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Predicting the Use of Spiritually-based Interventions with Children and Adolescents: Implications for Social Work Practice

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Abstract

A cross-sectional survey design with disproportionate random sampling was used to gather data from 283 clinical social workers across the United States. Overall, participants had a positive attitude toward the role of religion and spirituality in social work practice and were favorable of social workers helping youth develop spiritually. While practitioners used a wide range of spiritually-derived interventions with this population, the vast majority reported that these issues were rarely, if ever, addressed in their social work education and training. Three attitudinal variables, two practice related variables, and one personal spiritual/religious variable were found to be most predictive of the use of spiritually-based interventions and accounted for 69% of the variance. Implications for social work practice and education are identified and guidelines specific to working with young clients are provided.

Keywords: spirituality, religion, children, adolescents, practice, interventions

Introduction

There has been renewed interest in spirituality and religion as critical domains to include in social work practice and education, both in the United States (Canda & Furman, 1999) and Canada (Graham, Coholic, & Coates, 2006). Developments in this area have included delineation of spirituality and religion as overlapping, yet distinct concepts. Writers have generally used the term *spirituality* to refer to a personal search for meaning, purpose, and connection to the sacred or ultimate reality, which may or may not be expressed within religious institutions, while reserving the term *religion* to refer to the expression of spirituality through particular institutionalized beliefs and practices that are shared communally. As such, spirituality is most often considered to be the broader construct (Canda & Furman, 1999; Carroll, 1998; Sheridan,

2008). Two of the major rationales offered for incorporation of spirituality and religion in social work are the profession's commitment to both holistic practice and cultural competence (Baskin, 2002; Canda & Furman, 1999; Coates, 2004; Coholic, 2003; Furman, Benson, & Canda, 2004; Graham, Coholic, & Coates, 2006; Nash & Stewart, 2005; Sheridan, Bullis, Adcock, Berlin, & Miller, 1992; Sheridan, Wilmer, & Atcheson, 1994). Recognition of the importance of spirituality and religion to these two hallmark areas is evidenced by the inclusion of religion and spirituality within recent versions of the Canadian and U.S. codes of ethics, accreditation standards, and cultural standards (Canadian Association of Social Workers, 2005a, 2005b; Canadian Association for Social Work Education, 2008, 2009; Council on Social Work Education, 2008; National Association of Social Workers, 2008, 2001).

As a result of increased attention in this area, the profession is accumulating a large body of knowledge on the subject. This is evident through comparison of two editions of the "Spirituality and Social Work: A Comprehensive Bibliography with Annotations," authored by Canda and colleagues. The first edition lists over 550 publications in this area, with writings on a wide-range of religious and non-sectarian spiritual perspectives; spiritual perspectives of various cultural groups; spirituality in various fields of social work; as well as offerings on ethics, values, and morals (Canda, Nakashima, Burgess, & Russel, 1999). The second edition identified over 770 publications, a 40% increase, and includes references for spiritually-related social work textbooks (Canda, Nakashima, Burgess, Russel, & Barfield, 2003).

Literature Review

Among these writings are a number of studies on the use of spiritually-based interventions by social workers. Most recently, five studies have identified several significant predictors of such use, including demographic and background variables, professional and work-related factors, and client-related variables (Dane & Moore, 2005; Heyman, Buchanan, Musgrave, & Menz, 2006; Murdock, 2005; Sheridan, 2004; Stewart, Koeske, & Koeske, 2006). Four of these investigations used some version of the "Spiritually-Derived Intervention Checklist" (Sheridan, 2000) as the dependent variable, while Dane and Moore (2005) used the newly-developed "Total Spiritual Practices" scale. Both probability (Heyman et al., 2006; Murdock, 2005; Sheridan, 2004) and non-probability (Dane & Moore, 2005; Stewart et al., 2006) sampling methods were used to select social workers from various professional organizations and work settings.

Four of the five studies identified **respondents' demographic and background variables** as significant predictors of intervention use. Heyman and associates (2006) found that being *older* and *white* was associated with higher use of spiritually-based interventions. Dane and Moore (2005) identified self-reported *practitioner mental illness or trauma* as predictive of higher use of spiritually-based interventions, including the use of prayer, meditation, yoga, guided imagery, visualization, religious reading materials, exploring spiritual meaning of dreams, and free writing. Finally, some aspects of social workers' *religiosity or spirituality* emerged as significant in four of the five studies. Various operationalized as religious affiliation, participation in communal religious or spiritual services, and/or involvement in private (non-communal) religious or spiritual practices, most were shown to be predictors of higher intervention use (Heyman et al., 2006; Murdock, 2005; Sheridan, 2004). However, one study reported mixed findings with either conservative or no religious affiliation predictive of lower intervention use, while higher scores on personal spirituality were associated with higher intervention use (Stewart et al., 2006).

Four studies reported various **professional or work-related factors** as predictive of practitioner behavior. Three investigations found that positive *practitioner attitudes* toward the role of religion and spirituality in social work were predictive of higher intervention use (Heyman et al., 2006; Murdock, 2005; Sheridan, 2004). Murdock (2005) also found that the *number of clients seen per week* and *specific training on spirituality in social work education* were both positively related to intervention use. The fourth study (Dane & Moore, 2005) revealed practitioners' *theoretical orientation* as a significant predictor, with eclectic and "other" orientations both showing higher use of interventions than a psychodynamic orientation.

Finally, two of the five studies revealed **client-related variables** as important predictors. Dane and Moore (2005) found that higher levels of *clients' struggles with palliative care* were significantly related to higher intervention use. Sheridan (2004) found that higher percentages of *clients presenting religious or spiritual issues in practice* and *clients for whom religion was playing a detrimental role* were both predictive of higher use of spiritually-based interventions.

