Contemporary Status of Religion and Spirituality in Counselor Education

by

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Abstract

The purpose of this descriptive study was to investigate the integration of spirituality in CACREP-accredited counselor training programs, particularly the overall percentage of curricula that addressed religion and spirituality. This investigation explored the (1) specific course content that addressed religion and spirituality, (2) how educators delivered that training; (3) confidence level of educators in integrating religion and spirituality and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life are related to that level of confidence, (4) factors that contributed to the incorporation or infusion into training courses, and (5) factors that interfered with the incorporation or infusion of religion and spirituality into training courses. Additionally, the descriptive study determined how this may differ across a) geographical locations, b) years of teaching experience, c) years of clinical experience, d)training in spirituality and/or religion, and e) religious and/or spirituality affiliation, in light of CACREP standards and the new ASERVIC spiritual competencies.

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CHAPTER I. INTRODUCTION

A growing body of research reveals a possible shift in thinking regarding the importance of religion and spirituality in psychology, marriage and family therapy, counselor education and practice, and supervision (Bergin & Jensen, 1990; Hill & Pargament, 2003; Kelly, 1994, 1997; Pate & Hall, 2005; Pate & High, 1995; Miller, Korinek, & Ivey, 2006; Shafranske & Malony, 1990; Walker, Gorsuch, & Tan, 2004; Weinstein, Parker, & Archer, 2002; Wolf & Stevens, 2001). Some hold religion and spirituality (RS) as an important construct in their identity and two-thirds of Americans regard RS as important (Grimm, 1994; Hill & Pargament, 2003; Young, Wiggins-Frame, & Cashwell, 2007). Further, through the years, various research projects have illuminated the desire of clients, students, and practitioners to have a holistic approach to treatment (Myers, Sweeney, & Witmer, 2000; Myers & Williard, 2003; Rollins, 2009; Sperry & Mansager, 2004). Subsequently, whether one actively incorporates religious practices into daily living is not the litmus test in the acknowledgment of spirituality in one's life (Grimm, 1994).

Being varied people with layers of influences and beliefs that comprise our worldview and subsequent feelings and behaviors, it is warranted that exploration of the mind, body, and spirit be broached, without fear of proselytization on behalf of the educator or practitioner. It is possible to instruct in a body of doctrine or principles without attempting to recruit or convert (Grimm, 1994). Is it not the goal of cultural competence to have a working knowledge of diverse cultures to which phenomenological treatment goals can be ascribed? Then, what is the source of such fear regarding spiritual and religious diversity for the purpose of treatment? For

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the majority of counselors who identify theoretically as eclectic or integrative (Minton & Myers, 2008), is not the collaborative work between the counselor and the client such that learning is embraced and exchanged within the trusted relationship (Ottens & Klein, 2005)?

Research supports the notion that addressing RS may improve health and mental wellbeing (Delaney, Miller, & Bisono, 2007; Koenig, 2004; Mahoney et al., 1999; Russell & Yarhouse, 2006; Seeman, Dubin, & Seeman, 2003). Conversely, almost half of psychologists do not view RS as important in their lives but would opt to collaborate with other professionals by referring that component of therapy; they do believe, however, that RS is beneficial to mental health (Delaney et al., 2007). In fact, some researchers charge that it is unethical to ignore this area of diversity (Briggs & Rayle, 2005; Ripley, Jackson, Tatum, & Davis, 2007; Young, Wiggins-Frame et al., 2007).

In order to meet such needs from the counseling discipline the Association of Spirituality, Ethics and Religious Values in Counseling (ASERVIC) successfully embarked upon a quest in 1996 to identify competencies in response to the evidence that a large majority (approximately two-thirds) of Americans identify themselves as spiritual or religious and note its importance in their lives (Bergin & Jensen, 1990; Gill, 2008; Hill & Pargament, 2003; Young, Cashwell et al., 2002). Known as the Summit on Spirituality, counselor educators and practitioners identified guidelines to structure training and practice (Young, Cashwell et al., 2002). Nevertheless, the implementation of such competencies required more clarity still (Bishop, Avila-Juarbe, & Thumme, 2003; Young, Wiggins et al., 2007). Thus, that version of the ASERVIC competencies was updated and expanded in May of 2009. The latest version provided a more detailed way of assisting educators and practitioners in integrating and utilizing such competencies. Yet, from attending several content sessions regarding addressing RS in counselor training at a recent

national conference for counselor educators (2010 Association of Counselor Educators and Supervisors Conference), the discussion continues to swarm around operationalizing or defining the terms of religion and spirituality, as well as the "how to" question of addressing RS in the classroom. It seemed the concern was more related to the extent to which RS was to be addressed, in relation to ethics and what specific practices are being employed. On the other hand, concerns voiced at other content sessions revealed a possible need for clarification in what counselor educators perceive they are being asked to do in comparison to what the originators of the ASERVIC competencies intended and what they think would improve their confidence or qualification in addressing RS.

Much of the research in this area has focused on the perception of importance in addressing RS in training programs and supervision (Bishop, Avila-Juarbe, & Thumme, 2003; Gingrich & Worthington, 2007; Kelly, 1992; Kelly, 1997; Pate & High, 1995; Pate & Bondi, 1992; Ripley et al., 2007; Young et al., 2007) and increased interest in incorporating RS training into the counselor training curriculum (American Counseling Association, 1995; Council for Accredited Counseling and Related Educational Programs, 2009; Hall & Hall, 2007; Young, Wiggins-Frame, et al., 2002).

Purpose

Accordingly, some research has suggested ways of addressing RS in the classroom through the multicultural class (Pate & Bondi, 1992), elective courses (Fukuyama & Sevig, 1997; Ingersoll, 1997; Leseho, 2007; Miller & Athan, 2007; O'Connor, 2004 ; Pate & Hall, 2005), and throughout the eight CACREP core areas (Briggs & Rayle, 2005; Burke et al., 1999). While some of those authors may have used the ASERVIC competencies as a guide and others did not, the competencies have been viewed favorably as an effective measure toward ethical

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practice (Young, Wiggins-Frame, et al., 2007). These articles give a view of how some programs, private or public, are infusing RS into the classroom, but it is not an accurate picture of what is being done across the nation specific to CACREP-accredited programs.

In that vein, the information gathered from the aforementioned studies has different vantage points. Some studies directly focused on CACREP programs through the voice of the department's CACREP liaison (Kelly, 1992; Kelly, 1997; Pate & High, 1995; Young, Cashwell, et al., 2002) and others did not focus on CACREP programs and minimally on counselor educators but on non-accredited or other accredited programs and counselors (Kelly, 1992; Young, Wiggins-Frame, et al., 2007). The widespread voice of CACREP-accredited program faculty has not been heard. What are their underlying concerns in addressing RS in counselor training programs? How do they perceive their competence in contrast to department liaisons? It seems, for the most part, that the onset of the ASERVIC competencies have rendered counselor educators motionless with continued uncertainty. What is it that immobilizes our master educators? There is an assumption but no supporting research regarding the disparity between counselor educators' assertion of the importance and interest in addressing RS in the classroom and the actual amount of attention given to addressing RS across the curriculum (Cashwell & Young, 2004; Pate & High, 1995). Further, what are the influences that affect program faculty's decision to infuse RS into counselor training programs?

The global purpose of this descriptive study is to expand the research on how counselor educators address religion and spirituality in training programs. Specifically, it was the intent of the researcher to investigate what content CACREP-accredited programs across the nation are teaching, how they are delivering the content, what contributes to their decision to integrate religion and spirituality into the curriculum, and what barriers may be present, eluding such

integration. Beyond that, counselor educators have noted the need for additional training to

increase their confidence in teaching students to be religiously and spiritually competent in

practice (Genia, 1994; Gold, 2010; Houts & Graham, 1986; Shafranske & Gorsuch, 1984;

Shafranske & Malony, 1990; Young, Cashwell et al., 2002). This study explored what

descriptive variables were helpful toward their level of confidence.

Significance of Study

With a large body of information from varying disciplines proposing the importance and

benefit of addressing the spiritual and religious aspects of the client (Bergin & Jensen, 1990;

Kelly, 1994, 1997; Miller, Korinek, & Ivey, 2006; Pate & Hall, 2005; Pate & High, 1995;

Shafranske & Maloney, 1990) and the mandate to address this multicultural component (the

Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009;

American Counseling Association [ACA] *Code of Ethics*, 2005), it seems important to explore

the extent of integration of RS into counselor training coursework and how counselor educators

are integrating RS, whether by incorporation or infusion.

For counselor educators, this descriptive investigation was developed to help answer the

concerns heard at state and national conferences regarding specifically *what* to teach and *how* to

integrate RS into the coursework. This investigation gives a critical view of what counselor

educators are doing across the country, in an effort to demystify the work of integration and

increase self-confidence. Secondly, this investigation was designed to provide vital information

for counselor educator department heads regarding their employees' successes and challenges of

honoring CACREP standards that mandate curricular experiences related to this area of diversity,

in light of maintaining accreditation. The counselor educator is the leading source toward

competency for counselors-in-training, the key voice that impacts the development of or forward

movement of RS in the classroom. This study revealed an in-depth view of potential barriers to the incorporation or infusion of religion and spirituality and contribute to generating possible strategies to remove such constraints. Thirdly, this study provided implications for the counselor-in-training's role in addressing RS as well as what the counselor educator is actually expected to teach and how that relates to the ASERVIC competencies.

Further, for the field of counseling in general, the results of this descriptive study identified for counselor supervisors what content is being addressed in training programs and how to address or reinforce that content in supervision sessions (e.g., faith development models or RS assessments). As well, counselors and counselor supervisors would have information that could motivate additional training for themselves and/or supervisees or the provision of additional training.

Research Questions

1) What content is being taught related to religion and spirituality in counselor training courses?

2) What instructional methods are used to address religion and spirituality in counselor training courses?

3) What is the counselor educator's level of personal confidence in addressing religion and spirituality in the classroom and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life are related to that level of personal confidence?

4) What factors influence the incorporation or infusion of religion and spirituality in counselor training courses?

5)   What are the barriers to the incorporation or infusion of religion and spirituality in counselor training courses?

Operational Definitions

Core Areas: Core areas make up eight areas of curricular experiences required by CACREP to prepare all counselors. The eight areas include: (1) Professional Orientation and Ethical Practice, (2) Social and Cultural Diversity, (3) Human Growth and Development, (4) Career Development, (5) Helping Relationships, (6) Assessment, (7) Group Work, and (8) Research and Program Evaluation. These areas represent knowledge areas that are fundamental to the counseling profession (CACREP, 2009, p. 58).

Counselor Education: a process that prepares counselors in both didactic and clinical aspects of counseling (CACREP, 2001, p. 38).

Curriculum: a set of courses constituting an area of specialization (Merriam-Webster Online Dictionary, 2010).

Incorporation (into counselor training courses): integrating religion and spirituality by addressing it in one or two courses, whether as independent course or a CACREP core area (C. Cashwell, personal communication, June 18, 2010).

Infusion (into counselor training curriculum): "Knowledge about spirituality and counseling is infused into the eight core CACREP curricular areas" (Young, Wiggins-Frame, Cashwell, 2007, p. 50).

Integration (into counselor training curriculum): overall concept of addressing religion and spirituality that could be done by incorporation or infusion (C. Cashwell, personal communication, June 18, 2010).

Religion: An integrated system of belief, lifestyle, ritual activities, and institutions by which individuals give meaning to (or find meaning in) their lives by orienting them to what is taken to be sacred, holy, or the highest values (Corbett, 1990, p.2 as cited in Gold, 2010). Creedal, institutional, ritual expressions of spirituality associated with world religions and denominations (Kelly & Sandage, 1995, p.5).

Religious or spiritual issues: may not be explicitly identified by the client but remain vital to the therapeutic process (e.g., client has an image of God as wrathful and judging, but doesn't explicitly connect this to her/his anxiety) (C. Cashwell, personal communication, June 20, 2010).

Religious or spiritual content: explicit content that is generated by the client (e.g., crisis of faith after death of a child) (C. Cashwell, personal communication, June 20, 2010).

Spirituality: The infusion and drawing out of spirit in one's life. It is experienced as an active and passive process. It is the capacity and tendency that is innate and unique to all persons. This spiritual tendency moves through the individual toward knowledge, love, meaning, hope, transcendence, connectedness, and compassion. It includes one's capacity for creativity, growth, and the development of a values system. It encompasses the religious, spiritual and transpersonal (Summit on Spirituality Results, 1996, p.30).

Spiritual Competencies: The Association of Spiritual, Ethical and Religious Values in Counseling's identified areas of culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment for addressing religious and spiritual issues in (ASERVIC, 2005).

Summary

Despite the recognition of the importance of addressing the client's religion and spirituality, counselor educators feel ill equipped to address or teach RS material in training programs (Young, Cashwell, et al., 2002; Young, Wiggins-Frame, et al., 2007). Of those few counselor educators surveyed, they cited the need for additional training on *how* to conduct the integration and to increase their level of confidence. However, there is research available that suggests ways of integrating, whether by incorporation or infusion. Some of that literature used the ASERVIC competencies as a guideline, while others used the CACREP eight core areas.

The purpose of this study was to specifically give voice to CACREP-accredited program faculty and describe how counselor educators are infusing RS into their training programs through an in-depth view of: 1) what content related to religion and spirituality is being taught by counselor educators, 2) how is that content being delivered in the classroom, 3) what is the counselor educator's level of confidence in addressing religion and spirituality in the classroom and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life are related to that level of confidence, 4) what contributes to the counselor educator's decision to infuse religion and spirituality into the curriculum, and 5) what interferes with the counselor educator's decision to infuse religion and spirituality into the curriculum.

CHAPTER II. LITERATURE REVIEW

Religion and Spirituality as a Multicultural Construct

The term multiculturalism has become a buzzword in the field of education. Though some use it interchangeably with diversity, it has become an increasingly pervading construct expanding to areas of business, medicine, healthcare, art, and many others. After more than two decades of turbulent attention, multiculturalism has overflown the social context and spilled into the political; it has become an agenda. However, this multicultural agenda is no longer restricted to the issues of diversity related to ethnicity but has paved the way for the illumination of many other aspects of an individual's or group's identity (e.g., gender, age, socioeconomic, sexual orientation, roles, etc.) (Levitt & Balkin, 2003). The goal of that illumination is to better ascertain how individuals or groups not only perceive themselves but how they think they are being perceived (i.e., worldview). That worldview is the impetus fueling the knowledge, attitudes, and behaviors of the individual (CACREP Standards, Section II, J, 2, 1991; Pate & Bondi, 1992). Thus, understanding the various worldviews helps researchers, educators, and society as a whole understand the individual, both within and separate from the group (Levitt & Balkin, 2003; Pate & Bondi, 1992). It is the hope that this individual and corporate understanding would produce greater inclusive attitudes and behaviors wherever people of difference work, rest, play, or worship.

As an aspect of culture outside the field of counseling, there are many examples that link religion and culture and how it influences the development of one's personality, attitudes, and

behaviors (e.g., the use of illegal substances in some Native American cultures and snake-handling in the Appalachian mountain region) (Pate & Bondi, 1992). Within the field of counseling, many researchers and counselor educators have accepted religion and spirituality (RS) as a cultural component that affects the mental health or well-being of individuals (Levitt & Balkin, 2003; Pate & Bondi, 1992; Pedersen, 1990). Merriam-Webster's Online Dictionary (2010) defines culture as:

> the integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations; the customary beliefs, social forms, and material traits of a racial, religious, or social group; the set of shared attitudes, values, goals, and practices that characterizes an institution or organization. (para. 5)

For CACREP accredited counselor training programs, Pate and Bondi (1992) noted that respect for RS beliefs and practices are imperative to addressing the social and cultural competency. With 160 denominations and 700 non-Christian groups, the culture of RS is diverse and changing and should not to be dismissed or avoided (Hage, Hopson, Siegel, Payton, & DeFanti, 2006).

Like its father multiculturalism, religion and spirituality have had a tumultuous relationship within societal and political arenas that has blinded our view of how individuals or groups frame their worlds. Thusly, American society has borne the painful struggle of inclusion and the consequences of exclusion. Though it is the land of the free and the home of the brave, certain individuals and groups are freer than others. Consequently, the less free are the ones who have had to be braver. Those to which the multicultural agenda gives voice (i.e., individuals and groups) and benefits (i.e., all) have the opportunity to articulate and see what influences and

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shapes their worldview and that of others (Burke et al., 1999; Levitt & Balkin, 2003).

Recognizing RS' importance, the ACA *Code of Ethics* specifies that counselors must recognize

that clients ascribe various meanings to support networks and should be used as a resource when

necessary (Section A.1d.).

Nevertheless, before ascertaining how a construct influences and shapes the lives of

individuals and groups, one must define that construct. Religion and spirituality is not unique in

that principle. As a child of multiculturalism, RS bears the traits of ambiguity in its definition.

Like multiculturalism's task, it takes on many forms of interpretation in an attempt to cover the

broad scope of its touch. Yet, counseling research literature has provided delineation in the

differences between the two constructs.

Definitions

In the early 1900s, religion and spirituality were used interchangeably and encompassed

both experiential and institutional aspects (Hill & Pargament, 2003; Russell & Yarhouse, 2006).

As the connotation of religion became negative and spirituality became more desirable, the need

for distinctions developed. Spirituality took on the experiential, individual, innate, supernatural,

and existential side and saw God as less judgmental (Hall, Dixon, Mauzey, 2004; Hill &

Pargament, 2003; Miller & Ivey, 2006; Walker, et al., 2004), and religion took the side of the

structured, philosophical, staunch, systematic, rigid, and external practices of tradition (Hill &

Pargament, 2003; Miller & Ivey, 2006; Walker, et al., 2004).   In other words, spirituality

became the grace of faith and religion became the law of faith. On the side of religion, Kelly (as

cited in Gold, 2010) defined it as "creedal, institutional, ritual expressions of spirituality

associated with world religions and denominations" (p. 3). Corbett (as cited in Gold, 2010) says

it is "…an integrated system of belief, lifestyle, ritual activities, and institutions by which

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individuals give meaning to (or find meaning in) their lives by orienting them to what is taken to be sacred, holy, or the highest value" (p. 3). On the opposite spectrum, if permitted, spirituality has been defined by Kelly (as cited in Gold, 2010) as a personal affirmation of a transcendent connectedness to the universe. Hodges (as cited in Gold, 2010) defines it as "a worldview that…represents transcendent beliefs and values that may [be] or may not be related to a religious organization" (p. 6). Chandler, Holden, and Kolander (1992) adds another piece by defining spirituality as "the innate capacity to, and tendency to seek to, transcend one's current locus of centricity, whichtranscendence [*sic*] involves increased knowledge and love" (p. 169).

Though separating the two may provide distinctive understanding of what is being denoted, separation does not negate RS' diverse meaning for various people, its respective benefits and challenges, nor its difficulty in defining (Hill & Pargament, 2003; Miller & Ivey, 2006). Russell and Yarhouse (2006) noted Pargament's statement that they both involve "a search for significance in ways related to the sacred" (p. 430). CACREP (2009) Standards defines spirituality as "a sense of relationship with or belief in a higher power or entity greater than oneself that involves the search for wholeness and harmony" (p. 62). In the helping relationship, it is the conceptualization of RS as a source of strength and identity that is the focus therapeutically (Gallup, 2004; Miller, Korinek, & Ivey, 2004) and is worthy of research and implementation into practice (Hill & Pargament, 2006). Thus, RS constructs are included under the umbrella of multiculturalism and are a mandated measure of competency and skill in fostering understanding and openness to individual differences (Bishop, Avila-Juarbe, & Thumme, 2003; Pate & Bondi, 1992).

