ABSTRACT

Title of Document: A SURVEY OF UNIVERSITY COUNSELING CENTER THERAPISTS: WORKING WITH CLIENTS WHO HAVE RELIGIOUS/SPIRITUAL ISSUES

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University counseling center therapists (n = 220) completed an internet survey about one of their recent therapy cases in which the clients' issues involved religion/spirituality (RS). Responses were analyzed quantitatively and qualitatively. Common RS issues for clients involved questioning one's childhood religion, exploring RS beliefs, and using client's RS as a source of strength. The similarity of therapist and client RS values is not related to the strength of the therapeutic relationship. A therapist's religious commitment is related to both the goals that therapist considers important when working with RS issues and to how frequently the therapist uses religiously/spiritually-oriented interventions. Regarding training, therapist self-efficacy in working with RS issues is positively related to the amount of training the therapist has engaged in about how to work with RS issues. Implications for practice, research, and training are discussed.

A SURVEY OF UNIVERSITY COUNSELING CENTER THERAPISTS: WORKING WITH CLIENTS WHO HAVE RELIGIOUS/SPIRITUAL ISSUES

By

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Dedication

This dissertation is dedicated to my family. To Shari, for practically being a single mom during much of graduate school, and for tolerating my own religious issues. To Abby, Jack, and Paige, for providing me with so many excuses to take study breaks. And to my parents, Richard and Wendy, for showing me the value of education and hard work.

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And finally, to my colleagues at the Carruth Center, who have been generous in giving me the time, resources, and guidance to finish.

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Chapter 1

Introduction

Religion and spirituality are important to the majority of Americans (Gallup, 1996). Surveys during the past sixty years have found that the percentage of Americans who express a belief in God has remained close to 95% (Shafranske, 1996). In addition, since 1948 about 88% of Americans consistently report praying to God (Shafranske, 1996). In a 1995 Gallup poll, 42% of Americans surveyed reported that they attended a religious worship service weekly or almost weekly, 67% indicated that they were members of a religious organization, and 60% indicated that religion was "important" or "very important" to them (Gallup, 1996).

Religious and spiritual issues are also important to many college students (Astin & Astin, 2003). In a recent survey of college students, 78% indicated that they discuss religion or spirituality with friends, 77% pray, 74% think that their beliefs provide support and guidance, and 71% consider religion personally helpful. Johnson and Hayes (2003) also found that 25% of college students reported considerable distress related to their religious and spiritual concerns.

Surveys specific to psychologists have found that psychologists generally report being less religious in traditional ways (e.g., attending religious services) than the general population and even less religious than other mental health professionals (Bergin & Jensen, 1990). Despite being less religious in traditional ways than the general population, psychologists often express interest in spiritual matters. It also appears that psychologists may pursue non-traditional religious/spiritual paths that do not get captured

in the established measures of religion/spirituality (Bergin & Jensen, 1990; Shafranske, 1996).

The focus of this study was on the religious commitment of university counseling center therapists and how that related to their work with college students who had religious/spiritual issues. Before this survey there were a limited number of things known about the general relationship between therapist religious/spiritual commitment and counseling. Shafranske and Malony (1990) found that 65% of 100 California psychologists reported that their clinical work is influenced by their spirituality. Smith's (1998) unpublished dissertation survey of 140 clinical psychologists found that the psychologists' religious and spiritual orientations did not significantly relate to their theoretical orientations or to their therapeutic goals. Bergin and Jensen (1990) found that only 29% of the clinical psychologists surveyed reported believing that religious matters should be an integral part of therapy. Even less was known about the relationship between therapist religious/spiritual commitment and counseling with college students who have religious/spiritual issues (Johnson & Hayes, 2003).

Furthermore, very little was known about the training of therapists in working with clients who have religious/spiritual issues and what impact this training or lack thereof has on therapist thoughts, attitudes, behaviors, and self-efficacy. Despite the recently increased attention and credibility given to religious and spiritual issues, there continued to be a lack of training for psychologists in how to effectively work with religious/spiritual issues in therapy (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). Most psychologists reported having either no or very little formal training in working with a client's religious/spiritual issues (Shafranske & Malony,

1990). Given the fact that formal training on how to work with religious/spiritual issues was typically sporadic in graduate training, Shafranske and Gorsuch (1984) concluded based on their survey that psychologists had no choice but to rely primarily on their personal experiences with religious/spiritual events to guide their work with clients.

College is often a time for adolescents and young adults when their value system, including their religious/spiritual values, is challenged (Worthington, 1989). As previously mentioned, a recent review of the prevalence of religious/spiritual concerns among college students revealed that approximately 25% reported considerable distress related to religious/spiritual concerns. This finding is not surprising given the high number of individuals who value religion and/or spirituality. Furthermore, a recent longitudinal study of college students found that 52% of first-year students said they regularly attended religious services, compared to only 29% of third-year students (Astin & Astin, 2003). It is clear that the college years can by a very dynamic time for students' religious and spiritual values and behaviors.

In summary, religion/spirituality is salient in many ways to college students. The majority of college students report that religious/spiritual issues are important to them (Astin & Astin, 2003). Religious/spiritual concerns are also prevalent among college students (Johnson & Hayes, 2003). Therapists tend to differ from the general public and college students regarding the value given to religion/spirituality. Therefore, we needed to know more about the process of psychotherapy with college students who have religious/spiritual issues, and how therapist religious commitment is related to this process. Hence, the present study examined specific client-therapist dyads where the client is a college student who has religious/spiritual issues, and looked at the process of

psychotherapy, therapist variables, and client variables. When one considers the general importance of religious/spiritual issues and their potential impact on psychological functioning, it becomes apparent that this was an area of research that was in sore need of attention.

Chapter 2

Literature Review

In this literature review I will highlight the relevant literature regarding religion, psychology, and working with religious/spiritual issues in therapy. I will also present literature concerning graduate training in working with religious/spiritual issues in therapy, the role of religion/spirituality in the lives of college students, and a discussion of issues regarding internet data collection. This chapter will be organized into three major sections: theoretical writings, empirical studies, and the methodological issues of internet data collection.

Theoretical Writings

History of the Relationship between Psychology and Religion

In this section I will give a brief background of the last 100 years of psychology as it relates to religiosity and spirituality. This will be accomplished primarily by discussing the prominent figures in psychology who have discussed this topic, both those with a generally negative view of religion/spirituality and those with a generally positive view of religion/spirituality. After discussing their views, my focus will shift to current trends within the field of psychology that are relevant to the psychological study of religion.

Negative views toward religion. In the past, spiritual and religious issues have been "given the cold shoulder" by a large segment of the field of psychology. Although it can be argued that the cause of this not-always-amiable relationship between psychology and religion has been due to many factors, the outspoken criticisms of

religion by several prominent psychologists such as Freud (1918), Skinner (1953), and the lesser-known yet influential Vetter (1958), have certainly been a contributing factor.

Freud, arguably the most prominent figure in the history of psychology, applied psychoanalysis to the understanding of religion. He considered religion to have two primary features: intense belief in a father-god figure and complex obligatory rituals (Wulff, 1996). He considered certain elements of religion (e.g., the compulsive quality of religious rituals, the rigidity of religious ideas, and the religious individual's proneness to guilt) to have similarities to the obsessive symptoms of neurosis. His logical conclusion to this similarity is that religion is a defense against unwanted impulses.

In Freud's psychoanalytic theory (1918) he believed that the cause of much human behavior can be traced back to experiences in early childhood. This applies to religious behavior as well. The young child perceives the father to be an omnipotent protector, but over time this perception is inevitably shattered. The child's continuing need for a protector is fulfilled by the god-figure that a religion provides. Religion is therefore something created by the individual to fulfill a need, and is not based on observations of the real world. Freud advocated that if a person wanted to progress beyond the infantile stage, which is characterized by the irrational need for a protector, then the individual would need to disavow religious beliefs and learn to rely on a more rational, scientific approach to life.

Later in the 20th century, psychology as a whole became more positivistic, due in part to the influence of behaviorism. The most prominent behaviorist was B.F. Skinner, who had very strong views regarding the psychology of religion. In the true spirit of behaviorism, Skinner attempted to reduce religion to a list of determined behaviors.

Skinner (1953) believed that religious behaviors, like all behaviors, occur because they are followed by reinforcements. Most of these reinforcements are provided by religious leaders or other influential figures (e.g., parents). Because behaviorists perceive all behavior, not just religious behavior, to be controlled by reinforcements instead of individual agency, Skinner did not criticize religion because he believed that it operated according to reinforcements. What Skinner did take issue with, however, was that religious institutions attempt to administer their reinforcements covertly, thereby concealing the true nature of their influence on participants (Wulff, 1996). He considered religions as a whole to be exploitative and concerned at times with taking power from individuals to serve their own purposes. Despite all of the detrimental effects that Skinner perceived religion to potentially have on the individual, he also conceded that religion may serve a meaningful purpose. Specifically, he believed that religion may promote delayed gratification, which in turn can lead to a better future.

Vetter (1958), a behavior theorist, wrote a book entitled "Magic and Religion" which presented a behavioral analysis of religious behaviors. He could find absolutely no positive characteristics associated with religion. He cited several reasons for his entirely negative conclusions, including the many historical examples of atrocities committed in the name of religion and all of the human time, effort, and resources that he perceived to be wasted on religious practice. Vetter believed that the only people who benefit from religion are the religious leaders who manipulate their followers to maintain their power. His ultimate explanation of why humans engage in religious behaviors is because religion is the natural human response to uncontrollable and unpredictable situations.

Positive views toward religion. Despite the loud voice of prominent psychologists who had views of religion as generally unhealthy, there were also equally prominent leaders such as James (1902), Jung (1938), and Allport (1950), who advocated a generally healthy view of religion. These theorists considered spirituality/religiosity to be a topic worthy of scientific inquiry.

William James' (1902) famous book "The Varieties of Religious Experience" was written with the intention of defending the religious outlook on life. The intended audience for his book was the community of scientists who valued scientific evidence above religious experience. James provided observations of a broad range of religious people, choosing not to focus on formalized religion, which is an approach that is contrary to the one taken by Freud and others. James' belief was that those without a superior intellect who were involved in religion would have childish conceptions of their religious experiences. However, those who have a superior intellect and are involved in religion can be expected to attain even greater levels of accomplishment than would be expected without religion.

Jung (1938) considered religion to be an elemental function of the human psyche. Jung's use of the term "religious" did not necessarily imply adherence to a certain dogma or membership in a specific denomination. Rather, his use of the term "religious" included a strong element of spirituality, although he did specifically discuss the importance that religion plays in helping individuals make sense of their spiritual experiences. According to Jung, all human beings share a collective unconsciousness, which is a deep layer of the psyche that contains archetypes (i.e., inherited predispositions to respond to certain stimuli that are common to all humans such as birth,

death, parents, heroes). Religion can help a person make sense of these archetypes and become a more integrated individual. If an individual does not participate in religion, then Jung believed that this person would lack the symbols necessary to make sense of the world (Wulff, 1996). This lack of symbols may ultimately lead to both neurosis and psychosis. Jung felt that psychologists needed to take into consideration the entire spectrum of human experiences, including the religious, so that their clients could make sense of their entire world and experience integration.

Allport (1950) was a practicing Episcopalian and a personality psychologist who defended the healthy aspects of religion from his humanistic view. He focused much of his work on social justice issues. As a religious person, he was concerned with the association that had been made in some of the literature between religiosity and prejudice (Wulff, 1996). His work created a more advanced conceptualization of religiosity, differentiating between an unhealthy, extrinsically oriented religiosity (e.g., participating in religion for its external benefits, such as social desirability) and a healthy, intrinsically oriented religiosity (e.g., participating in religion because it is the guiding force of your life). He demonstrated differences between unhealthy extrinsic religiosity and healthy instrinsic religiosity on variables such as racial prejudice with the Allport-Ross Religious Orientation Scale (ROS; Allport & Ross, 1967). Using the ROS, Allport was able to demonstrate that it was not religiosity per se that is associated with prejudice, but the less mature extrinsic religiosity that is focused on the use of religion for self-serving goals or personal benefits.

Summary. Freud saw religion as being created to fulfill irrational needs, while Skinner criticized religion because he perceived religions as covertly manipulating their

believers. Vetter found no redeeming qualities about religion, viewing it simply as a means for religions leaders to maximize their power. Those who took a more even-handed or positive approach to religion included James, who was not without his reservations, but recognized that religion could serve a useful role in helping a person to accomplish much. Jung believed that religion helps people to become more integrated, while Allport differentiated between healthy and unhealthy religion, making it more difficult for someone to categorically dismiss religion. It is clear that there are intelligent people on both sides of the argument regarding the effect of religion on psychological functioning.

Renewed Interest

There has been a recent resurgence beginning in the 1980s of theoretical writings and empirical research regarding the importance of religiosity and spirituality in relation to psychological health (e.g., Bergin, 1980; Shafranske, 1996; Richards & Bergin, 2000). The multicultural movement within psychology has been responsible for some of the increased interest in religiosity and spirituality. Religious and spiritual issues are now considered a legitimate aspect of cultural diversity. As such, they should be given the same consideration in therapy as all other forms of diversity (Shafranske, 1996). This increased emphasis on the relevance of religious variables to diversity is further demonstrated by the change in guidelines for ethical conduct of the APA (1992) mandating clinicians to be responsive to their clients' religious diversity. The ethical guidelines recommend that "Psychologists respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, since they affect world views, psychosocial functioning, and expressions of distress" (p. 46). The DSM-IV has also

added a diagnostic category of "religious or spiritual problem." This category is considered a V-code and can include experiences involving loss or questioning of faith or problems associated to a religious conversion (APA, 1994).

The Conceptualization and Measurement of Religion and Spirituality

Religious and spiritual experiences seem to be, due to their very nature, difficult to articulate or define (Hill & Pargament, 2003). As a result there seem to be as many definitions of religion and spirituality as there are people defining these terms. This lack of consensus has prevented the possibility of a coherent compilation of the existing data.

The terms "spiritual" and "religious", although similar, are not synonymous. Richards and Bergin (2000) defined "spiritual" as "those experiences, beliefs, and phenomena that pertain to the transcendent and existential aspects of life (i.e., God or a Higher Power, the purpose and meaning of life, suffering, good and evil, death, etc.)" (p. 13). They go on to say that "religious" may be "a subset of the spiritual. Religious has to do with theistic beliefs, practices, and feelings that are often, but not always, expressed institutionally and denominationally as well as personally." (p. 13). So according to these definitions there can but does not have to be an overlap between the spiritual and the religious. One can be religious without being spiritual, or spiritual without being religious. Other researchers (Elkins, Hedstrom, Hughers, Leaf, & Saunders, 1988; Martin & Carlson, 1988; Zinnbauer, Pargament, & Cole, 1997; Wulff, 1996) have used definitions similar to the one proposed by Richards and Bergin.

Hill and Pargament (2003), in their American Psychologist article on the conceptualization and measurement of religion and spirituality, highlight some of the recent advances in defining and measuring religious and spiritual constructs. The authors

expressed concern regarding what they see as the recent polarization of the terms *religion* and *spirituality*. The term *religion* is becoming limited to only include an institutional, rigidly formal expression of faith, while *spirituality* includes an individual, subjective, and emotional expression. What concerned Hill and Pargament about the polarization of religion and spirituality is the associated implication that religion is bad, and that spirituality is good. This polarization also ignores the reality that spiritual expression (e.g., meditation, personal prayer) occurs within a social context and that nearly all religious organizations are concerned with the spiritual well-being of their members. It is also true that the general public tends to not differentiate between religion and spirituality.

In summary, religion and spirituality are intangible terms that are therefore difficult to define. They are also "distinguishable yet overlapping constructs" (Miller & Thoresen, 2003; p. 29). Furthermore, there has been a tendency among psychology researchers to falsely dichotomize these terms (Hill & Pargament, 2003). For these reasons, and to err on the side of being more inclusive, the current study will use the terms interchangeably.

Measurement issues. Health research (including mental health) has traditionally included religious and spiritual variables as an afterthought (Hill & Pargament, 2003). Because it was usually not the focus of the study it was therefore given little priority and subsequently was often measured with a single item (e.g., "How often do you attend religious services?" or "How religious do you consider yourself to be?"). Despite using such global measures, the findings of these studies have revealed a surprisingly robust relationship between religion/spirituality and health-related variables.

Progress is now being made and researchers have found that religion and spirituality "…are complex variables involving cognitive, emotional, behavioral, interpersonal, and physiological dimensions" (Hill & Pargament, 2003, p. 66). Hill and Pargament (2003) identify several promising dimensions in the measurement of religious and spiritual issues. These dimensions are: (a) perceived closeness to God; (b) religion and spirituality as orienting, motivating forces; (c) religious support; and (d) religious and spiritual struggle. The dimension of "perceived closeness to God" includes how close to God a person feels. People who report a closer connection to God tend to have numerous health-related benefits, including less depression and higher self-esteem (Maton, 1989). People who report high levels of experiencing "religion and spirituality as orienting, motivating forces" tend to use religion and spirituality as "overarching frameworks that orient them to the world and provide motivation and direction for living" (Hill & Pargament, 2003; p. 68). "Religious support" includes the support that people receive from the members and leaders of their religious/spiritual groups. "Religious and spiritual struggles" can include interpersonal struggles, intrapersonal struggles, and struggles with God.

Religion and Spirituality in Psychotherapy

The use of spiritual and religious interventions in psychotherapy, although once considered the domain of pastoral counselors, is now receiving much greater attention from mainstream psychology (see Miller, 1999; Shafranske, 1996; Richards & Bergin, 1997, 2000). This increase in the quantity and quality of publications has included both empirical studies identifying the nature of the relevant variables and also more theoretical models of how to effectively use spirituality and religiosity with clients. The relevant

theoretical models of integrating religious/spiritual issues in therapy will now be reviewed, with the empirical writings being presented later in this literature review (for the most part).

Values in psychotherapy. Bergin (1980) argued that because values are central to the process of therapy, a therapist should openly disclose her/his value system and treatment approach to clients at the beginning of therapy so that the client can make an informed decision about treatment. Bergin's position has not been unanimously supported by subsequent studies. Chesner and Baumeister (1985) conducted a study investigating how a therapist's disclosure of religious values would influence the level of intimacy in a client's self-disclosure. The authors simulated a therapy situation in a laboratory setting with 78 male university students. There were two therapist conditions. In the disclosing condition the therapist self-disclosed regarding personal religious values and beliefs, while in the non-disclosing condition the therapist did not self-disclose any information concerns religious beliefs or values. Their findings did not support Bergin's idea that the therapeutic alliance is strengthened by a therapist disclosing religious values. On the contrary, Chesner and Baumeister found that therapist disclosure of religious values, when different from the client's values, can actually have a detrimental effect on how intimate the information is that the client chooses to disclose. Participants in the condition that involved a therapist who self-disclosed religious information did not disclose more intimately than participants whose therapists did not self-disclose religious information.

Considering the importance of religion and spirituality in the lives of Americans, it is likely to be a salient issue in therapy. However, clients may be reluctant to bring up

religious/spiritual issues due to a fear that the therapist will discredit or even pathologize their beliefs (Bergin, 1980; Worthington, Kurusu, & McCullough, 1996). Even if a therapist is supportive of a client's religiosity/spirituality, the client may have concerns that the therapist will lack knowledge and understanding about the client's religious affiliation, which may result in the therapist making recommendations that are incongruent with the client's belief system (Richards & Bergin, 1997).

Addressing Religious/Spiritual Issues in Therapy

Therapists who address religious/spiritual issues with their clients do many of the same things that occur in "regular" psychotherapy. They conduct a thorough assessment of the client's history, establish a productive working alliance, and collaboratively create treatment goals with the client (Shafranske, 1996; Richards & Bergin, 1997, 2000). Despite the similarities there are also specific skills and knowledge areas above and beyond "regular" therapy that are required of a therapist to be effective in working with a client's religious/spiritual issues (Miller, 1999).

The importance of including religious/spiritual factors in the client's initial assessment has been emphasized by several authors (Miller, 1999; Richards & Bergin, 1997, 2000; Shafranske, 1996), although it has been largely ignored by training programs and is not commonly used by therapists (Kelly, 1995). According to Richards and Bergin (2000), therapists need to have a basic understanding of the client's specific religious affiliation in order to perform a personalized assessment. A client's specific religious affiliation may determine how comfortable the client is in sharing religious beliefs and behaviors. If a therapist is aware of this then the assessment of more sensitive religious information may be delayed until the therapeutic alliance of more established.

The depth of the assessment and exactly what procedures should be used by the therapist depend on several factors. Kelly (1995) recommended that clinicians use two fundamental questions to guide the formulation of their assessment: (a) what degree of personal significance does the client's religiosity/spirituality have? and (b) how relevant is religiosity/spirituality to the presenting problem?

Richards and Bergin (1997) suggested that therapists consider taking a two-level approach to conducting religious/spiritual assessments. A more general, ecumenical approach should be taken at the beginning of therapy. In this level therapists should use non-specific language that could apply to clients of diverse religious/spiritual backgrounds (e.g., "What were your childhood religious affiliation and experiences?"). If the client has a religious/spiritual worldview, perceives that spiritual beliefs are relevant to the presenting problem, and are willing to explore spiritual issues with the therapist then a more in-depth level-2 assessment may be appropriate.

Beyond assessment, Tan (1996) proposed that there are two major models of integrating religion and spirituality in clinical practice, the i*mplicit* model and the *explicit* model. Therapists who function according to the implicit model use a more covert approach that follows the lead of the client, not initiating a focus on religious or spiritual issues. The therapist also does not employ interventions such as prayer or scripture reading with the client, although the therapist might say a silent prayer on the client's behalf. Although in this model the therapist does not unilaterally focus therapy on religious or spiritual issues, the therapist may respond sensitively to the client's interest and need to discuss spiritual and religious issues. Therapists may have a consistent tendency to follow the implicit model or the explicit model due to their personal

preferences, or they may base their approach entirely on what they perceive to be the needs of the client, possibly using a combination of the two approaches.

The explicit model of integration deals with spiritual/religious issues more directly, using interventions such as reading scripture or praying with clients. In this model the spirituality/religiosity of both the therapist and the client is of primary importance to achieving a successful outcome. The therapist is usually a religious person who is comfortable using activities such as prayer and the client is usually a religious person with a positive, healthy view of religion. It is of course important that a therapist using the explicit approach is sensitive to the needs of the client, not using therapy to impose religious views.

Therapists can also listen to clients discuss their religion and can validate their use of religion to adapt and cope (Koenig & Pritchett, 1998). Taking a supportive stance is especially important when the client's presenting problems are related to an acute psychosocial or situational stressor. Exploring how the client's religiosity has helped in past similar situations can help the client see possibilities for resolving the current difficulties. Another form of religious/spiritual intervention is that therapists may choose to refer clients to their spiritual or religious communities for services. These communities are able to offer things such as social support and peer assistance that a therapist cannot. Connecting with such groups may also lessen the rough period that often surrounds the termination phase of therapy (Tan, 1996). Therapists may also choose to refer a client to a minister or chaplain for pastoral counseling if the therapist does not feel competent in helping the client to deal with spiritual or religious issues (Koenig & Pritchett, 1998).

