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Perceived Spiritual Competency of Master's-Level Clinical Mental Health Students Enrolled in Cacrep Accredited Counselor Education Programs: An Investigation of Variables

Anna Marsh Selby

Perceived spiritual competency of Master's-level clinical mental health students enrolled in CACREP accredited counselor education programs: An investigation of variables

By

Anna Marsh Selby

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Perceived spiritual competency of Master's-level clinical mental health students enrolled in CACREP accredited counselor education programs: An investigation of variables

By

Anna Marsh Selby

Approved:

_____

Katherine Dooley
(Major Professor)

_____

David T. Morse
(Committee Member)

_____

Kimberly Renee Hall
(Committee Member)

_____

Cheryl A. Justice
(Committee Member)

_____

Deborah L. Jackson
(Committee Member)

_____

Charles D. Palmer
(Graduate Coordinator)

_____

Richard L. Blackbourn
Dean
College of Education

Name: Anna Marsh Selby

Date of Degree: May 3, 2018

Institution: Mississippi State University

Major Field: Clinical Mental Health Counseling

Major Professor: Katherine Dooley

Title of Study: Perceived spiritual competency of Master's-level clinical mental health students enrolled in CACREP accredited counselor education programs: An investigation of variables

Pages in Study 158

Candidate for Degree of Doctor of Philosophy

The purpose of the current study was to investigate the relationship among strength of religious faith, a set of demographic variables, and self-perceived spiritual competence of master's-level clinical mental health counseling students enrolled in CACREP accredited programs. The study methodology was a quantitative correlational survey research design using multiple linear regression analysis.

Data were collected from 178 participants through an online survey comprised of three instruments: the Santa Clara Strength of Religious Faith Scale (Plante & Boccaccini, 1997), and the Revised Spiritual Competency Scale (Dailey, Robertson, & Gill, 2015), and a demographic survey developed by the researcher. Results of the multiple linear regression revealed that 30% of the total variance in scores on the SCS-R-II was predicted by the model. In terms of individual relationships between the independent variables and scores on the Spiritual Competency Scale, strength of religious faith ($p < .001$), sexual orientation ($p = .027$), and awareness of the ASERVIC Spiritual Competencies ($p = .034$) each were statistically significant predictors of higher scores on the SCS-R-II. The remaining seven predictor variables – age, gender, ethnicity (2),

university affiliation, exposure to SRIC in program, and hours completed in program – were not found to be statistically significant predictors of scores on the SCS-R-II.

DEDICATION

This dissertation is dedicated to:

Sarah Jane, three years old, and Rue, age one
For giving me a good excuse for the four year delay

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CHAPTER I

INTRODUCTION

Throughout history humans have desired to be a part of something greater than themselves (Bass, 2015), making the sense of belonging one of the earliest and most universal activities of the human mind (Jung, 1938). Similarly, one can trace the acknowledgment of a higher power to the Paleolithic Age (Walden, 2012), during which the earliest recorded humans expressed their spiritual awareness through cave art and ritualistic burial of the dead (Whitley, 2009). As civilizations emerged, more complex religions developed in which humans worshipped the elements of nature, such as the sun and moon, as anthropomorphic deities (Harrison, 2010). Harrison stated these primitive religious practices were followed by the development of shrines that evolved into temples. These sacred places gave rise to hierarchies of priests and priestesses, who served the deities similar to the organized religion of the present era (2010). Frankl (1963) stated that despite agricultural, technological, and scientific advances, the human race has always strived to grasp the meaning of life, the universe, and humankind's place in the world.

Although today the quest for wholeness and meaning continues to flourish in the United States, in recent years, the religious climate has changed. According to Smith et al. (2015), from 2007 to 2014, evidence indicated that the number of persons reporting religion as important in their lives decreased from 56% to 53%. Similarly, the percentage

of Americans who said they were certain that God existed dropped from 71% to 63% from 2007 to 2014. In addition, the number of adults, who reportedly attended religious services weekly, dropped from 36% to 33% in that same 7-year period. When asked in 2014 whether religion as a whole had increased influence on American life or lost influence, 20% of respondents stated religion had increasing influence, whereas 76% stated religion had lost its influence. However, in 2007, 33% stated religion had increased influence, whereas 62% stated religion had lost influence (Smith et al., 2015).

Although data from Smith et al. (2015) showed that Americans have become slightly less religious, Gallup (2016) conducted a poll that indicated religion has become more important in people's lives. This poll included questions about whether people believed in God or *a universal spirit,* and evidence indicated the statistics remained stable over the past four decades, fluctuating between 94% of the population in 1976 to 90% in 2016. Approximately 60% of Americans reported, "[They] feel a deep sense of spiritual peace and well-being" at least once a week, up from 52% in 2007 (Gallup, 2016, p. 19).

Huss (2014) stated the concept of "spiritual but not religious" was used to define a growing number of Americans who desire some connection to the divine, but do not want to be affiliated with any type of traditional religion (p. 47). Spiritual but not religious people identify with the concept of spirituality, which focuses on the spirit of the individual over organized religion. This group of religiously unaffiliated adults is often referred to as religious "Nones" (Smith et al., 2015). Nones grew in number from 37 million to 56 million between 2007 and 2014, outnumbering Catholics and mainline Protestants, leaving them second only to Evangelical Protestants. Although Smith et al. (2015) posited the religious landscape in the United States shifted in some ways, whether

religiously-affiliated or not, Gallup (2016) stated the majority of the American population desired a relationship with or connection to something greater than themselves, whether they define that force or entity as God (i.e., person's belief derives from religion) or as a universal spirit (i.e., person's belief derives from spirituality).

Bass (2012) posited the increasing secularization of U.S. society and the decline of traditional religion contributed to a *wandering culture*, referring to those who look for greater meaning and fulfillment in their lives. These spiritual but not religious individuals are seeking answers in a New Age spirituality that embraces a body-mind integration and a connection with "the universe," rather than to a deity (Huss, 2014). When in need of healing or support, these individuals look outside traditional religious helpers, such as clergy members or priests. Instead, these spiritual but not religious persons have turned to psychotherapy and counseling to find meaning, purpose, and a sense of fulfillment in life (Pope, 2011; Sperry, 2001).

Menigat (2007) studied spirituality as it related to counselors and their practices. The author stated that many of these counselors' clients sought *spiritual enlightenment* from the therapeutic process, thereby strengthening the argument that counselors should be spiritually competent in their scope of practice. Clients often present to treatment in the middle of a crisis, and whether religious or spiritual preferences are initially identified by the client, presenting problems often mask spiritual or existential elements, complicating the clients' issues (McLaughlin, 2004). Therefore, counselors may find themselves in the role of addressing existential issues for their clients. For example, Frame (2002) acknowledged this responsibility by referring to counselors as *cultural shamans*, because they address concerns about the meaning and purpose in life for their

clients. Similarly, in his seminal work, Koch (1998) described counselors as *spiritual catalysts*; whereas, London (1985) suggested that psychotherapists have become today's secular priests. In 2015, Bass identified a population of people who found less comfort in traditional religious ideals and turned to the concept of spirituality to find fulfillment in their lives over the religion of the past. Moreover, many researchers have suggested religion and spirituality could positively influence mental health and psychological well-being (Aranda, 2008; Bishop, Barlow, Walker, McDermott, & Lewith, 2010; Briggs & Dixon, 2013; Bryant-Davis & Wong, 2013; Tsuang & Simpson, 2008; Winter et al., 2009). All of these changes in spiritual and religious practice have implications for providers in counseling and the mental health fields.

Based on the research (Aranda, 2008; Bishop et al., 2010; Briggs & Dixon, 2013; Bryant-Davis & Wong, 2013; Tsuang & Simpson, 2008; Winter et al., 2009), one may question whether the primary goal of psychotherapy is to "heal the soul" (Leech, 1980, p. 20). This research also implies that counselors should be prepared by training programs to address the spiritual needs of their clients. In 1994, Kelly was the first to investigate the extent to which spiritual and religious issues were integrated into counselor education programs. Kelly found that fewer than 25% of the 343 counseling programs studied included religious and spiritual issues as a course component or as a significant noncourse component of training. These findings indicated a deficit in counselor training programs regarding the amount of preparation and training that counseling students received in addressing spiritual- and religious-related concerns with their clients. Kelly's (1994) findings also indicated a disparity between counselor educators' opinions on the importance of spirituality in counseling and the emphasis placed on spiritual-related

training in counselor training programs. Although more than 80% of counselor educators believed having knowledge of spiritual-related issues was important in the preparation of counselors, less than 25% indicated that training in spiritual and religious issues were included in the counseling curriculum. Subsequent researchers elicited similar findings (Aten & Hernandez, 2004; Ripley, Jackson, Tatum, & Davis, 2007; Young, Cashwell, Wiggins-Frame, & Belaire, 2002).

Hage, Hopson, Siegel, Payton, and Defanti (2006) revealed that despite a willingness to lead discussions and conduct research in spiritual and religious issues, counselor educators did not feel qualified to take a lead in these discussions. Moreover, researchers have found practicing clinicians acknowledge a similar lack of confidence (Dobmeier & Reiner, 2012; Jenkins, 2009; Osborn, Street, & Bradham-Cousar, 2012; Plumb, 2011). These researchers have further shown counselors recognize spiritual and religious issues as a potentially powerful tool in the therapeutic process, but do not feel comfortable addressing spiritual issues with their clients due to a perceived deficit in their educational training (Dobmeier & Reiner, 2012; Jenkins, 2009; Osborn et al., 2012; Plumb, 2011) or in their personal spiritual development (Cashwell & Young, 2004; Stloukal & Wickman, 2011; Walker, Gorsuch, & Tan, 2004). Although spiritual development and/or religion has been recognized as an integral component of human growth and personal change (Fowler, 1981; Gold, 2013; Myers & Williard, 2003), spiritual exploration has been neglected in counselor training (Dailey, Curry, Harper, Moorhead, & Gill, 2011; Robertson, 2010a). This deficit has resulted in professional counselors who are unprepared to respond to the spiritual/religious needs of their clients. Therefore, these researchers have stated that the field of counselor education has

neglected to train spiritually and religiously competent counselors, a problem that must be addressed at the curriculum level by counseling programs.

In response to this problem, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009) hosted a group of 13 experts in what became the first Summit on Spirituality in counseling (Cashwell & Young, 2011). ASERVIC (2009) leaders produced a set of guidelines to inform competent counselor training in spiritual and religious issues and to develop competencies for practice in counseling (Cashwell & Young, 2011). In 2009, this group held the Second Summit on Spirituality to review, revise, reduce, and clarify the original competencies. The group attempted to minimize any overlap in competencies and provide clarity among the categories described. As a result of the Second Summit, ASERVIC (2009) adopted a set of 14 *spiritual competencies* as the revised *Competencies for Addressing Spiritual and Religious Issues in Counseling*. These 14 competencies were organized into the following six domains: (a) culture and worldview, (b) counselor self-awareness, (c) human and spiritual development, (d) communication, (e) assessment, and (f) diagnosis and treatment.

Other professional and accrediting bodies adopted ASERVIC's spiritual competencies to ensure that a study of spirituality and religion in counseling were incorporated in counselor training and practice (Dailey, Robertson, & Gill, 2015). The American Counseling Association (ACA, 2017) also adopted the revised spiritual competencies and included spirituality and religion as a component of human diversity in the ACA ethical code. Additionally, The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) included spiritual orientation and religious values in their social and cultural diversity standards, and emphasized the need

to address spirituality in the core curriculum of counselor education programs. Finally, spirituality concerns are now included as a V-code in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*; American Psychiatric Association [APA], 2013). Daily et al., (2015) indicated that counselors and mental health providers have validated the connection between an individual's spiritual development, sense of well-being, and positive aspects of mental health development (Nichols & Hunt, 2011; Plante, 2007).

Statement of the Problem

Researchers have agreed that in the counseling profession, competent therapeutic practice includes addressing the spiritual and/or religious domain of a client. Although clinicians have concluded that spiritual and religious issues are an integral part of understanding the client's worldview (Cashwell & Young, 2011; Knight, 2010), researchers have also indicated that the spiritual and/or religious domain of the client is often neglected or ignored in therapy (Knox, Catlin, Casper, & Schlosser, 2005; Richards & Bergin, 2005; Walsh, 2010). Counselors and counselor educators have reported they do not feel competent in addressing these clinical concerns due to either a lack of personal spiritual development or a lack of training in spiritual and religious issues (Burke et al., 1999; Curtis & Glass, 2002; van Asselt & Senstock, 2009).

To address this deficit, a set of guidelines was developed to inform competent practice and training in spiritual and religious development (Cashwell & Young, 2011). These spiritual competencies were included in the CACREP (2009) training standards and endorsed by the ACA (2017). However, the practical application of spiritual and religious competency training in counselor education programs remains unclear (Robertson, 2010b). In addition to the lack of clarity about how to apply training and

application standards, there is a lack of research that specifically examines the correlates of spiritual competency in counseling students enrolled in counselor education programs (Sperry, 2011). Without empirically validated spiritual training strategies to guide counselor educators it is misguided to think that counseling students will be prepared to competently address the spiritual and religious needs of their clients. According to Tillman (2011),

> The field of counselor education has entered a dark room, armed with darts representing spiritual competence, and thrown them at a board hoping to hit something that will instill a sense of spiritual competence and confidence in their counseling students. (p. 5)

Until the variables that contribute to the spiritual competence of counseling students are identified, counselor educators face a struggle in connecting to their clients' needs regarding spiritual or religious concerns.

Purpose of the Study

The purpose of the current study is to investigate the variables that influence the levels of self-perceived spiritual competence, as measured by the Revised Spiritual Competency Scale-II (Dailey et al., 2015), of graduate level counseling students enrolled in CACREP accredited counselor education programs. The positive effect of spirituality on physical and mental health is supported throughout the literature (Brown, Carney, Parrish, & Klem, 2013; Diaz et al., 2011). Additionally, acknowledgement of and attention to the spiritual and/or religious beliefs of clients is outlined in professional standards as a component of ethical and competent practice (Balkin, Schlosser, & Levitt, 2009). Finally, to fill the gap between theory and practice, researchers have developed a

set of spiritual competencies to guide the incorporation and integration of spiritual and religious training into counselor education programs (Cashwell & Young, 2011).

Despite these attempts to develop spiritual competency in the counseling field, training counseling students in spiritual and religious issues continues to be a challenge for counselor educators (Hagedorn & Gutierrez, 2009). Moreover, the majority of research on spiritual and religious training in counselor education has focused on the perception of importance in addressing spiritual-related issues in training programs and supervision (Bishop, Avila-Juarbe, & Thumme, 2003; McGhee, 2011; Peoples, 2013; Reiner & Dobmeier, 2014). Researchers have also focused on methods used to address spiritual competencies across the counselor education curriculum (Adams, Puig, Baggs, & Wolf, 2015; Burke, 2014; Hage et al., 2006; Manderino, 2014; Osborn et al., 2012). Additionally, researchers have examined the spiritual and religious content taught by counselor educators and whether those skills align with the 14 spiritual competencies endorsed by ACA and CACREP (Sperry, 2011; Young et al., 2002). There is a lack of research examining the correlates of spiritual competency (Sperry, 2011) in graduate level counseling students.

Research Questions and Hypotheses

Research Question 1: What are the combined and individual effects of strength of faith and a set of demographic variables (age, gender, ethnicity, sexual orientation, university affiliation, hours completed in program, exposure to SRIC training, and awareness of ASERVIC spiritual competencies) on self-perceived spiritual competency for master's level clinical mental health students enrolled in CACREP accredited counseling programs?

$H_0$1: Personal strength of religious faith and a set of demographic variables (age, gender, ethnicity, sexual orientation, university affiliation, hours completed in program, exposure to SRIC training, and awareness of ASERVIC spiritual competencies) do not predict self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited programs.

Research Question 2: What is the relationship between exposure to and type of spiritual training and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

$H_0$2: There is no relationship between exposure to and type of spiritual training (as measured by having had spirituality included through a stand-alone course and/or integrated into coursework and/or clinician components) and self-perceived spiritual competency.

Research Question 3: What is the relationship between hours completed in program and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

$H_0$3: There is no relationship between hours completed in a counseling program and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs.

Research Question 4: What is the relationship between personal strength of religious faith and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

$H_0$4: There is no relationship between personal strength of religious faith and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs.

Theoretical Framework

To identify those variables that influence spiritual competency, the process of spiritual development across the lifespan should be evaluated. James Fowler (1981) developed the most comprehensive lifespan perspective of spiritual development in *Stages of Faith: the Psychology of Human Development and the Quest for Meaning.* Fowler's model of faith development, influenced by the models of Piaget (1932; 1960) and Kohlberg (1963), posits six stages of development, including a pre-faith stage in which a foundation of trust and mutuality occurs during one's first years of life. Fowler's (1981) model conceptualizes the construct of faith as a "universal process of meaning making" (p. 20). It should be noted that what Fowler (1981) referred to as *faith* is synonymous with the operational definition of spirituality used in the current study. Accordingly, faith represents ways in which individuals "develop cognitively and spiritually in dealing with ultimate, transcendental reality and meaning" (Sperry, 2011, p. 72). Understood in this way, Fowler's (1981) definition of faith is universal and has relevance for all individuals, regardless of age or religious affiliation. According to Fowler (1981), faith or the activity of meaning making is rooted in certain processes or structures (e.g., logic, moral reasoning, perspective taking, world coherence, locus of

authority, social awareness, and symbolic function) that determine ways in which individuals interact intrapersonally and interpersonally. Consequently, Fowler's model focuses on the processes that "facilitate the operation of faith" (Jardine & Viljoen, 1992, p. 75), rather than any specific content of faith (i.e., the values or beliefs of a particular religion).

Fowler (1981) suggested that transition from one stage to another was often the result of "conversion" (p. 283) experiences, in which the worldview of the individual was either expanded or constricted by reacting to significant life experiences (Barron, 2012). Fowler's (1981) conversion experiences are relevant to the integration of spiritual issues in the field of counselor education, because facilitation of spiritual and religious experiences may contribute to higher levels of spiritual competency. Currently, the variables or experiences correlated with spiritual competency remain unclear. Moreover, spiritual development often involves an uncomfortable cognitive dissonance that requires individuals to assimilate, accommodate, or disregard spiritual and religious beliefs (Barron, 2012). Fowler (1981) suggested that individuals who were in the later stages of his model of faith development have spent time questioning and developing their own belief systems and were more likely to tolerate others' belief systems and be comfortable with their own spiritual and religious ambivalence.

Researchers have asserted that for counselors to provide spiritually sensitive interventions to clients, they must first examine and understand the role of religion and/or spirituality in their own lives (Erwin, 2001; Cashwell & Young, 2011). Fowler's (1981) model of faith development outlines characteristics of individuals at varying stages. Understanding these stages can assist counselor educators, as they provide the

environment and interventions to assist students to advance to a level of faith development that is indicative of spiritual competence.

