

DEVELOPMENT OF THE SPIRITUAL AND  
RELIGIOUS COMPETENCY ASSESSMENT  
(SARCA): AN INSTRUMENT TO  
MEASURE COMPETENCY  
IN SUPERVISEES

By

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## CHAPTER I

### INTRODUCTION

#### Spirituality and Religion in Psychology

Religion, long documented as a significant aspect of human experience, “plays an important and influential role in every culture known” (Taylor, 2002, p. 2). In the United States, a Gallup poll indicated that 97% of respondents reported a belief in God and about 90% reported they pray (Gallup & Lindsay, 1999; Poloma & Gallup, 1991). Another Gallup poll asked whether individuals believe that religion can answer most or all of today’s problems or if religion is largely old fashioned and out of date (Gallup & Lindsay, 1999). Over half (58%) reported that religion can answer all or most of today’s problems, and 23% stated that it was old-fashioned and out of date. These statistics suggest that the majority of the population in the United States consider themselves to be religious and/or spiritual and that religion/spirituality is relevant to today.

Because religion is important in the multiple cultural contexts in America, psychologists would benefit from paying attention to religious and spiritual issues (G. Miller, 1999). “By design, members of the counseling profession assist . . . clients in the important process of identity development, of which spiritual identity is one important aspect” (Lonborg & Bowen, 2004, p. 318). With more than 160 denominations (mostly Christian) and over 700 non-Christian religious groups currently existing in the United States (Richard & Bergin, 2000), psychologists will inevitably work with clients who



vary widely on spiritual and religious dimensions and who view this dimension as appropriate content for counseling (G. Miller, 1999).

Many prospective clients have reported that they regard spirituality and religion as legitimate areas for therapy (Kelly, 1994; Rose, Westefeld, & Ansley, 2001). Many religious clients have reported they prefer to have their belief system included in their therapy experience and that their religious values, practices, and beliefs should be incorporated (Quackenbos, Privette, & Klentz, 1986). In addition to being open to including spiritual and religious issues in counseling, the majority of a sample of clients (66%) preferred a therapist who has spiritual values over one who does not, and an even larger percentage (81%) preferred a therapist who was willing and able to help them integrate their values and beliefs into therapy (Stewart & Gale, 1994).

Hodge (2004) claimed that spiritual competency is necessary, especially when working with minority spiritual traditions. He cited Furman, Perry, and Goldale's (1996) study, which revealed that 83% of evangelical Christian participants were hesitant to seek assistance from social workers because they anticipated that the social worker would not understand their beliefs and values. Bergin (1991) concluded that the field of psychology needs to recognize spirituality as a dimension of human experience, and MacDonald (2004) claimed that spirituality, a dimension of human diversity, cannot be overlooked any longer. For many Americans, spirituality or religion is an integral part of racial and cultural identity and essentially shapes ones' worldview and sense of self (Hage, 2006).

#### Spiritual/Religious Competencies

Currently, there is no consensus regarding how to define and measure competence as it relates to providing therapy to spiritual or religious clients. It has been asserted that

psychotherapists cannot facilitate clients' spiritual development and transformation beyond their own working knowledge and understanding of spirituality (Maher & Hunt, 1993). Additionally, therapists' ability to effectively deal with spiritual and religious issues might be largely dependent on an awareness of their own spiritual or religious beliefs (Polanski, 2003). Corey, Corey, and Callanan (2003) suggest that an awareness of one's own spirituality is important because it will inevitably be communicated to clients. Should therapists' personal spiritual or religious development and self-awareness be a criterion for competence? Clearly, without some level of agreement in research and among practitioners, criteria for spiritual and religious competency will remain ambiguous.

Hodge (2004) suggests that spiritual competency is comprised of three facets: (1) knowledge of one's own spirituality and related biases, (2) understanding of the client's spirituality, and (3) the ability to create appropriate and helpful interventions and treatments based on the client's spirituality. Richards and Bergin (1997) proposed a list of eleven "characteristics of effective ecumenical psychotherapists" (p. 18). However, to date only one major effort has been made to delineate a more comprehensive list of spiritual and religious competencies.

In October 1995, the leaders of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association (ACA), organized a summit meeting in North Carolina (Young, Cashwell, Frame, & Belaire, 2002). ACA members who were deemed topic experts as determined by their authoring articles and books on spirituality and religion were invited to attend. The purposes of the summit and four subsequent meetings were to arrive at a consensus

on the definition of spirituality and to develop a list of specific criteria for competency. Four knowledge domains were addressed: (1) general knowledge of spiritual phenomena, (2) awareness of one's own spiritual perspectives, (3) understanding of clients' spiritual perspectives, and (4) spiritually related interventions and strategies (Young et al., 2002). The four domains comprised the categories of a thorough list of 26 criteria for spiritual and religious competency in counseling. The experts involved in the summit later synthesized the 26 criteria into nine core competencies (see Appendix A).

### Addressing Spirituality and Religion in Training

As more attention has been paid recently to issues of spirituality and religion in psychological research and because the function of research is to enlighten practice, it would be logical for professional training programs to have increased their inclusion of these issues as well. However, counselor education programs typically do not offer coursework related to spirituality or religion, unless the program has an explicitly religious affiliation (Fukuyama & Sevig, 1997; Grimm, 1994). Training directors have reported that the topics of spirituality and religion are occasionally addressed in other related courses, such as multicultural psychology or ethics (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). Another study showed that only 13% of training directors of APA-accredited clinical psychology programs reported that a course devoted solely to the psychology of religion was periodically offered (Brawer et al., 2002). Similar statistics have also been found in Council for Accreditation of Counseling and Related Educational Programs-accredited counseling programs (CACREP), confirming a similar lack of attention to incorporating spiritual and religious competency in counselor training (Kelly, 1994). In general, it appears that psychologists and counselors are

receiving little to no training to competently address spiritual and religious issues in therapy (Aten & Hernandez, 2004). Additionally, over 90% of surveyed psychologists reported that religious issues were rarely, if ever, addressed in their own education and training (Shafranske, 1996; Shafranske & Maloney, 1990). Bergin (1983) and Brawer et al. (2002) rightly called religion an orphan in academia when compared with psychology training in other areas of diversity, such as race, gender, and ethnicity.

Even though most counselors do not appear to get much education in working with spiritual and religious issues, many are working with these issues in counseling or are at least open to addressing them (Prest, Russel, & D'Souza, 1999; Young et al., 2002). However without specific training, are counselors already working with spiritual and religious issues competent to do so? One set of spiritual and religious competencies has been established by ASERVIC, but there currently is no way of systematically measuring this competency. Therefore, the answer is still unknown.

Even if formal graduate coursework is not available to facilitate spiritual and religious competency, three other factors may influence this competency: 1) the amount of a counselor's prior experience working with clients with these issues; 2) personal spirituality or religiosity; and 3) the amount of time given in supervision to addressing these types of issues.

Psychology training is predicated on the precept that experience is a necessary condition for competence. The more experience a counselor has, the greater the likelihood of developing competency. This assumption is logical and can be straightforwardly applied to experience in working with spiritual or religious issues with

clients. The more a counselor deals with spiritual or religious issues with clients, the greater the chance of developing competence in this area.

Therapists' spiritual or religious beliefs also can potentially affect competence in dealing with clients who have religious or spiritual issues. Research has supported a positive correlation between psychologists' personal spiritual and religious beliefs and the degree to which they address such issues with clients (Shafranske & Gorsuch, 1984). The argument has already been asserted that more experience brings a greater chance of competence. Therefore, personal spirituality or religiosity may be positively correlated with spiritual and religious competence.

Lastly, the amount of time given to spiritual and religious issues during supervision also may correlate to spiritual and religious competency. Silence on the topic in supervision communicates irrelevance at the least, but candid discussions of spirituality and religion model openness and give supervisees permission to explore the topic (G. Miller, 1999). Therefore, the more supervisors can incorporate discussions about spirituality and religion, the greater the likelihood that supervisees will view these issues as important and take time to learn and allow growth.

#### Spiritual/Religious Issues in Supervision

As just addressed, supervision provides a critical training opportunity in which spiritual and religious issues in practice could be addressed. Polanski (2003) asserted that it is the supervisor's responsibility to monitor the quality of care supervisees provide to clients, address any skills deficits, and ensure ethical treatment. This may include addressing spiritual and religious issues in counseling. Polanski also stated that it is the supervisor's responsibility to facilitate the supervisee in personal reflection and values

clarification in order to address the supervisee's professional functioning. While this sounds reasonable, it does not appear to be greatly practiced with regards to spirituality and religion. Seventy-seven percent of training directors of APA-accredited clinical psychology programs reported that spirituality and religion were most likely to be addressed in their programs through clinical supervision, yet, many commented that the topics were addressed inconsistently and only by a few supervisors (Brawer et al., 2002). The paucity of supervision that trainees have received surrounding these issues is apparent (Aten & Hernandez, 2004). Given that supervision's impact on trainee conduct lasts well beyond the termination of supervision (Ellis, 2001), it may be important that such issues are included in supervision.

A small number of authors have commented on how supervisors can address spiritual and religious issues, but a supervision textbook went so far as to say, "We were unable to identify a single published work devoted to spirituality as a legitimate supervision issue" (Bernard & Goodyear, 1998, p. 38). The paucity of supervision training on spiritual and religious issues may be due to a lack of discussion in the psychological literature on how to integrate these issues in supervision (Aten, 2004). Some supervisors and counseling professionals are struggling at the level of accepting spirituality/religion as a significant part of the therapeutic process (Zinnbauer & Pargament, 2000). Regardless of the reason, a dearth of literature on this subject exists.

Several authors have addressed spirituality/religion and supervision (Aten & Hernandez, 2004; Bishop, Avila-Juarbe, & Thumme, 2003; Frame, 2001; Miller, Korinek, & Ivey, 2004; and Polanski, 2003). Bishop et al.'s goal was to encourage supervisors and supervisees to be aware of spiritual and religious issues and subsequently

integrate the awareness and knowledge into the counselor supervision process. Bishop et al. scoured online article databases, books on religion and spirituality, books on counseling or psychotherapy, and supervision books but reported their search yielded no significant information about how to integrate spirituality and religion with supervision. Therefore, they stressed the need for supervision literature to address spirituality and religion and to offer guidance and structure in the supervision and therapy process.

Miller et al. (2004) reported on the lack of training that marriage and family therapists receive in addressing spiritual or religious client concerns. Miller et al. developed the Spirituality in Supervision Scale (SISS), which was designed to measure therapists' perceptions of the frequency in which spiritual issues were addressed in their supervision. The authors thought identifying this frequency was an important first step to increasing the integration of spirituality and religion into supervision.

Frame (2001) proposed using a spiritual genogram in training and supervision as a mechanism to help therapists feel more comfortable about including spirituality and religion in therapy. This could be a useful tool for supervision because although many students value spirituality, one study found that they did not feel comfortable discussing it in professional contexts (Prest et al., 1999). Frame also proposed using the spiritual genogram with trainees and supervisees to increase self-awareness.

The above studies address spiritual and religious issues in general or provide a few specific techniques to increase inclusion. While such research is helpful, more comprehensive models and theoretical approaches may be most helpful in laying groundwork for supervisors and supervisees. Two authors have attempted to provide such a framework.

Polanski (2003) presented a model for discussing spiritual and religious issues in supervision based upon the Discrimination Model, which is an atheoretical model designed to coach beginning supervisors (Bernard, 1997). The Discrimination Model (Polanski, 2003) consists of three focus areas for supervision (personalization skills, intervention skills, and conceptualization skills) and three supervisory roles (counselor, teacher, and consultant). The supervisor's job is to identify which of the three focus areas to address and which role to use to best facilitate change and growth. Polanski provided examples of how the supervisor might function within each focus area and in each supervisory role. She stressed that counselors should not only become aware of potential spiritual or religious issues with clients but also be comfortable addressing or managing the issues clinically. Ultimately, she viewed supervisors as having a very influential role in shaping supervisees' attitudes towards spiritual and religious issues and clients.

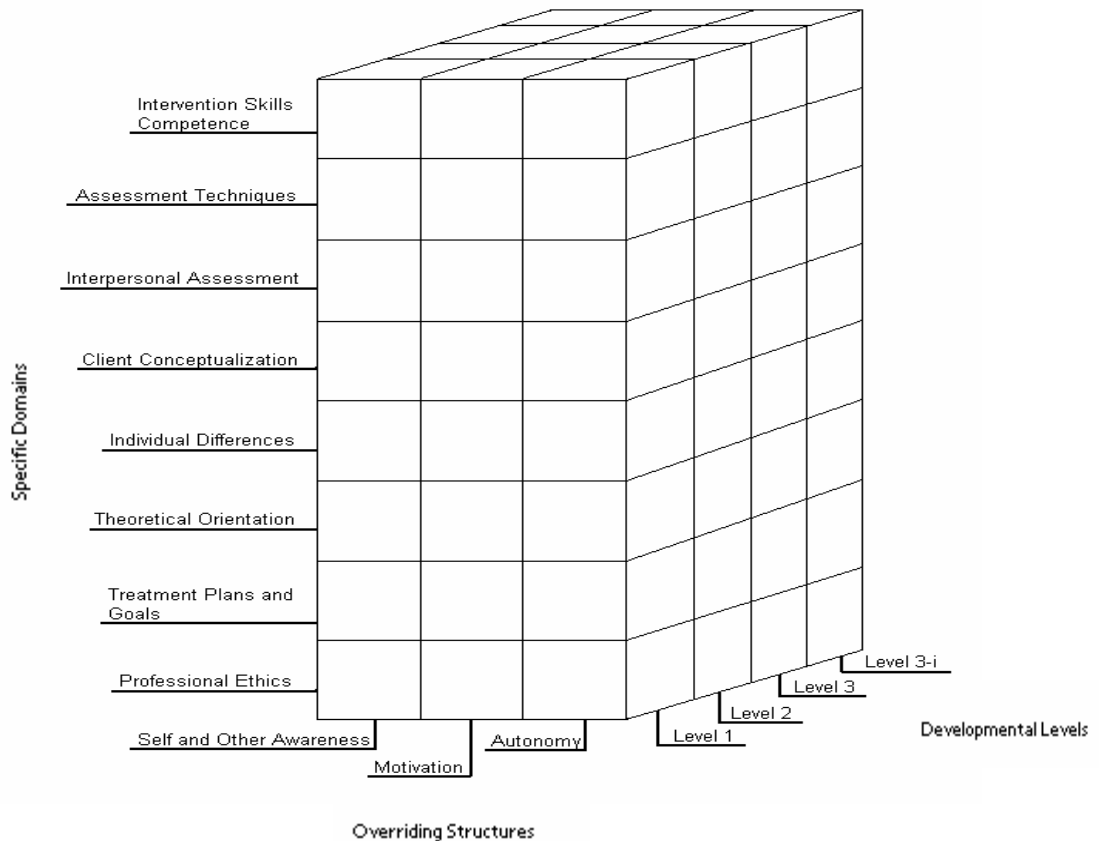
Aten and Hernandez (2004) conceptualized the inclusion of spiritual and religious issues using the Integrated Development Model (IDM) of supervision proposed by Prieto and Stoltenberg (1997). The IDM is a synthesis of Stoltenberg's (1981) Counselor Complexity Model and the Loganbill, Hardy, and Delworth (1982) Supervision Model (Aten & Hernandez, 2004; Prieto & Stoltenberg, 1997; Stoltenberg & Delworth, 1987). They utilized the IDM because they believed developmental supervision models have "become the zeitgeist of supervision thinking and research" (Holloway 1987, p. 209) and because the majority of developmental models have built upon the fundamental concepts provided by the IDM (Prieto & Stoltenberg, 1997; Stoltenberg & Delworth, 1987).



The IDM is a developmental model that outlines four distinct levels of supervisee development within three overriding structures: self and other awareness, motivation, and autonomy. It also includes eight specific domains of clinical practice, and the supervisee is assessed at 24 points for developmental level (three structures X eight domains). The assumption is that supervisees with differing amounts of experience will likely be at different developmental levels among the domains (Aten & Hernandez, 2004).

Aten and Hernandez (2004) used the eight domains of the IDM as a template for focusing on spiritual and religious issues in supervision to promote competence. They purported that working with religious clients requires competence across all eight of the domains.

Figure 1. Three-Dimensional Representation of the IDM



The goal of the IDM is that supervisors will better understand where their supervisees are on the continuum of professional development in each domain, thus maximizing impact by integrating into supervision the issues specific to the supervisee's developmental level. Aten and Hernandez further explicated specific supervisor actions that could serve to better prepare supervisees to work with spiritual or religious clients and issues.

### Statement of the Problem

Because spiritual and religious issues are part of many clients' experiences and gaining therapeutic competency is an important aspect of clinical training, it can be argued that acquiring spiritual and religious competency should be integrated into counselor education. Furthermore, since supervision is so integrally tied to counselor performance even after training has ended, addressing spiritual and religious issues should also be integrated more specifically into the supervision aspect of clinical training. Yet, there have been very few attempts to systemically integrate spiritual and religious concerns into supervision theory. Additionally, there has only been one major attempt to delineate spirituality competencies for counseling (Young et al., 2002). Currently, these competencies do not have a systematic way of being measured and have not been critically compared with other measures of competence or professional development.

This study will develop a measure of spiritual and religious competency in counseling and compare it with a general measure of professional development, which is based on the principles of the IDM. While the measure of general professional development has not been used to specifically assess spiritual and religious issues, it does include assessment for competence in working with individual differences, which is the

domain Stoltenberg stated most relevant to spiritual and religious client issues (Personal communication, October 6, 2005). Therefore, supervisees' scores on the measure of professional development may reflect spiritual and religious competency.

### Purpose of the Study

The general purpose of this study is to address the noticeable void in psychology literature on spiritual and religious issues in training and supervision. Specifically, there is a paucity of supervision theories that integrate spiritual and religious concerns, and this study will add to the knowledge about assessing supervisees' skills through the IDM.

More specifically, the purpose of this study is to develop a measurement that can accurately assess supervisees' level of spiritual and religious competency in counseling. With this measurement available, supervisors will be able to more easily ascertain supervisees' spiritual and religious competence and more readily equip them with appropriate skills such as openly responding to clients without judgment. Moreover, this study will also provide some exploratory analyses about the factors that may predict levels of spiritual and religious competence in supervisees.

### Definition of Terms

#### *Competence*

Competence can refer to a therapists' general counseling abilities (e.g. active listening, reframing, and rapport building), counseling abilities with specific issues/disorders (e.g. Post Traumatic Stress Disorder, Borderline Personality Disorder, grief), and counseling abilities with particular client populations (e.g. Hispanics, Gay/Lesbian/Bisexual/ Transgendered, spiritual and religious clients). For the purposes of this study, competence remains broad and will refer to a therapists' level of ability to

conduct ethical therapy in such a way as to help effect change in a clients' life.

Competence also connotes an evaluative feature, that a minimum level of counseling abilities is required to be deemed a competent professional.

#### *Counseling Experience*

For the purposes of this study, counseling experience is characterized by the number of hours of individual, couples, family, or group counseling or psychotherapy a participant has practiced.

#### *Counseling, Therapy, and Psychotherapy*

For the purposes of this study, counseling, therapy, and psychotherapy are considered comparable clinical practices. Counseling, therapy, and psychotherapy all refer to a professional relationship which the client has entered into with a trained counselor/therapist/psychotherapist for the specific purpose of effecting a change in his/her life. The change may be emotional, behavioral, cognitive, or social.

#### *Counselor Developmental Level*

For the purposes of this study, counselor developmental level refers to participants' degree of ability to function as a professional at the present time with the assumptions that ability spans multiple constructs and is a fluid concept. It typically increases over time and moves through predictable stages (Stoltenberg, McNeill, & Delworth, 1998).

#### *Counselor Education, Professional Training*

Counselor education and professional training refer to the training that a counselor/therapist/psychotherapist must obtain to become eligible and to maintain eligibility to practice. For the purposes of this study, both phrases are used, and

specifically, *counselor education* most often refers to the training of master's level clinicians, and *professional training* refers to the training of doctoral level psychology clinicians.

#### *Educational status*

For the purposes of this study, educational status refers to the number of graduate credit hours a student has completed at the time of the survey. It is inclusive of both master and doctoral level credit hours.

#### *Program Affiliation*

For the purposes of this study, program affiliation identifies if the participant's academic program is affiliated with a particular religious tradition or denomination.

#### *Religion*

The prevailing western notion of religion connotes institutionalized beliefs and actions that could be considered more sociological in nature (Richards & Bergin, 1997). For this study, religion refers to theistic beliefs, practices, and feelings that are customarily expressed institutionally. The expressions are usually denominational, external, cognitive, behavioral, ritualistic, and public.

#### *Religiosity*

For the purposes of this study, religiosity refers to the level of involvement or association with a religion or tradition with which an individual identifies.

#### *Religious*

For the purposes of this study, religious means having to do with a religion. When used in the context of describing an individual, it means that the individual identifies themselves as involved or associated with a particular religion or tradition.

When used in the context of describing a clinical issue, it means that the issue has a characteristic that is related to a religion or tradition.

### *Spiritual*

For the purposes of this study, spiritual means having to do with spirituality.

When used in the context of describing an individual, it means that the individual identifies themselves as connected in experiencing a relationship to others or to a higher power. When used in the context of describing a clinical issue, it means that the issue has a characteristic that is related to one's connectedness to others or a high power.

### *Spiritual and Religious Competencies*

For the purposes of this study, spiritual and religious competencies were defined as the awareness and knowledge of other's and one's own spiritual or religious tradition, values, and beliefs, and appropriately utilizing that information as a counseling professional or supervisor to provide services to a client or supervisee.

### *Spiritual and Religious Supervision Percent*

For the purposes of this study, spiritual and religious supervision percent refers to the percent of supervision time spent by either the participant or their supervisor addressing spiritual and religious therapeutic issues.

### *Spiritual/Religious Client Percent*

Spiritual/religious client percent is the overall percent of clients with whom spiritual and/or religious issues have been addressed by the participant. This includes spending time exploring clients' spiritual values or addressing specific spiritual or religious concerns. To include a client in this percentage, the participant must have spent a minimum of 5 minutes exploring or addressing spiritual/religious issues.

### *Spirituality*

The conventional western notion of spirituality connotes personal beliefs or actions that could be considered more psychological in nature and that are not institutionalized (Richards & Bergin, 1997). For this study, spirituality refers to the level of connectedness one feels internally in experiencing a relationship to others or a higher power (Darden, 2002). Spirituality also is seen as a construct broader than religion but the two concepts are most often presented together in this study to be inclusive.

### *Strength of Affiliation*

For the purposes of this study, strength of affiliation is defined by the level of a participants' commitment to the spiritual and religious traditions or institutions with which they identify.

### *Supervision*

For the purposes of this study, supervision is defined as an intervention provided by a more senior member of a profession to a more junior member of the same profession. It is a relationship that is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior member, monitoring the quality of professional services offered to the client(s) seen, and serving as a gatekeeper of those who are to enter the profession (Bernard & Goodyear, 2004).

### *Supervision Experience*

For the purposes of this study, supervision experience is defined as the number of hours a participant has been the recipient of supervision. Supervision experience includes both group supervision, where peers are concurrently receiving supervision and

are present and active in the supervision process with the participant, and one-on-one supervision, where the participant is the only person actively receiving supervision.

### Research Questions

The Spiritual and Religious Competency Assessment (SARCA) was developed to measure supervisees' level of spiritual and religious competency. Research questions focused on establishing reliability, exploring the structure of the instrument and identifying factors, and determining possible predictors for spiritual and religious competency. More specifically, the following questions were addressed in this study:

- 1) What is the internal consistency reliability of the SARCA?
- 2) What is the underlying structure of the SARCA?
- 3) What is the best subset of predictor variables out of the following set of predictor variables for spiritual and religious competence: age, educational status, counseling experience, spiritual/religious client percent, supervision experience, spiritual/religious supervision percent, strength of affiliation, program affiliation, spirituality, religiosity, and counselor developmental level?

### Assumptions of the Study

- 1) Participants were familiar with the language presented in the survey.
- 2) Participants honestly and accurately reported their views and experiences in the survey.
- 3) Solicited participants had equal motivation and opportunity to participate in the study and complete the survey.
- 4) The established assessments are adequate, valid measures of the constructs they purport to measure.



- 5) Spiritual and religious competence is a fluid, developmental construct, and the SARCA was not designed to measure a stable construct of competence.
- 6) There is divergent validity between the two assessments that independently measure spirituality and religiosity.
- 7) The response rate is a sufficient percent of the total students who were solicited for participation to support generalizations.

#### Limitations of the Study

- 1) It is possible that only participants who were interested in spirituality and religion completed the survey, resulting in a biased sample.
- 2) It is possible that only participants who have received training and feel more comfortable addressing spiritual and religious issues completed the survey, resulting in a biased sample.
- 3) It is possible that some students did not read the email invitation or did not complete the survey because they were uncomfortable or unfamiliar with computer technology, resulting in a biased sample.
- 4) That stepwise multiple regression capitalizes on chance is a limitation of the generalizability of this study (Tabachnick & Fidell, 2001).
- 5) Convergent validity can not be established because no other assessment was available that assesses spiritual and religious competence.