Though the practitioner's guiding forces, the American Counseling Association's *Code of Ethics and Standards of Practice* and the *Diagnostic and Statistical Manual of Mental Disorders*,

included religion as a form of diversity (ACA, 1995) and spirituality as a contributing or confounding factor (American Psychiatric Association, 1994) respectively, counselor training programs were not stimulated to include RS in the training curriculum many years beyond the Code's development. To increase understanding and further delineate ethical practice, the ASERVIC Summit created its first set of RS competencies in 1995 (Briggs & Rayle, 2005; Miller, 1999).

<div align="center">**Religion and Spirituality Competencies**</div>

Importance and Perception

Historically, professionals in various disciplines look to the experts in their respective disciplines for guidance and direction in the implementation of services. Those peer-experts form a coalition of councils and boards who work to discover and compile a universal approach to practice or standard of practice to which one's professional integrity could be evaluated. Those standards of practice have become the litmus test in the determination of ethical and legal conduct, both within a respective discipline's governing body and State statute.

The infamous study conducted in 1992 by E.W. Kelly was one of the catalysts in discovering counselor educators' perception of the importance of addressing spirituality and religion in various accredited programs.   His study has been replicated and expanded upon throughout the years, from examining perception of importance in specific accredited programs to researching the importance of specific ASERVIC competencies (Pate & Bondi, 1992; Pate & High, 1995; Kelly, 1994; Young, Cashwell, et al., 2002). Yet, it was the data from Kelly's 1992 study, later published (Kelly, 1997), that gave more comparative insight into Pate and High's (1995) suggestion that a counselor training program's accreditation body may be influential in promoting RS in training. Kelly's (1997) data might suggest that the fear of addressing RS is

greater than the fear of being perceived as culturally incompetent or fear of ultimately losing

accreditation. This could be due to the counselor's own incongruence with one's own spiritual

beliefs or values, counselor perception of unpreparedness, or the perception of counselors that

RS should be addressed in religious institutions (Hage et al., 2006; Kelly, 1994). When

comparing CACREP, the American Psychological Association (APA), the Council on

Rehabilitation Education (CORE), and the American Association for Marriage and Family

Therapy (AAMFT), only CACREP had a specific competency related to RS in its Standards.

Yet, CACREP-accredited programs were almost split (i.e., 52.4 = Yes, 47.6 = No) in whether RS

was addressed in the curriculum (Kelly, 1997). Comparatively, majority of AAMFT accredited

programs address RS in their curriculum (66.7%), in the supervision of client's religion (53.3%),

and in the supervision of counselor's religion (60%), without religion being specifically

mentioned in accreditation standards (Kelly, 1997). Looking at counselor training programs with

a combination of accreditations, including CACREP, 56.7% do not address RS in the curriculum,

61.9% and 62.4% do not offer supervision to the client's religious content or the counselor's

religious content, respectively. Thus, CACREP-accredited programs that have other accrediting

bodies fare slightly better (56.7%) at addressing RS in the curriculum than CACREP accredited

programs (52.4%) that have no other accreditations (Kelly, 1997).

 Within the field of counseling and counselor education, the American Counseling

Association, Association of Spiritual and Ethical and Religious Values in Counseling (a division

of ACA), and the Council for Accreditation of Counseling and Related Educational Programs

appear to be the three governing bodies that craft the guidelines forming standards of practice,

for the protection and benefit of the professional and client. Though professionals vary in their

degree of understanding and assimilation, those standards are widely held as the epitome of

counseling practice and education. Each of these organizations has addressed, specifically, the

multicultural construct of spirituality in the education, work, and supervision of counseling.

ACA Code of Ethics

ACA's *Code of Ethics* addresses spirituality and religious beliefs in both areas of practice

and training. In practice, counselors are to: recognize various support networks that clients

attribute meaning and include those networks as positive resources, specifically mentioning

religious or spiritual leaders (A.1.d.); consider the developmental and cultural implications when

discussing the informed consent and make changes to therapeutic practices where necessary

(A.2.c.); and be sensitive to the cultural diversity of families (B.5.b.). Counselor supervisors are

to be aware of and address the role of multiculturalism in the supervisory relationship (F.2.b.)

and encourage counselors seeking licensure under supervision to adhere to the professional

standards of practice (F.4.c.), as well as the ethical responsibilities to the profession (F.6.d.). On

the side of counselor education, RS is addressed under the umbrella of multiculturalism and

diversity, as well, and is prescribed to be "infused… into all courses and workshops for the

development of the professional counselors" (F.6.b.; F.11.c.) and to include supervised practice

(F.6.c.). Yet, it is Code F.11., Multicultural/Diversity Competence in Counselor Education and

Training Programs, that mentions the commitment to and active attempt to recognize and value

diverse cultures and promote and represent various cultural perspectives through training

students to gain the same knowledge, awareness, and skills in multicultural practice as the

counselor educator (F.11.b., F.11.c.).

According to the American Counseling Association, counselors "practice in a

nondiscriminatory manner within the boundaries of professional and personal competence and

have a responsibility to abide by the ACA *Code of Ethics*" (p. 9*)* and "…have the responsibility

to read, understand, and follow the ACA *Code of Ethics"* (C.1.). Previously, the argument for

not addressing RS was that it did not meet the objectivity that the scientific method had come to

command (Young, Wiggins-Frame et al., 2007). Today, it seems that counselors and counselor

educators cite Code C.2.a. ("counselors practice only within the boundaries of their competence,

based on their education, training, and supervised experience") in defense of not addressing RS

issues that clients present or RS perspectives to which clients use as a resource (Pate & High,

1995). Conversely, the latter part of Code C.2.a. points out that counselors should "gain the

knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client

population" (C.2.a.) rather than dismissively pronounce incompetence in this area of cultural

diversity. Perhaps this could be an area, for those lacking in competence, to secure continuing

education or specialized training as a priority rather than as an option. Is it not discriminatory to

avoid religion or spirituality, a vital part of one's cultural identity (ACA *Code of Ethics*, C.5.;

Young, Wiggins-Frame, & Cashwell, 2007)? The ACA *Code of Ethics* states that counselors are

to understand the Code "and other applicable ethics codes from other professional organizations"

and that "the lack of knowledge or misunderstanding of an ethical responsibility is not a defense

against charge of ethical conduct" (H.1.a.).

ASERVIC Competencies

With a heart and drive to see spirituality and religious issues broached in the counseling

session, a fifteen-member group of practitioners and educators (known as the Summit) met in

1995 and produced the first set of nine competencies for addressing RS (Young, Wiggins-Frame

et al., 2007). The nine competencies covered four areas: general knowledge (i.e., distinguishing

the definitions of RS), awareness (i.e., counselor awareness of personal beliefs to the degree of

being able to explain the belief system and articulate a theoretical basis/model for it), sensitivity

and acceptance (i.e., various RS expressions and themes of one's client base), and assessment (i.e., relevance of RS in client issues, identify one's limits in understanding and provide appropriate referral, and use of RS beliefs in treatment planning) (Young, Cashwell, et al., 2002). Though the competencies were aligned with ACA's conceptualization of addressing RS with clients, practitioners were still wrought with uncertainty of how to implement the competencies. In essence, there did not appear to be much progress in the competencies' integration as a whole, though counselor educators in general perceive themselves as moderately prepared to integrate those competencies (Young, Cashwell, et al., 2002). Recently, taking into account the cry of lack of understanding and training, a small group led by Dr. Craig Cashwell (referred to as Summit II) worked to expand the competencies (Interaction, 2008, p. 2).

The 2009 ASERVIC competencies for addressing RS issues in counseling, endorsed by ACA, were categorized and increased to fourteen competencies to enhance clarity for greater execution. The first category, Culture and Worldview, retained the concept of the counselor's ability to distinguish between the similarities and differences of RS but expands the concept of understanding beliefs and practices within a cultural context to understanding various spiritual systems, major world religions, agnosticism, and atheism. Unlike the 1996 competencies, it included those who do not aspire to any belief system and highlighted RS' influence of psychosocial functioning. The second category, Counselor Self-Awareness, groups together the counselor's continual awareness of personal attitudes, beliefs, and values and its limits but adds emphasis to the counselor's practice of utilizing other RS resources for consultation or referral, namely spiritual leaders. The Human and Spiritual Development, the third category, retains the notion of knowing various models of RS development and how it interacts with human development, similar to the essence of Section F of the ACA *Code of Ethics*. Fourthly,

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Assessment, new to this version, specifies gathering information about the client's RS perspective at the intake. In the last category, Diagnosis and Treatment, setting therapeutic goals that are consistent with the client's perspective remains the same. However, the largest addition to the new competencies is the concepts of recognizing that a client's RS perspective could influence the diagnosis or prognosis by enhancing wellness or contributing to or exacerbating symptoms. As well, the use of techniques was addressed (i.e., modifying techniques to include the client's RS perspective and RS practices when appropriate).

CACREP Standards

Unlike the ASERVIC competencies, CACREP standards do not specifically use the terms religion and spirituality in counselor preparation for practice. Nevertheless, reviewing the 1994 to 2009 versions, it has increasingly used the "cultural," "multicultural," and "advocacy" language, depicting the awareness of society's pluralism and how it would be evidenced in counseling practice. The Diversity and Advocacy category was added in the 2009 version and alluded to the need to integrate this component in every core area of training, whereas prior to, the emphasis was in the Social and Cultural Diversity core area alone (Briggs & Rayle, 2005; Burke, Hackney, Hudson, Miranti, Watts, & Epps, 1999; CACREP, 2001, 2009). Pate and High's (1995) study reflected this emphasis in that 60% of counselor training programs reported addressing client RS in the Social and Cultural Diversity component. Unfortunately, many counselor educator programs are still operating on the previous years' standards format by focusing on this particular multicultural construct in the Social and Cultural Diversity area alone. It seems that the Council concurs with ACA and ASERVIC in the view that addressing RS gives a way of connecting with the client that enhances the client's experience of counseling and helps the counselor see a more holistic view of the client's presenting problem (Bishop et al., 2003;

Burke et al., 1999; Kelly, 1990), as well as honors the sense of sacredness that clients employ as it directs and motivates their living and acts as a conduit for goal attainment (Hill & Pargament, 2003).

Religion and Spirituality in Counseling Practice

Emerging from the review of literature regarding religion and spirituality in counseling practice, there seems to be three areas that counselors who can conceptualize and engage in the work of addressing RS in practice have in common. First, some counselors have resolved that the historical foundation of counseling from the medical model perspective may not be the best approach to providing optimal wellness, particularly in reference to issues of the soul (Kochunas, 1997; Ottens & Klein, 2005). The medical model certainly provides quantitative information regarding the effectiveness of interventions and attempts to provide some uniformity in the way counselors practice. Nevertheless, the model's rigid, scientific, and technical approach undermines the helping relationship in its flexibility, creativity, and level of connectedness. The medical model itself challenges the counselor's openness to looking at content or issues that are not quantitative in nature. Ottens and Klein note Elkin's (1995) terminology of this phenomenon as the "masculinity" of counseling practice. Essentially, the core values and principles of the counseling field are predicated upon a masculine view of helping (i.e., logical, rationale, analytical), in contrast to a feminine view (i.e., relational, intuitive, emotional, creative) of helping. Thus, the medical model positions counselors to refute RS without the critical inquiry it holds in such high esteem. Ottens and Klein described the common factors approach as an alternative model that would be more receptive to the RS component. In the alternative model, counselors use fundamental common factors across many psychotherapies and focus on relationship quality and treatment structure.

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Secondly, the counselors' role in counseling shifts from therapist as expert to therapist as facilitator (Ottens & Klein, 2005). The counselor moves toward the increased functionality of the client rather than providing a cure for the client's presenting problem. Thus, the counselor's gaze is upon the client's needs and what benefits the clients rather than the counselor's ability to effectively execute a technique. The therapeutic alliance is seen as collaborative, caring, and an exchange. With the concept that the relationship is not hierarchical and the counselor is not the expert of the client's life and experiences, the client becomes the driving force of change.

Lastly, counselors have concurred that the religiosity and spirituality is a significant component of one's existence, frame of reference, manner of living, and resources (Grimm, 2004; Walker, Gorsuch, & Tan, 2004; Weinstein, Parker, & Archer, 2002; Wolf & Stevens, 2001). Counselors who acknowledge and incorporate the client's religion and spirituality into counseling practice seemed to have abandoned the debate of its importance, place in the counseling session and lack of a standardized definition for either. The focus seems to be on what the client declares as beneficial and moving toward that action.

On the other hand, when conceptualizing the practice of integrating RS content and issues into counseling practice, a literature review brings into view what seem to be three levels of implementation. Within each level of implementation appears to be a description of the level, likely presenting problems, recommended developmental level of the counselor, form of integration (i.e., implicit or explicit), appropriate ASERVIC competencies, and list of possible interventions. As well, the literature brings out ways each level addresses the nature of the counselor's work (i.e., spiritual content or spiritual issues). Siang-Yang Tan (2007, 1996) explains two major models of integration as implicit and explicit. In the implicit integration

model, the counselor does not overtly introduce RS material or practices into the session. Integrating explicitly, the counselor discusses RS material overtly and uses RS as a source.

From the research, the first level of integrating RS into practice is the facilitation of awareness. At this level, much of the awareness may be the counselor's. The counselor may silently pray before or during the session, focus on breathing to create space for divine wisdom, or model qualities of forgiveness, acceptance, and compassion, as well as use the structured interview to listen for spiritual themes or influences (Wolf & Stevens, 2001). During the clinical interview, the counselor uses the basic counseling skill of empathic listening, particularly, to note how RS shapes the client's worldview (Wolf & Stevens, 2001). At the first level, counselors address the ASERVIC competencies related to the counselor's ability to determine how RS relates to the client's beliefs and culture and worldview (ASERVIC, 2009).

The second level, exploration, focuses on how the client's religious or spiritual content influences the client's presenting problem and impacts functioning (Frame, 2003; Horton-Parker & Fawcett, 2010; Kelly, 1995; Richards & Bergin, 2005). The counselor acknowledges the presence of or level of importance the client attributes to religion and spirituality. This is done through an examination of the client's core beliefs and values. Using advanced counseling skills, such as reframing and self-disclosure, the counselor works with helping the client to reframe their approach to their struggles or presenting problem by using the examples given within their faith tradition (Rollins, 2009; Wolf & Stevens, 2001). Beyond basic and advanced attending skills, the counselor may opt to use assessments as an intervention in order to gather data regarding the client's religious or spiritual attitudes (Hall & Edward's Spirituality and Assessment Inventory), orientation (Allport & Ross' Religious Orientation Scale), experience

(Spiritual Experience Index), or overall well-being (Spiritual Well-being Scale) (Bergin & Jensen, 1990; Rollins, 2009; Wolf & Stevens, 2001).

Like the awareness level, the counselors at the exploration level typically work with the religious or spiritual *content* implicitly or explicitly. Another intervention, at this level, is the use of religion as a resource (Richards & Bergin, 2005; Horton-Parker & Fawcett, 2010). The counselor may include family religious views and religious leaders in the session or prescribe homework activities that involve a religious or spiritual practice of the client (Wolf & Stevens, 2001). Other types of interventions used are prayer (i.e., initiated and offered by the client), forgiveness (i.e., helping the client free themselves from the incident to promote forward movement and increased mental and physical health), and mindfulness (i.e., helping the client practice being in the moment or responding from the present) (Cashwell, Bentley, & Bigbee, 2007; Martinez et al., 2007; Wolf & Stevens, 2001).

One example model depicting this second level is the FACE-SPIRIT Model. The acronym of FACE represents the strategies of Focusing on the present, Asking for guidance, Compassion cultivation, and Existential empathy, while SPIRIT represents the strategies of Simile and metaphor, Prayer, Interpretation of sacred texts, Rituals, Imagery, and Transgression Relief (Horton-Parker & Fawcett, 2010). As an example of the facilitation of RS exploration level of intervention, the FACE-SPIRIT Model seems to be a comprehensive intervention approach to addressing RS issues in counseling that acknowledges the perspective of the client and counselor, using both implicit and explicit sources (Horton-Parker & Fawcett, 2010). Based on the theoretical underpinnings of Fowler's Theory of Faith Development (Horton-Parker & Fawcett, 2010), the authors weave in the ASERVIC competencies as they describe how counselors could integrate RS techniques into sessions. The model is illustrated as a layered

circle by which the implicit (FACE) is integrated first and then, the deeper or inner circle of explicit (SPIRIT) integration is utilized last. The outer circle of FACE uses techniques of focused breathing, focused body scan, observing thoughts and feelings, and walking meditation to facilitate mindfulness or focusing on the present. In asking for guidance, the counselor uses different types of prayer (i.e., colloquial, meditative, petitionary/intercessory, and ritualistic) to help with the development of empathy, quieting the mind, and releasing ownership of the care of the client. When cultivating compassion, counselors using this model use visualization to extend loving-kindness toward self and the client with the emphasis upon feeling compassion rather than articulating it. The last step in the outer circle is the component of existential empathy. Borrowing from Viktor Frankl's logotherapy (Horton-Parker & Fawcett, 2010), the counselor listens for the client's search for meaning, which may not be altogether articulated forthrightly, by using Martin Buber's concepts of the I/Thou relationship and presence (as cited in Horton-Parker & Fawcett, 2010). Horton-Parker and Fawcett notes that in order to achieve this final strategy, the counselor must utilize the first three in order to position themselves to receive the spiritual content that arises.

Further, for the inner circle, the SPIRIT portion is used to directly, rather than indirectly, incorporate RS into counseling practice (Horton-Parker & Fawcett, 2010). Simile and metaphor use empowers clients to express their emotions about content that may be otherwise difficult to and helps them connect with the deeper meaning. The authors propose using techniques like spontaneous integration (i.e., when the client spontaneously uses a simile or metaphor in description, the counselor attends to it), homework assignments (i.e., using a tangible object to describe the religious or spiritual content, attitude, etc.), integration with sacred text (i.e., using characters or figures from their belief system as a representation of an event or act), and

reframing (i.e., using a different perspective to empower the client in the difficult experience) (Horton-Parker & Fawcett, 2010). The second strategy in this part of the model is prayer. The authors noted the potential ethical issues related to prayer but contended that prayer used overtly could be done contextually. That is, counselors could use overt prayer to increase counselor insight into the client's worldview, increase client trust, increase client hope, and increase motivation (Horton-Parker & Fawcett, 2010). Further, it was noted that deciding whether to pray involved considerations for assessments, setting, therapist motivation, and client mental status (Horton-Parker & Fawcett, 2010).