Definition of Terms

American Counseling Association (ACA) – The ACA (2017) is a not-for-profit, professional, and educational organization that is dedicated to the growth and enhancement of the counseling profession. Currently, the ACA is the world's largest association that represents professional counselors in various practice settings and seeks to advance ethical and accreditation standards, the professional growth, and national recognition of its counselors.

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) -- ASERVIC (2016) is a division of ACA devoted to professionals who believe that spiritual, ethical, religious, and other human values are essential to the full development of the person and the discipline of counseling.

Council for Accreditation of Counseling and Related Educational Programs (CACREP) – Established in 1981, CACREP (2016) is an independent accrediting body with a mission to promote the professional competence of counseling and related practitioners through (a) the development of preparation standards, (b) the encouragement of excellence in program development, and (c) the accreditation of professional preparation programs.

Religion – Kelly (1995) defined religion as "the organization of belief that is common to a culture or subculture; the codified, institutionalized, and ritualized expressions of peoples' communal connections to the Ultimate" (p. 5). Religion is an integrated system of beliefs, lifestyle, ritual activities, and institutions by which individuals give meaning to (or find meaning in) their lives by orienting them to what is considered sacred, holy, or of the highest value (Hemeyer, 2009).

Revised Spiritual Competency Scale II (SCS-R-II) – The SCS-R-II is a 21-item inventory measuring spiritual competence in counseling (Robertson, 2010b) that is aligned with the *Spiritual Competencies* of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009). The SCS-R-II is a revised edition of the Spiritual Competency Scale (Robertson, 2010) and may "serve to establish a baseline for competency, as a benchmark for certification programs, as an assessment of student learning, and as a tool to understand the spiritual level at which individuals are in the process of becoming spiritually competent" (Dailey, Robertson, & Gill, 2015, p. 25).

Spiritual competency – For the purpose of the current study, the operational definition for spiritual competency will be the definition used by Robertson (2008) in her development of the Spiritual Competency Scale (SCS): "A level of competency (ability to carry out a task) that has been attained by gaining the knowledge, attitudes, and skills proposed by the ASERVIC *Spiritual Competencies*" (p. 20).

Spiritual competencies – This term refers to the set of *Competencies for Integrating Spirituality into Counseling,* as proposed by ASERVIC (2009, 2016). This group of 14 guidelines represents the foundational knowledge and attitudes that counselors should attain before including spiritual and religious material in counseling (Cashwell & Young, 2011). The competencies are listed in full in Appendix A.

Spirituality – ASERVIC (2016) stated the following about spirituality: Spirituality is the drawing out and infusion of spirit in one's life. It is experienced as an active and passive process. [Spirituality] is the capacity and tendency that is innate and unique to all persons. This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psycho spiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture. (para. 2).

Spirituality training - For the purposes of this study, spirituality training refers to academic coursework and supervision training that counselor trainees receive for culturally competent practice, which includes spirituality as an important cultural domain that corresponds to the ASERVIC (2009) spiritual competencies (Cashwell & Young, 2004).

Summary

Spirituality is a fundamental part of the human condition (Fowler, 1981). In recent years, spirituality has become increasingly important in the lives of many Americans (Gallup, 2016; Sperry, 2011). Recognition of the central role of spirituality in the therapeutic process indicates a paradigm shift toward a more holistic and integrative model of counseling (Frame, 2003; Myers & Williard, 2003). To guide the profession in a direction that is empirically sound, more research is needed to identify those variables that influence counseling students' abilities to address spiritual and religious issues competently as part of the counseling process. Despite a growing consensus that spirituality can play a significant role in various psychological and therapeutic outcomes, preparing counseling students to address spiritual and religious issues competently in therapy is challenging (Cashwell & Young, 2011). To address this predicament, this study will investigate the variables that influence the levels of self-perceived spiritual competence of master's level clinical mental health students enrolled in CACREP accredited counselor education programs.

CHAPTER II

LITERATURE REVIEW

Overview

As the role of spirituality becomes more important in the lives of individuals, understanding the connection between religion/spirituality and health becomes more important (Bonelli & Koenig, 2013). This chapter will review the literature identifying the psychological and physical benefits of spirituality. It will also review the role of spiritual practices, originating in the Eastern religions that have become popular as traditional forms of western religious practices decline in the U.S. (Bass, 2015; Barnes, Plotnikoff, Fox, & Pendleton, 2000; Cashwell & Young, 2011; Pargament, 1999). This chapter will demonstrate how, in spite of mounting evidence demonstrating the efficacy of spiritual exploration in therapy (Brown et al., 2013; Johnson et al., 2011), expectations of clients to address spiritual issues (Belaire, Young, & Elder, 2005; Weld & Eriksen, 2007), the belief of practitioners and counselor educators that spiritual issues are relevant to the therapeutic process (Cashwell & Young, 2011; Dlugos & Friedlander, 2001), and mandates by governing bodies to integrate spiritual issues into counselor education (ACA, 2014; ASERVIC, 2009; CACREP, 2009), deficits in practice and training continue to exist (Plumb, 2011; Robertson, 2010; Walker et al., 2004).

Spirituality and Religion

Before continuing, it is important to understand what is meant by the two terms central to this review: 'spirituality' and 'religion.' Both spirituality and religion have long been considered an integral part of the human experience, (Taylor, 2002), described as crossing every category of human endeavor from art, music, and poetry to warfare and conflict (Zinnbauer & Pargament, 2005). These constructs have influenced every recorded civilization and culture (Harrison, 2010) and serve as overarching paradigms that contribute to man's ability to find meaning in their lives (Otto, 2010). Less clear is the nature of the relationship between religion and spirituality.

Historically, the terms "religious" and "spiritual" were synonymous with how individuals related to or connected to God or a higher power (Bass, 2012). There is a bidirectional relationship between spirituality and religion present in the literature, which suggests spiritual practices can lead individuals to become more religious and religious practices can lead individuals to become more spiritual (Burke et al., 1999; Hill & Pargament, 2003; Pargament, 1999; Peoples, 2013). Although the constructs of spirituality and religion overlap at times, and the terms are often used interchangeably, scholars differ on where they diverge (Zinnbauer et al., 1997; Zinnbauer & Pargament, 2005). Blando (2006) asserted that spirituality and religion are distinct and separate concepts altogether.

According to Turner, Lukoff, Barnhouse, & Lu (1996) spirituality was not distinguished from religion until the rise of secularism in the twentieth century. During this time, many individuals began to see religious institutions as a hindrance to their personal experience of transcendence and their relationship with God. The separation

between organized religion and spirituality prompted many individuals to attempt to exercise their spirituality separate from religious institutions (Swinton, 2001). Fuller (2001) suggested that as the definitions of the terms diverged throughout the late twentieth century, spirituality came to be more associated with the private realm of thought and experience, whereas religion referred to a more structured, institutional membership. The rise of individual spirituality necessitates that scholars understand how it may differ from religion, since each potentially describes separate aspects of individual experience (Cates, 2009).

Religion Defined

The term *Religion* refers to a system of beliefs and practices observed by a community and supported by rituals that seek to acknowledge and/or worship the Sacred or Divine, in Western cultures often referred to as God and in Eastern cultures the Ultimate Truth or Nirvana (Tsuang & Simpson, 2008). Rooted in the Latin word *religio*, or "binding together," religion pertains to a social institution that promotes a shared set of beliefs and practices meant to facilitate a relationship with God and one another (Morgan, 2007; Sperry, 2001).

Cashwell & Young (2011) described religion as institutional and creedal, with others using words such as denominational, external, cognitive, behavioral, ritualistic, and public (Richards & Bergin, 1997). Religion is also described as an external expression of faith (Gotterer, 2001) that provides a pathway to the spiritual experience and also a way for individuals to connect with the sacred (Fukuyama & Sevig, 1997; Ingersoll, 1995; McLennan et al, 2001). This organized system of beliefs and practices often revolves around a transcendent spiritual experience and a broad conceptualization

of religion may be viewed as a framework for collective spirituality (Carlson, Kirkpatrick, & Hecker, 2002; Mutter & Neves, 2010). Therefore, religion may be viewed as a portal through which one may experience spirituality.

Spirituality Defined

Compared to religion, spirituality is understood as a more personal and individualized construct, unique to each individual (Grams, Carlson, & McGeorge, 2008). Like many other unobservable phenomena, arriving at an operational definition has proven difficult, making research on spirituality tedious (Robertson, 2008; Walsh, 2010). Derived from the Latin word *spiritus* meaning 'breath' or 'life force,' *spirituality* describes a fundamental orientation to one's life and the foundation of one's approach to living (Morgan, 2007). Swinton (2001) drew a parallel between breath and spirituality, asserting that both are fundamental and life-sustaining qualities, as breathing-in oxygen sustains life on a physiological level, spirituality sustains life on an ontological level. Swinton (2001) goes on to describe spirituality as the animating force that, once awakened, brings human beings to life. The idea of spirituality as 'life-giving' is demonstrated throughout the literature (Marra, 2000) and may serve to help increase understanding between spirituality and the therapeutic process.

According to Kurtz (1999), "one's spirituality engenders a way of being and experiencing, involving meaning, wholeness, openness to the infinite, and connectedness to others and the natural world" (Morgan, 2007, p. 2). Several authors asserted that a person's spirituality motivates and inspires the search for meaning and purpose in life (Clinebell, 1995; Ellison, 1983; Fukuyama & Sevig, 1997; Sperry, 2001), and this search may or may not involve a connection or relationship with a transcendent being or higher

power (Hage et al., 2006). Although the definition of spirituality may differ individually, there are clear themes that consistently emerge such as transcendence, self-actualization, purpose and meaning, wholeness, balance, sacredness, altruism, universality, and a sense of a higher power (Stanard et al., 2000).

Van Kamm described the human spirit as a dynamic force that keeps a person growing and changing and involves a process of emerging, becoming and transcending of self (as cited in Goddard, 1995). He argued that it is through this force that life is given meaning and individuals are able to realize a sense of purpose. A review of the literature found that spiritual values inspire purposefulness and meaning in life, a sense of the sacredness in life, an attention to the spiritual rather than material, an altruistic attitude toward others, a desire to make a better world, and an awareness of the tragic and painful (Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988). Pate and Bondi (1995) credit spirituality with assisting individuals to understand their place in the universe. Mara (2000) stated that spirituality fosters an understanding of how the individual sees himself or herself. For the purpose of this study spirituality will be defined as the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love (Cashwell & Young, 2011).

Spiritual Development

Spiritual development has long been considered a facet of human development (Gollnick, 2008). The spiritual domain is both inherent and unique to each individual, and like other aspects of human life, spirituality is understood as a developmental process (Bishop et al., 2003; Fowler, 1981; Myers & Williard, 2003). This construct evolves over

time and is foundational in the lives of many Americans, as well as within the therapy room. Spiritual development has been characterized by qualities such as connectedness, inclusivity, benevolence, and peace (Cashwell & Young, 2011). Thus, many presenting problems that counselors will see in some way are a reflection of where the client is in their spiritual journey. Keeping in mind the vast scope of spirituality, the preparation and training of counseling students is similar to an individual's spiritual development, in that it is a multifaceted, longitudinal process.

The theoretical foundation of the current study is grounded in Fowler's Model of Faith Development (1981). Terminology notwithstanding, faith, as it is conceptualized by Fowler (1981) and spirituality, as it is operationally defined in the current study, are interchangeable. Both faith and spirituality are understood to be an inherent aspect of the human condition, an innate component of human development, intrinsically related to value systems, and the ultimate avenue for constructing meaning (Cashwell & Young, 2011; Erwin, 2001; Fowler, 1981). Fowler's assertion that all individuals evolve in their faith development and his identification of discernable stages of faith development is significant in light of the current dilemma facing the counseling profession: that it is still unclear how to facilitate spiritual development in counseling students that contributes to spiritual competency.

Fowler's Model of Faith Development

The idea of spiritual competence emerges from developmental theory that posits one's spiritual growth is developmental in nature, evolves over time, and is part of lifespan development. For the purposes of this study, the faith development model of James Fowler was used as a theoretical underpinning.

James Fowler (1981), a theologian influenced by Piaget's theory of cognitive development and Kohlberg's theory of moral development, was the first to conceptualize faith through a developmental lens. Fowler's developmental model, which he characterized Stages of Faith Development (Fowler, 1981) emerged through the process of interviewing 357 individuals and analyzing their life stories. It was from these life stories that Fowler identified a growth-oriented model containing one pre-stage and six stages of faith development to understand the spiritual and religious changes that occur throughout the lifespan. According to Fowler, faith is a universal human activity of "meaning-making" and can be measured by the essential question "what are you spending and being spent for?" (p. 3). Fowler emphasized that faith, rather than religion "is the most fundamental category in the human quest for relation to transcendence… [and] is an orientation of the total person, giving purpose and goal to one's hopes and strivings, thoughts, and actions" (p. 4).

Fowler identified one pre-stage and six stages of faith through which individuals may pass as their ability to make meaning of and relate to their environment become more complex (Parker, 2011). In addition to the stages of faith development, Fowler also identifies developmental crises and transitions between those stages (Parker, 2011), in which he described religion as "cultural expressions of faith." In his book *Stages of faith* (1981), Fowler stated that faith was a person's way of seeing him- or herself in relation to others against a background of shared meaning and purpose. According to Fowler, faith is not necessarily religious in nature, rather it is a universal human experience that begins at birth and evolves across the lifespan. It was Fowler (1981) who first proposed that a human's journey in faith does indeed begin at birth and ends only in death, a structural

developmental approach reflective of Piaget's theory of cognitive development (1970) and Kohlberg's theory of moral development (1976). Like Piaget (1970) and Kohlberg (1976) Fowler proposed a set of stages that map the potential for spiritual development across the lifespan.

Fowler's theory is comprised of one pre-stage of infancy (Primal Faith or Undifferentiated faith) that lays the foundation for the six stages that follow: (1) Intuitive-Projective Faith, (2) Mythic-Literal Faith, (3) Synthetic-Conventional Faith, (4) Individuative-Reflective Faith, (5) Conjunctive Faith, and (6) Universalizing Faith (Fowler, 1981). From his interviews, Fowler also identified seven constructs, or structures, used to determine one's faith stage (Fowler, 1981). These Structures of Faith include (1) Form of logic, (2) Perspective taking, (3) Form of moral judgment, (4) Bounds of social awareness, (5) Locus of authority, (6) Form of world coherence, and (7) Symbolic function. Fowler (1981) suggested that it is the differences in the levels of these structures that help determine a person's faith stage; he is also intentional in noting that one's stage of faith is related to the complexity of these structures and not the complexity of one's beliefs (Parker, 2009).

Spiritual Competence

The term 'competence' in counseling is grounded in the multicultural literature (Dailey et al., 2015) that defines multicultural competence as "counselors' attitudes/beliefs, knowledge, and skills related to working with individuals from a variety of cultural groups" (Constantine, Gloria, & Ladany, 2002, p. 334). Understanding a client's spiritual and religious development as a part of therapeutic practice and training has been assumed to be part of multiculturalism in counseling since the multicultural

competencies were introduced in 1992 (Sue, Arredondo, & McDavis, 1992), but was not separately addressed until several years later (Cashwell & Young, 2011).

The term *spiritual competence* originated in 1995 at the First Summit on Spirituality, when a group of experts in the field of spirituality in counseling met to develop guidelines, known as the *ASERVIC Spiritual Competencies,* to assist counselors and counselor educators in learning to address spiritual and religious issues in counseling and counselor training (Miller, 1999). The original nine *Competencies* were expanded to include 14 others, representing a framework that clarifies the knowledge and skills counselors should cultivate in order to demonstrate spiritual and religious competence. The *Spiritual Competencies* also formed the basis for the development of the Spiritual Competency Scale (SCS), an instrument for measuring religious and spiritual competence in counselor education students (Robertson, 2010). Robertson, a participant at the summit and developer of the Spiritual Competency Scale, described spiritual competence as a level of competency that has been attained by gaining the knowledge, attitudes, and skills proposed by the ASERVIC *Spiritual Competencies* (2010). The establishment of an empirically sound instrument to measure spiritual competency has prompted an increase in counseling research examining the factors correlated with spiritual competence and determining those teaching strategies that facilitate competence in this area.

Like cultural competency, spiritual competence is considered to be a lifelong endeavor that involves a set of attitudes, knowledge, and skills (Hodge, 2005; Hodge & Bushfield, 2007). Peoples (2013) described a spiritually competent counselor as one who possesses spiritual awareness, spiritual knowledge, and the spiritual sensitivity needed to be proficient in the assessment, diagnosis, and treatment of clinical concerns that have

religious/spiritual significance. Literature suggested that one's own self-awareness of cultural competency is a precursor to being competent (Hodge, 2007) and several authors have assessed competence by gauging "comfort level" in discussing spiritual concepts (Dobmeier & Reiner, 2012; Myers & Williard, 2003; Souza, 2002). Hodge (2007) suggested that spiritual competency is defined as:

> …an active, ongoing process characterized by the following three, interrelated dimensions: (1) a growing awareness of one's own value-informed, spiritual worldview and its associated assumptions, limitations, and biases, (2) a developing empathic understanding of the client's spiritual worldview that is devoid of negative judgment and, (3) an increasing ability to design and implement intervention strategies that are appropriate, relevant, and sensitive to the client's spiritual worldview. (p. 106)

Benefits of Spirituality

The role of spirituality in the field of mental health has been the focus of much research over the past several decades (Allmon, 2013; Bonelli & Koenig, 2013; Richards & Bergin, 2005; Steiner, Zaske, Durand, Molloy, & Arteta, 2016; Worthington, Kurusu, McCollough, & Sandage, 1996). There is overwhelming evidence to support the notion that a healthy spiritual outlook not only benefits an individual's overall well-being, but can also benefit physical and mental health (Hodges, 2002; Koenig, 2011; Thoresen, 1999; Young, Cashwell, & Shcherbakova, 2000). For example, spiritual strategies such as mindfulness and attentiveness to thoughts and moods can decrease psychopathology, improving mental and physical well-being (Brown, Marquis, & Guiffrida, 2013). Additionally, spiritual activities, such as prayer, meditation, and mindfulness practices

have grown in popularity and have been shown to enhance mental health and an overall sense of personal well-being (Plante, 2009).

As the definition of health has evolved from simply a state of being disease-free, to a more integrative and holistic concept that entails a mind-body-spirit balance, the benefits of spiritual practice and its impact on overall health has become increasingly relevant. Although the variables that support optimal health continue to be investigated, evidence supports the efficacy of incorporating spiritual practices in physical medicine (Curlin et al., 2007; Curtis & Glass, 2002; Koenig & Cohen, 2006; Puchalski et al., 2009) and psychology and mental health (Aranda, 2008; Briggs & Dixon, 2013; Hill & Pargament, 2003; Perera & Frazier, 2013).