Prayer is a means by which one communicates with a higher power. According to Tan (1996), prayer can be used by a therapist at different times (e.g., before the session, any time during the session, or after the session) and in different forms. A prayer can be said aloud with a client, one can simply meditate, it can be a silent prayer, or a prayer may also be offered for a specific purpose such as healing. When using prayer with clients it is also important to remember that prayer is to be used not only to request blessings but also to express appreciation and to make confessions (Johnson, 1987). Scriptures are considered to be inspired text received from a higher power to provide guidance and wisdom. As such they can be effectively used in therapy to help religious clients. For example, a perfectionist who is experiencing guilt due to not being perfect could be directed to the scripture stating that no person is without sin. Showing a religious client a verse in the scriptures will often have a greater impact on the client than simply saying the same thing (Craigie & Tan, 1989). Some clients also find it helpful to repeat a particular verse when faced with a challenge such as uncontrollable anxiety (Koenig & Pritchett, 1998). Therapists who use scriptures in therapy must be aware of the potential to abuse them (Johnson, 1987). The therapist and client may have different interpretations of specific scriptures, which should be respected by the therapist. Therapists also need to be careful to not use the scriptures to enforce their own ideas concerning morality (Koenig & Pritchett, 1998).

Richards and Bergin (1997) discussed various goals that a therapist might have when working with a client's religious/spiritual issues. These goals include: (a) helping clients experience and affirm their eternal spiritual identity; (b) help clients examine and better understand what if any impact their religious and spiritual beliefs have on their

presenting problems; (c) help clients identify and use religious and spiritual resources; (d) help clients examine and resolve religious and spiritual concerns that are pertinent to their issues, and make choices about the role of religion in their lives; (e) help clients examine how they feel about their spiritual growth and determine how they can continue to grow spiritually. The application of these goals should depend on the client's unique concerns and issues.

Religion/Spirituality and Lesbian, Gay, and Bisexual Individuals

It is important to be aware that there are specific groups whose members may have a greater probability of coming to therapy having had negative experiences with religion or spirituality. One example of such a group is the lesbian, gay, and bisexual (LGB) community (Davidson, 2000). Organized religions have usually treated LGB individuals ambivalently at best, and often have been explicitly condemning of them. Ironically, because of such homonegativity, LGB individuals may be uniquely benefited by an healthy inner spiritual world which provides a buffer from the aforementioned homonegativity (Haldeman, 1996).

The complicated relationship between many LGB individuals and religion/spirituality is a good illustration that the effect of one's religious/spiritual beliefs, values, and behaviors on mental health can be quite complicated. The "more equals better" formula is overly simplistic, and ignores the complexity that may exist. Although it is true that some clients may benefit from increased religiosity (e.g., church attendance), this may not be true for all. Additionally, some clients may especially benefit from exploring alternative approaches to religion/spirituality that take into consideration their individual history and needs.

Summary. Some (Bergin, 1980) argue that values, including religious values, are an unavoidably important component of psychotherapy, but the effect of a therapist disclosing personal religious values is unclear. Several authors have spoken theoretically about the importance of addressing religious/spiritual issues in psychotherapy. Means of addressing religious/spiritual issues in psychotherapy include assessment, prayer, and listening supportively. Therapists can also take an approach to religious/spiritual issues that tends to be implicit or explicit. Additionally, there are numerous religiously/spiritually-oriented goals that a therapist might have, depending on the client's issues.

Empirical Research

Client perceptions of religious/spiritual variables

Keating and Fretz (1990) conducted an analogue study in which they had Christian participants read descriptions of counselors and rate their anticipations of what counseling would be like with that counselor. Participants were recruited from a secular university, a Christian-affiliated university, and from religious congregations. The research process first involved having clients take an instrument measuring the strength of their religious beliefs. They were then randomly assigned to read one of three different therapist descriptions. This therapist description was the main independent variable. The *secular therapist* condition described a therapist who is client-centered, and made no reference to that therapist's treatment of religious/spiritual issues. The *secular spiritual-empathic therapist* condition described a therapist who takes religious issues into consideration when conceptualizing the client's issues. The *Christian therapist* condition described a therapist who is Christian and considers a client's

relationship with Christ when providing counseling. After participants read a therapist description, they then filled out the measure of their anticipations for counseling with the therapist whom they read about.

Results indicated that the client's level of religiosity was positively correlated with strength of negative anticipations, such that more religious participants tended to have more negative anticipations of counseling. The strongest negative anticipations, independent of participant religiosity, were in the secular therapist condition. The anticipations for the secular spiritual-empathic therapist (a secular therapist who was supportive of the client's spiritual beliefs) were less negative than those for the secular therapist (who was not supportive of the client's spiritual beliefs), but more negative than the anticipations regarding the Christian therapist. These findings suggest that a client's level of religiosity is an important influence in how the client anticipates that counseling will be. This has implications for the utilization of counseling services by highly religious individuals and may explain why highly religious individuals are less likely to seek counseling.

However, this study's findings should be interpreted cautiously due to several factors. The study's analogue design raises questions about the generalization of the results to real life situations. It is not difficult to imagine that reading about a counselor who denigrates a client's religious beliefs and values would be very different from actually experiencing such denigration. And while significant differences were found between groups, the instruments that were used to measure religiosity and expectations about counseling were created for the current study, and therefore did not have any normative data.

Morrow, Worthington, and McCullough (1993) showed 102 undergraduate psychology students videotaped 10 minute vignettes of a psychotherapy session. Each participant viewed one of three scenarios where the therapist: 1) ignored client religious beliefs; 2) supported client religious beliefs; or 3) challenged client religious beliefs. Participants' religious beliefs were measured using the Shepherd Scale, which is a measure of evangelical Christian beliefs. Participants then rated the vignette for therapist persuasiveness, attraction and receptivity to counselor, and expectation for client change. Analyses revealed that participants who were considered to have high evangelical Christian beliefs did not rate any of the therapists differently than participants who were had low evangelical Christian beliefs. This finding is contrary to the authors' hypothesis that participants who were more religious would respond differently than participants who were less religious.

There were, however, differences found according to therapist approach (supportive, ignoring, challenging). Interestingly, the therapist who ignored the client's religious beliefs was rated as more persuasive than the therapist who supported the client's religious beliefs. One possible explanation for this finding that was offered by the authors was that the participants based their ratings on what they thought a therapist should do, instead of what they would personally prefer. Participants also indicated that they would personally be less likely to return to the challenging therapist than to the supportive or the ignoring therapist. Additionally, participants also rated the client in the supportive condition as having a higher likelihood of improving.

A limitation of this study is its analogue methodology, which may limit the generalizability of its findings. Additionally, there are complicating variables whose

impact could not be determined. These include that the videotape involved one male therapist and one female client who were both Caucasian. It is therefore unclear whether the sex and race of the client and therapist influenced the results. Another limitation is that participants were Christians, therefore limiting the generalizability of the findings to other Christians, and not to different religious affiliations.

McCullough (1999) performed a meta-analysis on five studies that compared the efficacy of standard cognitive-behavioral approaches to religion-accommodative approaches to counseling for depression. A religion-accommodative version of a standard approach is thought to be theoretically equivalent to the standard approach, but more adapted to the worldview and religious language of the religious client. McCullough used four criteria to determine which studies would be included in his meta-analysis. In order to be included a study had to: (a) compare religion-accommodative approach to a standard approach; (b) randomly assign clients to treatments; (c) involve clients who had a specific disorder (e.g., anxiety or depression); and (d) provide equal amounts of treatment in both treatment approaches. Five published studies and one unpublished dissertation were included, with a total of 111 participants.

Every selected study used the Beck Depression Inventory (BDI) as a dependent measure of depression. For this reason effect size estimates were based entirely on the BDI. Analyses revealed that the mean effect size for the difference between religious and standard counseling during a 1-week follow-up period was .18 (all studies collected follow-up data within one week of the termination of treatment). This effect size was not reliably different from zero ($p = .34$). McCullough's interpretation of these findings is that in the period immediate following counseling, religious approaches to counseling are

not superior to standard approaches. This conclusion is consistent with previous narrative reviews of the efficacy of religious-accommodative counseling (Worthington et al., 1996). Another perspective on these findings is that religious-accommodative counseling is no less effective than standard approaches. It may be that the most important factor in whether or not to use a religious-accommodative counseling approach is client preference.

McCullough's (1999) study is valuable in that it compares studies that involved actual clients who were participating in psychotherapy. However, because the strength of the statistical approach to meta-analyses is highly dependent on the number of studies and clients included, the low number of studies and participants included in McCullough's study is a considerable limitation. If more studies and participants were included then the findings could be considered more trustworthy.

Summary. The client's level of religiosity has a relationship to the psychotherapy process, although the exact nature of this relationship is complicated and not entirely clear. Potential clients with higher levels of religiosity tended to have more negative anticipations of counseling (Keating & Fretz, 1990). Interestingly, potential clients considered therapists who ignored a client's religious beliefs to be more persuasive than therapists who supported a client's religious beliefs (Morrow, Worthington, & McCullough, 1993). In a general comparison of standard approach to psychotherapy versus religious approaches, McCullough (1999) did not find a significant difference between the two approaches regarding level of depression. These studies' findings reveal that not all is as one expects it to be, and that therefore one cannot make assumptions in the area of religion and psychotherapy.

Therapist Factors

Bergin and Jensen (1990) conducted a national survey of therapists, including clinical psychologists, psychiatrists, clinical social workers, and marriage and family therapists. They received 425 completed surveys, representing a 59% response rate. Their survey was unique in that it specifically measured both traditional and non-traditional forms and expressions of religiosity and spirituality. Although psychologists had less favorable views of traditional religious institutions than the general public, they did report high interest and involvement in some of the less institutional, more personal forms of spirituality (e.g., meditation). For example, 77% agreed with the statement "I try hard to live my life according to my religious beliefs", but only 46% agreed with the item "My whole approach to life is based on my religion." Bergin and Jensen also found that clinical psychologists have the lowest level of religious involvement, when compared to the other types of therapists. Thirty percent of clinical psychologists reported being Atheist, Agnostic, or having no religious preference. That is compared to 24% of psychiatrists, 9% of social workers, and 13% of marriage and family therapists who self-identified as Atheist, Agnostic, or having no religious preference. Furthermore, only 29% of respondents expressed a belief, in response to a survey item, that religious matters are important for treatment efforts with all or many of their clients. Bergin and Jensen (1990) suggested that this discrepancy between the personal importance of religion and its importance to client treatment issues may be due to a lack of training concerning how to take religious factors into consideration. In other words, therapists might not consider religion to be important to client psychological functioning because they do not know how to properly take it into consideration. These findings are consistent with other

surveys that have measured the religiosity of psychologists have found that psychologists report being less religious than the general population and less religious than other mental health professionals (Beit-Hallahmi, 1977).

Several limitations of this study should be noted. Although the response rate (59%) is adequate when compared to other surveys, and participants were demographically comparable to national statistics of these groups, there may be a response bias in who chose to complete and return the surveys. This study's design provided no way to compare responders to non-responders. It may have been that psychotherapists who were more interested in religious issues, or who were more religious, were more likely to respond to the survey. If this is what happened then the survey's findings could overestimate the level of religiosity among psychotherapists.

Bergin and Jensen's (1990) findings are consistent with what Shafranske and Malony (1990) found when they surveyed clinical psychologists about their religiosity and their approach to spiritual issues in therapy. They mailed surveys to 1000 clinical psychologists and had a 41% return rate. The authors found that most psychologists reported considering religious beliefs as valuable. A slight majority of participants (51%) reported that they considered themselves to be engaged in an alternative spiritual path, not part of an organized religion. Forty percent of participants described their image of God as a "personal, transcendent one" while only 2% stated that "all ideologies are illusions and irrelevant to the real world." It is interesting to note that most of the clinical psychologists who participated in this study were raised in a home that adhered to an organized religion (71%), but at the time of the survey reported a low degree of involvement (41%) in a traditional religious institution. Shafranske's (1996)

interpretation of this finding was that the lack of current participation relative to past participation may be due to the participants' education with an emphasis on science. He also suggested the possibility that a decline in participation may be due to bad experiences with religion. These results seem to confirm that psychologists are less religious in traditional ways than the general population. It is possible that this difference may promote the development of countertransference in the therapy relationship.

Shafranske and Maloney's (1990) survey also included questions regarding how frequently religious/spiritual issues were involved in psychotherapy. Sixty percent of the participants indicated that clients often used religious language to communicate their personal experiences. Therapists also reported whether or not they had ever used certain religious/spiritual interventions in psychotherapy. Ninety-one percent of the therapists reported having known a client's religious background. Fifty-seven percent reported having used religious language or concepts. As the intervention becomes more explicitly religious then the frequency decreases. Thirty-six percent of therapists had recommended participation in a religion, and only seven percent had actually prayed with a client during therapy.

Shafranske and Malony (1990) also looked at which factors were correlated with therapists' attitudes about using religious/spiritual interventions in therapy and their actual behaviors related to using religious/spiritual interventions in therapy. They found that the clinician's personal view of religion was the primary influence, being stronger than theoretical orientation. Specifically, the correlation between religious affiliation and participation in religious activities and the performance of religious/spiritual interventions in therapy was $r = +.27$. The more negatively therapists viewed their past

religious experiences, the less likely they were of employing religious interventions with clients (r = -.16). Significance levels for these correlations were not provided by the authors. Theoretical orientation was not significantly correlated with the use of religious/spiritual interventions (no specific results were provided). It seems that the discussion and use of religious/spiritual issues in therapy can be fertile ground for countertransference due to the almost universal existence of religion in the past and/or current experience of clinicians.

The generalizability of Shafranske and Malony's (1990) survey is more easily determined because they included a non-responder survey for those who chose not to complete the entire survey. This six-item survey revealed that non-responders were similar to responders with regards to sex or attitudes regarding religion being within the scope of psychology. However, a higher percentage of responders declared that spirituality was relevant in their personal and in their professional lives, and that they were involved in organized religion. These findings suggest that therapists with whom religion/spirituality were especially salient were more likely to respond to the survey. A logical implication is that the survey findings would overestimate the importance of religion/spirituality to therapists.

Another limitation of Shafranske and Malony's (1990) survey is that when they asked therapists which religious/spiritual interventions they had used, they asked in general terms (e.g., "Have you ever…"). This method of inquiry may be more prone to social desirability because it is more general in nature, instead of being focused on the therapist's work with a specific client. This form of asking also does not provide any information regarding the frequency with which a therapist uses a certain intervention. A

therapist who had prayed with a client once would respond the same (yes) as the therapist who prayed in session with every client.

Gibson and Herron (1990) surveyed religious and nonreligious therapists to look at their perceptions of a portion of a psychotherapy session. The "religious" group of participants was members of both Divisions 29 (Psychotherapy) and 36 (Psychologists Interested in Religious Issues) and the "nonreligious" participants were members Division 29 but not of Division 36. Surveys were mailed to 150 religious and 150 nonreligious therapists. 103 usable surveys were returned. The survey included measures of religious beliefs and behaviors, a transcript of a psychotherapy session that had religious or moral overtones (e.g., guilt), and the Vanderbilt Psychotherapy Process Scale (VPPS; O'Malley, Suh, & Strupp, 1983), a measure that quantifies characteristics of patients, therapists, and the patient-therapist relationship from the point of view of someone observing the psychotherapy session (e.g., patient exploration, therapist warmth). The measures of religiosity were administered only after the participants had read the transcript and completed the VPPS. This was done to control for the participants' expectancies.

Respondents were classified into four different groups, based on their responses to three religious beliefs questionnaires. Group one (n = 34) was had high scores in associational involvement and religious beliefs (they frequently attended religious services and held traditional beliefs). Group two (n = 33) had low associational involvement and high nondoctrinal religion (tend not to attend religious services, and do not hold traditional beliefs, but do hold more liberal nondoctrinal beliefs). Group three (n = 19) did not attend religious services, and did not hold traditional or liberal religious

beliefs (atheist or agnostic). Group four (n = 9) had high associational involvement but low religious beliefs (attend religious services for social reasons but do not hold traditional or liberal beliefs).

Results revealed that none of the four groups differed in their perception of the therapy process on any of the seven usable scales of the VPPS (patient dependency, patient exploration, patient hostility, patient participation, patient psychic distress, negative therapist attitude, therapist warmth, and friendliness). These results should be interpreted cautiously for several reasons. There may in fact be differences between the groups, but these differences may not have been detected because the VPPS may not be reliable when using a written transcript. Additionally, the session content was not explicitly religious, but was focused on topics such as loneliness and guilt that might have religious overtones. It may be that the session content was not religiously explicit enough and therefore may not have elicited religious differences. An alternative interpretation is that there are not differences between how religious and nonreligious therapists perceive a psychotherapy session.

Summary. Although psychologists tend to be less likely than their clients to engage in traditional religious activities (e.g., attend church), they do tend to value less institutionalized forms of religion/spirituality (Bergin & Jensen, 1990; Shafranske & Malony, 1990). A therapist's attitudes regarding the use of specific interventions in therapy is more highly correlated with that therapist's personal view of religion than with that therapist's theoretical orientation. Additionally, religious and non-religious therapists may view a session similarly (Gibson & Herron, 1990), although the methodological concerns with this study raise questions about the validity of this finding.

In summary, psychologists tend to be less formally religious than the general population, and their personal religious views are related to how they view the use of religious/spirtual interventions in psychotherapy.

Types and Frequency of Spiritual/Religious Interventions

The majority of studies looking at the integration of spiritual/religious issues in therapy have been done on Christian therapists (Worthington, et al., 1996). These surveys have also focused on general practice questions (e.g., Have you *ever* prayed with a client?) instead of focusing on a therapist's work with a specific client. Ball and Goodyear (1991) sought to find out what Christian therapists actually do in therapy. They mailed surveys to 303 clinical members of the Christian Association for Psychological Studies and received 174 returned surveys (57% return rate). The survey asked respondents to list any interventions that they had (a) used with Christian clients; and (b) that they considered distinct to Christian counseling.

Therapists reported a total of 436 interventions. Fifteen intervention categories were identified by the researchers. Then two pairs of raters assigned each intervention to one of the 15 categories. Inter-rater agreement was adequate (87% agreement). The interventions that were not assigned to the same category by both raters were dropped from the data summaries, leaving a total of 386 interventions. The categories, in descending order of frequency (including the proportion of the 386 interventions in that category), are: (a) Prayer, which could be with client in session or for client outside of session (26.9%); (b) Teaching of theological concepts (16.8%); (c) Reference to scripture (13.2%); (d) Relaxation techniques with spiritual focus (8.0%); (e) Forgiveness (6.5%); (f) Self-disclosure or modeling (6.0%); (g) Spiritual homework (5.2%); (h) Use

of outside spiritual resources (4.4%); (i) Inner healing, which emphasizes the restoration of painful memories (2.9%); (j) Secular techniques, which did not seem to have religious pertinence (2.6%); (k) Integration techniques (e.g., Biblical dream interpretation; 2.1%); (l) Scripture memorization (2.1%); (m) Anointing with oil (1.3%); (n) Confrontation/ challenge (1.3%); and (o) Assessing client's religiosity at intake (0.8%).

Of the fifteen different categories reported, the three most frequent categories (prayer, teaching theological concepts, and reference to scripture) account for 56.9% of the reported interventions. It is clear that these interventions are commonly used by Christian counselors. There are several limitations to this study's findings. The first is the usual concerns about return rates and response bias. The authors had no way to determine how respondents differed from non-respondents. Furthermore, it is concerning that the authors chose to discard every intervention that was not assigned to the same category by the two raters. These interventions, although they may not fit neatly into one of the established categories, may nevertheless be an essential part of what Christian counselors do when conducting therapy.

Richards and Potts (1995) conducted a survey looking at how Mormon therapists integrate spirituality in their practice of psychotherapy. They mailed surveys to 300 Mormon therapists and 215 were returned, for a 72% return rate. The survey included questions regarding how frequently they used specific spiritual interventions in their general practice of psychotherapy during the past year. They were also asked to describe examples of cases that had successful spiritual interventions and cases that had unsuccessful spiritual interventions. Mormon therapists most frequently reported encouraging forgiveness, teaching spiritual concepts, using the resources of the religious

community, and praying silently for clients during in a session. The least frequent methods of intervention were hands-on healing, religious confession, praying with clients, and therapist self-disclosure of religious beliefs. Seventy three percent of therapists indicated that there are some spiritual interventions that should not be used in session. The spiritual interventions most frequently identified as inappropriate were hands-on healing by therapist, encouraging clients to confess to the therapist, in-session prayer with the client, and spiritual self-disclosure by the therapist.

Numerous guidelines for the use of religious/spiritual interventions in therapy emerged from the therapists' qualitative responses. According to these responses therapists should use spiritual interventions only when prompted by divine guidance. A relationship of trust should be built with the client before using religious/spiritual interventions. Therapists should make sure that the client is comfortable with a particular religious/spiritual intervention before using it. The client's religious beliefs should be assessed before using spiritual interventions. The use of spiritual interventions should be used sparingly, so as to not lose their powerfulness. And finally, great caution should be used in the implementation of spiritual interventions if religion seems to be a part of the client's problem.

Richards and Potts' (1995) survey is useful in that it provides information regarding how frequently specific religious/spiritual interventions are used in psychotherapy by Mormon therapists. Although their findings are consistent with surveys of other Christian therapists, these results cannot be generalized to non-Christian therapists.

Summary. Most data concerning the use of religious/spiritual interventions in psychotherapy has been collected from Christian therapists. The religious/spiritual interventions most commonly used by Christian therapists are prayer, teaching theological concepts, and reference to scripture (Ball & Goodyear, 1991). Mormon therapists (Richards & Potts, 1995) also reported frequently encouraging forgiveness and encouraging the client to use the resources of the religious community.

Training in Working with Religious and Spiritual Issues in Therapy

Recent standards for graduate training have emphasized the need for cultural diversity, specifically including religious diversity. The Third National Conference for Counseling Psychology (Meara, Schmidt, Carrington, & Davis, 1988) identified cultural diversity as an important content area in education. The Salt Lake City National Conference on Graduate Education in Psychology (Resolutions, 1987) and the Gainesville National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (Belar & Perry, 1992) specifically identified religious diversity as an aspect of cultural diversity that needs greater attention in graduate education programs. In addition, the Criteria for Accreditation for Doctoral Training Programs and Internships in Professional Psychology (APA, 1984) held that graduate programs should facilitate their students learning knowledge and skills related to human diversity, including religious diversity.

As previously discussed, religious and spiritual issues are entering the mainstream of psychological research. A related but different question is whether religious and spiritual issues are entering the mainstream of training in applied psychology. A recent survey of clinical training directors sheds some light on this subject. Brawer, Handal,

Fabricatore, Roberts, and Wajda-Johnston (2002) conducted a survey of directors of clinical training at APA-accredited clinical psychology programs. They intentionally targeted directors because they were seeking to obtain a broad view of the state of religious and spiritual training issues within these programs. Surveys were sent to all 174 training directors, and completed, usable responses were returned by 101 training directors (51%). The survey was a 10-item measure asking questions within three areas of training: course work, research, clinical supervision.