Thirdly, the interpretation of sacred texts can be accomplished in several ways ((Horton-Parker & Fawcett, 2010) by quoting it, interpreting it, indirectly referencing it, discussing stories, challenging the client's beliefs, encouraging the client to read or study or memorize texts, participating as an observer, and using cognitive behavioral therapy in modifying dysfunctional thinking). When it is used, Horton-Parker and Fawcett noted the importance of considering its frequency of use and its use in collaboration with the client. When using rituals as a part of therapy, the authors suggest rituals involving celebration or commemoration and liberation, as well as rituals that mark the end and beginning of phases of life. This could include storytelling, eating and drinking, dancing, singing or chanting, creation of a sacred spaces, etc. that could be done as homework assignments or in the office. Guided imagery is used to help the client ascribe positive attributes that may be espoused to a spiritual figure. Lastly, the transgression relief strategy uses the concept of forgiveness to reconcile wounds from difficult relationships and life circumstances (Horton-Parker & Fawcett, 2010; Martinez et al., 2007). The counselor uses a religious or secular foundational model for facilitating forgiveness, depending on the

client. Horton-Parker and Fawcett recognized two models to help with this facilitation: the

Enright Model and the Worthington Model.

The Enright Model has twenty steps with four phases (as cited in Horton-Parker &

Fawcett, 2010). The first phase, uncovering, is a process of discovering defenses and anger

within the client. The second phase, decision, entails the counselor facilitating the client's

awareness of the ineffectiveness of previous coping strategies. The goal is for a commitment to

change. The third phase, work, involves the therapist using questioning to help the client

reconnect with the humanity of all individuals in their plight of offending and making mistakes.

The final phase, deepening, is a process of assisting the client find meaning in their experience,

find new purpose, and accept forgiveness as a personal measure of healing.

The Worthington Model is a five stage REACH process (as cited in Horton-Parker &

Fawcett, 2010). The R is the first step in facilitating the client's recall of the offense. The E

involves building empathy by asking the client to consider the thoughts and feelings of the

offender at the moment of offense. The A stands for the client's reception that forgiveness is an

altruistic gift. The therapist facilitates the client's memory of times they were forgiven and how

it felt to receive that forgiveness. Whether made orally or in writing, the client publicly Commits

to forgiving the offender. The important piece at this stage is the open sharing of this

commitment. In the last stage, the Worthington model asks the client to Hold onto forgiveness.

At the second level, counselors address the ASERVIC competencies related to the

counselor's ability to assess the client's RS using various sources, to recognize RS when making

a diagnosis and setting goals with clients, and to apply theory and current research in the

inclusion of the client's RS content (ASERVIC, 2009).

The third and final level of integration, noted in the research, materializes as the facilitation of religious and spiritual growth. It is this stage that many counselors seem to bare the most contention and confusion. This level seems to go beyond awareness and exploration into spiritual enhancement that includes the objective of spiritual transformation. The presenting problems to which counselors address are generally related to religious or spiritual *issues* or problems of the spiritual or religious domain. Here, seasoned or specially trained counselors with experience in spiritual development theory and practice embark upon a process of handling clients' spiritual issues. This form of integration is mainly explicit and covers the ASERVIC competencies of the counselor's ability to utilize and modify RS techniques from the client's perspective and ability to therapeutically apply theory and current research in practice at a deeper level (ASERVIC, 2009). The seasoned or specially trained counselor could be of a multiple religious and spirituality knowledge base or have a single religious or spirituality knowledge base (i.e., focusing on one area of religion or spirituality or several).

At this level, the focus seems not so much on the client's RS *content* to which the counselor uses basic and advanced counseling skills and specific RS techniques that the client is accustomed. It focuses on the client's RS *issues*. With RS *issues,* the counselor's knowledge of the client's faith orientation or the lack thereof joins the client's pursuit of "…religious experiences, relationship with God, and aims to self-surrender to the will of God" (as cited in Tan, 2003). The client's presenting problem is the relationship between them and their God, or lack thereof; thus, the work in the counseling session becomes spirit-directed *as well as* problem-directed (as cited in Tan, 2003).

Counselors utilize what may be more akin to spiritual practices like discussing religion or spirituality as culture and context, prayer, the use of meditation and rituals, forgiveness,

relaxation and imagery, counselor self-disclosure, the use of one's religious community, and referrals for blessing. In contrast, some counselors engage in practices more akin to religiosity like scripture memorization, confession, teaching doctrine, scripture reading, discussing religious texts counselor praying for and blessing the client, and targeted assessments (i.e., Index of Core Spiritual Experiences, Religious Problem Solving Scale, Religious Coping Scale, Intrapersonal Religious Conflict, Negative Religious Coping Scale) (Cashwell, Bentley, & Bigbee, 2007; Hill & Pargament, 2003; Martinez et al., 2007; Wolf & Stevens, 2001). Chandler, Holden, and Kolander (1992) added contemplation, safe harbors, mantras, dream-level therapy, psychosynthesis, and awareness exercises as a part of their Spiritual Wellness Model.

The integration of religion and spirituality into counseling practice, at any level, is not without its ethical concerns. To most counselors, the obvious concerns relate to informed consent (i.e., failure to provide sufficient information about counseling to the client), dual relationships (i.e., counselors who may be serving in a spiritual leader role along with counselor role to a client who is a fellow parishioner), respect for client values (i.e., not imposing one's values upon the client and reducing client's freedom to choose), and therapist competence (i.e., being trained in the area of addressing RS content or issues as related to interventions and assessments) (Martinez et al., 2007; Richards & Bergin, 1997 as cited in Tan, 2003; Wolf & Stevens, 2001).

Yet, some counselors (Martinez et al., 2007; Wolf & Stevens, 2001) noted issues to be mindful of when using those practices: (a) religious or spirituality identity development (client and counselor), (b) collaboration with spiritual leaders with client's permission and in a spirit of respect, (c) displacing or usurping the religious authority by not determining the client's attribution of importance regarding their religious leader, (d) recognizing workplace boundaries

by not using RS interventions without client and supervisors written permission and within the boundaries of separation of church and state, and (e) using RS based intervention with the client's permission and with a disclaimer of their role as counselor versus spiritual leader are noteworthy concerns as well. While those who practice psychotherapy believe in the importance of the client's religious and spiritual values, they feel more uncomfortable with addressing RS explicitly than implicitly (Bergin & Jensen, 1990; Briggs & Rayle, 2005; Delaney et al., 2007; Kelly, 1994, 1997; Miller, Korinek, & Ivey, 2006; Pate & Hall, 2005; Pate & High, 1995; Ripley, Jackson, Tatum, and Davis, 2007; Young, Wiggins-Frame et al., 2002; Shafranske & Malony, 1990).

Religion and Spirituality in Other Training Programs

It might be obvious to consider that the role of religion or spirituality take on different forms within varying training programs (i.e., psychology, marriage and family, rehabilitation, and counselor education). Training programs may have similar concerns in addressing RS in their curriculum as counselors have in their practice. Similar to the influence of the medical model as a deterrent for many to address RS in counseling practice, the emphasis on cognitive achievement and learning outcomes may be a confounding variable for training programs (Buchanan & Hyde, 2008; Evans, 2007). However, some research indicates that RS can be integrated into the classroom regardless of the cognitive level of the student, geographical location, or the subject of the course (Binkley, 2007; Buchanan & Hyde, 2008; Kreimer, 2007; Sites et al., 2009). The theoretical orientation of the department, the constituents of the institution, and faculty attitudes may indicate the pliability of infusing religion and spirituality into various programs (Eliason, Hanley, & Leventis, 2001; Lyon, Beaty, Parker, & Mencken, 2005).

The work of Eliason et al. (2001) could be an outline of how a helping individual or training department could use the most commonly known theoretical orientations and work within a religious or spiritual framework. The authors first depict the influence of religion and spirituality upon the theorists to explain the theorists' level of faith development or non-development. Then, the theoretical orientations (i.e., psychodynamic, humanistic, and existential and phenomenology) that are easier to acquire the RS framework are contrasted with the theoretical orientations that are fundamentally more challenging (i.e., behavioral, cognitive and cognitive behavioral). Nevertheless, the behavioral, cognitive, and cognitive behavioral orientations have aspects of their theory that resemble humanistic or phenomenological constructs (e.g., Glasser's basic need fulfillment is similar to Perls' I/Thou construct) (Eliason et al., 2001).

RS in Religious Institutions for Higher Education

Whether a university or college or isolated training program, religious institutions seem to vary in degree in their approach to addressing RS in their programs. Isolated training programs like the American Association of Pastoral Counselors (AAPC) view the practice of counseling as moving "beyond the support or encouragement a religious community can offer, by providing psychologically sound therapy that weaves in the religious and spiritual dimension" (AAPC, 2010, para. 1). Thus, pastoral counselors are rigorously trained in both theology and psychology and have clinical experience that lead to supervised licensure and certification of which years of practice influence level of mastery (AAPC, 2010). In addition, Roy Woodruff asserted that "pastoral counselors are among the most educated of mental health professionals… pastoral counselors also possess a depth of training that is significantly more intense than that of many other mental health professionals of the core disciplines" (AAPC, 2010, para. 5).

From the perspective of religious colleges and universities, including seminaries, faculty attitudes and institutional constituents are key to what and how much of RS is infused into the curriculum (Kelly, 1994; Lyon et al., 2005). First, not all religious institutions believe infusing is important. Surveying six religious colleges and universities (i.e., Baylor University, Boston College, Brigham Young University, Georgetown University, University of Notre Dame, and Samford University), though much of the data came from the largest university, Lyon et al. (2005) found that full-time faculty members were divided into either the separatist (Christian interpretation used throughout the curriculum is inappropriate) or integrationist (supporting Christian interpretation throughout the curriculum) camp when considering the infusion of faith into learning. Though full-time faculty members are working at a notedly Christian-supported institution, they are divided on actually infusing the very foundational principles of the university or college to which they are employed. The results of Lyons et al.'s work shows that almost half (N = 1703) of the full-time faculty members (48.5%) reported as integrationist while 16% were in the middle. Interestingly but not surprisingly, faculty members that were recruited for their excellence in research or teaching but having a different religious affiliation as the hiring university or college are "twice as likely to be separatists" (Lyon et al., 2005, p. 66). So, for those faith-based higher educational institutions recruiting potential and tenured faculty from research institutions could significantly negatively impact the continuation of the traditional religious or spiritual influence or knowledge base of faith-based institutions. This philosophical perspective of objectivity and critical inquiry seems to devalue the robustness of RS scholarship and may erode the number of constituencies supporting the institution (Evans, 2007; Kelly, 1994; Ulanov, 1997). Further, not all students at a religious institution have the same perspective on the place of religion in their lives or training (Evans, 2007). Evans noted three types of

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students that attend seminary: (a) those of a specific faith tradition who views seminary as a training place for ministry; (b) those that are of a deep faith, have a postmodern view of ministry, and questions relevance of institutional church; and (c) those that want to develop personal spirituality and sees seminary as a place to make sense of his faith in light of a career path. Thus, the faces of students in religious institutions vary not only in their gender, race, or theological orientation but in their interpretation of ministry and its role in preparation.

Second, private religious institutions integrate RS into the curriculum in a number of ways. Kreimer (2007) rationalizes that students training to be rabbis live in two worlds for which they need preparation. The world of religion and the world to which they live in and serve others are two worlds that are mutually impactful. By specifically studying the work and biographies of those who had a reductionist view of RS (e.g., Sigmund Freud, Karl Marx, and Emile Durkheim) and those who did not (e.g., William James and Carl Jung), along with sacred texts, students are helped to "connect what they hear in synagogue with what they read the rest of the week… help to bridge the two worlds" (Evans, 2007; Kreimer, 2007, pp. 74-79). Ulanov (1997) accounts for other end of the spectrum by highlighting gaps between theories and inspiring critical thinking of the students in an attempt to form their own theoretical orientation. The objective is not to ignore or dismiss the critics but to analyze their theories in hopes of inspiring insight into one's pursuit of a meaningful life and psycho-spiritual practices (Kreimer, 2007; Ulanov, 1997). Though private institutions may have varying areas of specific or general training and house students of varying disciplines and interests, they are not a society of psychologically-minded individuals. In contrast, they afford a setting to see the transcendent and influence the students' effort to walk congruently with their God (Ulanov, 1997).

For religious colleges and universities, a phenomenological approach is used in integrating RS into the curriculum. The qualitative research of Sites, Garzon, Milacci, and Boothe (2009) found a need for a more standardized definition of religion and spirituality and an environment that lends itself to integrating RS. Additionally, faculty (that was nominated by students) noted personal congruence and genuineness as the primary indicators of success in integrating RS into the classroom. Similar to the findings of Lyon et al. (2005), the Sites et al. study found that Christian faculty teaching at a Christian university found it difficult to separate their faith from their teaching practice and would be integrationist. To infuse faith into teaching practice, explicit and implicit means are used. Explicitly, educators use biblical literature in English class and use immediacy and self-disclosure when discussing a topic. Implicitly means are used involve focusing on literature that alludes to Scripture, metaphors and historical characters from the Bible to construct genograms, or teaching from a Christian worldview. Further, these faculty members described using their faith in their teaching practice. As a manifestation of faith, faculty members cite how they interact with students and other faculty (i.e., showing compassion, love, and respect and mentoring), not unlike some secular colleges and universities, but experience a greater teacher-student rapport (Binkley, 2007; Sites et al., 2009).

Besides integrating through implicit and explicit ways in classroom material and personal expression, some religious colleges and universities offer specific courses. One such course is that of World Religions. Sautter (2005) described an alternate way of teaching world religions by focusing on dance and rituals across various religions as a means of identifying and understanding a culture's religion. He incorporates textual information on different religions but expands it to include "the actions, gestures, and conduct…Human movement then is a primary

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means of living out faith and communicating beliefs" (Sautter, 2005, p. 176). The class looks at how religion is expressed in the world and delineates how the culture of religion or religious culture could be interpreted for some as entertainment or sacred. Nevertheless, the student can achieve greater cultural awareness and religious insight from this artistic expression by observing the metaphorical rituals.

Similar to secular college and university students in mental health, whether a private religious institution or a religious college or university, students that want to specialize in a particular area or theory of practice seek additional training outside the program (Ulanov, 1997). Some opt to do this after the end of the program or simultaneously (Ulanov, 1997; AAPC, March 2010). The distinction between religious study and theology is that theology focused on the interpretation of Scripture within a particular faith and has a sociopolitical application. In contrast, religious studies examine various texts written from various major perspectives with a personal application that influences spiritual growth and professional practice (Ulanov, 1997). Nevertheless, these institutions seem to have the same concerns as secular mental health training institutions when integrating RS into the curriculum (i.e., how to do it, how much to do, and the fear associated with it) (Binkley, 2007).

Unlike secular institutions, however, ignoring the religious or spiritual is seen as unrealistic and of detriment to the creativity and personal growth of the student (Buchanan & Hyde, 2008; Plante, 2007; Ulanov, 1997). RS in the classroom gives space for the inner dialogue of students to be spoken outwardly which leads to increased personal insight and awareness, affirmation of a more genuine theoretical orientation, clarity in what path of clinical work to pursue, and an exploration of how those diverse worldviews impacts one's work and functioning (Groen, 2008; Ulanov, 1997). Integrationists acknowledge that people want to connect with that

which is enduring (i.e., the transcendent) as well as the immediate (i.e., non-transcendent) (Evans, 2007; Ulanov, 1997; Lyon et al., 2005).

For the institutions who are integrationist, researchers have developed a few personal models, based on a program model, that faculty could use as a guide. Sites et al. (2005) cites Bouma-Prediger's (1990) model of using the Integration of Faith and Learning (IFL) program model as having done the most in infusing RS into the curriculum. This model espouses four kinds of integration: (a) interdisciplinary (i.e., integration of two disciplines), (b) intradisciplinary (i.e., unify theoretical perspectives and professional practice), (c) experiential (i.e., focus on personal wholeness and spiritual well-being and resolution of personal conflicts), and (d) faith-praxis (i.e., living congruently with one's faith in every area of one's life). Sites et al. notes that various individuals use a continuum of these kinds of integration.

The learning model of de Souza (as cited in Buchanan & Hyde, 2008) asserted that the roles of cognition, affection, and spirituality are complementary to learning. Continuing in that learning model, Buchanan and Hyde (2008) proposed a model for helping educators address each component in the creation of learning activities in religious education programs. Providing a more theoretical basis for the practical engagement of students, Buchanan and Hyde offers a detailed understanding of each of the components of learning, how they interplay, and how to develop learning outcomes based on them. In integrative religious institutions, educators may use Biblical stories to have the students create rap music, powerpoint presentations, search internet for poems or prayers, and more to promote a transformative learning experience for understanding the material which increases classroom attentiveness, student involvement and leadership, and more communal classroom dynamic (Binkley, 2007; Buchanan & Hyde, 2008).

RS in Clinical and Counseling Psychology Training Programs

In spite of faculty members' and students' interest and openness to RS discussion and research in the classroom and in supervision, the effort toward fruition is minute (Becker, 2009; Brawer et al., 2002; Hage, Hopson, Siegel, Payton, & DeFanti, 2006; Schulte, Skinner, & Claiborn, 2002; Shafranske & Malony, 1990). The research report that the discrepancy between word and deed is due to: (a) lack of training in the RS diversity, intervention, integration, or various faith traditions (Hage, 2006; Shafranske & Malony, 1996), (b) little expectation to have said knowledge (Schulte et al., 2002), and (c) perception of the college or university's role in promoting growth in this domain (Becker, 2009).

The foremost studies that observed the integration of RS into clinical and counseling psychology training programs are the works of Shafranske and Malony (1996), Brawer et al. (2002), Schulte et al. (2002), Aten and Hernandez (2004), and Russell and Yarhouse (2006). Over the eight year span of time, these studies found similar results and potential advancements. Shafranske and Malony (1996) found that RS was rarely taught in their training programs (85%) and it was done so primarily through case study (72% of directors reported). Though attitudes were supportive in the relevance of RS in clinical work, a third of clinical psychologists felt incompetent in addressing RS content in class (Hage et al., 2006).

Brawer et al. (2002) discovered "a great deal of variance in the depth and breadth of the coverage among programs" (p. 204). Other than in supervision, sixty-one percent of clinical psychology directors reported covering RS in courses like diversity/cross-cultural psychology (57%), ethics (41%), psychotherapy (32%), psychopathology (19%), history of psychology (15%), assessment (13%), and family (10%). Thirteen percent offered it as a separate course. Thirty percent of faculty reported having published a scholarly work on RS and psychology,

22% have major interest areas in RS. Similarly, 43% of students reported a major interest in RS (20% approached faculty requesting coursework in the area).

Schulte et al. (2002 as cited in Hage et al., 2006) found similar results in that 67% of psychology training directors reported covering RS content in the curriculum (33% no coverage and 53% one or two courses with some coverage). They found that when it was introduced in the curriculum, it was presented within the context of a psychological disorder (73%) and as a multicultural or diversity construct (31%). However, the finding of Schulte et al. was inconsistent with the report of Shafranske and Malony (1996) in that RS was rarely taught in psychology training programs (85%). Nevertheless, Schulte et al.'s (2002) work is analogous to Kelly's (1997) work that almost half (46%) of programs are integrating RS content into the curriculum, some five years later.