Many authors acknowledge that the influence of spiritual values and beliefs is inextricably linked to other aspects of life (identify, self-efficacy, interpersonal relationships, vocational pursuits, perceptions of life's meaning and purpose), and is therefore relevant to the counseling process (Everts & Agee, 1994; Robertson, 2008). Taking this research into account, one may assume that individuals with a more established sense of spirituality are also more stable across variables of well-being, including both physical and mental health. Therefore, it is not surprising that the acknowledgement and integration of the spiritual issues in the therapeutic process is shown to have a positive influence on treatment outcomes (Agorastos, Demiralay, & Huber, 2014). It is this acknowledgement, assimilation, and integration of spirituality within the counseling student that the current study attempts to examine.

Spirituality and Mental Health

A number of studies have shown that spiritual well-being can have a positive effect on mental health and can improve psychological functioning (Diaz et al., 2011; Plants, 2009). Bonelli and Koenig (2013) conducted a meta-analysis examining religiosity and spirituality within the top psychiatry and neurology journals. Out of the 43 publications reviewed, 72% found a significant inverse relationship between level of religious/spiritual involvement and mental disorders. Of the studies reviewed, correlations were found between spirituality and several established factors of psychological well-being including depression, anxiety, substance abuse, and low suicidality (Bonelli & Koenig, 2013). Findings from this meta-analysis indicated that higher levels of spirituality or religious involvement was predictive of improved mental health and wellbeing.

Many studies have investigated the relationship between spirituality and depressive symptoms (Brown et al., 2013; Diaz et al., 2011; Johnson et al., 2011; Kendler et al., 2003; Lawler-Row, 2010; Li, Okereke, Chang, Kawachi, & Vanderweele, 2016; Murphy & Fitchett, 2009). Diaz et al. (2011) examined the relationship between symptoms of depression and spirituality among 160 clients from an inpatient substance abuse facility. Results from this study suggested that clients who reported a strong connection with spirituality reported fewer depressive symptoms. One of the largest studies to date examining the relationship between religious attendance and clinical depression followed 48,984 nurses from 1996 to 2008 (Li et al., 2016). Results indicated that nurses who attended religious services weekly were 25% less likely to develop depression than nurses who never or almost never attended religious services.

Consequently, those who attended services more than once weekly were nearly 30% less likely to develop depression. This study highlighted the protective factor that spiritual practice brings to mood and coping with distress.

Similarly, in a study of 161 youth, ages 12-15, all at risk for suicide due to peer victimization or bullying, religious involvement was found to be related to less suicidal ideation as well as fewer incidents of depressive symptoms that contribute to suicidal ideation (Cole-Lewis, Gipson, Opperman, Arango, & King, 2016). Results from this study highlighted the efficacy of religious involvement as an important component in depression and suicide prevention interventions, and supported the positive influence of spiritual and religious practice on mental health. Similar studies suggested that spiritual well-being is predictive of fewer symptoms of anxiety and depression (Brown et al., 2013; Johnson et al., 2011; Murphy & Fitchett, 2009) and that specific aspects of spiritual and religious practice such as forgiveness and gratitude are correlated with lower rates of depression (Kendler et al., 2003; Lawler-Row, 2010).

In addition to depression and anxiety symptoms, the addictions literature contains many studies that examine the use of spiritual practice in treatment outcomes. Spiritual practice has been identified as a predictor of better treatment outcomes, such as extended sobriety (Hodge, 2011) and decreased substance use following successful discharge from treatment (Delaney, Forcehimes, Campbell, & Smith, 2009; Robinson, Cranford, Webb, & Brower, 2007; Robinson, Krentzman, Webb, & Brower, 2011; Stewart, 2008).

Harold Koenig (2013), a psychiatrist and one of the foremost researchers in the area of spirituality and health, makes a point that is especially noteworthy for those in the counseling field. When discussing the consistent evidence supporting the relationship

between religious involvement and fewer depressive symptoms and the role of religion in moderating impulsivity, aggression, and substance abuse, Koenig noted that it may seem counterintuitive when considering the perception that moral restriction of religion contributes to guilt, which is a predictor of depression (Bonelli & Koenig, 2013). Koenig (2013) followed by reporting studies with mixed findings that found individuals with extremely high religiosity (and extremely low religiosity) were more prone to symptoms of depression, suggesting that in order to be healthy, a certain amount of flexibility and moderation in spiritual and religious belief and practice is necessary.

Spirituality and Physical Health

Wax (2005), a researcher at Harvard University, conducted interviews with 105 self-described "spiritual" people across eight professional fields to explore how individuals in the modern workforce experience spirituality at work. Drawing on those interviews, Wax (2005) found that most participants believed that what they considered "spirituality" enhanced their sense of responsibility in their place of work, as well as in society, by giving them a larger goal and allowing them to find meaning in their work. Although it is not suggested that clients seek therapy for physical ailments, it is understood that physical functioning is an integral component of identity, purpose, and responsibility, comprising the holistic self. A holistic model of care emphasizes the integration of mind, body, and spirit and as such, individuals often find that their spirituality helps them to cope with illness, traumas, losses, and life transitions (VandeCreek & Burton, 2001). Because concerns related to physical health can influence psychological functioning or mental health concerns, an understanding of how physical health may be influenced by spiritual and religious beliefs is relevant to this review.

The intersection of personal health and spirituality is likely as close as the nearest hospital. Hospital chaplains serve a significant role as spiritual caregivers offering benefits in a number of capacities to patients, healthcare professionals, and members of the community. The White Paper for Professional Chaplaincy, which represents the five largest healthcare chaplaincy organizations in North America, is based on the premise that attention to spirituality is an important part of caring for the individual (VandeCreek & Burton, 2001). Research linking religiousness to physical health has existed for decades (Park et al., 2016). The majority of the research related to congestive heart failure has examined the link between religiousness and mortality by focusing on worship service attendance (Chida, Steptoe, & Powell, 2009). Recently, there has been increased focus on the relationship between mortality and spirituality, conceptualizing spirituality as related to but distinct from religiousity (Oman, 2013). In a study of 191 patients with congestive heart failure researchers tracked participants for five years assessing predictors of mortality. Results indicated that "spiritual peace" was a predictor of a decreased risk of dying during the follow-up phase, and researchers concluded that "experiencing spiritual peace, along with an adherence to a healthy lifestyle, were better predictors of mortality risk in the sample of CHF patients than were physical health indicators such as functional status and comorbidity" (Park et al., 2016).

Weaver, Pargament, Flannelly, & Oppenheimer (2006) conducted one of the largest meta-analyses on religion, spirituality, and physical health, examining over 16,000 articles written over a 35 year span. Results from their meta-analysis found a strong relationship between spiritual beliefs, values, and practices and improved physical health. Another meta-analysis investigated the health benefits of spiritual practice in over 1,200

studies (Koenig, McCullouch, & Larson, 2001), and found that spiritual beliefs and practices correlated with quicker recovery from physical illness and increased prevention of disease and illness. Koenig (2013) also found that spiritual beliefs were meaningful resources for individuals coping with psychopathology, difficult life situations, and often mitigated the negative effects of substance use disorders. These studies supported the idea that internalized spirituality or religion can be a powerful resource to not only buffer against physical illness, but also enhance overall well-being (Stillwell, 2015).

Spirituality and Holistic Wellness

The increase in research demonstrating the psychological and physical benefits of spirituality are indicative of a paradigm shift toward a more holistic approach to counseling (Frame, 2003; Myers & Williard, 2003). This shift is congruent with spiritual and religious practices of the general population, in which individuals are more interested in spiritually-focused paths to wholeness compared to the structured rituals associated with traditional organized religion (Bass, 2015; Smith et al., 2015). As the foundation of a holistic model of wellness is balanced among the psychological, physical, and spiritual domains of the individual, a discussion of the holistic wellness model is relevant to the current study.

As the field of counseling continues to move toward wellness models and focus on prevention (Robertson, 2010), balance among psychological, physical, and spiritual functioning becomes more important. Subsequently, this holistic approach was reflected in the counseling wellness models that began to emerge (Cashwell & Young, 2011; Chandler, Holden, & Kolander, 1992; Kelly, 1994; Myers, Sweeney, & Witmer 2000; Robertson, 2010a). Myers et al. (2000) described wellness as a way of living that

integrates body, mind, and spirit, enabling the individual to live a healthy life within him or herself and within the world. Several authors have suggested that embracing a biopyschosocial-spiritual model, in which counselors attend to the biological, psychological, social, and spiritual dimensions of individuals, is integral to holistic care (Delbridge, Taylor, & Hanson, 2014; Patterson, Hayworth, Turner, & Raskin, 2000).

A holistic approach to counseling is not an entirely new concept. Adler (1964), the founder of Individual Psychology emphasized the need to understand individuals holistically (Corey, 2001). Adler (1964) spoke of spiritual holism, referring to a sense of one-ness or feeling of connection that all humans strive to attain with the world around them, implying that there is more to life and to the therapeutic process than biological and cultural factors (Polanski, 2002). In 1992, Witmer and Sweeney produced the first counseling wellness model based on Adlerian theory. Witmer and Sweeney (1992) described spirituality as giving "life-enhancing beliefs about human dignity, human rights, and reverence for life" (p. 141), which guides purpose and values. Another counseling wellness model conceptualizes spiritual health as a precursor to overall health and suggests that without spiritual health the individual remains incomplete (Chandler et al., 1992). Myers & Sweeney (2008) posited that spirituality "incorporates one's existential sense of meaning, purpose, and hopefulness towards life" (p. 273) and asserts that it contributes to longevity and quality of life. Counseling wellness models recognize spirituality as a legitimate approach to holistic counseling (Plante, 2009) and support the integral role of spirituality in the therapeutic process. It would then follow that counselors be trained to integrate spiritual concepts in their work with clients. However, it will be evidenced throughout the remainder of this chapter that this has not always been the case.

Although the field of counseling purports to operate using a holistic approach, as mentioned above, counselors often lack the skills to address the spiritual domain, leaving it neglected for the most part. In order to address the gaps that currently exist regarding the integration of spiritual issues in counseling, it is necessary to examine the factors that contribute to spiritual competency in training programs, the purpose of the current study.

Spirituality, Religion, and Counseling

Historical Context

To understand how the construct of spirituality has emerged as important in the field of counseling, this historical context of spirituality and religion in counseling and its relationship with the mental health field is useful. This relationship can be traced back to the Dark Ages when religious and spiritual practices were used as the primary source of treatment for physical and mental illnesses (Davidson et al., 2003). Throughout the Middle Ages monks and priests acted as physicians and care for the sick was provided primarily by the church (Amundseon, 1998). For the next several centuries the Christian church continued to provide care for the physically and mentally ill, with hospitals and institutions for treatment run by clergy and nuns as the first "nurses" (Koenig, 2000; Porter, 1993).

It was not until the scientific discoveries of the 18th Century that the church's monopoly over the medical profession began to erode (Koenig, 2000). This chasm was deepened by the skeptical, if not antagonistic view of religion held by leaders in the field of psychology. Freud, the father of psychoanalysis, denied the realm of spirituality, describing it as a "disavowal of reality" (1927/1961). Religion, Freud believed, "is an illusion, and it derives its strength from the fact that it falls in with our instinctual

desires" (p. 53). Albert Ellis (1971) believed that atheism was necessary to achieve optimal human functioning. B.F. Skinner, a behaviorist, viewed psychology as a purely objective experimental branch of science dealing exclusively with observable phenomena (Schultz & Schultz, 2004). Moreover, spiritual or religious inclinations were thought to be signs of mental illness and individuals who were engaged in spiritual or religious practice were often labeled as deluded or pathological (Myers & Williard, 2003; Plante, 2007). Theorists such as Freud, Ellis, and Skinner paved the way for a more scientific worldview that consisted of reductionist and deterministic theories regarding the origin and treatment of mental illness (Richards & Bergin, 1997). Their disavowal of the religious and spiritual domains widened the gap between science and the spiritual realm (Peoples, 2013).

However, not all leaders in the field rejected the spiritual and religious domain. Carl Jung (1960) was an advocate for the use of spirituality in the treatment of clients and believed that spiritual values were central to wholeness and well-being. Jung believed that that mental illness was essentially the 'suffering of the soul' that has yet to find its meaning and called upon others in the field to begin incorporating spirituality into practice. William James, an American psychologist believed that God was central in the personal experiences of every individual and called for more research in this area (James, 2009). Frank Parsons, widely regarded as the father of vocational counseling, first incorporated spiritual and religious issues in the counseling literature (Kelly, 1994) when he proposed that religion was an important factor in the search for a vocation (Parsons, 1909/1967). Although Parsons presented a strong argument on the benefits of spirituality in vocational and guidance counseling, it was not explored further. This avoidance of

religiosity and spirituality in counseling persisted until the 1990s (Richmond, 2004) when spirituality was recognized as an aspect of multiculturalism and subsequently included in the revised Multicultural Counseling Competencies (Arredondo et al., 1996; Curtis & Glass, 2002; Ingersoll, 1997; Souza, 2002).

A comprehensive account of the history between religion, spirituality, and mental health is beyond the scope of this study. Cashwell & Young (2011) assert that although spirituality and religion can have a positive influence on physical and psychological wellness, unhealthy belief systems may exacerbate existing psychological difficulties. This idea is important because one aspect of spiritual competency is having the ability to discern between healthy and unhealthy belief systems as well as the counselor's ability to assist the client to move toward a value system that fosters his or her overall health. The next section examines how spirituality and religion are currently viewed in the counseling profession and in the field of counselor education.

Current Spiritual Landscape in the United States

Recent data indicate that 77% of Americans are religiously affiliated (Smith et al., 2015), and although this number is large, it has decreased from the 98% of Americans who claimed religious affiliation in 1970 (Bass, 2012). When asked "Do you believe in God or a universal spirit," 71% of Americans surveyed indicated they were "certain" of the existence of God or a universal spirit (Smith et al., 2015), constituting a significant drop from the 97% who reported a belief in God in 1960 (Bass, 2012). These statistics indicate a cultural shift with 26% of Americans moving away from organized religion and from belief in religion.

Religious decline in the United States began decades ago. Theologians, historians, politicians, clergy, and it seemed anyone with a platform, have weighed in on what it means for the future of America. A 1966 edition of *TIME* magazine released a cover story entitled, "Is God Dead?" The oversimplification of the title of the article compounded by the revivalist response of the religious right allowed many to dismiss this assertion as unfounded. The article, however, highlighted the problems theologians were facing in making the traditional beliefs about God relevant to an increasingly secular and materialistic society. As science eliminated the need for religion to explain the natural world, Americans reported that God took up less "space in their daily lives." It is clear now that the above statistics represent a decline in American religiosity (Chaves, 2011). It may not suggest that God is dead, but rather that Americans are finding different ways to connect with the divine and the sacred.

One of the most visible indications of the change in American religiosity is the emergence of the category of "unaffiliated" or "nones." This category, that barely registered on polls in 1960 jumped to 5% of the population in 1972, and is currently America's second largest "religious group," comprising 23% of the adult population in the United States (Bass, 2012; Smith et al., 2015). These religious "nones", who claim no religious affiliation, are a reflection of the eroding traditional American religious base. Nones are an indication of the extent to which individuals are seeking new paths for meaning and are rejecting the traditional religious approach to the divine. These findings have important implications for counselors and their approach to clients who seek meaning and spiritual connection in therapy.

Although some theologians are declaring this shift as the end of religion, others insist that this is a time of spiritual awakening, in which traditional forms of faith are being replaced by a "plethora of new spiritual, ethical, and nonreligious choices" (Bass, 2012, p. 14). All traditional religions provide answers to some of life's most meaningful questions: *What do I believe? How should I act? Who am I?* (Bass, 2012). This 21st Century approach to faith is more individualistic and self-directed than traditional religion, but this shift may also cause a spiritual crisis since individuals will wrestle to answer their questions regarding the basic aspects of the meaning of life in new ways. Since a fundamental goal of counseling has always been the healing and transformation of the individual, in a society where fewer and fewer individuals are turning to organized religion to guide their spiritual lives, it has become necessary for counselors to embrace the spiritual as an integral component of the healing and transforming process of their clients.

Current Status of Spirituality in Counseling

Although it is now understood that spiritual beliefs are integral in the lives of persons of many cultures (Fukuyama & Sevig, 1997), more intentional effort to integrate spiritual and religious issues in the therapeutic process is essential (Cashwell & Young, 2011). However, the historic marginalization of religious and spiritual matters in psychology and counseling is still problematic (Genia, 1995; Harper & Gill, 2005; Shafranske & Gorsuch, 1984). Neglecting this aspect of the client's life often means that a crucial aspect of their identity is left out of the treatment process (Balkin et al., 2009; van Asselt & Senstock, 2009; Young et al., 2007).

Humanistic and existential therapies brings with them an increased acceptance of the role of spirituality and religion in the therapeutic process (Harper & Gill, 2005; Plante, 2009). This supports Miller's (1999) assertion that the need to address religious and spiritual issues in counseling has always existed, but only recently been recognized. Today, counselors are expected to be aware of, and sensitive to spiritual and religious issues and able to incorporate them into their professional work with clients (Cashwell & Young, 2011).

Researchers have found that clients prefer to have their religious or spiritual values integrated into their therapy process (Balkin et al., 2009; Belaire, Young, & Elder, 2005; Gockel, 2011; Post & Wade, 2009). For counselors to address these needs they must be competent and aware of their own religious and spiritual beliefs. Several studies have demonstrated the perceived importance among counselors of the need to become aware of their spiritual and/or religious beliefs (Hickson, Houseley, & Wages, 2000; Holder, 2006). However, the extent to which mental health professionals integrate spiritual and religious aspects of the client's life is unclear and there continues to be resistance among practitioners to use spiritually themed interventions in therapy (Morrison, Clutter, Pritchett, & Demmitt, 2009). This suggests that an ongoing incongruous relationship exists between the recognition among mental health practitioners regarding the significance of addressing spiritual and/or religious issues in the clinical setting (Carlson et al., 2000; Hickson et al., 2000; Martin-Causey, 2002) and their willingness to integrate spirituality in the counseling process.

There have been several studies examining therapists' integration of religion and spirituality in the field of counseling (Walker et al., 2004; Reiner & Dobmeier, 2014;

Morrison, Clutter, Pritchett, & Demmitt, 2009). Walker et al. (2004) conducted a 26-study meta-analysis of 5,759 therapists and their integration of spirituality and religion in counseling. Findings from this study revealed that 82% reported that they never or rarely discussed religious or spiritual issues in training. In a recent study involving 234 practicing counselors, Reiner and Dobmeier (2014) developed a survey to examine how prepared practicing counselors were to apply ASERVIC's 14 Spiritual Competencies with clients. Results from this study indicated that although almost half (49.8%, $n = 111$) of respondents reported awareness of ASERVIC and the majority of counselors reported that they could address all of the competencies with clients, only 16.7% ($n = 37$) of respondents were aware of the 14 ASERVIC Competencies.