The survey results suggest that most programs include training in working with religious and spiritual issues, but that there is a great deal of variance in *how* and *how much* programs address this issue. Seventy-seven percent of training directors indicated that the topic of religion/spirituality was most likely to be addressed within clinical supervision. However, a caveat to this statistic is that 20 training directors who were included in that 77% indicated by their written comments that coverage of religion/spirituality within clinical supervision was inconsistent and infrequent. Sixty-one percent of training directors reported that the training activity within which coverage of religious/spiritual issues most commonly occurred (other than in supervision) was during a course that was not specifically focused on religious/spiritual issues. The type of classes and the percentage of training directors indicating that religion/spirituality is addressed in that particular class are as follows: cultural diversity (57%); ethics (41%); psychotherapy (32%); psychopathology (19%); history of psychology (15%); assessment (13%); and family (10%).

Only 13% of training directors indicated that their program offers a course specifically focused on religious/spiritual issues, while 43% of training directors

indicated that there was a student in their program whose major area of interest was religion/spirituality. Students in 20% of the training programs had specifically requested a course on religion/spirituality. Forty-three percent of training directors reported having a faculty member who had published a scholarly work on religion/spirituality and psychology.

Brawer et al. (2002) made specific training recommendations based on their survey results. They suggested that training programs should foster increased sensitivity, including helping students to gain a greater personal awareness of their religious/spiritual values. Curriculum additions and modifications should be implemented to better integrate religion/spirituality into existing courses, to conduct research on this topic, and to systematically cover religious/spiritual issues in clinical supervision. Faculty and supervisors should be knowledgeable about religious/spiritual issues. Training programs could facilitate the acquisition of knowledge by inviting local clergy or experts to present a faculty workshop. Faculty members who have an interest in religious/spiritual issues should identify themselves to students and offer themselves as mentors. Journal articles and books about religious/spiritual issues should be distributed to faculty and students so that there is a familiarity with the current knowledge base in this area. Finally, faculty should inform students about conferences and seminars that examine religious/spiritual issues.

Schulte, Skinner, and Claiborn (2002) surveyed training directors of 69 Counseling Psychology programs that were members in the Council of Counseling Psychology Training Programs, with 40 training directors (58%) responding. Their survey included items in four major areas: (a) inclusion of religion/spirituality as a

diversity issue in counseling psychology; (b) considering religious or spiritual knowledge as part of counseling psychology's expertise; (c) the inclusion of religion and spirituality in didactic training; and (d) openness of counseling psychology to religious and spiritual research topics. All questions were regarding the current state of affairs in their training program, and not their attitudes about how training should be.

Results revealed that a minority of program faculty members are openly religious. Forty seven percent of training directors who responded to this particular item estimated that the proportion of faculty members who were openly religious or spiritual was less than 20%. Training directors also indicated that faculty members are not expected to be knowledgeable about various religious/spiritual traditions. Furthermore, familiarity with religious/spiritual issues is not considered to be important for clinical supervisors or for therapist trainees. Programs differ regarding the inclusion of religious/spiritual content in didactic and practicum instruction. According to training directors, students do not religious and spiritual development or about the religious or spiritual manifestations of psychological disorder. However, students are not discouraged from discussing religious/spiritual issues in class discussions or written assignments. Researching religious/spiritual issues seems to be accepted in counseling psychology programs. Faculty are open to research on religious/spiritual issues, and are willing to supervise student research on these issues.

Schulte et al. (2002) have made a meaningful contribution to our understanding of religious/spiritual training in counseling psychology programs. As with any study, several limitations are apparent. The climate regarding religious/spiritual issues in counseling psychology training programs is described entirely from the perspective of

training directors. Their perspective may be very different from that of students, or even of faculty members. Additionally, although the response rate was adequate (58%), that still leaves considerable room for response bias. It may be that survey responders placed a higher value on the topic of religion/spirituality in graduate training than did non-responders.

Summary. Most Clinical and Counseling Psychology training programs include some form of training in religious/spiritual issues, although there is a great deal of variety regarding how the training is implemented and how much training is implemented. Clinical supervision is the most common method of teaching students about religious/spiritual issues. Counseling Psychology programs training directors tended to believe that faculty members are not expected to be knowledgeable about various religious/spiritual traditions. These findings suggest that there is little uniformity regarding the training of graduate students in religious/spiritual issues, and knowledge of religious/spiritual issues is not and expectation that training directors have for their faculty.

College Student Religion and Spirituality

The target population of the current study's survey is therapists who conduct psychotherapy with college students who have religious/spiritual issues. College can be a period of great transition, which often involves the challenging of students' religious and spiritual beliefs (Worthington, 1989). Several studies have been published recently which attempt to describe the roles that religion and spirituality play in the lives of college students (Astin & Astin, 2003; Johnson & Hayes, 2003). The relevant studies and their findings will now be presented.

Johnson and Hayes (2003) analyzed archival data of university students to explore their religious and spiritual concerns. They looked at data from 5,472 students from 39 public and private colleges who had participated in a study on the nature and severity of university counseling center clients' presenting concerns. The data were originally collected in 1993 by the Research Consortium of Counseling and Psychological Services in Higher Education. The sample was diverse in regard to race/ethnicity, age, and year in school. 2,754 of the participants were seeking services at university counseling centers, while 2, 718 were a control group of students who were not seeking services at a counseling center. The client and non-client groups were generally similar demographically.

Because these data were originally collected for purposes other than the current study, many measures were administered to the participants. Johnson and Hayes (2003) rationally identified and selected the measures and items that were relevant to their research questions. These included the Brief Symptom Inventory, the Presenting Problems Checklist, which was developed for this study, and the Family Experiences Scale, which was also developed for this study. A total of 24 items from the three scales were analyzed to explore the prevalence and predictors of religious and spiritual concerns among the sample.

The analyses' results suggest that religious and spiritual concerns are common among college students. Considerable ("moderate" to "extreme") religious and spiritual distress occurs among 26% of college students. Six percent report "extreme" religious and spiritual distress. Almost one-third of students seeking help at university counseling centers reported at least some religious and spiritual distress. Approximately one-fifth of

help-seekers had at least moderate levels of religious/spiritual distress. Numerous correlates of religious and spiritual concerns were found. Students who indicated having religious or spiritual concerns were also more likely to have severe concerns regarding the break up or loss of a relationship, confusion about beliefs and values, rape or sexual assault, homesickness, and suicidal feelings and thoughts. Specifically, clients with religious and spiritual concerns were 25% more likely than other clients to have distress related to sexual concerns. They were also 22% to 29% more likely to experience distress related to peer relationships, 34% to 37% more likely to be concerned about being punished for one's sins, and almost twice as likely to be confused about their beliefs and values.

Because the sample included both clinical and a non-clinical participants, the authors were able to divide those participants with religious and spiritual concerns into two groups—those who sought professional help and those who did not. This analysis revealed that among students who reported considerable distress concerning religious and spiritual issues, those who endorsed having problems with procrastination, and with relationships with friends, roommates, and peers were more likely to seek help. Students who reported considerable distress concerning religious and spiritual issues were less likely to seek help if they endorsed having problems with homesickness, a problem pregnancy, or sexual assault. The only predictor of help-seeking behavior that was unique to students who reported having considerable religious and spiritual issues (i.e., it was not a significant predictor among students who did not have a considerable amount of religious and spiritual concern) was having problematic relationships with friends, roommates, and peers.

The researchers were also able to look at the clinical sample and explore what differentiated the group of help-seekers who reported having considerable religious and spiritual concerns from the group of help-seekers who did not report having considerable religious and spiritual concerns. They found that among the clinical sample, those participants who reported having considerable religious and spiritual concerns were more likely to report having problems with confusion about beliefs and values, sexual concerns, relationships with friends, roommates, and peers, and thoughts about being punished for one's sins than those who did not report experiencing these same concerns.

There are several limitations to the research of Johnson and Hayes (2003). Their data were collected 10 years prior to the article being published, so what they are describing is college students 10 years ago. It is unknown whether surveying current college students would yield different results. It is also true that religion/spirituality was not a focus of the original data collection, but an afterthought. A result of this is that the authors had to separate the sample into a group with religious/spiritual distress and a group without religious/spiritual distress based on a single ("how distressed are you regarding religious/spiritual issues"). This is a common problem in research on religious/spiritual issues (Hill & Pargament, 2003) and calls into question the stability of their findings.

The most comprehensive study of spirituality in higher education is currently being conducted by researchers at the Higher Education Research Institute (Astin & Astin, 2003). This ambitious project is longitudinal and currently includes a sample of 3,680 undergraduate students at 46 diverse colleges and universities. All participants completed an extensive survey during the fall of 2000, which was their first year of

college. A follow-up survey was administered to these same participants during the Spring of 2003. During their fourth year of college (2004-2005) a final survey will be administered. Because the study is not complete, only limited method details and preliminary findings of the data collected in 2003 have been released. These methods and representative preliminary findings will be summarized.

Astin and Astin's (2003) research team developed their own measure (College Students' Beliefs and Values Survey; CSBV), which is a compilation of items from many different measures of religious and spiritual variables. The domains they wanted included in the CSBV included spiritual outlook, spiritual well being, spiritual/religious behaviors, spiritual quest, attitudes toward religion/spirituality, and religious affiliation.

Descriptive analyses of the survey items revealed that 77% of third-year college undergraduates agreed that "We are all spiritual beings." "Integrating spirituality into my life" was rated as "essential" or "very important" to 58% of the students. Other relevant findings with these students were that: 77% pray; and 74% receive strength, support, and guidance from their religious/spiritual beliefs. Concerning religious tolerance, 88% agreed that "Non-religious people can lead lives that are just as moral as those of religious people." A substantial minority (27%) agreed that "Whether or not there is a Supreme Being is a matter of indifference to me", suggesting a lack of concern with spiritual matters.

There was also a substantial percentage of students who were experiencing religious and spiritual challenges while in college. Sixty-five percent report that they question their religious/spiritual beliefs at least occasionally and 68% are "feeling unsettled about spiritual and religious matters" at least "to some extent." Thirty-eight

percent report feeling "disillusioned with my religious upbringing" at least "to some extent."

Because this study is longitudinal in design it will be able to track change over time. According to the preliminary analyses released, one of the largest changes during college is a decline in attendance at religious services. During their first year 52% of students reported attending religious services "frequently", which can be contrasted with only 29% of third year students who reported "frequently" attending religious services. The percentage of students who identified themselves as "above average" in spirituality also dropped from 47% during the first year to 39% during the third year. These statistics suggest that college students' church attendance tends to drop and they see themselves as less spiritual as they go through the college years.

Because Astin and Astin's (2003) research is so preliminary, and has not yet been published in peer-reviewed journals, making a judgment regarding their methodology and limitations is difficult. The scope of their surveying is impressive, including 46 colleges and universities. However, there are several sampling difficulties. Because the research design was longitudinal and surveys were administered during the first and third years, if a student dropped out before the third year then that student's data would not be included. Additionally, the response rate for the follow-up survey during the third year was an unimpressive 32%. Statistical methods were employed in an attempt to correct for differentiated response patterns (e.g., women were 50% more likely to respond than men), but these methods do not seem to solve the potential problems of a low response rate. There may be a response bias, in that students who place more value on religion/spirituality may have been more likely to complete and return the survey. If this

were true then the survey's findings would inflate the importance of religious/spiritual issues to college students.

Summary. Religious and spiritual concerns are common among college students in general (Johnson & Hayes, 2003; Astin & Astin, 2003) and among college students who seek professional psychological help. The majority of college students (Astin & Astin, 2003) also consider religion/spirituality to be personally important. College students who seek professional and have religious/spiritual concerns are also more likely to be confused about their beliefs and values, have sexual concerns, and experience interpersonal difficulties, when compared to students seeking professional help who do not have religious/spiritual concerns. These findings make it clear that religious/spiritual issues are salient and important to many college students.

Internet Data Collection

"Successful and appropriate use of the Web medium requires careful crafting and demands methodological, procedural, technical, and ethical considerations to be taken into account!" (Reips, 2002, p. 244). The internet is a powerful medium that, if used properly, can be an effective research tool. General issues related to internet data collection will be presented.

There are several advantages to conducting survey research online. The advantages of online research relevant to the current study include the ability to collect data at a relatively low cost, and in less time that it would take through mailings (Frankel & Siang, 1999). Studies of online versus paper-and-pencil surveys have also shown that with online research data analysis is less costly and there is a lower probability of having missing data (Hallfors et al., 2000). Participants have perceived computerized testing as

being more interesting and taking less time than paper-and-pencil testing (Rosenfeld et al., 1993). Because data entry is automated with online research, there is less chance of transcription errors.

However, despite the conveniences of internet data collection there are also methodological concerns unique to this ever-changing medium. If a participant is uncomfortable sending personal information over the internet then they may respond differently (Schmidt, 1997). Studies have also shown that the response rate of internet surveys tends to be lower than that of paper-and-pencil surveys (Cronk & West, 2002). This is a substantial concern because of its implications for response bias. Frick, Bachtiger, and Reips' study (as cited in Reips, 2002) found that the dropout rate can be reduced by promising to provide the participant with feedback, giving financial incentives, and by personalizing the survey.

There are numerous ethical concerns relevant to internet data collection. Privacy and confidentiality are the focus of several Ethical Codes (APA, 1992). Although the internet can seem to provide a medium that is ideal for ensuring a participant's privacy, researchers are often unaware of the threats to privacy that exist online (Frankel & Siang, 1999). The technology of conducting online surveys is developing so rapidly that security measures quickly become outdated. Researchers can protect confidentiality by providing a method of completing the survey that does not require the participant to email the survey. An example of this would be to put the survey on a website instead of emailing it to a participant.

Informed consent requires that the participant has enough information to make an informed decision about whether or not to participate in the research project. This

includes information about who is doing the research, the risks and benefits of participating, who will have access to the information, and how to withdraw (Binik, Mah, & Kiesler, 1999). Obtaining informed consent with online surveys also has practical challenges because a physical signature cannot be obtained. The accepted method of obtaining consent is to have the participant click on a button that implies consent (Keller & Lee, 2003).

An additional ethical concern is to avoid harming the research participant (APA, 1992). An experiment's negative effects should be weighed against its potential benefits. Researchers need to be aware that even with a seemingly innocuous survey, disturbing feelings may be stirred up in a participant. It is important for researchers to provide participants with contact information so that participants can contact researchers after completing the survey, if participants feel the need to do so (Keller & Lee, 2003).

In conclusion, while the Internet seems to hold promise as a developing medium for collecting data, there are new threats to validity, and new ethical concerns related to confidentiality that must be considered. The current study takes these concerns into consideration. Therefore, it may be that web-based data collection is particularly well-suited for a survey of this population.

Chapter 3

Statement of the Problem

The review of the literature regarding spiritual and religious issues in psychotherapy indicates renewed interest after many years of neglect. Several conclusions can be reached based on the existing data. The majority of therapists report valuing personal spirituality, albeit nontraditional (Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990; Shafranske, 1996). Formal training for working with religious/spiritual issues is inconsistent at best (Brawer et al., 2002; Schulte et al., 2002). Furthermore, a counselor's spirituality has an impact on attitudes and general behaviors regarding the use of religiously-natured interventions (Shafranske, 1990). Secular therapists report having used religious/spiritual interventions in therapy, with the more overtly religious interventions (e.g., prayer) being used more infrequently by therapists than the less overtly religious interventions (e.g., asking client's religious background). Research regarding the use of religious/spiritual interventions in therapy has lacked specificity, asking only general questions (e.g., Have you *ever* prayed with a client?). Therapist reports of their general behavior may be more susceptible to social desirability, and therefore less representative of what actually happens in therapy.

Work with a Specific College Student

In this study I attempted to provide this specificity by asking therapists about their use of religiously/spiritually focused interventions with a specific client whose issues included a religious/spiritual component. By asking them to respond based on their work with a particular college student, I hoped to collect data that were more representative of actual sessions than responses elicited by typical surveys. What we knew about college

student religious/spiritual issues was that the majority of college students considered religion/spirituality relevant in their lives (Astin & Astin, 2003). Furthermore, 26% of college students reported experiencing "moderate" to "extreme" religious/spiritual distress (Johnson & Hayes, 2003). The current study provided information about how the religious/spiritual issues of college students are manifest in psychotherapy. The first set of research questions was descriptive, with the intent of gaining a greater understanding of the degree that religion/spirituality is involved in therapy with college students.

Research Question 1a: What types of clients do therapists indicate as having religious/spiritual issues?

Research Question 1b: How is religion/spirituality involved in the client's issues?

Research Question 1c: How often do religious/spiritual issues come up with these clients?

Research Question 1d: Who (client vs. therapist) tends to initiate the discussion of religious/spiritual issues?

Similarity of Therapist and Client Values

In two studies using an analogue design, devoutly religious clients expressed a preference for having a therapist who shares their religious beliefs (Worthington, Kurusu, McCullough, & Sanders, 1996; Keating & Fretz, 1990). Furthermore, clients in client-therapist dyads with similar values had more improvement in therapy than dissimilar dyads (Kelly & Strupp, 1992). In the current study, I asked about the therapist's work with a specific client to see if the level of similarity between therapist and client religious/spiritual values had an effect on the therapy relationship.

Hypothesis 1: The level of similarity between therapist and client religious/spiritual values will be positively related to the strength of their therapeutic relationship.

Therapeutic Goals and Therapist Religious Commitment

Richards and Bergin (1997) suggested several therapeutic goals when working with a client's religious/spiritual material. These suggestions included helping clients understand how their religious/spiritual beliefs impact their presenting problem, helping clients determine how they can continue their quest for spiritual growth, and identifying how religious/spiritual resources can help them to cope. Because there is only theoretical support for Richards and Bergin's (1997) suggested goals, the current study intended to provide an empirical basis for which goals therapists use when working with a client's religious/spiritual issues. I did this by asking therapists to indicate how important specific religiously/spiritually related goals were to them in their work with a specific client.

It may have also been that which goals therapists considered to be important was related to the therapist's level of religious commitment. Religious commitment is defined as "the degree to which a person adheres to his or her religious values, beliefs, and practices using them in daily living" (Worthington, et al, 2003; p. 85). Surveys of psychologists have found that they are less religious than the general public in several different dimensions (Jensen & Bergin, 1988; Shafranske & Malony, 1990). Mental Health professionals also tend to make more of a differentiation than the general public between the terms "religious" and "spiritual" (Pargament, 1999). The present study looked at levels of religious/spiritual commitment among university counseling center therapists.

Research Question 2a: Which goals do therapists think are most and least important when working with a client's religious/spiritual issues?

Research Question 2b: Is the therapist's level of religious/spiritual commitment positively related with the goals the therapist considers to be important for clients with religious/spiritual issues?

Religious/Spiritual Interventions

Most of our knowledge about the use of religious/spiritual interventions in psychotherapy was based on self-report surveys of therapists' general behaviors across clients. These surveys certainly have their place, and have served well to provide a broad description of therapist attitudes, beliefs, and behaviors regarding spirituality and religiosity in counseling. However, this breadth lacks depth about behavior in specific events. Because of the general nature of the questions the therapists may respond based on their attitudes more than their actual behaviors. Asking a therapist if she has ever prayed with a client is very different from asking a therapist to report whether or not she prayed with a particular client.

Furthermore, it was important to determine if therapist use of specific religious/spiritual interventions was related to therapist religious commitment. Shafranske and Malony (1990) found that therapists' general attitudes and behaviors regarding the use of interventions of a religious nature (e.g., using religious language) depended more on their past experiences with religion than on their theoretical orientation. Those who self-identified as being more religious were more likely to have used interventions with a more explicitly religious intention. I proposed to replicate these

findings based on the therapist's recollection of work with a specific client, instead of as a general statement.

Research Question 3: Which religious/spiritual interventions do therapists use when working with a client's religious/spiritual issues?

Hypothesis 2: Therapists' use of in-session religious/spiritual interventions with a specific client who is dealing with religious/spiritual issues will be related to therapists' personal religious/spiritual commitment, such that therapists with higher levels of religious/spiritual commitment will use religious/spiritual interventions more frequently than therapists with lower levels of religious/spiritual commitment.

Therapist Training and Self-Efficacy

What little was known about therapist training in working with religious and spiritual issues in therapy suggested that there was considerable variety in the quantity and quality of training that graduate programs offer (Brawer et al., 2002). This may have been because there was sparse formal training offered, with most of the training in working with religious/spiritual issues being integrated in activities such as supervision (Schulte, Skinner, & Claiborn, 2002). Furthermore, research has surveyed graduate program training directors, and not individual therapists. This method of surveying is not able to capture any post-graduate training that therapists may have received. Hence, the present study filled this void in the literature by asking therapists to identify which training activities they have engaged in related to working with clients who have religious and spiritual issues.

Research Question 4: Which training activities have therapists engaged in to learn how to work with religious/spiritual issues in psychotherapy?

Self-efficacy beliefs determine how a person feels, thinks, and behaves (Bandura, 1997). The most effective way to create a strong sense of self-efficacy is through experiences that allow the person to master a certain task. Applying self-efficacy theory to a therapist's use of spiritual/religious interventions in psychotherapy, it was hypothesized that therapists with more training in working with religious/spiritual events in therapy would have higher self-efficacy in this area than therapists with less training.

Hypothesis 3: Therapist self-efficacy for working with client religious/spiritual issues will be positively correlated with the amount of training the therapist has received in working with religious/spiritual issues in therapy.

Chapter 4

Method

Research design

This study employed an internet survey to investigate therapist attitudes and behaviors in therapy related to client religious/spiritual issues.

Sample

Responder Sample. Two hundred and twenty therapists (147 women, 72 men, 1 sex not reported; 22 gay/lesbian, 16 bisexual, 179 heterosexual; 159 Euro-American, 21 African-American/Black, 10 Asian-American, 9 Latina(o), 7 Foreign National, 8 Multi-racial/Other; 22 Atheist/agnostic, 10 Buddhist, 5 Catholic, 16 Muslim, 62 Protestant, 32 Unspecified, 13 Unitarian, 11 Eastern (other than Buddhist/Hindu); 110 Ph.D., 40 multiple degrees, 36 Master's, 14 Psy.D., 12 M.S.W.) completed the entire survey. Therapist ages ranged from 25 to 70 (M = 42.80, SD = 10.53). All therapists were currently working at university counseling centers that had pre-doctoral internship programs approved by the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Non-responder Sample. Thirty-nine therapists (22 women, 16 men, 1 sex not reported; 30 Euro-American, 2 African-American/Black, 1 Asian-American, 1 Foreign Naitonal, 3 Multi-racial/Other) completed the non-responder survey. The non-responder survey was a condensed survey offered to those who did not have the time to complete the entire survey, but would be willing to complete a 7-item instrument to help measure the generalizability of the survey's findings.