Nevertheless, there is research depicting the shift toward inclusion and integration of religious and spiritual content, as an element of diversity, into the liberal arts curriculum (Becker, 2009; Hage, 2006). The American Psychological Association Committee on Accreditation (2009), which includes both clinical and counseling psychology, does not mention spirituality but does religion once, as a cultural construct (Domain A5). However, the 2002 *Ethical Principles of Psychologists and Code of Conduct* and the 2003 APA Multicultural Guidelines views RS as an ethical responsibility in its expression of diversity and admonishes psychologists to receive training and competency in the RS domain (Hage et al., 2006; Plante, 2007; Russell & Yarhouse, 2006). The APA Code of Conduct states

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national

origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. (p. 1063)

Russell and Yarhouse (2006) extended the work of Brawer et al. (2002) to include the perspective of predoctoral internship training programs. Their work revealed that 49% of the 49 sites reported teaching RS content in didactic form at least once a year, almost 20% reported once a semester, almost 7% reported monthly. Most sites viewed RS as a multicultural construct and trained using multiple sessions (around 47%), ongoing sessions (almost 27%), or single seminars. Of the forty-nine sites, two reported infusing RS throughout the training program, nine as seminar or workshop, seven as diversity training, two as grief or palliative training, two did not offer other options, and eight did so in ways not listed in the survey (i.e., books, articles, self-care, long trips, existential training, etc.). In supervision, almost 91% of the 125 directors reported addressing RS material. The most common ways RS was broached in practicum supervision was when: (a) the counselor-in-training noted the client's explicit initiation (almost 36%); (b) it was brought up in the supervision session as a multicultural construct (almost 22%); (c) the counselor-in-training mentioned it during intake (5%); and (d) the university or school supervisor initiated a discussion (4%).

In contrast to counseling psychologists, clinical psychologists report hardly ever broaching RS material in the classroom but primarily do so in supervision and prefer spirituality over religion (Brawer et al., 2002; Hage, 2006). Aten and Hernandez (2004) noted the need for the development of literature that helps the students conceptualize a framework of working with RS clients and issues. They created guidelines that covered intervention and assessment approaches or techniques, cultural sensitivity, theoretical orientations related to RS, case conceptualizations, treatment goals specific to RS material, and ethical guidelines. Echoing the

voice of Plante (1999), collaboration with clergy is highlighted as a key element in effectively acknowledging the cultural competence of students (Hage, 2006).

As clinical and counseling psychology programs align their curriculum with the APA Code regarding religion and spirituality, students are expected to experience an increase in sensitivity, knowledge and competence training; increase in mentorships with faculty who share the RS interests of the students, and more guest lecturers like clergy members or other experts in the field (APA Ethics Code, 2002; Aten & Worthington, 2009; Brawer et al., 2002; Plante, 2007). As well, ethics training would help psychologists to avoid the pathologizing of clients who present with RS issues and content, and reframe destructive religious beliefs and behaviors as those that harm the client in thoughts, feelings, and behaviors, and increase respect and cultural sensitivity toward RS clients (Plante, 2007). Further, Plante describes ethical training as a means of highlighting the legal and ethical issues that might limit the practitioner as well as the differences in those legal and ethical issues between practitioner and clergy members (i.e., boundary issues). Finally, the clinical and counseling psychology programs could better prepare clinicians by better defining religion and spirituality, examining spiritually oriented interventions more, focusing more on clinical assessments of RS, enhancing and creating more clinical research, including training at the undergraduate level and providing more opportunities to become more competent by working with RS through internships (Aten & Worthington, 2009; Russell & Yarhouse, 2006).

RS in Marriage and Family Therapy Training Programs

Marriage and Family Therapy (MFT) training programs bare similarities between clinical and counseling psychology programs and counselor education programs. First, marriage and family therapists believe in the value of RS in their private lives and clinical practice and are

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willing to include RS issues in supervision and training (Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Hage, 2006).

Second, the field of MFT seems to be experiencing increased attention to RS in family therapy through more published journal articles, conference presentations, and book chapters in the recent years, thus indicating its need for inclusion within the field (Carlson et al., 2002; Miller, Korinek, & Ivey, 2004; Prest, Russell, & D'Souza, 1999). There is conflicting studies related to the amount of attention that is given to RS in the classroom. Kelly (1997) noted that programs that were accredited by the American Association for Marriage and Family Therapy (AAMFT) gave more attention to this domain. Though it may give greater attention than other disciplines, some studies indicate that marriage and family therapists still receive minimal training in addressing religious and spiritual content (Carlson et al., 2002; Prest et al., 1999). Thus, marriage and family training programs bare a similarity with other disciplines in that it too has a discrepancy between perceived importance and actual training of students in light of that importance (Hage, 2006).

Thirdly, Wolf and Stevens (2001) identified barriers to marriage and family practitioners working with RS content of their clients. Those barriers that marriage and family therapists face are: separation of church and state, pathologizing of RS, fear of conflict between self and client due to different RS views, and assumptions of inability to relate to the RS clients because they are not religiously or spiritually oriented (Wolf & Stevens, 2001).

Unlike other disciplines, MFTs are mostly akin to the public ascription to faith values than psychiatrists, psychologists, and social workers (Bergin & Jensen, 1990). For clinicians, Carlson et al. (2002) found that spirituality was the driving force behind the choice of MFT programs over another program (51%), development as a MFT (72%), as well the MFT program

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as a conduit of spiritual growth (62%). When surveyed, of the 153 AAMFT responding, clinicians would prefer more instruction in integrating RS through assessment and intervention (54%), supervision and training (60%), and as a part of a separate course on spirituality (53%) (Carlson et al., 2002). Also, a third of MFTs ascribe to being more religious than spiritual (Carlson et al., 2002). This pronouncement may be related to the historical connection between marriage and family therapy and pastoral counseling (Hage, 2006).

For MFT students, majority of students believe in the importance of their spirituality (76%) and regularly practice connecting with that spirituality (67%) of which 88% was influenced by organized religion (Prest et al., 1999). Similar to clinicians, three quarters (77%) of the sixty-six students from six AAMFT accredited programs in the United States indicated that spirituality was influential in their choice of programs to study and believed there to be a relationship between the mental, physical, and spiritual dimensions (86%) (Prest et al., 1999). Further, Prest et al.'s work (1999) showed students' perception that addressing the client's RS issues is imperative to the helping process (86%) and addressing RS issues in clients is best done from one's own understanding of personal RS concepts (73%). Students desired more training in integrating RS interventions and assessments into practice (67%), through supervision and training (73%), and that it should be provided specifically in the program curriculum (53%) (Prest et al., 2002).

AAMFT (2005) Accreditation Standards for Graduate and Post-Graduate MFT Training Programs (Version 11.0) defines cultural diversity as "representation of multiple groups in the student body, supervisors, and faculty with regard to gender, race, ethnicity, sexual orientation, age, culture, environment, health/ability, nationality, religion, spirituality, and socioeconomic status" (AAMFT online, April 2010, p.22). Students express that though religion and spirituality

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are specifically mentioned in the accreditation language, some feel stifled in their ability to express this cultural aspect of themselves or their clients (Beitin, Duckett, & Fackina, 2008; Prest et al., 2002). Like other training programs, issues related to ethical boundaries (i.e., imposition of values) are some cause for such silence, but students are experiencing RS issues personally and with their clients nonetheless (Lee, Eppler, Kendal, & Latty; 2001; Prest et al., 2002). Spiritual tools like prayer, metaphors and symbols, and existential discussions are being used in the practice of marriage and family therapy (Prest et al., 2002), but there is no indication of where the training originated for such use.

Noticing the gap in research regarding how training programs might address RS (Wolf & Stevens, 2001), Miller et al. (2004, 2006) constructed an instrument to help marriage and family therapy supervisors assess spirituality in supervision. With further development, the *Spiritual Issues in Supervision Scale* is a leading tool in discovering the "breadth, depth, and frequency" of spirituality issues discussed in supervision which could, in turn, empirically influence MFT programs' decisions on what and how to infuse RS into the curriculum (Miller et al., 2004). The authors describe using this tool in discussing RS content or issues posed by the clients' presenting problem (i.e., divorce, trauma, suicide, sexual intimacy, sexual abuse, etc.) through explicit (i.e., sharing observations) or implicit (i.e., feeling a loss of spiritual connection) means (Miller et al., 2006). To address the students' RS issues or content, supervisors may use the tool to discover the types of interventions to employ in session (i.e., spiritual genograms to acquire a history of RS experiences) (Miller et al., 2006).

Review of the literature in a number of databases yielded one article related to MFT and RS in coursework, supporting Wolf and Stevens (2001) assertion that very little research exists related to how MFT programs might integrate RS into their curriculum of training students and

how to handle RS issues and content with clients or within themselves. Though their work does

not indicate how MFT programs could integrate RS specifically into the coursework, Beitin et al.

(2008) used a course in diversity to depict how the educators could create safe environments to

facilitate increased student awareness. Nevertheless, their suggestions of collaboration with

students in creating the course syllabus, pass/fail grading system to reduce fear of retaliation, and

instructor modeling is noteworthy in helping educators determine what and how to teach students

regarding religion and spirituality in practice. The class focused on experiential learning that

included activities, journal writing, media presentations, and group work.

Religion and Spirituality in Counselor Education

Prior to Kelly's 1994 study, the interest in the role of religion and spirituality in

counseling was relegated to a handful of researchers (Bergin, 1991; Kelly, 1994; Pate & Bondi,

1992; Souza, 1999). Kelly's study sought to identify how RS was integrated into the counseling

curriculum and found that only a quarter of counseling programs featured RS in at least one

course (Kelly, 1994). When singling out accredited programs, subsequent studies showed some

variation in numbers but yielded a significantly higher percentage than the original study that

encompassed both accredited and unaccredited programs (60% in Pate & High, 1995; 50% in

Kelly, 1997). Around this time, counselor educators in CACREP programs viewed the inclusion

of RS within the curriculum with some disdain, as eighty-five percent thought it unnecessary

(Kelly, 1997; Pate & Bondi, 1995; Pate & High, 1995).

However, more recently, the interest in the role of RS has increased sharply as evidenced

by the preponderance of journal articles, book chapters, books, and dissertation pieces on the

subject, as well as the evolving view of counselor educators regarding its importance (Young,

Wiggins-Frame et al., 2007). Empirical research regarding the importance of RS in training or

therapy from the perspectives of students, clients, and counselor practitioners is limited

(Birkenmaier, Behrman, & Berg-Weger, 2005; Young, Wiggins-Frame et al., 2007); however,

there are experiences noted in the literature by educators and practitioners that elude to the

student's, client's, and practitioner's perception that RS is vital to training or practice which

further builds the case for the fulfillment of the CACREP mandate (Birkenmaier et al., 2005;

Frame, 2001; Grimm, 1994; Maher & Hunt, 1993; Mattson, 1994; Pate & Bondi, 1995; Pate &

Hall, 2005; Rollins, 2009).

Other training disciplines, like clinical psychology, counseling psychology, and marriage

and family therapy have accreditation bodies that mention the inclusion of religion and

spirituality training in developing sensitivity in helpers-in-training (Crisp, 2009; Hage et al.,

2006). Yet, in comparison to accrediting bodies for clinical and counseling psychology

programs and marriage and family therapy programs, the 2001 version of CACREP (section II,

2) was the only body that brought to light religion and spirituality throughout its curricular

experiences (Hage et al., 2006). Nevertheless, the 2009 version of CACREP Standards deleted

the specification of religious values (section II, 2) throughout its curricular experiences.

Complying with the Standards of CACREP, there are some programs and/or educators

who are implementing the mandate to infuse RS into the curriculum. Some programs and/or

counselor educators are doing so by incorporation (integrating by addressing RS in one to two

courses) and some are doing so by infusing (integrating by addressing RS in all eight CACREP

core areas). Nevertheless, whether incorporating or integrating, researchers note that an early

established atmosphere of safety, acceptance, genuineness, validating experience and empirical

evidence, shared ground rules/boundaries, and an egalitarian, strengths-based approach are

critical in the success of teaching this domain (Ingersoll, 1997; McCurdy, 2003; Miller & Athan, 2007).

Aside from using basic attending skills in the absence of direct training, counselor educators could only use the works of other disciplines to analyze and comprise some way of including RS in training (e.g., psychology, marriage and family therapy, and nursing) (Kelly, 1990). Around 1997, the movement toward creating actual modules for addressing RS in pedagogy appeared in the literature (Burke et al., 1999; Fukuyama & Sevig, 1997; Ingersoll, 1997). Since that time, the literature provides a more comprehensive approach to teaching RS in counselor education (Briggs & Rayle, 2005; Curtis & Glass, 2002; Gold, 2010; Leseho, 2007; Myers & Williard, 2003; O'Connor, 2004; Pate & Hall, 2005; Polanski, 2002).

Whether a training program opts to integrate religion and spirituality through incorporation or infusion, there is detailed information and research from pilot studies available. The research outlines the type of format, content, and models as guidelines that counselor educators could use in addressing RS in the classroom.

Incorporation into Counselor Training Programs

When incorporating religion and spirituality into counselor training programs, research has focused on how educators are infusing the material in one or two classes or as a separate elective class. The work of Ingersoll (1997), Fukuyama and Sevig (1997), and Curtis and Glass (2002) has been the basis for which other educators and researchers have emulated and expanded the pedagogy of RS in the classroom.

Taking an elective course, in addition to the multicultural class, students noted an opportunity to address more issues specific to RS and expressed appreciation for the space to "reflect and understand" (Pate & Hall, 2005, p.159) that was limited by the multicultural class

alone. In fact, as a result of a PsycINFO, Academic Search Premier, ERIC, and PsycARTICLES database search, majority of the incorporation research articles available on incorporating RS in the classroom is derived from separate or elective courses on religion and spirituality in counseling specifically.

For those programs that seek to address RS through the multicultural class, the approach has been to pair RS with diverse ethnic groups (Burke et al., 1999). Yet, according to Burke et al. (1999), the problem with only looking at RS in tandem with a group's culture (i.e., religion within the context of culture) is overgeneralization. "A culture-oriented approach to spirituality and religion legitimately highlights diversity rooted in culture; what may be slighted is this approach are universal aspects of spirituality, expressed in individual ways, that are common to all people across cultures" (Burke et al., 1999, p. 253). Therefore, the challenge for counselor educators is maintaining that balance of respect for those practicing within a creed and those practicing outside a creed that may be cross-cultural (Burke et al., 1999).

Briggs and Rayle (2005) suggest a didactic format in increasing student knowledge regarding the varying definitions of religion and spirituality, and b) diverse beliefs and traditions. As well, the authors noted using experiential learning (e.g., journaling) to increase self-awareness of their own spiritual development or themes and how that may differ from the client's. Using a small group format, students could explore biases and expectations of themselves and the clients. Lastly, Briggs and Rayle suggested using role-plays to practice spiritual or religious interventions. Nevertheless, a PsycINFO, Academic Search Premier, ERIC, and PsycARTICLES database search yields no information describing the counselor educator's experience implementing Briggs and Rayle's suggestions in the classroom, its impact on the students, and influence in increasing student RS competency.

As might be expected, for those incorporating RS into counselor training through separate elective courses specifically focusing on religion and spirituality in counselor education, the format, content, and models as guidelines are more detailed and involved. The class format is generally includes didactic and experiential learning. Generally, didactic learning is achieved through lecture, literature review, article readings, case studies, role plays, and group discussions (Curtis & Glass, 2002; Fukuyama & Sevig, 1997; Ingersoll, 1997; Leseho, 2007; O'Connor, 2004; Pate & Hall, 2005). The experiential learning provides opportunities for increased student competency through a) exercises and activities (e.g., visiting various places of worship, dyad sharing, weekly class support groups, yoga, meditation, dreamwork, spiritual genograms, attending Alcohol Anonymous meetings, etc.); Other forms of class deliberation include panel presentations and guest speakers (i.e., various clergy members, agencies or counselors with experience in addressing RS) and written reflections (e.g., journaling, essay writing, papers) (Curtis & Glass, 2002; Fukuyama & Sevig, 1997; Ingersoll, 1997; Leseho, 2007; O'Connor, 2004; Pate & Hall, 2005).

In addition, the textbooks used included Frame's (2003) *Integrating Religion and Spirituality into Counseling* (O'Connor, 2004), Lesser's (1999) *The New American Spirituality: A Seeker's Guide* (O'Connor, 2004*)*, and Fukuyama and Sevig's (1999) *Integrating Spirituality into Multicultural Counseling* (Leseho, 2007). The classes used the principle of multiculturalism recommended by Pate and Bondi (1992), CACREP's 2001 competencies, and Myers and Williard's recommendations as guidelines in developing the classes (Fukuyama & Sevig, 1997; Leseho, 2007; O'Connor, 2004).

The content covered in separate courses on RS includes a) definitions of religion and spirituality; b) assessment or discovery of counselor awareness (self and client); c) models of

spiritual development; d) interventions and techniques; and e) ethics. Though some courses

spanned a quarter to six weeks to five weekends over a month and a half, counselor educators

reported positive feedback from students in the educator's effort to address all the

aforementioned areas (Fukuyama & Sevig, 1997; Leseho, 2007; O'Connor, 2004).

First, in addressing the content regarding definitions of religion and spirituality, students

have an opportunity to learn the various meanings attributed to the two terms in terms of

similarity and differences (Fukuyama & Sevig, 1997; Leseho, 2007; O'Connor, 2004). As well,

students may have the opportunity to develop their own definition of those terms, how it might

differ for the client, and how the student would address those differences with the client

(O'Connor, 2004). The content may be covered in didactic or experiential learning

opportunities. Yet, the goal is to offer rationale for understanding RS and a glimpse into major

world religions and how that applies to individuals' worldviews, particularly in the area of

suffering (Fukuyama & Sevig, 1997; Ingersoll, 1997; Leseho, 2007).

Secondly, counselor awareness focuses on the counselor's awareness of self and the

counselor's awareness of the client's RS material. The principle that counselors must know their

own religious and spiritual values, beliefs, biases, and influences in order to help clients

personally discover these constructs is employed here (Fukuyama & Sevig, 1997). Instruments

like the Spiritual Wellness Scale, Spiritual Wellness Inventory, and Mysticism Scale, and

Assessment of Religious Belief System are given to students in that exploratory process

(Ingersoll, 1997). These assessments are used as an assistive tool in acquiring the RS values,

beliefs, and influences of the counselor and are used experientially to increase sensitivity and

confidence in assessing those constructs in the client. However, research that focuses on the

instruments themselves used in the RS counseling repertoire, beyond the purpose of using the

instrument, is nonexistent. Little information validity and reliability of the various instruments is available. Other than assessment instruments, case studies, spiritual genograms, journaling one's RS background, and using spiritual development models facilitate the objective of counselor awareness of the role of religion and spirituality in their personal lives and the lives of their future clients (Fukuyama & Sevig, 1997; Ingersoll, 1997).

Thirdly, Fukuyama and Sevig (1997) recognized that beyond using the models of spiritual development as a tool in counselor self-awareness, counselors-in-training increase competency in conceptualizing the client's stage of development and use that in determining the interventions and goals for treatment planning. The authors and Leseho (2007) highlighted James Fowler's faith development model, Myers' optimal identity development model, while O'Connor (2004) highlighted Gordon Allport's model of religious orientation, Fritz Oser's development of religious judgment model, and Vicky Genia's development of growth model as models to potentially address in the classroom.

Fourthly, counselor training programs that infuse RS through separate or elective courses highlight interventions and techniques in their content. Curtis and Glass (2002) stated that before teaching counselors-in-training the techniques and interventions to use to address RS in clients, the chosen techniques or interventions must be broad and inclusive, practical, and actually address the spiritual dimension. The interventions and techniques taught was based in both spiritual and holistic wellness model and primarily included focusing, prayer wheel, forgiveness, mediation (Curtis & Glass, 2002; Ingersoll, 1997; O'Connor, 2004).   However, Gold (2010) added use of ritual, spiritual journaling, bibliotherapy, repentance with forgiveness, and surrender.