In a survey of 151 therapists, Kahle (1997) explored their willingness to integrate spiritual issues into psychotherapy. Kahle found that the majority (98%) of therapists would be comfortable discussing spiritual issues if they were brought up by the client, but when asked if they felt comfortable introducing issues related to spirituality and religion the number significantly decreased to less than half (42%). In this study, many therapists had received discouraging messages about discussing God or related issues with their clients in their training programs, but had been encouraged to discuss such issues by clients.

Conversely, there are studies that suggest counselors integrate spiritual interventions more than previously thought. For example, Morrison et al. (2009) examined the degree to which counseling professionals report using spirituality as a therapeutic tool. Almost 50% of participating practitioners reported regularly implementing spirituality in their work with clients. These results contradict previous

research that stated that spirituality is accepted as an important therapeutic tool, but not used by mental health practitioners in actual practice (Gubi, 2004; La Torre, 2002; Miovic, 2004).

Finally, there is evidence that many therapists who report integrating religion and spirituality in counseling tend to use interventions based on their own religious experiences (Frazier & Hansen, 2009; Walker et al., 2004). Although likely well-intentioned, choosing interventions based on their own beliefs can be problematic and raise ethical concerns. Walker et al. (2004) suggested that counselors should be aware that they may be imposing their own values onto the client or inappropriately applying religious or spiritual interventions that are not consistent with the client's values.

Although the majority of mental health professionals regard the integration of spiritual and religious issues in counseling to be acceptable, effective, and important for the counseling process, most practitioners do not routinely assess or address clients' spiritual and/or religious beliefs during treatment (Cashwell & Young, 2011; Hathaway, Scott, & Garver, 2004). There are a variety of reasons counselors state that they are reluctant to address spiritual and religious issues in therapy. Some counselors feel unprepared to address spiritual and religious issues. Others believe they are unable to negotiate a balance between science and the nature of spiritual practices, whereas others consider spiritual and religious issues an area for clergy and religiously affiliated professionals to address (Plumb, 2011; Souza, 2002; Young et al., 2002). A lack of training appears to be the missing link among practicing therapists, as 80% of counselors reported that spirituality was not addressed within their training programs (Walker et al., 2004). This lack of training directly impacts the client and potentially therapeutic

outcomes because counselors do not feel competent in addressing spiritual and religious issues with clients (Hickson et al., 2000; Kelly, 1995; Robertson, 2010b; Souza, 2002; Young et al., 2007).

Current Status of Spirituality in Counselor Education

The need to address spiritually related issues with clients and to train counselors to competently explore these issues with clients has been acknowledged by the counseling profession (Belaire & Young, 2000; Belaire, Young, & Elder, 2005; Burke et al., 1999; Miller, 1999; Pate & High, 1995; Schaffner & Dixon, 2003). Despite the adoption of the ASERVIC Spiritual Competencies meant to guide the ethical integration of spiritual issues in clinical practice (Cashwell & Young, 2011), counselor education programs provide minimal or inconsistent training in the area of spiritual and religious issues, producing counselor trainees who are ill prepared to address spiritual and religious issues with clients (Dobmeier & Reiner, 2012; Hage et al., 2006; Kelly, 1995; Post & Wade, 2009; Walker et al., 2004; Young et al., 2002; Young, Wiggins-Frame, & Cashwell, 2007).

In a meta-analytic examination of the types of spiritual training in counselor education programs, Shafranske (1996) found any sort of spirituality training to be "very limited" (p. 160). The majority of therapists reported never discussing religious or spiritual issues in their clinical training. The lack of integration of spiritual issues in counseling curriculums is likely due to the lack of training received by counselor educators in their own academic programs, limiting their ability to facilitate spiritual competency in counseling students (Hage, 2006; Johnson, 2014; Polanski, 2002; Robertson, 2008). Adams (2012) examined counseling students' perceptions of what they

were being taught, finding that although the majority of participants reported being comfortable addressing religious and spiritual issues with clients, nearly 40% reported being taught that it was inappropriate to address these issues in the therapeutic setting. Johnson (2014) suggested that ambivalence towards or discouragement from addressing spiritually related issues may be a reflection of the counselor educators' own discomfort addressing these issues and as a consequence, encourage their students to avoid addressing spirituality and religion with clients as well. Part of this can be explained by the fact that the paradigm shift in counseling has been relatively recent and that older counselor educators were themselves discouraged from talking about religious issues in therapy.

Although counselors and counselor educators have become more aware of and open to spiritual and religious issues within themselves and in their clients (Burke et al., 1999; Sperry, 2011; van Asselt & Senstock, 2009), research suggests that topics of spirituality and religion in counselor education receive only modest attention (Burke et al., 1999). These findings suggest that the counseling field remains ambivalent about spirituality and religion in therapy. It is not surprising then that counseling students often report they are not comfortable and/or do not feel prepared to address spiritual and religious issues with clients because of the mixed messages they receive from their instructors, other therapists, and the field of counseling today (Adams, 2012; Dailey, 2012; Robertson, 2010; Souza, 2002).

Professional Standards and Guiding Competency

The importance of integrating spiritual and religious issues in counseling programs has been established (Burke, 1999; Cashwell & Young, 2011; Robertson,

2010). To address the integration of spiritual and religious issues in counseling programs, professional standards and competencies have been established to guide ethical practice and training in this area. This section will review the professional standards designed to facilitate the integration of spiritual and religious issues in counselor education programs: the Multicultural Counseling Competencies (MCCs), the American Counseling Association's (ACA) Code of Ethics, the CACREP standards, and the ASERVIC Spiritual Competencies.

Multicultural Counseling Competencies

The MCCs were introduced in 1982 by Sue et al. (1982) for the purpose of emphasizing the influence of race and ethnicity on a client's worldview and to guide professional adherence to a "cross-cultural perspective" (Robertson, 2010). The MCCs include three dimensions: (a) awareness, (b) knowledge, and (c) skills of cultural competence that are further divided into 31 principles that guide counselors in their work with diverse populations (Sue & Sue, 2003). At the time of the development of the MCCs the counseling profession had yet to acknowledge the relevance of spiritual and religious issues in the counseling process (Robertson, 2010a) and these topics were not included in the original MCCs (Sue et al., 1982). This could also be attributed to the idea that although spirituality and religion are aspects of multiculturalism, their cultural importance has traditionally been overshadowed by concerns about ethnicity and race (Balkin et al., 2009; Hage et al., 2006; Robertson, 2010). In the 1996 revision of the standards, religious and spiritual issues were addressed in MCC section III.A.I, which mandates that "culturally skilled counselors respect client's religious and/or spiritual

beliefs and values including attributions and taboos, because they affect worldview, psychosocial functioning, and expressions of distress" (Arredondo et al., 1996, p. 2).

ACA Code of Ethics

The ACA's Code of Ethics (ACA, 2017) also reflects the perspective that spiritual and religious beliefs affect aspects of a client's worldview and provide guidelines for the ethical integration of spirituality into counseling. The preamble of the ACA Code of Ethics states that "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" is a core value of the counseling profession (ACA, 2017, Preamble). In addition, "counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve," "explore their own cultural identities and how these affect their values and beliefs about the counseling process" (ACA, 2017, Section A) and "are aware of-and avoid imposing-their own values, attitudes, beliefs, and behaviors onto clients" (Section A.4.b). Spirituality is specifically referenced in relation to the following ethical guidelines: (1) the involvement of religious/spiritual leaders as potential supports for the client (Section A.1.d), nondiscrimination (Section C.5.), recognizing the influence of spirituality on assessment implementation and interpretation (Section E.8.), and counselors maintaining their own emotional, physical, mental, and spiritual well-being (Section C).

CACREP Standards

CACREP serves as the leading organization for accreditation and monitoring of counseling programs in the United States. The CACREP standards identify the content

that must be addressed within counseling programs in order to meet accreditation requirements (CACREP, 2016). According to the Standards CACREP-accredited counseling programs must demonstrate that students understand "the impact of spiritual beliefs on clients' and counselors' worldviews" (CACREP, 2016, p. 10). Additionally, counseling programs that offer a specialty in addiction counseling must address the "role of spirituality in the addiction recovery process" (CACREP, 2016, p. 19) and prepare students to assess the spiritual history of the client. It is the responsibility of the counseling program to demonstrate its fulfillment of each CACREP standard by identifying where the content is covered in the curriculum and supplying evidence of student knowledge or application. CACREP standards provide a benchmark for the entire profession from training programs to research and practice, thus integrating spiritual and religious practice into the profession of counseling.

ASERVIC Spiritual Competencies

The origin of the movement to integrate spiritual and religious issues in counseling emerged in 1973, when an organization known as the National Catholic Guidance Conference (NCGC) was established (Miller, 1999). The NCGC came from the idea that religious and spiritual factors warranted a more intentional place in counseling. Soon thereafter, NCGC changed its name to the Association for Religion and Value Issues in Counseling (ARVIC). Eventually, it was decided that the title ARVIC did not represent a comprehensive view of a diverse belief system. In 1993, after years of discussion, guidance from experts, and survey data, the terms spiritual and ethical were added to the title, establishing the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC; Miller, 1999).

Despite the desire of many counselors to integrate spiritual and religious issues in counseling with clients, there was a lack of guidelines, standards, and even accepted definitions of spirituality and religion in counseling practice. The First Summit on Spirituality in 1995 produced operational definitions of *spirituality* and *religion* as well as 23 competencies to assist counselors and counselor educators in appropriately addressing spirituality and religion in counseling (Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Those 23 competencies went through an extensive revision process, ultimately culminating in a set of 9 competencies officially adopted by ASERVIC in 1996 (Cashwell & Young, 2011), known as *Competencies for Integrating Spirituality in Counseling*.

Soon after ASERVIC's adoption of the spiritual competencies, CACREP included spirituality and religion as aspects of diversity in the subsequent revision of its *standards*, mandating that accredited schools were to include spiritual and religious training for counseling students (Cashwell & Watts, 2010). Although these 14 competencies acted as a first step in guiding training and practice, there was an overlap between categories and the standards needed clarification. The lack of clarity in empirically identifying the concepts that defined competent practice prompted a final revision at the Second Summit on Spirituality that took place in 2009. From this Summit came the revised *competencies* that include 14 areas of competent practice organized into six categories (ASERVIC, 2009; See Appendix G).

These 14 competencies act as a framework for counselors and counselor educators for effectively working with clients' diverse spiritual and religious issues as well as facilitating growth in their own spiritual development (Conley, 2012). The

standards and guidelines mentioned above are an integral part of ensuring that counseling programs include spirituality training in their curriculum. According to Cashwell & Young (2004), these standards are the most significant guidelines for religious and spiritual training in mental health. These competencies indicate that a professional counselor should have the ability to distinguish between religion and spirituality, understand how religious and spiritual issues can influence a client's well-being and how to engage in personal reflection about spiritual and religious matters (Cashwell & Watts, 2010). The ASERVIC competencies provide benchmarks for counselor educators and trainees related to spiritual competence that aligns with evidence-based practices (ASERVIC, 2009).

However, the extent to which these competencies have been successfully implemented into counseling programs is, for the most part, unknown (Cashwell & Young, 2011). In a 2012 study involving 335 CACREP counseling students, results indicated that 63.9% of students were not aware of the ASERVIC division or the Spiritual Competencies (Dobmeier & Reiner, 2012). This is concerning because effective integration of spirituality training influences counselor trainees' feelings of preparedness to address spiritual and religious issues with clients. These results also suggest that there is a need to better understand how spirituality training can be improved in promoting spiritual competence in CACREP programs. The next sections will address previous research examining variables correlated with spiritual competence in counselor trainees.

Correlates of Spiritual Competency

As the purpose of the current study is to add to the current literature about what variables contribute to the spiritual development, and ultimately, spiritual competency of

counseling students, it is important to review variables that have been the focus of previous studies. The following sections will review personal strength of religious faith, training in spiritual and religious issues, and several demographic variables and their relationship with self-perceived spiritual competency.

Strength of Religious Faith

Stillwell (2015) conducted a study to determine the variables that had an effect on the self-perceived spiritual competency of licensed marriage and family therapists. Results indicated that these therapists' personal strength of faith had the most significant effect on spiritual competency. A total of 527 counselors participated in a study to investigate the relationship between counselor spiritual beliefs and the use of spiritual interventions in their work with clients (van Asselt & Senstock, 2009). Results indicated that as counselor levels of spiritual awareness increased, these counselors were more adept in recognizing the spiritual aspects of their client's presenting concerns. In another study, Walker et al. (2004) studied 100 Christian therapists' use of spiritual interventions with clients. The research found that the counselors who professed to be active religiously or spiritually were more likely to use spiritual interventions with clients.

Johnson (2014) investigated the relationship between spiritual beliefs and spiritual competence among masters-level counselor trainees completing practicum or internship requirements in CACREP accredited programs. A linear regression analysis revealed a strong, positive correlation between counselor trainees' spiritual beliefs and spiritual competence. Similarly, Robertson (2008) used a one-way analysis of variance to examine differences in the scores of 602 counselor education students on the Spiritual Competency Scale based on levels of religiousness. Findings indicated that level of

religiousness was significantly correlated with self-perceived spiritual competency and accounted for 8% of the variability in scores. Post-hoc analyses revealed that participants who identified as Evangelical had the highest mean score (M = 412.3, SD = 30.8) and that participants who identified as neither spiritual nor religious scored significantly lower than all of the levels of religiousness (M = 347.9, SD = 64.0). This result indicates that individuals who are religiously or spiritually-oriented have higher levels of self-perceived spiritual competency than those who are not (Robertson, 2008).

Spirituality Training

There is profession-wide acknowledgement that proficiency in spiritual issues is a component of ethical counseling practice (Balkin et al., 2009; Cashwell & Young, 2011; Robertson, 2010a; Watkins van Asselt & Senstock, 2009). It is also understood that training is necessary in order to provide counseling students with an understanding of how to work from the client's religious or spiritual perspective (Briggs & Rayle, 2005). Accordingly, the relationship between spiritual training of counseling students and their self-perceived spiritual competency has been the focus of numerous studies (Conley, 2012; Henriksen, Polonyi, & Bornsheuer-Boswell et al., 2015; Johnson, 2014; Peoples, 2013; Stillwell, 2015).

Henriksen et al. (2015) conducted a phenomenological study to gain insight into counseling students' perceptions of the training they received to incorporate spiritual and religious issues into counseling. More than 50% of the 88 participants indicated that their personal awareness of and sensitivity to, religious and spiritual beliefs in the lives of clients was not addressed in their counselor education program. However, the 30.1% of participants who reported receiving spirituality training indicated that it affected their

personal perceptions, beliefs, and values related to spiritual and religious issues in counseling. Of the participants, 16.8% indicated that they gained new awareness as a result of their training, 10.6% indicated that their training led to increased competence; and 18.6% indicated that they became more sensitive to the spiritual and/or religious needs of others. Findings appear to be consistent with other studies, suggesting that when training in spiritual and religious issues are incorporated into training programs, the students' understanding and awareness of other belief systems as well as their own biases and values about spirituality and religion are enhanced (Adams, 2012; Conley, 2012, Johnson, 2014, Stillwell, 2015).

Although few investigations have evaluated the efficacy of specific training interventions, there is evidence that counselor trainees who were exposed to any type of training in spiritual and religious issues scored higher on measures of spiritual competency than those who did not (Stillwell, 2015). It is discouraging that despite evidence that training in spiritual and religious issues enhances spiritual competency it remains unclear to what degree these topics are being addressed in the classroom (Cashwell & Young, 2011; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). A study by Dobmeier and Reiner (2012) supported this idea, since findings from their study revealed that 86.1% of counseling students were not aware of ASERVIC's nine spiritual competencies and 56% of students reported feeling somewhat unprepared or very unprepared to address religious or spiritual issues in a counseling setting. Although studies indicate that spiritual and religious training can positively influence the self-perceived spiritual competence of counseling trainees (Adams, 2012; Dobmeier & Reiner, 2012; Fluellen, 2007; Hagedorn & Gutierrez, 2009; Robertson, 2010a; Walker et

al., 2004; Watkins van Asselt & Senstock, 2009), counseling programs have struggled with integrating it into coursework and supervision practices (Hagedorn & Gutierrez, 2009).

Types of Spiritual Training

The current study will examine exposure to spirituality training as a possible correlate to spiritual competency, therefore a brief discussion regarding types of spirituality training in the counseling literature is relevant. Recommendations vary within the counseling literature regarding the most efficient method for integrating spirituality course work in the counselor education curriculum. Several authors recommend offering a distinct course on spiritual issues in counseling (Curtis & Glass, 2002; Ingersoll, 1997; Pate & Hall, 2005; Robertson, 2010). Although a semester-long course would provide students an opportunity to become more aware of their own developing spiritual identity (Ingersoll, 1997), it would be offered as an elective and therefore not taken by all students enrolled in the program. Some have suggested it may not be practical for every program to offer a course specifically addressing spirituality in counseling (Manderino, 2013). Alternatively, some authors propose infusing topics of spirituality across the eight core CACREP areas (Briggs & Rayle, 2005; Burke et al., 1999) instead of offering a distinct class. Although the content may not be as focused as it would be in a stand-alone course, incorporating spiritual issues across the curriculum would ensure that every student is exposed to spiritually related content.

Souza (2002) asserted that addressing the student's personal spiritual development is an important area of counselor training because it minimizes the potential for countertransference. In light of this assertion, a study by Henriksen et al. (2015)

revealed that 58.7% of counseling student participants stated that their own personal awareness and sensitivity to spiritual issues were not enhanced through the training they received. From these findings, authors suggest that it is important to not only promote practical learning experiences for students, but also provide opportunities that allow for personal examination of one's feelings, vulnerabilities, assumptions, and biases in order to enhance their self-awareness (Henriksen et al., 2015). Hagedorn & Moorhead (2011) also recommend that professional counselors increase their own level of self-exploration related to their own beliefs, values, and attitudes about spirituality and religion. The importance of counselor self-awareness is supported by ASERVIC (2009) and specifically addressed in Competencies 3, 4, and 5. Several methods to assist students in personal development include workshops, seminars, discussions, experiential learning activities, and visiting a variety of religious institutions (Henriksen et al., 2015). These sentiments are echoed by Myers and Williard (2003), who recommend that counseling programs incorporate experiences in cultural and spirituality diversity as part of the practicum experience.

Because counselor educators function as gatekeepers to the counseling profession, it is within their realm of responsibility to ensure that curriculum objectives and teaching methods are aligned with the professional standards (ACA, 2014; CACREP, 2009). The teaching methods used by counselor educators to address spiritual and religious issues in counseling training programs should be empirically linked to increased levels of spiritual competence. However, in order to tailor instruction methods accurately it must first be understood what variables influence spiritual competence in graduate level counseling students.

Ethical Implications

As previously stated, a client's spiritual orientation is a fundamental aspect of shaping their worldview, and as such, an awareness of this domain in the therapeutic process is necessary for cultural sensitivity and adherence to the ethical code that guides the counseling profession (ACA, 2014; Balkin et al., 2009). This section will address the ethical implications related to the counselor's' responsibility to recognize and attend to spiritual issues in the counseling relationship.