Although statistically significant, the reported predictor variables in these five studies varied in terms of strength of relationship and overall contribution to the use of spiritually-based interventions. Notably, three investigations reported *practitioner attitudes* about the appropriateness of spiritually-based interventions as the most powerful predictor of practitioner behaviors (Heyman et al., 2006; Murdock, 2005; Sheridan,

2004). A client-related variable (*clients' struggle with palliative care*) was shown to have the strongest relationship in the fourth study (Dane & Moore, 2005), while *personal spirituality* was found to be the most influential factor in the fifth study (Stewart et al., 2006).

As valuable as this body of knowledge is for identifying factors that are most influential of practitioner behavior, these studies focus solely on the use of spiritually-based interventions with adult populations. None of the five investigations speak to the use of such interventions when working with youth. This lack of attention is inconsistent with the large body of research that suggests religion (generally defined as religious affiliation, as well as church attendance and participation in related activities) may play an important role in the lives of younger clients by functioning as a protective factor from a wide range of problems and challenges. For example, studies have found that religion plays a role in shielding youth from psychological stress (Mosher & Handal, 1997; Rednick, Harris, & Blum, 1993), delaying sexual activity (DiBlasio & Benda, 1990; Holder et al., 2000), promoting educational achievement (Dai, 1996; Markstrom, 1999), preventing delinquency (Johnson, De Li, Larson, & Mc Cullough, 2000), averting substance use (Amey, Albreth, & Miller, 1996; Benda & Corwyn, 2000), and facilitating emotional well-being and positive life attitudes (Smith & Denton, 2005).

In regards to spirituality there are two divergent views concerning the depth and substance of this domain in the lives of children and adolescents. One perspective proposes that spirituality is linked to, and therefore constrained by, the cognitive capacities of youth (Elkind, 1997; Fowler, 1995), while the second view posits spirituality is based on sensory experience and that childhood, in particular, is a unique time of enhanced spiritual awareness (Hay, Nye, & Murphy, 1996; Levine, 1999; Nye & Hay, 1996). Empirical investigations in this area suggest that youth do have rich spiritual lives that include transpersonal experiences and spiritual epiphanies (e.g., archetypical mythical dreams; visionary experiences; and profound vivid insights about self-identity, life and death, or related topics) (Hart, 2003; Hay & Nye, 1998; Hoffman, 1992; Hunt, Gervais, Shering-Jongs, & Travis, 1992; Robinson, 1983), but that these experiences of connection to a transcendent force, or experiencing God's nearness and guidance, may diminish as children grow older (Tamminen, 1991). Furthermore, there is evidence to suggest that there is a positive association between transpersonal experiences and transpersonal commitment (defined as altruistic activities) among youth (Magen, 1983; Magen & Aharoni, 1991).

Finally, findings based on in-depth interviews with 38 British children, ranging from six to eleven years of age, suggest that the most

fundamental aspect of children's spirituality is relational consciousness (Hay & Nye, 1998). This is described as a type of meta-consciousness that encompasses not only relations with other people, but to all things, including being in relationship with a transcendent force, the world, and one's self. Furthermore, these investigators report that children seek to maintain and nurture their spirituality by various means, such as removing themselves from the mundane, either physically or mentally; developing and sustaining relationships with the transcendent through prayer; philosophizing about the origin of the world and the nature of God; and purposefully seeking altered states of consciousness.

Given the substantial body of research that suggests religion and spirituality play an important role in the lives of children and adolescents, the purpose of the current study is to inquire about practitioner use of spiritually-based (including religious and nonreligious) interventions with this population and identify significant predictors of their use. Therefore, this investigation explores the following research questions: "What specific spiritually-based interventions are social workers using in their practice with children and adolescents?" and "What factors influence the use of spiritually-based interventions by social workers working with children and adolescents?"

Methodology

Research Design and Sampling Procedure

All elements of this cross-sectional study's methodology received approval from a university internal review board. The sampling frame was acquired from the American Board of Examiners (ABE) in Clinical Social Work. The ABE is a national, independent non-profit certification organization dedicated solely to advanced clinical social work. Active members of ABE, otherwise known as Board Certified Diplomates (BDC), have specialized in clinical social work both in graduate and post-graduate education and training, and must meet the highest practice standards in terms of hours of direct clinical practice, supervision, continuing education, and peer evaluation. Members must recertify their diplomate status annually. Only active diplomate social workers who listed themselves as working either with children and/or adolescents at the time of this investigation were considered for the study ($N = 5,349$).

Extreme variations within each state in the number of BDCs who met the study criteria called for disproportionate stratified random sampling to insure that potential respondents from all states had an equally random chance to be included in the study. Given the religious focus of the study, data reported by the American Religious Identification Survey (ARIS)

(Kosmin, Mayar, & Keysay, 2001) was used to aggregate states into meaningful groupings based on high, moderate, and low religious identification rather than the physical proximity of East, Midwest, South, Mountain, and Pacific geographical locations, which could mask the religious patterns of each state. Because the ARIS study did not include Alaska or Hawaii, data from the Association of Religion Data Archives (ARDA) on rates of religious adherences (Jones et al., 2002) was used to categorize these states. According to the ARDA, both states are rated as “low” religious adherence and, thus, they were grouped as low religious identification states for purposes of this study. From each of the high, moderate, and low stratas, 250 potential participants were randomly selected to participate in the study. This sampling strategy addressed the potential influence of varying religious climates that exists within different states, while insuring random selection of participants within each category.