Focusing is a six step process that gives attention to unclear material until the client gains insight, understanding, and explicit meaning to that material (Curtis & Glass, 2002). The counselor assists the client in paying attention to and describes how the problems feels in their body and ask open-ended questions in an effort to ascribe new meaning and answers to the problem. In class, students practice the method by creating vignettes and forming dyads to acquire a perspective on the experience (Curtis & Glass, 2002).

Prayer is a widespread practice and can be used in a variety of ways (Gold, 2010). One such was of praying is the prayer wheel which consists of eight components: (a) count your blessings, (b) sing of love, (c) request protection and guidance, (d) forgive self and others, (e) ask for needs, (f) ask to be filled with love and inspiration, (g) listen with a pen in hand, and h) your will is my will (Curtis & Glass, 2002). Students are encouraged to complete the wheel at home over several times a week and discuss their findings in class.

Faiver, Ingersoll, O'Brien, and McNally (as cited in Gold, 2010) recognized forgiveness as the most identified spiritual intervention in the literature. Curtis and Glass (2002) described teaching this intervention using the Enright Model discussed earlier. Questioning is used to reveal people and issues to which forgiveness is needed, rituals are employed to offer closure, and encouragement is given to relay that forgiveness is a process. Structured group formats are used for role-play scenarios.

Meditation was selected because of its anxiety-reducing benefits. Curtis and Glass (2002) note many different ways of meditating but focused on relaxation techniques. Students received information regarding the efficacy of its use and practiced scenarios through role-playing. Homework assignments were given to which journal entries were to capture the students' outlook on the intervention.

Fifthly, the concerns surrounding ethical training were related to counselor competence (i.e., limits of experience, appropriate referrals for theologically based issues, etc.) and autonomy of clients as relates to the functionality of family or personal belief systems (i.e., imposing of values). As well, the issue of judging functionality as healthy or unhealthy, within the context of the client's culture (e.g., perceiving the phenomena of spiritual emergency as pathology rather than a spiritual experience), were highlighted as ethical concerns (Fukuyama & Sevig, 1997; Leseho, 2007). Richards and Potts (as cited in Fukuyama & Sevig, 1997) named dual relationships (i.e., overlap of therapist role and spiritual authority role), payment for spiritual service (i.e., the perception that the value of spirituality is not to be trivialized to common work), and using RS interventions within the appropriate work setting. Through the use of case studies, counselors-in-training considered these ethical concerns. Beyond the mention of these ethical concerns and approach to addressing them, there was no indication of what was specifically said in addressing them.

Infusing into Counselor Training Curriculum

When integrating religion and spirituality into counselor training programs, research has focused on how educators are infusing the material throughout all core curricula areas. The most extensive looks at integrating RS into each CACREP program area was the works of Briggs and Rayle (2005) and Burke et al. (1999). Using the CACREP standards as an outline, the researchers delineated specific techniques counselor educators could use to train counselors-to-be in conceptualizing and operationalizing RS in practice. Moving beyond Pate and Bondi's (1995) view of covering RS issues as a multicultural construct only in a multicultural class, Burke et al. and Briggs and Rayle suggested methods for counselor educators' infusing the multicultural construct of RS. All the authors took a principle of multiculturalism (i.e., cultural

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identity influences one's worldview in every area of one's living) and applied it to the work and education of RS. Just as issues of diversity (i.e., gender, sexuality, age, and physical disability) are being integrated into the core areas of most CACREP accredited programs, the authors gave a guideline for doing so with issues of religion and spirituality.

First, in the core area of Professional Orientation and Ethical Practice, Burke et al. (1999) suggested the modeling of counselor educators' openness to discuss the relevance and importance of RS through their own RS self-awareness attitudes. Following a wellness approach, Burke et al. believed that counselor educators could inspire an atmosphere where counselors-in-training could explore their own RS identity, how that may show up in the session, and how counselors-in-training may integrate their RS identity with their professional identity.

Beyond setting the tone for the work of RS in this class, Briggs and Rayle (2005) suggested introducing RS in counseling when discussing ethical considerations. Through case studies, educators could engage students in an open discussion regarding the importance of RS in the lives of clients and themselves, along with delineated potential ethical concerns. Gold (2010) devoted an entire chapter to such delineation. After a literature review of research espousing ethical concerns with using RS in practice, Gold (2010) compiled a list of ten issues. In chapter ten, he specifically outlines the ethical concern, the specific 2005 APA Code related to that concern, and recommendations for ensuring the ethical principles outlined in the 2005 APA Code of Ethics (For more detailed information regarding client welfare, respect for diversity, informed consent, competence and training, the person-of-the counselor issues, imposition of values, dual relationships and boundaries, workplace boundaries, respect for other professionals, and consultation and referral issues see Gold (2010, pp. 165–183).

Further, group discussion or journaling was a suggested format to inspire discovery and reflection, using four key questions:

What are your views concerning religion and spirituality; how do you believe these views will affect your counseling role; how will you be able to empathize with clients who have differing spiritual values than your own; how will you keep your own spiritual values/beliefs from inappropriately influencing the counseling relationship. (Briggs & Rayle, 2005, p. 66)

In the second core area, Social and Cultural Diversity, Briggs and Rayle (2005) highlighted spiritual and religious culture as equally important in class discussion as the major factors of diversity (i.e., gender, age, sexuality, physical ability). Pedagogy must include an understanding of spiritual practices, an examination of bias, prejudice, and stereotypes in the student and society, and inspection of working definitions in addition to the textbook (Briggs & Rayle, 2005; Burke et al., 1999).

Didactically, counselor educators could use the lecture format, discussion, and article readings to increase self-awareness (Briggs & Rayle, 2005; Burke et al., 1999). To develop skills, experiential learning for students might include journaling or papers written about the students' spiritual development or themes and spiritual stories, spiritual practices of their social or family network and how differently that compares to other themes and practices (Briggs & Rayle, 2005; Burke et al., 1999). Biases, prejudices, and expectations could be discussed in smaller groups, while role-playing and interviews could be used to develop skill levels in identifying RS language in clients, keeping an open posture related to RS, and practicing interventions (Briggs & Rayle, 2005; Burke et al., 1999).

Thirdly, counselor educators could approach RS issues in Human Growth and Development by exploring spiritual or faith development theories (Burke et al., 1999; Briggs & Rayle, 2005; Myers & Williard, 2003; Parker, 2009). Briggs and Rayle specifically mention James Fowler's stages of faith development and how it corresponds with the human development theories of Jean Piaget, Erik Erikson, and Lawrence Kohlberg. Nevertheless, other theories should be discussed that are relevant to people's of diverse backgrounds, including children and adolescents, women, adults at midlife and older adults (Briggs & Rayle, 2005). To increase awareness and skills, students could notate their spiritual journey and identify which theoretical development emerges and how it diverges from their experience or between theories (Briggs & Rayle, 2005; Parker, 2009; Polanski, 2002). For those who do not have an emerging developmental journey, case studies could be used to practice the identification of and conceptualization of RS material using a theoretical development model.

In addition to using the student's own spiritual journey to identify and expound upon spiritual development theories, counselor educators could begin this course by discussing primary developmental theories that have their basis in concepts of religion and spirituality. Myers and Williard (2003) identified psychodynamic, psychosocial, and cognitive theories as having theorists which acknowledge religion and spirituality in the development of their theories and/or conceptualization of healthy mental health. First, counselor educators could discuss the historical influence of Carl Jung in the integration of spirituality as an integral piece to human functioning (Myers & Williard, 2003). Jung believed that humankind's attachment to a supreme being or higher power as the crux of all human relationships and that spiritual growth is achieved through progress in that fundamental relationship (Myers & Williard, 2003). Thus, Myers and Williard (2003) purport that for humans to experience growth and wellness, the spiritual

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dimension is pivotal. From this perspective, other transpersonal theories were developed to which the counselor educator could discuss various religious thoughts.

Further, Myers and Williard (2003) suggest highlighting the psychosocial models of Abraham Maslow (i.e., hierarchy of needs' ultimate goal is the intrinsically pursue transcendence beyond self-actualization), Erik Erikson (i.e., the maturation of spiritual belief and meaning), and Viktor Frankl (i.e., the interplay between search for meaning and spiritual development) in establishing the rationale and purpose of integrating RS into practice. Counselor educators could use the spiritual developmental tasks and pair it with stages of life (Riker & Myers, 1990 as cited in Myers & Williard, 2003; Parker, 2009).

When discussing the cognitive theories of development, Myers and Williard (2003), like Briggs and Rayle (2005), proposed using the models of Fowler, Piaget, and Kohlberg. Unlike Briggs and Rayle, Myers and Williard (2003) suggest aligning the stages of all of the developmental theories and showing the simultaneous, or at least parallel, development of human cognition and spirituality or faith development (Burke et al., 1999). Thus, educators could note that incongruent development between the stages may indicate areas of distress for the client (Burke et al., 1999; Parker, 2009).

In addition to integrating RS in the human development core area by examining spiritual developmental stages and theory examination, Burke et al. (1999) recommended utilizing research explicit to religion and spirituality. The authors emphasis the need to give equal attention to RS that may not be given in the textbooks and to do so by offering the topic as an "evolving, in-depth, and contemplative aspects of the human personality" rather than as "static declarations of rigid faith" (Burke et al., 1999, p. 253).

Fourthly, discussing RS issues in the Career Development core area may focus on content related to the identification of values and how that impacts career exploration and decision making (e.g., deciding whether to work for pay or in-kind as service to the community or choosing a position that is closely aligned to one's spiritual values) (Briggs & Rayle, 2005; Burke et al., 1999). Authors L. Sunny Hansen and Gregg Levoy (as cited in Briggs & Rayle, 2005) noted the connection between one's inner self and heeding the voice within as a factor of choosing a vocation (Burke et al., 1999).

Counselor educators may use a didactic format in having students form reading groups and examine certain concepts in an assigned book (e.g., Matthew Fox's *The Reinvention of Work: A New Vision of Livelihood for Our Time*). Also, through panel discussions and interviews, students could learn how RS influences decision making and what critical events may have been a conduit in that decision. Briggs and Rayle suggests adding logotherapy (i.e., meaning focus) when discussing career assessments and theories with students to explore meaning and career issues. Case studies could be used to help students gain knowledge from the career assessment results, as well as how logotherapy could be used to accompany traditional approaches. Having used case studies to help with conceptualizing career and RS material, students could develop treatment plans that encompassed the stage of career development, personality and career interests of the client, and the clients' RS values and meanings attached to career.

Fifthly, the core area of Helping Relationships, which focuses on the helping process, could infuse RS as a wellness approach (Briggs & Rayle, 2005). Here, students could review the competencies created by the Summit on Spirituality. To enhance self-awareness competence in this area, counselor educators could use the competencies as an evaluative tool to facilitate the

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identification of areas of weakness as described by the student. Further, these areas of weakness could be addressed through readings (i.e., issues of helping skills and working with various populations), role plays, and guest speakers. Within those formats, students could explore immature areas related to their own RS development. As well, literature reviews could be used to enhance specific knowledge and intervention strategies (Briggs & Rayle, 2005; Burke et al., 1999).

In addition to perusing the RS competencies, counselor educators could examine the religious or spiritual influence of major theorists and how that interplayed with their goals of the theory, philosophical assumptions, and application of that theory (Burke et al., 1999). Utilizing role plays that focus on issues of loss, aging, despair, developmental change, and midlife crisis are helpful in addressing the RS domain in helping relationships (Burke et al., 1999). Burke et al. (1999) noted practicum and internship supervision as a time to help counselors-in-training develop a "spiritual ear" (p. 254) to recognize RS material in their sessions with clients.

Group Work, as the sixth core area, may involve more modeling of open discussion and the creation of a safe environment than the other areas (Briggs & Rayle, 2005; Burke et al., 1999). Through lecture format, counselor educators could highlight the areas of which RS is commonly discussed in group settings (e.g., grief and loss, chronic illnesses and caretaker issues, substance abuse, bereavement, and career issues) and particular venues (e.g., hospitals, private practice, social support agencies, and schools). Relevant ethical considerations are to be discussed within each of those settings and venues.

Experiential learning activities like role plays and simulated groups would enhance competence in facilitation skills and intervention strategies (Briggs & Rayle, 2005; Burke et al., 1999). Simulated groups increase competent knowledge of the functions of group process itself

(i.e., cohesion and interpersonal dynamics) (Briggs & Rayle, 2005). As a large group activity, counselor educators could provide spiritual poems or inspirational writings to address RS themes (Burke et al., 1999).

Burke et al. (1999) tackled the concern some counselor educators have regarding conflicts within simulated groups of counselors-in-training. The authors describe potential conflicts as opportunities to learn and demonstrate tolerance through the advocacy of mutual respect. Counselor educators would need to process beliefs, thoughts, prejudices, biases, etc. of varying religious beliefs' objectives and highlight their similarities.

Seventhly, the core area of Assessment could entail helping counselors-in-training to "recognize conditions when spirituality and religion might be included in the assessment of specific clients and the form that assessment might take" (Burke et al., 1999, p. 254). Burke et al. noted integrating RS into assessment through a general inquiry at intake or structured interview. Burke et al. cited Lovinger and Spero's guidelines for assessing RS in a semi-structured format. When specific RS assessment is warranted, the counselor-in-training could move to using specific RS instruments. Thus, counselor educators could review instruments that assess religion and spirituality (Briggs & Rayle, 2005; Burke et al., 1999; Hage, 2006).

Also, Briggs and Rayle (2005) suggests using questions to which students could ask themselves using a journal format or ask each other using a small group format (e.g., how do you define spirituality? What role does it play in your life? Are there any spiritual beliefs or practices that are important to you?). Other counselor educators may opt to survey several instruments through a literature review, as well as obtain instruments for class activities. With the instruments on hand, counselors-in-training could discuss the psychometric properties of the instrument, discuss issues of diversity related to the instrument and how it would be used on

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various populations, practice administering the instruments, scoring the instrument, and giving the feedback or results to clients.

Finally, in the core area of Research and Program Evaluation, counselor educator could infuse RS through perusing RS research (Briggs & Rayle, 2005; Burke et al., 1999). A review of literature would increase awareness of RS in research and expand RS knowledge in general and how it is being explored in research (Briggs & Rayle, 2005; Burke et al., 1999). Burke et al. (1999) cited Allen E. Bergin's focus on values as one area of exploration and Everett L. Worthington's focus on processing spiritual issues as another area of exploration. Using this body of research yields information about statistical applications and research design and how that looks in measuring a construct like RS (Burke et al., 1999). Counselor educators could encourage the scholarly work of counselors-in-training by highlighting the difficulty in defining this construct and challenging their involvement in solutions (Burke et al., 1999).

In terms of class formats, students could engage in course reading and discussion to explore the aforementioned content (Briggs & Rayle, 2005). To address the content of research design, ethical issues in research, and statistical techniques, counselor educators could assign small group activities. Briggs and Rayle (2005) note the work of David B. Larson, James P. Swyers, and Michael E. McCullough as an example of a well designed study using RS material, as well as the resource of the International Center for the Integration of Health and Spirituality for current research related to religion and spirituality.

Summary

There are multiple reasons to acknowledge religion and spirituality in the training of counselors-to-be and the clients they serve. First, majority of Americans, counselor educators, counselors, and counselors-in-training view RS as important and even vital. Secondly, religion

and spirituality has been noted as part of a holistic approach to improving one's wellbeing.

Thirdly, religion and spirituality has been included in ethical codes, accreditation standards, and diagnostic language across disciplines. Despite these rationales and even mandates, counselor education programs seem to wane in its execution in training counselors-to-be (Kelly, 1997; Pate & High, 1995; Young, Cashwell, Frame, & Belaire, 2002). When considering the objectives of course syllabi, there is very little evidence of the ASERVIC competencies being listed as objectives or an indication of its use as a guide in increasing competency in this area of multiculturalism (Cashwell & Young, 2004).

Some have speculated that the discrepancy in word and action may be due to counselor educators' lack of confidence in integrating RS (Young, Cashwell, et al., 2002). Throughout the literature specific to studies and surveys conducted with counselor educators and counselors, the need for formal training has been mentioned as the primary barrier to integration. In addition, the counselor's intrapersonal religiosity and spirituality has been identified as a potential barrier. From the perspective of students, possible reasons for the limited exposure to RS training might be stigma, fear of affiliating with a particular view, lack of communication, and disinterest of faculty advocacy (Rollins, 2009).

This review has highlighted studies related to counselor educator's perception of RS importance, attitudes toward RS, competence in teaching RS, how to incorporate and integrate RS into the classroom and curriculum, and possible barriers to addressing RS in the classroom. However, there is little to no empirical research regarding the counselor educators' voice on: (a) what specific content is being taught, (b) how they are delivering that content, (c) their perception of their confidence in integrating RS and what variables contribute to that level of confidence, (d) what factors contribute to the incorporation or infusion of RS into their courses,

and (e) what factors interfere with the incorporation or infusion of RS into their courses. This study purports to discover responses to those unanswered questions in the movement toward RS infusion in counselor education.

CHAPTER III. DESIGN AND METHODOLOGY

Much of the research in the area of religious and spirituality (RS) training in counselor education programs has focused on: (a) the perception of importance in addressing RS in training programs and supervision, (b) levels of interest in incorporating the RS competencies into the counselor training curriculum, (c) ways of addressing RS in the classroom, practice, and supervision across the discipline, (d) the practitioner's own RS development in relation to addressing RS with supervisees and clients, and (e) content being taught by counselor educators in separate courses in religion and spirituality in counseling and how that content matches the nine spirituality competencies described in the ASERVIC spiritual competencies.

The purpose of this descriptive study was to contribute to RS in counselor education research by specifically surveying current practices of CACREP-accredited program faculty in their efforts to integrate RS into their training programs. ASERVIC competencies were addressed through an in-depth analysis of counselor educators' efforts to (a) address RS content, (b) formats used, (c) confidence level, (d) contributing factors in incorporation or infusion, and (e) inhibiting factors to incorporation or infusion. The following research questions guided this research study.

Research Questions

1) What content is being taught related to religion and spirituality in counselor training courses?

2) What instructional methods are used to address religion and spirituality in counselor training courses?

3) What is the counselor educator's level of personal confidence in addressing religion and spirituality in the classroom and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life are related to that level of personal confidence?

4) What factors influence the incorporation or infusion of religion and spirituality in counselor training courses?

5) What are the barriers to incorporation or infusion of religion and spirituality in counselor training courses?

Participant Description

Both part-time and full-time employed counselor educators currently teaching in a CACREP accredited master's program in the United States were recruited as participants in this study. This study targeted counselor educators because they are the faculty members most likely to know exactly what is taught in their classes and the type of impact it has on counselors-in-training.