It has been stated that spirituality is an ever-present and inherent condition of every individual, and for this reason it is expected that the spiritual domain of the client be considered and if appropriate, addressed, throughout the course of therapy (Young et al., 2007). When the spiritual aspect of a client's life is ignored, a crucial aspect of their identity, with its potentially protective and curative factors, is omitted from the treatment process (Balkin et al., 2009; Watkins & Senstock, 2009; Young et al., 2007). Fluellen (2007) asserted that spirituality influences a client's frame of mind and self-worth, making considering spiritual issues a fundamental aspect of the therapeutic process. Bergin, Payne & Richards (1996) echoed this sentiment, writing that "avoiding religious issues or routinely redirecting spiritual concerns in therapy is no more justifiable than refusing to deal with the death of a family member or fears of social encounters" (p. 331).

Counselors that avoid the spiritual dimension in therapy may inadvertently be providing care that is incongruent to the professional ethical standards. Counselors should be aware of the risks that emerge when counselors lack training in this area. Uninformed or untrained therapists run the risk of imposing their own values or applying religious and spiritual interventions inappropriately with their clients (Walker et al., 2004). Clinicians

may inappropriately pathologize spiritual or religious beliefs with which they are unfamiliar (O'Connor & Vandenberg, 2005), potentially leading to misdiagnosis or inappropriate treatment (Adams, Puig, Baggs, & Wolf, 2015). Understanding how to accurately assess issues related to spirituality is important, as spiritual crises may trigger or exacerbate symptoms of psychopathology (Cashwell & Young, 2011). Additionally, counselors need to have training in order to be able to differentiate between religious delusions and culturally based religious beliefs, because religious delusions are associated with higher outcomes of self-harm (Erol & Kaptanoglu, 2000).

Finally, several studies have suggested that mental health professionals do not consider themselves to be as religious or spiritual as the general population (Balkin et al., 2009) and it is inevitable that clients will present with values and beliefs incongruent with their own. For this reason clinicians should have a thorough understanding of their own beliefs and an awareness of how their personal beliefs may differ from their clients (Walker et al., 2004) so as not to unknowingly impose their own values and beliefs onto the client (Burke et al., 1999).

Although spiritual issues have been at the forefront of the human condition for thousands of years and a long recognized aspect of human development, it is only recently that the field of counseling has begun to accommodate and integrate these constructs in the counseling curriculum (Miller, 1999; Miller & Thoresen, 2003). As quality research continues to emerge and shape the foundation for spiritual integration in counseling, it is important to be aware of the ethical principles that guide the profession and how lack of competence in this area creates fertile ground for ethical dilemmas. This sentiment is communicated by Kahle & Robbins (2004) as they state that counselors have

both the power to help as well as the capacity to harm when incorporating matters of the sacred into their work with clients. Spirituality training for counseling students is one way to ensure that counselors are aware of their own reactions to spiritual issues. Training also helps counseling students cultivate the skills they need to appropriately aid clients in understanding how their spirituality acts as a resource or an obstacle (Souza, 2000). The following section will discuss the potential barriers to spirituality training in counselor education programs.

Barriers to Spiritual Integration in Counselor Education

Several authors have identified potential barriers to fostering spirituality training in counselor education (Adams et al., 2015; Robert & Kelly, 2015; Robertson, 2010; Sperry, 2011; Walker et al., 2004). Despite a recognized need for more spiritual and religious training in counselor education it continues to be inconsistently integrated throughout counseling programs. Adams et al. (2015) organized an expert panel to investigate potential barriers to integrating religion and spirituality in counselor education. Authors identified barriers that fell into two distinct categories: (a) lack of information and (b) lack of personal interest or relevance (Adams et al., 2015). Findings from the expert panel suggested that there may be a lack of information among counselor educators regarding the terms *spirituality* and *religion*. Due to their unfamiliarity with these constructs, counselor educators do not address spiritual and religious with counseling students. It was also suggested that some educators may neglect spiritual and religious issues due to a fear of violating the law or practicing outside their bounds of competence. Adams et al. (2015) posit that because counselors are less religious than the general population generally their interest may also be less in religious and spiritual

matters. Inadvertently, counselor educators may minimize their importance, relegating spiritual and religious issues as "just another cultural issue that needs to be addressed" (Adams et al., 2015, p. 51).

Although there are a variety of reasons that have been cited as to why spirituality training is not systematically and comprehensively included in counselor education curriculums, lack of training appears to be the most important. Other explanations revealed in the literature, such as being insufficiently prepared to address spiritual issues (Young et al., 2002), the inability to find a balance between scientific approaches and spiritual practices (Souza, 2002) , or the belief that religious and spiritually related topics are topics to be discussed with religiously affiliated experts rather than counselors (Plumb, 2011), could all be reconciled with appropriate training (Cashwell & Young, 2011).

Measuring Spiritual Competency

The ASERVIC competencies filled an important gap in that it acts as a framework for counselors and counselor educators by specifying the knowledge and skills counselors should be able to put into practice in order to demonstrate spiritual competence (Johnson, 2014). To date, there have been two instruments developed to measure self-reported spiritual competence based on the ASERVIC competencies (Fluellen, 2007; Robertson, 2010a).

The Spiritual and Religious Competency Assessment (Fluellen, 2007) is a 34-item self-report instrument designed to measure the spiritual competence of counselor trainees during their practicum or internship experiences. It is based on ASERVIC's original nine spiritual competencies and Cashwell & Young's guidelines for attaining spiritual

competencies (Cashwell & Young, 2004). Content validity was established by a panel of experts who reviewed the questions. Fluellen (2007) described spiritual competence as the "awareness and knowledge of other's and one's own spiritual or religious tradition, values, and beliefs and appropriately utilizing that information as a counseling professional or supervisor to provide services to a client or supervisee" (p. 15).

CHAPTER III

METHODOLOGY

Research Design

The relationship between counselor spiritual competency (dependent variable) and multiple outcome measures (independent variables) was examined using multiple linear regression (MLR). Because MLR is used as an analytic approach to explain relationships between a combination of predictor variables and an outcome variable (Petrocelli, 2003), this research design was particularly relevant for the current study. MLR is a type of linear regression analysis that can control and account for multiple variables, rendering it especially useful in the social sciences in cases which the goal is to explain the complex relationship between human behavior and social constructs (Sirkin, 2006). Additionally, the field of counseling has seen a dramatic increase in the number of studies that use the MLR for data analysis (Petrocelli, 2003). According to Petrocelli (2003), between 1997 and 2001, approximately 27 % of quantitative research articles published in the *Journal of Counseling Psychology* and the *Journal of Counseling & Development* used a form of MLR. These results indicate that MLR is a widely-accepted methodological approach for a study in counseling that explains relationships between variables or predicts outcomes. Additionally, mean comparison measures such as independent samples *t*-test and analysis of variance (ANOVA) were also employed to examine the group differences of the participants.

Population and Sampling

Participants in this study were students currently enrolled in CACREP-accredited master's-level clinical mental health counseling programs across the United States. Both public non-religious-affiliated institutions and private religious-affiliated institutions were included in the study. Invitation letters were individually sent out electronically to over 35 directors and/or professors of counseling programs in the United States located through the directory of CACREP (http://www.cacrep.org/directory/) and through collegial networking. Participants were then contacted by program directors and professors through email with the researcher's invitation letter (See Appendix B). Further, students were contacted by email through the Counselor Education and Supervision NETwork listserv (CESNET). The email included an initial informed consent form explaining the purpose, benefits, and risks of the study and then provided a link to the survey webpage if individuals chose to participate (See Appendix C). In order to achieve the desired statistical power in this study, a minimum of 172 participants was required (Cohen, 1988).

Procedures

Initially, permission was obtained from authors of the instruments used in the current study, the Revised Spiritual Competency Scale and the Santa Clara Strength of Religious Faith scale (See Apenndix E). Next, the researcher sought approval from Mississippi State University's Institutional Review Board for the use of human subjects in research to conduct this study (See Appendix A). To recruit participants for the study five CACREP accredited counselor education graduate programs in the state of Mississippi (Mississippi State University, University of Mississippi, Mississippi College,

Jackson State University, and Delta State University) and two online programs (Walden University and Lamar University) were contacted. The researcher then sent out electronic invitation letters to 35 directors and/or professors of counseling programs in the United States located through the directory of Council for Accreditation of Counseling and Related Programs (http://www.cacrep.org/directory/). Finally, students were contacted by email through CESNET.

The introductory email included an informed consent with a brief description about the purpose and methodology of the study, risks and benefits of participation, contact information for the researcher regarding any inquiries, and the availability to access results upon completion of the study. Individuals who chose to continue were then directed by link to a confidential online survey webpage. Upon clicking the link, participants were directed to a demographic questionnaire. The Revised Spiritual Competency Scale-II (SCS-R-II) and the Santa Clara Strength of Religious Faith Scale (SCSORF) followed the demographic questionnaire.

Upon completion of the survey, participants were directed to a webpage expressing appreciation for their involvement in the study. Additionally, participants were given the opportunity to win one of four Amazon gift cards worth $50 each by submitting their name and email address.

Measures

The increase in research examining the relationship between religion, spirituality, and health has prompted the development of many instruments designed to measure specific dimensions of religiosity and/or spirituality (Cummings et al., 2014; Hall, Meador, & Koenig, 2008; Hill & Hood, 1999; Tsang & McCullouch, 2003). The current

study included a demographic survey, the Santa Clara Strength of Religious Faith Scale (Plante & Boccaccini, 1997; See Appendix F), and the Revised Spiritual Competency Scale (Dailey, Robertson, & Gill, 2015).

Santa Clara Strength of Religious Faith Scale (SCSORF)

SCSORF was selected because it is designed to measure the "strength" of religious faith regardless of denomination or affiliation (Hall et al., 2008). Several authors caution that many measures of religiosity and spirituality are tailored specifically so they are only appropriate to be used in the study for which they were created (Hall et al., 2008; Tsang & McCullouch, 2003). Alternatively, the SCSORF has been used in a variety of studies (Freiheit, Sonstegard, Schmitt, & Vye, 2006; Plante, Yancey, Sherman, Guertin, & Pardini, 1999; Roberts & McGilloway, 2008; Saffari, Zeidi, Pakpour, & Koenig, 2013; Sherman, Simonton, Adams, Latif, Plante, Burns, & Poling, 2001) as a unifactoral measure of religious faith (Lewis, Shevlin, McGuckin, & Navratil, 2001).

The SCSORF is a brief self-report measure consisting of 10 items. The scale uses a 4-point Likert response format, ranging from (1) "Strongly Disagree" to (4) "Strongly Agree." An example of an item from the scale is "I look to my faith as a source of inspiration" (Plante & Boccaccini, 1997). Scores can range between 10 and 40, with higher aggregate scores reflecting stronger levels of "Strength of Religious Faith" (Plante & Boccaccini, 1997). The mean score during the scale development was 26.39 with a standard deviation of 8.55. The median score was 26.00 with minimum = 7 and maximum = 40 (Plante & Boccaccini, 1997).

The SCSORF has demonstrated high internal consistency (Plante & Boccaccini 1997), high internal reliability (Cronbach's alpha = .95) and split-half reliability (r = .92).

It has demonstrated reliability and validity among high school and college students, adults (Plante & Boccaccini, 1997), substance dependent persons (Plante et al., 1999), and cancer patient samples (Sherman et al., 2001). Freiheit et al. (2006) determined the factor structure of the SCSORF (M = 28.39, SD = 7.66) by conducting a principal components analysis, revealing that the SCSORF was a unifactorial scale (Eigenvalue of 6.76) with high factor loadings (0.70-0.87) on all ten items. These results were consistent with other studies that have used the SCSORF indicating that it is an appropriate measure for assessing strength of religious faith (Edwards et al., 2002; Plante, Saucedo, & Rice, 2001; Storch, Roberti, Bravata, & Storch, 2004).

Revised Spiritual Competency Scale II (SCS-R-II)

The SCS-R-II is a 21-item inventory measuring spiritual competence in counseling (Robertson, 2010). The items are scored using a six point, Likert-type scale labeled: High Disagreement: 1, Mid-range Disagreement: 2, Low Disagreement: 3, Mid-range Agreement: 5, High Agreement: 6. Although each item in the SCS-R-II is aligned with one of the six categories of ASERVIC's spiritual competencies, the overall score measures spiritual competency as a single dimension. A sample item from the SCS-R-II is not provided per the request of the instrument's author. The SCS-R-II is a revised edition of the Spiritual Competency Scale (SCS; Robertson, 2010), which included six categories: Culture and Worldview, Counselor Self-Awareness, Human and Spiritual Development, Communication, Assessment, and Diagnosis and Treatment and is useful to "inform curriculum development, as a measure of training outcomes, and as a tool for the certification of spiritually competent counselors. The SCS-R-II may serve to "establish a baseline for competency, as a benchmark for certification programs, as an

assessment of student learning, and as a tool to understand where individuals are in the process of becoming spiritually competent" (Dailey et al., 2015, p. 25). The same six factors loaded from the SCS on the SCS-R-II accounting for 61% of the variance. Internal consistency of the SCS-R-II is high (Cronbach's alpha = .84). A cut-off score of 105 demonstrates spiritual competence (Dailey et al., 2015).

An expert panel validated the original instrument establishing content validity. Inter-rater reliability for the SCS is $r = .903$, $p < .01$. Participants were asked to rate on a 6- point scale (low agreement, mid agreement, high agreement, low disagreement, mid disagreement, high disagreement) their opinions on including spirituality and religion in clinical practice. Results indicated that students who were members of ASERVIC scored higher on the SCS-R-II than the population of students from the original SCS (Robertson, 2010) and those who were members of ASERVIC for a longer period of time also scored higher than students, who were members for less than one year (Dailey et al., 2015). In addition, the survey included a demographic questionnaire designed by Robertson (2008), which collected the following data: a) participant's mental health graduate institution (i.e., counseling, psychology, or social work), b) length of professional experience including practicum or internship, c) age, d) gender, e) ethnicity, f) religious affiliation, and g) number of credits completed in program. Haasz (2012) investigated psychometric properties of the SCS-R-II pooling 111 predoctoral interns from sites in the US with APA and APPIC accreditation. She also used the Inclusive Spirituality Index (ISI; Muse-Burke, 2004), Spiritual Issues in Supervision Scale (SISS; Miller, Korinek, & Ivey, 2006), and the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) along with a demographic questionnaire in the study. Results indicated

that there was a significant correlation between spiritual competency as measured by the SCS-R-II and frequency of supervision in spirituality issues as measured by the SISS.

Demographic Questionnaire

To examine differences among participants, specific demographic information was collected and used as independent variables during data analysis. The demographics of age, gender, ethnicity, sexual orientation, hours completed in program, university affiliation, exposure to spiritual training, and awareness of the ASERVIC spiritual competencies were aggregated to determine individual and collective effects on the dependent variable of level of spiritual competency.

For data analysis the categorical variables were coded as follows: Gender, 1 = female, 2 = male; Sexual orientation, 1 = heterosexual, 2 = lesbian/gay/bisexual (LGB); Exposure to training, 1 = yes, 2 = no; Awareness of competencies, 1 = yes, 2 = no; University affiliation, 1 = non religiously affiliated university, 2 = religiously affiliated university. The ethnicity variable was recoded into two dummy variables: DV1, 1 = Caucasian, 0 = all others; DV2, 1 = Asian/Hispanic, 0 = all others. The Asian (n = 5) category and Hispanic category (n = 21) were pooled together because of the small numbers in each group.

Data Analysis

The total sample of participants was examined using a multiple linear regression (MLR) using SPSS Version 23 (IBM; 2013). This statistical approach allowed for answering the research question, is age, gender, ethnicity, sexual orientation, hours completed in program, university affiliation, exposure to spiritual training, and awareness

of the ASERVIC spiritual competencies significantly related to counselor level of spiritual competency. The level of significance was defined at 0.05 and demographic variables will also be summarized to provide a clearer description of participants. Specific methodology approach is discussed below in relation to each hypothesis.

Research Question 1

What are the combined and individual effects of strength of religious faith and a set of demographic variables on self-perceived spiritual competency for master's level clinical mental health students enrolled in CACREP accredited counseling programs?

Hypothesis 1: To address hypothesis 1, a simultaneous multiple linear regression was conducted using the variables: strength of religious faith, age, gender, ethnicity, sexual orientation, hours completed in program, university affiliation, exposure to spiritual training, and awareness of the ASERVIC spiritual competencies to determine their influence on self-perceived spiritual competency.

Research Question 2.

What is the relationship between exposure to and type of spiritual training and self-perceived spiritual competency for master's level clinical mental health students enrolled in CACREP accredited counseling programs?

Hypothesis 2: To address Hypothesis 2, an independent samples *t*-test was conducted to examine the differences in scores on the SCS-R-II between counseling students who received spiritual training and students who did not receive spiritual training. Previous research would suggest that training

in spiritual and religious issues is correlated with higher levels of self-perceived spiritual competency.

Research Question 3.

What is the relationship between hours completed in program and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

Hypothesis 3: Hypothesis 3 was addressed using a one-way between-subjects analysis of variance (ANOVA) to examine the differences in scores on the SCS-R-II based on hours completed in program. Based on theoretical assumptions, it was predicted that as hours completed in the program increase, participants would report higher levels of competency, and conversely, students who had completed fewer hours in program would be associated with lower levels of self-perceived spiritual competency.

Research Question 4.

What is the relationship between strength of religious faith and self-perceived spiritual competency for master's level clinical mental health students enrolled in CACREP accredited counseling programs?

Hypothesis 4: To address hypothesis 4, a correlation coefficient was evaluated using a *t*-test to examine the relationship between strength of religious faith and self-perceived spiritual competency. Based on previous research,

it was hypothesized that an increase in strength of religious faith would be associated with an increase in self-perceived spiritual competency.

CHAPTER IV

RESULTS

Analysis of the Data

Demographic Characteristics

A demographic survey was administered to collect data pertaining to the counseling students' cultural identity and academic training, with attention to age, gender, ethnicity, sexual orientation, strength of spiritual/religious identity, religious affiliation of college/university, hours completed in program, self-perceived preparedness to address spiritually-related issues, and awareness of ASERVIC's Spiritual Competencies. One hundred ninety-four (194) master's-level students enrolled in clinical mental health CACREP-accredited counseling programs voluntarily chose to participate in this research study. Of the 194 participants, one hundred seventy-eight (178) comprised the final sample. Sixteen participants were excluded due to not completing the survey in its entirety. The final sample included 153 (86%) women and 25 (14%) men, ranging in age from 21 to more than 60 years (M = 37). The group included 105 (59%) participants identifying as Caucasian, 47 (26%) as African American, 21 (3%) as Hispanic/Latino, and 5 as Asian. One hundred and sixty-four participants (92%) identified as heterosexual and 14 (8%) participants identified as LGB.

