counseling,* 2nd

    ed. (pp. 25-42). Alexandria, VA: American Counseling Association.

Robinson, E. A., Cranford, J. A., Webb, J. R., & Brower, K. J. (2007). Six-month changes in

    spirituality, religiousness, and heavy drinking in a treatment-seeking sample. *Journal of*

    Studies on Alcohol and Drugs, 68, 282-290. Retrieved from PsycINFO database.

Robinson, E. A., Krentzman, A. R., Webb, J. R., & Brower, K. J. (2011). Six-month changes in

    spirituality and religiousness in alcoholics predict drinking outcomes at nine months.

    Journal of Studies on Alcohol and Drugs, 72, 660-668. Retrieved from PsycINFO

    database.

Rønnestad, M., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation*

    of therapists and counselors. New York, NY: Routledge/Taylor & Francis Group.

Schoenrade, P. (1992). [Review of the test Spiritual Well-Being Scale]. In J. C. Conoley & J. C.

    Impara (Eds.), *The twelfth mental measurements yearbook.* Available from

    http://www.unl.edu/buros/

Shawe, B., Rayne, H., & Lorelle, S. (2012). A constructivist perspective for integrating

    spirituality into counselor training. *Counselor Education and Supervision, 51*, 270-280.

    Retrieved from PsycINFO database.

Souza, K. Z. (2002). Spirituality in counseling: What do counseling students think about it?

    Counseling and Values, 46, 213-217. doi:10.1002/j.2161-007X.2002.tb00214.x

Stanard, R. P., Sandhu, D. S., & Painter, L. C. (2000). Assessment of spirituality in counseling.

    Journal of Counseling & Development, 78, 204-211. Retrieved from PsycINFO

    database.

Stewart, C. (2008). Client spirituality and substance abuse treatment outcomes. *Journal of*

    Religion & Spirituality in Social Work: Social Thought, 27, 385-404. Retrieved from

    PsycINFO database.

Stoltenberg, C.D., & McNeill, B. (2010). *IDM Supervision: An Integrated Developmental Model*

    of Supervising Counselors and Therapists, 3rd ed. New York, NY: Taylor & Francis.

    Retrieved from ProQuest database.

Sue, D. W., Arredondo, P. & McDavis, R. J. (1992). Multicultural counseling competencies and

standards: A call to the profession. *Journal of Counseling & Development, 70*, 477-486.

doi:10.1002/j.2161-1912.1992.tb00563.x

Taliaferro, L. A., Rienzo, B. A., Pigg, R. M., Mill, M. D., & Dodd, V. J. (2009). Spiritual well-

being and suicidal ideation among college students. *Journal of American College Health,

58*, 83-90. Retrieved from PsycINFO database.

Tapanya, S., Nicki, R., & Jarusawad, O. (1997). Worry and intrinsic/extrinsic religious

orientation among Buddhist (Thai) and Christian (Canadian) elderly patients.

International Journal of Aging and Human Development, 44, 73-83. Retrieved from

PsycINFO database.

Thorne, B. (2001). The prophetic nature of pastoral counseling. *British Journal of Guidance and

Counseling, 29*, 435-445. Retrieved from PsycINFO database.

Tonigan, J. S., Miller, W. R., & Schermer, C. (2002). Atheists, agnostics and Alcoholics

Anonymous. *Journal of Studies on Alcohol, 63,* 534-541. Retrieved from PsycINFO

database.

Walker, D. F., Gorusch, R. L., & Tan, S. (2004). Therapist's integration of religion and

spirituality in counseling: A meta-analysis. *Counseling and Values, 49*, 69-80. Retrieved

from PsycINFO database.

Watkins van Asselt, K., & Senstock, T. D. (2009). Influence of counselor spirituality and training

on treatment focus and self-perceived competence. *Journal of Counseling &

Development, 87*, 412-419. Retrieved from PsycINFO database.

Watts, R. E. (2011). Embracing both a constructivist counseling approach and a specific religious

    tradition: Is it a leap of faith? *Counseling and Values, 56,* 3-9. Retrieved from PsycINFO

    database.