Participants were located through the use of the Directory of CACREP accredited Programs obtained from the CACREP internet site (http://www.cacrep.org/directory/directory.cfm?submitthis=true#searchresuts). Each of the 278 counselor education training program's CACREP department faculty liaisons were emailed a link to a survey webpage that allowed them to participate in the study, including the CACREP liaison. They were encouraged to participate through a contribution incentive. The researcher agreed to donate $.50 per completed survey to the ASERVIC organization. To ensure anonymity of the data collected, an advanced level of

SSL encryption (Verisign certificate Version 3, 128 bit encryption) was purchased, in addition to SurveyMonkey's online survey security measures. Males and females of all ethnicities, social statuses, years of experience, and spiritual proclivities were welcomed to participate.

Survey Instrument

The survey (Appendix D) was developed by the researcher based on a literature review of religion and spirituality preparation in counselor education programs and the revised ASERVIC spiritual competencies (Appendix C). The fundamental basis for the question development of this survey was the work of Kelly (1994). His survey was the first to pose questions related to perceptions of importance for program integration of RS, to what extent RS is addressed, and religious or spiritual affiliation's impact on interest in RS. Other studies came thereafter to pose similar questions (Hall et al., 2004; Kelly, 1997; Pate & High, 1995). Pate and Hall (2005) and Schulte et al. (2002 as cited in Hage et al., 2006) noted the role of RS as a multicultural construct in counselor training. Bergin (1991) implied that personal RS importance was connected to the lack of or presence of RS in counselor education. Souza (1999) and Brawer et al. (2002) broached the questions of what content should be included in a RS course, if a single course is enough to address the ASERVIC spiritual competencies, and how diversely RS should be addressed in counselor training. Briggs and Rayle (2005) and Gold (2010) offered itemized suggestions of RS content to be used in coursework based on the eight CACREP core areas and the ASERVIC spiritual competencies. Ingersoll (1997), Fukuyama and Sevig (1997), Russell and Yarhouse 92006), and Leseho (2007) offered potential formats to which RS could be introduced in the classroom.   Hall et al. (2004) questioned the importance of training and the type of training counselor educators need in order to influence their decision to integrate RS. A discussion with Cashwell, noted expert on RS in counselor education and one of the founding

members of the Summit on Spirituality, described the need to know the life experiences of counselor educators that may impact their perspective on RS, barriers or influences of using the ASERVIC spiritual competencies in the curriculum or courses, and how RS is being integrated into courses or the curriculum (personal communication, 2009). Also, Cashwell and Young's (2004) findings from their +content analysis of course syllabi was used in the development of questions on this survey (i.e., barriers to integration).

In an effort to include questions from existing surveys and extend the knowledge base of questions posed in the aforementioned research, this survey was developed to include eight demographic questions related to (a) age, (b) gender, (c) years of counselor education teaching experience, (d) years of experience as a counselor, (e) religious/spiritual affiliation, (f) type of training possessed in religion and spirituality, (g) geographical region, and (h) what RS courses have been taught in last three years. Lastly, the survey includes nine structured questions that were multiple choice in nature and ten multiple choice questions that also provided space for a short narrative response.

To enhance the face validity of the survey instrument, the first draft of the instrument was given to four tenured counselor educators and one tenured research methodologist of diverse gender and ethnicity for review. The reviewers noted needed changes to make the language more inclusive, restructure multiple choice options in light of type of data analysis to be used, offer additional choice options, and order of questions for clarity, importance, and flow. Additionally, a national specialist in religion and spirituality development in counselor education training programs was invited to critique and modify the instrument. His review included needed changes related to the other reviewers, as well as rationale for question and option inclusion and layout of choice options. Their recommendations were incorporated through

revisions of the survey questions and resubmitted. For example, question eleven was changed

from "how do you view addressing religion and spirituality in counselor education?" to "are any

of the following consistent with your concept of religion and spirituality related to counselor

education? Select one" in order to enhance clarity. After the submission of several revisions, the

final draft of survey questions was used in a pilot test to three counselor educators in training.

The feedback from two of the respondents indicated no difficulty in any of the above areas of

revision and one respondent noted needed clarification on state institution question. However,

all indicated increased awareness of content related to RS, otherwise unknown.

Procedure

After The Institutional Review Board of Auburn University's approval for this study,

recruitment of targeted participants began. First, participants were located through the use of

The Directory of CACREP accredited Programs obtained from the CACREP internet site

(http://www.cacrep.org/directory/directory.cfm?submitthis=true#searchresuts). Secondly,

permission was obtained in September to utilize the public directory to contact the faculty

liaisons from CACREP (Appendix E). Thirdly, each of the 261 counselor education training

program's CACREP department faculty liaisons was emailed a link to a survey webpage that

allowed them to participate in the study, including the CACREP liaison, in late November. Two

weeks after the first email invitation, a second email was sent to the same group of individuals.

Of the returned emails, the researcher utilized the university's website to identify the current

faculty and replaced or added their names to the list. In addition to these individuals, a

participant informed the researcher that my survey link was sent to the Counselor Education and

Supervision Network listserv (CSNET-L) to increase participation. Two weeks after the second

email, a third email was sent to the same group including the replaced or added names from

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university sites. The second and third emails yielded an increase of 17 participants. Thus, the total number of contacted faculty was 278. Each faculty that received the survey was checked off from the compiled list that the researcher maintained. Likewise, a list of faculty members who did not receive the survey was maintained (i.e., email was returned).

The email provided brief descriptive information regarding the study and a link to the survey webpage (https://www.surveymonkey.com/s/KVPXYQQ). The survey webpage contained included information about the study, their role in the study, informed consent information, any risks and benefits in participating, and contact information for potential inquiries (Appendix B). Once consent was provided, through clicking "I Agree," participants were taken to another webpage to begin the demographic and questionnaire portions of the survey (Appendix D). They were able to withdraw from the study at any time during the course of the survey; however, submitted responses were retained in the data collection. After completing the survey, participants were taken to a webpage that offered a statement of gratitude for their participation and interest in the study.

Data Analysis

The intention of this descriptive study was to investigate (a) what content counselor educators are teaching counselor training courses, (b) what instructional methods are used to address religion and spirituality in counselor training courses, (c) what is the counselor educator's level of confidence in integrating religion and spirituality in the classroom, (d) what factors influence the incorporation or infusion of religion and spirituality into counselor training courses, (e) what barriers exist in the incorporation or infusion of religion and spirituality into counselor training courses, and (f) how much emphasis is placed by faculty members on religion and spirituality competency training in their course(s).

All data were input, processed and analyzed by the researcher using Statistical Product

for Social Sciences (SPSS) statistical analysis system version 18.0 for Windows 7. A Kruskal-

Wallis chi-square test was used to evaluate overall relations or differences between variables. A

follow-up analysis, Mann-Whitney U, was used to evaluate pairwise differences among grouping

variables.

CHAPTER IV. RESULTS

This chapter will present the results of the data analysis for this descriptive study. It includes the participants' demographic information and questionnaire responses, as well as the results of the statistical analysis.

The purpose of this study was to extend the research on how counselor educators address religion and spirituality in training programs. Specifically, it was the intent of the researcher to investigate how RS is being addressed in the following areas:

1)   What content is being taught related to religion and spirituality in counselor training courses?

2)   What instructional methods are used to address religion and spirituality in counselor training courses?

3)   What is the counselor educator's level of personal confidence in addressing religion and spirituality in the classroom and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life are related to their level of confidence?

4)   What factors influence the incorporation or infusion of religion and spirituality in counselor training courses?

5)   What are the barriers to incorporation or infusion of religion and spirituality in counselor training courses?

Characteristics of Participants

Of the 278 email invitations to currently employed CACREP accredited faculty across the United States, 62 completed the entire survey, yielding a response rate of 22.3%. The initial study, similar to this study, by Kelly (1994) reported a response rate of 65%, while the replicated study by Pate and High (1995) yielded a response rate of 83.3%. The difference in response rate could be due to the time of the year this survey was sent to participants. Invitations were mailed at the end of the semester, just before and after the fall break. Kelly's (1994) study sent surveys before November and Pate and High's (1995) survey was sent in the spring. As well, at the time of the Pate and High study, there were only 70 CACREP accredited programs to which to draw a faculty liaison pool. Further, with this sample size, the margin of error is around 14% with a 95% confidence level. The Demographics portion of this study collected information regarding a) age, b) gender, c) years of counseling experience, d) years of counselor education teaching experience, e) religious affiliation, f) types of training in religion and spirituality, g) geographic location, and h) courses taught in counselor education over the past three years. Information gathered from Demographics is provided in Tables 1 through 4.

Of the 73 participants of the study, 66 (90%) completed the Demographics portion (Appendix D). Of these counselor educators, the most common age group (44%) was 50–60 and followed by the age group of 28–38 (24%), 39–39 (20%), and 61–71 (12%). Over half of the participants were female 38 (57.6%), as shown in Table 1.

Table 1

Age and Gender Demographic Description

Descriptor	Variable	Overall n (%)
Age of Counselor Educator	50–60	29 (44%)
	28–38	16 (24%)
	39–49	13 (20%)
	61–71	8 (12%)
Gender	Female	38 (57.6%)
	Male	28 (42.4%)

As shown in Table 2, majority of participants had over fifteen years of counseling experience (44%), with the other three categories having similar representation (0–5 years = 18%, 6–10 years = 20%, 11–15 years = 18%). Likewise, for teaching experience, a majority of the participants had over fifteen years experience (33%). The other categories had varied representation (0–5 = 29%, 6–10 = 18%, 11–15 = 20%).

Table 2

Years of Experience Demographic Description

Descriptor	Variable	Overall n (%)
Years of counseling experience	Over 15	29 (44%)
	6–10	13 (20%)
	0–5	12 (18%)
	11–15	12 (18%)
Years of counselor education teaching experience	Over 15	22 (33%)
	0–5	19 (29%)
	11–15	13 (20%)
	6–10	12 (18%)

Table 3 shows that 60.0% of survey participants were Protestant; 16.7% identified with no religion; and 15.0% were Catholic. The "others" category (6.0%) of participants identified as Muslim, Buddhist, or Jewish. Separating counselor educator respondents into the Association of Counselor Education and Supervision's regional divisions, representation was mostly in the Southern region (55%), followed by North Atlantic and North Central (18% respectively), and Rocky Mountain and Western regions (3% respectively).

Table 3

Religious Affiliation and Geographic Demographic Description

Descriptor	Variable	Overall n (%)
Religious affiliation	Protestant	40 (60.0%)
	None	11 (16.7%)
	Catholic	10 (15.0%)
	Others	4 (6.0%)
Geographic Region	Southern	36 (55%)
	North Atlantic	12 (18%)
	North Central	12 (18%)
	Rocky Mountain	2 (3%)
	Western	2 (3%)

Note.   Others = Muslim, Buddhist, Jewish

None = no religious affiliation

Results for Research Questions

Research Question 1: What content is being taught related to religion and spirituality in counselor training courses?

Over ninety-two percent (92.9%) of participating counselor educators cover "Counselor Awareness" related educational content in teaching religion and spirituality. In addition, "Various religious/spiritual perspectives or belief systems" accounted for 83.3% of content addressed.   "Conceptualization" made up just over seventy-one percent (71.4%), as shown in

Table 4. Nearly sixty percent (59.5%) cited "Assessment", "Models and theories" (50%), and

"Other" (2.4%) as areas of focus.

Table 4

Extent RS Addressed and Content Taught in Counselor Training Programs

Descriptor	Variable	Overall n (%)
Extent RS Addressed	2–3 courses	29 (69.0%)
	Assignments in all core courses	6 (14.3%)
	Seminars/Workshops	3 (7.1%)
	Single course	2 (4.8%)
	Multicultural course alone	2 (4.8%)
Content Taught	Awareness	39 (92.9%)
	Various RS perspectives	35 (83.3%)
	Conceptualization	30 (71.4%)
	Assessment	25 (59.5%)
	Models/theories	21 (50.0%)
	Other	1 (2.4%)

These contents were mostly taught in two to three course offerings (69%) option as the

most popular vehicle. Other methods of delivering the contents are giving assignments in all

core areas (14.3%), seminars and workshops (7.1%), and a single course and multicultural course

(4.8% respectively).

Table 5 shows a combined response of nearly eighty-six percent (85.7%) that RS was

viewed as important, quite important, or very important to address in counselor training. Almost

sixty-seven percent (66.7%) noted that their program addresses RS in its counselor education curriculum.

Table 5

Importance of and Number of Programs Addressing RS in Counselor Education

Descriptor	Variable	Overall n (%)
Importance in Addressing in Counselor Education	Very important	21 (33.3%)
	Important	19 (30.2%)
	Quite important	14 (22.2%)
	Somewhat important	6 (9.5%)
	Unsure	3 (4.8%)
Programs Addressing RS in Counselor Education	Yes	42 (66.7%)
	No	21 (33.3%)

Research Question 2: What instructional methods are used to address religion and spirituality in counselor training courses?

Overall, as shown in Table 6, the presentation formats that the counselor educators used to address religion and spirituality were discussion (66.7%), assignments (47.6%), or a combination of more than two of them (42.9%) in large percentages.

Table 6

Formats and Theoretical Models Used in Counselor Training Programs

Descriptor	Variable	Overall n (%)
Format Used	Discussion	28 (66.7%)
	Assignments	20 (47.6%)
	All	18 (42.9%)
	Interaction	16 (38.1%)
	Didactic	15 (35.7%)
	Experiential	14 (33.3%)
	Other	4 (9.5%)
	None	--

Note. Didactic = lecture. Discussion = case studies. Interaction = role plays. Assignments = journaling. Experiential = church attendance.

Research Question 3: What is the counselor educator's level of personal confidence in addressing religion and spirituality in the classroom and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life are related to that level of personal confidence?

Research Question 3 depicts counselor educators as confident in addressing RS issues in the classroom. Table 7 shows that almost as many educators perceive themselves to be very confident (23.8%) as those who were neither confident nor unconfident (22.2%). Most, however, viewed themselves as confident (46.6%). Almost two percent (1.6%) saw themselves as unsure and 4.8% as very unconfident.

Table 7

Perceived Confidence Descriptive Data

Descriptor	Variable	Overall n (%)
Perceived Confidence	Confident	30 (47.6%)
	Very confident	15 (23.8%)
	Neither confident nor unconfident	14 (22.2%)
	Very unconfident	3 (4.8%)
	Unsure	1 (1.6%)

Identified in the literature as having a potential relation with educator's confidence, a Kruskal-Wallis test was conducted, using a Bonferroni adjustment to control Type 1 error, to evaluate differences or relations among the four formal training conditions (no training, minimal training, moderate training, and extensive training) on the median change in perceived confidence (very unconfident/n = 3, uncertain/n = 1, neither confident nor unconfident/n = 14, confident/n = 30, and very confident/n = 15). The test was significant ($\chi^2_{(3)}$ =19.193, p = 0.000), as seen in Table 8. The proportion of variability in the ranked dependent variable accounted for by the ranked extent of formal training variable was .616, indicating a strong positive relation between perceived confidence in addressing RS and the extent of formal training possessed.

Table 8

Kruskal-Wallis Test of Analysis of Perceived Confidence and Various Variables

Perceived Confidence	N	χ^2	df	p-value	Cramer's V
Formal training	63	19.193	3	< .001	.616
ASERVIC awareness	63	15.166	4	.004	.548
Importance address in C.E.	63	20.568	4	< .001	.530
Importance in life	63	14.768	4	.005	.653

Also, identified in the literature as having a potential relation with educator's confidence, a Kruskal-Wallis test was conducted, using a Bonferroni adjustment to control Type 1 error, to evaluate differences or relations among the four degree of ASERVIC awareness conditions (unaware, somewhat aware, not sure, and very aware) on the median change in perceived confidence (very unconfident, uncertain, neither confident nor unconfident, confident, and very confident). The test was significant ($\chi^2_{(2)} = 11.195$, p = 0.004). The proportion of variability in the ranked dependent variable accounted for by the ranked degree of ASERVIC awareness variable was .548, indicating a strong positive relation between perceived confidence in addressing RS and the degree of ASERVIC spiritual competencies awareness.

Too, identified in the literature as having a potential relation with educator's confidence, a Kruskal-Wallis test was conducted, using a Bonferroni adjustment to control Type 1 error, to evaluate differences or relations among the five importance to address RS in counselor education conditions (somewhat important, unsure, important, quite important, and very important) on the median change in perceived confidence (very unconfident, uncertain, neither confident nor unconfident, confident, and very confident). The test was significant ($\chi^2_{(4)} = 21.698$, p = 0.000).

The proportion of variability in the ranked dependent variable accounted for by the ranked importance to address RS in counselor education variable was .530, indicating a strong positive relation between perceived confidence in addressing RS and the perceived importance in addressing RS in counselor education.

Identified in the literature as having a potential relation with educator's confidence, a Kruskal-Wallis test was conducted, using a Bonferroni adjustment to control Type 1 error, to evaluate differences or relations among the five perceived importance of RS in one's life conditions (somewhat important, unsure, important, quite important, and very important) on the median change in perceived confidence (very unconfident, uncertain, neither confident nor unconfident, confident, and very confident). The test was significant ($\chi^2_{(4)}$ =16.946, p = 0.002). The proportion of variability in the ranked dependent variable accounted for by the ranked perceived importance of RS in one's life variable was .653, indicating a strong positive relation between perceived confidence in addressing RS and the perceived importance of RS in one's life.

A Mann-Whitney U follow-up test was conducted to evaluate pairwise differences among the three groups of formal training, controlling for Type I error across tests by using the Bonferroni approach. The results of these tests, shown in Table 9, indicated a significant difference between the extensive training and moderate training group's mean perceived confidence level (U = 63.50, p = .026). The group with no formal training elicited statistically significantly lower perceived confidence than the group with moderate formal training in RS. There was a statistically significant difference between the extensive training and minimal training group's mean perceived confidence level (U = 38.00, p = .001). The minimal formal training group elicited statistically significantly lower perceived confidence than the extensive

formal training group. There was a statistically significant difference between the extensive training and no training group's mean perceived confidence level ($U = 24.00$, p = .000). The no formal training group elicited statistically significantly lower perceived confidence than the extensive formal training group. There was a statistically significant difference between the moderate and minimal training group's mean perceived confidence level ($U = 94.00$, p = .033). The minimal formal training group elicited statistically significantly lower perceived confidence than the moderate formal training group. There was a statistically significant difference between the moderate and no training group's mean perceived confidence level ($U = 68.00$, p = .013). The moderate formal training group elicited statistically significantly lower perceived confidence than the extensive formal training group.

Table 9

Mann-Whitney U Follow-up Pair Comparison of Confidence and Formal Training

Extent of formal training (N)		N	*U*	p-value
Extensive (13)	Moderate	17	63.50	.026
	Minimum	18	38.00	.001
	No	15	24.00	.000
Moderate (17)	Minimum	18	94.00	.033
	No	15	68.00	.013
Minimal (18)	No	15	133.00	.938

Note. N < 30 = statistic not corrected for ties. Cramer's V = .616, p = .000

p < .025

A Mann-Whitney U follow-up test was conducted to evaluate pairwise differences among the three groups ASERVIC awareness, controlling for Type I error across tests by using the Bonferroni approach. The results of these tests, shown in Table 10, indicated a significant difference between the unaware and very aware group's mean perceived confidence level ($U = 51.00$, p = .001). The group that was unaware of the ASERVIC spiritual competencies elicited statistically significantly lower perceived confidence than the very aware group. There was a statistically significant difference between the somewhat aware and very aware group's mean perceived confidence level ($U = 169.50$, p =.018). The somewhat aware group elicited statistically significantly lower perceived confidence than the very aware group.