#### Summary and Overview of Remaining Chapters

In summary, the purpose of this study was to develop a measure of spiritual and religious competence, to test whether the established measure of counselor developmental level is related to spiritual and religious competency, and to further

understand what characteristics of a supervisee, their experience, and their education may be predictive of their competency in working with spiritual and religious clients and client issues.

The following chapters illustrate the research that was undertaken for this dissertation. Chapter II provides a careful review of literature, discussing longstanding issues in the subdiscipline of the psychology of religion and setting the stage for a discussion of current issues in spirituality and religion. It also describes the Integrated Developmental Model of supervision and its' relevance to spiritual and religious competency. Chapter III provides a systematic description of the research methodology, including participants, data collection procedures, and instruments. The results of the research were analyzed and summarized in Chapter IV, and a discussion of the study's findings, limitations and professional implications is found in Chapter V.

## CHAPTER II

### REVIEW OF LITERATURE

#### Spirituality and Religion in Society

Spirituality and religion have had a seminal influence on human thought and behavior throughout societies and across time (Fontana, 2003), and they are among the most stable attributes of human nature (Waller, Kojetin, Bouchard, Lykken, & Tellegen, 1990). Spilka, Hood, and Hunsberger (2003) stated that “data and observations in the social sciences point to the universality of religion” (p. 6). They speculated that it is quite likely that more books have been written on the topic of religion than any other topic in history.

Gallup polls that have spanned the last seven decades have questioned Americans about their religious beliefs, propensities, and behaviors. Gallup and Lindsay (1999) reported that about 97% of United States citizens believe in God and about 90% pray. In 1978, 52% of the Americans polled reported that religion was *very important* in their life and 32% reported that it was *fairly important*. In 2005, those same questions elicited a response of 55% and 28% respectively (see Figure 1; Gallup Organization, 2005). With only a three and five percent difference, these numbers are comparable given the decades that span their representation. In 1937, 73% reported that they were a member of a church or synagogue, and in 2005, 65% reported they were a member (see Figure 2; Gallup Organization, 2005). Although this has decreased some over the past 70 years, almost two thirds of the population still report themselves members of a religious

organization. Additionally, Gallup asked whether individuals believe that religion can answer all or most of today's problems or if religion is largely old-fashioned and out of date. Fifty eight percent reported that religion can answer all or most of today's problems and less than one-quarter (23%) stated that it was old fashioned and out of date (Figure 3; Gallup Organization, 2005). Based on these statistics, it appears that the majority of the population in the United States at any given time is involved with religious activities and likely maintains some religious ideologies.

### History of the Psychology of Religion

Because of the importance of religion in the lives of individuals and societies of all cultures (Fontana, 2003; Waller et al., 1990), the field of psychology has at times turned a focused eye on the topic. Although informal roots of psychology's inquiry of religion can be seen as far back as the writings of Augustine's Confessions (A.D. 397) and the philosophers, Jonathan Edwards (mid 1700s), Soren Kierkegaard (early to mid 1800s), and Albrecht Ritschl (mid to late 1800s), the first period of great interest started in the early 1880s as new and expanding theories were emerging. The writings of this time by the most prominent figures followed the traditional view that religion is necessary to human society (Malony, 1977).

The first writings on the psychology of religion in the United States were of an empirical nature from Sir Francis Galton in 1872. He applied statistical correlations to the investigation of the objective effectiveness of prayer and searched for correlations between wealth, health, and offspring within lives of pious religious clergy (Wulff, 1991).

G. Stanley Hall was the first American to receive a Ph.D. in psychology and was the first president of the American Psychological Association (APA). Wulff (1991) reported that G. Stanley Hall was really the first American psychologist to make a considerable contribution to and impact on the topic of religion and psychology, and according to Byrnes (1984), Hall had more academic influence in the early period of the psychology of religion than any other American psychologist. He was the founder of America's only *School of Religious Psychology*, which was located at Clark University. His general research interests were developmental problems, which lead him to teach and research on the moral and religious education of children and adolescents (Byrnes, 1984). His first publication on the subject was in 1883 and was the first book published on religion in psychology, which was the beginning of a significant movement (Byrnes, 1984).

Hall openly promoted empirical religious research among his students, and two were prolific and became known in their own right in the field of psychology of religion. Edwin Starbuck and James Leuba both contributed to the movement by conducting empirical studies and publishing articles and books. Leuba was Hall's most active student (Byrnes, 1984). He conducted the first empirical study of religious conversion and published his findings in 1896. Leuba subsequently published numerous other articles, which preempted his prominent position in the psychology of religion movement (Leuba, 1912, 1917, 1921, 1925, 1926a, 1926b, 1934).

Edwin Starbuck conducted an empirical study on religious conversion and published it in 1897. Even though his article was published a year after Leuba's article, Starbuck's research became more well known than Leuba's research. In 1983, Starbuck

published two questionnaires on religious topics, and in 1899, he published the first systematic work in the field (Byrnes, 1984). In fact, Starbuck appears to be the first psychologist to use the term *psychology of religion*. According to Wulff (1991), Starbuck's work was especially representative of the Clark School of Religious Psychology in that he was concerned with gathering the largest sets of data possible to ascertain and quantify trends. His methodology was a foretaste of the future movement towards quantitative inquiry in psychology.

In 1902, a few years after the emergence of Hall, William James wrote and published *Varieties of Religious Experience*, which has become a foundational piece on the topic and a classic in psychology. His definition of religion is found in his book.

Religion, therefore as I now ask you arbitrarily to take it, shall mean for us the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine. (James, 1902, p. 35-36)

The combination of James' prominent status as APA's president and the publication of his book likely led him to be given credit for having the most impact on the movement of religion in psychology. James' methodology relied heavily on testimony and personal documentations, and it remains an excellent example of a purely descriptive approach to the psychology of religion.

A few other books on religion and psychology were published during this time (Ames, 1910; Coe, 1916; Leuba, 1925; Pratt, 1920; Stratton, 1911). However, toward the late 1920s, the popularity of religious topics in psychology waned. This was evidenced by the failure of Hall's journal, *The American Journal of Religious Psychology and*

*Education*, and the *Psychological Bulletin* ceasing to publish annual reviews of the psychology of religion literature (Wulff, 1991).

The downhill trend also was visible in the organization of the universities. During the early 1900s, undergraduate psychology of religion courses had increased in number among colleges, but by 1938 only about 15% of colleges offered such courses. By about 1930, attention given to the topic of religion in psychology had almost vanished (Gorsuch, 1988).

Myriad reasons likely contributed to the decline of the field of psychology of religion in the early to mid 20<sup>th</sup> century (Byrnes, 1984; Douglas, 1966; Malony, 1977; Strunk, 1957). Fontana (2003) purported that spirituality and religion appeared incompatible with scientific principles and reductionist philosophy, which was so attractive during the twentieth century. He highlighted instances when religion actually opposed the progress of science, which may have created hostility between religious and scientific communities (Fontana, 2003).

Sexton (1986) speculated that the withdrawal of Catholic leaders from psychology further provoked decline in the psychology of religion. He argued that leaders of the Catholic Church did not believe psychology was the right venue to study human development and interaction (Gorsuch, 1988); therefore they began to distance themselves from psychology. As leaders in the church withdrew from psychology, it could have prompted a large number of other religious individuals in psychology to follow suit. Renewed interest in the psychology of religion a few decades later could be attributed in part to religious individuals reentering the field of psychology after the Catholic Church's strong reaction dissipating through generations and over time. It

appears that religious leaders may have more recently deduced that ignoring psychology poses a greater threat than facing it (Gorsuch, 1988).

Another perspective on the decline was that the field of psychology was “coming of age” (Gorsuch, 1988). In the mid 20<sup>th</sup> century as psychologists were working hard securing psychology as its own discipline, they had to divorce themselves from areas that were still considered part of philosophy, such as religion. Psychologists then directed their attention and resources to empirical topics to carve out credibility within the scientific community. James wrote to a colleague in 1901 stating that his book “will doubtless be a popular book- too biological for the religious, too religious for the biologists” (Perry, 1935, p. 326). This may have been an accurate assertion for the entire discipline of the psychology of religion. This movement towards empiricism in psychology correlated with the rise of behaviorism and set the stage for positivistic science and behaviorism to become solidified.

Another possible contribution to the dissipation of the psychology of religion was spearheaded by Freud and the psychoanalytic movement. Freud published a book that leveled harsh criticism at religion as he touted it had a negative impact on people’s psychological wellbeing. He declared religion to be an “obsessional neurosis that resulted from infantile helplessness” (Elkins, 1999). It is understandable that the religious community would subsequently become disenchanted with psychology as it already had of the other sciences (Quackenbos et al., 1986). Because Freud propounded a negative view of religion, his psychoanalytic disciples also demonstrated an aversion towards religion (Cortes, 1999; Elkins, 1999), and other psychological clinicians readily



embraced his rejection of religion and spirituality (Brawer et al., 2002; Kurtz, 1999; M. Miller, 2003).

Even though the psychology of religion waned almost to the point of extinction, other disciplines adopted this topic of inquiry and research, such as pastoral psychology and theology (Wulff, 1991). Thus, the study of religion through the lens of psychology continued humbly and quietly.

By the time the 1960s rolled around, psychology was firmly established as a discrete discipline and had the fortitude to withstand reintroducing topics that were once solely philosophical. Two journals emerged around 1960 that helped give the psychology of religion a boost out of near extinction. The *Review of Religious Research* and the *Journal for the Scientific Study of Religion* both emerged as solid, peer-reviewed journals publishing basic and applied research. According to Gorsuch (1988), the *Journal for the Scientific Study of Religion* continues to be the top journal for the scientific investigation of religion. Additionally, the establishment of Division 36 of the APA, currently the Psychology of Religion, helped solidify religion's reemergence into psychology.

Since the 1960s there has been considerable movement in publishing in this field of psychology. A simple search of all published articles including the topic of religion or spirituality (keywords "religio\*" or "spirit\*") in PsycINFO revealed a 25% decrease in publication numbers during the 940s when compared to the previous decade, whereas the 1950s show an upswing again, a 47% increase. Since the 1950s, the number of published articles and dissertations on the topic was been steadily increasing each decade. Figure 4

graphically displays the number of publications on the topic of religion in PsycINFO for each decade from 1890 to 2006.

### Contemporary Issues in the Psychology of Religion

As the amount of professional interest in the psychology of religion has dramatically increased, results from studies tentatively suggest that psychologists' personal interest in religion and spirituality has not concurrently increased. Around 1990, it seemed that psychologists, overall, were less religious than both the public and their fellow mental health professionals (social workers, psychiatrists, and marriage and family therapists; Bergin, 1991; G. Miller, 1999; Smith & Handelman, 1990). In 2002, Schulte, Skinner, and Claiborn conducted a survey of training directors of member programs of the Council of Counseling Psychology Training Programs (CCPTP), and 97% of those who responded indicated that less than half of their faculty were openly spiritual or religious, which is less than the general population according to Gallop Polls.

Notable leading psychologists in the field, in addition to Freud, have loudly voiced their disbelief in God or religion. Albert Ellis called himself a probabilistic atheist, saying that it is highly probable that God does not exist, and it is not logical for people to live their life as if He does exist (Ellis, 1980). Ellis also exclaimed that most psychotherapists would agree with him that "believerism" indicates emotional disturbance (Quackenbos et al., 1986).

Although psychologists may be among the least religious group of mental health professionals, Harman (2002) reported that graduate psychology students have slightly higher religiosity scores than licensed psychologists. This statistic could be evidence that a lack of training on religious and spiritual issues in psychology is negatively affecting

the personal religiousness of students during their training, thereby decreasing level of religiosity as students advance in their studies (Harman, 2002). It also could reflect a possibly increasing trend of higher religiosity among younger generations, which corresponds with Brawer et al. (2002) finding that almost half of the institutions he surveyed had students who reported religion/spirituality was their major area of interest. However, another survey of training directors found that 77% of respondents reported less than 50% of their students were openly spiritual or religious (Schulte et al., 2002). It could be that students show interest in the topic of spirituality and religion, yet are not personally spiritual or religious, which appears to be the trend with the majority of psychology training directors and possibly faculty.

Despite any reservations that psychologists and students of psychology may have with spirituality/religion and psychology, many prospective clients have reported that they view spirituality and religion as legitimate areas to focus on in therapy (Kelly, 1994; Rose et al., 2001). The majority of clients (66%) stated that they preferred a therapist who has spiritual values over one who does not. An even larger percentage (81%) preferred a therapist who was willing and able to integrate their values and beliefs into the therapy session (Stewart & Gale, 1994).

Even though some clients may prefer a focus on spirituality and religion in therapy, is it beneficial? It is undeniable that religion has been used in maladaptive ways in history (Hicks, 2003). However, as psychological research on spirituality and religion has begun to accrue, results from research do not steadily support either a negative or positive correlation between spirituality/religion and mental health (Lesniak, Rudman, Rector, & Elkin, 2006). Certain research studies support a negative correlation between

religiosity and mental health (Ellis, 1980; Koenig, et al., 2001; McCullough, Larson, & Worthington, 1998). However, some researchers have suggested the correlation has typically been between poor mental health and extrinsic religiosity, which refers to the use of religion as a means to non-religious ends such as networking or social support (Pargament, 2002a; Powell et al., 2003; Smith, McCullough, & Poll, 2003).

A larger body of research supports a positive relationship between religion and wellbeing/health (Bergin, 1983; Frazier, Mintz, & Mobley, 2005; Gartner, Larson, & Allen, 1991; George, Ellison, & Larson, 2002; Hood, Spilka, Hunsberger, & Gorsuch, 2003; Krause, 1992; Larson, Sherrill, Lyons, et al., 1992; Levin, & Schiller, 1987; Powell, Shahabi, & Thoresen, 2003; Steger & Frazier, 2005) and spirituality and wellbeing (MacDonald, 2000). Bergin's meta-analysis (1983) found that almost half of the studies tabulated had positive correlations between religious commitment and mental health, while 30% showed no correlation and less than one quarter (23%) of the tabulations had negative correlations between religiosity and mental health.

### Measures of Religiosity

The lack of consistency among the results of religiosity studies may be a corollary of comparing studies that use different religiosity scales (Ellison, Boardman, Williams, & Jackson, 2001; Hackney & Sanders, 2003; King & Crowther, 2004; O'Conner, Cobb, & O'Conner, 2003). In reviewing Hill and Hood's (1999) book that compiled 126 psychological measures of religiosity, Grace (2000) stated, "When God commanded us to 'be fruitful and multiply and fill the earth', those intent on creating psychological measures of religious variables apparently took it to heart (p.71)." Various definitions of religiosity have included amounts of religious involvement, religious orientations, and

religious attitudes, but it is unclear how much these and other variables actually represent the same construct.

It appears that religiosity is a more complex construct than originally thought and probably includes cognitive, emotional, behavioral, and motivational aspects (Dezutter, Soenens, & Hutsebaut, 2006). Batson, Schoenrade and Ventis (1993) state that religiosity can be measured through two different factors: *religious involvement and behaviors* or *religious orientations and attitudes*. Only measuring one factor of religiosity has allegedly caused discrepancies in research findings because each factor appears to have a unique relationship with mental health (Dezutter et al., 2006).

Among the different factors, religious orientation has been particularly valuable in research when examining the relationship between religiosity and health (Gorsuch, 1988; Masters, Hill, & Kircher, 2004), religiosity and mental health wellbeing (Casares, 2005; Lewis & Maltby, 2005; Matlock-Hetzel, 2005; Navara & James, 2005), and comparing personality theories of religion (Maltby, Talley, Cooper, & Leslie, 1995). The two most well known measures of religious orientation are the Religious Orientation Scale (ROS; Allport & Ross, 1967) and the Age-Universal I-E Scale (Gorsuch & Venable, 1983).

The Religious Orientations Scale (ROS) was published by Allport and Ross (1967) and has generated an array of empirical studies (Dezutter et al., 2006). The ROS measures underlying goals and motives for being religious and distinguishes two orientations to religiosity: intrinsic and extrinsic orientations. Intrinsic orientation characterizes religion as a master motive in life. Individuals with an intrinsic religious motivation do not consciously or unconsciously seek secondary gains through religion (Clayman, 2004). Extrinsic orientation characterizes religion as a means to nonreligious

ends (e.g., social support, networking, and security). Allport and Ross (1967) originally conceptualized extrinsic and intrinsic religiosity as opposite ends of a single continuum; however, over time they have been reconceptualized by researchers as two constructs with separate and distinct continuums (Clayman, 2004). Extrinsic religious orientation has been further analyzed and is currently theorized as having two factors: personal and social.

There have been two major criticisms of the ROS (Kirkpatrick, 1989; Maltby & Lewis, 1996). The first is that its' language was too advanced for use with children or adolescents. In 1983, Gorsuch and Venable addressed this by creating a questionnaire with simplified yet comparable questions for use with both adults and children. The second major criticism is the ROS was designed for use with religious populations only, which severely limited its use in research. Maltby, McCollam, and Millar (1994) argued that excluding nonreligious individuals from this measurement was unavoidable because nonreligious individuals would not be able to answer Intrinsic-Extrinsic questionnaires because theoretically, they would not exhibit either orientation. However, Maltby and Lewis (1996) later amended the ROS to be inclusive of non-religious participants. The resulting assessment was the Age-Universal Intrinsic-Extrinsic (I-E) Scale, which included 20 items. Maltby and Lewis (1996) reported the alpha coefficient for the extrinsic and intrinsic items of the 20-item Age-Universal Intrinsic-Extrinsic Scale were .76 and .84 respectively and the overall alpha coefficient was .86. Alpha coefficients for each item were also presented (see Maltby & Lewis, 1996).

Although the Age-Universal I-E Scale was an improvement over the ROS, it still did not escape criticism. Leong and Zachar (1990) suggested that five of the twenty

items should be deleted. The remaining items would then account for the constructs of intrinsic, extrinsic-personal and extrinsic-social. In 1999, Maltby revised the scale from 20 to 12 items to address criticisms and suggestions made by other researchers (Gorsuch & McPherson, 1989; Kirkpatrick, 1989; Leong & Zachar, 1990; and Maltby & Lewis, 1996). He analyzed the new scale through Principal Component Analysis, and three clear components emerged as expected (intrinsic, extrinsic-social, and extrinsic-personal). He purported that this scale (Age-Universal Intrinsic-Extrinsic Scale- 12) “can be used among Western samples [specifically, American, English, and North Irish], among adults and school children, and among religious and non-religious individuals” (Maltby, 1999 p. 407).

### Measures of Spirituality

There appear to be far fewer measures of spirituality than religiosity. This may be because spirituality is often seen as more nebulous than religion. The Spiritual Well-Being Scale (SWBS) has been often used in spirituality research, but it has specific limitations. It has a potentially narrow focus on the Christian religious perspective, and it focuses more on spiritual beliefs than actions (Hatch, Burg, Naberhaus, & Hellmich, 1998).

Hatch et al. (1998) created the Spiritual Involvement and Beliefs Scale (SIBS) to fill the spirituality measurement gap. Their goal was to design an instrument that would comprehensively measure the very broad concept of spirituality. While the scale was intended specifically for use with medical patients, they recognized its broader use and application in research.

Hatch et al. (1998) report that the SIBS is a reliable, valid, and practical measure of spirituality. They purported that it uses more “generic” wording where possible to support inclusiveness of spiritual traditions. The scale is also intentionally limited in the number of inquiries about spiritual activities because they believe that spirituality is more accurately measured through intrinsic rather than extrinsic orientations (Hatch et al., 1998).

### Spirituality and Religion as a Facet of Diversity

Regardless of the disproportionately less attention that religion has received compared to other aspects of human diversity, the APA has recognized religion as a rightful aspect of diversity. Article III.2 of the APA Bylaws states that “all Members, Fellows, and Associate Members and Affiliates shall be treated with respect and without discrimination on the basis of race, national or ethnic origin, religion, gender, gender identity, or sexual orientation, age, mental or physical disability” (American Psychological Association, 2006, ¶ 2). General principle E of APA’s latest revision to the *Ethical Principles for Psychologists* states that psychologists need to be:

Aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. 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 (American Psychological Association, 2003, ¶ 16).



APA has also honored the preferences of training programs in religiously affiliated institutions by allowing them to give preference to students and faculty that have corresponding beliefs. In 1980, the Educational Affairs Council Policy on accreditation stated,

The procedures and criteria of the Committee on Accreditation of the American Psychological Association require nondiscrimination with respect to religious orientation in faculty hiring and admission of students as a condition of program approval. In the application of this general principle, however, exceptions with respect to religion may be made in the case of institutions controlled by religious groups, providing that any preferences in student admissions or faculty hiring on religious grounds are explicit and publicly stated. When an institution applies for an exception, said institution shall document the procedures by which it ensures that the practice of discrimination in the selection of faculty and students and/or the required allegiance to a creedal oath does not adversely affect currently accepted principles of academic freedom, faculty and student rights, and quality of training, teaching, and research. Such documentation shall incorporate procedures for due process and should demonstrate sensitivity to individual rights (American Psychological Association, 2005, ¶ 5-6).

Additionally, APA responded to the increase in attention to diversity issues by creating the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* in August of 2002. These guidelines were approved by the APA Council of Representatives based on the central premise that:

The population of the United States is racially/ethnically diverse, and that

students, research participants, clients and the workforce will be increasingly likely to come from racially/ethnically diverse cultures. Moreover, educators, trainers of psychologists, psychological researchers, providers of service, and those psychologists implementing organizational change are encouraged to gain skills to work effectively with individuals and groups of varying cultural backgrounds (American Psychological Association, 2002, p. 11).

Constantine and Gloria (1999) propose that “programs that fail to provide sufficient attention to multicultural issues may compromise their interns' ability to meet the mental health needs of culturally diverse clients” (p. 44). Hage (2006) stated that failure to integrate spiritual and religious content into psychology training may have negative consequences for the overall mental well-being of individuals and families. Although multiculturalism most often has referred to ethnic and racial diversity, diversity is recognized to encompass the domains of spirituality and religion (American Psychological Association, 2003; Bishop, 1995; Garzon & Tan, 1992). Therefore, one could make the argument that programs that fail to provide sufficient attention to spiritual and religious issues may compromise their students' ability to meet the mental health needs of diverse clients.

### Religion in Graduate Training in Psychology

Given that research in the psychology of religion has enjoyed an increase in attention over the last four decades, it should follow that that universities and other psychological training institutions would have increased their inclusion of the psychology of religion in their programs both formally and informally. However, it appears

premature to say that religion and spirituality have become integrated into psychology, and they still appear to be neglected in training (G. Miller, 1999).

Bergin (1991) reported that a high percentage (77%) of mental health professionals endorsed that they try hard to live by religious beliefs; however, less than one third (29%) reported that religious content is important for treatment with clients. Another study reported that over 90% of psychologists surveyed reported that religious issues were rarely if ever addressed in their own education and training (Shafranske, 1996; Shafranske & Malony, 1990). Brawer et al. (2002) reported that only 13% of surveyed training directors of APA-accredited clinical psychology programs indicated that a course devoted solely to the psychology of religion was offered, and moreover, the frequency of the course was as variable as offering it every semester to less than once every two years. Schulte et al. (2002) reported that of the Council of Counseling Psychology Training Programs (CCPTP) training directors questioned, 82% reported that their program offered no course with a major religious or spiritual theme. Thirty three percent reported that their program did not offer spiritual or religious content in any course offered. However, 28% stated that one course offered some spiritual or religious content, and 25% stated that two courses offer such content.

Overall, among accredited programs the amount of time and resources given to addressing the topics of spirituality and religious are highly variable (Brawer et al., 2002; Schulte et al., 2002), and it does not appear that institutions have a systematic and reliable approach to the inclusion of this issue in training. This pattern has also been found in CACREP-accredited counseling programs (Kelly, 1994), thus this lack of training appears widespread. Brawer et al. (2002) called religion an orphan in psychology

academia when compared with training in other areas of diversity, such as race, gender and ethnicity.

### Disparity between Psychologists' Interest and Education in Psychology of Religion

The source for the substantial disconnect between interest in religious issues in psychology and the amount of education available and integrated into training programs is unclear; however, the following are some possible contributions. Historically, it appears that there have been strong proponents claiming that religion is negatively related to mental health. Freud (1927) reduced religious belief to a natural but flawed attempt to cope with life's stresses, and Ellis (1980) argued that the more religious a person is, the more emotionally unhealthy they are. Psychiatrist Wendell Watters (1992) put forward that religious beliefs might contribute to low-self esteem, depression and even schizophrenia.

The negative attitudes towards religion that were present in the late 1800s and 1900s were mostly formed by opinions based on negative personal experiences with religion and with the religion manifested by patients (Koenig & Larson, 2001; Meissner, 1984; Zilboorg, 1958). However, a number of research studies in the 1950s and 1960s also came to report a negative relationship between mental health and religion (Bateman & Jensen, 1958; Cowen, 1954; Dunn, 1965; Koenig & Larson, 2001; Rokeach, 1960; Schafer, 1997; Sorenson, Grindstaff, & Turner, 1995; Wright, 1959). Even more recently, Carr (2000) commented that the boundary between psychotic and religious behavior can be hard to discern. Koenig and Larson (2001) highlighted that systematic research wasn't available until the middle of the 20<sup>th</sup> Century, at which time many

psychologists' attitudes towards religion were already hardened by their personal experiences.