Table 1

Therapist Descriptives

	N(%) Responders	N(%) Non-responders
Sex		
Female	147(66.8)	22(56.4)
Male	72(32.7)	16(41.0)
Not reported	1(0.5)	1(2.6)
Sexual Orientation		
Gay/lesbian	22(10.0)	
Bisexual	16(7.3)	
Heterosexual	179(81.1)	
Not reported	3(1.4)	
Race/ethnicity		
Euro-American	159(72.3)	30(76.9)
African-American/Black	21(9.5)	2(5.1)
Asian-American	10(4.5)	1(2.6)
Latina(o)	9(4.1)	
Foreign National	7(3.2)	1(2.6)
Multi-racial/Other	8(3.7)	3(7.6)

Middle Eastern	0(0)	1(2.6)
Not reported	4(1.8)	1(2.6)
Religious Affiliation		
Atheist/Agnostic	22(10.0)	10(25.6)
Buddhist	10(4.5)	1(2.6)
Catholic	5(2.3)	4(10.3)
Muslim	16(7.3)	4(10.3)
Jewish	0(0)	4(10.3)
Protestant	62(28.2)	10(25.6)
Unspecified	30(13.6)	0(0)
Baptist	5(2.3)	0(0)
Lutheran	3(0.9)	1(2.6)
Pentecostal	2(0.9)	0(0)
Methodist	8(3.6)	2(5.2)
Presbyterian	10(4.5)	1(2.6)
Episcopal	6(2.7)	2(5.2)
Other	63(28.6)	11(28.9)
Unspecified	32(14.5)	
Mormon	7(3.2)	

Unitarian	13(6.0)	3(7.7)
Eastern (other than Buddhist/Hindu)	11(5.0)	0(0)
Don't know	6(2.7)	0(0)
Degree earned		
Ph.D	110(50.0)	
Multiple degrees	40(18.2)	
Master's	36(16.4)	
Psy.D	14(6.4)	
M.S.W.	12(5.5)	
Ed.D	3(1.4)	
M.F.T.	1(.5)	
Not reported	4(1.8)	

Licensure status		
Licensed	159	72.3
Unlicensed	59	26.8
Not reported	2	.9
Counseling Center Job Title		
Staff Psychologist	110	50.0
Other	40	18.2
Director	36	16.4
Therapist	14	6.4
Associate Director	12	5.5

Career Counselor	3	1.4
Training Director	1	.5
Not reported	4	1.8

	M(SD) Responder	M(SD) Non-responder
Endorsement of specific theoretical orientations:		
(on a 5-point scale; 1= strongly disagree, 5= strongly agree)		
Psychoanalytic/psychodynamic	2.40(1.0)	
Humanistic/existential	1.84(.82)	
Behavioral/cognitive	2.09(.74)	
Belief that R/S in psychotherapy is important to study	4.47(.76)	4.18(.69)
Importance of R/S to clients	2.69(.91)	
Importance of R/S to your university	1.75(1.18)	
Campus Climate re: R/S	3.45(.86)	
Average # of weekly clients	13.3(5.8)	
Age	42.80(10.53)	43.1(10.1)

Measures

The web-based survey (see Appendix A) consisted of questions about: a specific therapy case involving religious/spiritual issues; personal religious/spiritual behaviors and beliefs of therapists; and therapist demographics. Table 2 illustrates specifically which measures were used to answer each research question or hypothesis.

Specific case. Therapists were asked to think of their most recent counseling center client whose issues involved religion/spirituality. This client must have been seen in the past 12 months. Examples of possible religious/spiritual issues were provided (e.g., questioning one's faith, experiencing a religious/spiritual awakening, coping with religious guilt, utilizing religious/spiritual coping strategies).

Information was gathered regarding the client's sex, race/ethnicity, religious affiliation, the importance of religion/spirituality to the client, and age. DSM-IV diagnoses for axis I and axis II were requested. An open question was asked regarding the client's presenting problem. Then the therapist was asked to describe the nature of the client's religious/spiritual issues. Therapists reported if it was a current or past client, and for how many sessions the client had been seen.

The process of psychotherapy was then explored. Using 5-point Likert-like scales therapists were asked to respond to the following questions: 1) How often did religious/spiritual topics come up during your work with this client?; 2) Who tended to initiate discussion of religious/spiritual issues?; and 3) This client's religious/spiritual beliefs and values are similar to my own religious/spiritual beliefs and values. The therapists were then asked how important specific goals were when working with this particular client's religious/spiritual issues. The list of goals was adapted from Richards

Table 2

Research Questions/Hypotheses and their Corresponding Survey Items

Research Question/Hypothesis	Corresponding Survey Items
Research Question 1a: What types of clients do therapists indicate as having religious/spiritual issues?	• Sex • Race/ethnicity • Age • Religious/spiritual affiliation • How important does this client consider religion/spirituality to be in his/her life? • What is this client's DSM-IV Axis I diagnosis? • What is this client's DSM-IV Axis II diagnosis? • Please briefly describe the client's presenting problem.
Research Question 1b: How is religion/spirituality involved in the client's issues?	• Please describe how religious/spiritual issues are related to the client's presenting problem, if at all.
Research Question 1c: How often do religious/spiritual issues come up with these clients?	• How often did religious/spiritual topics come up during your work with this client?
Research Question 1d: Who	• Who tended to initiate the discussion of

(client vs. therapist) tends to initiate the discussion of religious/spiritual issues?	religious/spiritual issues?
Hypothesis 1: The level of similarity between therapist and client religious/spiritual values will be positively related to the strength of their therapeutic relationship.	• The client's religious/spiritual beliefs and values are similar to my own religious/spiritual beliefs and values. • Relationship Scale
Research Question 2a: Which goals do therapists think are most and least important when working with a client's religious/spiritual issues?	The following goals are/were important to me when working with this client's religious/spiritual issues… • Help client experience and affirm her/his religiosity/spirituality. • Help client understand what impact her/his religious and spiritual beliefs have on the presenting problems and on her/his life in general. • Help client identify and use religious and spiritual resources to cope, heal, and change. • Help client examine and resolve religious and spiritual concerns relevant to her/his presenting problems. • Help client make choices about what role religion

	and spirituality will play in her/his life. • Help client examine how she/he feels about her/his religious/spiritual growth and well-being. • Help client consider how she/he can continue a quest for spiritual growth and well-being Please briefly describe any other religious/spiritual goals, not identified above, that you had while working with this particular client:
Research Question 2b: Is the therapist's level of religious/spiritual commitment positively related with the goals the therapist considers to be important for clients with religious/spiritual issues?	• Goals questions (as presented under Research Question 2a) • Religious Commitment Inventory-10
Research Question 3: Which religious/spiritual interventions do therapists use when working with a client's religious/spiritual issues?	Regarding your work with this particular client, how often did you… • pray with the client in session • use religious language or concepts • recommend involvement in religious/spiritual activities

	• recommend reducing or discontinuing involvement in religious/spiritual activities • teach spiritual concepts • self-disclose about religious/spiritual matters • confront the client's religious/spiritual beliefs • assess the client's religious/spiritual background, beliefs, and behaviors • use relaxation or imagery with a religious/spiritual focus • encourage the client to forgive • recommend that the client pray outside of session • encourage the client to confess to a religious leader • encourage the client to write (i.e., journal) about religious/spiritual topics • encourage the client to engage in spiritual meditation Please briefly describe any other religious/spiritual interventions not listed above that you used with this particular client.
Hypothesis 2: Therapists' use of in-session religious/spiritual interventions with a specific	• Religious/spiritual interventions questions (as presented under Research Question 3) • Religious Commitment Inventory-10

client who is dealing with religious/spiritual issues will be related to therapists' personal religious/spiritual commitment, such that therapists with higher levels of religious/spiritual commitment will use religious/spiritual interventions more frequently than therapists with lower levels of religious/spiritual commitment.	
Research Question 4: Which training activities have therapists engaged in to learn how to work with religious/spiritual issues in psychotherapy?	I have received training in working with client religious/spiritual issues in therapy through the following experiences: • graduate coursework • continuing education course(s) • clinical supervision • personal reading Please rate your overall level of training in working with religious/spiritual issues in therapy.

Hypothesis 3: Therapist self-efficacy for working with client religious/spiritual issues will be positively correlated with the amount of training the therapist has received in working with religious/spiritual issues in therapy.	• Please rate your overall level of training in working with religious/spiritual issues in therapy. • How confident are you that you could work effectively over the next week with a client whose issues involve religion/spirituality?

and Bergin (1997), who theoretically outlined some general therapeutic goals based on their spiritual strategy for counseling. No baseline reliability or validity data are available for these questions because they were created for the present survey.

Relationship Scale. The Relationship Scale (RS; Hill & Kellems, 2002) is a 4-item measure of the therapeutic relationship. An example item is: "I believe this client likes me." The RS has been shown to have an internal consistency of .78. It was also correlated .51 with the Working Alliance Inventory (Horvath & Greenberg, 1989), which suggests that it has concurrent validity. In the current study the Relationship scale had an internal consistency coefficient alpha of .82 (n = 198).

Interventions. The next questions focused on what had actually happened during therapy with this particular client. A list of religious/spiritual interventions (e.g., pray with client in session) was compiled by the author from two sources: (a) Shafranske and Malony's (1990) survey which contained a series of questions asking how often clinical psychologists used certain religious/spiritual interventions with clients; and (b), a study of Mormon therapists conducted by Richards and Potts (1995), in which participants were asked to list religious/spiritual interventions they had used that were effective and ones that were ineffective in helping clients grow or change. No reliability or validity data are available for these questions. Therapists were also asked an open question regarding how their personal religious/spiritual beliefs and values may have influenced their work with this particular client.

Religious Commitment Inventory-10. There were several major goals in selecting the current study's primary measure of therapist religion and spirituality. These goals included selecting a measure that had: a) adequate psychometric characteristics but was

not too long; b) items measuring both behavioral and cognitive aspects of religion and spirituality; c) validity for both Christian and non-Christian religious/spiritual affiliations and d) validity for therapists who are "institutionally" religious/spiritual (e.g., attend religious services) as well as for therapists who are "personally" religious/spiritual (e.g., meditate). The Religious Commitment Inventory-10 (RCI-10; Worthington, Wade, Hight, et al, 2003), a brief self-report measure of religious commitment, fulfilled all of these goals.

Religious commitment was defined as "the degree to which a person adheres to his or her religious values, beliefs, and practices using them in daily living" (Worthington, et al, 2003; p. 85). The authors theorized that people who were highly religiously committed had a tendency to evaluate their world according to religious dimensions, which are based on their religious values. The RCI-10 was chosen because it encompass cognitions (e.g., religious beliefs), emotions (e.g., enjoyment gained from religious activities), behaviors (e.g., time engaged in religious activities), and interpersonal factors (e.g., spending time with other members of your religious affiliation).

The RCI-10 is a 10-item self-report measure that was developed to be a brief screening assessment of religious commitment (Worthington et al., 2003). It is the product of an evolution involving earlier 62-item, 20-item, and 17-item versions. The RCI-10 has two subscales: 1) intrapersonal (e.g., My religious beliefs lie behind my whole approach to life); and 2) interpersonal (e.g., I enjoy spending time with others of my religious affiliation). Worthington et al. (2003) presented a series of six studies that established and validated the RCI-10. Samples included students from undergraduate

psychology classes, students from religiously-affiliated (Christian) universities, Christian church-goers, religiously diverse undergraduates, and clinical participants recruited from Christian counseling agencies and from a secular university counseling center, for a combined total of 1,827 participants. Results from the six studies suggest that the RCI-10 has adequate psychometric properties. The intrapersonal and interpersonal subscales were highly correlated ($r = .86$; $p < .001$), suggesting that they may not be separate constructs. We therefore used the total score in the present study.

Internal consistency coefficient alphas for the RCI-10 total scale ranged from .88 to .98, depending on the sample (Worthington et al., 2003). Test-retest reliability among the entire sample ranged from .84 to .87. The RCI-10 correlated significantly with other measures of religiosity (Rokeach Values Survey; Rokeach, 1967) and scales of self-rated religious commitment, suggesting concurrent validity. A slight modification was made to some items on the RCI-10 for the current study so that these items were consistent with the rest of this dissertation survey. Because this survey is looking at religious *and spiritual* issues, the items on the RCI-10 that make reference to "religion" were modified, so that the items make reference to "religion/spirituality" (e.g., "Religious beliefs influence all my dealings in life" was modified to "Religious/*spiritual* beliefs influence all my dealings in life"). Permission was acquired from the RCI-10's primary investigator both to use and to modify the measure. In the current study the modified RCI-10 had an internal consistency coefficient alpha of .94 (n = 214).

A limited sample of therapist norms for the RCI-10 has been reported (Worthington et al, 2003). A sample of 33 "Christian" counselors had a mean score of

45.9 (*SD* = 4.4), while a sample of 18 "Secular" counselors had a mean score of 25.5 (*SD* = 11.3). In the current study therapists had a mean score of 28.25 (*SD* = 10.86).

Training. Therapist training in working with religious/spiritual issues was assessed by asking them to indicate whether or not they have received training in: graduate coursework, continuing education courses, clinical supervision, and independent reading. The next question asked therapists to use a Likert-like scale to rate their overall level of training in working with religious/spiritual issues in therapy.

Therapist self-efficacy. Therapist self-efficacy in working with client religious/spiritual issues was assessed by asking (using a Likert-like scale): How confident are you that you could work effectively in the next week with a client who is dealing with religious/spiritual issues? The format of this question is the accepted format used in previous studies investigating self-efficacy (see Lent, Hill, & Hoffman, 2003).

Therapist demographics. The next series of questions focused on therapist demographics, including age, sex, race/ethnicity, amount of experience as a counselor, highest degree earned, and level of adherence to different theoretical orientations. They were then asked about their current religious affiliation. Using 5-point Likert-like scales they were lastly asked to rate the extent to which they feel that religious/spiritual issues in psychotherapy is an important construct to study, the importance of religious/spiritual issues to most counseling center clients, and the importance of religion/spirituality to the stated mission of their university.

Procedures

The initial recruitment email (see Appendix B) was an attempt to spark the potential participant's interest. The email briefly described the survey and what would be

involved if one chose to participate. Each initial email was individually addressed to the targeted therapist. Although this was much more time-consuming than sending a mass generic email, it was hoped that the personal touch would increase the likelihood of the participant responding. The email included information asserting the importance of this study, what would be required of participants if they chose to complete the survey, and an offer to send the participant a summary of the results if they completed the survey. A total of 1282 initial recruitment emails were individually sent to therapists working in university counseling centers. Email addresses were collected from publicly available contact information listed on individual counseling centers' websites. Of those 1282 emails, 98 were returned without being delivered, usually because the email address harvested from the counseling center website was no longer being used. These 98 were consequently dropped from the contact list. Therefore a total of 1184 potential participants received an email recruitment.

There was also a section of the recruitment email targeting those who chose to not complete the survey. These non-responders were asked to fill out a very brief questionnaire for the purpose of determining the generalizability of the results. They were provided with a link to a non-responder survey (see Appendix C) that asked them very basic demographic questions about age, sex, and race/ethnicity. They were also asked to rate on a Likert-like scale the importance of studying the construct of religious/spiritual issues in psychotherapy.

Opening Page. The opening page (see Appendix D) explained what participating in the survey would involve. It also generally described the nature of internet data collection and the subsequent inability to absolutely insure confidentiality due to the

public nature of the internet. Participants were informed of the importance of closing their internet browsers so that the next person using their computer could not retrieve their responses. The letter then informed participants of their right to withdraw from the study at any point. Participants were also told that their participation could elicit negative emotions, although this would be unlikely given the relatively innocuous nature of the questions. The potential benefits to the therapists were also listed, including gaining insight about how one works with a client's religious/spiritual issues, and contributing to research about an important topic. Participants were instructed that if they are willing to participate in the study then they should click on the "next" button, which would direct them to the beginning of the actual survey. This method of obtaining the participant's consent is similar to methods used in other web-based surveys (Schmidt, 1997).

Completion of Survey. At the end of the survey participants were informed that by clicking the "done" button they were submitting their results and completing the survey. After they clicked the "done" button they were directed to a separate website (see Appendix E), which thanked the participant for completing the survey, and provided them with an opportunity to be emailed the survey results when they were available. It was explained to participants that it would be impossible for their results to be matched with their email addresses because the website which they could provide their emails on was entirely separate from the survey website.

Follow-up Emails. During the first week of the survey 118 participants had completed the entire survey and 26 participants had completed the non-responder survey. After one week a second reminder email was sent to the 966 potential participants who had not responded to the initial email (see Appendix F). During the second week of the

survey, 52 participants completed the entire survey and nine participants completed the non-responder survey. After two weeks from the initial recruitment email a third reminder email was sent to 905 potential participants who had not responded to the first or second emails (see Appendix G). After the third reminder email, 50 participants completed the entire survey and 6 participants completed the non-responder survey.

The total number of participants who completed the entire survey and had a religious/spiritual case to report was 200, yielding a response rate of 17%. There were also 20 participants who completed the survey, but did not have a recent religious/spiritual case to present, bringing the total response rate to 19%. Additionally, when one factors in the participants who completed the non-responder survey (39), a total of 259 participants responded in some way to the survey, yielding a grand total response rate of 22%.

Procedures for Content Analysis of Open-ended Questions

The content of the open-ended questions was qualitatively analyzed. This analysis process first involved a team of two individuals grouping the responses of each open-ended question into meaningful categories. One of these individuals was a tenured professor with a Ph.D. The other was a Master's level staff therapist at a university counseling center. After categories had been established a team of three raters assigned individual responses to categories. One rater was the previously mentioned Master's level staff therapist. Another rater was an assistant professor with a Ph.D. The third rater was a Ph.D. level psychologist working in community mental health. The standard for kappa agreement rates between the three raters was $\geq .70$.

Chapter 5

Results

Preliminary Analyses

Non-responders. In order to measure the generalizabilty of this survey's findings, non-responders were asked why they did not complete the survey. They were given a list of possible reasons, and could choose more than one reason for not completing the survey (percentages therefore add up to more than 100). Their responses are reported in Table 3. The most frequently stated reason for not responding was that they did not have enough time to complete the survey, followed by not having any clients with religious/spiritual issues.

Non-responders were also asked to respond to the statement "I believe that religious/spiritual issues in psychotherapy is an important construct to study" on a 5-point scale (1= strongly disagree; 5= strongly agree). Their mean response was 4.18 (*SD* = .69). In comparison, participants who completed the entire survey rated this item 4.47 (*SD* = .76). A one-way ANOVA comparing these means revealed that responders rated the importance of studying this topic as being significantly higher than non-responders' ratings, $F(257) = 4.84$, $p < .05$.

Coding Agreement for Qualitative Categories. As previously stated, qualitative responses to several open-ended questions were coded into meaningful categories. A team of three raters coded these responses. Their kappa agreement rates for coding each open-ended question are presented in table 4. The average kappas across pairs for the three raters were adequate (>.70) for all questions.

Table 3

Percentage of Non-Responders Endorsing Different Reasons for not Completing Entire Survey

Reason	(N = 39)	(%)
Not enough time	19	48.7
No clients with R/S issues	10	25.6
Concerns about confidentiality	7	17.9
Doesn't see individual clients	4	10.3
My own unresolved issues with R/S	3	7.7
Not interested	2	5.1

Table 4

Agreement Rates for Coding Open-ended Questions

	Average kappa
How you see "religion" and "spirituality" differently	.74
How R/S was involved in this client's psychotherapy	.70
Client's presenting problem	.82
Other R/S goals you had with this client	.71
Other R/S interventions used with this client	.74
How your R/S beliefs and values influenced the work	.77

Definitions of Religion and Spirituality. Therapists were asked to describe how, if at all, they viewed the terms "religion" and "spirituality" differently. Table 5 contains the categories identified for the responses, the proportion of therapists who provided a response in that category, a definition of each category, and representative examples. Percentages do not add up to 100% because some therapists indicated more than one response per client, or others indicated no responses. It appears that therapists largely characterized religion as being formal, rigid, social, and as a way of connecting with spirituality. Spirituality was characterized as being individualized, private, inclusive, a means of accessing the divine, and a way to make meaning out of life events.

Research Question 1a: What types of clients do therapists indicate as having religious/spiritual issues?

Table 6 presents demographic descriptors of the clients whom participants chose to report on. The majority of clients whom therapists chose to report on were female (67%), Euro-American (71%), heterosexual (84%), and Christian (74%; this includes Catholic, Protestant, and Mormon). Although therapists were asked to report the client's DSM-IV characteristics, many therapists either stated that DSM diagnoses were not used at their counseling center, or simply did not report those data. Therefore, DSM-IV data are not reported. The average age of clients was 24.86 (SD = 6.97). The therapists also rated how important the client considered religion/spirituality to be as quite important.

Therapists were also asked to briefly describe the presenting problems of the specific clients they identified as having religious/spiritual issues. The categories used

Table 5

Content of Participant Responses Describing Differences between "Religion" and "Spirituality"

Content	Definition	Examples
Adjectives describing "religion":		
Organized (31.4%)	Formal, rigid, dogmatic, ritualistic, institutional	I view religion as organized; Religion, in my opinion, encompasses a set structure of beliefs
Social (6.4%)	Group, public, cultural	Generally, though not always, practiced within a group context; religion can also be an aspect of cutural identity, i.e. religious identity
Means to an end (6.4%)	How people access spirituality; a subset of spirituality	Religion is a means to and end, and the ultimate end is spirituality; Religion is merely the framework through which some, and not all, people access their spirituality
Transcendent (2.7%)	Connected to a higher power	Usually having a focus on some entity, power, or being beyond this physical reality; about deity-related concerns; involves God
Adjectives describing "spirituality":		
Individualized (18.2%)	Vague, broad, inclusive	Spirituality is more vaguely defined; spirituality tends to be more amorphous/ambiguous --may be different for each individual; Spirituality is much less specific
Transcendent (13.2%)	Connected to a higher power	I understand spirituality as feelings of a transcendent nature; spirituality refers to the individual experience of divine or connection

Non-religious (7.8%)	Does not require religion	You can be spiritual without an organized framework of religion; I do not believe that one's spirituality is limited to one's religion
Values (7.3%)	Related to one's core values, meaning making, sense of purpose	Spirituality reflects the person's core values, process of meaning making and sense of purpose; Spiritual is that level or aspect of our being that is the foundation of our decisions (or indecisions by default), behaviors, and by which we understand the meaning of our lives
Personal (5.5%)	Private	spirituality refers more to personal experiences; spirituality is more personal
Other:		
Miscellaneous (5.9%)	Anything that does not fit in one of the above categories	The distinction and difference has been document in the psychology of religion literature (e.g, K. Pargament) spirituality does not involve God;
Overlap (4.5%)	Religion and spirituality can overlap	Often these two aspects can overlap; spirituality may or may not involve organized religion
Different (4.1%)	Religion and spirituality are different, but does not say specifically how	I think of them as different; very different to me!
Not enough information (4.1%)	Response may have been cut off or incoherent	Specific incomplete responses

Table 6

Client Demographic Characteristics

Sex	n	%
Female	136	67
Male	65	32
Not reported	2	1
Race/ethnicity		
Euro-American	145	71.4
African-American/Black	21	10.3
Latina(o)	7	3.6
Asian-American	6	3.1
Middle Eastern	6	3.1
Foreign National	5	2.6
Multi-racial	5	2.6
Other	1	.5
Not reported	7	3.4
Sexual Orientation		
Heterosexual	171	84.2

Gay/lesbian	23	11.4
Bisexual	5	2.5
Don't know	2	1.0
Not reported	2	1.0
Religious Affiliation		
Atheist/Agnostic	10	4.9
Buddhist	4	2.0
Catholic	51	25.1
Muslim	6	3.0
Jewish	5	2.5
Protestant	83	41.3
Unspecified	*49*	*22.3*
Baptist	*21*	*9.6*
Lutheran	*6*	*2.7*
Pentecostal	*4*	*1.8*
Methodist	*3*	*1.4*
Other	34	15.5
Unspecified	*16*	*7.3*
Mormon	*18*	*8.2*

Don't know	7	3.2	
	M	SD	Range
Age	24.86	6.97	18-56
Importance of R/S to client	3.98	1.1	1-5

to code the responses were taken from the Presenting Problems Checklist (PPC; Draper, Jennings, & Baron, 2003), a 42-item measure commonly used at university counseling centers. The five factors identified in Draper et al.'s (2003) factor analysis were used as categories in coding this question. Table 7 contains the categories identified for the responses, the proportion of therapists who provided a response in that category, a definition of each category, and representative examples. Percentages do not add up to 100% because many therapists indicated more than one response per client and others gave no responses. Most clients (70%) were experiencing emotional distress. In addition, some clients were questioning values (25%), having academic stress (19%), and having trouble adjusting to college (18.5%).