In regard to credit hours completed in their program, 32 (18%) students had accrued 3-12 hours, 30 (17%) students had accrued 15-27 hours, 42 (24%) students had

accrued 30-42 hours, and 74 (42%) students were near completion and had accrued 45-60 credit hours in CACREP accredited 60-hour programs. One hundred and thirty-one (74%) participants attended a non-religiously affiliated university, whereas 47 (26%) attended a university that is affiliated with a religion. When asked if they felt they had been prepared by their program to include spiritual or religious issues in counseling 70 (39%) participants chose 'yes', whereas 108 (61%) participants indicated that they did not feel prepared by their program to address spiritual and religious issues. Although 70 (39%) students endorsed preparedness by their program to address spiritual/religious issues, 73 (41%) students answered the follow-up question asking specifically how they were exposed to spiritual/religious material in their program. Of those 73 students, 40 (55%) reported being exposed to it as a component of another class, 17 (23%) indicated that they took a class devoted to spiritual and religious issues, and 16 (22%) chose 'other'. Finally, when asked whether they were aware of the *Spiritual Competencies* published by ASERVIC and endorsed by the ACA, 43 (24%) students reported that they were aware and 135 (76%) were not aware of the competencies.

Research Question 1. What are the combined and individual effects of strength of religious faith and a set of demographic variables on self-perceived spiritual competency of master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

A standard multiple regression was performed between the dependent variable (scores on the SCS-R-II) and a set of predictor variables. The summary statistics of the SCS-R-II scores follows in Table 1.

Table 1

Summary Statistics of SCS-R-II Scores

Variable	Category	*M*	*SD*
Gender	Female	97.63	16.69
	Male	103.28	16.27
Ethnicity	Caucasian	98.63	17.69
	African American	97.38	15.07
	Hispanic/Latino	100.19	15.58
	Asian	96.60	18.89
Sexual Orientation	Heterosexual	97.45	16.90
	LGB	109.86	8.05
Type of University	Non-religious-affiliated univ	99.32	15.55
	Religious-affiliated university	95.94	19.56
Hours Completed	3-12	89.94	17.74
	15-27	99.07	16.87
	30-42	97.50	16.89
	45-60	102.36	14.89
Exposure	No	97.75	16.73
	Yes	99.47	16.73
Type of Exposure	Component of Another Class	96	15.29
	Stand-alone course	109.76	18.85
	Other	97.94	14.45
Aware of Comp.	No	95.47	17.01
	Yes	107.69	11.72

Assumptions were tested by examining normal probability plots of residuals and scatter diagrams of residuals versus predicted residuals. No violations of normality,

linearity, or homoscedasticity of residuals were detected. In addition, box plots revealed no evidence of outliers. The correlations of the variables follow in Table 2.

Table 2

Correlations of Predictor Variables used for Research Question 1

	1	2	3	4	5	6	7	8	9	10	11
SCS total(1)	1.00	.015	-.033	.200	.057	.118	.242	-.050	-.314	.396	.027
Caucasian (2)		1.00	.206	-.011	-.042	.074	.119	-.133	-.124	-.270	-.496
University affiliat (3)			1.00	.232	-.025	.094	.037	-.174	-.260	-.529	.053
Sexual orientat (4)				1.00	-.116	.062	.066	-.107	-.274	-.079	-.062
Age (5)					1.00	.166	.080	.104	-.074	.209	.104
Gender (6)						1.00	.054	-.006	-.150	.082	.016
Hours complete (7)							1.00	-.029	-.287	.091	-.127
Exposure to compet (8)								1.00	.244	.126	.007
Aware of compet. (9)									1.00	-.054	-.027
SCSORF total (10)										1.00	.110
Other (11)											1.00
Mean	98.43	.59	1.35	1.08	37.14	1.14	2.89	1.61	1.76	31.61	.15
Standard deviation	16.71	.49	.55	.27	10.60	.35	1.34	.49	.43	7.85	.35

When taken collectively, the model was significant, and therefore the null hypothesis was rejected. The results of the multiple linear regression analysis revealed that 30.0% of the total variance in scores on the SCS was predicted by strength of

religious faith, awareness of competencies, and sexual orientation, F (10,167) = 7.28, p <.001, as presented in Table 3.

Table 3

Summary of Regression Analysis

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate
1	.551	.304	.262	14.354

In terms of individual relationships between the independent variables and scores on the Spiritual Competency Scale, strength of religious faith (t = 5.73, p < .001), sexual orientation (t = 2.23, p = .027), and awareness of the ASERVIC *Spiritual Competencies* (t = -2.14, p = .034) each were statistically significant predictors of self-perceived spiritual competency. Higher scores on the SCSORF were predictive of higher scores on the SCS-R-II. A strong positive correlation between scores on the SCSOFS and scores on the SCS-R-II was evident, after having controlled for all of the other predictors in the model. The summary of regression coefficients follows in Table 4.

Table 4

Summary of Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients	*t*	*p*
	B	*SE B*	β		
SCSORF	1.014	.177	.476	5.731	.000
Sexual orientation	9.622	4.320	.155	2.227	.027
Age	-.077	.108	-.049	-.711	.478
Gender	1.291	3.208	.027	.402	.688
University type	3.249	2.579	.106	1.260	.209
Hours completed	1.960	1.007	.134	1.947	.053
Preparedness	-.442	2.320	-.013	-.191	.849
Competencies aware	-6.315	2.951	-.162	-2.140	.034
Caucasian	3.542	2.711	-.105	1.307	.193
Other	2.236	3.656	.047	.612	.542

In addition to strength of religious faith, awareness of ASERVIC's spiritual competencies was also found to be a statistically significant predictor of self-perceived spiritual competence. Respondents who reported being aware of the spiritual competencies scored significantly higher (M = 107.69, SD = 11.72) than respondents who were unaware that a set of spiritual competencies existed (M = 95.47, SD = 17.00). Finally, sexual orientation was found to be a statistically significant predictor of self-perceived spiritual competence. Counseling students who identified as LGB scored higher levels on the SCS-R-II (M = 109.86, SD = 8.05) than their heterosexual peers (M = 97.45, SD = 16.90).

Research Question 2. What is the relationship between exposure to and type of spiritual training and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

An independent samples *t*-test was conducted to determine whether there were statistically significant differences in SCS-R-II scores between students who were exposed to spiritual and religious material in their counseling program and students who were not exposed to spiritual and religious material in their counseling program. Results from the independent sample *t*-test revealed that SCS-R-II scores of students exposed to spiritual and religious training in their counseling program ($M = 99.47$, $SD = 16.73$) did not differ from SCS-R-II scores of students not exposed to spiritual and religious training in their counseling program ($M = 97.75$, $SD = 16.73$), $t\ (176) = .67$, $p = .50$, two-tailed. This result was consistent with the overall regression model in research question one, indicating that exposure to spiritual training was not among the variables that added significantly to the prediction of scores on the SCS-R-II. The magnitude of the differences in the means (mean difference = 1.72, 95% *CI*: -3.35 to 6.79) was very small (eta squared = .003). Results from the independent sample *t*-test are presented in Table 5.

Table 5

T-test Results Comparing SCS-R-II Scores Based on Exposure to Spiritual Training

		Levene's Test		*t*-test for Equality of Means						
							Mean	S.E.	95% CI Diff	
		F	Sig.	*t*	*df*	Sig.	Diff	Diff	Lower	Upper
SCS Total	Equal variances assumed	.080	.778	.67	176	.503	1.72	2.56	-3.34	6.78
	Equal variances not assumed			.67	147.51	.504	1.72	2.567	-3.35	6.79

The second part of the question investigated whether a difference in scores on the SCS-R-II existed between counseling students who received their spiritual and religious training in a stand-alone course dedicated to spiritual and religious issues in counseling and counseling students who received their spiritual and religious training as a component of another counseling course in the curriculum. To address this research question, an ANOVA was conducted to examine differences in SCS-R-II scores based on type of exposure. After confirming the homogeneity of variances, the ANOVA results indicated a statistically significant difference among types of exposure, $F(2,70) = 4.53$, $p = .014$, as presented in Table 6.

Table 6

Analysis of Variance Results for Differences Among Exposure Types

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Between Groups	2319.017	2	1159.509	4.53	.014
Within Groups	17935.996	70	256.229		
Total	20255.014	72			

Post hoc analyses conducted using Tukey HSD revealed a statistically significant difference in SCS-R-II scores between students exposed to spiritual and religious issues in a stand-alone course dedicated to spiritual and religious issues in counseling (M = 109.76, SD = 18.85) and students exposed to spiritual and religious issues as a component of another course in the counseling curriculum (M = 96.00, SD = 15.29), is presented in Table 7.

Table 7

Post Hoc Comparisons Among Types of Exposure

				Tukey's HSD Comparison	
Group	*N*	*M*	*SD*	SRIC Course	Component
SRIC_Course	17	109.76	18.85		
Component	40	96.00	15.29	.011	
Other	16	97.93	14.44	.093	.912

Research Question 3. What is the relationship between hours completed in program and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

A one-way between-subjects ANOVA was conducted to examine the differences in scores on the SCS-R-II based on hours completed in program. Results from the ANOVA indicated a significant difference between program hours completed, $F(3, 174) = 4.425$, $p = .005$, presented in Table 8.

Table 8

Analysis of Variance Results for Differences Among Credit Hours Taken

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Between Groups	3502.160	3	1167.387	4.425	.005
Within Groups	45903.390	174	263.813		
Total	49405.551	177			

Post hoc analyses using Tukey HSD revealed a significant difference in scores on the SCS-R-II between students who completed 3-12 program hours and students with 45-60 completed hours. Students who had completed 45-60 program hours (M = 102.36, SD = 14.89) scored statistically significantly higher than students who had completed 3-12 hours (M = 89.94, SD = 17.74). No other statistically significant difference in pairs of hours completed groups was obtained. Interestingly, the predictor variable 'program hours completed' was significant individually, but was not a significant predictor in the regression model in research question one. Results from the post hoc analysis are presented in Table 9.

Table 9

Post Hoc Tests Comparing Program Hours Completed

				Tukey's HSD Comparison		
Completed Hours	*n*	*M*	*SD*	3-12	15-27	30-42
3-12	32	89.94	17.74			
15-27	30	99.01	16.87	.124		
30-42	42	97.50	16.89	.198	.987	
45-60	74	102.36	14.89	.002	.784	.410

Research Question 4. What is the relationship between strength of religious faith and self-perceived spiritual competency for master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

The fourth hypothesis stated that scores on the SCSOFS would correlate positively with scores on the SCS-R-II. The correlation was significant and positive, r = .396, n = 178, p = .001, indicating rejection of the null hypothesis. Further, a significant relationship, as was observed in research question one, was found between scores on the SCSORF and SCS-R-II scores, $F(1, 176) = 32.77$, p = .001. The effect size was large, R^2 = .16, indicating that 16% of the variance in SCS-R-II scores can be accounted for by SCSOFS scores. Results from the Pearson correlation are presented in Table 10.

Table 10

Pearson Correlation between the SCSOFC and SCS-R-II (N= 178) for Hypothesis 4

Model	*r*	*N*	*Sig.*
SCSOFS and SCS-R-II scores	.396	178	.001

Summary of Procedures

This chapter discussed the relationships between demographic variables and the competency variables. It was concluded that a) higher scores of the SCSORF, LGB sexual orientation, and awareness of ASERVIC's spiritual competencies were associated with higher predicted scores on the SCS-R-II; b) there were no differences in terms of the scores on the SCS-R-II between students who were exposed to spiritual and religious training and those who were not; c) there was a statistically significant difference in scores on the SCS-R-II among types of exposure to spiritual and religious training for students who had been exposed to spiritual and religious training; d) among students who reported exposure to spiritual and religious training, a stand alone course was associated with higher predicted scores on the SCS-R-II, when compared with those getting exposure via components in other course(s); e) counselor trainees who had completed 45-60 program hours had statistically significantly higher levels on the SCS-R-II than students who had completed 3-12 program hours; and finally, f) there was a significant and positive correlation between scores on the SCSORF and scores on the SCS-R-II among the participants in this study. Further discussions and recommendations will be presented in chapter 5 of this study.

CHAPTER V

DISCUSSION, LIMITATIONS, AND FUTURE RESEARCH

This chapter links the results of the current study to previous literature on the correlates of spiritual competency in counselor education. Additionally, a discussion of the conclusions based upon the data analysis presented in chapter 4 is presented. A review of the practical and theoretical implications of the research is provided. Finally, the limitations of the study and recommendations for future research are presented.

Summary

The purpose of this study was to investigate the variables that relate to levels of self-perceived spiritual competence of master's-level clinical mental health students enrolled in CACREP accredited programs. Central to every individual's worldview is a spiritual element and it is increasingly believed that it is the responsibility of the counselor to be aware of and competent to address the spiritual needs of their clients. This belief was reflected in the ACA Code of Ethics (ACA, 2005), which acknowledged both the importance of counselors enabling clients to meet their spiritual needs (Section A.9) and the importance of counselors exploring their own spiritual beliefs (Section C). This belief is also reflected in the ACA's adoption of spiritual competencies meant to guide instruction and practice, and in CACREP's stipulation that spirituality be integrated into the counselor education program curriculum (CACREP, 2009). Despite the growing attention to spirituality in counselor education, researchers indicated that counselor

trainees do not feel competent to address spiritual issues and that counselor educators do not feel prepared to teach spiritual issues. In 2007, Young et al. called the counseling field to understand the experiences of students in their training about spirituality in counseling programs. At the time of this study, few researchers have focused on the variables that influence levels of self-perceived spiritual competency.

The study methodology was a quantitative correlational survey research design using multiple linear regression analysis. The participants were master's-level, clinical mental health students enrolled in CACREP-accredited counselor education programs. A total of 178 counseling students completed the SCS-R-II (Dailey et al., 2015), the SCSORF (Plante & Boccaccini, 1997), and a demographic survey developed by the researcher.

Results of the standard multiple linear regression showed that the set of ten predictor variables – strength of religious faith, age, gender, ethnicity recoded as two dummy variables), sexual orientation, hours completed in program, university affiliation, exposure to SRIC in program, and awareness of ASERVIC competencies –accounted for 30.0% of the variability in scores on the SCS-R-II (F [10,167] = 7.28, p <.001). Three of the ten predictor variables – strength of religious faith, sexual orientation, and awareness of the ASERVIC spiritual competencies –were statistically significant predictors of scores on the SCS-R-II, after controlling for all of the other predictors in the model. The remaining seven predictor variables – age, gender, ethnicity (2), university affiliation, exposure to SRIC in program, and hours completed in program – were not found to be statistically significant predictors of scores on the SCS-R-II. An independent samples t-test revealed that scores on the SCS-R-II for students who were exposed to SRIC in their

training programs did not differ from the scores of those who were not. However, an ANOVA showed that students who took a SRIC class scored significantly higher on the SCS-R-II than those exposed to SRIC as a component of another class. Results from the ANOVA revealed that students who had completed 45 to 60 hours of their program scored higher than those who had completed only 3-12 hours of their program. Finally, there was a strong positive correlation between scores on the SCS-R-II and scores on the SCSORF.

Discussion and Implications

Research Question 1

What are the combined effects of strength of religious faith and a set of demographic variables on the self-perceived spiritual competency of master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

The first research question examined the effect of strength of religious faith (as measured by scores on the SCSORF) and a set of demographic variables on levels of self-perceived spiritual competence of master's-level clinical mental health counseling students. Results from a multiple linear regression revealed that the model was significant (F [10,167] = 7.28, p <.001). Of the ten independent variables included in the model, age, gender, ethnicity, university affiliation, completed hours in program, and exposure to SRIC in training program were not found to be statistically significant predictors of self-perceived spiritual competency. However, strength of religious faith, awareness of ASERVIC's spiritual competencies, and sexual identity were statistically significant predictors of self-perceived spiritual competency. In addition, with an R^2 of .30, this model was able to explain 30% of the variability of self-perceived spiritual competency.

This finding is considered a large effect by common statistical guidelines (Cohen et al., 2003). Detecting a large effect is meaningful, as the explanation of variance contributes to the way that spiritual competency is understood and, to some extent, predicted. It is extraordinary that a third of the variability of self-perceived spiritual competency is accounted for by these three variables, strength of religious faith, awareness of ASERVIC's spiritual competencies, and sexual identity. The following is a discussion of the variables investigated in relationship to self-perceived spiritual competence.

Strength of religious faith Of the three variables that accounted for a third of the variance in the model, strength of religious faith had the largest standardized regression coefficient (and therefore was given the most emphasis among predictors). This finding is consistent with previous research that suggested that strength of religious faith has the most significant effect on therapist self-perceived spiritual competency (Johnson, 2014; Robertson, 2008; Stillwell, 2015), and that therapists' personal spirituality/religion is likely to be correlated with spiritual/religious competence (Fluellen, 2007; Robertson, 2010). In this study respondents with higher scores on the SCSORF were more likely to score higher on the SCS-R-II. It appears that individuals who consider themselves strong in their personal faith also view themselves as more spiritually competent to deal with the spiritual/religious issues of clients. Counselor educators should be aware that exploration of spirituality and religiosity allows the individual counselor to feel more competent to deal with the spiritual issues of their clients. Therefore, it is crucial that counselor educators provide counseling students with opportunities to explore their own faith, as well as their beliefs about spirituality and religiosity. The results of the present study support the work of Walker et al. (2005), who concluded that religiously active or

spiritually involved counselors are more likely to use spiritual interventions with clients. According to van Asselt & Senstock (2009), as individuals grow in their spiritual and religious faith they become more effective in recognizing the spiritual issues that their clients bring to therapy. This finding is supported by the results of the current study.

Kaslow (2014) and Sue and Sue (2013) indicated that the personal experiences of counselors increase their levels of therapeutic competence to address the issues of their clients. These findings are supported by the results of the current study and suggest that concluded counseling students with higher levels of spiritual and religious beliefs feel more competent to address the spiritual and religious issues of their clients. Counseling students enter counseling programs with personal experiences that have shaped their spiritual and religious faith. Although counselor educators cannot do anything to change the spiritual and religious experiences counseling students bring with them, they should provide an environment in which those spiritual and religious experiences can be explored and integrated. The relationship between personal experiences, faith, and self-perceived spiritual competence highlight the important role of self-reflection in counselor education programs. Counselor educators are expected to nurture self-awareness and promote self-reflection as a way to foster multicultural sensitivity in counseling students. Results from this study suggest that the same type of reflective strategies are essential in developing spiritual competence in counseling students. Counselor education programs and counselor educators should focus time and attention on experiences and activities that assist their students in addressing their spiritual and religious issues and nurture the awareness of the spiritual and religious issues of their clients.

Awareness of ASERVIC's spiritual competencies Awareness of ASERVIC's spiritual competencies was also found to be a statistically significant predictor of self-perceived spiritual competence. In addition to being a statistically significant predictor of self-perceived spiritual competence, the respondents who reported being aware of the competencies were one of only three subgroups that received scores that indicated having attained spiritual competence. According to Dailey et al. (2015), to be considered spiritually competent on the SCS-R-II one must have received a score of 105 or higher. Respondents who reported being aware of the spiritual competencies scored significantly higher (M = 107.69, SD = 11.72) than respondents who were unaware that a set of spiritual competencies existed (M = 95.47, SD = 17.00). This finding is not surprising since the instrument used to measure spiritual competence – the SCS-R-2 – is based on the ASERVIC spiritual competencies.