In 1969, a major review was published that claimed religion, as an institution that fosters wellbeing, was not supported by empirical data (Sanua, 1969). However, during this period of research, the majority of research participant samples were convenience samples of college students and psychiatric patients (Koenig & Larson, 2001) which could have resulted in inaccurate generalizations. Studies in the late 1980s began to remedy this problem by using mature, mentally healthy adults, and this appeared to change the landscape of correlations between religiosity and mental health.

Another contribution to the disconnect between increasing interest in religious and spiritual psychology research and the lack of spirituality and religious training is a possible general lack of personal passion for the topic, which is supported by the small number of personally spiritual and religious faculty compared to the general public. Some researchers have asserted that a psychologists' perceptions on the importance of addressing spiritual or religious concerns are directly related to their personal spiritual/religious orientations. Shafranske and Gorsuch (1984) found that 52% of the variance in how psychologists answered the statement, "spirituality has direct relevance in my work as a clinician," was accounted for by the extent to which psychologists experience spirituality in their person life. Specifically, the less religious a therapist is, the less likely he/she is to endorse religious and spiritual values as important to mental health and therapy and subsequently address them with clients (Jensen & Bergin, 1988; Shafranske & Gorsuch, 1984). Kelly (1994) supported this by stating that it is a "tentative but reasonable assumption that counselor educators' opinions about religion

will influence counselor education curriculum” (p. 227). Additionally, the majority of psychologists seem to believe that religious content in treatment is not important with most or all clients (Bergin, 1991) and that addressing it is akin to proselytizing and taking away from the clients’ freedom of choice (Miller et al., 2004). Hage (2006) provided an alternative viewpoint, stating that excluding spiritual issues from therapy puts therapists in equal danger of imposing secular values on clients.

With an increasing number of court cases and legal battles that result in more broad operational definitions of separation of church and state, it is not surprising that colleges and universities would shy away from such topics out of fear of litigation (Kelly, 1994; Miller et al., 2004). This appears logical given that state-affiliated programs are significantly much less likely than religiously affiliated programs to give consideration to religious and spiritual issues in their curriculum. However, Fischer and Sorenson (1996) refuted this excuse by stating that openness to client spirituality does not compromise this legal principle, even within the public secondary school system, which they purport as a more restrictive environment than many other counseling settings. It appears that further study and dialogue are necessary to fully understand how religious and spiritual issues can be ethically and legally included in education and training (Kelly, 1994).

There are likely other contributions to the disinclination to address spiritual and religious issues in psychology training. Namely, recent international terrorism driven by religious ideals has probably increased fear and confusion (Thorell, 2003), which could lead to broad negative generalizations about the role of religion in the world. This has probably also decreased religious tolerance and understanding (Thorell, 2003).

Regardless of the individual or collective reasons, it appears that in psychology, religion and spirituality do not rank high in importance in academe. Ninety one percent of surveyed CCPTP training directors endorsed that faculty in their programs were not expected to be knowledgeable about spiritual or religious issues; Seventy six percent of training directors endorsed that spirituality and religion were not considered important areas of supervision (Schulte et al., 2002). If program directors and other influential members of the profession have not steadily encouraged faculty and psychologists to increase their knowledge of the psychology of religion and their clinical skills to work with spiritual and religious issues, then the relatively meager state of the psychology of religion amidst other subdisciplines of psychology is no surprise.

Through psychology's disenchantment with religion and its subsequent renewed interest, religion and spirituality have remained important in the lives of many Americans. Yet, psychologists are getting little academic and applied education that deals directly with these issues in their graduate programs. How else might they gain competence?

### Supervision

Graduate programs and internships are full of a variety of training experiences that are all focused on increasing the ability and competence of the trainee. Supervision may be considered one of the most important aspects of training. It is important because it integrates coursework knowledge with experiential learning, and it is also a requirement for both graduating from an APA-accredited doctoral training program and for state licensure after graduation (Rodolfa, Ko, & Petersen, 2004). Additionally, it is

important because it may be correlated to trainee's conduct in therapy even after supervision has ended (Ellis, 2001).

Bernard and Goodyear (2004) define supervision as:

An intervention provided by a more senior member of a profession to more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client, she, he or they see, and serving as a gatekeeper of those who are to enter the particular profession. (p. 8)

Ethical and holistic client care often involves addressing and including religious and spiritual issues in counseling, and it is the supervisor's responsibility to monitor the quality of care that the trainee is providing, attend to any skill or knowledge deficits, and to facilitate personal reflection and values clarification to address the supervisee's professional functioning (Polanski, 2003). This is why the process of supervision is such an important mechanism for enabling the supervisee to acquire therapeutic competencies (Stoltenberg, 2005). Focusing on the impact of one's personal values on the process of counseling has long been considered appropriate, and spirituality and religion clearly fall within the boundaries of one's personal values (Corey et al., 1998).

The stance that spirituality and religion are appropriate and necessary values to explore in supervision does not appear to be in accord with what the majority of clinical supervisors are currently doing. Although 77% of training directors of APA-accredited clinical psychology programs reported that spirituality and religion were addressed in clinical supervision in their programs, many commented that only a couple supervisors



addressed such issues, and they were not consistent in doing so (Kelly, 1994).

Additionally, 76% of surveyed training directors reported that knowledge of a variety of spiritual and religious traditions is not considered an important area of expertise for supervisors (Schulte et al., 2002). Conversely, 78% of training directors agreed that spiritual and religious issues should be part of supervision. The concern is if the supervisors do not have knowledge or any expertise in the area, the resulting supervision may not be adequate. Supervision plays a critical role in the professional development and clinical competence of a trainee (Stoltenberg, 2005), and because it is such an integral part of training, it would be reasonable that supervision literature address the spiritual and religious issues that may be important to clients.

There are myriad supervision models to use as a framework when providing supervision. Some models are linked to specific theoretical orientations, such as cognitive-behavioral or psychodynamic, and the interventions chosen are based on the theory. Other models focus more on the process of trainee professional development (Barrett & Barber, 2005).

Professional developmental models of supervision are based on the assumption that the trainee is at a particular level in their professional development, and that they may have different needs and requirements for supervision based on their level of development (Hatcher & Lassiter, 2005; Stoltenberg, 2005). The most detailed developmental model of supervision to date is the Integrated Developmental Model (Stoltenberg, 2005).

### Integrated Developmental Model of Supervision

Among the developmental supervision models, the Integrated Developmental Model has been the most empirically researched model. It conceptualizes supervisees along a developmental continuum and proposes three overarching structures in which a supervisee grows: (1) self and other awareness, (2) autonomy, and (3) motivation. These three structures then arch over eight different competency domains: (1) intervention skills, (2) assessment techniques, (3) interpersonal assessment, (4) client conceptualization, (5) individual differences, (6) theoretical orientation, (7) treatment plans and goals, and (8) professional ethics (Stoltenberg, 1998; see Table I).

The Integrated Developmental Model conceptualizes and specifies four main developmental levels that the trainee moves through as they gain competence and experience. Level 1 supervisees, in general, are typically new to the field and have little background or training, although it is possible that more experienced supervisees will have some domains that remain at Level 1. The supervisee is very focused on how they are administering interventions and often pay little attention to the client's perspective and their personal reactions. They typically exhibit high levels of motivation that stem from their desire to become a proficient clinician. Level 1 supervisees are dependent on their supervisor due to their lack of knowledge and inability to integrate, and they rely on the supervisor for direction and focus (Stoltenberg, 1998).

Level 2 supervisees begin turning their focus from their own performance towards their client. At this point, the supervisee is starting to see their client and the process of therapy as more complex, which can be confusing and overwhelming. Because they are starting to cognitively connect with the client, an affective connection is facilitated as

well. The supervisee is starting to pick up on verbal and nonverbal cues about the emotions that the client may be feeling. During this level, motivation may wax and wane, which will cause the supervisee to oscillate between seeking additional guidance and distancing themselves from their supervisor. The supervisee will typically want to experience more independence and autonomy than was given during Level 1 (Stoltenberg, 1998).

Level 3 supervisees begin to personalize their approach with clients and become more aware of their professional strengths and weaknesses. The supervisees' motivation may still waiver, but it will not do so as dramatically as seen in Level 2 supervisees. By this point supervisees have become confident in their abilities and are not easily shaken from their professional judgment. For Level 3 supervisees, supervision has become an avenue to expand perspectives and solidify improvements (Stoltenberg, 1998).

The highest level of supervisee development is considered the Integrated Level (3i), which is evidenced by the supervisee integrating the different domains more smoothly, moving from assessment to conceptualization to interventions. At this level, supervisees become very aware of how their personal characteristics affect their various professional roles. Their professional identity has solidified in most all domains, and at this level they will see themselves as largely autonomous (Stoltenberg, 1998).

Because of the popularity of the Integrated Developmental Model, McNeill, Stoltenberg and Romans (1992) created the *Supervisee Levels Questionnaire-Revised* (SLQ-R), a 30-item self-report instrument that assesses the current developmental level of therapeutic competence in supervisees based on the three overarching structures and eight domains. This questionnaire is useful in assessing the general developmental level

of supervisees. Thus far, studies have supported that the SLQ-R can adequately distinguish between supervisees with greater experience from those with less (Leach & Stoltenberg, 1997).

### The Integrated Developmental Model and Spirituality

Aten (2004) speculated the paucity in training on religious and spiritual issues in psychology may be due to the lack of discussion in the psychological literature on how to integrate these issues into supervision. Few authors have focused on how supervision can address religious and spiritual issues (Frame, 2001; Polanski, 2003; Aten, 2004). It seems that the structure of the Integrated Developmental Model would easily support the integration of spiritual and religious issues into supervision, and in fact Aten (2004) provided a set of conceptual guidelines to assist supervisors in addressing these issues with supervisees using the eight specific domains from Stoltenberg and Delworth's (1987) Integrated Developmental Model. However, without changing the domains of this model to specifically address spirituality and religion, it may be able to detect spiritual and religious competency development through its scoring. Specifically, Stoltenberg suggested that the Individual Differences domain would be the domain to examine qualitatively (personal communication, October 6, 2005).

### Research Questions

- 1) What is the internal consistency reliability of the SARCA?
- 2) What is the underlying structure of the SARCA?
- 3) What is the best subset of predictor variables out of the following set of predictor variables for spiritual and religious competence: age, educational status, counseling experience, spiritual/religious client percent, supervision experience,

spiritual/religious supervision percent, strength of affiliation, program affiliation, spirituality, religiosity, and counselor developmental level?

## CHAPTER III

### METHODOLOGY

#### Introduction

The methodology and procedures used in this study are addressed in this chapter. The purpose of this study is to help reduce the noticeable gap in literature on spiritual and religious competencies in supervision by developing a measure that assesses supervisees' spiritual and religious competence. The research questions focus on establishing reliability and convergent validity with the spiritual and religious competencies (W. R. Miller, 1999) and assessing for predictive factors of the SARCA. Included in this chapter are (a) participants, (b) instruments, (c) procedures, and (d) analysis of the data.

#### Participants

Participants (N= 2040) were solicited individually via email from the student affiliate membership list for the American Psychological Association. Forty students were randomly chosen from each state. Participants were at least in their first semester of providing individual, group, or couples therapy while concurrently receiving supervision. The range of participant's experience extends past internship as participants may still be completing their thesis or dissertation. The aim was to have a sample that spans all levels of the Integrated Developmental Model.

#### Instruments

*Demographic Questionnaire.* The demographic questionnaire was designed to gather information about participants' backgrounds, education, and counseling and

supervision experiences (See Appendix B). In addition, participants were asked relevant information such as gender, age, and ethnicity. Items were exploratory and were designed to assess several characteristics that may influence their spiritual and religious competency. Item format was multiple choice and fill-in-the-blank.

*Supervisee Level Questionnaire – Revised (SLQ-R; McNeill, Stoltenberg, & Romans, 1992).* Stoltenberg, McNeill, and Delworth (1998) developed the SLQ-R, a 30-item self-report measure of developmental levels of supervisees based on the Integrated Developmental Model of supervision (See Appendix C). It utilizes a 6-point Likert scale with responses ranging from *strongly disagree* to *strongly agree*. Specifically, it measures the general developmental level of supervisees on a continuum of competence that includes a variety of counseling skills and knowledge areas. The score provides an overall composite score that is comprised of three subscales that reflect the overriding structures of the model: Self and Other Awareness, Motivation, and Dependency-Autonomy.

McNeill et al. (1992) tested the SLQ-R for internal validity. The Cronbach alpha reliability coefficient was .88. Discriminative validity was supported by an ANOVA, which showed the total SLQ-R scores for the three trainee groups differed significantly [ $F(2, 102) = 7.37, p < .001$ ; McNeill et al., 1992]. Effect size from a product-moment correlation was in the “medium” range (Cohen, 1977), which is reflective of the magnitude of effect sizes typical in counseling psychology literature (McNeill et al., 1992).

*Spiritual and Religious Competency Assessment (SARCA).* The Spiritual and Religious Competency Assessment (SARCA) was developed for this study based largely

on the spiritual and religious competencies delineated by ASERVIC, the Association for Spiritual, Ethical, and Religious Values in Counseling (W. R. Miller, 1999; see Appendices D and I). It was designed to measure supervisees' level of competence addressing spiritual or religious clients and client issues.

ASERVIC published a list of spiritual competencies created and reviewed by leading researchers and authors in the field of spirituality and psychology. The individual competencies had been distributed to CACREP liaisons at CACREP-accredited counselor education programs for relevance. The liaisons rated the importance of the competencies on a 5-point Likert scale ranging from *very unimportant* to *very important*. The internal consistency of the competencies ranged from .87 to .94 for each sub-category of competence (General Competencies, Counselor-Based Competencies, Client-Based Competencies, and Interventions and Techniques Competencies; Young et al., 2002). This list of competencies was later reduced to nine core competencies (Young, personal communication, April 13, 2006). Young states that the list of spiritual competencies in Young et al. was simply a more detailed breakdown of what later became the nine core spiritual and religious competencies.

The questions for SARCA were derived from components of competency as outlined in Cashwell and Young (2004) and from additional research (Corey, Corey, & Callanan, 2003; Hodge, 2004; Maher & Hunt, 1993; Polanski, 2003; Richards & Bergin, 1997). Questions were written to maximize readability and a portion was negatively worded to reduce the threat of acquiescence bias (questions 2, 8, 10, 12, 14, 18, 20, 22, 26, 29, and 33 were reverse scored). The 34 items on this questionnaire utilize a 6-point Likert scale with responses ranging from *strongly disagree* to *strongly agree*. This



response format was selected to provide continuity with the SLQ-R's 6-point Likert scale.

While this assessment draws heavily from the work accomplished during ASERVIC's Summit on Spirituality, which has passed the test of face validity and content validity with both experts in the field and with CACREP liaisons, the questions have been altered. Therefore, the SARCA underwent scrutiny by another panel of experts from various fields in psychology: spirituality and religion, supervision, and statistics. The panel reviewed the questionnaire for content and construction and provided feedback that was used to enhance the face and content validity of the assessment. Internal consistency and standard error of measurement was determined from the study data.

Some forms of validity for the SARCA were not available to be tested. Specifically, concurrent validity was not available as there were no other assessments available that measured counselors' competence addressing spiritual and religious issues. Split-half reliability was not feasible because questions assess different aspects of competency. By dividing the responses in half, the questions would not uniformly be addressing all aspects of the proposed construct.

*Age-Universal Intrinsic-Extrinsic Scale-12. (Age-Universal I-E Scale-12; Maltby, 1999).* The Age-Universal I-E Scale-12 is a 12-item measure of intrinsic and extrinsic orientations towards religion (see Appendix E). Extrinsic orientation is divided into two categories: an extrinsic-personal orientation towards religion (e.g., comfort in times of sorrow), and an extrinsic-social orientation towards religion (e.g., provides friends). It utilizes a 3-point response scale: (1) *yes*, (2) *not certain*, and (3) *no*. Scores range from 6

to 18 on the intrinsic orientation scale and from 3 to 9 on both the extrinsic orientation scales, and scores on each scale were positively correlated with level of religious orientation (Maltby, 1999). The final three factors were supported by a Principal Components Analysis and the Scree Test, and the correlations between the three scales indicate that less than 2% of variance was shared, suggesting that they measured different constructs (Maltby, 1999).

*Spiritual Involvement and Beliefs Scale. (SIBS; Hatch, Burg, Naberhaus, & Hellmich, 1998).* The SIBS is a 26-item assessment that measures individuals' spiritual actions and beliefs (Hatch et al., 1998; see Appendix F). It uses a 5-point, Likert scale that ranges from *strongly agree* to *strongly disagree*. The SIBS was designed to be widely applicable across religious traditions and to address key components of spirituality that are not addressed in other spirituality measures (Hatch et al., 1998).

The SIBS's Cronbach alpha was reported as .92 (Hatch et al., 1998). Based on 29 paired tests, the test-retest reliability yielded a coefficient of stability of .92. When comparing participants' SIBS scores with scores on the Spiritual Well-Being Scale, the convergent construct reliability coefficient was .80. A factor analyses were conducted which resulted in four clear factors. The alpha coefficients of each factor were .98, .74, .70, and .51. The authors subsequently named the factors based on the items that loaded on each factor. Items clustered under factor one addressed either spiritual activities/rituals or beliefs in an external force, and factor one was labeled *External/Ritual*. Items clustered under factor two involved items that refer to evolving beliefs, growth, and internal beliefs. Factor two was labeled *Internal/Fluid*. Factor three items focused on meditation and more existential issues, thus was labeled

*Existential/Meditative*. Lastly, items clustered under factor four addressed the application of spiritual principles in daily life and was labeled *Humility/Personal Application* (Hatch et al., 1998).

### Procedures

*Expert Panel Review*. The SARCA was critically reviewed for content and construction by four psychologists and counselors who have extensive knowledge and experience in the psychology subfields of spirituality and religion and supervision. One reviewer has a Ph.D. in Counseling Psychology, has taught, researched and published in the area of supervision, and is currently the head of a Ph.D. psychology doctoral program. One reviewer has a master's of divinity (M.Div.) and doctorate of ministry (D.Min.), is a licensed marriage and family therapist, and is professor and director of an ecumenical marriage and family therapy training program. The third reviewer has a Ph.D. in Counseling Psychology, is an adjunct professor at an ecumenical marriage and family therapy training program, and is owner and practicing licensed psychologist in a Biblically-based counseling clinic. The fourth reviewer has a Psy.D. in clinical psychology, is an adjunct professor at an ecumenical marriage and family therapy training program and is a licensed psychologist at a counseling clinic that emphasizes spiritual and religious integration. The panel members were chosen based on their prior experience with at least one topic (spirituality/religion and supervision) and their pre-existing professional relationship with this researcher. The panel members were emailed a description of the project which included a link to a website that hosted the SARCA (see Appendix G). Through the website, the members viewed version 1 of the SARCA (see Appendix H). After each question, the panel members had the opportunity to

provide their critique of the question. Additionally, space was provided at the end of the questionnaire to provide overall comments. Based on the feedback provided by each of the panel members, the SARCA questions were revised to improve face validity and content validity (see Appendix D for revised version).

The feedback from the panel consists of improving wording of the questions for clarity, reducing the number of responses choices, and changing some wording to be more active and operationalized. There were no suggestions for eliminating or adding questions or additional content. I followed the suggestions for increasing clarity, wording questions in a more active way, and being more specific with examples. The suggestion that I did not assimilate into the revised SARCA was the reduction of response choices. I decided to maintain a response scale of six choices to increase differentiation among participant scores and to maintain consistency in scoring between the SLQ-R and the SARCA.

*Research Study.* The results of the expert panel review were utilized in formulating the final version of the online questionnaire that was available to the participants in the research study. The participant sample (N= 176 students) was selected by requesting participation via email through email addresses obtained through the American Psychological Association's online student affiliate membership directory. The email sent to the students contained informed consent information and a link to the internet-based survey (See Appendix I). The email also stated that four randomly selected students who participate would be awarded a \$50 gift certificate to amazon.com, which would be emailed to them after all the data has been collected. A second email was sent two weeks after the first email solicitation as a reminder email (see Appendix J).

The online survey consisted of a participation consent page, a demographics questionnaire, the SLQ-R, the SARCA, Age-Universal I-E Questionnaire-12, and the SIBS. The first page contained the informed consent and statement of confidentiality and anonymity (see Appendix K). Pages two through six each contained one questionnaire in the following order: demographics questionnaire, SLQ-R, SARCA, Age-Universal Intrinsic-Extrinsic Questionnaire-12, and the SIBS. Each page/questionnaire had a submit button on the bottom, and participants' responses were sent to an electronic database. After the participant submitted their responses for the survey, the participants had an opportunity to submit their email address into a randomly selected drawing for the gift certificates. To maintain anonymity, their email addresses were sent to an electronic database that was separate from the electronic database that stored their survey results. The final page thanked them for their time.

The data collection was completed during February and March, 2007. The data was analyzed following the completion of the data collection.

#### Analysis of Data

This study utilized SPSS to conduct the following statistical analyses to address the research questions of interest: cronbach alpha analysis, principal component factor analysis, and multiple regression. First, internal consistency for the SARCA was assessed by conducting a cronbach alpha analysis. Then, a principal component factor analysis was conducted on the SARCA to identify the underlying structure and to evaluate if the instrument can be reduced in size while still measuring the same construct. Lastly, a stepwise multiple regression analysis was run to determine the amount of variance in spiritual and religious competency, as assessed by the SARCA, that is

accounted for by a set of predictor variables. A stepwise multiple regression was chosen because it is an atheoretical analysis, and there is currently no theory that suggests how each of the predictor variables affect spiritual and religious competency. The predictor variables in this study are age, educational status, counseling experience, spiritual/religious client percent, supervision experience, spiritual/religious supervision percent, strength of affiliation, program affiliation, spirituality (total score of SIBS), religiosity (total score of AUIES-12), and counselor developmental level (total score of SLQ-R).

<b>Criterion Variable</b>	<b>Scale of Measurement</b>
SARCA Score	Interval
<b>Predictor Variables</b>	<b>Scale of Measurement</b>
Age	Ratio
Educational Status	Interval
Counseling Experience	Ratio
Spiritual/religious Client Percent	Ratio
Strength of Affiliation	Interval
Program Affiliation	Nominal
Supervision Experience	Ratio
Spiritual/religious Supervision Percent	Ratio
SIBS score	Interval
AUIES-12 score	Interval
SLQ-R score	Interval

Any variables that were significantly correlated with the SARCA were further evaluated via posthoc analyses. Additionally, the demographic variables were analyzed posthoc to identify any significant differences in mean scores on the SARCA between group variables.

## CHAPTER IV

### RESULTS

#### Introduction

This chapter includes the results of the statistical analyses organized according to the research questions presented in this study. Descriptive results are provided in addition to the analysis results related to internal consistency, the underlying structure of the SARCA, and the factors that predict the SARCA.

#### Descriptive Statistics

The majority of participants were Caucasian American (85%), female (75%), and 30 years old or younger (54%) who endorsed having some affiliation with a spiritual or religious tradition (84%). See Table II for a more detailed examination of demographic frequencies.

The frequencies for the SARCA items are presented in Table III. The SARCA item that was endorsed by all of the participants was item 16, "I show respect for the client's spiritual and/or religious beliefs". The SARCA item that elicited the second strongest endorsement (98% of participant endorsement) was "I am able to recognize the similarities and differences between religion and spirituality (item 32)." A strong majority (94% to 96%) endorsed the following statements: I conceptualize clients' religious and/or spiritual beliefs and practices within the context of their culture (item 7); I do not allow assumptions about clients' spiritual and/or religious values and practices to negatively impact my work with them (item 23); I understand how my own beliefs

contribute to my theoretical orientation and how I do therapy (item 25); I know how spirituality and religion can contribute to the coping and/or alleviation of human problems (item 30); and I can recognize constructive religious and/or spiritual beliefs and practices (item 31). A strong majority (94%) disagreed with the following statement: I do not know the origins of my spiritual and/or religious beliefs and values (item 20).

The SARCA items that were the most controversial and resulted in less than a 10% difference between the number of participants who endorsed the statement versus disagreed with the statement were: I include assessments (written and/or oral) or religious and spiritual beliefs in my work with clients (item 1); I have a colleague or supervisor who is competent with spiritual and religious issues with whom I consult (item 11); and I am unaware of spiritually- and religiously-oriented interventions (item 29).

#### Research Question #1

“What is the internal consistency reliability of the SARCA?”

The items in the instrument that were negatively worded were reverse scored (SARCA questions 2, 8, 10, 12, 14, 18, 20, 22, 26, 29, and 33) to provide consistent meaning to the scoring. A reliability analysis was then conducted on all items of the SARCA before any additional analyses were performed in order to estimate the proportion of variance that was systematic in the SARCA. The analysis estimates a strong internal consistency reliability of approximately 91% (alpha coefficient = .9094; see Table IV). Upon examination of the correlations among the items of the SARCA, it does not appear that the high alpha coefficient is a product of overly high inter-item correlations (see Table V).



## Research Question #2

“What is the underlying structure of the SARCA?”