Data Collection and Sample Characteristics

Each of the 750 participants was sent a questionnaire, a returned-addressed envelope, and a cover letter explaining the study, including all elements of informed consent. To enhance the response rate an additional contact was made one week and three weeks later to participants who had not yet responded. Seventy-nine participants were considered unsuitable for participating in the study because they indicated that they no longer worked with youth or because of an insufficient address, resulting in a potential pool of 671 participants. Of these, a total of 283 completed surveys were returned resulting in an overall response rate of 42%. The response rates for each of the three stratas were: high religious identification (51%), moderate religious identification (36%), and low religious identification (39%). The few statistically significant differences between the three stratas that emerged during data analysis have been reported previously (Kvarfordt & Sheridan, 2007). The final sample consisted primarily of mature, white, females who were seasoned social workers with considerable practice experience with children and youth who primarily worked in private practice or outpatient mental health settings. Table 1 provides descriptive information regarding respondent demographic and practice-related characteristics.

Table 1: <i>Respondent Characteristics: Demographic and Practice-related Variables</i>	
Variable	Test Statistic ^a
Age	$M = 56.4, SD = 7.3$
Sex	
Female	66.1%, $n = 185$
Male	33.9%, $n = 95$
Race	
Caucasian/Euro-American	95.7%, $n = 266$
African-American	2.2%, $n = 6$
Asian-American/Pacific Islander	1.3%, $n = 4$
Latino(a)-American	.4%, $n = 1$
Bi-racial/Multi-racial	.4%, $n = 1$
Marital/Partner Status	
Married/Domestic Partner	83.1%, $n = 233$
Widowed/Separated/Divorced	4.3%, $n = 41$
Single	2.5%, $n = 7$
Number of Children	$M = 1.9; Mode = 2;$ $Range = 1$ to 7
Years of Practice Experience	
Overall social work experience	$M = 27.6, SD = 7.2$
Experience working with children and youth	$M = 25.6, SD = 8.0$
Composition of Caseload	
Youth of all ages	45.4%, $n = 126$
Only adolescents	40.8%, $n = 113$
Only children	13.8%, $n = 38$
Average Youth Seen per Week	$M = 9, SD = 7.1$

Theoretical Orientation ^b	
Psychodynamic	41.4%, <i>n</i> = 110
Cognitive/Behavioral	31.7%, <i>n</i> = 85
Systems theory	18.5%, <i>n</i> = 49
Eclectic	11.8%, <i>n</i> = 31
Humanistic	10.6%, <i>n</i> = 28
Transpersonal	4.5%, <i>n</i> = 12
“Other”	10.1%, <i>n</i> = 27
Work Environment	
Secular	82.3%, <i>n</i> = 230
Faith-secular partnership	11.0%, <i>n</i> = 31
Faith background	3.2%, <i>n</i> = 9
Faith centered	2.2%, <i>n</i> = 6
Faith affiliated	1.4%, <i>n</i> = 4
^a Valid percentages based on the number of respondents answering the particular question.	
^b Percentages based on possibility of multiple responses in each area; total more than 100%.	

Study Questionnaire

The survey included an introduction informing participants that the purpose of the study was to better understand social workers' opinions and practices regarding the role of religion and spirituality when working with children and adolescents. The following definitions were provided to assist participants in answering the survey questions. Spirituality was defined as “*the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it. This may or may not be expressed through religious forms or institutions.*” Religion was defined as “*an organized set of beliefs and practices shared by a community related to spirituality.*” Both of these definitions have been consistently used in the social work literature (Canda & Furman, 1999; Carroll, 1998; Murdock, 2005; Sheridan, 2004). When both spirituality and religion were referred to in one question, respondents were instructed to answer if either applied, or consider spirituality as inclusive of both religious and non-religious perspectives. This was not to convey that their meaning is the same; rather, it was to recognize that persons can identify themselves as primarily religious, primarily spiritual, a combination of both, or neither.

The multi-faceted questionnaire, which included both single-items and five composite-item scales, asked participants about their personal beliefs and practices; professional attitudes, experiences, and behavior; and education and training. The first scale, the “Role of Religion and Spirituality in Practice” (RRSP) has shown relatively high estimates of reliability in previous research, with *alpha* coefficients ranging from .81 to .88 (Heyman et al., 2006; Sheridan, 2004; Sheridan & Amato-von Hemert, 1999; Sheridan et al., 1992; Sheridan et al., 1994), and evidence of both convergent and divergent construct validity (Sheridan, 2000). In addition, three scales were developed specifically for this study: (a) “Relevance of Religion and Spirituality for Children and Youth” (RRSCY); (b) “Religious/Spiritual Abuse and Neglect of Children” (RSANC); and (c) “Reasons for Not Addressing Religion or Spirituality in Practice” (RNARSP). Items for this last measure were pulled from checklists used in previous research (Dudley & Helfgott, 1990; Sheridan et al., 1994). Instrument descriptions, example items, response formats, and reliability coefficients for each of these measures is reported in Table 2.