This finding has clear implications: awareness of the spiritual competencies results in higher levels of self-perceived spiritual competence. It may be inferred from this finding that counseling students in this study who were aware of the ASERVIC competencies were allowed the opportunity to discuss and develop them. This finding is also meaningful since of the three significant variables, awareness of the spiritual competencies is the most easily addressed in counseling programs. Although strength of religious faith and sexual orientation cannot be manipulated by counselor educators, all counselor educators can introduce or integrate the spiritual competencies into the curriculum. Whether the solution is a course in spirituality in counseling or incorporating spiritual and religious issues into other courses in the curriculum the spiritual competencies must serve the counselor educator as a guide.

Sexual Orientation Finally, sexual orientation was found to be a statistically significant predictor of self-perceived spiritual competence after controlling for all other variables in the model. Participants who identified as LGB scored higher levels on the SCS-R-II (M = 109.86, SD = 8.05) than participants who identified as heterosexual (M = 97.45, SD = 16.90). In the current study LGB individuals also scored higher on levels of spiritual competence than any other demographic subgroup, including age, gender, ethnicity, completed hours in program, exposure to SRIC in training program, awareness of ASERVIC competencies, and university affiliation.

At the time of the current study this author was unable to find research in the counselor education literature that investigated the influence of sexual orientation on levels of self-perceived spiritual competence in counseling students. However, there is a body of research that examined the spiritual and religious development of LGBTQ individuals (Barton, 2010; Beckstead & Morrow, 2004; Jaspal & Cinnirella, 2010; Lalich & McClaren). Halkitis et al. (2009) examined the ways in which LGBTQ individuals conceptualize spirituality and religiosity. The researchers noted that religious communities can be hostile places for LGBTQ individuals because the nature of their patterns of affection, intimacy, and sexual identities often do not align with conventional societal norms, but to 93% of participants, spirituality was a deeply personal and salient force in their lives. Participants described their spirituality as “manifesting goodness”, “interconnectedness with themselves and the world”, “giving life meaning and purpose”, “a personal relationship with God”, “acceptance of oneself and others”, “a way to transcend adversity” (p. 255).

Other studies focused on the struggle that some LGBTQ individuals experience when they encounter parts of religious culture that create hostile religious communities (Barton, 2010). Barton suggested exposure to anti-gay doctrine can have negative psychological consequences and make it difficult for LGBTQ individuals to integrate their religious, spiritual, and their sexual identities. According to Haldeman (2002), spiritual and religious challenges are often a part of the LGBTQ experience.

James Fowler (1981) coined the term *conversion experience* to describe a relevant concept in his theory of faith development. Fowler (1981) suggested that transition between faith stages is often the result of "conversion" (p. 283) experiences, wherein an individual's worldview is either expanded or constricted based on how they react to difficult life experiences (Barron, 2012). Additionally, it is possible that LGBTQ individuals who have chosen counseling as a career may have done so as a result of their own spiritual and religious journey allowing them to develop an awareness of spiritual and religious concerns in their clients.

Non-significant Variables

The current study examined the extent to which a set of predictor variables could account for the variance in scores on the SCS-R-II. Of the 10 predictor variables, three – strength of religious faith, sexual orientation, and awareness of the ASERVIC spiritual competencies – were statistically significant predictors of scores on the SCS-R-II, after controlling for all of the other predictors in the model. The analyses failed to indicate significant differences in SCS-R-II scores based on age, gender, ethnicity, university affiliation, exposure to SRIC in program, and hours completed in program. The finding that age, gender, and ethnicity, were not significant predictors of a counselor's self-

perceived spiritual competency is consistent with previous research (Holder, 2006; Johnson, 2014; Martin-Causey, 2002; Robertson, 2008; Stillwell, 2015).

Exposure to SRIC in program and hours completed in the program were not statistically significant predictors of scores on the SCS-R-II; however, both variables offered some understanding of how counseling students develop self-perceived spiritual competence. For example, exposure to SRIC did not contribute to higher levels of self-perceived spiritual competency. However, exposure to SRIC in a class dedicated to spiritual and religious issues in counseling did contribute to higher levels of self-perceived spiritual competency. This finding is discussed further in the next question. Similarly, number of completed hours in the counseling program was not found to be a significant predictor of self-perceived spiritual competency. Further investigation, however, found that counseling students who completed 45-60 credit hours scored significantly higher levels on the SCS-R-II than students who completed 3-12 credit hours. This finding suggests that although program hours completed was not a significant variable in the regression model in research question one it is significant individually. There is a statistically significant difference in scores on the SCS-R-II between students in the beginning stage of the counseling program and students near the end of their counseling program.

Research Question 2

What is the relationship between exposure to and type of spiritual training and the self-perceived spiritual competency of master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

It was hypothesized that both exposure to spiritual and religious issues in the program and the type of exposure would be significantly correlated with self-perceived spiritual competency. However, results indicated that scores on the SCS-R-II did not differ between the 39% of respondents who reported being exposed to spiritual and religious issues in their counseling program (M = 99.47, SD = 16.73) and the 61% of respondents who reported not being exposed (M = 97.75, SD = 16.73), (t [176] = .67, p = .50, two-tailed). This is congruent with results from the multiple linear regression indicating that exposure to spiritual and religious issues was not a statistically significant predictor of spiritual competency after controlling for all of the other predictors in the model.

As a further analysis, the individual subscales were examined for differences between types of exposure. The 73 respondents who indicated that they had been exposed to SRIC were asked to select whether that exposure occurred in (a) a spirituality class, (b) as a component of another class, or (c) other. An ANOVA was conducted to examine differences in SCS-R-II scores based on type of exposure, with results indicating that students exposed to SRIC in a stand-alone class had significantly higher scores on the SCS-R-II (M = 109.76, SD = 18.85) than those who were exposed to SRIC as a component of another class (M = 96.00, SD = 15.29) or those who were exposed to SRIC in some other way (M = 97.94, SD = 14.45).

These findings indicate that unstructured exposure to spiritual and religious issues are not sufficient to influence levels of self-perceived spiritual competence. Exposure to spiritual and religious issues in a course dedicated to spiritual and religious issues in counseling significantly influences levels of self-perceived spiritual competency.

Worthington et al. (2010) noted the importance of exposing counseling students to spiritual and religious course content but emphasized that it is merely a first step in training and not sufficient on its own. This is not to say that exposure to spiritual and religious issues integrated into other classes is without merit. When counseling students are in a class whose focus is spiritual and religious issues they will make significant gains due to focused experiences (dialogue about the spiritual and religious experiences of others', time and direction for focused self-exploration, etc.). If counseling students are to be trained to competently address the spiritual needs of their clients it is necessary first to understand how spiritual competence is cultivated. Results from the current study suggest that the most effective way to assist counseling students to develop spiritual competence is to have them take a class in spiritual and religious issues in counseling.

Research Question 3

What is the relationship between hours completed in program and the self-perceived spiritual competency of master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

A statistically significant relationship was expected to be found between number of hours completed in counseling program and self-perceived spiritual competence for master's-level counseling students. This hypothesis was based on the assumption that over the course of a counseling program students would be exposed to worldviews and belief systems that differ from their own and engage in an ongoing process of self-reflection. If self-awareness is the key to competence (Cashwell & Young, 2011) then increased spiritual self-awareness would in turn increase spiritual competence. Results from a one-way analysis of variance confirmed the hypothesis. The variable of completed

program hours was organized into four groups: students who had completed 3-12 program hours, students who had completed 15-27 program hours, students who had completed 30-42 program hours, and students who had completed 45-60 program hours. Further analysis determined that the only statistically significant difference was between students who had completed 3-12 program hours ($M = 89.94$, $SD = 17.74$) and students who had completed 45-60 program hours ($M = 102.36$, $SD = 14.89$). This finding indicates that students who have completed the majority of the counseling program have higher levels of self-perceived spiritual competence than students who have only completed a few courses, indicating that counseling students demonstrate growth related to spiritual competence over the course of the counseling curriculum.

Research Question 4

What is the relationship between strength of religious faith and the self-perceived spiritual competency of master's-level clinical mental health students enrolled in CACREP accredited counseling programs?

The researcher expected to find a statistically significant relationship between personal faith and levels of self-perceived spiritual competence of master's-level counseling students. A *t*-test confirmed this hypothesis and revealed that scores on the SCSORF scale were significantly and positively correlated with scores on the SCS-R-II ($r = .396$, $n = 178$, $p < .001$). In other words, respondents obtaining higher scores on the SCSORF tended to obtain higher scores on the SCS-R-II.

This finding was consistent with similar studies. Fluellen (2007) investigated spiritual competence among undergraduate psychology students and found that spiritual and religious beliefs were correlated with spiritual and religious competence. During the

creation of the original Spiritual Competency Scale (SCS), Robertson (2010) found that counseling students who professed evangelical religious beliefs scored higher on the SCS than students with other belief systems. Additionally, Robertson found that students who did not ascribe to being spiritual or religious scored lower on the SCS than students who did ascribe to a particular belief system. These results are similar to those reported by Stillwell (2015), who found that the personal strength of religious faith of licensed marriage and family therapists had the greatest effect on spiritual competency. In a related study, Morrison and Borgen (2010) found that in many situations, a counselor's religious or spiritual values play a role in his or her ability to empathize with clients.

This is not surprising when examining existing literature on how clinicians discuss spiritual competency (Cornish et al., 2012; Frazier & Hansen, 2009; Prest et al., 1999; Shafranske & Gorsuch, 1984). Competency flows out of experience, whether that experience comes from within or without program training (Kaslow, 2004). This is true for other types of cultural competency as well; so self-perceived spiritual competency seems consistent (Sperry & Miller, 2011; Sue & Sue, 2013). Stillwell (2015) drew a similar conclusion, stating

> Since therapists' spiritual competency is primarily an issue of identity, personal strength of faith should be a powerful influencing factor. Those who do not incorporate a strong faith into their personal identities are generally not going to do so in their professional roles either; and those who do, will. (p. 116)

The finding that strength of religious faith is closely related to self-perceived spiritual competence should encourage counselor educators to develop experiences for counseling students to become more cognizant of the spiritual elements in their own

lives. Specific experiences that develop insight into spiritual and religious beliefs will enable counseling students to better identify and understand spiritual elements in the lives of their clients. Aponte (2002) once said: "Therapists can exercise their ability to recognize spirituality in the life struggles of their clients, only if aware of the place of spirituality in their own lives" (p. 19).

Limitations

The limitations of this study limit the generalizability of it to other CACREP programs and clinical mental health students. One of the most significant limitations of the current study was a small sample size. The sample size could have been expanded to include all counseling students in different areas, such as school counseling, marriage and family counseling, rehabilitation counseling, etc. The present study only investigated clinical mental health students. Broadening the sample to all master's level counseling students could have increased generalizability of the conclusions drawn from this study. Ideally, the number of participants should have been more evenly distributed across gender, ethnicity, and sexual orientation. The participants in the current study represented a narrow range of age, gender, ethnicity, and sexual orientation. The majority of the respondents were between the age of 21 and 40 (65%), identified as female (86%), Caucasian (59%), and heterosexual (92%). Reaching out to professional counseling groups, such as the Association for Lesbian, Gay, Bisexual, Transgender Issues in Counseling (ALGBTIC) or Association for Multicultural Counseling and Development (AMCD) could have resulted in a more diverse sample.

Recommendations for Future Research

The current study should be expanded to counselor educators and licensed counselors to extend the understanding of spiritual competence in the profession of counseling. First, the extent to which counselor educators are familiar with the spiritual competencies and encourage spiritual and religious self-exploration in the classes they teach should be explored. Future studies should investigate whether or not counselor educators are aware of the spiritual competencies. In addition to broadening the current study, exploring counselor educators' level of self-perceived competence to address spiritual and religious beliefs with counseling students would help guide professional development at the program level.

Similarly, the extent to which licensed practitioners are aware of the spiritual competencies and their perceptions about their ability to address the spiritual needs of their clients should be explored. For those counselor educators and licensed counselors who do feel competent to address spiritual and religious issues with their clients, it would be beneficial to understand what factors and/or types of training experiences they perceive as having influenced their competency.

Results from the current study indicate that a stand-alone course in spiritual and religious issues in counseling is predictive of higher levels of self-perceived spiritual competency. If a program chooses not to offer a stand-alone course it will be necessary to integrate the spiritual competencies in other aspects of the curriculum. Future research should concentrate on which course, or set of courses, facilitates the development of spiritual competence most effectively.

Another area of research should address the relationship between sexual orientation and self-perceived spiritual competence in counseling students. Participants who identified as LGB scored higher levels on the SCS-R-II than any other subgroup in the current study. Previous research in the social sciences has focused on the struggle that many LGBTQ individuals experience when trying to integrate their religious/spiritual identity and sexual identity (Barton, 2010; Hart, 2015; Love et al., 2005) and there is a body of research regarding the spiritual development and spiritual identities of LGBTQ individuals. However, findings from the current study have illuminated a noticeable gap in counseling research regarding the relationship between sexual identity and self-perceived spiritual competency.

Research should specifically investigate graduate students' competence to address spiritually and religiously oriented issues across the fields of counseling, psychology, and social work. Understanding the extent to which different types of graduate students feel prepared to address spiritual and religious issues in therapy might clarify effective strategies in training mental health professionals to address spiritual and religious issues.

Implication for Counselor Educators

This research focused on identifying variables that influence the development of higher levels of self-perceived spiritual competency. The identification of significant relationships between personal strength of religious faith, awareness of the ASERVIC spiritual competencies, sexual orientation, and self-perceived spiritual competence increases counselor educators' understanding of variables that influence spiritual competency. Recognition of this connection is essential in assisting counselor educators

to develop competence in counseling students to address spiritually related matters with their clients.

The finding that personal strength of religious faith has the strongest relationship with self-perceived spiritual competency highlights the importance of ongoing spiritual self-examination and reflection. Counselor educators should be aware that exploration of spirituality and religiosity by counseling students allows the developing counselor to feel more competent to address the spiritual issues of their clients. Counselor education programs and counselor educators are encouraged to offer opportunities for experiences and activities that will help students understand their spiritual and religious attitudes, beliefs, and values across a diverse group of faith traditions. Counselor educators should provide opportunities for counseling students to recognize and examine the spiritual and religious elements in their own lives. Cashwell & Young provided a set of questions adapted from Futuyama and Sevig (1997), Bishop (1992), and Vaughan and Wittine (1994) that can be used to enhance counseling student self-exploration through journaling, dyadic or small group sharing, and classroom discussion (2011).

Taking a class that focuses specifically on spiritual and religious issues in counseling was found to be a predictor of higher levels of spiritual competency. Although it would be ideal for every student to take a class dedicated to spiritual and religious issues in counseling, time constraints and a full curriculum may limit that possibility. Therefore, it is important for counselor educators to create learning experiences in other classes that facilitate personal reflection and an awareness of the counseling students' spiritual and/or religious identity. Reluctance to address spiritually related topics has been attributed to both the counselor educators' own lack of training and/or their possible

discomfort with spiritual and religious issues (Cashwell & Young, 2003; Hagedorn & Gutierez, 2009).

In addition to the core classes, spiritual and religious issues should be integrated and explored in practicum and internship classes. Counselor educators providing supervision or teaching practicum and internship classes should initiate open discussions regarding spirituality and religion without pressuring students to agree with their opinions or assume specific stances about spiritual and religious issues. In fostering open communication and exploration, counselor educators model a diverse and accepting approach to spiritual and religious issues and positive regard for individuals whose spiritual and religious beliefs differ from their own. Many students report that they learn about spiritual and religious diversity from clinical experiences (Vogel et al., 2013) making it imperative that supervisors be open and competent to address issues in supervision.

Just as it is important for counseling students to be aware of their own personal belief systems so as not to impose those beliefs on the client, counselor educators must be cognizant not only of the development of their own religious and spiritual beliefs, but also how their beliefs and potential biases may influence the students they teach. Although the empirical evidence continues to demonstrate that religion and spirituality can have a positive influence on physical and psychological well-being, there are individuals for whom toxic religious experiences or unhealthy spiritual experiences have exacerbated psychological problems. For this reason, training students to become more competent to address the spiritual and religious issues of their clients should involve opportunities for discussion and reflection of their own perspectives and views on

spirituality and religion. Counseling programs and counselor educators should provide opportunities for counseling students to explore their personal relationship with their spiritual and religious identity and to engage in spiritual and religious dialogue.

Conclusion

Spirituality and counseling no longer exist in separate camps (Cashwell & Young, 2011). The growing desire to understand the complex role that spirituality and religion play in the lives of clients and to reconcile the disconnect between practice and pedagogy is evidenced in the literature (Adams et al., 2015; Burke et al., 1999; Cashwell et al., 2013; Cashwell & Young, 2011; Hall, Dixon, & Mauzey, 2004; Miller, 1999). Despite increased attention to spiritual and religious issues in counseling, the process by which counseling students are trained in competent spiritually integrated practice remains unclear (Brown et al., 2013; Cashwell et al., 2013; Moreira-Almeida et al., 2014). It is necessary to identity and understand the variables that correlate with higher levels of self-perceived spiritual competence so that empirically sound teaching models can be created.

The purpose of the current study was to investigate the relationship among strength of religious faith, a set of demographic variables, and self-perceived spiritual competence of master's-level clinical mental health counseling students enrolled in CACREP accredited programs. Results of the multiple linear regression revealed that 30% of the total variance in scores on the SCS-R-II was predicted by the model. Of the 10 independent variables, three variables – personal strength of religious faith (p = <.001), awareness of the ASERVIC spiritual competencies (p = .034), sexual orientation (p = .027), – were found to be statistically significant predictors of self-perceived spiritual competency.

In addition to identifying three significant variables, findings from the current study also revealed that counseling students who take a course dedicated to spiritual and religious issues in counseling score significantly higher levels on the SCS-R-II than counseling students for whom spiritual and religious issues were integrated into another course in the curriculum. These results suggested that a semester course spent exploring issues related to one's own spiritual and religious identity positively influences counseling students' self-perceived spiritual competency.

It was the aim of this study to further the research on preparation and training that counseling students receive in counselor education programs to provide spiritually competent services to their clients. Results from this study will be beneficial to counselor educators in understanding the variables that influence increased levels of self-perceived spiritual competency in counseling students and help to bridge the gap between recognition of the importance of spiritual and religious integration in counseling and actual practice.

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APPENDIX A

COMPETENCIES FOR ADDRESSING SPIRITUAL AND RELIGIOUS ISSUES 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 absence 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 and values 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

GLOBAL SELF-REFLECTION QUESTIONS

Global Self-Reflection Questions

1. What are the specific religious/spiritual beliefs and values of my parents (or my family of origin)? (A family tree or a religious/spiritual genogram may be constructed to track the development of religious/spiritual beliefs and values.)