Weld, C. & Eriksen, K. (2007). Christian clients' preferences regarding prayer as a counseling

    intervention. *Journal of Psychology & Theology, 35,* 328-341. Retrieved from PsycINFO

    database.

Willow, R. A., Tobin, D. J., & Toner, S. (2009). Assessment of the use of spiritual genograms in

    counselor education. *Counseling and Values, 53*, 214-223. Retrieved from PsycINFO

    database.

Appendix A. Competencies for addressing spiritual and religious issues in counseling

Association for Spiritual, Ethical, and Religious Values in Counseling (2009). *Competencies for*

    addressing spiritual and religious issues in counseling. Retrieved from

    http://www.aservic.org/resources/spiritual-competencies/.

Preamble

    The Competencies for Addressing Spiritual and Religious Issues in Counseling are guidelines that compliment, not supersede, the values and standards espoused in the ACA Code of Ethics.

    Consistent with the ACA Code of Ethics (2005), the purpose of the ASERVIC Competencies is to "recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (p. 3). These Competencies are intended to be used in conjunction with counseling approaches that are evidence-based and that align with best practices in counseling.

Culture and Worldview

1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.

2. The professional counselor recognizes that the client's beliefs (or absences of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

Counselor Self-Awareness

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs on the client and the counseling process.

5. The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources and leaders who can be avenues for consultation and to whom the counselor can refer.

Human and Spiritual Development

6. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

Communication

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.

8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and are acceptable to the client.

9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

Assessment

10. During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

Diagnosis and Treatment

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.

12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.

13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.

14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

Appendix B. Counseling Questionnaire

Date of Birth (mm/dd/yy): _____

Sex (choose one): ☐ Male ☐ Female

Race (choose one): ☐ White/Caucasian ☐ African American ☐ Hawaiian or Pac. Islander
☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Mixed Race
☐ Other (please specify) _____

Religion (choose one): ☐ Catholic ☐ Baptist ☐ Lutheran ☐ Methodist
☐ Pentecostal ☐ Muslim ☐ Jewish ☐ Buddhist
☐ Taoist ☐ Hindu ☐ Higher Power ☐ Wiccan
☐ Agnostic ☐ Atheist ☐ Nonreligious
☐ Other (please specify) _____

Regarding your current graduate studies in counseling:
- What type of counseling program are you enrolled in? (choose one)
  - Community counseling
  - Marriage and family counseling
  - School counseling

- How many courses have you completed in this degree as of today? _____

How important would you rate your religion? (circle one)
1———————2———————3———————4———————5
NO IMPORTANCE   SOME IMPORTANCE   VERY IMPORTANT

How often do you participate in worship practices associated with your religion? (circle one)
1———————2———————3———————4———————5
NEVER   RARELY   ON OCCASION   WEEKLY   DAILY

How important would you rate your spirituality? (circle one)
1———————2———————3———————4———————5
NO IMPORTANCE   SOME IMPORTANCE   VERY IMPORTANT

Appendix C. Spiritual Genogram Code List

Sex

- ■ Use □ for males

- ■ Use ○ for females

Religious affiliations and spiritual beliefs within family

- • Assign colors to each religious affiliation/spiritual belief and write names/symbols accordingly (example: Catholic = red, Buddhist = blue, Higher Power = green, etc)

- ■ If a family member changed affiliations/beliefs, combination of colors can be used

Meaning and importance of religion within extended family

- ■ Include + signs to indicate high importance of religion/spirituality

Family strengths and conflicts related to religion

- ■ Use === to indicate bond between family members related to religion/spirituality

- ■ Use /\/\/\ to indicate conflict or strained relationship between family members related to religion/spirituality

- ■ Use - - - to indicate broken relationship between family members related to religion/spirituality

Include other symbols/information as deemed important for your family

- ■ Age, career, relocation, significant dates, etc.

- ■ Symbols: dove, cross, water, star, etc.