Research Question 1b: How is religion/spirituality involved in the client's issues?

Participants were asked to describe how religion/spirituality was involved in the client's psychotherapy. Table 8 presents the categories established based on the participant responses, a definition of each category, and representative examples. Percentages do not add up to 100% because some therapists indicated more than one response per client, while some did not provide any response. The most frequently occurring categories were issues related to questioning or leaving childhood religion (23.5%), exploring clients' religious/spiritual beliefs (15%), using clients' religious/spiritual beliefs as a source of strength (14%), attributing issues to religious/spiritual causes (11.5%), and dealing with the religious/spiritual aspects of sexual orientation (10.5%).

Table 7

Content of Participant Responses Describing Clients' Presenting Problems

Category	Definition	Examples
Emotional distress (70.0%)	Depression, anxiety, end of romantic relationship, health problems, suicidality, grief, trauma, substance abuse, family issues	Depression; alcohol abuse; anxiety/panic-like attacks; relationship break up; self-injury; anger problems; concern about not having grieved his father's death.
Questioning values (25.0%)	Confusion about values/beliefs, religion/spirituality, and sexual issues	He is torn and still not accepting of his (sexual) orientation; she has recently begun to question the validity of her Christian beliefs; felt guilty about use of pornography.
Academic stress (19.0%)	Problems related to academics, concentration, procrastination, test anxiety, or career uncertainty	Academic concerns; trouble concentrating; overwhelmed with educational requirements; questioning her career and life choices;
Adjustment to college life (18.5%)	Adjustment issues including making friends, shyness, homesickness, self-esteem, and forming friendships	Very poor self-esteem; socially isolated; difficulty adjusting to college.
Body image (5.5%)	Restricting, binging, general body image issues	Feels fat and is terrified of gaining weight; engages in bulimic behaviors;
Miscellaneous (4.5%)	Anything that does not fit in one of the above categories	After 9-11 he suffered discrimination because of his race; his probable loss of cognitive ability due to a brain injury;
Not enough information (4.5%)	Response may have been cut off or incoherent	Specific incomplete responses

Table 8

Content of Participant Responses to the Question "Please Describe how Religion/Spirituality was Involved in this Client's Psychotherapy"

Category	Definition	Examples
Sin/Guilt…(cumulative percentage of subcategories below is 27.5%)	Exploring perceived incongruence (by client or others) between client's religious/spiritual beliefs and client's behaviors (see below for subcategories)	
Sexual orientation (11.5%)	Regarding sexual orientation	Client is struggling with issues related to sexual identity; family of origin rejecting her for her sexual orientation
Other (6.5%)	Other (not identified as having to do with sex)	Understanding how his religious beliefs were impacting how he felt about the behaviors he was not pleased with
Premarital sex (3.5%)	Regarding premarital sex	Client became sexually active and has struggled to cope with feelings of guilt and regret; she was struggling with whether or not she wanted to engage in premarital sex
Sexual (3%)	Regarding sex (doesn't say specifically what about sex)	Guilt regarding sexual behavior
Divorce(2.5%)	Regarding divorce	Client in process of divorcing wife; concerns

		about her right to divorce
Questioning or leaving childhood religion (23.5%)	Dealing with feelings of loss re: family religion/spirituality, questioning childhood religious/spiritual beliefs	(Client was) questioning her religious beliefs; My client left her parents' Jehovah's Witness faith
RS as source of strength (14%)	Client's religion/spirituality was used as a positive source of strength	Incorporated God into her understanding of how to handle life stressors; used prayer as one form of coping
Exploring beliefs (13.5%)	Exploring client's religious/spiritual beliefs, mostly intellectual and free of negative emotions	Client is now struggling with his understanding of God and a higher power; we spoke about client's religious upbringing
RS perspective (11.5%)	Client attributes issues to religious/spiritual causes, views issues through a religious/spiritual lense	His whole basis of belief about how he should act comes from the religion as taught by his parents; questioning how her lack of spirituality impacted her issues
RS impact on peer/romantic rel. (8%)	Exploring the impact of religious/spiritual discrepancies on peer/romantic relationships	Client was in a relationship that was not consistent with her religious values; very committed and opinionated about his Catholicism and his peer group are all born-again Christians
Miscellaneous (8%)	Anything not covered by the other categories	Conflicts regarding religious constraints on female roles in society
Negative RS experiences (6.5%)	Processing client's negative experiences with religion/God	Was angry at God for his inability to continue playing football; She wonders how God could have allowed her to develop an eating disorder; Client is angry

		about her previous experiences with a highly controlling religious group
Grief (6%)	Exploring the religious/spiritual aspect of grief	Best friend died last summer; dealing with the murder of a former partner
Increasing client's RS (4%)	Client wants to make religion/spirituality a larger part of her/his life	Discussed how he envisions incorporating religion into his life in the future; feels that attending church is important, and wants to continue to incorporate religion into her college experience

Research Question 1c: How often do religious/spiritual issues come up with these clients who have religious/spiritual issues?

Therapists were asked to identify how often religious/spiritual issues came up with the clients they identified as having religious/spiritual issues. Table 9 presents their responses. Many therapists (86.2%) indicated that religious/spiritual issues came up at least "once every few sessions", and the majority (58.1%) said that religious/spiritual issues came up at least "most sessions."

Research Question 1d: Who (client vs. therapist) tends to initiate the discussion of religious/spiritual issues?

Participants were asked who tended to initiate the discussion of religious/spiritual issues. Table 10 presents a summary of their responses. It appears that rarely is it the responses. Many therapists (86.2%) indicated that religious/spiritual issues came up at least "once every few sessions", and the majority (58.1%) said that religious/spiritual issues came up at least "most sessions."

therapist who initiates the discussion of religious/spiritual issues. The initiator is equally likely to be the client or a mutual initiation of both the client and the therapist.

Hypothesis 1: The level of similarity between therapist and client religious/spiritual values will be positively related to the strength of their therapeutic relationship.

The correlation of therapist rating of the similarity between client and therapist religious/spiritual values and the Relationship Scale total was not significant, $r = .10$ (N =198), $p = .16$, indicating no relationship between similarity of values and the therapeutic

Table 9

Frequency of Religious/Spiritual Issues in Therapy

	n	(%)
Only one time	6	3.0
Once in a while	21	10.3
Once every few sessions	57	28.1
Most sessions	71	35.0
Every session	35	17.2
Many times a session	12	5.9
Not reported	1	0.5

Table 10

Who Initiated Discussion of Religious/SpiritualIssues

	n	(%)
Initiated by client	97	47.8
Mutual initiation	96	47.5
Initiated by therapist	9	4.4
Not reported	1	.5

relationship. Therefore, hypothesis one was not supported.

Research Question 2a: Which goals do therapists think are most and least important when working with a specific client's religious/spiritual issues?

Table 11 includes specific means and standard deviations for each therapist goal. Therapists responded to the question "The following goals are/were <u>important</u> to me when working with this client's religious/spiritual issues..." using a 5-point scale (1= strongly disagree; 5= strongly agree). Using previously established guidelines (Hill, Thompson, & Ladany, 2003), it was determined a priori that ratings of 3.5 or higher represent *high importance*, 2.5 to 3.49 represent *moderate importance*, and lower than 2.49 is *low importance*. According to these guidelines all goals were rated as having high importance.

An exploratory factor analysis was conducted to determine whether there are certain clusters among the goals. The principal-axis factor analysis utilized a varimax rotation on the sample of 200 cases. The Kaiser-Meyer-Olkin (KMO) Index was .81, indicating that the seven goals were adequately intercorrelated to justify a factor analysis, according to Tabachnick & Fidell's (1996) KMO minimum standard of .60. The factor analysis revealed two factors with eigenvalues > 1.0 (3.36, 1.07), accounting for 49% of the variance. A scree plot and examination of one, two, and three-factor models indicated that the two-factor model was the best fit (see Table 12). One factor of four items includes "neutral" goals (alpha = .78; e.g., "Help client understand what impact her/his religious and spiritual beliefs have on the presenting problems and on her/his life in general"). A second factor of three items includes items "promoting"

Table 11

Means and Standard Deviations for Importance of Therapist Goals

Goal	M	SD
Help client understand what impact her/his religious and spiritual beliefs have on the presenting problems and on her/his life in general	4.37	.67
Help client examine and resolve religious and spiritual concerns relevant to her/his presenting problems	4.17	.79
Help client identify and use religious and spiritual resources to cope, heal, and change	4.04	.90
Help client examine and resolve religious and spiritual concerns relevant to her/his presenting problems	4.03	.85
Help client make choices about what role religion and spirituality will play in her/his life	3.86	1.02
Help client experience and affirm her/his religiosity/spirituality	3.86	.92
Help client examine how she/he can		

continue a quest for spiritual growth and well-being	3.79	1.01

Table 12

Loadings for Principal Axis Factor Analysis of Religious/Spiritual Goals

Scale item	Neutral	Promoting
The following goals are/were important to me when working with this client's religious/spiritual issues…		
Help client experience and affirm her/his religiosity/spirituality	.17	**.46**
Help client understand what impact her/his religious and spiritual beliefs have on the presenting problems and on her/his life in general	**.52**	.19
Help client identify and use religious and spiritual resources to cope, heal, and change	.15	**.73**
Help client examine and resolve religious and spiritual concerns relevant to her/his presenting problems	**.63**	.13
Help client make choices about what role religion and spirituality will play in her/his life	**.74**	.29
Help client examine how she/he can continue a quest for spiritual growth and well-being	.45	**.67**

spirituality/religion (alpha = .69; e.g., "Help client experience and affirm her/his religiosity/spirituality").

The mean score of rated importance for the "neutral" goal factor was 4.10 (SD = .65), while the mean score for the "promoting" goal factor was 3.90 (SD = .74). A repeated measures ANOVA revealed that the mean neutral goal factor was rated by therapists as significantly higher in level of importance than the promoting goal factor ($F(1,195) = 19.90$, $p < .001$). Thus, therapists rated the "neutral" goals as being more important to them than the "promoting" goals.

Therapists were also asked to "Please briefly describe any other religious/spiritual goals, not identified above, that you had while working with this particular client." A review of the therapist responses revealed that most of the goals they listed did fit into one of the goals that were listed. The content areas for this question were therefore based on the list of goals that therapists were asked about. Table 13 contains the categories identified for the responses, the proportion of therapists who provided a response in that category, a definition of each category, and representative examples. Percentages do not add up to 100% because many therapists did not respond (and some therapists indicated multiple responses). The most frequent responses included helping the client to use religious/spiritual resources (9.5%), and helping the client to examine and resolve religious/spiritual concerns (8.5%). Other responses were miscellaneous responses (7.5%), to help the client understand the impact of religion/spirituality on the presenting problem (6.5%), and to help the client make choices about the role that religion/spirituality will play in her/his life (5.0%). An analysis of responses in the miscellaneous category revealed no pattern of common miscellaneous religious/spiritual

Table 13

Content of Participant Responses to Question about Other Religious/Spiritual Goals

Category	Definition	Examples
Use resources (9.5%)	Help C identify and use R and S resources to cope, heal, and change	Facilitating adjunct treatment with a spiritual director; To help the client utilize the positive support system that her religious community provided for her; Helping him connect with a spiritual resource in the community.
Resolve RS concerns (8.5%)	Help C examine and resolve R and S concerns relevant to her/his present problems	Facilitate Cl's ability to address incongruity between beliefs and experience; I would like for her to stop seeing herself as a divine mistake; Help client to acheive some relief from the conflicts he feels as a gay Muslim.
Miscellaneous (7.5%)	Anything that does not fit into one of the above categories	Identifying alternate spirituality that was more congruent with current identity
Understand impact (6.5%)	Help C understand what impact her/his religious and spiritual beliefs have on the presenting problems and on her/his life in general	To encourage a consciousness about the parallel process between her relationship to religion and her current intrapsychic needs; Lots of our work focuses on understanding her culture as well as her faith, since they are so closely intertwined.
Make choices (5.0%)	Help C make choices about what role R and S will play in her/his life	to make her own choices regarding spirituality rather than just accepting the spiritual teaching of her childhood; Deciding how much to take a stand publically (within the family) on spiritual issues.
Not enough information (2.5%)	Response may have been cut off, or incoherent	Specific incomplete responses

Affirm (2.0%)	Help C experience and affirm her/his RS	Helping client retain his spiritual life and feelings despite being rejected by his religion; Help her examine her role as a Christian wife and mother that feels affirming and respectful for her; Part of my goals were to affirm her sense of spirituality.
Identifying alternative RS (1.5%)	Identifying alternative (and healthier) forms of religion/spirituality	Identifying alternate spirituality that was more congruent with current identity; help her find alternative sources of support that can embrace both her bisexual and Mormon identities

goals, so the list of religious/spiritual goals which had been provided to therapists was deemed to be comprehensive in terms of including the most frequently occurring goals.

Research Question 2b: Is the therapist's level of religious/spiritual commitment positively related to the goals the therapist considers to be important for clients with religious/spiritual issues?

Pearson product moment correlations were calculated between the total RCI-10 score and the rated importance of each goal cluster. Correlations between the RCI-10 and both goal factors were significant. For the neutral goal factor the correlation was .19 ($p < .01$) and for the promoting goal factor the correlation was .36 ($p < .001$). No difference was found between the two correlations ($p = .07$). Therefore, the therapist's level of religious/spiritual commitment was positively related to both the neutral and the promoting goal factors.

Research Question 3: Which religious/spiritual interventions do therapists use when working with a client's religious/spiritual issues?

Therapists were presented a list of religious/spiritual interventions which they might have used with the specific client they chose to report on. They were asked to identify using a 5-point scale (1= never, 5= always) how often they used each intervention with this specific client. Table 14 shows the means and standard deviations for each religious/spiritual intervention. Using previously established guidelines (Hill, Thompson, & Ladany, 2003), it was determined a priori that ratings of 3.5 or higher represent *high frequency*, 2.5 to 3.49 represent *moderate frequency*, and lower than 2.49 is *low frequency*. According to these guidelines none of the religious/spiritual interventions were in the high frequency category. Assessing the client's

Table 14

Means and Standard Deviations for Frequency of Religious/Spiritual Interventions with this Specific Client

Intervention	M	SD
Assess client's R/S background	3.11	.97
Use religious language or concepts	2.84	.97
Recommend involvement in R/S activities	2.19	1.04
Encourage client to journal with R/S focus	1.85	1.02
Encourage client to forgive	1.82	1.09
Confront client's R/S beliefs	1.77	.82
Use or recommend R/S books	1.60	.89
Teach spiritual concepts	1.55	.80
Recommend that client pray outside of session	1.46	.92
Use relaxation with a R/S focus	1.27	.70
Encourage client to confess to R/S leader	1.15	.47
Recommend reducing R/S involvement	1.14	.44
Pray in session	1.06	.38

religious/spiritual background and using religious language or concepts was in the moderate frequency category. All remaining interventions were rated by therapists to occur with low frequency.

The most frequently occurring interventions were assessing the client's religious/spiritual background, and using religious language or concepts. The least frequently occurring interventions were praying with the client in session, recommending that the client reduce involvement in religious/spiritual activities, and encouraging the client to confess to a religious/spiritual leader.

An exploratory principal axis factor analysis (with varimax rotation) was conducted to determine whether there were certain clusters among the interventions. The Kaiser-Meyer-Olkin Index was .82, indicating that the 15 interventions were adequately intercorrelated to justify a factor analysis (Tabachnick & Fidell, 1996). The factor analysis revealed five factors with eigenvalues > 1.0 (4.45, 1.46, 1.34, 1.05, 1.00), accounting for 41% of the variance. A scree plot and examination of the one-, two-, three-, four-, and five-factor models indicated that the one-factor model was the best fit (see Table 15), accounting for 33.50% of the variance. Two interventions ("Recommend reducing or discontinuing involvement in R/S activities" and "Encourage the client to confess to a religious/spiritual leader") had factor loadings less than .30 (.19 and .24 respectively) and were therefore dropped from the factor.

Therapists were also asked to "Please briefly describe any other religious/spiritual interventions, not listed above, that you used with this particular client." A review of the therapist responses revealed that although they were asked to identify interventions which

were not included in the list, most of the interventions they listed did in fact fit into one of the listed interventions. The categories for this question were therefore based on the list of goals that therapists were asked about. Table 16 contains the categories identified for the responses, the proportion of therapists who provided a response in that category, a definition of each category, and representative examples. Percentages do not add up to 100% because most therapists did not indicate using any additional religious/spiritual interventions and because therapists could report having used more than one intervention. The most frequent examples of other religious/spiritual interventions that therapists provided were consultation/referral to religious/spiritual leaders (12.0%), miscellaneous (11.0%), exploring alternative approaches to religion/spirituality (5.0%), using literature with a religious/spiritual focus (3.5%), and confronting the client's religious/spiritual beliefs (2.0%). An analysis of responses in the miscellaneous category revealed no pattern of common miscellaneous religious/spiritual interventions, so the list of interventions which had been provided to therapists was deemed to be comprehensive in terms of including the most frequently occurring interventions.

Hypothesis 2: Therapists' use of in-session religious/spiritual interventions with a specific client who is dealing with religious/spiritual issues will be related to therapists' personal religious/spiritual commitment, such that religious/spiritual commitment will be positively related to the use of religious/spiritual interventions.

A Pearson product moment correlation was calculated between each therapist's mean intervention score (the average score across the 13 interventions that were included in the factor analysis, M =1.82, SD =.49) and the RCI-10 total score (M =28.25, SD

Table 15

Loadings for Principal Axis Factor Analysis of Religious/Spiritual Interventions

Scale item	Factor loading
Regarding your work with this particular client, how often did you...	
Pray in session	.38
Use religious language or concepts	.55
Use or recommend religious or spiritual books	.71
Recommend involvement in R/S activities	.56
Teach spiritual concepts	.62
Self-disclose about R/S matters	.36
Confront the client's R/S beliefs	.31
Assess the client's R/S background, beliefs, and behaviors	.38
Use relaxation or imagery with a R/S focus	.54
Encourage the client to forgive	.44
Recommend that the client pray outside of session	.76
Encourage the client to write (i.e., journal) about R/S topics	.49
Encourage the client to engage in spiritual meditation	.63

Table 16

Content of Participant Responses to Question about Other Religious/Spiritual Interventions

Category	Definition	Examples
Consultation/referral (12.0%)	Consult with a religious/spiritual leader; refer client to see religious/spiritual leader	Consultation with her priest; refer client to spiritual leader within her tradition; referral to spiritual leader on campus.
Miscellaneous (11.0%)	Anything that did not fit in one of the other categories	I listened to and accepted her thoughts and feelings including religious ones; rehearsing ways to discuss her differences in approach to faith with parents.
Explore alternatives (5.0%)	Explore alternative R/S approaches	Encouraged exploration of different spiritual paths; gave client list of gay friendly congregations in the area;
Not enough information (4.0%)	Not enough information; response was cut off	
Books (3.5%)	Use or recommend religious or spiritual books	I asked the client to consider a scripture…; read sacred writing consistent with her spiritual preferences.
Confront (2.0%)	Confront client's religious/spiritual beliefs	Challenging his own beliefs and how they are similar to and different from his own religion; challenging rigidly held interpretations…

=10.85). The correlation was significant ($r = .42$, $p < .001$), indicating that there was a positive relationship between therapists' RCI-10 levels and how frequently they used religious/spiritual interventions. Hence, hypothesis two was supported.

Research Question 4: Which training activities have therapists engaged in to learn how to work with religious/spiritual issues in therapy?

Therapists were asked to identify (yes or no) which training activities they had participated in (see Table 17). Most therapists (84.1%) had engaged in personal reading on the topic, more than half (61.8%) had discussed religious/spiritual issues with a clinical supervisor, and about half (50.7%) had participated in continuing education related to religious/spiritual issues. Relatively few therapists (26.4%) had taken any graduate courses involving working with religious/spiritual issues in therapy. Hence, the most typical training was informal (e.g., personal reading and supervision) rather than formal training (e.g., coursework).

Hypothesis 3: Therapist self-efficacy for working with client religious/spiritual issues will be positively correlated with the amount of training the therapist has received in working with religious/spiritual issues in therapy.

A Pearson product moment correlation was calculated between therapist self-efficacy in working with clients' religious/spiritual issues and the therapists' overall level of training in working with religious/spiritual issues (therapists were asked to rate their overall level of training in working with religious/spiritual issues in therapy on a 5-point scale where 1 = very low level of training and 5 = very high level of training). The correlation between therapist self-efficacy and overall training level was significant, $r(218) = .45$, $p < .001$, indicating that self-efficacy was higher when therapists had more

Table 17

Occurrence of Therapist Training Activities

Therapist Training	(N)	(%)
I have received training in working with client religious/ spiritual issues in therapy through the following experiences…		
Graduate Coursework		
Yes	58	26.4
No	162	73.6
Continuing Education		
Yes	111	50.7
No	108	49.1
Not reported	1	.5
Clinical Supervision		
Yes	136	61.8
No	83	37.7
Not reported	1	.5
Personal Reading		
Yes	185	84.1
No	33	15.0
Not reported	2	.9

training in working with religious/spiritual issues in therapy. Therefore, hypothesis three was supported.