A Principal Components Factor Analysis with varimax rotation was conducted on the SARCA to assess the underlying structure of the instrument. Varimax rotation was used because it provides the maximum possible sum of the variances of the loadings. To verify the strength of the relationship among variables, Bartlett's Test of Sphericity was employed. It tests the null hypothesis that the variables in the population correlation matrix are uncorrelated. The result of Bartlett's Test of Sphericity rejects the null hypothesis ( $\chi^2 = 1878.277$ ,  $df = 561$ ,  $p = .000$ ); thus it is concluded that the strength of the relationship among variables is strong enough to continue with performing a factor analysis.

In determining the number of factors that best fit the data, the following two criteria were used: Kaiser Criterion and Cattell Scree Plot. The Kaiser Criterion is a common rule of thumb that drops all components with eigenvalues less than 1.0. It is commonly understood that this criterion can overestimate the number of components, and therefore using additional methods for reducing components is desirable (Garson, 2007; Lance, Butts, and Michels, 2006). Initially, nine factors with eigenvalues greater than 1.0 were extracted using this criterion. Summarized in Table VI are the eigenvalues and variance accounted for by the nine initial factors. The first factor accounted for 28% of the variance. The results of a Kaiser-Meyer-Olkin Measure of Sampling Adequacy supports that there is a “meritorious” degree of common variance among the nine components extracted (KMO value = .841; Friel, 2004).

A Cattell Scree Plot was performed, which plotted the components of the SARCA on the X axis and the corresponding eigenvalues on the Y axis (see Table VII). As one moves along the data points to the right, there is a shift in the slope that looks like an elbow. The point of the elbow is the start of the components that are less likely to account for a significant portion of the variance (Garson, 2007). According to this method of data reduction, one factor was extracted from the data.

Based on the previous tests, the number of factors that best fit this data is one. The nine factors that emerged from the Kaiser Criterion appear to be an overestimation, and according to the Catell Scree Plot, the factors past the first do not account for much variance compared to the variance accounted for by factor one. For these reasons, the underlying structure that appears to best represent the SARCA is one general factor.

### Research Question #3

“What is the best subset of predictor variables out of the following set of predictor variables for spiritual and religious competence: age, educational status, counseling experience, spiritual/religious client percent, supervision experience, spiritual/religious supervision percent, strength of affiliation, program affiliation, spirituality, religiosity, and counselor developmental level?”

A stepwise multiple regression analysis was conducted to answer this research question. Four variables [developmental level, percent of spiritual/religious supervision, religiosity, and age;  $F(101)= 23.869, p=.000$ ] significantly entered the equation and accounted for a total of 48.6% of the variance in the SARCA (see Table VIII). The total score of the SLQ-R was the first variable entered into the equation, and it accounted for 27.7% of the variance. Percent of spiritual/religious supervision was the second variable,

which accounted for an additional 15.9% variance. The third variable entered into the equation was religiosity. This variable accounted for an additional 2.8% of the variability in SARCA. The last variable to be entered into the equation was age, which accounted for an additional 2.2% of the variance.

### Post-hoc Analyses

#### Demographic Variables

The SARCA was analyzed with respect to the demographic variables to investigate whether any specific participant groups systematically differed in their responses. Independent sample t-tests were conducted to explore the potential that gender, status of school, or program affiliation resulted in participants answering the SARCA in a significantly different way (see Table IX). Results do not support gender [ $t(136) = -.230, p = .818$ ] or status of school [private versus public;  $t(136) = -1.633, p = .105$ ] having an impact on the SARCA score. However, whether the participant attended an educational program that was affiliated with a religious or spiritual tradition was significantly related to how they scored on the SARCA [ $t(136) = 2.721, p = .007$ ] with those attending a religiously affiliated school scoring significantly higher (affiliated school mean = 158.96, non-affiliated school mean = 148.177).

Correlations were conducted on a majority of the demographic variables (see Table X). There were no significant relationships found between the SARCA scores and educational status ( $r = .128, P = .143$ ) or amount of supervision received ( $r = -.039, p = .661$ ). There were significant positive relationships found between the SARCA and counseling experience ( $r = .177, p = .040$ ) and the SARCA and age ( $r = .364, P < .000$ ).

To further explore how the SARCA relates to the other instruments used in this study, correlations were conducted using the total scale scores and subscale scores, when available, for the SIBS, AUIE-12, and the SLQ-R. The SLQ-R, SIBS, AUIE-12 were all significantly correlated with SARCA [SLQ-R ( $r = .507$ ,  $p = .000$ ); SIBS ( $r = .349$ ,  $p = .000$ ); AUIE-12 ( $r = -.241$ ,  $p = .005$ )]. Closer analysis of the subscales of the AUIE-12 show that the subscale of intrinsic religiosity was significantly correlated with the SARCA ( $r = -.323$ ,  $p = .000$ ), but the two extrinsic religiosity scales did not significantly relate to the SARCA [ext-social ( $r = -.029$ ,  $p = .740$ ); ext-personal ( $r = -.031$ ,  $p = .714$ )]. See Table XII for the results of the correlational analyses.

#### Exploratory Questions

Correlations between the SARCA and numerous other variables were conducted to explore research-based hypotheses that were presented in Chapter one. The SARCA was significantly correlated with the percent of clients with whom spiritual and/or religious issues were addressed ( $r^2 = .342$ ,  $p = .000$ ) and with participants' indication of the strength of their spiritual/religious affiliation in the demographics section ( $r^2 = -.239$ ,  $p = .003$ ). Additionally, the amount of supervision time devoted to addressing spiritual/religious issues and clients was significantly correlated with the SARCA ( $r^2 = .394$ ,  $p = .000$ ).

Lastly, a standard multiple regression analysis was conducted using the set of predictor variables together to investigate the extent to which they all contribute to the variance in SARCA scores (see Table XIII). The eleven variables entered together resulted in accounting for 51.6% of the variance in SARCA [ $F(105) = 9.118$ ,  $p = .000$ ].

This is 3% more variance than was explained with the four variables resulting from the step-wise multiple regression analysis.

## CHAPTER V

### DISCUSSION

#### Introduction

Psychological research on religion and spirituality has historically been limited and controversial. At this point, clinical interest and counselor education have not kept pace with the reported needs and desires of the client population and questions have been raised about counselors' competency to address spiritual and religious issues.

#### Results and Implications

The results of this study suggest that the landscape of the psychology of religion may be changing. In recent years, there has been growing effort to increase inclusion of spirituality/religion in professional training, therapy, and research. Great strides have been made as evidenced by the number of books, articles, and dissertations that have recently been published (Bartoli, 2007; Cassidy, 2007; Dowd & Nielsen, 2006; Hage, 2006; Hage, Hopson & Siegel, 2006; Hodge, Baughman, & Cummings, 2006; Hodge & Bushfield, 2007; Knapp & VandeCreek, 2006; Mcaninch, 2006; Rosen-Galvin, 2005; Sperry, 2007; Walker, Gorsuch & Tan, 2005; Walz, Bleuer, & Yep, 2006; Webb, 2005; Young, Wiggins-Frame, & Cashwell, 2007). Additionally, looking at the self-reported behaviors of students in psychology, 95% of participants in this research endorsed having prayed at least one time in the past week. For members of a field that has traditionally been characterized as secular, this seems to be a fairly large percentage. If the sample demographics accurately depict the student population, maybe up and coming

psychologists are of a new generation that is more spiritual and/or religious than their predecessors (Bergin, 1991; G. Miller, 1999; Smith & Handelman, 1990).

This research served to advance the construct of spiritual and religious competence for both research and clinical practice, yet spiritual/religious competency remains ambiguous and needs further clarification. Clarification will come through better understanding how psychologists and counselors conceptualize and operationalize spirituality and religion. The Summit on Spirituality played a crucial role in starting discussion on spiritual/religious competence, but the dialogue must not stop there. Since studies have documented clients' desires to integrate and address spiritual and religious concerns (Kelly, 1994; Quackenbos, Privette, & Klentz, 1986; Rose, Westefeld, & Ansley, 2001), it would be irresponsible to ignore or minimize this dimension of clients' lives. This study includes the first attempt to create and validate a measurement that assesses spiritual and religious competence, but again the dialogue must not stop here. Because the concepts of religion and spirituality are still being understood in psychology, time and more research will likely reshape our definition of the concepts as well as how they are addressed in training and in therapy. With these changes will come a need to revise and update the Spiritual and Religious Competency Assessment (SARCA) to maintain relevance.

#### SARCA Development and Content

The SARCA was initially revised based on feedback from four experts in the fields of psychology, religion, and supervision. The structure of the resulting thirty-four item scale best fit a one-factor structure. This was not surprising given that the construction of the instrument was designed to measure the broad construct of religious

and spiritual competency. However, the nine-factor structure that was extracted via the Kaiser method was also not surprising as the questions were created in part by using the nine core competencies from the Summit on Spirituality as a guide. Rotation strategies, however, produced a nine-factor matrix that was neither similar to the nine core competencies nor simple and interpretable.

Upon reviewing the results of the individual SARCA items, there were some noteworthy findings. First, two items in the SARCA were written as opposites to provide a rudimentary check of the consistency of responses. Item 18 stated, “I have difficulty recognizing constructive religious and/or spiritual beliefs and practices,” and item 31 stated, “I can recognize constructive religious and/or spiritual beliefs and practices.” It was expected that the correlation between these two items would approach 1.0. The actual correlation was .698 (results utilized reverse scoring for question 18). Upon consideration, it seems possible that some participants can accurately endorse both statements rather than seeing the two as contrary using the rationale that someone may have difficulty with a task but still be able to complete it. Ultimately, it is unclear if this correlation was a result of this rationale or other explanations, such as the participants were not carefully reading the items or were not answering truthfully.

Secondly, specific item responses were compared to expected outcomes based on prior survey research. Differing responses to the item regarding the inclusion of spiritual and religious assessments in counseling were identified (51% reported they did not include specific assessments; 49% reported they did include specific assessments). This was not a surprising result and is consistent with findings of previous research (Hathaway, Scott, & Garver, 2004). That fewer than half the participants endorsed this



item may suggest that many training program directors and faculty do not consider spirituality and religion important areas for clinical attention (Brawer et al, 2002; Schulte et al., 2002). Training directors, faculty and supervisors model to their students what are appropriate and important aspects to include in practice, and if they neglect spirituality and religion, they may inadvertently model that assessing this domain is unimportant.

The majority of respondents indicated some agreement with being able to integrate spirituality/religion into therapy and utilizing clients' spiritual/religious beliefs to reach therapy goals while addressing issues ethically. However, there was dissent among the responses to the item regarding awareness of spiritually- and religiously-oriented interventions. It would be interesting to gain further insight into how the students are effectively integrating and treatment planning without the benefit and guidance of specific interventions.

Responses to the item that queried about consulting with another professional who is competent in spiritual and religious issues were not alarming. Close to half of the participants (44%) indicated that they did not have such a professional available to them. Considering Schulte et al.'s (2002) findings that most training program faculty members are not expected to be knowledgeable about spirituality and religion and are not expected to include this area in supervision, the finding that a little over half of participants were able to find a knowledgeable professional is encouraging. It may be that the majority of training programs have at least a small percent of faculty who have spiritual/religious clinical experience and are utilized as a resource by students. Nevertheless, caution must be used in formulating explanations for this finding. Because the construct of spiritual and religious competence is used in the SARCA item and the construct is still in the

beginning stages of development, it is unclear how the participants have evaluated the spiritual and religious competence of their colleagues and supervisors and if their evaluations are accurate.

On a related note, about 75% of the participants reported exploring their comfort level in discussing spirituality/religion. This is almost 20% more than those who reported having someone whom they could consult with. It may be that students are either exploring these issues with professionals who are not viewed as competent in that area or that they are using other means of exploration, such as self-reflection. Because supervision is so important to counselor development, increasing spiritual/religious competence in supervisors would be ideal to provide students the opportunity at least to do part of their exploration with the help of an experienced mentor.

A surprising result to item 14 was found. Studies have shown that many practitioners are weary of including religious activities in session, such as prayer, for fear that it is or can be unethical (Miller et al., 2004; Weld & Eriksen, 2007). Eight-two percent of participants in this study reported encouraging clients to express their spiritual and/or religious beliefs and practices in therapy. If this is accurate, there has been a dramatic shift in the attitudes and behaviors of practitioners. However, it is suggested that caution be used when interpreting the results of this specific item. After scrutinizing its content, the exact meaning of the item may be ambiguous. The question was intended to address if supervisees were encouraging their clients to engage in activities, such as praying or meditating, within the therapy room. However, it is possible that participants may have interpreted that the item addressed if they encourage clients to participate in activities outside the therapy room.

### Results of Three Hypotheses

In Chapter one, three main factors were hypothesized to be significantly related to spiritual and religious competence based on the results of prior research. The hypothesis that the more experience a counselor has with spiritual and religious clients and issues the greater chance they will have greater spiritual/religious competence was supported by this research study. The percent of clients with whom spiritual and/or religious issues were addressed correlated significantly with participants' SARCA scores. Based on this result, exposure to spiritual and/or religious clients and issues should be encouraged in the pursuit of gaining such competence.

The second hypothesis asserted that therapists' personal spirituality/religion is likely to be correlated with spiritual/religious competence was supported. A significant relationship was found between the SARCA and the following three variables: SIBS, AUIES-12, and participants' indication of the strength of their spiritual/religious affiliation in the demographics section. It should be noted that religiosity as measured by the AUIES-12 and affiliation are negatively correlated with the SARCA because the scoring of the AUIES-12 and the affiliation question were scored in the reverse direction of the SARCA. Interpretation is that the lower the score on the AUIES-12, the higher the religiosity, and the lower the score on the affiliation question, the stronger the affiliation. These results could suggest that higher level of spirituality or religiosity facilitate more sensitivity to such issues in clients or that it reduces the amount of discomfort in addressing this group of issues or clients.

Hage (2006) stated that encouraging self-exploration across diversity areas has been shown to increase students' general sense of therapeutic competence and self-

awareness, thus students should be encouraged to explore spiritual and religious practices and messages in their families and how these may relate to clients. Following this in relation to the results of my research, it may be beneficial for training programs to encourage spiritual and religious self-exploration. However, this recommendation is made cautiously because this correlation does not necessarily mean that increasing spirituality/religion will increase competence. This positive relationship may be a product of a characteristic that students who have individually chosen to pursue spirituality/religion possess that cannot be gained by simply trying to become more spiritual or religious.

Lastly, the hypothesis that the amount of supervision time devoted to addressing spiritual/religious issues and clients is likely to be correlated with spiritual/religious competence was also supported. Since supervision is such an integral aspect of counselor training, it would be beneficial for supervisors to seek out opportunities to increase knowledge and experience with spiritual/religious clients and issues so as to provide effective supervision to supervisees. Not only will supervisees have the opportunity to learn from the content of such supervision but they will also benefit from seeing their supervisor model strategies of how to increase competence outside supervision.

The strong positive correlation between the SARCA and the SLQ-R present a positive picture of current trainees' development. The results of this study suggest that the more experience supervisees have and the more advanced they are in their professional development, the greater competence they report working with spiritual and religious issues. However, it is unclear the specific variables that have contributed to this

finding. It could be sheer experience that has increased competence, or it could be the result of receiving training or supervision to address these issues.

### Limitations of the Study and Recommendations for Future Research

The purpose of this study was to develop an instrument to measure spiritual and religious competence in supervisees. As with any newly developed instrument, examination is needed to further assess validity and structure with other samples and other instruments. While face validity and internal reliability were addressed, users should be skeptical about the SARCA's ability to reliably capture spiritual and religious competence without test-retest analyses and replications over time. Additionally, because the construct of spiritual and religious competence is in infancy, it may evolve over time thus requiring the SARCA items to be modified to maintain or increase validity. Future research should focus on continuing to strengthen the SARCA through additional validity and reliability testing with a broad range of participants.

This study's sample size ( $n= 176$ ; response rate estimate= 8.6%) is a potential limitation of this research. There are a variety of criteria put forth by researchers on assessing sample size adequacy. Bryant and Yarnold (1995) proposit that the subjects-to-variables (STV) ratio should be no lower than five, and StatSoft (2003) uses a minimum STV of ten. The "Rule of 100" outlines that the minimum number of subjects should be either 5 times the number of variables or 100 participants, whichever is larger (Hatcher, 1994). Hutcheson and Sofroniou (1999) recommend a minimum of 150 to 300 cases. Garson (2007) suggests the "rule of 10", which indicates that there should be at least ten cases for each item in the instrument being used. Gorsuch (1983) asserts 200 cases should be used regardless of the STV, whereas Norusis (2005) asserts 300 cases should

be the minimum. This research study's sample size fulfills the minimum standards outlined by Bryant and Yarnold, StatSoft, Hatcher, and Hutcheson and Sofroniou by having an STV of 16 and having more than 150 participants. However, it does not meet the minimum criteria supported by Gorsuch or Norusis.

Specific to utilizing stepwise regression, Garson (2007) suggests that subject size should be larger than 40 times the number of predictor variables because stepwise methods can too easily incorporate noise in the data. While it is assumed this sample size was sufficiently large to reduce the probability that the results of the stepwise multiple regression were due to chance (Tabachnick & Fidell, 2001), a larger sample size and a larger response rate would have been preferable to reduce the chance of making a Type I error.

Another limitation is that this study was validated using participants self-identified through the American Psychological Association as students. The results are not necessarily representative of the larger group of counselors and psychologists that comprise the profession. Because experience is highly correlated with general developmental level, the more experienced professionals would likely score high on the SLQ-R, but may score lower on the SARCA as an artifact of the atmosphere of the psychology of religion that was present at the time of their training. Future research could significantly benefit the field by implementing a larger study that uses participants who span the breadth of professional experience. Additionally, including professionals in other areas of social services, such as social workers and clergy, could strengthen results and provide additional insight.

## Conclusion

The field of psychology appears to be headed in the right direction with respect to recognizing religion and spirituality as significant and relevant dimensions of human experience. The more that this dimension is understood and included in counselor training, the better clinicians will be at addressing the needs of clients for whom spirituality and religion are important facets of life.

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78, 162-171.



## APPENDIX A. ASERVIC's Nine Core Spiritual and Religious Competencies

1. The professional counselor can explain the relationship between religion and spirituality, including similarities and differences.
2. The professional counselor can describe religious and spiritual beliefs and practices in a cultural context.
3. The professional counselor engages in self-exploration of religious and spiritual beliefs in order to increase sensitivity, understanding, and acceptance of diverse belief systems.
4. The professional counselor can describe her or his religious and/or spiritual belief system and explain various models of religious or spiritual development across the life span.
5. The professional counselor can demonstrate sensitivity and acceptance of a variety of religious and/or spiritual expressions in client communication.
6. The professional counselor can identify limits of her or his understanding of a client's religious or spiritual expression and demonstrate appropriate referral skills and generate possible referral sources.
7. The professional counselor can assess the relevance of the religious and/or spiritual domains in the client's therapeutic issues.
8. The professional counselor is sensitive to and receptive of religious and/or spiritual themes in the counseling process as befits the expressed preference of each client.
9. The professional counselor uses a client's religious and/or spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preference.

(W. R. Miller, 1999)

## APPENDIX B. Demographic Questionnaire

Please answer the following questions honestly and to the best of your ability. Your answers will remain anonymous and not be associated with any identifiable information.

1. What is your gender?

Male       Female

2. What is your age (in years)?

\_\_\_\_\_ years

3. What is your ethnicity/nationality?

- Caucasian American
- Asian American
- African American
- Native American
- Hispanic/Latino American
- Other \_\_\_\_\_

4. What is the total number of graduate credit hours that you have completed to date? (This *does not* include courses that you are currently taking, and it *does* include both master's level and doctoral level coursework)

\_\_\_\_\_ credit hours

5. Highest Degree Earned

- Baccalaureate Degree
- Master's degree
- Doctorate of Philosophy
- Doctorate of Psychology
- Juris Doctorate
- Other \_\_\_\_\_

6. In what major or field of study is your highest degree earned (e.g. Clinical Psychology, Community Counseling, etc)? (If you have more than one highest degree- such as two Master's degrees- please indicate both majors or fields of study)

\_\_\_\_\_

7. What accreditation does the school at which you currently attend have (or if you have graduated, your most recently attended school)?

- APA-accredited
- CACREP-accredited
- AAMFT-accredited
- None
- Other \_\_\_\_\_

8. Is the school you referred to in the previous question a private or public institution?  
 Public  
 Private

9. Approximately how many hours of professional counseling or psychotherapy experience do you have?  
\_\_\_\_\_ Hours

10. Approximately with what percentage of clients have you talked about spiritual or religious issues (for more than 5 minutes total)? (e.g. 3 means 3%; 45 means 45%)  
\_\_\_\_\_ %

11. Approximately how many total hours of supervision (including individual and group) have you had?  
\_\_\_\_\_ Hours

12. Approximately with what percentage of your time in supervision has been devoted to talking about spiritual or religious issues related to providing therapy? (e.g. 3 means 3%; 45 means 45%)  
\_\_\_\_\_ %

13. What is your spiritual or religious affiliation?

- Agnostic
- Atheist
- Baha'i
- Baptist
- Buddhist
- Catholic
- Jewish
- Lutheran
- Methodist
- Mormon
- Muslim
- None
- Pentecostal
- Presbyterian
- Other (Please Specify) \_\_\_\_\_

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

Very strongly	Strongly	Not very much	Not at all	Unsure	Not applicable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Does your program have a religious/spiritual/theological affiliation?

Yes

No

APPENDIX C. Supervisee Level Questionnaire- Revised

In terms of your own current behavior, please answer the items below according to the following scale.

Strongly Disagree  
Disagree  
Slightly Disagree  
Slightly Agree  
Agree  
Strongly Agree

1. I feel genuinely relaxed and comfortable in my counseling/therapy sessions.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I am able to critique counseling tapes and gain insights with minimum help from my supervisor.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I am able to be spontaneous in counseling/therapy, yet my behavior is relevant.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I lack self-confidence in establishing counseling relationships with diverse client types.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I am able to apply a consistent personalized rationale of human behavior in working with my clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I tend to get confused when things don't go according to planned and lack confidence in my ability to handle the unexpected,

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. The overall quality of my work fluctuates; on some days I do well, and on other days, I do poorly.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I depend on my supervisor considerably in figuring out how to deal with my clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I feel comfortable in confronting my clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Much of the time in counseling/therapy, I find myself thinking about my next response instead of fitting my intervention into the overall picture.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. My motivation fluctuates from day to day.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. At times, I wish my supervisor could be in the counseling/therapy session to lend a hand.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. During counseling/therapy sessions, I find it difficult to concentrate because of my concern with my own performance.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Although at times I really want advice/feedback from my supervisor, at other times I really want to do things my own way.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Sometimes the client's situation seems so hopeless that I just don't know what to do.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. It is important that my supervisor allow me to make my own mistakes.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Given my current state of professional development, I believe I know when I need consultation from my supervisor and when I don't.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Sometimes I question how suited I am to be a counseling/therapist.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Regarding counseling/therapy, I view my supervisor as a teacher/mentor.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Sometimes I feel that counseling/therapy is so complex that I will never be able to learn it all.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. I believe that I know my strengths and weaknesses as a counselor sufficiently well to understand my professional potential and limitations.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Regarding counseling/therapy, I view my supervisor as a peer/colleague.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. I think I know myself well and am able to integrate that into my therapeutic style.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. I find I am able to understand my clients' view of the world yet help them objectively evaluate alternatives.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. At my current level of professional development, my confidence in my abilities is such that my desire to do counseling/therapy doesn't change much from day to day.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. I find I am able to empathize with my clients' feeling states but still help them focus on problem resolution.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



27. I am able to assess my interpersonal impact on clients adequately and use that knowledge therapeutically.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. I am adequately able to assess the client's interpersonal impact on me and use that therapeutically.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without undue over-involvement with my clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. I believe I exhibit a consistent professional objectivity and ability to work within my role as a counselor without excessive distance from my clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX D. Spiritual and Religious Competencies Assessment

In terms of your own current behavior, please answer the items below honestly and to the best of your ability according to the following scale.

- 1 Strongly disagree
- 2 Disagree
- 3 Slightly disagree
- 4 Slightly agree
- 5 Agree
- 6 Strongly agree

1. I include assessments (written and/or oral) of religious and spiritual beliefs in my work with clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I have difficulty with finding appropriate referrals for spiritual and/or religious clients who have spiritual or religious issues.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I continuously take steps towards developing and understanding my own spiritual and/or religious beliefs and values.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I am able to assess (via interview and/or formal assessment) the strength and depth of clients' spirituality and/or religious convictions.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I am able to utilize clients' religious and/or spiritual beliefs in pursuit of their therapeutic goals.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I am comfortable with my own spiritual and/or religious beliefs and values.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I conceptualize clients' religious and/or spiritual beliefs and practices within the context of their culture.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I have difficulty recognizing and encouraging spiritual and/or religious beliefs that may be beneficial to clients and their lives.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I am able to recognize religious and spiritual beliefs and practices that are harmful to my clients' mental health.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I have difficulty determining the relevance of religious and/or spiritual beliefs to clients' therapeutic issues.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I have a colleague or supervisor who is competent with spiritual and religious issues with whom I consult.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I do not actively explore my own personal biases, fears, doubts, and prejudices.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I know how to work with spiritual and/or religious issues that may interfere with treatment goals.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I do not encourage clients to express their spiritual and/or religious beliefs or practices in therapy (e.g. prayer, meditation).