Instrument and Example Items	Response Format	# of Items	Cronbach's <i>alpha</i>
Role of Religion and Spirituality in Practice (RRSP): general attitudes about the role of religion and spirituality in social work practice <ul style="list-style-type: none"> • Knowledge of clients' religious and spiritual beliefs is important for effective social work practice • Religious concerns are outside the scope of social work practice 	5-point Likert scale	18	.91

<p>Relevance of Religion and Spirituality for Children and Youth (RRSCY): beliefs about the capacities and importance of religion and spirituality in youths' lives</p> <ul style="list-style-type: none"> • Religious beliefs provide guidelines for behavior that are beneficial to children and youth • Children and youth do not have the cognitive abilities to reflect on spiritual matters 	5-point Likert scale	11	.77
<p>Religious/Spiritual Abuse and Neglect of Children (RSANC): experience with religious and spiritual abuse and neglect of children and youth in practice</p> <ul style="list-style-type: none"> • The misuse of religious teachings (i.e. teachings that frighten or scare children, or put unrealistic demands on them) • Aspects of modern culture (e.g. materialism, technology, messages from media) that are detrimental to children's and youth's spiritual and religious development 	4-point Likert scale	10	.83
<p>Reasons for Not Addressing religion or Spirituality in Practice (RNARSP): possible reasons not to address religious or spiritual issues</p> <ul style="list-style-type: none"> • I am concerned about presenting my own biases • It conflicts with social work's mission 	Dichotomous "yes" or "no"	10	.67

The fifth scale, the “Spiritually-Derived Intervention Checklist” (SDIC), was used to assess the use of spiritually-based interventions. This scale, which employs a 4-point Likert type response format, has demonstrated good reliability and construct validity in prior research (Sheridan, 2006). The scale revealed an *alpha* coefficient of .94 for the current sample. Originally including 24 items, the SDIC was expanded in the current study to include 28 practice behaviors and edited to reflect interventions with children and adolescents.

Findings

Data from the high, moderate, and low subsamples were weighted in all analyses, including the sample demographics described above in order to account for the disproportionate sampling. A summary of findings on the respondents’ personal beliefs and practices; practitioner attitudes, experiences and behaviors; and education and training are presented below. This is followed by results from the multivariate analysis that identified which of these variables emerged as significant predictors of the use of spiritually-based interventions.

Univariate Analysis of Participants’ Responses

Personal Beliefs and Practices. Over half of the participants reported their primary religious affiliation or spiritual orientation as Christian (57.1%, $n = 157$), followed by Jewish (17.0%, $n = 47$), Buddhist (4.4%, $n = 12$) or “other” (16%, $n = 46$). Only 5.4% ($n = 15$) identified their primary affiliation as Agnostic or Atheist. The majority of respondents (64.2%, $n = 180$) reported attending *communal* religious services either once a week or several times a week during elementary school years, but only 24.3% ($n = 68$) attended once a week during adulthood. Conversely, when asked about the frequency of current *private* (non-communal) religious/ spiritual practices, nearly two-thirds (62.7%, $n = 175$) reported participation either daily or several times a week; only 12.3% ($n = 34$) reported no participation in private practices at all. Thus, a notable difference exists in this sample between current *communal* and *private* practices.

When asked about their current *relationship* to an organized religious/spiritual group, the majority (45.0%, $n = 126$) reported active participation and a high level of involvement or regular participation with some involvement. This was followed by 35.1% ($n = 98$) who reported identifying with a religious/spiritual group, but very limited or no involvement. Almost 20% ($n = 55$) reported no identification,

participation, or involvement, but only one participant (.2%) reported having disdain and a negative view toward religious/spiritual traditions. Finally, close to three quarters (74.7%, $n = 204$) considered social work practice to be a part of their spiritual life.

Professional Attitudes and Experiences. The “Role of Religion and Spirituality in Practice” (RRSP) (Sheridan, 2000) scale was used to measure practitioners’ attitudes about spirituality and social work practice, in general. Respondents’ reported scores ranged the possible span of scores of 18 to 90, with a mean of 68.7 ($SD = 10.7$). Although there was considerable dispersion among scores, these findings suggest that, as a whole, the current sample showed a generally favorable attitude toward the role of religion and spirituality in social work practice.

The “Relevance of Religion and Spirituality for Children and Youth” (RRSCY) scale measured respondents’ views specific to the relevance of religion and spirituality in the lives of children and adolescents. Reported scores ranged from 24 to 54 (out of a possible range of 11 to 55), with a relatively high mean of 39.5 ($SD = 5.3$), indicating general support for the importance of these topics to this population.

Assessment and Intervention Behaviors. Respondents reported, on average, a relatively small percentage ($M = 18.0\%$, $SD = 25.0$) of youth overtly present religious or spiritual issues in practice, although more than twice as many respondents (36.9%, $SD = 35.4$) believed that their young clients could be helped if the subject was addressed. When asked if social workers should help a child develop spiritually as well as emotionally and socially, a combined total of 44.5% ($n = 123$) either “agreed” or “strongly agreed,” 34.8% ($n = 96$) were “neutral,” and a combined total of only 20.7% ($n = 57$) either “disagreed” or “strongly disagreed.” When asked one open-ended question about the most relevant topics concerning religion or spirituality with this population, four top issues emerged: “death and dying” (55.2%, $n = 69$), “suicide and depression” (46.8%, $n = 58$), “sexuality related issues” (33.9%, $n = 42$), and “pregnancy related issues” (29.3%, $n = 36$).

The current study also explored practitioner assessment of the occurrence of religious and spiritual abuse or neglect of youth. The “Religious/Spiritual Abuse and Neglect of Children” (RSANC) scale asked participants to indicate how frequently they had seen ten types of abuse or neglect in this area. Seven out of the 10 types of abuse or neglect were “sometimes” or “often” encountered by at least 65% of respondents, including: misuse of religious teachings; aspects of modern culture detrimental to spiritual/religious development; spiritual well-being shaken

by experiencing or witnessing violence; spiritual abuse and neglect occurring simultaneously with physical, emotional, or sexual abuse; use of religion to justify harsh physical punishment or other types of severe discipline; negative effects of using threats of divine punishment to discipline children; and living conditions negatively impacting spiritual/religious growth and development. Overall scores ranged from 12 to 40 (out of a possible range of 10 to 40) with a mean of ($M = 26.3$, $SD = 5.3$).