In addition, T-tests were performed to test for differences in level of self-efficacy when comparing therapists who had participated in specific training activities to therapists who had not participated in specific training activities. The self-efficacy of therapists who had engaged in personal reading about how to work with religious/spiritual issues in therapy (M =3.77, SD =.87) was significantly higher than therapists who had not (M =3.39, SD =.90; $t(215) = 2.25$, p =.03). The self-efficacy of therapists who had participated in graduate coursework about working with religious/spiritual issues in therapy (M =3.78, SD =.86) was not significantly higher than therapists who had not participated in graduate coursework on religious/spiritual issues in therapy (M =3.70, SD =.89; $t(217)$ =.59, p =.56). The self-efficacy of therapists who had participated in continuing education about how to work with religious/spiritual issues in therapy (M =3.82, SD =.85) was not significantly higher than therapists who had not (M =3.63, SD =.90; $t(216) = 1.59$, p =.11). The mean self-efficacy of therapists who had participated in clinical supervision which addressed working with religious/spiritual issues in therapy (M =3.79, SD =.82) was not significantly higher than therapists who had not (M =3.61, SD =.96; $t(216) = 1.45$, p =.15). Therefore, personal reading about how to work with religious/spiritual issues was the only specific training activity in which those who had participated rated themselves as having higher self-efficacy than those who had not participated.

Additional Analyses

Therapists were also asked to "describe how your personal religion/spirituality impacted your work with this particular client." Table 18 contains the categories identified for the responses, the proportion of therapists who provided a response in that category, a definition of each category, and representative examples. Percentages do not add up to 100% because some therapists indicated multiple ways that their personal religion/spirituality impacted their work with this particular client and others did not provide a response. The most frequent ways that the therapists' religion/spirituality impacted therapy was that therapists believed people are free to choose their own beliefs, and therefore had a client-centered approach to religious/spiritual issues (15.5%), therapists were more attuned to religious/spiritual issues because they personally valued religion/spirituality (13.5%), and that it helped when the therapist had values similar to the client (9.5%). Other impacts were that therapist familiarity with client beliefs (while not necessarily holding those beliefs) helped (7%), therapists had to watch their countertransference or negative reactions (6.5%), and the therapists' values influenced what was focused on (6%).

Comparison to Norms

The therapists who completed this survey had a mean score of 28.25 on the RCI-10. However, it is important to note that the RCI-10 was slightly modified for its use in the current study to make it more inclusive of spiritual commitment, and not only religious commitment. Having said that, the therapist mean for the RCI-10 in the current study is 2.75 points higher than the 18 "secular" therapists who participated in the development of the RCI-10 (Worthington, et al., 2003). The effect size of the difference

Table 18

Content of Participant Responses to Question about how Therapist Religion/Spirituality Impacted Therapy

Category	Definition	Examples
Miscellaneous (17%)	Responses that do not fit in one of the other categories	I sincerely believe that my religious/spiritual work with my clients is a calling from God
T. non-directive (15.5%)	Therapist approach to RS issues is client-centered, following C's lead	My beliefs allow me to be open so that I can explore hers; It helped me to be open to what the client was going through and encouraged her to explore her conflicts related to her religious beliefs
T. values RS (13.5%)	Therapist values RS and is therefore more comfortable and attentive to addressing RS issues	My own spiritual values focus me on the spiritual aspects of this client's issues…; Led me to ask in the first session about his spiritual practice and continue to focus at time on these issues as he makes sense of this loss
T similar values helped (9.5)	T having beliefs/values similar to C had positive impact on therapy	The fact that the client and I shared similar religious backgrounds/practices as we lived in a small town and were involved in the same ministry made this kind of work with the client feel natural; We have similar backgrounds and beliefs which helped me understand the client and the significance of his beliefs
Did influence work (9%)	Acknowledges that RS influenced work, states beliefs, but doesn't say how therapy impacted	I believe that the fundamental precepts of most major religions focus on the equality of humans and the agency of humans;
T. familiarity helped (7%)	T's familiarity with C's belief system facilitated therapy	I understand 12-step programs very well so that I can use the spiritual language of the program to be helpful; My client observes/practices

		the same religion with which I was raised, so it was helpful in that we were able to discuss topics/issues using a common language
Monitoring reactions (6.5%)	T. had to monitor countertransference/ negative personal reactions to C. RS	I also have to be careful not to assume my own experience is similar to his - I keep a close eye on my countertransference; I am somewhat biased because I fear that his religious beliefs continue to add to his guilt and shame
Did not influence work (6.5%)	Therapist does not think personal RS impacted work	No direct influence
T. values influenced focus (6%)	T's values influenced what was focused on in therapy	I have a strong set of beliefs that it is perfectly acceptable to my god or goddess that people love each other—whether they love (romantically) men or women. I clearly wanted this client to come to that same set of beliefs
Not enough info (6%)	Not enough information	
T dissimilar values helped (5%)	T had values dissimilar to C, which had positive impact on therapy	Those are not my personal beliefs/values at this point, so I feel I have some balance in being able to feel her pain and help her understand her parents' perspective if appropriate
T dissimilar values had neutral effect (4%)	T had values dissimilar to C, which had neutral effect on therapy	I think that despite my being an atheist, I could relate to the client's experience of being angry at external forces for his predicament

between the means was calculated by subtracting the smaller mean from the larger mean and dividing that sum by the pooled variance. This calculation produced an effect size of .25, which is considered small (Cohen, 1988). The therapists who completed this study also had RCI-10 scores that were 17.65 points lower than the "Christian" therapists who participated in Worthington et al.'s (2003) development of the RCI-10. This difference had an effect size of 2.31, which is considered large (Cohen, 1988). It therefore appears that the therapists who chose to complete the current survey had slightly higher levels of religious/spiritual commitment than the "secular" therapists in Worthington et al.'s (2003) study, but considerably lower levels of religious/spiritual commitment than the "Christian" therapists who participated in Worthington et al.'s (2003) study.

Summary Means and Standard Deviations Data

Table 19 provides means and standard deviations of measures and items used in the survey.

Summary Correlation Data

Table 20 presents intercorrelations between measures and items used in the survey. Because most correlations were not hypothesized, these analyses are therefore exploratory in nature. Hence, only correlations with a statistical significance greater than .001 are identified as significant.

Table 19

Means and Standard Deviations of Measures for Total Sample

Measure	(N)	M	SD	Norms (when available)
1. RCI-10	214	28.25	10.85	M =25.5 (SD =11.3)
2. Goals (neutral)	197	1.90	.65	
3. Goals (promoting)	200	2.11	.74	
4. Interventions	183	1.82	.49	
5. Relationship Scale	198	5.94	.68	
6. Importance of RS	220	4.47	.76	
7. Similarity bw T&C RS	202	3.29	1.14	
8. Overall Training Level	219	2.71	1.12	
9. RS Self-Efficacy	219	3.71	.88	

RCI-10: Religious Commitment Inventory-short form total; Goals (neutral): the neutral goals factor identified by the factor analysis; Goals (promoting): the goals promoting religion/spirituality identified by the factor analysis; Interventions: the mean frequency of the 13 religious/spiritual interventions included in the factor analysis; Importance of RS: Therapist rating of how important it is to study topic of religion/spirituality in therapy; Similarity bw T&C RS: rating of how similar therapist and client religious/spiritual beliefs are; Overall training level: rating of therapists' overall level of training in working with religious/spiritual issues; RS self-efficacy: rating of therapist self-efficacy in working with religious/spiritual issues in therapy.

Table 20

Intercorrelations Between Measures for Total Sample

Measures	1	2	3	4	5	6	7	8	9
1. RCI-10	--								
N									
2. Goals (neutral)	.19	--							
N	(193)								
3. Goals (promoting)	.36*	.55*	--						
N	(195)	(196)							
4. Interventions	.42*	.41*	.51*	--					
N	(178)	(178)	(180)						
5. Relationship Scale	.01	.25*	.17	.12	--				
N	(192)	(193)	(196)	(179)					
6. Importance of RS	.21	.17	.40*	.34*	-.14	--			
N	(214)	(197)	(200)	(182)	(198)				
7. Similarity bw T&C RS	.47*	-.02	.12	.11	.10	-.03	--		
N	(196)	(197)	(200)	(182)	(198)	(202)			
8. Overall Training Level	.33*	.19	.18	.18	.05	.06	.16	--	
N	(213)	(196)	(199)	(182)	(197)	(219)	(201)		
9. RS Self-Efficacy	.27*	.21	.19	.21*	.26*	.07	.23*	.45*	--
N	(213)	(196)	(199)	(181)	(197)	(219)	(201)	(218)	

Note. All values are Pearson correlation coefficients.
*p <.001

RCI-10: Religious Commitment Inventory-short form; Goals (neutral): the neutral goals factor identified by the factor analysis; Goals (promoting): the goals promoting religion/spirituality identified by the factor analysis; Interventions: the mean frequency of all religious/spiritual interventions that were listed; RS: Relationship Scale; RS important: Therapist rating of how important it is to study topic of religion/spirituality in therapy; T&C similar: rating of how similar therapist and client religious/spiritual beliefs are; Overall train.: rating of therapists' overall level of training in working with religious/spiritual issues; RS self-eff.: rating of therapist self-efficacy in working with religious/spiritual issues in therapy.

Chapter 6

Discussion

Research Question 1a: What types of clients do therapists indicate as having religious/spiritual issues*?*

Most clients were Euro-American, heterosexual, and Christian, with an average age of almost 25. At intake the majority of clients were experiencing emotional distress. Although clients described in this study are indistinguishable in most ways from the typical university counseling center client (Chandler & Gallagher, 1996), they were older than the traditional undergraduate student. Perhaps issues that involve religion/spirituality (e.g., challenging one's childhood religion, exploring beliefs, and coming to terms with the religious/spiritual implications of one's sexual orientation) are more prevalent among older students, given their stage in life. A young 18- or 19-year-old student may not have experienced these types of issues yet. An alternative explanation for why older students are overrepresented in this sample may be that students with psychological difficulties (all clients were seeking mental health services) may take longer to finish their schooling, and are therefore older than their classmates. So it may not necessarily be that older students have more religious/spiritual issues, but rather that students with psychological issues tend to be older because they take longer to graduate.

Therapists also described 25% of their clients as having presenting problems that involved questioning values. Given that religious/spiritual issues eventually came up for *all* of the clients (otherwise the therapists would not have chosen them for this study), these data indicate that issues involving questioning values emerged after intake for 75%

of the clients. Clients may initially have been hesitant to disclose the religious/spiritual aspect of their issues because they are were unsure of how respectful the therapist would be. This explanation is consistent with research (Keating & Fretz, 1990) showing that the more that clients valued religion, the more likely they were to have negative anticipations about their therapists. Clients may test the waters first by making a "casual" comment about religion/spirituality, to see if the therapist is receptive enough to attend to the comment, and respectful of the religious/spiritual content of the comment.

A second possible explanation for why clients who have religious/spiritual issues may not disclose them at intake is because they may lack the awareness that religion/spirituality is somehow relevant to what brought them to the counseling center. A client who presents with "anxiety regarding family life" may not initially recognize how her lack of devotion to her parents' religious/spiritual practices may create emotional distance between her and them. And the client who is a survivor of childhood abuse may not be aware during her intake of how angry she is at God for not protecting her from the abuse. Talking with a therapist who is attentive to the impact that religion/spirituality might have on their presenting problems may help these clients explore how religion/spirituality is involved in their presenting problems. Ideally, this insight would provide an opportunity for the therapist and client to then resolve the religious/spiritual concerns, or perhaps to find ways to use religion/spirituality as a positive source of strength.

Research Question 1b: How is religion/spirituality involved in the client's issues?

One common way that religion/spirituality was involved was thru the client challenging/leaving her/his childhood religion. Many clients were struggling with the

painful process of leaving, or even merely questioning the beliefs, values, or practices of the religious/spiritual traditions they were raised in. One therapist talked about a client who was "…faced with family identity of being Catholic, but personal values (that) were more generically spiritual without the need for religious affiliation." Another therapist talked about a client who "…struggles with his belief and commitment to the religion in which he was raised…" and "…has some issues with his family of origin who would like him to remain faithful." Some clients had lost family support due to a change in their beliefs, and experienced rejection from their family.

Another way that religion/spirituality was involved was with clients exploring and defining their religious/spiritual beliefs. There was the cocaine addict who was "…struggling with his understanding of God and a higher power," and the client who was "…struggling with what her religion means to her." Another therapist talked about how "therapy often involves theological and philosophical pondering, exploring her (client's) relationship with God, understanding the teachings of her faith and deciding how she would like to internalize these teachings."

A third way is that religion/spirituality was often used within therapy as a source of strength. One therapist said that her/his client "incorporated God into her understanding of how to handle life stressors." Another said that her/his client "used prayer as a form of coping." One therapist talked about a client who "used biblical and religious references as ways to counter negative automatic thoughts contributing to anxiety."

A fourth way was the client attribution of psychological issues to religious/spiritual causes. One therapist said that her/his client "…conceptualized

problems from a religious perspective…" Another therapist said that "All aspects of therapy with this client are filtered through the client's Christian worldview."

Finally, religion and spirituality were also often involved in issues related to sexual orientation. There were some clients who struggled with different aspects of being lesbian/gay/bisexual (LGB) because of religion's acrimonious view of LGB individuals. Some clients were just in the early stages of questioning their sexual orientation. One client "…was in the process of coming out as a gay male and struggling with his religious beliefs and his perception of how they conflicted with his sexuality." Another "was at the beginning stages of coming out and was conflicted about his continued participation at his church."

The impact on family relationships was another large part of how religious/spiritual issues impacted LGB clients. One client had "increased stress due to coming out to parents" and another was "…struggling with severe homophobia within her religious tradition and within her Mormon family." Another therapist described a client whose "…religion and family do not affirm, accept, or condone bisexuality. This client believes he is bisexual and is under a great deal of stress because lack of family support and religious guilt."

Many LGB clients, despite the homonegativity found in many religious/spiritual traditions, were struggling to somehow integrate their sexual orientation within a religious/spiritual framework. One client struggled with "…finding a way to meet his spiritual needs in a religion that does not readily embrace homosexuality." Another was "…dealing with if/how to integrate her sexual identity into her life considering her strong Catholic faith and her very traditional family upbringing." It is clear from all of these

examples that there are many facets of being LGB that can be impacted by religion/spirituality.

Research Question 1c: How often do religious/spiritual issues come up with these clients who have religious/spiritual issues?

For the clients described by therapists in this survey, it appears that religious/spiritual issues were often a focus of therapy, coming up during most therapy sessions. One therapist said that, "We often focus on what parts of faith the client wants to hold on to." Another said that, "We have spent a good deal of time exploring her religious beliefs…" Yet another therapist said "(the) client claims he is a practicing Buddhist and his beliefs often come up in therapy concerning how he lives out his life." It thus seems that for many of these clients, religion/spirituality was at the core of their therapeutic issues and consequently a focus of treatment.

The finding that religious/spiritual topics came up in most session may also say something about which cases therapists selected to describe in this study. Therapists were instructed to describe their *most recent case* with a client whose issues "somehow involved religion/spirituality." The *most recent* case was requested with the hope of improving the representativeness of the cases provided (i.e., to avoid therapists reporting the *most interesting* religious/spiritual case). But it may very well be that therapists chose to describe a fairly recent (but not most recent) case in which religion/spirituality was a *focus* of the therapeutic work, instead of reporting their most recent case involving religion/spirituality.

Research Question 1d: Who (client vs. therapist) tended to initiate the discussion of religious/spiritual issues?

The initiation of discussing religious/spiritual issues was done by either primarily the client or by mutual initiation of the client and therapist. Only rarely was the therapist the one who initiated discussing religious/spiritual issues. It therefore appears that, according to therapists' reports, they do not attempt to unduly influence the client or make religion/spirituality a focus of treatment when the client is averse to this. One therapist said, "I try not to impose my religious/spiritual beliefs upon (the) client." Another said, "My openness to other faiths/traditions helped me to not have an agenda (including not focusing on spiritual/religious issues) with the client." And another said, "I believe that my value of acceptance of her and her own personal search for spiritual meaning were most helpful for her." Many therapists endorsed the idea that they personally valued independence in regards to religious/spiritual beliefs, and that they therefore fostered and respected this independence in working with their clients.

Hypothesis 1: The level of similarity between therapist and client religious/spiritual values will be positively related to the strength of their therapeutic relationship.

Because previous research has shown that clients in client-therapist dyads with similar values experienced more improvement in therapy than dissimilar dyads (Kelly & Strupp, 1992), it was expected that the similarity of religious/spiritual values would facilitate rapport building and consequently strengthen the therapeutic relationship. However, this hypothesis was not supported. A search of the therapists' open-ended responses revealed that the lack of a correlation between similarity of values and the strength of the relationship may have been due to the fact that some therapists endorsed the effects of similarities whereas others endorsed dissimilarities. On the side of similarities, one therapist said, "The fact that the client and I shared similar religious

backgrounds/practices as we lived in a small town and were involved in the same ministry made this kind of work with the client natural." Another said, "I understood his situation more easily having grown up in the same religion and also become disillusioned with it." On the side of dissimilarities, one therapist wrote, "I think my personal values (being different from the client) gave this student a wide space of acceptance and freedom to find her own path. She mentioned during the first session that she was surprised I wasn't Catholic (working at a Catholic university). She expressed relief!" So it seems that discrepancies between therapist and client values can sometimes promote a stronger therapeutic relationship, depending of course on how the therapist manages those differences.

Research Question 2a: Which goals do therapists think are most and least important when working with a specific client's religious/spiritual issues?

Two goal factors ("neutral" and "promoting") were identified, with therapists rating the neutral goal factor (e.g., help client makes choices about the role religion/spirituality will play in her/his life) as more important than the promoting goal factor (e.g., help client experience and affirm her/his religiosity/spirituality). However, the difference between the two goal factors was probably not clinically meaningful. The mean for the neutral goal factor was 4.10, while the mean for the promoting goal factor was 3.90, a difference of just .20 on a 5-point scale. Furthermore, both goal factors were in the "high importance" range. Hence, these data suggest that therapists placed a global importance on religious/spiritual goals, instead of favoring specific ones.

Research Question 2b: Was the therapist's level of religious/spiritual commitment positively related with the goals the therapist considered to be important for clients with religious/spiritual issues?

The more religious/spiritual a therapist was, the higher that therapist tended to rate the importance of both "neutral" and "promoting" religious/spiritual goals when working with clients who have religious/spiritual issues. The opposite is also true, that the less religious/spiritual a therapist was, the lower that therapist tended to rate the importance of both neutral and promoting religious/spiritual goals. One therapist said that, "my belief in a loving, supportive God who is always available to us, and my comfort in discussing this has had a major impact on our work." Because this therapist valued religion/spirituality, it was a greater focus of his/her work. Another therapist said that, "my own spiritual values focus me on the spiritual aspects of this client's issues as he experiences them. As an example of a therapist with more neutral goals, one said, "I believe I am open to the notion of using God as a source of strength, but don't believe that is what everyone needs to do." It makes sense that the therapist's personal religious/spiritual commitment was related to their valuing of religious/spiritual goals. This perhaps suggests that how much a therapist valued different religious/spiritual goals for her/his client could have been related to that therapist's own religious/spiritual commitment, instead of being related to what would be in the client's best interest.

Research Question 3: Which religious/spiritual interventions do therapists use when working with a client's religious/spiritual issues?

Of the 15 religious/spiritual interventions inquired about, a factor analysis revealed one common factor, and none of the individual religious/spiritual interventions

were in the "high frequency" range. This finding is especially interesting when one also considers the finding that therapists considered both goal factors, neutral and promoting, as highly important. So therapists, despite having placed high importance on religious/spiritual goals, used religious/spiritual interventions infrequently. It may be that a therapist internally believes that a client could benefit from addressing religious/spiritual issues, but that the therapist is hesitant to explicitly communicate this belief to the client through the use of a religiously or spiritually focused intervention. But whatever the reason for therapists not using religious/spiritual interventions, it is clear that they can consider religious/spiritual goals to be important without frequently using religious/spiritual interventions.

Hypothesis 2: Therapists' use of in-session religious/spiritual interventions with a specific client who is dealing with religious/spiritual issues will be related to therapists' personal religious/spiritual commitment, such that religious/spiritual commitment will be positively related to the use of religious/spiritual interventions.

This hypothesis was supported given that there was a positive relationship between therapists' levels or religious/spiritual commitment and how frequently they employed religious/spiritual interventions. This finding is consistent with Shafranske and Maloney's (1990) finding that therapists' general attitudes and behaviors regarding the use of interventions of a religious nature (e.g., using religious language) depended more on their past experiences with religion than on factors such as their theoretical orientation.

At a very basic level, when therapists value religion/spirituality they attend to it, recognize it as being a relevant aspect of the client's issues, and are subsequently more

likely to use religious/spiritual interventions. One therapist said, "I believe that having a spiritual orientation as a Latina psychologist allows me to pick up on spiritual issues or at least to utilize that worldview to frame the problem in that manner for the client who may be struggling with that issue. This allows for persons who may be struggling with this issue the freedom to discuss it in therapy." Another therapist said, "My eclectic belief system allowed me to pick up on the religious and spiritual elements in (the) client's story and respond actively to them rather than passively." And yet another therapist said that her personal religious/spiritual values "gave me…a language to communicate with the client." Thus, therapists who valued religion/spirituality in their own lives were more likely to value and facilitate it in their work with clients. It makes sense that therapists' personal religious/spiritual commitment, which is often a central part of one's identity, would influence what they do with their clients.

Research Question 4: Which training activities have therapists engaged in to learn how to work with religious/spiritual issues in therapy?

Most therapists had engaged in personal reading. Just over half had discussed religious/spiritual issues in clinical supervision. Approximately half had received continuing education on this topic. Finally, only 26% had taken a graduate course that included religious/spiritual issues.

These findings regarding the frequency of different training activities suggest several things. First, the therapists who completed this survey had a personal interest in the topic, as evidenced by such a high percentage of them (84%) engaging in personal reading about it. Note that only 26% had taken a graduate course that included the topic of working with religious/spiritual issues in therapy. These findings are consistent with

Brawer et al's (2002) survey of training directors indicating the paucity of religiously/spiritually focused training activities. It may require a lot of personal initiative to receive adequate training in working with religious/spiritual issues, given how few formal courses there are in graduate programs.

It appears then that the most frequently occurring training activities regarding learning how to work with religious/spiritual issues in therapy were either informal (e.g., clinical supervision) or required initiative from the therapist (e.g., attending a continuing education seminar on the topic or engaging in personal reading). One implication of this is that if a therapist has no personal interest in the topic of working religious/spiritual issues in therapy, then it is highly unlikely that therapist would ever receive the training necessary to become competent in working with religious/spiritual issues in therapy. When one considers the importance that religious/spiritual issues have to many university counseling center clients (Johnson & Hayes, 2003), perhaps more emphasis could be given to religious/spiritual issues in training.