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. I know how spirituality and religion can contribute to the development and escalation of human problems.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. I show respect for the client's spiritual and/or religious beliefs.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I know how to address spiritual and religious issues in ways that are ethically sound.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I have difficulty recognizing constructive religious and/or spiritual beliefs and practices.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. I explore my comfort level with discussing clients' spiritual and/or religious beliefs outside of the therapy room (e.g. through colleagues, supervisors, self-reflection, etc).

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. I do not know the origins of my spiritual and/or religious beliefs and values.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. I am willing to consult with spiritual and/or religious leaders about clients' spiritual and/or religious issues.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. I do not use the client's spiritual or religious language and imagery in therapy.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. I do not allow assumptions about clients' spiritual and/or religious values and practices to negatively impact my work with them.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. I provide a good balance between focusing on spirituality/religion and other issues in therapy

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. I understand how my own beliefs contribute to my theoretical orientation and how I do therapy.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. I have difficulty determining when a religious and/or spiritual belief is pertinent in my work with clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. I encourage spiritual and/or religious beliefs and practices that connect the client to self and others.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. I recognize any countertransference to spiritual and religious issues in my work with clients.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. I am unaware of spiritually- and religiously-oriented interventions.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. I know how spirituality and religion can contribute to the coping and/or alleviation of human problems.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. I can recognize constructive religious and/or spiritual beliefs and practices.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. I am able to recognize the similarities and differences between religion and spirituality.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. I have difficulty listening to clients talk about their spirituality and/or religion without any personal judgment.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. I understand how to integrate spirituality and religion with counseling.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX E. Age-Universal Intrinsic-Extrinsic Scale-12

In terms of your own current behavior, please answer the items below honestly and to the best of your ability according to the following scale.

1. My whole approach to life is based on my religion.

Yes      Not Certain      No  
O              O              O

2. Prayer is for peace and happiness.

Yes      Not Certain      No  
O              O              O

3. I have often had a strong sense of God's presence.

Yes      Not Certain      No  
O              O              O

4. I go to church because it helps me make friends.

Yes      Not Certain      No  
O              O              O

5. My religion is important because it answers many questions about the meaning of life.

Yes      Not Certain      No  
O              O              O

6. It is important to me to spend time in private thought and prayer.

Yes      Not Certain      No  
O              O              O

7. What religion offers me most is comfort in times of trouble and sorrow.

Yes      Not Certain      No  
O              O              O

8. I try hard to live all my life according to my religious beliefs.

Yes      Not Certain      No  
O              O              O



9. I go to church mostly to spend time with my friends.

Yes	Not Certain	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I go to church mainly because I enjoy seeing people I know there.

Yes	Not Certain	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I enjoy reading about my religion.

Yes	Not Certain	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I pray mainly to gain relief and protection.

Yes	Not Certain	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX F. The Spiritual Involvement and Beliefs Scale

In terms of your own current ideas and beliefs, please answer the items below honestly and to the best of your ability according to the following scale.

- 1 Strongly Agree
- 2 Agree
- 3 Neutral
- 4 Disagree
- 5 Strongly Disagree

1. In the future, science will be able to explain everything.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I can find meaning in times of hardship.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. A person can be fulfilled without pursuing an active spiritual life.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I am thankful for all that has happened to me.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Spiritual activities have not helped me become closer to other people.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Some experiences can be understood only through one's spiritual beliefs.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. A spiritual force influences the events in my life.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. My life has a purpose.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Prayers do not really change what happens.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Participating in spiritual activities helps me forgive other people.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. My spiritual beliefs continue to evolve.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I believe there is a power greater than myself.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I probably will not reexamine my spiritual beliefs.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. My spiritual life fulfills me in ways that material possessions do not.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Spiritual activities have not helped me develop my identity.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Meditation does not help me feel more in touch with my inner spirit.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I have a personal relationship with a power greater than myself.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I have felt pressured to accept spiritual beliefs that I do not agree with.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Spiritual activities help me draw closer to a power greater than myself.

Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often you do the following:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

20. When I wrong someone, I make an effort to apologize.

Always	Usually	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. When I am ashamed of something I have done, I tell someone about it.

Always	Usually	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. I solve my problems without using spiritual resources.

Always	Usually	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. I examine my actions to see if they reflect my values.

Always	Usually	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. During the last WEEK, I prayed. . . (check one)

10 or more times	7-9 times	4-6 times	1-3 times	0 times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. During the last WEEK, I meditated. . . (check one)

10 or more times	7-9 times	4-6 times	1-3 times	0 times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Last MONTH, I participated in spiritual activities with at least one other person. . . (check one)

10 or more times	7-9 times	4-6 times	1-3 times	0 times
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Hatch, Burg, Naberhaus, & Hellmich, 1998)

## APPENDIX G. Expert Panel Feedback Email

### **Feedback on the Spiritual and Religious Competency Assessment**

You have been invited to participate in an expert panel review of an assessment created by Sheri Fluellen, M.A. The assessment, the Spiritual and Religious Competency Assessment (SARCA), is a questionnaire designed for use with supervisees to assess their competence in working with spiritual/religious client issues and spiritual/religious clients. The questions were mostly derived from a book entitled “Integrating Spirituality and Religion in Counseling” by Cashwell and Young. The book is the product of a Summit on Spirituality conducted by the American Counseling Association. The top researchers and writers on the topic were present, and they developed a list of competencies for spirituality and counseling. I have used their collective wisdom and have added a few other questions based on additional readings.

You are invited to be a member on the expert panel because of your personal and professional experiences. As a panel member, I am requesting that you look over the SARCA and critique its content and format. Your feedback will provide valuable information to improve the validity and reliability of the SARCA for research and clinical applications.

Questions to consider when assessing the questionnaire’s content:

1. Do the questions cover the breadth of spiritual and religious competency as you see it?
2. Do the questions cover the depth of spiritual and religious competency as you see it?
3. Is any content area left unaddressed?
4. Are any questions misleading or confusing?
5. Are there any detectable biases in the content?

Questions to consider when assessing the questionnaire’s format:

1. Are the questions that are reverse scored confusing to understand and answer?
2. Is the scoring format appropriate to elicit meaningful responses?

The survey can be accessed by clicking on the link at the bottom of this email. The format is such that each SARCA question is listed and individually followed by an open text box where you can provide your critiques and opinions about that specific question. The length of time needed to complete the feedback will be highly variable, as it will be based on how much time you are willing and able to devote to this project. At a minimum, I would suggest that it may take 30 minutes to read each question and provide some meaningful feedback. If you are interested in becoming more familiar with this topic, I am providing a couple articles as resources you may find helpful (please see attached files for articles).

The feedback that you provide will be kept anonymous (unless you choose to identify yourself so that I may ask follow-up questions on suggestions) and will likely be used in

the improvement of the SARCA. Your feedback will be held in a password-protected database and in a password-protected computer file. For your confidentiality, your feedback will be located on the secured server owned and operated by PsychData. The survey is encrypted using 128-bit SSL Technology that is equivalent to the industry standard for securely transmitting information over the internet. Additionally, it is held in an isolated database and only researchers and individuals responsible for the research oversight will have access to the records. Once the survey has closed, the data will be downloaded to a computer and stored in a password protected file.

For answers to pertinent questions about this panel or the main study, you may contact me, Sheri Fluellen, at [sheri.fluellen-02@andrews.af.mil](mailto:sheri.fluellen-02@andrews.af.mil). When you click on the link below, you are acknowledging that you understand that membership in this panel is voluntary and you are free to withdraw your consent at any time. I would suggest printing this email to keep the above “questions to consider when assessing the questionnaire” handy.

The attached files include three articles that I used in my literature review and a document that lists all the SARCA questions. The SARCA document is for you to look over if desired. I have put the questions into subcategories to make it easier to assess the questionnaire for content breadth. As indicated in the document, the questions are *not* listed in such categories and in that order on the actual questionnaire. Please note that you do not need to make any critiques on this document, as the link below takes you to the feedback survey.

If you have any questions at all, please either email me or call me at (703) 907-9864. Also, I would greatly appreciate it if you would reply to this email so that I know you received it.

Please click on the link below to proceed now to the feedback survey and **THANK YOU** for your time and valuable feedback!

<https://www.psychdata.com/s.asp?SID=119364>



APPENDIX H. Online Expert Panel Feedback Survey

**Spirituality, Religion and Counseling Experiences Questionnaire with Feedback**



Please read each of the following questions very carefully. I am interested in your opinion of the relevance of the question in assessing spiritual and religious competence. I am interested in how clear and concise you think the question is. I am also interested in any other areas of inquiry or specific questions that you believe I have overlooked in this questionnaire. There is room at the end of this questionnaire to list those items.

I will list the questions to consider while critiquing this assessment again here (same questions as listed in your email).

Questions to consider when assessing the questionnaire's content:

1. Do the questions cover the breadth of spiritual and religious competency as you see it?
2. Do the questions cover the depth of spiritual and religious competency as you see it?
3. Is any content area left unaddressed?
4. Are any questions misleading or confusing?
5. Are there any detectable biases in the content?

Questions to consider when assessing the questionnaire's format:

1. Are the questions that are reverse scored confusing to understand and answer?
2. Is the scoring format appropriate to elicit meaningful responses?

---

If you would like to afford me the opportunity to ask follow-up questions based on your feedback, please enter your name. Otherwise your responses can remain more anonymous.

Please refer to the following definitions of spirituality and religion when considering all of the following questions.

Religion- refers to theistic beliefs, practices, and feelings that are customarily expressed institutionally. The expressions are usually denominational, external, cognitive, behavioral, ritualistic, public, and are more sociological in nature.

Spirituality- refers to the level of connectedness one feels internally in experiencing a relationship to others or a higher power. The expressions are more psychological in nature.

Spirituality is typically seen as a construct more broad than religion but the two concepts may be presented together in this survey to be inclusive.

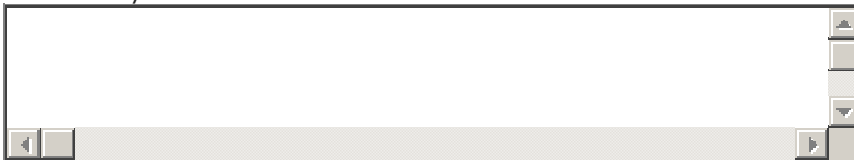
Please provide your opinion about the wording, and/or content of the above definitions of spirituality and religion, or any other comments you'd like to offer.



1. I include assessments of religious and spiritual beliefs in my work with clients.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

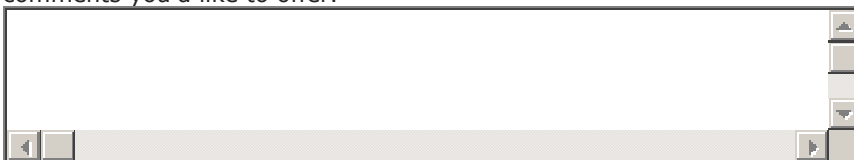
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



2. I have difficulty with finding appropriate referrals for spiritual and/or religious clients who have spiritual or religious issues.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

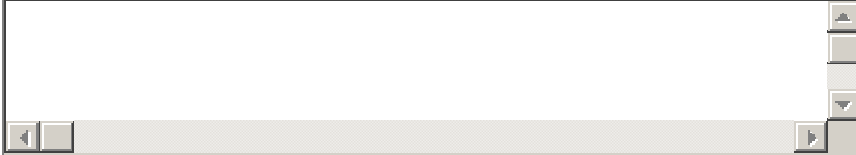
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



3. I actively explore my own spiritual and/or religious beliefs and values.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

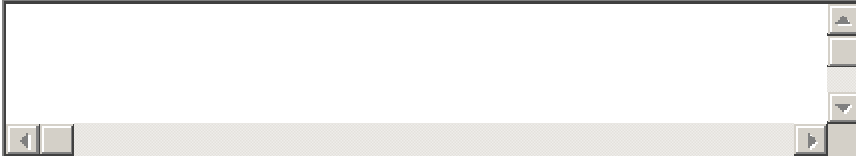
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



4. I can gauge the intensity of clients' spirituality and/or religious convictions.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

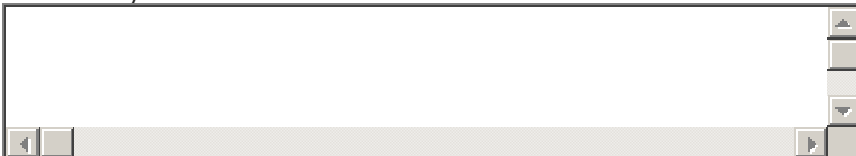
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



5. I have difficulty utilizing the client's religious and/or spiritual beliefs in pursuit of the client's therapeutic goals even if it is suitable to the client's preference.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

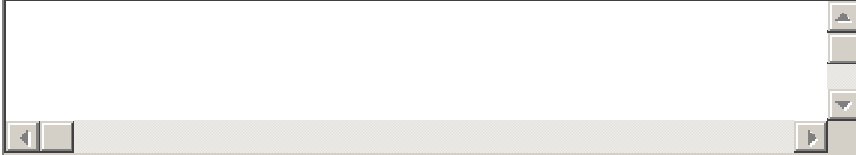
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



6. I am comfortable with my own spiritual and/or religious beliefs and values.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

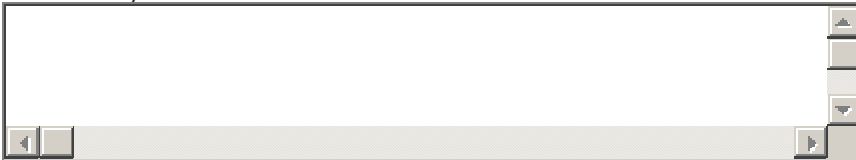
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



7. I conceptualize clients' religious and/or spiritual beliefs and practices within the context of their culture.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

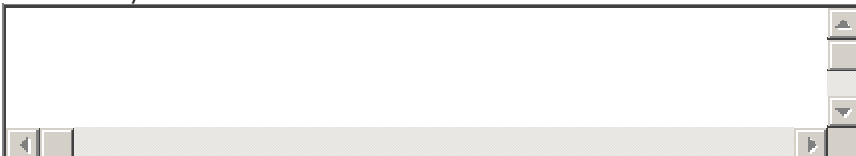
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



8. I have difficulty recognizing and encouraging spiritual and/or religious beliefs that may be beneficial to clients and their lives.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

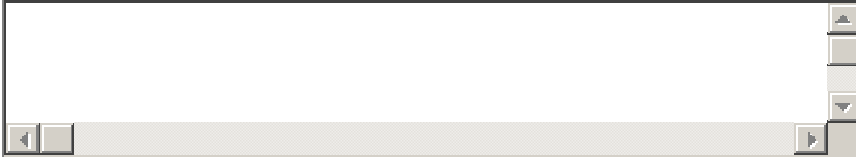
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



9. I can recognize destructive religious and spiritual beliefs and practices.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

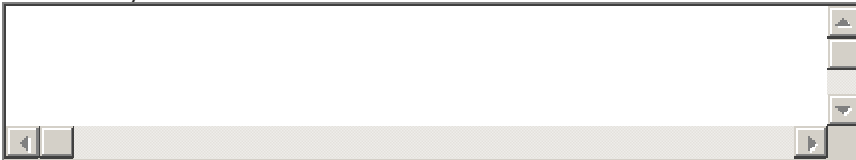
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



10. I have difficulty assessing the relevance of religious and/or spiritual beliefs to clients' therapeutic issues.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

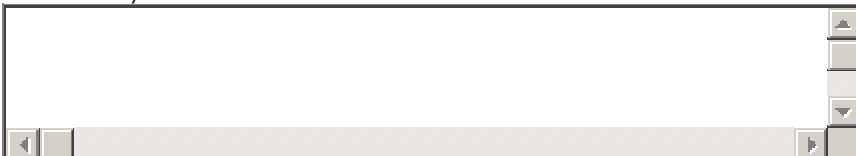
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



11. I have a colleague or supervisor who is competent with spiritual and religious issues with whom I consult.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

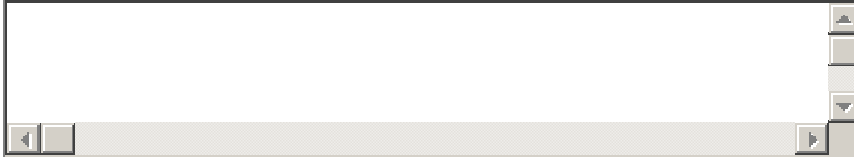
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



12. I do not actively explore any personally held biases, fears, doubts, and prejudices.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

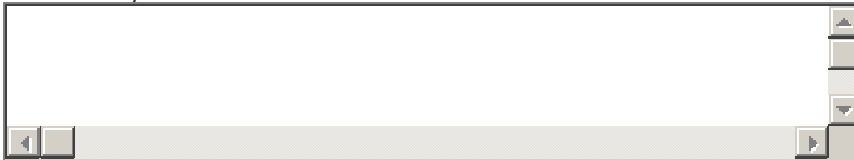
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



13. I know how to work with spiritual and/or religious issues that may interfere with treatment goals.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

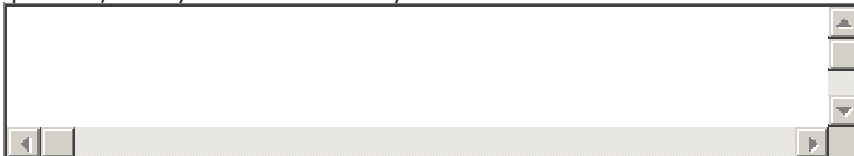
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



14. I do not encourage clients to be open about spiritual and/or religious forms of expression in therapy (e.g. prayer, meditation).

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree

Strongly Agree Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



15. I know how spirituality and religion can contribute to the development and escalation of human problems.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

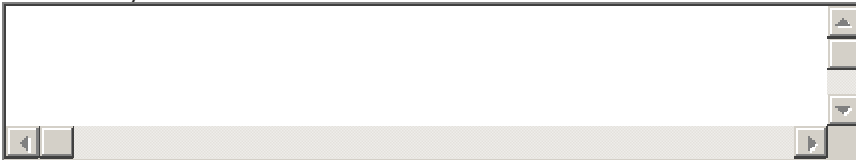
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



16. I show respect for the client's spiritual and/or religious beliefs.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

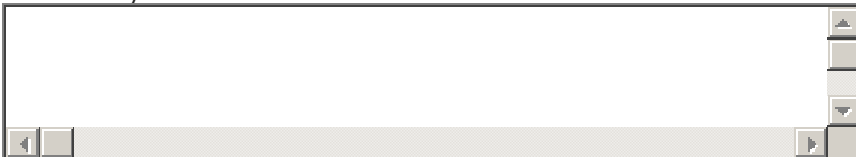
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



17. I know how to address spirituality and religion in ways that are ethically sound.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

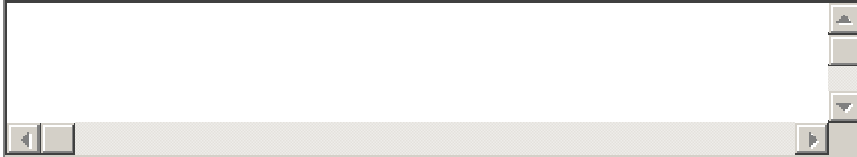
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



18. I have difficulty recognizing constructive religious and/or spiritual beliefs and practices.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

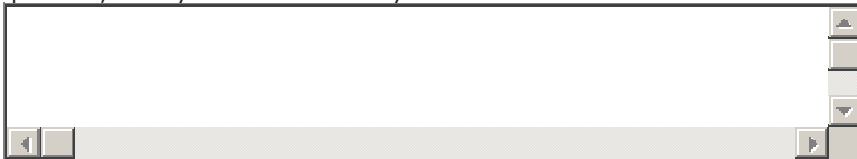
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



19. I explore my comfort level with discussing clients' spiritual and/or religious beliefs.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree

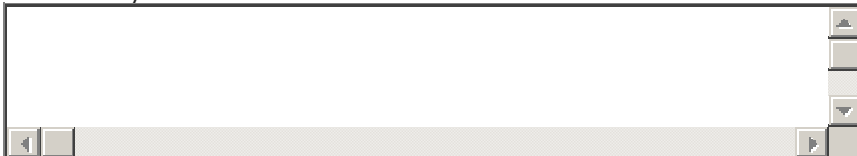
Strongly Agree Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



20. I do not know the origins of my spiritual and/or religious beliefs and values.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.

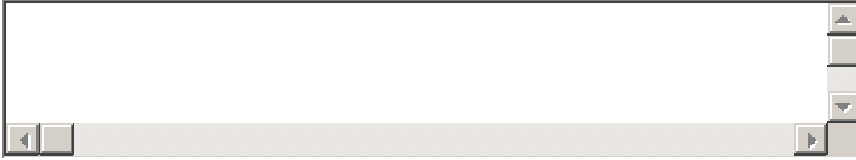




21. I am willing to consult with spiritual and/or religious leaders about clients' spiritual and/or religious issues.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



22. I do not use the client's spiritual or religious language and imagery in therapy.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree

Strongly Agree Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



23. I do not make assumptions about clients' spiritual and/or religious values and practices.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

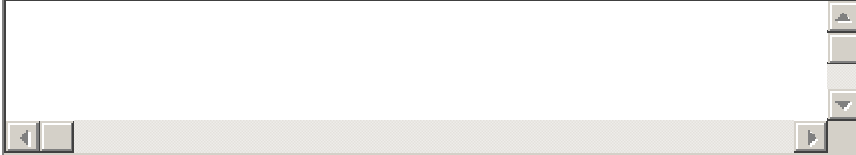
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



24. I provide a good balance between focusing on spirituality/religion and other issues in therapy.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

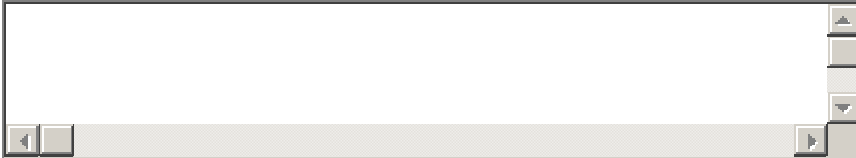
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



25. I understand how my own beliefs contribute to my theoretical orientation and how I do therapy.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

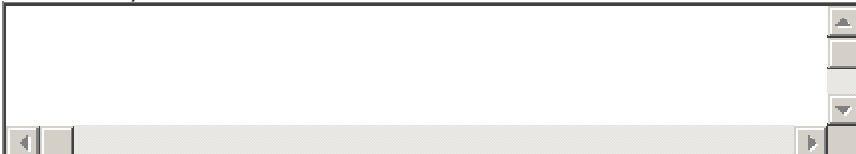
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



26. I have difficulty determining when it is appropriate to assess religious and/or spiritual beliefs in my work with clients.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

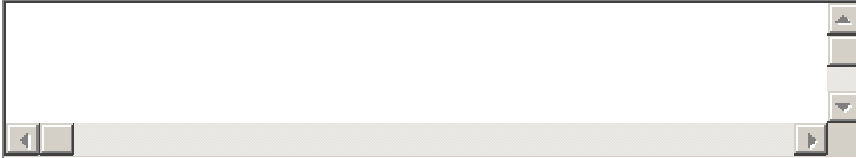
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



27. I encourage spiritual and/or religious beliefs and practices that connect the client to self and others.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

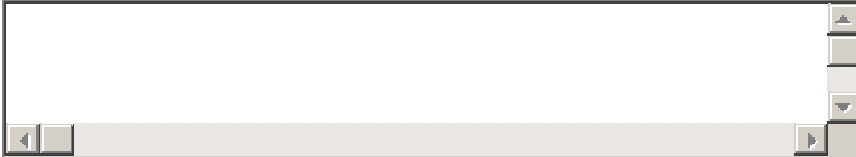
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



28. I recognize any countertransference to spiritual and religious issues in my work with clients.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree

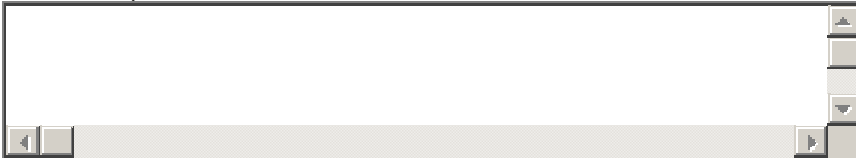
Strongly Agree Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



29. I am unaware of spiritually- and religiously-oriented interventions.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

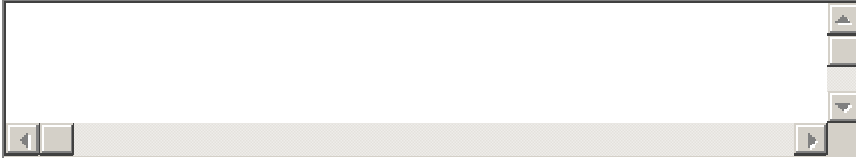
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



30. I know how spirituality and religion can contribute to the coping and/or alleviation of human problems.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

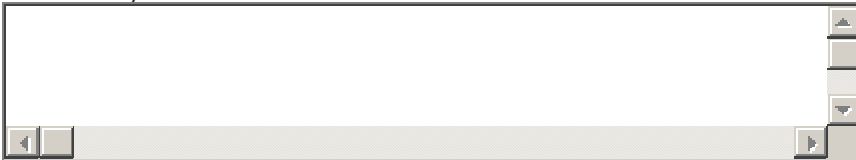
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



31. I can recognize constructive religious and/or spiritual beliefs and practices.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

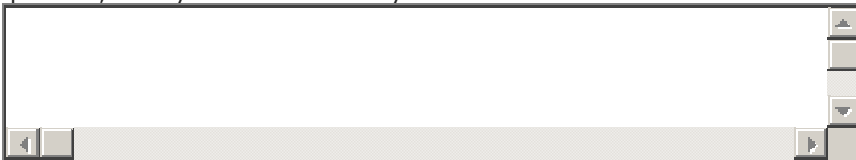
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



32. I can describe the similarities and differences between religion and spirituality.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree

Strongly Agree Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



33. I have difficulty listening to clients talk about their spirituality and/or religion without any judgment.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

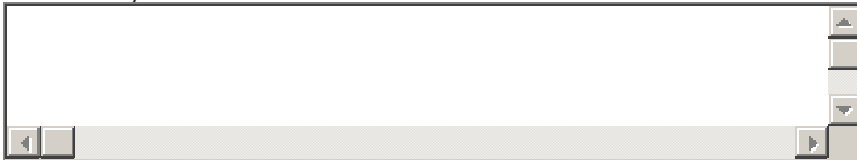
Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



34. I understand how to assimilate spirituality and religion with counseling.

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

Please provide your opinion about the wording, and/or content of the above question, or any other comments you'd like to offer.