The “Spiritually-Derived Intervention Checklist” (SDIC) (Sheridan, 2006) measured the respondents’ use of various types of spiritually-based interventions when providing services to this client population. Respondents showed a moderate to high mean rating on this measure ($M = 67.2$, $SD = 15.6$), with scores ranging from 30 to 103 out of a possible range of 28 to 112. Although there was a fairly wide dispersion in scores, this indicates a relatively frequent use of spiritually or religiously-based interventions. In additional analysis, the instrument’s 4-point scale was collapsed into two categories of “never or rarely” used and “sometimes or often” used. Over half of the participants reported that they “sometimes or often” used 15 of the 28 interventions listed (see Table 3).

Variable	“Sometimes” or “Often” Used in Practice	Average
Help a child or youth reflect on his/her beliefs about loss or other difficult life situations	91.8 %, $n = 259$	$M = 3.25$
Recommend participation in volunteer or altruistic activities	86.2 %, $n = 243$	$M = 3.09$
Gather information on the child's or youth's religious or spiritual background	83.5 %, $n = 236$	$M = 3.21$
Give attention to expressions of spiritual experiences, or mystical, or peak experiences, reported by children or youth	73.9 %, $n = 208$	$M = 2.83$
Help children or youth consider ways their or their family's religious or spiritual beliefs, practices, or support systems are <i>helpful</i>	70.7 %, $n = 197$	$M = 2.68$

Encourage caregivers to support spiritual development or religious participation of their child(ren)	67.9 %, <i>n</i> = 191	<i>M</i> = 2.70
Assess aspects of the physical and social environment that nurture or inhibit spiritual well-being	67.5 %, <i>n</i> = 190	<i>M</i> = 2.83
Encourage or recommend spiritual expression through creativity in the arts (poetry, painting, music)	64.7 %, <i>n</i> = 182	<i>M</i> = 2.59
Assess a child's or youth's religious or spiritual development	63.6 %, <i>n</i> = 178	<i>M</i> = 2.72
Recommend participation in a religious or spiritual support system, program, or activity	60.8 %, <i>n</i> = 172	<i>M</i> = 2.54
Help a child or youth reflect on his/her beliefs about what happens after death	60.3 %, <i>n</i> = 170	<i>M</i> = 2.57
Help a child or youth clarify their religious or spiritual values	59.9 %, <i>n</i> = 169	<i>M</i> = 2.51
Refer a child or youth to others for religious or spiritual counseling or direction (e.g., minister, rabbi, spiritual director)	56.1 %, <i>n</i> = 159	<i>M</i> = 2.47
Teach or recommend meditation	56.1 %, <i>n</i> = 157	<i>M</i> = 2.46
Use religious or spiritual language or concepts	54.4 %, <i>n</i> = 153	<i>M</i> = 2.38
Discuss with a child or youth the role of religious or spiritual beliefs in relation to significant others	49.7 %, <i>n</i> = 140	<i>M</i> = 2.36
Help a child or youth consider the spiritual meaning of his/her current life situation	48.5 %, <i>n</i> = 137	<i>M</i> = 2.37
Pray privately for a child or youth	46.7 %, <i>n</i> = 132	<i>M</i> = 2.24
Collaborate with outside religious or spiritual helpers or support systems on behalf of a child or youth	45.5 %, <i>n</i> = 128	<i>M</i> = 2.27

Help a child or youth develop religious or spiritual rituals as a practice intervention (e.g., house blessings, visiting graves of relatives, celebrating life transitions)	44.3 %, <i>n</i> = 125	<i>M</i> = 2.23
Help children or youth consider ways their or their family's religious or spiritual beliefs, practices, or support systems are <i>harmful</i>	40.5 %, <i>n</i> = 114	<i>M</i> = 2.09
Recommend regular religious or spiritual self-reflective diary or journal keeping	38.9 %, <i>n</i> = 110	<i>M</i> = 2.13
Assist a child or youth to reflect critically on religious or spiritual beliefs or practices	35.1 %, <i>n</i> = 99	<i>M</i> = 2.08
Recommend religious or spiritual forgiveness, penance, or amends	31.3 %, <i>n</i> = 88	<i>M</i> = 1.93
Share your own religious or spiritual beliefs or views	27.7 %, <i>n</i> = 77	<i>M</i> = 2.02
Use or recommend religious or spiritual books, or writings	26.6 %, <i>n</i> = 75	<i>M</i> = 1.85
Pray or meditate with a child or youth	13.7 %, <i>n</i> = 39	<i>M</i> = 1.49
Participate in a child's or youth's religious or spiritual rituals as a practice intervention	10.9 %, <i>n</i> = 31	<i>M</i> = 1.45

Overall, respondents indicated relatively few concerns or barriers relative to a focus on religion or spirituality when working with youth. Mean scores on the "Reasons for Not Addressing Religion or Spirituality in Practice" (RNARSP) scale were relatively low ($M = 1.9$; $SD = 1.9$), ranging from 0 to 9. However, two areas were identified by a notable number of respondents: "concerned about presenting my own biases" (56.7%, $n = 158$) and "child's or youth's caregiver would disapprove" (40.2%, $n = 105$).

When asked about obtaining the caregiver's permission when providing religious or spiritually-based interventions for youth, practitioners from this study reported a variety of practice decisions. Approximately equal numbers reported that they "always" (34.7%, $n = 58$), "sometimes" (28.7%, $n = 48$), or "hardly ever" (36.6%, $n = 61$)

obtain the caregiver's permission. However, only 60% of the entire sample responded to this particular item suggesting that these results should be interpreted with caution.