Table 10

Mann-Whitney U Follow-up Pair Comparison of Confidence and ASERVIC Awareness

Degree of ASERVIC awareness (N)		N	U	p-value
Unaware (15)	Somewhat	30	169.00	.153
	Not sure	1	--	--
	Very	18	51.00	.001
Somewhat (30)	Not sure	1	--	--
	Very	18	169.50	.018
Not sure (1)	Very	18	--	--

Note. N < 30 = statistic not corrected for ties. Cramer's V = .548, p = .004.

p < .025

A Mann-Whitney U follow-up test was conducted to evaluate pairwise differences among the four groups of importance to address RS in counselor education, controlling for Type I error

across tests by using the Bonferroni approach. The results of these tests, shown in Table 11, indicated a significant difference between the somewhat important and very important group's mean perceived confidence level ($U = 16.50$, p = .003). The group that believed RS in counselor education to be somewhat important produced a statistically significantly lower perceived confidence than the group that believed it to be very important. There was a statistically significant difference between the unsure and very important group's mean perceived confidence level ($U = 11.00$, p = .041). The group that was unsure about RS' importance in counselor education elicited statistically significantly lower perceived confidence than the group that believed it to be very important. There was a statistically significant difference between the important and quite important group's mean perceived confidence level ($U = 74.00$, p = .022). The group that believed RS in counselor education to be important elicited statistically significantly lower perceived confidence than the group that believed it to be quite important. There was a statistically significant difference between the important and very important group's mean perceived confidence level ($U = 59.50$, p = .000). The group that believed RS in counselor education to be important elicited statistically significantly lower perceived confidence than the group that believed it to be very important.

Table 11

Mann-Whitney U Follow-up Pair Comparison of Confidence and Importance in Counselor

Education

Importance to address in counselor education (N)		**N**	U	p-value
Somewhat important (6)	Unsure	3	7.00	.564
	Important	19	56.00	.945
	Quite important	14	23.00	.076
	Very important	21	16.50	.003
Unsure (3)	Important	19	21.00	.435
	Quite important	14	14.50	.336
	Very important	21	11.00	.041
Important (19)	Quite important	12	74.00	.022
	Very important	21	59.50	.000
Quite important (14)	Very important	21	97.50	.056

Note. N < 30 = statistic not corrected for ties. Cramer's V = .530, p = .000

   p < .025

A Mann-Whitney U follow-up test was conducted to evaluate pairwise differences among

the four groups of perceived importance of RS in one's life, controlling for Type I error across

tests by using the Bonferroni adjustment. The results of these tests, shown in Table 12, indicated

a significant difference between the somewhat important and very important group's mean

perceived confidence level ($U = 40.50$, p = .024). The group that believed the importance of RS

in one's life to be somewhat important elicited statistically significantly lower perceived

confidence than the group that believed it to be very important. There was a significant

difference between the unsure and very important group's mean perceived confidence level

($U = 22.00$, p = .015). The group was unsure of the importance of RS in one's life to be

somewhat important elicited statistically significantly lower perceived confidence than the group

that believed it to be very important. There was a statistically significant difference between the

important and very important group's mean perceived confidence ($U = 57.00$, p = .000). The

group that believed the importance of RS in one's life to be important elicited statistically

significantly lower perceived confidence than the group that believed it to be very important.

There was a statistically significant difference between the quite important and very important

group's mean perceived confidence ($U = 87.00$, p = .015). The group that believed the

importance of RS in one's life to be quite important elicited statistically significantly lower

perceived confidence than the group that believed it to be very important.

Table 12

Mann-Whitney U Follow-up Pair Comparison of Confidence and Importance of RS in Life

Importance of RS in one's life (N)		N	U	p-value
Somewhat important (7)	Unsure	5	17.50	1.00
	Important	14	43.50	.659
	Quite important	13	41.00	.701
	Very important	24	40.50	.024
Unsure (5)	Important	14	29.50	.622
	Quite important	13	28.50	.663
	Very important	24	22.00	.015

Table 12 (continued)

Importance of RS in one's life (N)		**N**	U	p-value
Important (14)	Quite important	13	71.00	.299
	Very important	24	57.00	.000
Quite important (13)	Very important	24	87.00	.015

Note. N < 30 = statistic not corrected for ties. Cramer's V = .653, p = .002

   p < .025

Table 13

Kruskal-Wallis Test of Analysis of Perceived Confidence and Various Variables

Perceived confidence	N	χ^2	df	p-value	Cramer's V
Formal training	63	19.193	3	.000	.616
ASERVIC awareness	63	15.166	4	.004	.548
Importance address in C.E.	63	20.568	4	.000	.530
Importance in life	63	14.768	4	.005	.653

Note. Exp. = experience. C.E. = counselor education

   p < .05

Research Question 4: What factors influence the incorporation or infusion of religion and spirituality in counselor training courses?

Majority (85.7%) of the participating counselor educators incorporated religion and spirituality (addressing RS in 1–2 courses) and 45% of them infused (addressing RS in all 8 CACREP core areas) RS in their courses. For those who incorporate, as shown descriptively in Table 14, their perception of RS as a multicultural construct (67.6%) was the strongest influence.

Almost as strong an influence was counseling experience (61.8%). Over a third to a half of participants noted ACA Code of Ethics (55.9%), CACREP standards (52.9%), and teaching experience (44.1%) as strong influences. Among the least influential factors were ASERVIC competencies (29.4%), other (20.6%), departmental priority (14.7%), regional practice and customs (2.9%).

Table 14

Descriptive Data on Incorporation and Infusion Influential Factors in Decision-making

Descriptor	Variable	Overall n (%)
Incorporation	Perception of RS as multicultural construct	23 (67.6%)
	Counseling experience	21 (61.8%)
	Code of Ethics	19 (55.9%)
	CACREP Standards	18 (52.9%)
	Teaching experience	15 (44.1%)
	ASERVIC competencies	10 (29.4%)
	Other	7 (20.6%)
	Departmental priority	5 (14.7%)
	Regional practice/custom	1 (2.9%)
Infusion	CACREP Standards	11 (61.1%)
	Teaching experience	11 (61.1%)
	Counseling experience	10 (55.6%)
	Perception of RS as multicultural construct	10 (55.6%)
	Code of Ethics	8 (44.4%)
	ASERVIC competencies	6 (33.3%)
	Other	4 (22.2%)
	Regional practice/custom	3 (16.7%)

For those who infused, CACREP standards and teaching experience equally (61.1%) influenced their decision to infuse. Their perception of RS as a multicultural construct and counseling experience equally accounted for almost fifty-six percent (55.6%). Over a third of participating counselor educators reported the ACA Code of Ethics (44.4%) and ASERVIC spiritual competencies (33.3%) as strong influences in decision-making. Other factors (22.2%) and regional practice and customs (16.7%) comprised the weakest influences.

Research Question 5: What are the barriers to incorporation or infusion of religion and spirituality in counselor training courses?

This study described 85.7% of counselor educators as incorporating (addressing RS in 1–2 courses) and 45% as infusing (addressing RS in all 8 CACREP core areas) in their courses. Among the counselor educators who incorporated religion and spirituality into 2–3 training courses, nearly half (42.5%) of them chose departmental demands as the most influential barrier. for this question. Fear of imposition of values (25%) was ranked as second most influential. Almost eighteen percent (17.5%) noted not having any barriers to their decision to incorporate, while personal history and other barriers comprised 12.5% respectively. "Other" includes incorporation as not applicable (5.0%) and institutional limitations like lack of time, material, input, or obtainment of knowledge and CACREP (7.5%) as barriers. Personal perception of being nonreligious or nonspiritual comprised 5% of the influence in not infusing.

For infusion, 18 participants (45.0%) chose departmental demands as the most influential barrier. Nearly eighteen percent (17.5%) noted not having any barriers to infusing RS into their courses. Seven participants (17.5%) agreed that fear of imposition of values contributes to their decision to infuse. "Other" accounted for 6% of the barriers to infusion. "Other" includes incorporation as not applicable (5.0%) and institutional limitations like lack of time, material,

priority, input, obtainment of knowledge and structure (10.0%) as barriers. Personal history with

RS accounted for 15% of the barriers to infuse, while one's own personal perception of being

religious or nonspiritual accounted for 5%.

Table 15

Descriptive Data on Incorporation and Infusion Barriers that Influence Decision-making

	Barriers	Overall n (%)
Incorporation	Departmental demands	17 (42.5%)
	Fear of imposition of values	10 (25.0%)
	No barriers	7 (17.5%)
	Own personal history or experience with RS	5 (12.5%)
	Other	5 (12.5%)
	Personal perception of being nonreligious or nonspiritual	2 (5.0%)
Infusion	Departmental demands	18 (45.0%)
	No barriers	7 (17.5%)
	Fear of imposition of values	7 (17.5%)
	Own personal history or experience with RS	6 (15.0%)
	Other	6 (15.0%)
	Personal perception of being nonreligious or nonspiritual	2 (5.0%)

Note. Departmental demands = courseload. Other = not applicable and institutional limitations.

CHAPTER V. DISCUSSION

Introduction

Diversity has long been a topic of consideration among the helping profession. Within the last couple of decades, diversity has transcended the predominant focus on ethnicity to develop into a construct called multiculturalism. It is the broad and inclusive catch-all for the various differences amongst people. Religion and spirituality (RS) is but one of those differences that warrant equal time amongst counselors, thus equal time in counselor education, merely for the fact that two-thirds of Americans identify as religious or spiritual beings and hold it as important in their lives (Grimm, 1994; Hill & Pargament, 2003; Young, Wiggins-Frame, & Cashwell, 2007). This number includes counselors, counselor educators, and students alike in their perception of RS' importance in their lives and/or the lives of the client (Grimm, 1994; Rollins, 2009; Walker, Gorsuch, & Tan, 2004; Weinstein, Parker, & Archer, 2002; Wolf & Stevens, 2001).

Though religion and spirituality have been difficult to define as two separate constructs historically, various elements have been recognized as a way to distinguish the two (e.g., creed, sacred, beliefs, transcendence, values, rituals, meaning, and integration) (Chandler, Holden, & Kolander, 1992; Gold, 2010). This study did not focus on addressing the complexity of defining the terms but does recognize that counselor training programs do have definitions provided by accrediting bodies. CACREP Standards include definitions of spirituality as "a sense of relationship with or belief in a higher power or entity greater than oneself that involves the

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search for wholeness and harmony" (2009, p. 62). Religion and spirituality constructs are included under the umbrella of multiculturalism and are a mandated measure of competency and skill in fostering understanding and openness to individual differences (Bishop, Avila-Juarbe, & Thumme, 2003; Pate & Bondi, 1992). Recognizing RS as important, senior counselor educators and practitioners organized to create spiritual competencies, the ASERVIC spiritual competencies, to help counselors in practice and counselor educators know what and how to address this multicultural construct (Young, Wiggins-Frame et al., 2007). Nevertheless, there is a disparity between counselor educators' assertion of the importance and interest in addressing RS in the classroom and the actual amount of attention given to addressing RS across the curriculum (Cashwell & Young, 2004; Pate & High, 1995).

One of the goals of the current descriptive study was to compile information about the current practices of counselor educators in the United States in relation to religion and spirituality training. This was accomplished by investigation and description of what content counselor education faculty members across the nation are teaching, what instructional methods are used, what factors influence their decision to infuse and/or incorporate religion and spirituality into their courses, and what barriers may be present eluding such incorporation and/or infusion.

A second goal was to descriptively determine what level of personal confidence counselor educators possess in addressing RS in the classroom and what factors contribute to that level of personal confidence. Counselor educators have noted the need for additional training to increase their confidence in teaching students to be religiously and spiritually competent in practice (Genia, 1994; Houts & Graham, 1986; Shafranske & Gorsuch, 1984; Shafranske & Malony, 1990; Young, Cashwell et al., 2002). It was hypothesized that the reasons counselor

educators are or are not addressing RS in their courses or curriculum is more complex than just the lack of RS training.

Discussion of the Findings

The discussion of this descriptive study has been organized into their respective research question sections. As well, specific limitations, implications for counseling practice and counselor education, and recommendations for future research were considered.

Research Question 1: What content is being taught related to religion and spirituality in counselor training courses?

Research question one pertains to the material that counselor educators introduce in their courses related to religion and spirituality (RS). From earlier works, the literature has evidenced a more comprehensive approach to teaching RS in counselor education (Briggs & Rayle, 2005; Curtis & Glass, 2002; Gold, 2010; Leseho, 2007; Myers & Williard, 2003; O'Connor, 2004; Pate & Hall, 2005; Polanski, 2002). In the present study, counselor educators addressed RS mostly (almost 86%) in two to three courses in their curriculum. Addressing RS in training courses seemed to increase by approximately 26% from the 60% cited in the studies of Kelly (1994 and 1997) and Pate and Hall (1995), as well as the 69% cited in Young, Cashwell, et al. (2002). Whereas the present study did not distinguish whether the courses were as an elective course(s) or a part of a core course(s), a majority of the literature shows incorporation occurring in elective courses and the multicultural class.

While the literature has provided approaches to and types of classes offered in addressing RS, there were no studies, at the time of this study, that explored and described what training programs are doing to address RS (Young, Cashwell, et al., 2002). In response to this call for future research, the present study found that at least half of the respondents cited teaching broad

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content areas (50.0% – 92.9%), when they address RS in their classes. RS awareness (i.e.,

exploring attitudes, limitations of knowledge, and ethical considerations) was the foremost

content taught at almost ninety-three percent. Various RS perspectives (i.e., similarities/

differences and various systems of belief) and conceptualization (i.e., influence and impact of RS

upon client functioning, diagnosis, and treatment planning) were each taught by over two-thirds

of the respondents (83.3% and 71.4% respectively). Assessments (i.e., recognizing or

identifying RS content/themes in clients, gathering information, etc.), and models and/or theories

(i.e., RS development as related to human development, therapeutic techniques, and research

related to RS) were addressed by at least half of the respondents (59.5% and 50% respectively).

In response to Young, Cashwell et al.'s (2002) suggestion for further research, this study's

contribution to extending the previous literature is that it provided a glimpse of what counselor

educators are teaching that coincides with the ASERVIC spiritual competencies.

Research Question 2: What instructional methods are used to address religion and spirituality in

counselor training courses?

Research question two reviews the format(s) by which counselor educators present

material in the classroom to address RS. Comparable to the previous research (Curtis & Glass,

2002; Fukuyama & Sevig, 1997; Ingersoll, 1997; Leseho, 2007; O'Connor, 2004; Pate & Hall,

2005), this study found didactic learning, specifically discussion, as the foremost way (66.7%) of

addressing RS in counselor education. As well, this study found assignments (i.e., article

reading, written reporting, journaling) and a combination of all the formats to be almost equally

used by counselor educators (47.6% and 42.9% respectively). Interaction (i.e., role plays and

project-based presentations) and experiential were used by at least a third of the participants.

Several researchers (Briggs & Rayle, 2005; Curtis & Glass, 2002; Fukuyama & Sevig, 1997;

Ingersoll, 1997; Leseho, 2007; O'Connor, 2004; Pate & Hall, 2005) noted the use of all these formats, but there was no study to-date that addressed the amount of use by counselor educators.

Just as no study addressed the amount of use for each format type, there was no study addressing what theoretical model underpins the work of addressing RS in coursework. Much of the available literature on theories used in training counselors-to-be depicted the use of Spiritual and Faith Development models as the major theoretical underpinning (Fukuyama & Sevig, 1997; Leseho, 2007; O'Connor, 2004). This study supports the use of those models, but, in contrast, the use of Human Development, Holistic or Wellness Models were reported as the primary theoretical approach to teaching RS in the class. Psychosocial Development was the second most used, while Spiritual and Faith Development Models were ranked fourth. This may be, in fact, due to this participants' awareness of more usable models that have been in the literature and comprehensive textbooks on teaching RS in counselor education (Gold, 2010).

Research Question 3: What is the counselor educator's level of personal confidence in addressing religion and spirituality in the classroom and whether formal training, degree of ASERVIC spiritual competencies awareness, perceived importance in addressing RS in counselor education, and perceived importance in one's life are related to that level of personal confidence?

Research question three showed almost 71% of counselor educators feel confident or very confident in addressing RS issues in the classroom, in contrast to the 46% of prepared or very prepared in previous research (Young, Cashwell, et al., 2002). This is an increase of their confidence level by 25%.

This study found the level of participants' perceived confidence was related to the extent of formal training possessed, the degree of ASERVIC spiritual competencies awareness,

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perception of importance in addressing RS in counselor education, and perception of importance of RS in one's life. In terms of formal training this study found a seeming difference in perceived confidence than previous research. The work of Young, Cashwell, et al. (2002) found that counselor educators (46%) were not confident in their preparation in addressing RS in coursework. Participants in this study indicated themselves to be confident (47.6%) in addressing RS in coursework. This study, however, extended the previous research by examining the relationship between formal training and perceived confidence. Those who had moderate to extensive training appeared to have higher perceived confidence than those who had minimal or no formal training.

Young, Wiggins-Frame, et al. (2007) conducted the only study to determine participant preparedness to address RS in relation to the ASERVIC spiritual competencies. Their study participants were mostly counselor practitioners. Thus, the current study provided new data on the relation between counselor educators' confidence and ASERVIC spiritual competencies awareness. Those who were very aware of the ASERVIC spiritual competencies appeared to have higher perceived confidence than those who were somewhat aware or unaware.

Young, Wiggins-Frame, et al. (2007) found that 68% of respondents believed addressing RS in counselor education to be important or very important. Similar to that study, sixty-three percent (63.5%) of participants in this study found it to be important or very important. Unlike the aforementioned study, the current study extending the research by examining the relation between perceived confidence and perceived importance to address RS in counselor education. Those who believed RS in counselor education to be very important seemed to have higher perceived confidence than those who believed it to be important, somewhat important, or unsure. Likewise, those who perceive RS as very important in their lives seemed to have higher

perceived confidence than those who believed it to be important, somewhat important, quite important, or unsure.

Research Question 4: What factors influence the incorporation or infusion of religion and spirituality in counselor training courses?

Research question four sought to uncover the factors that influence one's decision to incorporate or infuse RS into courses. For participants in this study 85.7% of counselor educators were incorporating RS, while 45% were infusing them in their courses. In the current descriptive study incorporation is defined as addressing religion and spirituality in one or two courses. Infusion, on the other hand, is defined as addressing in all 8 CACREP core areas. For the programs represented in this study, almost 68% said their program addressed RS in the curriculum, indicating an increase in attention given to RS since Kelly's (1994) research (50%) and Pate and High's (1995) research (60%). Further, counselor educators are incorporating (85.7%) RS in their courses at a seemingly higher rate than counselor training programs formally address RS in the curriculum (68%).

Much of the research in this area focused on perception of importance, defining RS, how educators are integrating RS into coursework, the use and benefit of the ASERVIC spiritual competencies in addressing RS (Briggs & Rayle, 2005; Curtis & Glass, 2002; Fukuyama & Sevig, 1997; Kelly, 1994, 1997; Sites et al., 2009; Young, Wiggins-Frame, & Cashwell, 2007). This research question, however, sought to expand that knowledge base by discovering what prompts a counselor educator to bring RS to the classroom. For those who opted to incorporate, over two-thirds (67.6%) responded that the perception of RS as a multicultural construct was most notably a factor in their decision. By a close margin, counseling experience (61.8%) was the second most influential factor. For those who infused, nearly two-thirds (61.1%) indicated

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that years of teaching experience and CACREP Standards equally influenced their decision to infuse RS into their coursework. Counseling experience and RS as a multicultural construct influenced over half participants' decision to infuse.