Please provide any other feedback below that you haven't addressed thus far.



## APPENDIX I. Student Email Invitation for Participation

### Invitation to participate in survey on spirituality, religion, and clinical training

My name is Sheri Fluellen, and I am inviting you to participate in a study about spirituality, religion, and clinical training. Specifically this study will explore how students, like you, address spiritual or religious client issues in your clinical training. If you have provided therapy (individual, couples, family or group) and have received supervision, then I am inviting you to complete a web survey that will include questions about yourself, as well as your clinical experiences. The survey can be accessed by clicking on the link below; it should take no longer than 20 minutes to complete the survey.

As a thank you for your time and effort, four participants will be randomly drawn and given a \$50 GIFT CERTIFICATE to Amazon.com. After the survey has been completed, you will have the opportunity to submit your name and email address for the drawing. Please know that your participation in this study is completely VOLUNTARY and CONFIDENTIAL. Your name and email address entered for the drawing will be stored in a separate data file from the survey responses. Thus, your answers on the survey will not be associated in any way with your name or program, and the list of names will be destroyed immediately following the drawings. The data from this research will be stored in a computer that is password protected.

There are no anticipated risks in this study that are greater than those you probably encounter in your daily life. Potential benefits include gaining a greater understanding of your own spiritual and/or religious values and how they influence your clinical work. Hopefully this study will generate further research on the topic.

For questions you may have about this study, please contact Sheri Fluellen at [sheri.fluellen@okstate.edu](mailto:sheri.fluellen@okstate.edu) .

If you decide to participate please click on the link below to access the website.

Thank you!

Sheri Fluellen  
Oklahoma State University

<http://Weblinkforsurvey.com>

## APPENDIX J. Second Student Email Invitation for Participation

Hi!

My name is Sheri Fluellen, and I am a doctoral candidate in the Counseling Psychology program at Oklahoma State University. About 3 weeks ago I emailed you a request to participate in my doctoral dissertation research study on your professional counseling experiences. If you have already participated, I would like to thank you for your time and help! If you have not participated and are willing, I ask that you do so by **Sunday March 18<sup>th</sup> at 11:59 PM** as that is when the web-survey will no longer be available. Within two weeks from the date the survey is closed, I will be randomly drawing the email addresses of four participants to each receive a \$50 gift certificate to Amazon.com.

My dissertation study is a web-based survey about doctoral students' experiences as a supervised counselor. I'm interested in your experiences of counseling in general, of your experience in integrating religious and spiritual client issues into counseling, and in some of your own personal views. Even if you have no interest or experience specifically related to spiritual or religious issues or are unsure of any personal views related to this, I would greatly appreciate your participation. I am interested in everyone's experiences and opinions! What you have to offer is valuable because very little research has accrued on this topic, and I know that this project will help further research in this area of psychology.

I am asking you to participate in this project by completing a confidential and anonymous online survey. The survey should take no more than about 30 minutes to complete. In return for your participation, you will be given the opportunity to enter a drawing for one of four \$50 gift certificates at Amazon.com. The Institutional Review Board at Oklahoma State University has determined that this research meets the criteria for protecting human subjects according to Federal Guidelines (IRB # 2005-0266).

If you are a graduate student or recent graduate who has any supervised experience providing therapy, please take a few minutes to complete this survey. You can access the informed consent and confidentiality information and participate in the survey by clicking (or copying and pasting the link into your browser's address bar) on the following link:

<https://www.psychdata.com/s.asp?SID=119376> . The drawing for the \$50 Amazon gift certificates will take place after the data collection has ended. You will be asked for your email address only, and this piece of information will remain confidential and will not be associated in any way with your responses on the survey.

Thank you so much for your time and help.

Sincerely,

Sheri J Fluellen, MA  
Doctoral Candidate  
Counseling Psychology  
Oklahoma State University  
Stillwater, OK 74074  
Sheri.fluellen@okstate.edu

Supervising faculty:  
Alfred Carlozzi, Ph.D.  
Professor, Counseling and Counseling Psychology  
Programs  
Oklahoma State University  
Stillwater, OK 74074  
Al.carlozzi@okstate.edu



## APPENDIX K. Online Survey Informed Consent Form

### **Invitation to participate in survey on spirituality, religion, and clinical training**

My name is Sheri Fluellen, and I am inviting you to participate in a study about spirituality, religion, and clinical training. Specifically this study will explore how students, like you, address spiritual or religious client issues in your clinical training. If you have provided therapy (individual, couples, family or group) and have received supervision, then I am inviting you to complete a web survey that will include questions about yourself, as well as your clinical experiences. The survey can be accessed by clicking on the link below.

### **It should take no longer than 30 minutes to complete the survey.**

As a thank you for your time and effort, four participants will be randomly drawn and given a **\$50 GIFT CERTIFICATE** to Amazon.com. After the survey has been completed, you will have the opportunity to submit your name and email address for the drawing. Please know that your participation in this study is completely **VOLUNTARY and CONFIDENTIAL**. Your name and email address entered for the drawing will be stored in a separate data file from the survey responses. Thus, your answers on the survey will not be associated in any way with your name or program, and the list of names will be destroyed immediately following the drawings. The data from this research will be stored in a computer that is password protected.

There are no anticipated risks in this study that are greater than those you probably encounter in your daily life. Potential benefits include gaining a greater understanding of your own spiritual and/or religious values and how they influence your clinical work. Hopefully this study will generate further research on the topic.

For your confidentiality, your electronic results will be located on the secured server owned and operated by Psychdata. The survey is encrypted using 128-bit SSL Technology that is equivalent to the industry standard for securely transmitting information over the internet. Additionally, it is held in an isolated database that can only be accessed by this principal investigator. Once the survey has closed, the data will be downloaded to a computer and stored in a password protected file. All research records will be stored securely and only researchers and individuals responsible for the research oversight will have access to the records.

For answers to pertinent questions about this study, you may contact me, Sheri Fluellen, at [sheri.fluellen@okstate.edu](mailto:sheri.fluellen@okstate.edu). For information on subject's rights, contact Dr. Sue Jacobs, IRB Chair, at Oklahoma State University, 219 Cordell North or by phone at (405) 744-1676 or by email at [irb@okstate.edu](mailto:irb@okstate.edu).

If you have decided to participate please click on "continue" below to access the survey.

*Thank you!*

APPENDIX L. IRB Review Letter

Oklahoma State University Institutional Review Board

Date: May 12, 2005  
IRB Application ED-05-116  
Proposal Title: Training Director's Reports of Religious/Spiritual Issues in Counseling and Clinical Psychology, Counseling, and Marriage and Family Therapy Programs

Reviewed and Processed as: Exempt

**Status Recommended by Reviewer(s): Approved Protocol Expires: 5/11/2006**

Principal Investigator(s):

Sheri J Fluellen 2109 Mill Rd. #204 Alexandria, VA 22314	Al Carlozzi OSU Tulsa Main Hall 2403 Tulsa, OK 74106
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The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 219 Cordell North (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,



Sue C. Jacobs, Chair  
Institutional Review Board

Table I. Levels of Integrated Developmental Model of Supervision

LEVEL 1	
Motivation	<p>High motivation</p> <p>High levels of anxiety</p> <p>Skills acquisition focus</p>
Autonomy	<p>Dependent upon supervisor</p> <p>Needs structure from supervisor</p> <p>Positive feedback</p> <p>Minimal direct confrontation</p>
Awareness	<p>Self-awareness is limited</p> <p>Self-focus is high</p> <p>Evaluation apprehension</p> <p>Unaware of strengths/weaknesses</p>
TRANSITION TO LEVEL 2	
Motivation	May decrease for new approaches/techniques
Autonomy	May desire more than is warranted
Awareness	Begins to move toward client, away from self

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## LEVEL 2

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Motivation	Fluctuating, sometimes highly confident Increased complexity shakes confidence Confusion, despair, vacillation
Autonomy	Dependency-autonomy conflict Can be quite assertive, pursue own agenda Functions more independently May only want requested, specific input Other times dependent or evasive
Awareness	Focuses more on client Empathy more possible Understanding client worldview more possible May become enmeshed, lose effectiveness May become confused, lose effectiveness Appropriate balance is an issues

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## TRANSITION TO LEVEL 3

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Motivation	Increased desire to personalize orientation
Autonomy	More conditionally autonomous Better understands limitations
Awareness	Focus begins to include self-reactions to clients

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### LEVEL 3

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Motivation	Stable motivation Doubts remain, but not disabling Total professional identity is the focus
Autonomy	Knows when to seek consultation Retains responsibility
Awareness	Accepts own strengths/weaknesses High empathy and understanding Focuses on client, process, and self Uses therapeutic self in sessions

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### TRANSITION TO LEVEL 3-INTEGRATED

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Motivation	Strives for stable motivation across domains
Autonomy	Moves conceptually and behaviorally across domains Professional identity solid across relevant domains
Awareness	Personalized understanding across relevant domains Monitors impact of personal on professional life

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Table II. Frequencies of Demographic Variables

GENDER	Frequency	Percent
Male	42	24
Female	132	75
Undeclared	1	1

AGE	Frequency	Percent
22-25	27	15
26-30	69	39
31-35	31	18
36-40	7	4
41-50	20	11
51-60	17	10
61-70	3	2
Undeclared	1	1

ETHNICITY	Frequency	Percent
Caucasian American	149	85
Asian American	3	2
African American	5	3
Native American	3	2
Hispanic/Latino American	8	5
Other	11	6

HIGHEST DEGREE EARNED	Frequency	Percent
Baccalaureate	38	22
Master's	103	59
Ph.D.	14	8
Psy.D.	16	9
Other	3	2

PRIVATE/PUBLIC SCHOOL	Frequency	Percent
Public	87	50
Private	86	49
Undeclared	1	1

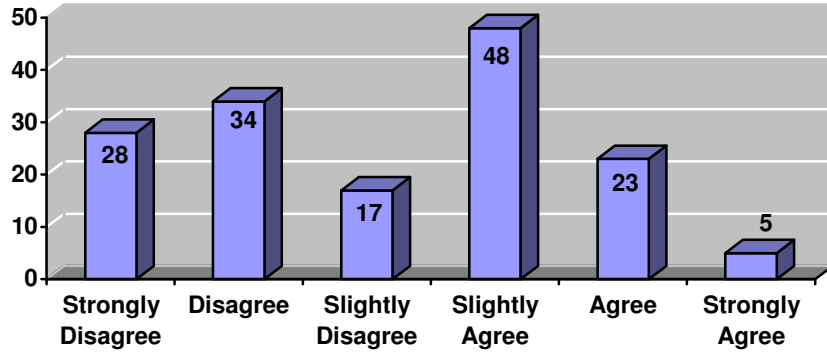
SPIRITUAL/RELIGIOUS AFFILIATION	Frequency	Percent
Agnostic	26	15
Atheist	4	2
Baptist	11	6
Buddhist	5	3
Catholic	31	18
Jewish	11	6
Lutheran	3	2
Methodist	6	3
Mormon	3	2
Muslim	1	1
None	9	5
Pentecostal	1	1
Presbyterian	4	2
Other: Christian-based	27	15
Other: New Age-based(pagan)	10	6
Other	1	1
Eclectic	6	3
Undeclared	2	1

STRENGTH OF S/R AFFILIATION	Frequency	Percent
Very Strong	35	20
Strongly	68	39
Not Very Much	43	25
Not At All	7	4
Unsure	10	6
Not Applicable	10	6
Undeclared	2	1

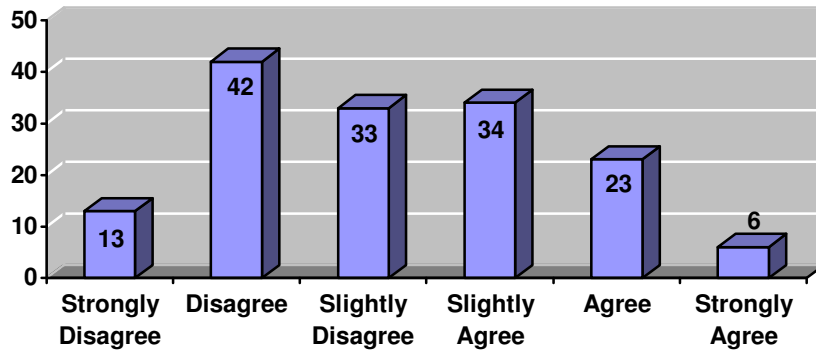
PROGRAM S/R AFFILIATION	Frequency	Percent
Yes	31	18
No	141	81
Undeclared	3	1

Table III. Frequencies of SARCA items

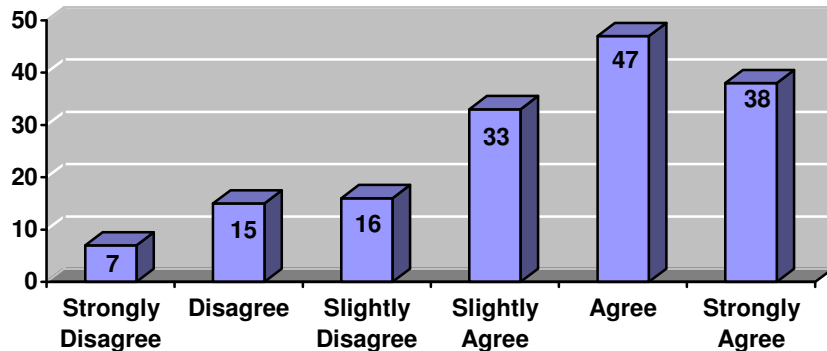
Q 1/46. I include assessments (written and/or oral) of religious and spiritual beliefs in my work with clients.



Q 2/47. I have difficulty with finding appropriate referrals for spiritual and/or religious clients who have spiritual or religious issues.

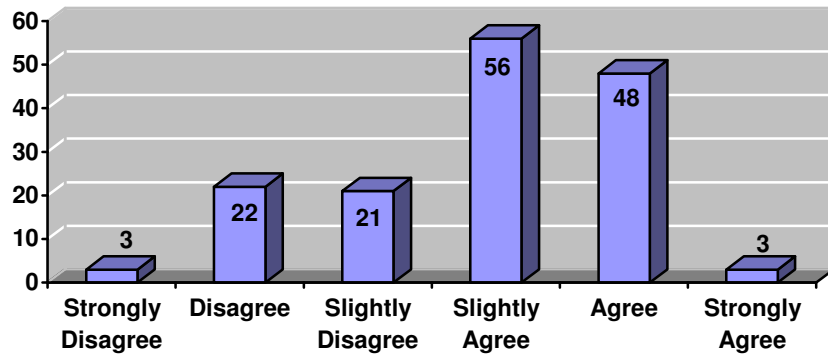


Q 3/48. I continually take steps towards developing and understanding my own spiritual and/or religious beliefs and values.

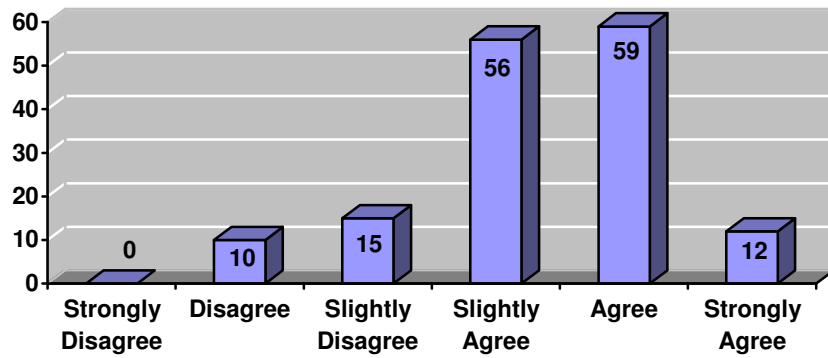




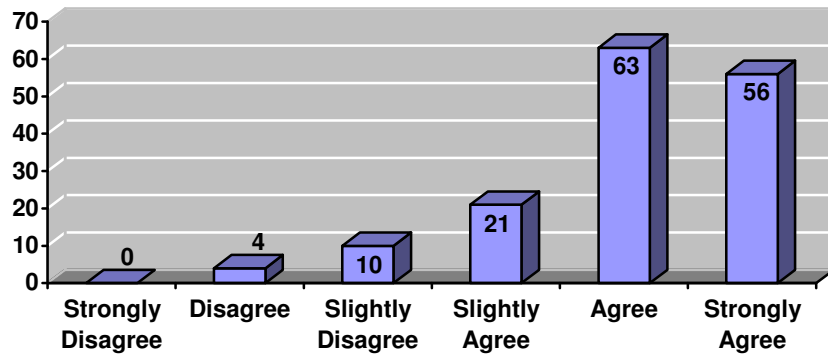
Q 4/49. I am able to assess (via interview and/or formal assessment) the strength and depth of clients' spirituality and/or religious convictions.



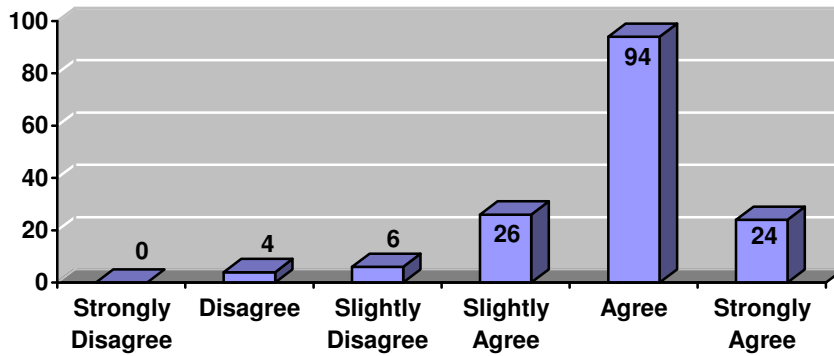
Q 5/50. I am able to utilize client's religious and/or spiritual beliefs in pursuit of their therapeutic goals.



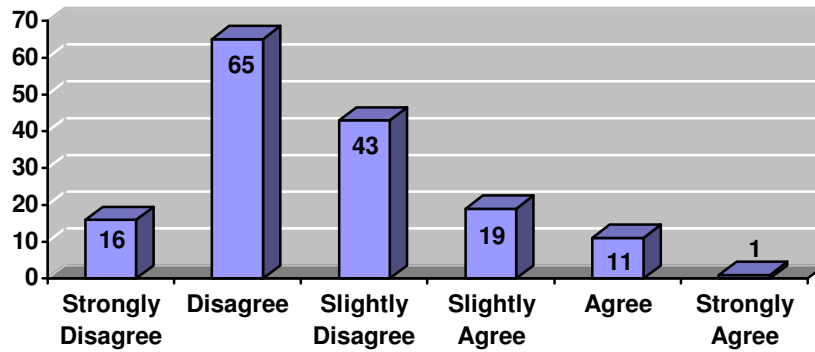
Q 6/51. I am comfortable with my own spiritual and/or religious beliefs and values.



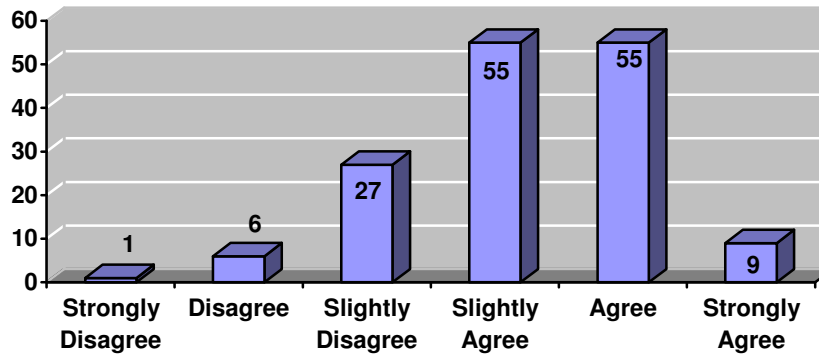
Q 7/52. I conceptualize clients' religious and/or spiritual beliefs and practices within the context of their culture.



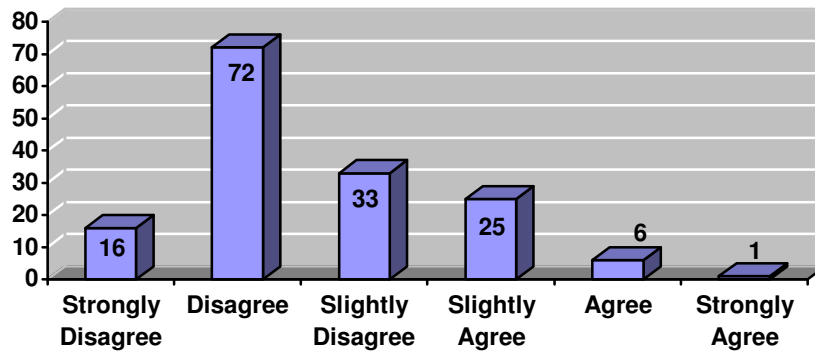
Q 8/53. I have difficulty recognizing and encouraging spiritual and/or religious beliefs that may be beneficial to clients and their lives.



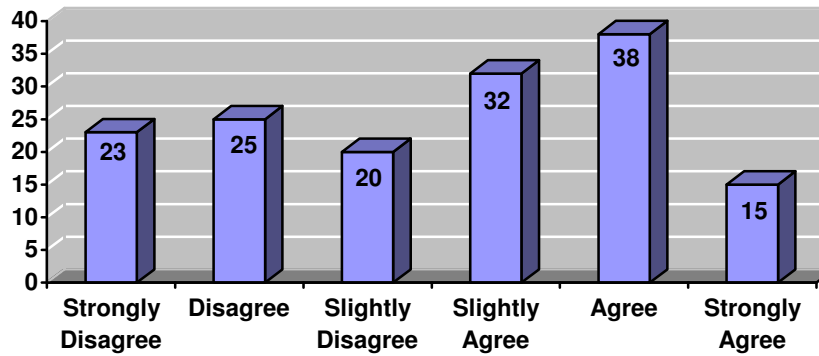
Q 9/54. I am able to recognize religious and spiritual beliefs and practices that are harmful to my clients' mental health.



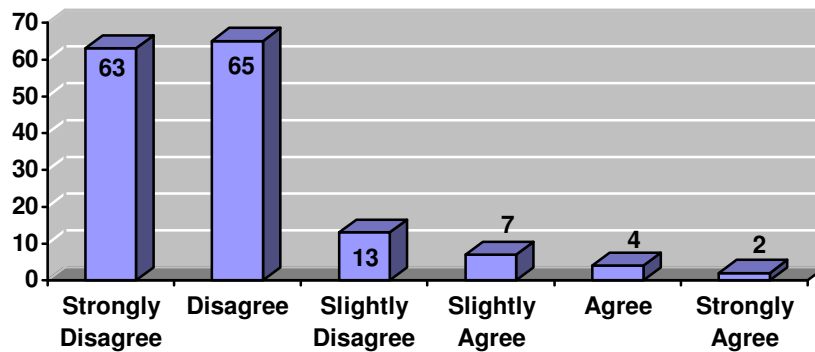
Q 10/55. I have difficulty determining the relevance of religious and/or spiritual beliefs to clients' therapeutic issues.



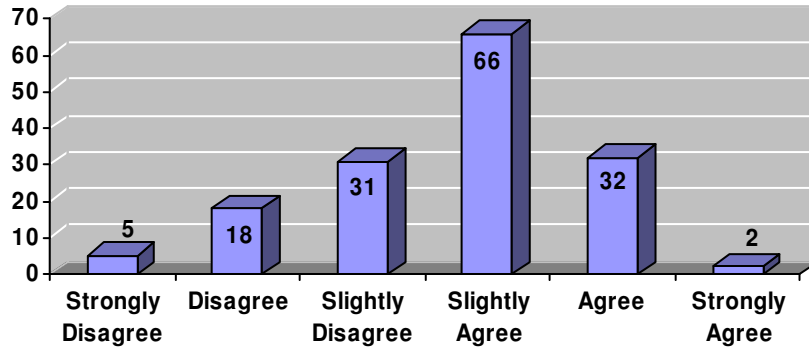
Q 11/56. I have a colleague or supervisor who is competent with spiritual and religious issues with whom I consult.