Education and Training. The vast majority of respondents indicated that they had either "never" (40.3%, $n = 113$) or "rarely" (43.2%, $n = 121$) received content on religious or spiritual issues in their training as a social worker. Satisfaction about this varied greatly: a majority (46.4%, $n = 130$) expressed neutral feelings about this, while almost equal numbers indicated that they were either "very or somewhat dissatisfied" (26.4%, $n = 74$) or "very or somewhat satisfied" (27.1%, $n = 76$). However, half of the respondents (50.3%, $n = 141$) reported attending a workshop or conference that pertained to some aspect of religion or spirituality within the last 5 years, indicating a desire for more information and instruction on the topic. In addition, only 37.0% ($n = 81$) reported receiving any youth-specific content related to religion and spirituality during their formal education and even less (23.8%, $n = 43$) had attended a workshop or conference related to the subject within the last five years. However, a sizeable percentage (42.2%, $n = 118$) reported they were either "very or somewhat interested" in learning more about the topic as it related specifically to children and/or adolescents.

Multivariate Analysis of Predictor Variables

Multiple regression analysis was used to investigate the second research question: "What factors influence the use of spiritually-based interventions by social workers working with children and adolescents?" All variables within the data set were initially considered for inclusion in the analysis if they had sufficient variability and response rate, and were a continuous level of measurement or, if categorical, could be dummy-coded (recoded as 1 or 0). Based on these criteria, a total of 24 predictor variables were identified for analysis. However, the sample size was not large enough to allow for the inclusion of all 24 potential independent variables since multiple regression generally requires ten to twenty cases for each independent variable (Schroeder, Sjoquist, & Stephan, 1986). Consequently, to determine variables with the greatest prediction potential, a series of bivariate analyses were conducted and 17 variables emerged as having a statistically significant relationship with intervention use as measured by the "Spiritually-Derived Intervention Checklist" (SDIC) (see Table 4).

Table 4: <i>Variables with Statistically Significant Relationships to the Spiritually-Derived Interventions Checklist (SDIC)</i>	
Variable	Test Statistic
Role of Religion and Spirituality in Practice (RRSP)	$r = .69$
Relevance of Religion and Spirituality for Children/Youth (RRSCY)	$r = .59$
Religious/Spiritual Abuse and Neglect of Children (RSANC)	$r = .42$
Reasons for Not Addressing Religion/Spirituality in Practice (RNARSP)	$r = -.34$
% of clients that present religious and/or spiritual issues in practice	$r = .37$
% of clients that could be helped by addressing spiritual/religious matters	$r = .58$
Frequency of <i>current</i> participation in <i>communal</i> religious/spiritual services	$r = .26$
Frequency of participation in <i>private</i> religious/spiritual practices	$r = .47$
Frequency of religious/spiritual content presented in social work training	$r = .20$
Satisfaction w/social work education/training re: religious/spiritual issues	$r = -.40$
Interest in workshops/conferences on religion/spirituality and youth	$r = .45$
Views on social workers helping youth with spiritual development	$r = .65$
Average number of youth seen each week in practice	$r = -.20$
Social work considered as part of spiritual life or path: Yes: $M = 69.92$; No: $M = 58.46$	$t = 5.49$
Current religious affiliation or spiritual orientation: Faith: $M = 68.22$; No Faith: $M = 57.95$	$t = 2.50$
Characteristics of work setting: Secular: $M = 65.72$; Non-secular: $M = 74.94$	$t = -3.84$
Attendance at workshop/conference related to religion or spirituality: Yes: $M = 73.07$; No: $M = 61.13$	$t = 6.88$
* $p < .001$	

However, conducting a series of bivariate analyses increases the possibility of identifying relationships as statistically significant when, in fact, they are due to chance (Rubin & Babbie, 2008). To minimize the likelihood of Type I errors, all 17 statistically significant variables were entered into the multiple regression equation using a stepwise procedure. The probability level was set at $< .05$ to enter into the regression equation and $\geq .10$ to remove. All coefficients were less than .70, indicating the absence of multicollinearity (Tabachnick & Fidell, 2007). Additional collinearity diagnostic were also conducted showing tolerance values less than 2.0 (.41 to .90) and VIF (Variance Inflation Factors) values less than 10 (1.11 to 1.60).

Based on the regression analysis, six variables emerged as significant predictors of the use of spiritually-based interventions accounting for nearly 69% of the variance ($R^2 = .689$, Adjusted $R^2 = .680$; $F = 72.99$ (6,179), $p < .001$). Data on the order of entry and the R^2 change show that practitioner attitudes, as measured by the RRSP scale, accounted for more than 52% of the variance, with the other five variables contributing from 8% to slightly less than 1%. The strength and direction of the six predictor variables can be determined by examination of the standardized β coefficients (see Table 5).

Predictor Variables in Order of Entry into Regression Analysis Equation	R^2	R^2 Change	Standardized Coefficients Beta (β)	t -Value	Significance Level
Attitudes re: role of religion and spirituality in practice (RRSP scores)	.521	NA	.31	5.06	$p < .001$
Encounters with religious or spiritual abuse and neglect (RSANC scores)	.602	.081	.25	6.04	$p < .001$

Social workers should help children and youth develop spiritually as well as emotionally and socially (Spiritual Development)	.642	.040	.22	4.34	$p < .001$
% of children and youth that could be helped by addressing religious or spiritual matters (% Helped)	.670	.028	.21	4.26	$p < .001$
Frequency of current participation in private religious or spiritual practices (Private Personal Practices)	.682	.012	.14	3.02	$p < .01$
Reasons for not addressing religion or spirituality in practice (RNARSP scores)	.689	.007	-.09	-2.14	$p < .05$
Adjusted R^2 of Final Model (6 Variables)	.680				

All but one of these associations were positive, which indicates that higher use of spiritually-based interventions were predicted by: a) more positive attitudes about the role of religion and spirituality in social work practice (RRSP scores) ($beta = .31$); b) more encounters with religious

and spiritual abuse and neglect of children and youth (RSANC scores) ($beta = .25$); c) views that social workers should help children develop spiritually as well as emotionally and socially ($beta = .22$); d) views that young clients could be helped by addressing spiritual or religious matters ($beta = .21$); and e) more frequent current practitioner participation in private religious or spiritual practices ($beta = .14$). Conversely, reasons for not addressing religion or spirituality in practice (RNARSP scores) showed a negative relationship ($beta = -.09$). Thus, practitioners with more reasons to not address this area used fewer spiritually-based interventions.