Hypothesis 3: Therapist self-efficacy for working with client religious/spiritual issues will be positively correlated with the amount of training the therapist has received in working with religious/spiritual issues in therapy.

As was expected, therapists with more training in working with religious/spiritual issues in therapy had higher self-efficacy in working with religious/spiritual issues, and therapists with less training in working with religious/spiritual issues had lower self-efficacy. It therefore appears that training does make a difference. This finding is important given previous studies demonstrating that self-efficacy can influence one's selection of behaviors, including how much effort someone expends on a task. Counselor

self-efficacy can also be related to counselor anxiety and counselor performance (Friedlander, Keller, Peca-Baker, & Olk, 1986; Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). So it is possible that therapists, by participating in training on how to work with religious/spiritual issues in therapy, could become less anxious about using religious/spiritual interventions and more competent when working with religious/spiritual issues. They may also be more likely to select religiously/spiritually focused interventions when appropriate, although this conclusion cannot be made from the current study's findings. Regarding the relationship between specific training activities and self-efficacy, personal reading about how to work with religious/spiritual issues in therapy was the only specific training activity in which therapists who participated had higher self-efficacy than therapists who had not participated. It may be that because personal reading is entirely voluntary (as opposed to the other three training activities, which could all be imposed by a graduate program or licensing board), those who participate in personal reading probably did so out of a sincere desire to learn more about the topic. This intrinsic motivation may drive therapists to have greater self-efficacy in working with religious/spiritual issues.

Additional Analyses.

Some of the survey questions were not specifically connected with any of the research questions or hypotheses. However, a number of these questions produced relevant and meaningful findings, and these findings will be discussed below.

Impact of Therapist Religious/Spiritual Beliefs. In response to questions about how their personal religious/spiritual beliefs and values impacted their work with these specific clients, therapist responses suggested that personal religion/spirituality impacted

their work with clients in a variety of ways. Some therapists were non-directive with clients when discussing religious/spiritual issues because the therapists personally believed that individuals should be able to determine their own religious/spiritual beliefs. One therapist said, "Very much so, in the sense that I believe that spirituality is a deeply personal process that develops and changes for us as we learn and grow in life... and I believe that often clients I work with are searching for a place to explore how they feel without concern that they will be told that they are breaking rules or that they will be judged for their choices." Another said, "My beliefs allow me to be open so that she (the client) can explore hers."

Other therapists acknowledged personally valuing religion/spirituality, and therefore being more attentive and open to addressing religious/spiritual issues with their clients. One therapist said, "I believe that my value of my own spirituality influences my ability to explore the value that others place on spirituality." Another said, "My belief in a loving, supportive God who is always available to us, and my comfort in discussing this has had a major impact on our work."

A smaller percentage of therapists provided responses indicating that they had to monitor their own reactions to clients, perhaps because of their generally negative views toward religion/spirituality. One therapist said, "I am somewhat biased because I fear this his religious beliefs continue to add to his guilt and shame." Another said, "I am consistently trying to be aware of my countertransference in regards to religion, discuss this in supervision and really do my best to meet the client where she is - and make our work about what is most valuable and meaningful for her. I have grown and learned from this challenge."

These responses suggest that there are many ways, both helpful and unhelpful, that a therapists' personal religion/spirituality can impact the therapy process. Previous authors (Richards & Bergin, 1997; Miller, 1999; Brawer et al., 2002) have expressed concern that the disparity between how much clients value religion/spirituality (tending to be high) and how much therapists value religion/spirituality (tending to be low) may create difficulties. The thought was that at best therapists tend to be unaware of the importance of religion/spirituality to their clients, and that at worst they devalue or criticize, directly explicitly or implicitly, their clients' religious/spiritual values. But this study's findings paint a different picture. Many therapists who completed this survey indicated ways in which their personal religious/spiritual values actually facilitated their ability to work with the client's religious/spiritual issues.

Limitations

This study had several limitations that should be taken into consideration when interpreting the results. Comparing those who completed our entire survey (responders) to participants who only completed the brief non-responder survey (non-responders) gives us some information regarding how representative the sample is. Responders rated the importance of studying religious/spiritual issues in psychotherapy significantly higher than did non-responders. It therefore appears that a possible motivating factor in responders choosing to complete the entire survey was that they considered the topic to be of greater importance than non-responders. Perhaps those who were not even willing to complete the non-responder survey were even less convinced about the importance of the topic of religious/spiritual issues in therapy. The results of this study can thus be

confidently applied only to therapists who consider religion/spirituality in psychotherapy to be an important topic.

An additional limitation is that although a considerable sample size (220 completed the entire survey and 40 completed the non-responder survey) was gathered, the total response rate (22%) raises concerns about the generalizabilty of survey findings. Internet surveys tend to have response rates that are lower than paper-and-pencil surveys, perhaps because it is easier to delete an email invitation than a paper-and-pencil measure received in the mail. A response rate of 20% to 25% in internet surveys is considered average (Cronk & West, 2002).

Another concern when doing internet research is that it can be difficult to get a representative sample because not all of the targeted population have access to the internet. The targeted population for the current study was therapists working at university counseling centers. The sample group list was generated by doing an internet search for the email addresses of therapists who work at university counseling centers with APPIC-affiliated internship training programs. It may have been that therapists working at counseling centers that were less technologically advanced were less likely to have email addresses, and consequently less likely to have had an opportunity to participate in this research study. However, the internet (and email) is so commonplace on university campuses that it is highly unlikely that therapists would not have an email address. A more relevant technology-related concern related to the representativeness of the current study's sample is that because this was a web-based survey, it is likely that one's comfort level with technology and the internet may have influenced how likely it was for potential participants to complete the survey. Although the technological

sophistication required to complete the survey was no more advanced than sending a simple email, it may have been intimidating to some people because of their discomfort with technology.

An additional concern is the self-report survey method which was utilized. All the data was from the therapist's perspective, and thus relied on therapists' abilities to accurately reflect on and articulate their experiences (Polkinghorne, 2005). Previous studies have found that the therapist's perspective can be quite different from the client's perspective (see Hill & Lambert, 2005), sometimes making researchers wonder if the therapist and client even attended the same session! This leads one to wonder how this study's results might have been different if information had been gathered directly from the client's perspective. In a perfect research world, one might also have gathered data from direct observation (e.g., audio- or videotaping), or even physiological measures (e.g., measure heart rate directly after a religious/spiritual intervention). These data could have given a more complete picture of what was going on during the sessions, instead of seeing things only through the therapist's eyes. Another possible drawback of relying on self-report is that there is no way to verify the participants' qualifications (e.g., whether they qualify to participate in the survey), affiliations, or any information they provided.

Another limitation is that therapists decided which religious/spiritual case to report. They were instructed to report the "most recent" case that somehow involved religious or spiritual issues, with the hope that this request would decrease the likelihood of them just choosing the most interesting case. However, there is no way to verify that they did report on the most recent case and not the most memorable. It therefore may be that the cases reported in this survey are not entirely representative of psychotherapy

cases that involve religious/spiritual issues, even for this selected sample of therapists. In the cases that therapists reported on, they indicated that religious/spiritual issues were a common focus of their work. So it may be that this study's findings are more applicable to cases where religious/spiritual issues are a *focus* of treatment, instead of cases where religious/spiritual issues simply appear, but might not be such a major focus of the work.

Yet another limitation is that in an attempt to be inclusive, many of the items in the study combined the terms "religion" and "spirituality" (e.g., help client experience and affirm her/his religiosity/spirituality), essentially using the two terms interchangeably. However, because therapists in this study indicated that they viewed "religion" and "spirituality" quite differently (see "definitions of religion and spirituality" in results section), asking questions about the combined construct of "religion/spirituality" may have made it difficult for therapists to respond accurately. For example, a therapist might have considered it very important to affirm the client's *spirituality*, but not at all important to affirm the client's *religiosity*.

In addition, there may be some limitations related to using the RCI-10. The RCI-10 was chosen to measure religious/spiritual commitment because it encompasses cognitions, emotions, behaviors, and interpersonal factors and has evidenced adequate psychometric characteristics with the general population (Worthington, et al., 2003). It has not, however, been validated on a therapist sample. Therapists tend to have non-traditional religious/spiritual beliefs and practices when compared to the general population of Americans (Bergin & Jensen, 1990), so its construct validity when used with therapists may be inadequate. It may be that therapists' religiosity/spirituality is not only quantitatively different (i.e., they are less religious/spiritual than the general

population), but that also is qualitatively different (i.e., therapists are religious/spiritual in different ways than the general population).

Another limitation concerning the survey is that some of the survey items were created for this survey, and therefore do not have psychometric data supporting their reliability or validity. For example, therapists responded to a list of religious/spiritual interventions, indicating how frequently they used these interventions. Because the items were created for this survey, the therapist responses in the current survey cannot be compared to other therapists.

Implications for Practice

This study's findings confirm that religious/spiritual issues can be very important for some university counseling center clients. Specifically, older students were overrepresented in the sample of clients that therapists chose to describe. Therapists who work with older clients should be attentive to the possibility that their issues may have a religious/spiritual component.

Therapists should also be aware that, according to this study's findings, many clients with religious/spiritual issues do not initially describe their presenting problems as involving religion/spirituality. Perhaps therapists might want to ask more directly about religious/spiritual issues at intake. Furthermore, it might be helpful for therapists to remain attentive during the entire course of therapy to the possible presence of religious/spiritual issues. Maybe clients do not feel safe at intake disclosing their innermost religious/spiritual values and beliefs, or they may simply lack the awareness initially that their issues are somehow impacted by religion/spirituality. Whatever the

reason, just because a client does not present with religious/spiritual issues does not mean that religious/spiritual issues will not be an important part of the work.

Another implication of this study's findings for therapists is that religious/spiritual issues often involved interpersonal relationships. For example, crises of faith sometimes influenced the client's relationships with family members, romantic partners, and peers. Sadly, leaving one's family religion may also mean being left by one's family. Hence, therapists need to consider the broader systemic influences of religion/spirituality.

Another implication relates to the finding that a close match between the client's and therapist's religious/spiritual beliefs was not a necessary ingredient of a strong therapeutic relationship in cases that involved religion/spirituality. This is noteworthy, given the robust findings of previous studies that therapists are considerably less religious than the general population (Shafranske, 2000; Shafranske & Maloney, 1990). These findings suggest that therapists who have dissimilar religious/spiritual views from their clients can still help these clients. What is important, according to many of the therapists who completed this survey, is that therapists maintain respect for their clients' beliefs, and that they do not try to impose their belief system on clients. Many clients who enter therapy with religious/spiritual issues have a history of having been coerced by others. And for that client to have a therapist who reenacts this coercion, even if the therapist attempts to coerce the client away from religion, is not only unhelpful but also potentially harmful.

An additional interesting implication comes from the finding that therapists tended to follow the client's lead in discussing religion/spirituality (e.g., less than 5% of therapists in this survey reported that they initiated the discussion of religious/spiritual

issues without their clients' involvement). Rather, the overwhelming majority of discussions about religious/spiritual issues were either initiated by the client, or initiated mutually by both the client and the therapist, and nearly all religious/spiritual interventions were only used with low frequency. And therapists placed slightly more importance on neutral religious/spiritual goals than they did on goals which promoted religion/spirituality. So it did not appear that these therapists were using the therapy hour to dissuade clients of their religious convictions. Quite the contrary, therapists largely reported taking either a balanced approach (e.g., together with the client weighing the positives and the negatives of the client's religious/spiritual involvement) or a more affirming approach.

Yet another implication for practice is the finding that the therapist's personal religious/spiritual commitment is related to how important that therapist considers religious/spiritual goals when working with a client. So if a therapist valued religion/spirituality at home then she/he was more likely to value it in her/his work with clients, suggesting that therapists do not check their values at the door. Although the findings of this study, in their totality, paint a picture of therapists who try to remain balanced and not take an approach contrary to the client's religious/spiritual values, therapist values undoubtedly do impact the work. Therapists may therefore benefit from self-awareness and monitoring how their own values impact the goals related to religion/spirituality that they have for their work with clients.

Implications for Research

This study described religious/spiritual issues in therapy from the therapist's perspective, but that is the only half the picture. It is interesting to wonder and speculate

about how this study's findings might have been different clients had been surveyed. For example, we asked therapists to rate how similar their religious/spiritual beliefs were to the clients' religious/spiritual beliefs. It would have been interesting to look at agreement levels between therapist and client ratings of similarity. Clients are likely to know much less about the therapists' religious/spiritual beliefs (therapists indicated self-disclosing religious/spiritual beliefs quite infrequently), and are therefore often left to their own imaginations regarding what the therapist believes and values. Future research should include gathering information directly from clients.

Gathering information from the client could also help in the understanding the effects of specific religious/spiritual interventions. One possible way to do this would be to identify cases that involve religion/spirituality, then videotape sessions. After each session the client could review the videotape, and rate the helpfulness of each intervention. This would provide some indication of how helpful clients perceive religious/spiritual interventions to be.

Future studies could use a more experimental design to attempt to make causal connections. A fairly simple idea for such an experimental design comes out of the findings of this study. In the current study many therapists said that it was important for the therapist to "open the door" to addressing religious/spiritual issues, and then to follow the client's lead. An experimental test of this would be to have a treatment group of therapists who, while educating the client about the therapy process during intake, clearly communicate to the client that religious/spiritual issues are appropriate topics in therapy. This same information (that it is appropriate to discuss religious/spiritual issues in

therapy) would not be offered to clients in the control group. Dependent variables could include how often religious/spiritual issues came up in therapy and client satisfaction.

In future studies it could also be illuminating to take a closer look at specific demographic groups. How might the current study's findings have been different had we looked at religious/spiritual interventions with African-American clients (or therapists), or with international students? Or if we had looked at Catholic clients (or therapists)? Although there is some literature regarding how to work with the religious/spiritual issues of different demographic groups (see Richards & Bergin, 2000), the literature is largely theoretical. A more empirical approach could eventually provide for guidelines and interventions for working with specific demographic groups that are supported by data. Additionally, future research could compare different settings. Is working with a client's religious/spiritual issues different at a public university, as compared to at a university that is sponsors by a religious organization?

Another possible research project would be to conduct a focus group of therapists who consider themselves to be experts in working with religious/spiritual issues in therapy. These therapists could offer their expertise and provide an inside look at what expert therapists do in therapy with clients who have religious/spiritual issues. They could also provide guidance and share the important lessons they have learned in working with religious/spiritual issues. There are many possible questions that could elicit rich information. What advice do they have for other therapists when religious/spiritual issues arise in therapy? How, if at all, have their approaches to working with religious/spiritual issues changed over the years? And what major successes and mistakes have they made when working with religious/spiritual issues?

Implications for Training

Only a quarter of therapists reported having received training on working with religious/spiritual issues in their graduate coursework. Therefore, one can conclude from this that most graduate training programs rely almost entirely on informal methods (e.g., clinical supervision) to train their students in how to work with religious/spiritual issues in therapy. This approach to training is probably unreliable and may not accurately reflect the client's needs. APA-approved training programs are required to have their students complete coursework in multicultural issues. Graduate training programs may want to consider making working with religious/spiritual issues in therapy a meaningful component of these multicultural courses because of its importance to many clients.

In the current study I was able to demonstrate that therapists with higher levels of training in working with religious/spiritual issues in therapy have higher self-efficacy in working with religious/spiritual issues. And specifically, therapists who had engaged in personal reading which addressed working with religious/spiritual issues in therapy had higher self-efficacy in working with religious/spiritual issues than did therapists who had not engaged in such personal reading. However, the structure of the current study did not make it possible to draw causal conclusions regarding the effectiveness of specific training activities. Because very little is known about the effectiveness of different training methods (e.g., role-playing, personal reading, clinical supervision) for working with religious/spiritual issues, more research is needed so that empirically supported methods of training can be established. Once that is done, structured training in how to work with religious/spiritual issues in therapy could be more formally integrated in graduate training.

Summary

In summary, although the current study had several methodological limitations, there are also noteworthy findings relevant to the practice of working with religious/spiritual issues in therapy, researching religious/spiritual issues in therapy, and training therapists to work more effectively with clients' religious/spiritual issues. Therapists who completed the survey thought that the topic of religious/spiritual issues in therapy was important, and had a considerable amount of training in working with religious/spiritual issues. However, they were not religious extremists, in that their religious commitment was not significantly higher than previous samples of secular therapists. It seems that in general they appeared to have an appreciation for the importance that religion/spirituality can have in their clients' lives. And these religious/spiritual issues can impact their clients' lives in broad ways, especially interpersonally. Therapists should also be relieved to know that they do not need to have religious/spiritual views similar to their clients in order to form strong therapeutic relationships with them. It also appears that therapists with views different from their clients do not try to impose their personal values on their clients.

Future research could benefit from taking a closer look at the client's perspective when working with religious/spiritual issues, and seeing how it may be similar or different from the therapist's perspective. Regarding training, the first step should be to study the efficacy of different training methods, and once efficacy is established then a more structured, uniformed implementation of that training could ultimately benefit clients whose issues include religion/spirituality.

Appendix A

Responder Survey

College Students' Religious/Spiritual Issues in Psychotherapy

Thank you for choosing to participate! We believe that your unique perspective will be invaluable in helping us and other therapists to better understand the important subject of how religious/spiritual issues can impact therapy with college students.

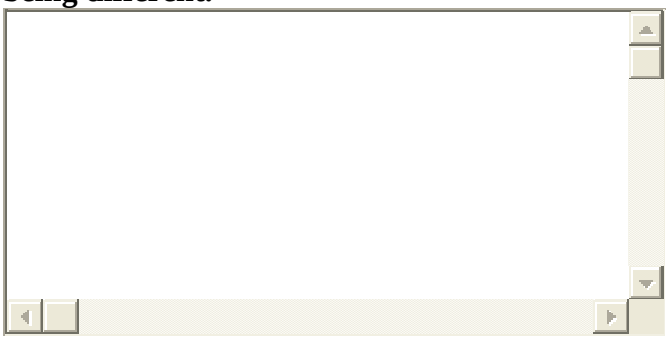
For the first part of this survey we would like for you to think about the most recent case (may be current or past) in which your client is/was:

- being seen at your university counseling center **for at least three sessions**
- being seen in **individual psychotherapy**
- being seen **during the past 12 months**
- dealing with **issues that involve(d) religion/spirituality** (e.g., these issues might include, but not be limited to: questioning one's faith, experiencing a religious/spiritual awakening, coping with religious guilt, utilizing religious/spiritual coping strategies, feeling alienated from one's religion due to one's sexual orientation, or examining the religious/spiritual aspects of death and dying).
- Furthermore, these religious/spiritual issues may be central or peripheral to the client's primary presenting problem(s) **(i.e., religious/spiritual issues might have only been a small part of your work with this client).**

If you have not had a client who meets the criteria described above, please scroll to the bottom of this page and click on the NEXT button to be directed to the appropriate questions.

- **In an attempt to be inclusive, this survey will often use the terms religion and spirituality interchangeably. However, if you view these terms as being different, please briefly indicate how you see them as**

being different.



Client Demographics

Please answer the following questions about the client you have chosen:

- **Sex:**
  - **a.** ☐ **male**
  - **b.** ☐ **female**
- **What is the client's primary sexual orientation?**
  - **a.** ☐ **gay/lesbian**
  - **b.** ☐ **bisexual**
  - **c.** ☐ **heterosexual**
  - **d.** ☐ **don't know**
- **Race/ethnicity: (choose all that apply)**
  - **a.** ☐ **African-American/Black**
  - **b.** ☐ **Euro-American/White**
  - **c.** ☐ **Asian-American/Pacific Islander**
  - **d.** ☐ **American Indian/Alaskan Native**
  - **e.** ☐ **Latina(o)**

f. ☐ **Middle Eastern/Arab**

g. ☐ **Foreign national (please specify below)**

h. ☐ **Other**

- **If you chose Foreign national or Other then please specify which country:**

- **Age:**
- **What is the client's primary religious/spiritual affiliation?**

a. ☐ **Atheist/Agnostic**

b. ☐ **Buddhist**

c. ☐ **Hindu**

d. ☐ **Catholic**

e. ☐ **Muslim**

f. ☐ **Jewish (please specify type below)**

g. ☐ **Protestant (please specify below)**

h. ☐ **Other (please specify below)**

i. ☐ **Don't know**

- **If you selected Jewish, Protestant, or Other above then please specify which type, denomination, or affilation**
- **How important does this client consider religion/spirituality to be in her/his life?**

a. ☐ **not at all important**

b. ☐ **somwhat important**

c. ☐ **moderately important**

d. ☐ **quite important**

e. ☐ **very important**

- **What is this client's DSM-IV Axis I diagnosis?**

- **What is this client's DSM-IV Axis II diagnosis?**

- **What is this client's DSM-IV V-code diagnosis?**
- **Please describe how religion/spirituality was involved in this client's psychotherapy:**

- **Please briefly describe the client's presenting problem:**

Psychotherapy with this Client

- **Are you currently seeing this client?**

☐ **YES** ☐ **NO**

- **How often did religious/spiritual topics come up during your work with this client?**

a. ☐ **only one time**

b. ☐ **once in a while**

c. ☐ **once every few sessions**

d. ☐ **most sessions**

e. ☐ **every session**

f. ☐ **many times a session**

- **Who tended to initiate the discussion of religious/spiritual issues?**

a. ☐ **initiated by client**

b. ☐ **mutual initiation**

c. ☐ **initiated by therapist**

- **This client's religious/spiritual beliefs and values are similar to <u>my own</u> religious/spiritual beliefs and values.**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

The following goals are/were <u>important</u> to me when working with this client's religious/spiritual issues...

- **Help client experience and affirm her/his religiosity/spirituality**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Help client understand what impact her/his religious and spiritual beliefs have on the presenting problems and on her/his life in general**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Help client identify and use religious and spiritual resources to cope, heal, and change**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Help client examine and resolve religious and spiritual concerns relevant to her/his presenting problems**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Help client make choices about what role religion and spirituality will play in her/his life**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Help client examine how she/he feels about her/his religious/spiritual growth and well-being**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Help client consider how she/he can continue a quest for spiritual growth and well-being**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Please <u>briefly</u> describe any other religious/spiritual goals, not identified above, that you had while working with this particular client:**

Please rate the overall relationship betweeen you and your client:

- **I believe this client likes me...**
  - **a.** ☐ **never**
  - **b.** ☐ **rarely**
  - **c.** ☐ **occasionally**
  - **d.** ☐ **sometimes**
  - **e.** ☐ **often**
  - **f.** ☐ **very often**
  - **g.** ☐ **always**
- **I am confident in my ability to help this client...**
  - **a.** ☐ **never**
  - **b.** ☐ **rarely**

c. ☐ **occasionally**

d. ☐ **sometimes**

e. ☐ **often**

f. ☐ **very often**

g. ☐ **always**

- **I appreciate this client as a person...**

a. ☐ **never**

b. ☐ **rarely**

c. ☐ **occasionally**

d. ☐ **sometimes**

e. ☐ **often**

f. ☐ **very often**

g. ☐ **always**

- **This client and I have built a mutual trust...**

a. ☐ **never**

b. ☐ **rarely**

c. ☐ **occasionally**

d. ☐ **sometimes**

e. ☐ **often**

f. ☐ **very often**

g. ☐ **always**

Regarding your work with this particular client, how often did you...