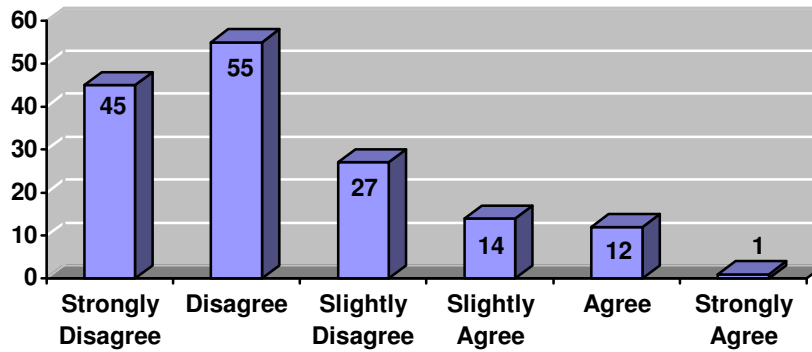
Q 12/57. I do not actively explore my own person biases, fears, doubts, and prejudices.



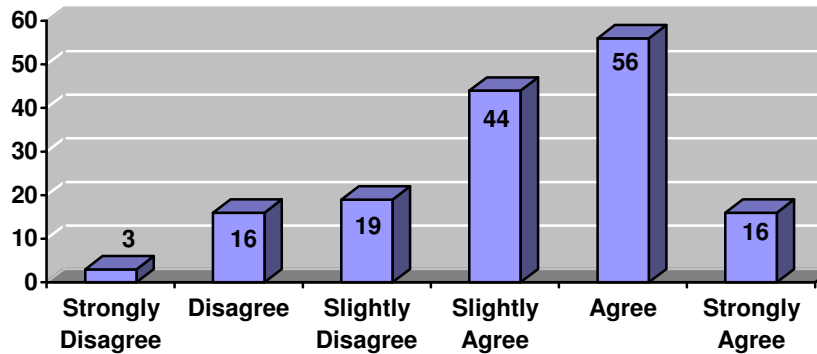
Q 13/58. I know how to work with spiritual and/or religious issues that may interfere with treatment goals.



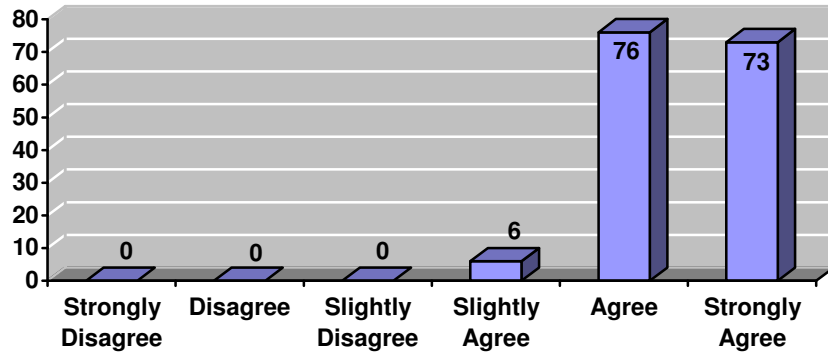
Q 14/59. I do not encourage clients to express their spiritual and/or religious beliefs or practices in therapy (e.g. prayer, meditation).



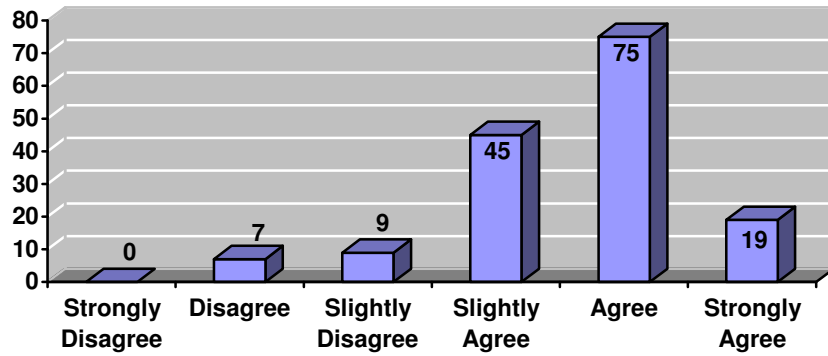
Q 15/60. I know how spirituality and religion can contribute to the development and escalation of human problems.



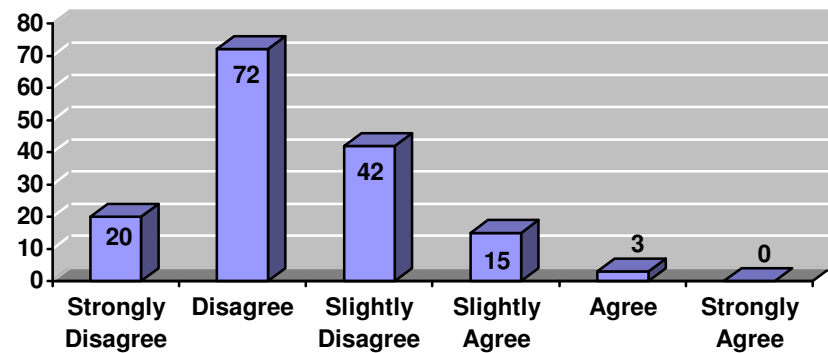
Q 16/61. I show respect for the client's spiritual and/or religious beliefs.



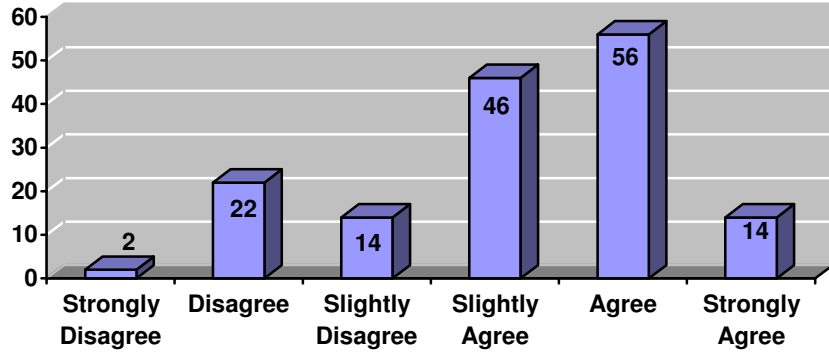
Q 17/62. I know how to address spirituality and religion in ways that are ethically sound.



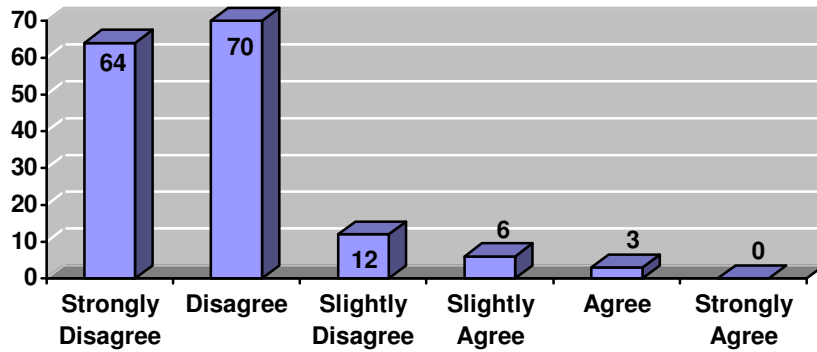
Q 18/63. I have difficulty recognizing constructive religious and/or spiritual beliefs and practices.



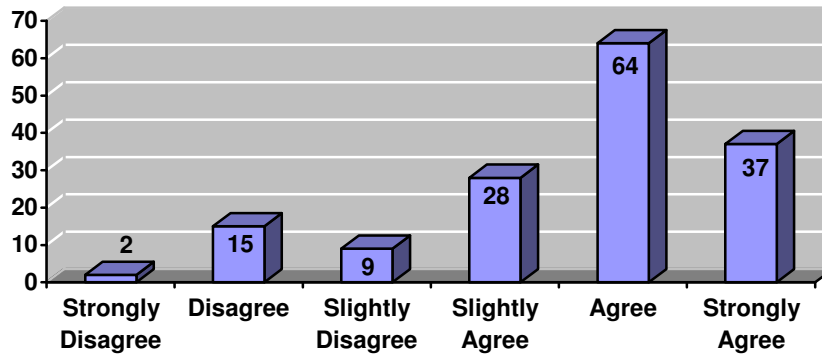
Q 19/64. I explore my comfort level with discussing clients' spiritual and/or religious beliefs outside of the therapy room (e.g. through colleagues, supervisors, self-reflection, etc).



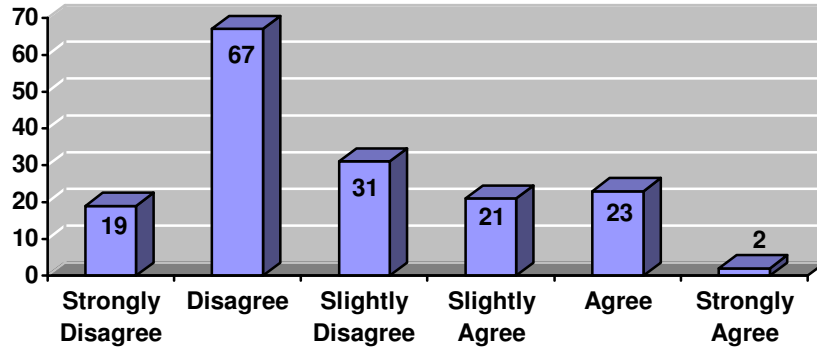
Q 20/65. I do not know the origins of my spiritual and/or religious beliefs and values.



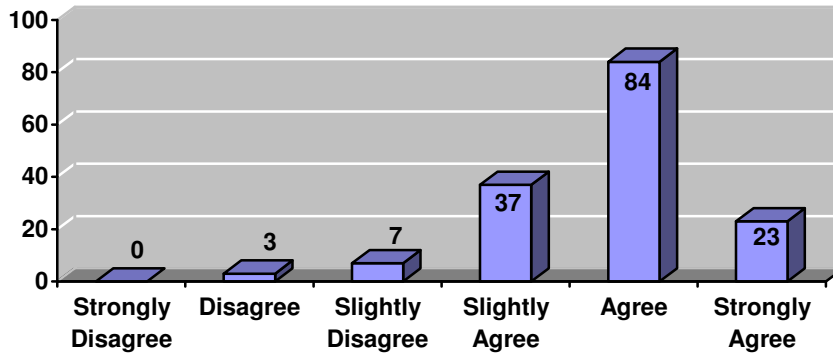
Q 21/66. I am willing to consult with spiritual and/or religious leaders about clients' spiritual and/or religious issues.



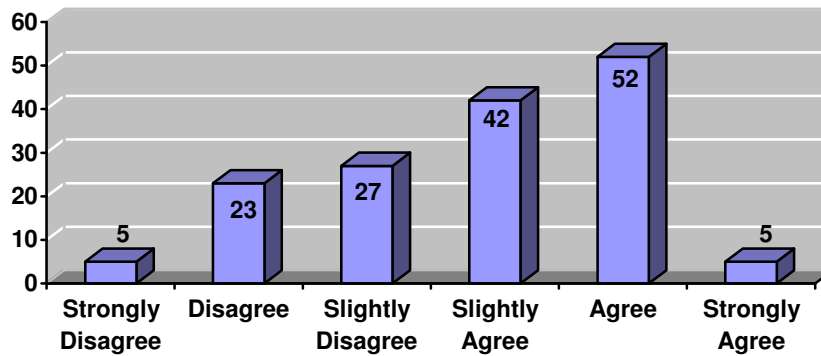
Q 22/67. I do not use the client's spiritual or religious language and imagery in therapy.



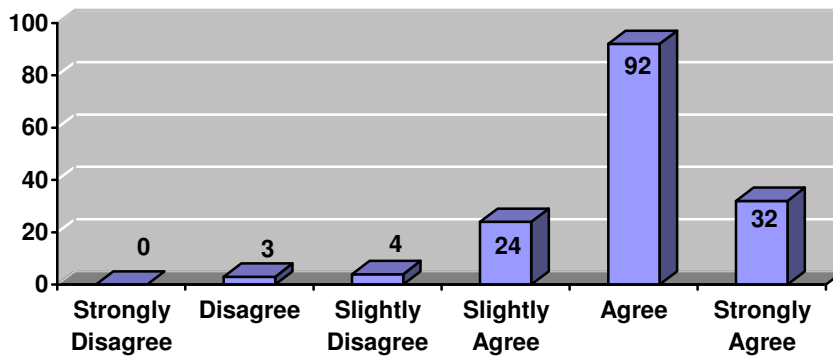
Q 23/68. I do not allow assumptions about clients' spiritual and/or religious values and practices to negatively impact my work with them.



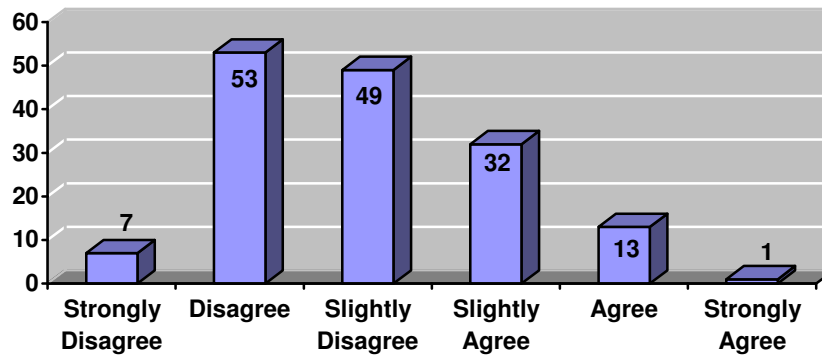
Q 24/69. I provide a good balance between focusing on spirituality/religion and other issues in therapy.



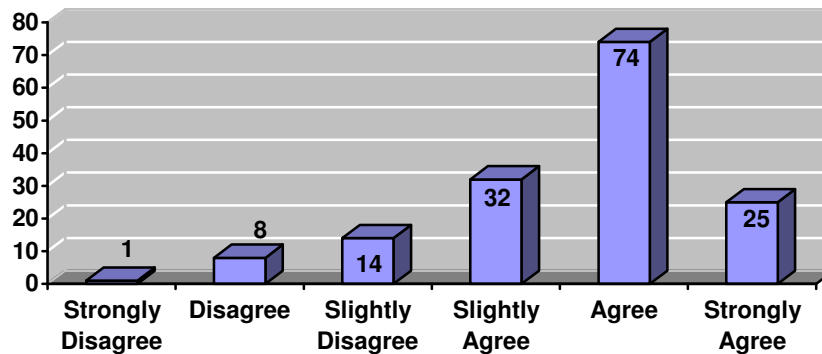
Q 25/70. I understand how my own beliefs contribute to my theoretical orientation and how I do therapy.



Q 26/71. I have difficulty determining when a religious and/or spiritual beliefs is pertinent in my work with clients.

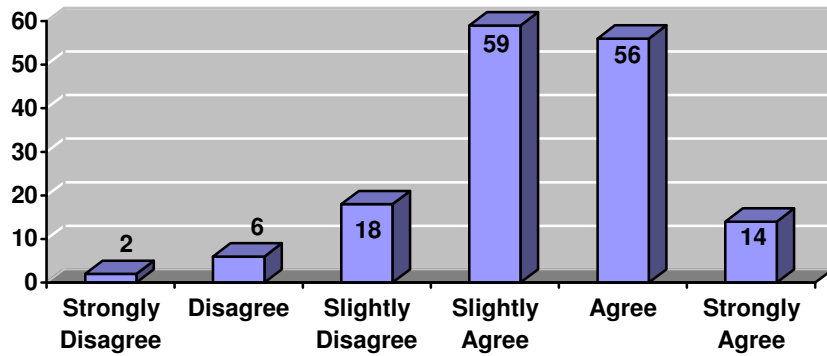


Q 27/72. I encourage spiritual and/or religious beliefs and practices that connect the client to self and others.

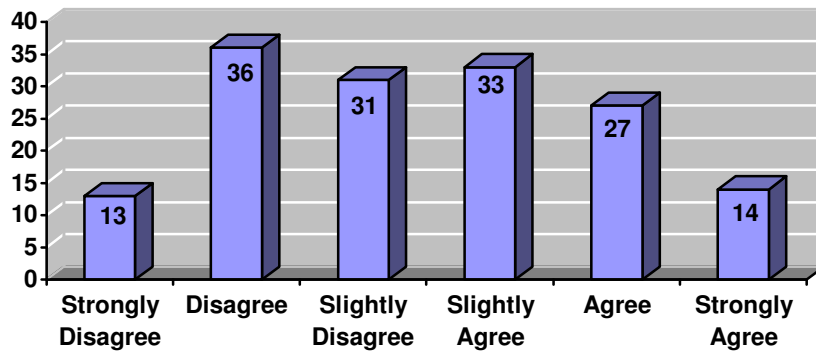




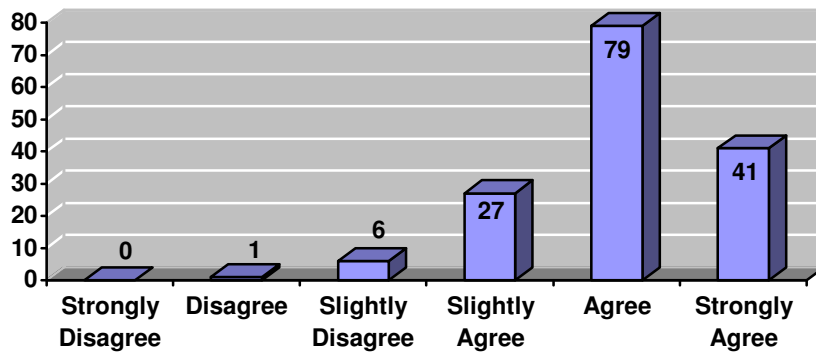
Q 28/73. I recognize any countertransference to spiritual and religious issues in my work with clients.



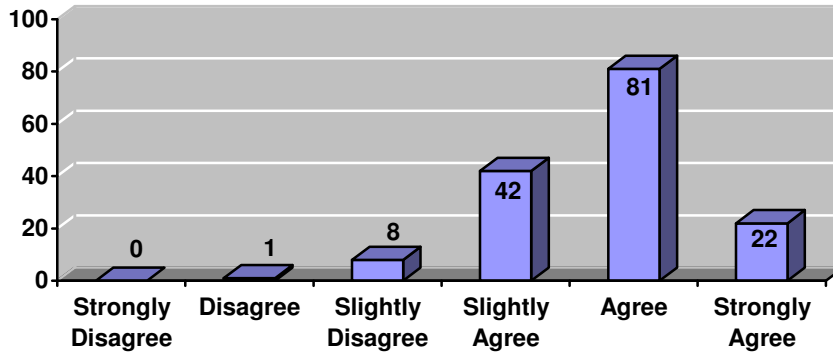
Q 29/74. I am unaware of spiritually- and religiously-oriented interventions.



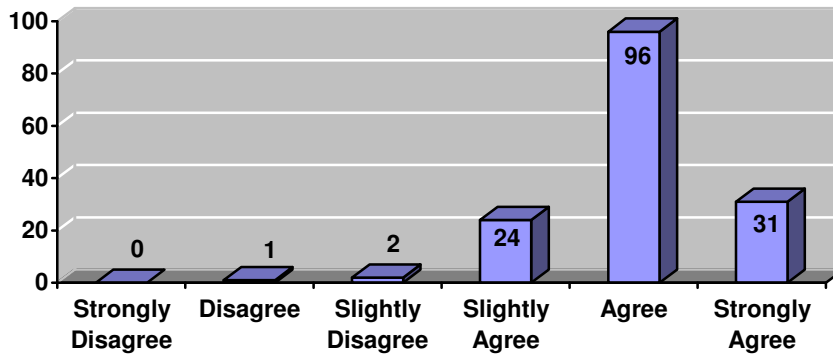
Q 30/75. I know how spirituality and religion can contribute to the coping and/or alleviation of human problems.



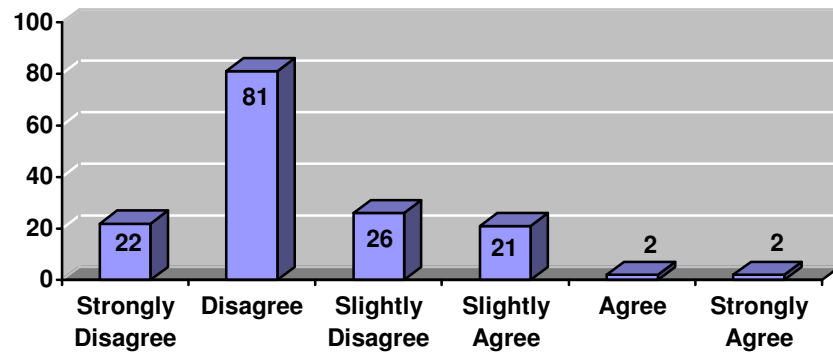
Q 31/76. I can recognize constructive religious and/or spiritual beliefs and practices.



Q 32/77. I am able to recognize the similarities and differences between religion and spirituality.



Q 33/78. I have difficulty listening to clients talk about their spirituality and/or religion without any judgment.



Q 34/79. I understand how to integrate spirituality and religion with counseling.

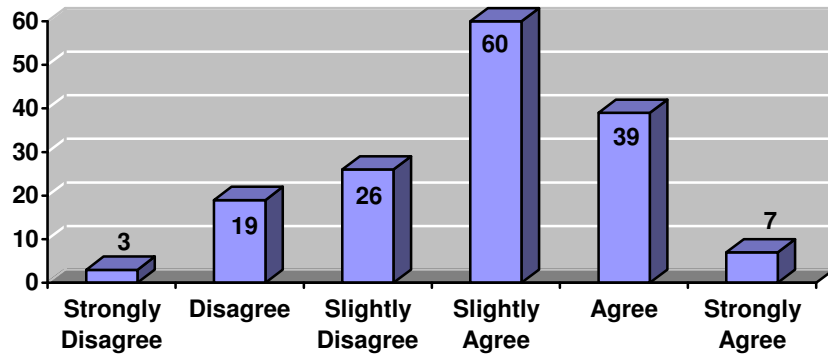


Table IV. Cronbach Alpha Analysis Results

Reliability Coefficients	
N of Cases	138.0
N of Items	34
Alpha	.9094

Table V. SARCA Inter-Item Correlations

	Q46	Q48	Q49	Q50	Q51	Q52	Q54	Q56	Q58	Q60	Q61	Q62
Q46	1.000	0.236	0.187	0.312	0.139	0.249	0.183	0.301	0.230	0.214	0.194	0.265
Q48		1.000	0.310	0.177	0.317	0.188	0.104	0.076	0.158	0.185	0.237	0.159
Q49			1.000	0.434	0.321	0.196	0.374	0.408	0.485	0.308	0.154	0.373
Q50				1.000	0.235	0.388	0.271	0.341	0.404	0.107	0.260	0.489
Q51					1.000	0.146	0.153	0.159	0.194	0.172	0.214	0.152
Q52						1.000	0.188	0.115	0.158	0.158	0.352	0.379
Q54							1.000	0.292	0.426	0.329	0.077	0.295
Q56								1.000	0.292	0.187	0.102	0.398
Q58									1.000	0.278	0.165	0.474
Q60										1.000	0.143	0.277
Q61											1.000	0.223
Q62												1.000
Q64												
Q66												
Q68												
Q69												
Q70												
Q72												
Q73												
Q75												
Q76												
Q77												
Q79												
Q47R												
Q53R												
Q55R												
Q57R												
Q59R												
Q63R												
Q65R												
Q67R												
Q71R												
Q74R												
Q78R												

	Q64	Q66	Q68	Q69	Q70	Q72	Q73	Q75	Q76	Q77	Q79	Q47R
Q46	0.267	0.126	0.016	0.347	0.025	0.251	0.095	0.231	0.285	0.306	0.380	0.291
Q48	0.212	0.153	0.100	0.345	0.181	0.405	0.262	0.289	0.396	0.316	0.345	- 0.001
Q49	0.323	0.217	0.224	0.510	0.277	0.435	0.319	0.373	0.516	0.351	0.511	0.117
Q50	0.303	0.142	0.078	0.361	0.200	0.391	0.096	0.253	0.419	0.413	0.523	0.087
Q51	0.229	0.284	0.112	0.219	0.336	0.260	0.199	0.269	0.328	0.255	0.286	0.008
Q52	0.189	0.174	0.032	0.199	0.205	0.317	0.201	0.248	0.387	0.304	0.320	0.125
Q54	0.268	0.051	0.046	0.212	0.345	0.327	0.350	0.228	0.488	0.307	0.282	0.021
Q56	0.234	0.176	0.017	0.272	0.097	0.253	0.253	0.159	0.308	0.276	0.418	0.312
Q58	0.174	0.057	0.202	0.320	0.245	0.223	0.175	0.267	0.461	0.206	0.497	0.117
Q60	0.153	0.079	0.000	0.196	0.130	0.125	0.256	0.262	0.398	0.142	0.333	0.118
Q61	0.227	0.181	0.352	0.155	0.195	0.219	0.300	0.207	0.309	0.269	0.182	0.152
Q62	0.266	0.168	0.169	0.284	0.116	0.160	0.286	0.171	0.390	0.256	0.477	0.321
Q64	1.000	0.282	0.150	0.412	0.206	0.366	0.367	0.263	0.361	0.216	0.270	0.026
Q66		1.000	0.133	0.135	0.063	0.227	0.216	0.275	0.274	0.065	0.291	0.057
Q68			1.000	0.204	0.143	0.154	0.147	0.082	0.229	0.043	0.157	0.150
Q69				1.000	0.235	0.429	0.311	0.341	0.453	0.242	0.566	0.191
Q70					1.000	0.261	0.324	0.293	0.243	0.203	0.199	- 0.027
Q72						1.000	0.282	0.430	0.455	0.301	0.416	0.083
Q73							1.000	0.182	0.358	0.210	0.277	0.238
Q75								1.000	0.431	0.201	0.271	0.106
Q76									1.000	0.445	0.512	0.160
Q77										1.000	0.386	0.157
Q79											1.000	0.279
Q47R												1.000
Q53R												
Q55R												
Q57R												
Q59R												
Q63R												
Q65R												
Q67R												
Q71R												
Q74R												
Q78R												