2. What religious /spiritual beliefs and values was I taught as a child? Who influenced these beliefs and values outside of my immediate family?

3. Were my religious/spiritual values and beliefs common to my peers or were they unique to my experience?

4. How have my religious/spiritual beliefs and values changed as I have moved through developmental life stages (i.e., adolescence, young adulthood, midlife, and old age)? How has my practice of these beliefs and values changed? How has my perception of these beliefs and values changed?

    a) Did I assimilate values and beliefs from those with which I was raised into my current beliefs and values?

    b) What factors caused me to accept or reject the religious/spiritual values of my family or peer group?

5. Where and when were some of the turning points in the development of my religious/spiritual beliefs and values?

6. Where am I now on my religious/spiritual journey?

    a) Am I active in organized religion? Why or why not?

    b) Do I see a distinction between religion and spirituality? Why or why not?

    c) How does religion help or restrict my spirituality?

    d) What meaning does this period of my life have in the context of my life as a whole?

e) What are my current struggles and challenges as they relate to my religious/spiritual beliefs and values? What is the likely outcome, and will I grow as a result?

7. What are the religious /spiritual issues with which I will have the most difficulty working as a counselor?

8. How will I increase my capacity to work with such issues?

Included in Cashwell & Young (2011). *Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice*. Alexandria, VA: American Counseling Association.

APPENDIX C

INFORMED CONSENT FORM

Informed Consent Form

Title of Research Study: Perceived Spiritual Competency in Counseling Students: An Investigation of Variables

Researcher(s):
Anna Marsh Selby
Mississippi State University
Telephone: (601) 624-4345
Email: annamarshselby@gmail.com

This research seeks to investigate the variables that contribute to higher levels of spiritual competency in Master's level counseling students so that the training provided in counselor education programs is empirically sound. If you choose to participate, you will make a significant contribution to what is known about spiritual competency and counselor training in accredited counselor education programs.

You are eligible to participate in this study in you are (a) currently enrolled in a Clinical Mental Health Masters program, (b) your program is accredited by the Council for Accreditation of Counseling and Related Educational Programs, and (c) you have completed at least three course hours in your program.

There are no significant risks from participating in this research. Participation is completely voluntary, and you may discontinue participation at any time without penalty. Participation entails completing a brief demographic questionnaire and two online surveys. Upon completion of the surveys, you will have the option of entering a raffle to win one of four $50 gift cards. Administration time is approximately 10-15 minutes.

The primary researcher of the study is Anna Selby, MS, LPC, NCC a doctoral candidate in the department of Counselor Education and Supervision at Mississippi State University. If you have any questions or concerns, please fells free to contact the investigator at annamarshselby@gmail.com

If you agree to participate, please click the NEXT button below.

APPENDIX D

IRB APPROVAL

Gmail Anna Selby <annamarshselby@gmail.com>

Approval Notice for Study # IRB-16-620, Perceived spiritual competency in counseling students: An investigation of variables

nrs54@msstate.edu <nrs54@msstate.edu> Wed, May 17, 2017 at 1:42 PM
To: ams866@msstate.edu, cj488@msstate.edu, dlj3@msstate.edu, dtm10@msstate.edu, kdd5@msstate.edu, krj4@msstate.edu

Protocol ID: IRB-16-620
Principal Investigator: Anna Selby
Protocol Title: Perceived spiritual competency in counseling students: An investigation of variables
Review Type: EXEMPT
Approval Date: May 17, 2017
Expiration Date:May 16, 2018

The above reference study has been approved. To access your approval documents, log into myProtocol and click on the protocol number to open the approved study. Your official approval letter can be found under the Event History section. For non-exempt approved studies, all stamped documents (e.g., consent, recruitment) can be found in the Attachment section and are labeled accordingly.

If you have any questions that the HRPP can assist you in answering, please do not hesitate to contact us at irb@research.msstate.edu or 662.325.3994.

APPENDIX E

LETTER SEEKING PERMISSION FOR USE OF SCS-R-II

October 18, 2016

Linda Robertson, Phd
870 Clark Street, Suite 1030
Oviedo, Florida 32765

Dear Dr. Robertson,

I am writing to obtain permission for use of the Revised Spiritual Competency Scale-II (SCS-R-II) for my doctoral dissertation in counselor education from Mississippi State University. The projected time frame for this study is November 2016 through May 2017.

The purpose of this study is to identify the variables that contribute to the relationship between graduate level counseling students enrolled in CACREP accredited counselor education programs and their levels of spiritual competency. This study will use a correlational research design. The predictor variables will include a set of demographic variables and scores on the Santa Clara Strength of Religious Faith Scale (SCSORF). The criterion variable will be scores on the Revised Spiritual Competency Scale-II (SCS-R-II). A multiple linear regression will be conducted using a set of demographic variables (age, gender, ethnicity, sexual orientation, religious affiliation, spiritual training, awareness of ASERVIC Spiritual Competencies, and year in program) to determine their influence on levels of spiritual competence of graduate level counselor education students. It will also employ three separate correlational regressions to examine the relationship between (a) strength of faith, (b) year in program, and (c) exposure to and type of spiritual training and spiritual competence.

I look forward to getting started pending approval from MSU IRB and upon completion of my dissertation proposal defense. I agree to the conditions outlined in the letter of agreement. I plan to use an electronic format that will retain the original design of the unique Likert scale of the SCS-R-II.

If you have any questions, please do not hesitate to contact me via email or phone at annamarshselby@gmail.com or (601) 624-4345. I look forward to hearing back from you.

Warm regards,

Anna Selby, MS, LPC

APPENDIX F

VIEW SURVEY

Perceived spiritual competency in counseling students: An investigation of variables

Welcome

Title of Research Study:
Perceived Spiritual Competency in Counseling Students: An Investigation of Variables

Researcher:
Anna Marsh Selby
Mississippi State University Doctoral Candidate

Purpose:
This research seeks to investigate the variables that contribute to higher levels of spiritual competency in Master's level counseling students so that the training provided in counselor education programs is empirically sound.

Participation:
You are eligible to participate in this study in you are (a) currently enrolled in a Clinical Mental Health Masters program, (b) your program is accredited by the Council for Accreditation of Counseling and Related Educational Programs, and (c) you have completed at least three course hours in your program.

Procedures:
Participation in this survey will take approximately 15-20 minutes. Participation entails completing a brief demographic questionnaire and two instruments that measure various aspects of spiritual/religious competency and strength of faith. Please pay particularly close attention to the directions because the instruments have numerical differences for score reporting.

Risks or Discomforts:
The researcher does not anticipate any risks or discomforts involved in participation of this survey.

Benefits:
If you choose to participate, you will make a significant contribution to what is known about spiritual competency and counselor training in accredited counselor education programs.

Incentive to Participate:
Four $50 e gift cards will be randomly selected from participants who sign up for incentives at the end of the survey. Emails provided will not be linked to the participant's answers.

Confidentiality:
All data collected through this survey will be password protected. No identifying information will be used.

Questions:

If you have any questions or concerns, please fells free to contact the investigator at annamarshselby@gmail.com or at 601-624-4345.

Voluntary Participation:
Please understand that your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue your participation at any time without penalty or loss of benefits.

Continuing this survey means you are voluntarily consenting to participation in this research.

If you agree to participate, please click the NEXT button below.

Perceived spiritual competency in counseling students: An investigation of variables

Demographic Information

* 1. What is your age (in years)?

* 2. Please indicate your ethnicity

- African American
- Asian
- Hispanic/Latino
- Caucasian
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Other (please specify)

* 3. To which gender identity do you most identify?

- ◯ Female
- ◯ Male
- ◯ Transgender female
- ◯ Transgender male
- ◯ Gender variant/nonconforming
- ◯ Other (please specify)

* 4. What is your sexual orientation?

- ◯ Straight/heterosexual
- ◯ Gay or lesbian
- ◯ Bisexual
- ◯ Prefer to self-describe:

* 5. Do you attend a religiously affiliated university?

- ◯ No
- ◯ Yes

If yes, what religion?

* 6. How many credit hours have you completed in your program?

- ◯ 3-12
- ◯ 15-27
- ◯ 30-42
- ◯ 45-60

Instructions about this question.

* 7. In which religion/belief system (if any) were you raised?

Other (please specify)

8. If you chose Christian in question 7 please select from the following categories:

Other (please specify)

* 9. Which religion/belief system (if any) do you now follow?

Other (please specify)

10. If you chose Christian in question 9 please select from the following categories:

Other (please specify)

* 11. How strongly would you say you currently identify with your spiritual/religious affiliation?

- Very strongly
- strongly
- Not very much
- Not at all
- Unsure
- Not applicable

* 12. Do you feel you have been prepared by your program to include spiritual or religious issues in counseling?

- Yes
- No

13. If you answered **YES** to question 12: How were you exposed to this material?

- ◯ A component of another class
- ◯ In a spiritual/religion counseling class
- ◯ Other (please specify)

14. If you answered **NO** to question 12: Would you like your program to...

- ◯ Address spiritual/religious issues as part of another class
- ◯ Offer a class that exclusively addresses spiritual/religious issues
- ◯ Not address these issues

* 15. Are you familiar with ASERVIC's *Spiritual Competencies*?

- ◯ Yes
- ◯ No

Perceived spiritual competency in counseling students: An investigation of variables

Revised Spiritual Competency Scale

Indicate your level of agreement or disagreement with the following by selecting*ONE* response for each item.

* 1. Counselors who have not examined their spiritual/religious values risk imposing those values on their clients

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
◯	◯	◯	◯	◯	◯

* 2. Religious beliefs should be assessed at intake.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
◯	◯	◯	◯	◯	◯

* 3. Coping Strategies are influenced by religious beliefs

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 4. A counselors' task is to be in tune to spiritual/religious expressions in client communication.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 5. Sacred scripture readings are appropriate homework assignments.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 6. It is essential to know models of human development before working with a client's spiritual/religious beliefs.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 7. Cultural practices are influenced by spirituality.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 8. A client's perception of God or a higher power can be a resource in counseling.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 9. Counselors are called by the profession to examine their own spiritual/religious beliefs.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 10. It is essential to determine a client's spiritual functioning during an intake assessment.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 11. Spiritual/religious beliefs impact a client's worldview.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 12. Understanding human development helps a counselor work with spiritual material.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 13. Including religious figures in guided imagery is an appropriate counseling technique.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 14. Spiritual/religious terms are often infused in clients' disclosures.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 15. Counselors who can describe their own spiritual development are better prepared to work with clients.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 16. Addressing a client's spiritual or religious beliefs can help with therapeutic goal attainment.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 17. A client's worldview is affected by religious beliefs.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 18. Prayer is a therapeutic intervention.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 19. There is a relationship between human development and spiritual development.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 20. Inquiry into spiritual/religious beliefs is part of the intake process.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

* 21. If counselors do not explore their own spiritual beliefs, they risk damaging the therapeutic alliance.

High Disagreement	Mid-Range Disagreement	Low Disagreement	Low Agreement	Mid-Range Agreement	High Agreement
○	○	○	○	○	○

Perceived spiritual competency in counseling students: An investigation of variables

Santa Clara Strength of Religious Faith Questionnaire (SCSOF)

Instructions: Indicate the level of agreement (or disagreement) for each statement

* 1. My religious faith is extremely important to me.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 2. I pray daily.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 3. I look to my faith as a source of inspiration.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 4. I look to my faith as providing meaning and purpose in my life.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 5. I consider myself active in my faith and church.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 6. My faith is an important part of who I am as a person.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 7. My relationship with God is extremely important to me.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 8. I enjoy being around others who share my faith.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 9. I look to my faith as a source of comfort.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

* 10. My faith impacts many of my decisions.

strongly disagree	disagree	agree	strongly agree
○	○	○	○

Perceived spiritual competency in counseling students: An investigation of variables

1. If you would like to be considered for one of the four $50 Amazon gift cards please enter your email address. E-gift cards will be mailed to you. Thank you for your participation.

APPENDIX G

LETTER OF PERMISSION

Linda A. Robertson, PhD
870 Clark Street, Suite 1030
Oviedo, Florida 32765
407-583-7979
linda@bodhitreecounseling.com

October, 2016

Anna Marsh Selby
Mississippi State University

Dear Anna,

Thank you for your interest in the Spiritual Competency Scale (SCS). I hereby offer this letter as permission to administer the SCS as a component of your study.

Note that there are presently 2 versions of this instrument:

1. (SCS; 2009) Hardcopy (pencil & paper): full (90 item) version; I can also provide you with the 90-item version that includes 7 items from a brief Marlowe-Crowne SD scale that I used in my original study (i.e., dissertation).

2. (SCS-R-II; 2011) Hardcopy: The latest version, which was developed from a factor analytical study of ASERVIC members' responses (i.e., this group was more "spiritually competent" than the original group). Many of the same items loaded, but a few were replaced, and the final instrument includes 21 items. This study has not yet been published, but has been accepted for publication.

   This latest study also produced empirically supported cut off scores for both the 90 item version (SCS) and the 21 item factored version (SCS-R-II). This is important because the cut off scores for the student group study were arbitrarily vs. empirically assigned (i.e., there was no data in existence at the time of the original study to determine the scores that would be expected of a spiritually competent counselor). The cut off scores for all versions are noted below.

There is no charge for using any of the hardcopy versions. I will need a formal letter that explains your study to the extent that you have developed it at the time of your request and the version you are requesting. Please also return a signed copy of the enclosed *Statement of Agreement* for using the SCS (see last page of this document). I will send you the version that you request upon receipt of your letter.

The basic criteria for using any of these versions are as follows:

1. You are permitted to produce a copy for each anticipated participant in your sample.

2. Please maintain the copyright notation and my name (as shown at the top of the SCS or the SCS-R-II in the Word documents) on each of your questionnaires, including in any published / printed / electronic versions.

   To further protect the copyright, *please do NOT include a copy of the instrument in <u>any</u> publication of your study*.

3. Please do not alter the instrument without permission. In particular, please note that the response/scoring protocols are unique - that is, neither the SCS, the SCS-R, nor the SCS-R-II includes a *<u>traditional</u>* Likert scale. Therefore, to maintain continuity relevant to the development of this instrument, please use the response format as it is shown in the hardcopy.

   Note that reproduction of this response format has historically presented a challenge for several online survey programs. This is why we had the instrument custom designed and developed our own site to house it. We plan to offer this version online eventually, but as stated, it is relatively new and we have not yet reached this point.

   If you are able to successfully create this format in a publically available online survey program, please let me know so that I can advise future researchers.

Linda A. Robertson, PhD
870 Clark Street, Suite 1030
Oviedo, Florida 32765
407-583-7979
linda@bodhitreecounseling.com

4. Please do not distribute any version of the SCS to other researchers/individuals who have not obtained permission for its use. I request that any version you place online have an expiration date that corresponds to the time frame of your research (i.e., please do not leave it online indefinitely). Please include the projected time frame of your study in your letter of request.

5. Please send me a copy of your results at the conclusion of your study.

Scoring:
SCS and SCS-II (90-item); SCS-R (22-item) and SCS-R-II (21-item):

Low Agreement: 4	Mid-range Agreement: 5	High Agreement: 6
Low Disagreement: 3	Mid-range Disagreement: 2	High Disagreement: 1

Additionally, the 90-item SCS and SCS-II include 10 reverse-score items (i.e., #6, 7, 30, 31, 34, 46, 47, 66, 69, and 83). Points are to be assigned to these items as follows:

Low Agreement: 3	Mid-range Agreement: 2	High Agreement: 1
Low Disagreement: 4	Mid-range Disagreement: 5	High Disagreement: 6

Low Agreement: 4	Mid-range Agreement: 5	High Agreement: 6
Low Disagreement: 3	Mid-range Disagreement: 2	High Disagreement: 1

There are no items requiring reverse scoring on the SCS-R or SCS-R-II versions.

For all versions: sum the item scores to obtain the total score. Spiritual competency is indicated by a total score of 105 for the SCS-R-II, 110 for the SCS-R, and 450 for the SCS.

If your project and/or use of the SCS changes, please advise. Feel free to contact me if you have questions about the SCS during the course of your project. Best wishes! I look forward to hearing from you.

Sincerely,

Linda A Robertson, PhD, LMHC

Linda A Robertson, PhD
870 Clark Street, Suite 1030
Oviedo, Florida 32876
407-583-7979

Linda A. Robertson, PhD
870 Clark Street, Suite 1030
Oviedo, Florida 32765
407-583-7979
linda@bodhitreecounseling.com

Statement of Agreement to the Conditions for Use of the Spiritual Competency Scale©

I, _____, agree to use the Spiritual Competency Scale©
(please print name)
in accord with my research intent as it is described in my formal letter of request to the developer, Linda A. Robertson.

I intend to use the SCS to investigate _____
_____
_____ *(purpose or title of study; population to be included; location).*

I also agree to the following conditions for use:

1. I agree to produce only one hardcopy of the instrument for each anticipated participant in my sample.

2. If I place the SCS in any type of online format, I agree to use an expiration date for the upload that corresponds to the time frame of my research - I will not leave the SCS online indefinitely. I have included the projected time frame of my study in my letter of request and will advise the developer of where the survey will be posted online.

3. I agree to maintain the copyright notation and the developer's name (as shown at the top of the instrument) on each of my questionnaires, including in any published / printed / electronic versions.

4. To further protect the copyright, I will *not* include a copy of this instrument in any publication of my study.

5. I will not alter the instrument without permission and I agree to use the response format as it is shown in the hardcopy.

6. I will not distribute any version of the SCS to other researchers/students/individuals who have not obtained permission for its use.

7. I agree to provide the developer with a copy of my results within 3 months of the conclusion of my study.

8. If any changes are made regarding the nature of my study, my intended use of the SCS, or if I need to deviate from any of the points listed above subsequent to the developer's receipt of my letter of request, I will advise the developer and/ or request the relevant permissions in a second formal letter.

My signature below constitutes my agreement with the terms of use of the Spiritual Competency Scale ©.

_____ _____
Researcher (signature) Date

_____
University

APPENDIX H

SANTA CLARA STRENGTH OF RELIGIOUS FAITH QUESTIONNAIRE (SCSORF)

Santa Clara Strength of Religious Faith Questionnaire (SCSORF)

Please answer the following questions about religious faith using the scale below. Indicate the level of agreement (or disagreement) for each statement.

1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree

____ 1. My religious faith is extremely important to me.
____ 2. I pray daily.
____ 3. I look to my faith as a source of inspiration.
____ 4. I look to my faith as providing meaning and purpose in my life.
____ 5. I consider myself active in my faith or church.
____ 6. My faith is an important part of who I am as a person.
____ 7. My relationship with God is extremely important to me.
____ 8. I enjoy being around others who share my faith.
____ 9. I look to my faith as a source of comfort.
____ 10. My faith impacts many of my decisions.