Whether deciding to incorporate or infuse, one's concept of RS as a multicultural construct, teaching experience, counseling experience, and CACREP standards were the largest influential factors. This finding is congruent with other research that researchers and counselor educators have accepted RS as a multicultural construct (Levitt & Balkin, 2003; Pate & Bondi, 1992; Pedersen, 1990).

Research Question 5: What are the barriers to incorporation or infusion of religion and spirituality in counselor training courses?

As indicated above, nearly eighty-six percent of survey participants incorporate RS and nearly half (45%) infuse RS into their courses. Though counselor educators are in favor of addressing RS in their courses, consistent with findings of Kelly (1994) and Burke et al. (1999), majority (65.0% and 60% respectively) cited external reasons as barriers to doing either type of integration. Almost half (42.5% and 45.0% respectively) of participants noted courseload as a barrier. A quarter (25.0%) identified fear as a barrier to incorporate and 17.5% identified fear as a barrier to infuse. Fear was related to imposition of values, as well as discomfort, either their own, the students', or other faculty members in addressing RS. These variables were identified as potential barriers by other researchers, as well (Fukuyama & Sevig, 1997; Kelly, 1992; Mattson, 1994; Miller & Athan, 2007). Nevertheless, unlike this study's findings, counselor educator participants from the Young, Cashwell et al. (2002) study cited lack of curricular guidelines as the primary factor to their unpreparedness or lack of confidence in addressing or teaching RS in courses.

Whether incorporating or infusing, researchers note that an early established atmosphere of safety, acceptance, genuineness, validating experience and empirical evidence, shared ground rules/boundaries, and an egalitarian, strengths-based approach are critical in the success of teaching this domain (Burke et al., 1999; Ingersoll, 1997; McCurdy, 2003; Miller & Athan, 2007).

Limitations

The primary limitation of this study is the small sample size and sampling method. Although the number of participants was sufficient for the study's design and data analysis, a larger number of participants would have given more power to the results and implications and reduced the margin of error. Likewise, a random sampling of participants would make the results more generalizable to the counselor education population.

The survey questions were created by the researcher. The questions were submitted to experts in counselor education for design and content analysis. Nevertheless, the instrument is not standardized and cannot be confidently seen as valid or reliable. Therefore, the responses to survey questions may not most accurately depict the actual cognitions of the participants nor can the significant results found therein be deemed causation.

Bias that is inherent to self-reporting is a significant limitation. The responses of the participants were not measured against any standardized instruments. Thus, participant responses could have been influenced by how the information would appear to others.

Another limitation is that it is unknown how individuals who chose to skip questions or whose program did not address RS in their curriculum differed from those who participated or participated fully. It is possible that those who did not respond opposed integration of RS in counselor education altogether.

Implications

The results of this study show that integrating RS in counselor education is more complex than what is seen at face value and is influenced by multiple factors. It appears that there has been a progressive shift toward the inclusion of RS in counselor education over the past 10 to 15 years. This study enhances that progression by describing a sample of what is actually being taught in counselor training programs across the United States and suggesting what might contribute to counselor educator's decision to integrate.

Recommendations for Future Research and Practice for Counselor Education

With the information from this study, counselor educators seem to have a comprehensive view of what and how to incorporate and/or infuse RS into their courses. This compilation of what content is being taught across the Nation could provide vital information for the use of department heads. Seeing that the categories of addressing content (i.e., conceptualization, awareness, assessment, theories, and models) is the same for RS as it is for any other topic may increase curricular priority. Secondly, the ASERVIC spiritual competencies provided content areas to be addressed by counselors and counselor educators. This study may have provided a specific example of what those expectations look like, thus reducing ambiguity, for some. Thirdly, research from this study helps the counselor educator plan for the inclusion of RS into coursework. The examples of how others are integrating RS in their courses (e.g., through didactical learning, assignments, experiential learning, interaction, and discussion) provide an impetus or springboard for counselor educators to tailor the content with their student body in mind. It does not, however, provide suggestions on how to influence institutional approval or priority given to addressing RS because that was not investigated in the current study. As well, with the same reason, it does not offer advice on how to deflect the environmental barriers to

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such inclusion (e.g., anti-RS views of other faculty members). Nevertheless, this comprehensive view might equip the willing counselor educator with evidence of how RS is being introduced, to support their plea for curricular attention.

The counselor education community could benefit from future research by examining factors that influence institutional priority and environmental influences that impede integration. Perhaps qualitatively, research on how to diminish institutional or curricular barriers to integration would be beneficial for those educators met with resistance to the integration of RS. It might give an idea to identify specifically what training needs are desired. As well, research to determine the breadth and depth of RS content addressed in individual courses could provide counselor educators across America with a more uniform approach to content. Similar to a university's "master syllabus" system, results from this type of study could give counselor educators a common set of content to use, across the United States, with the ability to add content as needed.

Next, this study identified areas of content and instructional methods that are least utilized. It is possible that those areas are least utilized due to the lack of training or lack of perceived importance. A second implication of this study is regarding the finding that counselor educators' perceived confidence is related to formal training, ASERVIC awareness, perceived importance to address RS in counselor education, and perceived importance of RS in one's life. Almost sixty-seven percent (66.7%) of participants in this study said that continuing education (e.g., conference sessions, workshops, and training courses) and pre-service training (34.9%) covering ASERVIC competencies would be the most helpful training to increase their confidence. Thus, the findings from the current descriptive study provides information that can help state and national organizational leadership in creating and/or locating specific training

opportunities to remedy low confidence or preparedness levels. Particularly, this information seemed to evidence that lower awareness of ASERVIC spiritual competencies yielded lower confidence levels. These findings would help the planning process for conference pre-service training and/or the creation of learning institutes, with the combination of experts in RS and the ASERVIC creators as trainers. Having this occasion (e.g., pre-service/pre-conference training) to receive such training gives educators an opportunity to talk and share with those who are practicing the topics this study addressed. Potential topics for additional training could include: developing your religion and spirituality lesson plan, encouraging curricular priority of religion and spirituality in your department, or creating religion and spirituality inclusion in your training program.

As well, the data regarding the relation to perceived confidence and perceived importance to address RS in counselor education suggested that the higher the perceived importance of the counselor educator the higher their level of perceived confidence. The same was suggestive of perceived confidence and perceived importance of RS in one's life. Thus, this study's research implies that knowledge alone is not the predictive factor of confidence or its probability of increase. Still, what an individual values does matter with regard to perceived confidence levels.

Besides, the results of this study found RS to be incorporated (addressed in two to three courses) rather than infused (addressed in all 8 core areas). Future research might include an expansion of Cashwell and Young's (2004) work of content analysis of counselor educator syllabi. For those programs that purport to address RS in their curriculum, a content analysis of all faculty syllabi could determine the depth and breadth of such integration. Likewise, examining other sources of how RS is being integrated is beneficial (e.g., college catalogs and bulletins, graduate student forums for the student's perspective, and new faculty listservs).

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Further, fear of imposition of values and the perception of oneself as nonspiritual were barriers to incorporating RS. Fear of imposition of values was a barrier to infusing RS. These findings, again, could evidence the need for additional training and/or give insight into what specific area of training is need. Specifically, ethical training might reduce this fear. As well, ethical training in RS values and the findings on how to address RS content may help counselor educators differentiate their RS values from others. Meaning, one does not have to be perceived as spiritual in order to teach the competency or see the value in acknowledging this content in clients.

For students, the descriptive data from this study would strengthen cultural competence through supervision. Counselor educators who are supervising in practicum and internship experiences would know what content is being taught and, thus, use it to inform and reinforce their supervision practices. Secondly, this data, used in ethics training, would help the student avoid pathologizing clients and better inform standard of practices. Thirdly, unveiling this data in the classroom increases student authenticity. For those who value their own religious and spiritual beliefs as a part of their identity, this information would increase feelings of genuineness and being more congruent as their forming theoretical orientation. Lastly, this information would increase mentorship opportunities with faculty who share the RS interests of their students (e.g., research projects).

Conclusions

The overall goal of this study was partially met in that it gave voice to the individual counselor educator on what and how religion and spirituality is being addressed in their programs and courses. The current study provided information related to the types of RS content being addressed and how it is being delivered that possibly can be considered in counselor

educators' quest to train spiritually competent students. It was concluded that the research from this study could expand the knowledge base of theoretical underpinnings to which working with RS content and issues are based. Further research is needed to determine the depth and breadth that RS content is addressed in individual courses. The results from that study could create a more uniform approach to addressing RS across the United States. What a university "master syllabus" is to each professor or instructor is what a uniform approach to addressing RS could be to counselor educators across the Nation.

Secondly, the results of this study seem to support the prediction that integrating RS into counselor training is more complex than just the lack of RS training. Other variables like perceived confidence, ASERVIC spiritual competencies awareness, perceived importance of RS in one's life, and perceived importance of addressing RS in counselor education are likely to be influential. Perhaps those formal training initiatives may further inform the importance of RS in counselor education for those with low perceptions of its importance, whether personally applied or not.

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Appendix A

Recruitment Letter

Contemporary Status of Religion and Spirituality in Counselor Education
Survey Recruitment Letter

Dear Counselor Educator,

  In an ever increasing pluralistic society, counselors-in-training must be equipped to competently address the myriad of cultural experiences of their clients, particularly the religious and spiritual component. As the journey has already been launched in the importance and role of addressing religious and spiritual content in counselor training programs, I request your assistance in furthering the journey by participating in a study that gives voice to how you are broaching this competency area in your course(s).

  If you choose to participate in this study, you will be redirected to a website where you will be asked to complete a survey that will take about 15 minutes of your time. The first page of the survey is a comprehensive "Information Sheet" which will explain more specifically the nature of this research study.

  Although the Auburn University IRB has approved my protocol as "Exempt", I want to take the precaution of advising you that your institution may require me to have IRB approval before you can participate in my research study. If your IRB needs to see a copy of AU's IRB approval, please let me know. The protocol was approved under 45 CFR 46.101(b)(2)) as Protocol #.10-313 EX 1010.

  Any specific inquiries you may have regarding this study may be directed to me or my advisor's attention as noted in the attached "Information Sheet."

  Thank you for joining me in this endeavor.

Sincerely,

Tomeka W. McGhee, GCDF, NCC, ALC, Doctoral Candidate
Department of Special Education, Rehabilitation, & Counseling
College of Education
Auburn University

Appendix B

Survey Instructions, Survey Consent and Information Sheet

Survey Instructions and Survey Consent

INFORMATION SHEET

for a research entitled
"Contemporary Status of Religion and Spirituality in Counselor Education"

I would like to extend an invitation to participate in a research project designed to assess how counselor education programs are currently incorporating and infusing religion and spirituality into the training program curriculum. This study focuses on the content, format, models, and potential barriers related to incorporation and infusion. Tomeka W. McGhee is conducting the survey, under the supervision of Dr. Suhyun Suh, Committee Chair and Associate Professor in Auburn University's Department of Special Education, Rehabilitation, and Counseling/School Counseling. You were selected as a possible participant because you were identified as a CACREP counselor educator through your department's CACERP liaison, your department's website, or by other counselor educators.

If you choose to participate in this study, you will be asked to complete the attached survey that will take approximately 15 minutes of your time. As an incentive for completing this survey, the researcher will donate $.50 per completed survey to ASERVIC up to $150. You may stop the participation at any time during the course of the survey. As the data is collected anonymously, it will not be possible to remove your data after the survey has been submitted.

There are no anticipated risks or discomforts associated with participation in this study.

Information collected from this study will be used in a doctoral dissertation, may be published in a professional journal, and/or presented at a professional meeting. All information will be collected anonymously. Thus, no identifying information of any form will be included in the final results.

If you have any questions, I invite you to contact me, Tomeka W. McGhee, at tzm0005@auburn.edu, or my Faculty Advisor, Dr. Suhyun Suh, at (334) 844-2837 or suhsuhy@auburn.edu.

For more information regarding your rights as a research participant, you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone (334) 844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

By clicking the "I Agree" button at the bottom of this page you are agreeing to participate in this research study with a sufficient understanding of the benefits and risks involved. It is recommended that you print out this page for informational purposes.

Thank you sincerely.

The Auburn University Institutional Review Board has approved this document for use from October 27, 2010 to October 26, 2011. Protocol #10-313 EX 1010.

Appendix C

ASERVIC Spiritual Competencies

2009 ASERVIC Spiritual Competencies

Culture and Worldview

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

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

Counselor Self-Awareness

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

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

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

Human and Spiritual Development

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

Communication

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

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

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

Assessment

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

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

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

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

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

Appendix D

Survey

Contemporary Status of Religion and Spirituality in Counselor Education Survey

Please respond to the following statements by indicating your best answer choice.

Demographics

1. Age.
   o _____

2. Gender.
   o Male
   o Female

3. Years of teaching experience in counselor education?
   o _____

4. Years of counseling experience?
   o _____

5. If religious, which of the major world religions would you choose?
   o Catholic
   o Protestant
   o Muslim
   o Jewish
   o Buddhist
   o Other
   o None

6. What type of training have you received related to religion and spirituality?
   o Coursework
   o Seminar/workshop
   o Seminary
   o Graduate of religious-affiliated higher education institution
   o Other

7. State of home institution?
   o _____

8. What courses have you taught in the past three years? Select all that apply.
   o Professional Orientation and Ethical Practice
   o Social and Cultural Diversity
   o Career Development
   o Helping Relationships
   o Human Growth & Development
   o Group Work
   o Assessment
   o Research and Program Evaluation
   o Other

Contemporary Status of Religion and Spirituality in Counselor Education Survey

Please respond to the following statements by indicating your best answer choice(s).

Incorporation means addressing RS by integrating it into 1-2 courses.
Infusion means addressing RS by integrating it into all 8 CACREP core areas.

Questionnaire

1. How important are religion and/or spirituality (RS) in your life?
    o   Somewhat important
    o   Unsure
    o   Important
    o   Quite important
    o   Very important

2. Are any of the following consistent with your concept of religion and spirituality related to counselor education? Select One.
    o   A cultural/diversity construct
    o   An area to identify pathology
    o   An innate human characteristic
    o   Other: _____
    o   None

3. How important is it to address religion and spirituality in counselor education?
    o   Somewhat Important
    o   Unsure
    o   Important
    o   Quite important
    o   Very important

4. To what degree are you aware of the ASERVIC spiritual competencies?
    o   Unaware
    o   Somewhat aware
    o   Not sure
    o   Very aware

5. How would you describe the extent of your formal training in religion and/or spirituality?
    o   No training
    o   Minimal training
    o   Moderate training
    o   Extensive training

6. How do you perceive your confidence in addressing religion and spirituality in your course(s)?
    o   Very unconfident
    o   Uncertain
    o   Neither confident nor unconfident
    o   Confident
    o   Very confident

7. What educational experiences have contributed the most to your abilities to teach spirituality competencies?
   o Own personal spirituality or religious background
   o Formal training
   o Years of counseling experience
   o Years of teaching experience
   o Other: _____

8. What would not likely increase your confidence level in integrating RS into your course(s)? Select all that apply.
   o Departmental support/curricular priority
   o Greater flexibility within the curriculum
   o Continuing education on any topic related to RS (conferences, workshops, training course)
   o Pre-service training that covers all the curricular guidelines of ASERVIC competencies
   o Other: _____

9. Does your program address religion and spirituality in its counselor education curriculum?
   o Yes (Proceed with the remainder of the survey)
   o No (Thank you for taking the survey; you may end the survey at this time.)

10. To what extent does your program's curriculum address RS?
    o In single course
    o In seminars/workshops
    o In the multicultural course alone
    o In 2-3 courses
    o Assignments in all core courses

11. In your course(s), what specific ASERVIC competency areas are you addressing related to religion and spirituality? Select all that apply.
    o Conceptualization (i.e., influence and impact of RS upon client functioning, diagnosis, treatment planning)
    o Assessment (i.e., recognizing or identifying RS content/themes in clients, gathering information)
    o Various religious/spiritual perspectives (i.e., similarities/differences, various systems of belief)
    o Awareness-client & counselor (i.e., exploring attitudes, limitations of knowledge, ethical considerations)
    o Models/theories (i.e., RS development as related to human development, therapeutic techniques, research related to RS)
    o Other: _____

12. What format do you find most useful in addressing religion and spirituality in your course(s)? Select all that apply.
    o Didactic (Lecture)
    o Discussion (e.g., case studies, group work)
    o Interaction (e.g., Role plays, presentations)
    o Assignments (e.g., article reading, written reporting, journaling)
    o Experiential (e.g., attending church service of various perspectives)
    o Other: _____
    o All
    o None

13. What instructional model do you use to organize the religious and spiritual content in your course(s)? Select all that apply.
    o Spiritual Developmental Models (Fowler's Faith Development, Oser's Religious Judgment, Genia's Growth Development, Rizzuto's Representation of God Development, Spero's Religious Transformation Development)
    o Cognitive Development (Piaget's Cognitive & Moral, Elkind's Cognitive, Kohlberg's Moral)
    o Psychosocial Development (Erikson, Frankl, Maslow, Levinson)
    o Human Development/Wellness/Holistic Model (Hettler's Hexagon, Sweeny & Witmer's Wheel of Wellness, Chandler et al.'s Model of Spiritual Wellness, Chu & Powers' person-environment fit, Goleman's Emotional Intelligence, Rak & Patterson's Resilence)
    o Other: _____

14. Are you *incorporating* (addressing in 1-2 courses) religion and spirituality into your course(s)?
    o Yes
    o No

15. What influences your decision to *incorporate* RS into your course(s)? Select all that apply.
    o CACREP Standards
    o ASERVIC Competencies
    o Code of Ethics
    o Departmental priority
    o Teaching experience
    o Counseling experience
    o Regional practice/custom
    o Perception of RS as a multicultural construct
    o Other: _____

16. What barriers exist that influence your decision to *incorporate* RS competencies into your course(s)? Select all that apply.
    o Departmental demands (e.g., courseload)
    o Fear of imposition of values
    o Personal perception of being nonreligious or nonspiritual
    o Own personal history or experience with RS
    o Other: _____

1 7. Are you *infusing* (addressing in all 8 core areas) religion and spirituality into your course(s)?
    o Yes
    o No

18. What influences to your decision to *infuse* RS competencies? Select all that apply.
    o CACREP Standards
    o ASERVIC Competencies
    o Code of Ethics
    o Teaching experience
    o Counseling experience
    o Regional practice/custom
    o Perception of RS as a multicultural construct
    o Other: _____

19. What barriers exist that influence your decision to *infuse* RS competencies into your course(s)? Select all that apply.
    o Departmental demands (e.g., courseload)
    o Fear of imposition of values
    o Personal perception of being nonreligious or nonspiritual
    o Own personal history or experience with RS
    o Other: _____

Appendix E

CACREP Use of List Approval Email Letter

Dear Ms. McGhee,

As per our conversation, you may use the CACREP website as part of your dissertation, as it is available to the public. Please cite it properly.

Best,
Kelleen

DISCLAIMER