- **pray with the client in session**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**
  - **d.** ☐ **often**
  - **e.** ☐ **always**
- **use religious language or concepts**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**
  - **d.** ☐ **often**
  - **e.** ☐ **always**

- **use or recommend religious or spiritual books**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**
  - **d.** ☐ **often**
  - **e.** ☐ **always**
- **recommend involvement in religious/spiritual activities**
  - **a.** ☐ **never**

b. ☐ **occasionally**

c. ☐ **sometimes**

d. ☐ **often**

e. ☐ **always**

- **recommend reducing or discontinuing involvement in religious/spiritual activities**

a. ☐ **never**

b. ☐ **occasionally**

c. ☐ **sometimes**

d. ☐ **often**

e. ☐ **always**

- **teach spiritual concepts**

a. ☐ **never**

b. ☐ **occasionally**

c. ☐ **sometimes**

d. ☐ **often**

e. ☐ **always**

- **self-disclose about religious/spiritual matters**

a. ☐ **never**

b. ☐ **occasionally**

c. ☐ **sometimes**

d. ☐ **often**

e. ☐ **always**

- **confront the client's religious/spiritual beliefs**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**
  - **d.** ☐ **often**
  - **e.** ☐ **always**
- **assess the client's religious/spiritual background, beliefs, and behaviors**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**
  - **d.** ☐ **often**
  - **e.** ☐ **always**
- **use relaxation or imagery with a religious/spiritual focus**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**
  - **d.** ☐ **often**
  - **e.** ☐ **always**
- **encourage the client to forgive**
  - **a.** ☐ **never**
  - **b.** ☐ **occasionally**
  - **c.** ☐ **sometimes**

d. ☐ **often**

e. ☐ **always**

- **recommend that the client pray outside of session**
  - a. ☐ **never**
  - b. ☐ **occasionally**
  - c. ☐ **sometimes**
  - d. ☐ **often**
  - e. ☐ **always**
- **encourage the client to confess to a religious leader**
  - a. ☐ **never**
  - b. ☐ **occasionally**
  - c. ☐ **sometimes**
  - d. ☐ **often**
  - e. ☐ **always**
- **encourage the client to write (i.e., journal) about religious/spiritual topics**
  - a. ☐ **never**
  - b. ☐ **occasionally**
  - c. ☐ **sometimes**
  - d. ☐ **often**
  - e. ☐ **always**
- **encourage the client to engage in spiritual meditation**
  - a. ☐ **never**

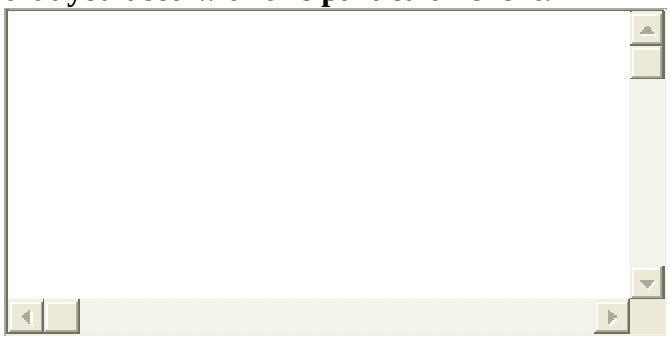
b. ☐ **occasionally**

c. ☐ **sometimes**

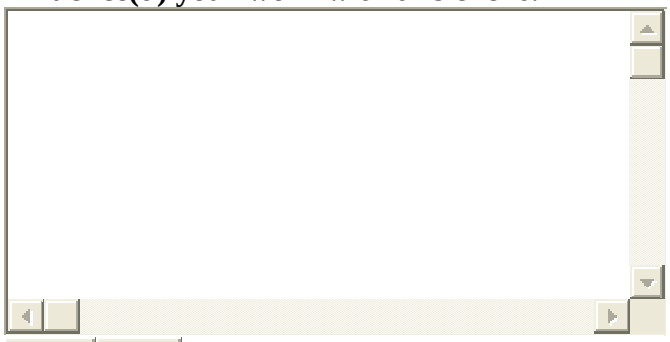
d. ☐ **often**

e. ☐ **always**

- **Please <u>briefly</u> describe any other religious/spiritual interventions not listed above that you used with this particular client:**



- **How do you think that your personal religious/spiritual beliefs and values influence(d) your work with this client?**



BACK NEXT

<u>College Students' Religious/Spiritual Issues in Psychotherapy</u>

<u>Religious Commitment Inventory-10</u>

- **I often read books and magazines about my faith.**

  a. ☐ not at all true of me

  b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

- **I make financial contributions to my religious/spiritual organization.**

a. ☐ not at all true of me

b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

- **I spend time trying to grow in understanding of my faith.**

a. ☐ not at all true of me

b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

- **Religion/spirituality is especially important to me because it answers many questions about the meaning of life.**

a. ☐ not at all true of me

b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

- **My religious/spiritual beliefs lie behind my whole approach to life.**
  a. ☐ not at all true of me
  b. ☐ somewhat true of me
  c. ☐ moderately true of me
  d. ☐ mostly true of me
  e. ☐ totally true of me
- **I enjoy spending time with others of my religious/spiritual affiliation.**
  a. ☐ not at all true of me
  b. ☐ somewhat true of me
  c. ☐ moderately true of me
  d. ☐ mostly true of me
  e. ☐ totally true of me
- **Religious/spiritual beliefs influence all my dealings in life.**
  a. ☐ not at all true of me
  b. ☐ somewhat true of me
  c. ☐ moderately true of me
  d. ☐ mostly true of me
  e. ☐ totally true of me
- **It is important for me to spend periods of time in private religious/spiritual thought and reflection.**
  a. ☐ not at all true of me

b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

- **I enjoy working in the activities of my religious/spiritual organization.**

a. ☐ not at all true of me

b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

- **I keep well informed about my local religious/spiritual group and have some influence in its decisions.**

a. ☐ not at all true of me

b. ☐ somewhat true of me

c. ☐ moderately true of me

d. ☐ mostly true of me

e. ☐ totally true of me

The above items are modified from the Religious Commitment Inventory-10 (Worthington, et al., 2003) with permission from the primary author.

- **I consider myself to be a <u>religious</u> person.**

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

- **I consider myself to be a <u>spiritual</u> person.**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

- ---

<u>Training</u>

- **I have received training in working with client religious/spiritual issues in therapy through the following experiences:**
- **graduate coursework**
  YES **NO**
- **continuing education course(s)**
  YES **NO**
- **clinical supervision**
  YES **NO**
- **personal reading**
  YES **NO**
- **Please rate your overall level of training in working with religious/spiritual issues in therapy**

  a. **poor**

  b. **fair**

  c. **moderate**

  d. **strong**

  e. **excellent**

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<u>Therapist Demographics</u>

Please answer the following questions about yourself:

- **Age:** _____
- **Sex:**
    a. ☐ female
    b. ☐ male
- **What is your <u>primary</u> sexual orientation?**
    a. ☐ gay/lesbian
    b. ☐ bisexual
    c. ☐ heterosexual
- **Race/ethnicity (check all that apply):**
    a. ☐ African-American/Black
    b. ☐ Euro-American/White
    c. ☐ Asian-American/Pacific Islander
    d. ☐ American Indian/Alaskan Native
    e. ☐ Latina(o)
    f. ☐ Middle Eastern/Arab
    g. ☐ Foreign national (please specify below)
    h. ☐ Other
- **If you chose <u>Foreign national</u> then please specify which country:** _____
- **What is your religious/spiritual affiliation?**
    a. ☐ Atheist/Agnostic
    b. ☐ Buddhist

c. ☐ Catholic

d. ☐ Hindu

e. ☐ Jewish (please specify which type below)

f. ☐ Muslim

g. ☐ Protestant (please specify below)

h. ☐ Other (please specify below)

i. ☐ Don't know

- If you selected Jewish, Protestant, or Other above then please specify specify which type, denomination, or affiliation: _____
- **What is the average number of individual psychotherapy clients you saw per week during the past year?** _____
- **Total years of post-graduate experience as a therapist:** _____
- **Degrees/honors earned (please check all that apply):**

  a. ☐ Master's

  b. ☐ M.S.W.

  c. ☐ M.F.T.

  d. ☐ Ph.D.

  e. ☐ Psy.D.

  f. ☐ Ed.D.

  g. ☐ ABPP

- **Are you a licensed therapist?**
  ☐ YES ☐ NO

- **Which of the following titles <u>best</u> describe(s) your position at the counseling center you work at: (choose all that apply)**

  a. ☐ Director

  b. ☐ Associate/Assistant Director

  c. ☐ Training Director

  d. ☐ Staff Psychologist

  e. ☐ Therapist

  f. ☐ Career Counselor

  g. ☐ Pre-doctoral Intern

  h. ☐ Other (please specify below)

- **Other (please specify)** _____

I believe in and adhere to the techniques of:

- **Psychoanalytic/Psychodynamic**

  ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

- **Humanistic/Existential**

  ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

- **Behavioral/Cognitive**

  ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

- **Other (please specify)** _____

- .

  ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

- _____

- **How confident are you that you could work effectively over the next week with a client whose issues involve religion/spirituality?**
    a. ☐ not at all confident
    b. ☐ somewhat confident
    c. ☐ moderately confident
    d. ☐ mostly confident
    e. ☐ totally confident
- **In general, how important do you think that religious/spiritual issues are to your typical counseling center client?**
    a. ☐ not at all important
    b. ☐ somewhat important
    c. ☐ moderately important
    d. ☐ quite important
    e. ☐ very important
- **How important is religion/spirituality to the stated mission of your university?**
    a. ☐ not at all important
    b. ☐ somewhat important
    c. ☐ moderately important
    d. ☐ quite important
    e. ☐ very important
- **How is the climate on your campus regarding religion/spirituality?**
    a. ☐ very negative

b. ☐ somewhat negative

c. ☐ neutral

d. ☐ somewhat positive

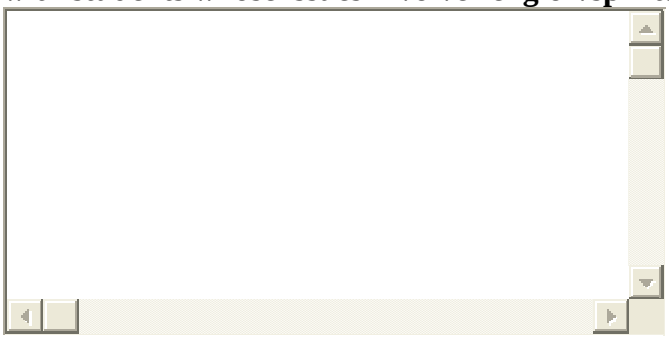
e. ☐ very positive

- **I believe that religious/spiritual issues in psychotherapy is an important construct to study.**

☐ ☐ ☐ ☐ ☐

Strongly Agree Agree Neutral Disagree Strongly Disagree

- **Is there anything else that you would like to tell us about working with students whose issues involve religion/spirituality?**



By clicking the DONE button below you will submit your responses and complete the survey (If you do <u>not</u> click on the DONE button then none of your survey responses will be submitted). After clicking the DONE button you will be directed to a website where you will have the option to request a copy of the survey findings.

BACK DONE PAGE 4 OF 4

Appendix B

Initial Recruitment Email

Subject: When Religion/spirituality enters Therapy Survey

Dr. X (each email was individually addressed using the recipient's name):

Have you ever had a client whose psychological issues were impacted by religion/spirituality? Maybe an anxious client who used prayer to cope with the anxiety, or a depressed client who struggled with religious guilt? Religious and spiritual issues are becoming increasingly important to college students, yet little is known about how university counseling center therapists such as yourself work with these issues in psychotherapy. **You are receiving this email because I am interested in hearing about your experiences working with college students'religious/spiritual issues in psychotherapy.**

My name is Ian Kellems and I am a doctoral candidate in Counseling Psychology at the University of Maryland and a pre-doctoral intern at the West Virginia University Counseling Center. My doctoral dissertation is a web-based survey of university counseling center therapists, focusing on your experiences working with students' religious/spiritual issues in psychotherapy.

If you would be willing to share your experiences then **the survey will take approximately 20 minutes**. Questions focus on two different areas: 1) your work with a specific client who has/had religious/spiritual issues; 2) your personal religious/spiritual beliefs and practices. Your responses will be confidential and there will be no way to connect your responses to your email address.

The benefits you may gain from completing the survey include:

- **Increased self-awareness regarding the impact of your personal religious/spiritual beliefs on your work as a therapist.**
- **Contributing to our understanding of how to best help college students who have religious/spiritual issues.**
- **If you complete the survey then you can choose to receive the study results, which may help you learn how to better serve your clients who have religious/spiritual issues.**

Please consider using part of your next open client hour or lunch break to participate in this important research. If you would be willing to participate in the survey then please click below for access to the survey website:

Survey: **http://cgi.umd.edu/survey/display?kellems/spirituality2003-4**

If for some reason you decide not to complete the survey, please take just one minute to click on the link below and fill out our very brief 5-item non-responder questionnaire, which will help us determine the generalizability of our findings.

Non-responder questionnaire: **http://cgi.umd.edu/survey/display?kellems/non-responder**

Sincerely,

Ian S. Kellems, M.A.
Doctoral Candidate in Counseling Psychology
Department of Psychology
University of Maryland at College Park

Clara Hill, Ph.D. (Faculty advisor)
Counseling Psychology Program Co-director
Department of Psychology
University of Maryland at College Park

Appendix C

Non-responder Survey

Thank you for your willingness to fill out this very brief questionnaire, which will allow us to analyze the generalizability of our survey findings.

Your Demographics:

- **Age:**
- **Sex:**
  a. ☐ female
  b. ☐ male
- **Race/ethnicity (check all that apply):**
  a. ☐ African-American/Black
  b. ☐ Euro-American/White
  c. ☐ Asian-American/Pacific Islander
  d. ☐ American Indian/Alaskan Native
  e. ☐ Latina(o)
  f. ☐ Middle Eastern/Arab
  g. ☐ Foreign national (please specify below)
  h. ☐ Other
- If you chose Foreign national or Other above then please specify:
- **Current religious/spiritual affiliation:**
  a. ☐ Atheist/Agnostic
  b. ☐ Buddhist
  c. ☐ Catholic

d. ☐ Hindu

e. ☐ Jewish (please specify which type below)

f. ☐ Muslim

g. ☐ Protestant (please specify below)

h. ☐ Other (please specify below)

- If you selected Jewish, Protestant or Other above, please specify: ☐
- I believe that religious/spiritual issues in psychotherapy is an important construct to study.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

- **Please indicate what your reasons were for not completing the full-length survey (choose all that apply)**

a. ☐ lack of time

b. ☐ lack of interest

c. ☐ I do not see clients in individual psychotherapy

d. ☐ I do see clients in individual psychotherapy, but did not have a client whose issues involved religion/spirituality

e. ☐ this doesn't seem like an important topic to me

f. ☐ concerns about confidentiality

g. ☐ my own unresolved issues in the domain of religion/spirituality

By clicking the DONE button below you will submit your results and complete this questionnaire. You will also be directed to a website where you may, if you choose to, provide your email address so that I will know not to send you a reminder to complete the survey. Thank you again for your willingness to complete this questionnaire.

DONE

Appendix D

Opening Page

College Students' Religious/Spiritual Issues in Psychotherapy

Information regarding Participation in Research

If you choose to participate you will be asked to complete a survey about: 1) your work with a specific client who had religious/spiritual issues; and 2) your personal religious/spiritual beliefs and practices. The survey will take approximately 15-20 minutes to complete.

It is important that you understand the following regarding your participation in this research:

- The confidentiality of your responses will be closely protected. Your name will not be matched with your responses, and the information that you provide will be kept secure. Only the listed investigators will have access to the data. Due to the public nature of the internet, absolute confidentiality cannot be guaranteed (The possibility of someone intercepting your data is highly unlikely, although theoretically possible nonetheless).
- Your participation in this research is entirely voluntary and you may choose to withdraw from the study at any point.
- If you do not exit or close your internet browser when you have completed your survey it is possible that another person using your computer at a later time could view your responses. It is therefore important that you close your browser after you have submitted your survey.
- You should be aware that, although unlikely, your participation in this survey may elicit negative emotions (e.g., memories of negative religious/spiritual experiences).
- **The benefits of participation to you are that your thinking about the survey items may increase your insight about how you work with a client's religious/spiritual issues. You will also be contributing to research on an important topic that may benefit all counseling center therapists in working with students who have religious/spiritual issues.**

This research project has been approved by the University of Maryland Institutional Review Board. This approval indicates that methods adequately protect the rights and welfare of the participants. If you have

any questions about participating in this project then please feel free to contact me (Ian Kellems: Ian.Kellems@mail.wvu.edu) or my faculty advisor (Dr. Clara Hill: hill@psyc.umd.edu). You may also contact the Chair of the Human Subjects Committee at the University of Maryland Department of Psychology.

By clicking the **NEXT** link below you are indicating that you are at least 18 years of age and are willing to participate in this research project.

Sincerely,

Ian Kellems, M.A.
Doctoral Candidate in Counseling Psychology
University of Maryland at College Park
Psychology Intern
Carruth Center for Counseling and Psychological Services
West Virginia University

Clara Hill, Ph.D.
Counseling Psychology Program Co-director
University of Maryland at College Park

Appendix E

Website to Request Results

Thank you for completing our survey! Your participation is greatly appreciated.

If you have any questions or concerns regarding your participation in this survey, please feel free to contact the primary investigator of this study (Ian Kellems) by clicking on the link at the bottom of this page.

If you would like to be emailed a summary of our findings then please enter your email address in the space below. Please note that the website where you are entering your email address is entirely separate from the survey website so that we are not able to connect your survey responses with your email address.

Email address:

Appendix F

Second Recruitment Email

Dear Counseling Center Therapist:

This email is being sent to you as a follow up to a message that you received one week ago about participating in an important survey of therapists who work at university counseling centers. If you have already completed this survey, then thank you for your participation, and you may disregard this email. If you have not yet completed the survey then please read on and consider participating in this important research that will ultimately help us to better serve our clients...

Have you ever had a client whose psychological issues were impacted by religion/spirituality? Maybe an anxious client who used prayer to cope with the anxiety, or a depressed client who struggled with religious guilt? Religious and spiritual issues are important to college students, yet little is known about how university counseling center therapists such as yourself work with these issues in psychotherapy. You are receiving this email because I am interested in hearing about your experiences working with college students' religious/spiritual issues in psychotherapy.

My name is Ian Kellems and I am a doctoral candidate in Counseling Psychology at the University of Maryland and a pre-doctoral intern at the West Virginia University Counseling Center. My doctoral dissertation is a web-based survey of university counseling center therapists, focusing on your experiences working with students' religious/spiritual issues in psychotherapy.

If you would be willing to share your experiences then the survey will take approximately 15-20 minutes to complete. Questions focus on two different areas: 1) your work with a specific client who has or had religious/spiritual issues (the client's religious/spiritual issues don't necessarily need to be a major focus of your work together); and 2) your personal religious/spiritual beliefs and practices. If you have not had a client whose issues were impacted by religion/spirituality then you can still complete a portion of the survey. Your responses will be confidential and there will be no way to connect them to your email address.

The benefits you may gain from completing the survey include:

- Increased self-awareness regarding the impact of your personal religious/spiritual beliefs on your work as a therapist.
- Contributing to our understanding of how to best help college students who have religious/spiritual issues.
- You can choose to receive the study results, which may help you learn how to better serve your clients who have religious/spiritual issues.

Please consider using part of your next open client hour or lunch break to participate in

this important research. If you would be willing to participate in the survey then please click the link below to be directed to the survey website:

Survey: http://cgi.umd.edu/survey/display?kellems/spirituality2003-4

If for some reason you decide not to complete the survey, please take just one minute to click on the link below and fill out a very brief 7-item non-responder questionnaire, which will help us determine the generalizability of our findings.

Non-responder questionnaire: http://cgi.umd.edu/survey/display?kellems/non-responder

Sincerely,

Ian S. Kellems, M.A.
Doctoral Candidate in Counseling Psychology
Department of Psychology
University of Maryland at College Park
Psychology Intern
Carruth Center for Counseling and Psychological Services
West Virginia University

Clara Hill, Ph.D. (Faculty advisor)
Counseling Psychology Program Co-Director
Department of Psychology
University of Maryland at College Park

Appendix G

Third Recruitment Email

Subject: When Religion/spirituality enters Therapy Survey (final reminder)

Dr. X (each email will be individually addressed using the recipient's name):

This email is a follow-up to the emails you have received requesting your participation in an important survey. If you have not yet completed this survey then please consider doing so. If you have already completed this survey then please disregard this email. This will be the final email reminder you will receive.

Have you ever had a client whose psychological issues were impacted by religion/spirituality? Maybe an anxious client who used prayer to cope with the anxiety, or a depressed client who struggled with religious guilt? Religious and spiritual issues are becoming increasingly important to college students, yet little is known about how university counseling center therapists such as yourself work with these issues in psychotherapy. **You are receiving this email because I am interested in hearing about your experiences working with college students'religious/spiritual issues in psychotherapy.**

My name is Ian Kellems and I am a doctoral candidate in Counseling Psychology at the University of Maryland and a pre-doctoral intern at the West Virginia University Counseling Center. My doctoral dissertation is a web-based survey of university counseling center therapists, focusing on your experiences working with students' religious/spiritual issues in psychotherapy.

If you would be willing to share your experiences then **the survey will take approximately 20 minutes**. Questions focus on two different areas: 1) your work with a specific client who has/had religious/spiritual issues; 2) your personal religious/spiritual beliefs and practices. Your responses will be confidential and there will be no way to connect your responses to your email address.

The benefits you may gain from completing the survey include:

- **Increased self-awareness regarding the impact of your personal religious/spiritual beliefs on your work as a therapist.**
- **Contributing to our understanding of how to best help college students who have religious/spiritual issues.**
- **If you complete the survey then you can choose to receive the study results, which may help you learn how to better serve your clients who have religious/spiritual issues.**

Please consider using part of your next open client hour or lunch break to participate in this important research. If you would be willing to participate in the survey then please click below for access to the survey website:

Survey: **http://cgi.umd.edu/survey/display?kellems/spirituality2003-4**

If for some reason you decide not to complete the survey, please take just one minute to click on the link below and fill out our very brief 5-item non-responder questionnaire, which will help us determine the generalizability of our findings.

Non-responder questionnaire: **http://cgi.umd.edu/survey/display?kellems/non-responder**

Sincerely,

Ian S. Kellems, M.A.
Doctoral Candidate in Counseling Psychology
Department of Psychology
University of Maryland at College Park

Clara Hill, Ph.D. (Faculty advisor)
Counseling Psychology Program Co-director
Department of Psychology
University of Maryland at College Park

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