Discussion and Implications

The findings of the current study must be interpreted within the following constraints inherent in the sampling and data collection methods. First, the sample consisted of Board Certified Diplomates (BCD) who are required to meet more rigorous standards in clinical social work than is required of licensed clinical social workers; therefore, they tend to be in private practice and be more experienced social workers. In addition, there was a higher response rate from respondents in the high religious identification strata compared to the moderate and low identification stratas (51%, 36%, and 39%, respectively). These differences, as well as the relatively low response rate (42%), further limit generalization to a wider sample even though probability sampling methods were used.

In regards to the measurement instruments, although the reliability coefficients of the three newly developed scales (“Religious/Spiritual Abuse and Neglect of Children and Youth,” “Relevance of Religion and Spirituality in Children and Youth” and “Reasons for Not Addressing Religion or Spirituality in Practice”) were within acceptable range for research, the overall reliability and validity of these scales is just beginning to be established. Finally, the use of self-report data raises the possibility of faulty recall or social desirability bias; thus, responses may not accurately reflect attitudes or actual behavior.

Despite these constraints, findings from the current study increase our knowledge about the use of religious and spiritually-based interventions with youth. Practitioners’ general attitudes toward the role of religion and spirituality in social work emerged as the strongest predictor of intervention use. This finding is consistent with previous studies that also identified practitioner attitudes as the most influential variable (Heyman et al., 2006; Murdock, 2005; Sheridan, 2004). One other attitudinal variable also contributed to the overall model; namely, a positive attitude about social workers’ role in helping children and youth

develop spiritually. Together these two attitudinal variables accounted for 56% of the variance in the dependent variable. This linkage between a person's attitudes and behavior is not surprising given the abundance of research that substantiates this general relationship.

Two variables related to practitioner assessment that also emerged as predictive of the use of interventions were encounters with religious or spiritual abuse and neglect and the number of youth who could be helped if religion or spirituality was addressed. It is possible that these two variables are related, in that practitioners who report encountering spiritual abuse or neglect of youth might be more likely to report that attention to these issues would be helpful. Additional research would be useful to clarify this potential relationship.

Findings from this study also suggest that involvement in personal religious and spiritual practices, whether private or communal, may also influence professional behavior. This finding is consistent with previous investigations that also found that intervention use was significantly influenced by similar background variables, such as practitioners' active involvement in private spiritual activity (Heyman et al., 2006; Murdock, 2005), communal type religious participation (Sheridan, 2004) or religious identification (Stewart et al., 2006). It seems that whether social workers identify as being religious, or engage in private or communal practices, personal religiosity or spirituality appears to be influential on their professional behavior.

It could be argued that these three categories of predictive variables (professional attitudes, assessment behaviors, and personal religious or spiritual practices) are theoretically related in that they reflect an overall value system or worldview. In other words, a practitioner who values and engages in religious or spiritual practice in his or her own life may naturally find this an important dimension to attend to when working with youth, including instances of religious and spiritual abuse or neglect. On the other hand, if a practitioner's worldview does not include a religious or spiritual lens, she or he may not find the issue important enough to address with young clients.

Similar to findings related to adult populations, findings from this study suggest that the religious and spiritual lives of children and youth are seen by practitioners as important components of the whole person, and when addressed appropriately, attention to this aspect of life can be part of effective and ethical social work practice. This is encouraging, since it is in line with the professions' understanding of religion and spirituality as important dimensions of the human condition and its recognition of religious and spiritual diversity.

However, it is also of concern that much of what might be driving the inclusion of religion and spirituality in assessment and practice with children and adolescents may be the perceptions and attitudes of practitioners rather than their education and training. If personal religious and spiritual practices and attitudes toward the role of religion and spirituality in practice are linked to professional behavior, then we need to ask what influences attitudes either positively or negatively. Do positive attitudes come from professional training, from practitioners' personal spiritual and religious values and experiences, or both? Perhaps the more important question to ask is: What are the intersections between personal spiritual and religious practices, professional attitudes, and the use of spiritually-based interventions with children and adolescents?

Stewart and his colleagues (2006) explored this question by using path analysis to test the possible mechanisms among predictor variables emerging from their regression analyses. Counter to what many would have hypothesized, their findings suggest that social workers' personal spirituality directly impacted their use of religious and spiritually-based interventions, which in turn led to positive perceptions about such intervention use and positive attitudes about the role of religion and spirituality in practice in general. Clearly additional research is needed to investigate the complex interaction among these key variables, but these findings raise important questions for individual practitioners and the profession as a whole. If practitioners' personal religiosity or spirituality is the "first link" in a chain of factors underlying the use of spiritually-based interventions, the potential for ethical misconduct is evident, especially if personal views are not mediated or informed by client-centered factors and specific professional training in spiritually-sensitive practice. Possible harm lies in both directions, in that practitioners could either introduce or withhold spiritually-based interventions based on their own personal beliefs or experiences versus selecting interventions based on the applicability and appropriateness for the particular client situation.

These results, coupled with findings from the current study, raise particular concerns regarding the ethical use of spiritually-based interventions with youth. To date, offerings in the literature about ethical guidelines have focused on practice with adult populations (Canda & Furman, 1999; Canda, Nakashima & Furman, 2004; Sheridan, 2009). The need for guidelines unique to children and adolescents should also be considered. One example is obtaining a caregiver's permission regarding the use of religious or spiritually-based interventions with young clients. Findings from the current study, which show that about one-third of practitioners either "never," "sometimes," or "always" obtain caregivers'

permission, suggest there is little consensus about what ethical standards to use when deciding to inform caregivers.

Some may argue that exploring youth's understanding of spirituality, identifying core values, or supporting deeper reflection on the meaning of life are simply part of holistic social work practice and, thus, necessitate no additional efforts regarding informed consent of either young clients or their caregivers. Others would counter that when such approaches lead to consideration of particular religious beliefs, practices, or customs, there is a danger of impinging upon or contradicting family or cultural teachings. Caution in this regard is reflected in the markedly lower percentages reported by respondents regarding use of interventions that are more intrusive or overtly religious (e.g., participating in religious or spiritual rituals, praying or meditating with clients). Development of specific guidelines for the use of spiritually-based interventions with youth would be consistent with the extra protection required for ethical practice with minor-aged clients and would provide useful direction for practitioners.

This study also begs the question if we are to include content about the religious and spiritual lives of children and adolescents in social work education, what should we teach? So far previous writings have indicated inclusion of religion and spirituality is necessary in social work education as an essential dimension in understanding human behavior and as an important aspect of human diversity (Canda, Nakashima & Furman, 2004; Canda & Furman, 1999; Sheridan, 2008). However, with 45% of practitioners from this study indicating that social workers have a role in helping youth develop spiritually as well as emotionally or socially, it is evident that social workers could also benefit from some exposure to content on children and adolescents' spiritual capacities and development and the role that religion may play in their lives. Furthermore, inclusion of this content is consistent with CSWE's Educational Policy 2.1.7 (2008), which specifies spiritual development as a required content area under knowledge of human behavior and the environment.

There are several existing theories that focus on the role of spirituality in child development that address the curriculum mandate stated in EP2.1.7. Depending upon how the concept is defined, some of these theories offer contradictory understandings of the spiritual capacities of children and adolescents. For example, transpersonal theories consider spiritual development to be dependent on obtaining a high level of ego development and then moving beyond the ego to a higher level of spiritual awareness (Washburn, 1995; Wilber, 1995, 1996). An implication of this view is that it suggests that youth, who naturally have underdeveloped egos, also have underdeveloped spiritual lives. On the other end of the continuum, some argue that children and

youth may have enhanced spiritual capacities (Levine, 1999) or that our understanding of the spirituality of this population has been distorted (Hay et al., 1996; Nye & Hay, 1996). Hay and Nye's (1998) study is one example of an investigation that examined the place of spirituality in children's lives. Findings from this study suggest that children actively seek to nurture and maintain a rich spiritual life that often includes experiencing feelings of deep calmness, peacefulness, and gratitude; new insights and clarity; and a sense of oneness or of forgetting one's self – all elements that are characteristic of the higher levels of spiritual development proposed by transpersonal theorists, who generally state that these qualities are not realized until adulthood. Given these varying propositions, consideration of different theories regarding youth's spiritual development should be part of graduate education.

Conclusion

Overall, implications for social work practice stemming from the current study indicate the need to identify the specific knowledge, values, and skills required for spiritually-sensitive practice with children and adolescents. Specifically, findings suggest the need to address spiritual development, capacity, and experiences of youth; approaches to comprehensive spiritual assessment, including religious or spiritual abuse and neglect; and guidelines for the ethical use of spiritually-based interventions. Sheridan (2008) has previously delineated eight general practice principles for spiritually-sensitive social work, which focus on the need for informed, ethical, and culturally-sensitive practice, as well as continuing practitioner reflection about one's own spiritual development. To these general guidelines, findings from the literature and the current study suggest five specific recommendations for working with children and adolescents:

1. Become familiar with various theoretical understandings of spiritual development in children and adolescents and utilize these frameworks as part of holistic assessment with this population.
2. Recognize the unique spiritual experiences and capacities of children and adolescents and do not minimize or denigrate these experiences or abilities.
3. In order to gain a more comprehensive understanding of the religious, spiritual, and social contexts that influence youthful clients, information gathering should include religion and spirituality as they relate to the lives of significant others in a youth's life, including close and extended family members and other key persons.

4. Gather information on possible religious or spiritual abuse/neglect in the lives of children and adolescents to the same degree that you would assess the presence of physical, sexual, or emotional abuse/neglect.
5. Obtain caregiver's permission regarding religious or spiritually-based interventions in the same manner that you would obtain such permission for any other type of practice approach with a minor-aged child.

In conclusion, the findings from this investigation increase our knowledge about the factors most predictive of practitioners' use of spiritually-based interventions, with children and adolescents. However, further investigation is needed. First, it would be useful to identify the pathways or mechanisms that influence the predictive factors relative to the use of spiritually-based interventions with this population. Second, to increase our understanding of a broader population of social workers, future research should examine the views and behaviors of social worker practitioners other than those in clinical or private practice. Third, future research also needs to examine the efficacy of using religious and spiritually-based interventions for young clients, taking into account different life and practice-related circumstances. As the profession continues to refine its understanding of the spiritual dimension in human functioning and its relevance to social work practice, attention to the particular experiences and needs of youth is warranted.

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