	Q53R	Q55R	Q57R	Q59R	Q63R	Q65R	Q67R	Q71R	Q74R	Q78R
Q46	0.364	0.141	- 0.034	0.248	0.115	0.101	0.249	0.206	0.228	0.082
Q48	0.109	0.117	0.135	0.164	0.240	0.208	0.129	0.180	0.346	0.131
Q49	0.304	0.230	0.149	0.145	0.399	0.215	0.390	0.360	0.327	0.069
Q50	0.454	0.376	- 0.041	0.223	0.488	0.191	0.466	0.426	0.269	0.236
Q51	0.217	0.262	0.139	0.161	0.258	0.330	0.226	0.117	0.211	0.119
Q52	0.428	0.382	0.236	0.339	0.312	0.201	0.345	0.329	0.183	0.304
Q54	0.148	0.220	0.277	0.067	0.441	0.277	0.387	0.345	0.221	- 0.025
Q56	0.281	0.136	- 0.014	0.081	0.290	0.184	0.229	0.287	0.291	0.002
Q58	0.249	0.231	- 0.071	0.061	0.385	0.159	0.294	0.457	0.289	0.098
Q60	0.237	0.100	0.021	0.145	0.280	0.037	0.177	0.252	0.271	0.060
Q61	0.269	0.326	0.187	0.376	0.284	0.302	0.310	0.316	0.116	0.187
Q62	0.304	0.293	- 0.126	0.053	0.426	0.139	0.230	0.497	0.338	0.133
Q64	0.244	0.276	0.159	0.327	0.256	0.125	0.461	0.330	0.248	0.007
Q66	0.269	0.301	0.073	0.336	0.161	0.244	0.218	0.178	0.320	0.185
Q68	0.168	0.158	0.148	0.076	0.230	0.176	0.144	0.196	0.119	0.207
Q69	0.455	0.237	0.118	0.230	0.332	0.110	0.369	0.398	0.326	0.123
Q70	0.102	0.262	0.269	0.123	0.218	0.356	0.212	0.159	0.175	- 0.079
Q72	0.315	0.240	0.137	0.322	0.291	0.178	0.333	0.313	0.183	0.217
Q73	0.169	0.152	0.169	0.208	0.220	0.221	0.213	0.379	0.189	- 0.060
Q75	0.298	0.235	0.128	0.223	0.284	0.270	0.378	0.268	0.335	0.105
Q76	0.459	0.368	0.217	0.268	0.698	0.426	0.481	0.456	0.353	0.206
Q77	0.338	0.201	0.139	0.124	0.355	0.204	0.431	0.246	0.086	0.289
Q79	0.548	0.286	0.076	0.313	0.441	0.141	0.399	0.462	0.471	0.298
Q47R	0.219	0.050	- 0.025	0.012	0.126	0.082	- 0.058	0.273	0.258	0.044
Q53R	1.000	0.565	0.080	0.438	0.401	0.195	0.409	0.447	0.257	0.326
Q55R		1.000	0.222	0.334	0.344	0.219	0.343	0.409	0.207	0.255
Q57R			1.000	0.152	0.198	0.260	0.203	0.108	0.156	- 0.045
Q59R				1.000	0.178	0.119	0.425	0.211	0.192	0.309
Q63R					1.000	0.482	0.471	0.486	0.240	0.290
Q65R						1.000	0.264	0.278	0.184	0.108
Q67R							1.000	0.324	0.244	0.268
Q71R								1.000	0.326	0.137
Q74R									1.000	0.087
Q78R										1.000

Table VI. Eigenvalues and Variance Explained by 9 Factors

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	9.497	27.934	27.934
2	2.127	6.256	34.190
3	1.973	5.803	39.993
4	1.566	4.605	44.598
5	1.447	4.257	48.855
6	1.271	3.737	52.592
7	1.193	3.509	56.100
8	1.142	3.359	59.459
9	1.067	3.139	62.598

Extraction Method: Principal Component Analysis.



Table VII. Cattell Scree Plot

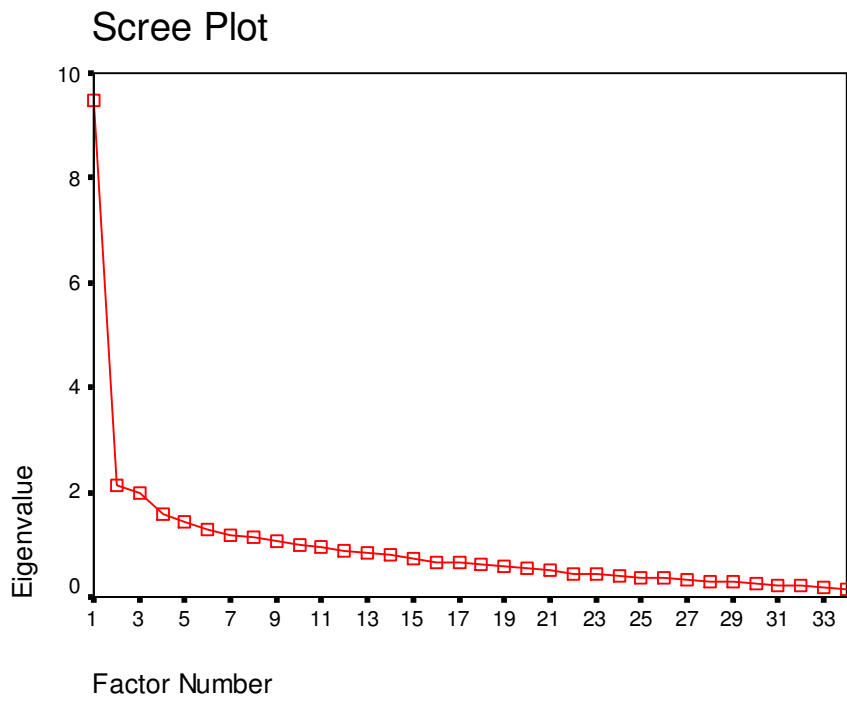


Table VIII. Stepwise Multiple Regression Analysis

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	SLQRTTL	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	SRSUPER	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	AUIE12	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	AGE	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).

a Dependent Variable: SARCA

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.527(a)	.277	.270	15.77922
2	.660(b)	.436	.425	14.00932
3	.681(c)	.464	.448	13.71950
4	.697(d)	.486	.466	13.50418

a Predictors: (Constant), SLQRTTL

b Predictors: (Constant), SLQRTTL, SRSUPER

c Predictors: (Constant), SLQRTTL, SRSUPER, AUIE12

d Predictors: (Constant), SLQRTTL, SRSUPER, AUIE12, AGE

e Dependent Variable: SARCA

Table IX. Independent Sample T-tests

SARCA	GENDER	N	Mean	Std. Deviation	Std. Error Mean
	male	34	149.5000	18.22960	3.12635
	female	104	150.3365	18.46151	1.81030

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Diff.	Std. Error Diff.	95% CI of the Diff.	
								Lower	Upper	
SARCA	Equal variances assumed	.056	.814	-.230	136	.818	-.837	3.64	-8.03	6.35
	Equal variances not assumed			-.232	56.794	.818	-.837	3.61	-8.07	6.40

SARCA	PGMSFAFF	N	Mean	Std. Deviation	Std. Error Mean
	yes	25	158.9600	19.70719	3.94144
	no	113	148.1770	17.52255	1.64838

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Diff.	Std. Error Diff.	95% CI of the Diff.	
								Lower	Upper	
SARCA	Equal variances assumed	1.239	.268	2.721	136	.007	10.783	3.96	2.95	18.62
	Equal variances not assumed			2.524	32.914	.017	10.783	4.27	2.09	19.48

SARCA	pubpriv	N	Mean	Std. Deviation	Std. Error Mean
	public	68	147.5588	18.78105	2.27754
	private	70	152.6286	17.68088	2.11327

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Diff.	Std. Error Diff.	95% CI of the Diff.	
								Lower	Upper	
SARCA	Equal variances assumed	.028	.868	-1.633	136	.105	-5.07	3.10	-11.21	1.07
	Equal variances not assumed			-1.632	134.92	.105	-5.07	3.11	-11.21	1.07

Table X. Correlations Between SARCA and CREDITHR, HOURS, SUPERV, and AGE

	CREDITHR	HOURS	SUPERV	AGE
SARCA	.128	.177*	-.039	.364**

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table XI. Correlations Between SARCA and SIBS, AUIES-12, AUIES-12 Sub-Scores, and SLQ-R

SARCA	SIBS	AUIES-12	EXT-PERS	EXT-SOCIAL	INT	SLQRRTL
	<b>.349**</b>	<b>-.241**</b>	-.031	-.029	<b>-.323**</b>	<b>.507**</b>

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table XII. Regular Multiple Regression Analysis

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	SIBS, SUPERV, PGMSFAFF, SLQRRTL, CREDITHR, SRCT, AGE, SRAFFILS, SRSUPER, HOURS, AUIE12	.	Enter

a All requested variables entered.  
b Dependent Variable: SARCA

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.718(a)	.516	.460	13.57968

a Predictors: (Constant), SIBS, SUPERV, PGMSFAFF, SLQRRTL, CREDITHR, SRCT, AGE, SRAFFILS, SRSUPER, HOURS, AUIE12  
b Dependent Variable: SARCA

Table XIII. SARCA Paper Format and Scoring Protocol

### SARCA: Spiritual And Religious Competency Assessment

In terms of your own current behavior, please answer the items below honestly and to the best of your ability according to the following scale.

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. I include assessments (written and/or oral) of religious and spiritual beliefs in my work with clients.	_____	_____	_____	_____	_____	_____
2. I have difficulty with finding appropriate referrals for spiritual and/or religious clients who have spiritual or religious issues.	_____	_____	_____	_____	_____	_____
3. I continuously take steps towards developing and understanding my own spiritual and/or religious beliefs and values.	_____	_____	_____	_____	_____	_____
4. I am able to assess (via interview and/or formal assessment) the strength and depth of clients' spirituality and/or religious convictions.	_____	_____	_____	_____	_____	_____
5. I am able to utilize clients' religious and/or spiritual beliefs in pursuit of their therapeutic goals.	_____	_____	_____	_____	_____	_____
6. I am comfortable with my own spiritual and/or religious beliefs and values.	_____	_____	_____	_____	_____	_____
7. I conceptualize clients' religious and/or spiritual beliefs and practices within the context of their culture.	_____	_____	_____	_____	_____	_____



## SARCA: Spiritual And Religious Competency Assessment

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
8. I have difficulty recognizing and encouraging spiritual and/or religious beliefs that may be beneficial to clients and their lives.	_____	_____	_____	_____	_____	_____
9. I am able to recognize religious and spiritual beliefs and practices that are harmful to my clients' mental health.	_____	_____	_____	_____	_____	_____
10. I have difficulty determining the relevance of religious and/or spiritual beliefs to clients' therapeutic issues.	_____	_____	_____	_____	_____	_____
11. I have a colleague or supervisor who is competent with spiritual and religious issues with whom I consult.	_____	_____	_____	_____	_____	_____
12. I do not actively explore my own personal biases, fears, doubts, and prejudices.	_____	_____	_____	_____	_____	_____
13. I know how to work with spiritual and/or religious issues that may interfere with treatment goals.	_____	_____	_____	_____	_____	_____
14. I do not encourage clients to express their spiritual and/or religious beliefs or practices in therapy (e.g. prayer, meditation).	_____	_____	_____	_____	_____	_____

## SARCA: Spiritual And Religious Competency Assessment

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
15. I know how spirituality and religion can contribute to the development and escalation of human problems.	_____	_____	_____	_____	_____	_____
16. I show respect for the client's spiritual and/or religious beliefs.	_____	_____	_____	_____	_____	_____
17. I know how to address spiritual and religious issues in ways that are ethically sound.	_____	_____	_____	_____	_____	_____
18. I have difficulty recognizing constructive religious and/or spiritual beliefs and practices.	_____	_____	_____	_____	_____	_____
19. I explore my comfort level with discussing clients' spiritual and/or religious beliefs outside of the therapy room (e.g. through colleagues, supervisors, self-reflection, etc).	_____	_____	_____	_____	_____	_____
20. I do not know the origins of my spiritual and/or religious beliefs and values.	_____	_____	_____	_____	_____	_____
21. I am willing to consult with spiritual and/or religious leaders about clients' spiritual and/or religious issues.	_____	_____	_____	_____	_____	_____
22. I do not use the client's spiritual or religious language and imagery in therapy.	_____	_____	_____	_____	_____	_____
23. I do not allow assumptions about clients' spiritual and/or religious values and practices to negatively impact my work with them.	_____	_____	_____	_____	_____	_____

## SARCA: Spiritual And Religious Competency Assessment

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
24. I provide a good balance between focusing on spirituality/religion and other issues in therapy.	_____	_____	_____	_____	_____	_____
25. I understand how my own beliefs contribute to my theoretical orientation and how I do therapy.	_____	_____	_____	_____	_____	_____
26. I have difficulty determining when a religious and/or spiritual belief is pertinent in my work with clients.	_____	_____	_____	_____	_____	_____
27. I encourage spiritual and/or religious beliefs and practices that connect the client to self and others.	_____	_____	_____	_____	_____	_____
28. I recognize any countertransference to spiritual and religious issues in my work with clients.	_____	_____	_____	_____	_____	_____
29. I am unaware of spiritually- and religiously-oriented interventions.	_____	_____	_____	_____	_____	_____
30. I know how spirituality and religion can contribute to the coping and/or alleviation of human problems.	_____	_____	_____	_____	_____	_____
31. I can recognize constructive religious and/or spiritual beliefs and practices.	_____	_____	_____	_____	_____	_____
32. I am able to recognize the similarities and differences between religion and spirituality.	_____	_____	_____	_____	_____	_____

## SARCA: Spiritual And Religious Competency Assessment

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
33. I have difficulty listening to clients talk about their spirituality and/or religion without any personal judgment.	_____	_____	_____	_____	_____	_____
34. I understand how to integrate spirituality and religion with counseling.	_____	_____	_____	_____	_____	_____

## SARCA: Spiritual And Religious Competency Assessment

### SCORING PROTOCOL:

For positively worded items, i.e. where answers indicating agreement seem more spiritually/religiously competent (item numbers 1, 3, 4, 5, 6, 7, 9, 11, 13, 15, 16, 17, 19, 21, 23, 24, 25, 27, 28, 30, 31, 32, 34): strongly disagree= 1, disagree= 2, slightly disagree= 3, slightly agree= 4, agree= 5, strongly agree= 6.

For negatively worded items, i.e. where answers indicating agreement seem less spiritually/religiously competent (2, 8, 10, 12, 14, 18, 20, 22, 26, 29, and 33): strongly disagree= 6, disagree= 5, slightly disagree= 4, slightly agree= 3, agree= 2, strongly agree= 1.

Add up the total points. Range= 34 (lowest spiritual/religious competency) to 204 (highest spiritual/religious competency)

Figure 2. Gallop Poll Question: “How important would you say religion is in your own life?”

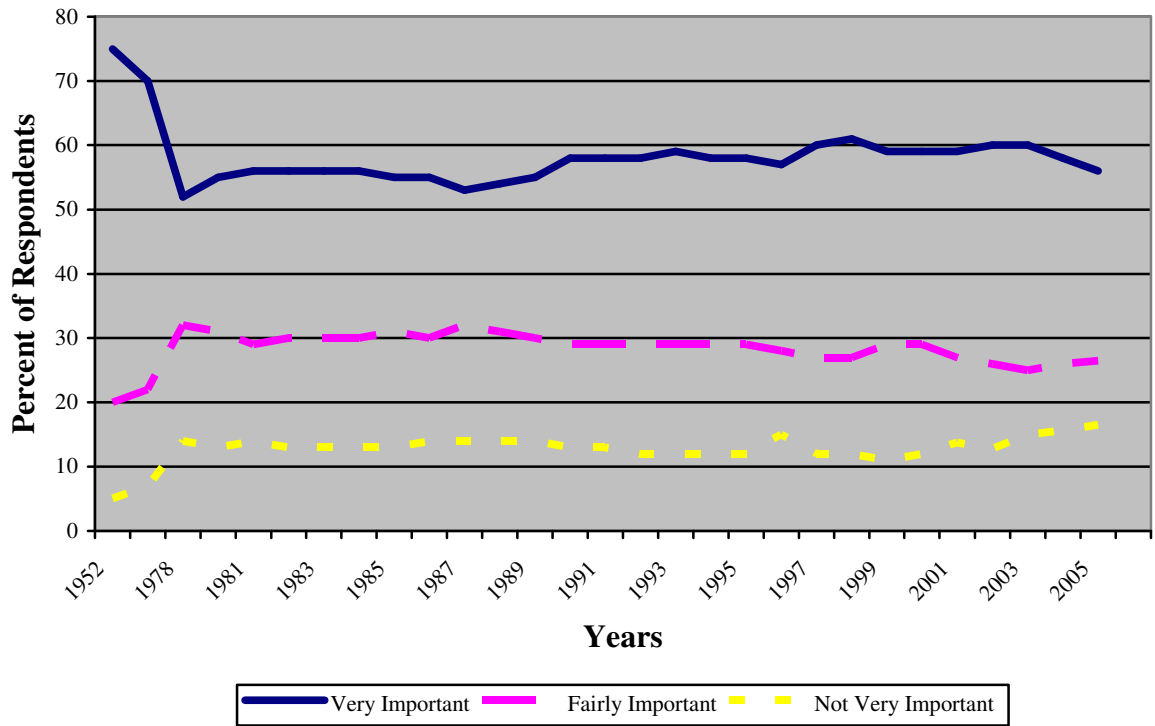


Figure 3. Gallop Poll Question: “Do you happen to be a member of a church or synagogue?”



Figure 4. Gallup Poll Question: “Do you believe that religion can answer all or most of today's problems, or that religion is largely old-fashioned and out of date?”

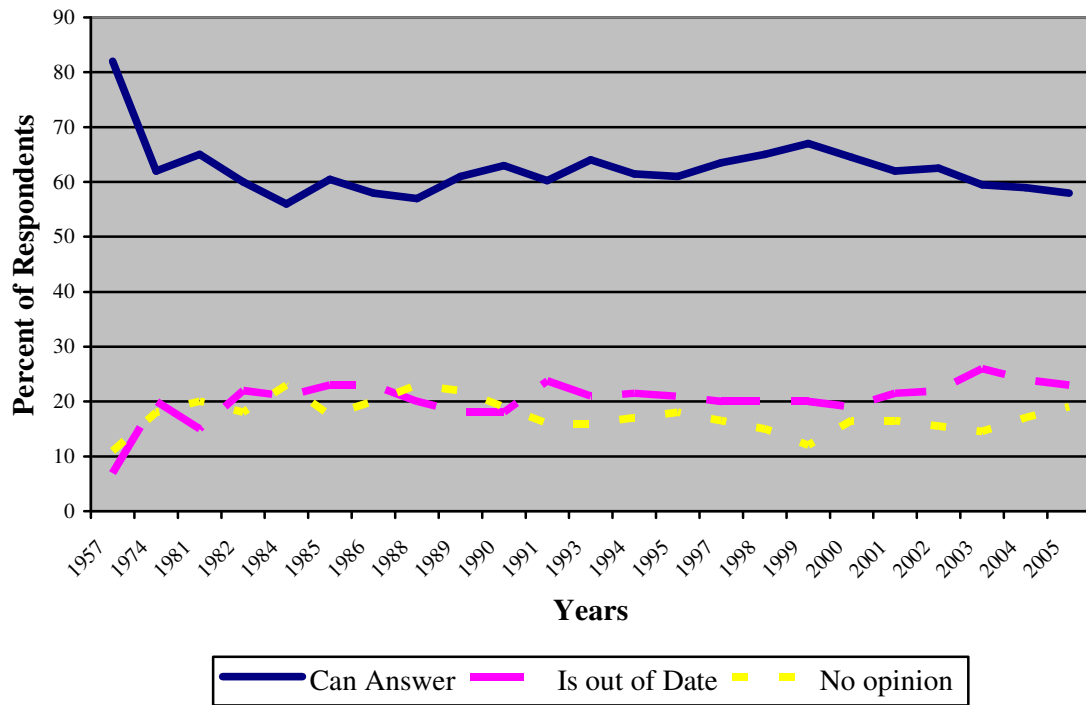
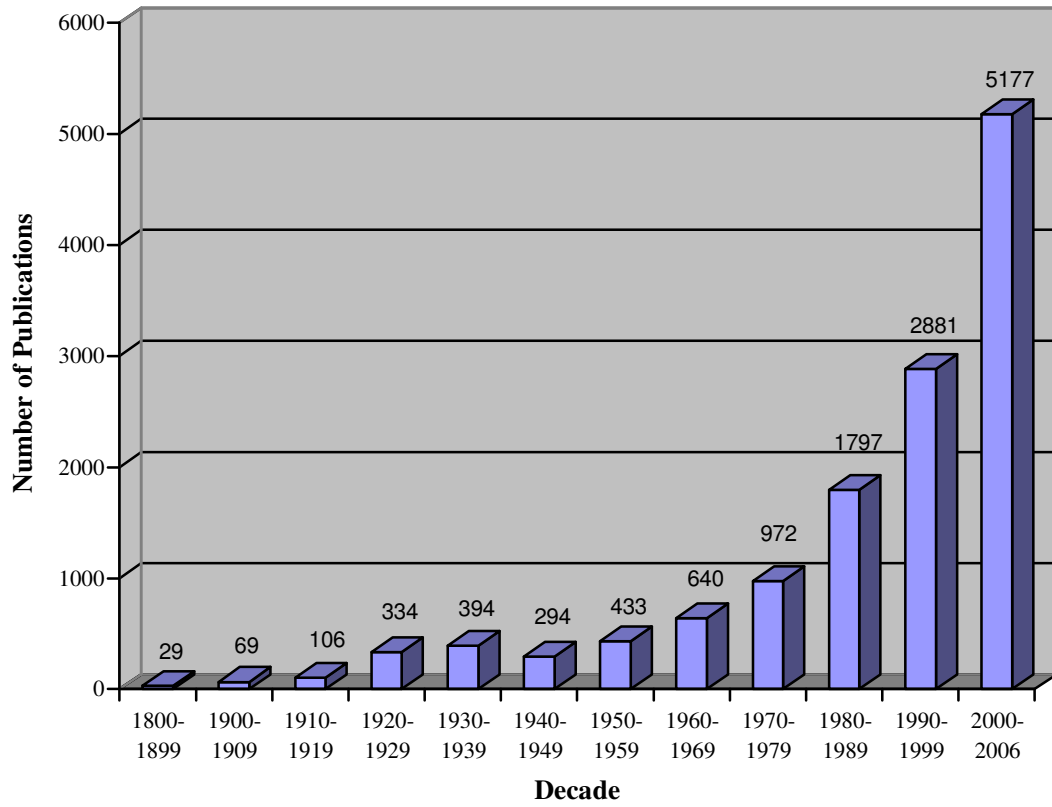




Figure 5. PsycINFO Results for Number of Publication on Religion or Spirituality by Decade



## VITA

Sheri Jolene Fluellen

Candidate for the Degree of

Doctor of Philosophy

Thesis: DEVELOPMENT OF THE SPIRITUAL AND RELIGIOUS COMPETENCY ASSESSMENT (SARCA): AN INSTRUMENT TO MEASURE SPIRITUAL AND RELIGIOUS COMPETENCY IN COUNSELING SUPERVISEES

Major Field: Educational Psychology

Specialization: Counseling Psychology

Biographical:

Personal Data: Born in Grand Forks, ND on January 11, 1979, the daughter of John and Patricia Rodgers.

Education: Graduated from Thompson Public High School, Thompson, North Dakota in 1997. Graduated from North Dakota State University in Fargo, North Dakota in 2001 with a Bachelor of Science in Psychology. Graduated from North American Baptist Seminary in 2003 with a Master's in Marriage and Family Therapy. Completed the requirements for the Doctor of Philosophy in Educational Psychology with a specialization in Counseling Psychology at Oklahoma State University in December, 2007.

Experience: Employed by Oklahoma State University as Graduate Assistant from Fall 2003 – Spring 2006; Completed various psychology practicum sites within the state of Oklahoma; Commissioned as a Captain in the United States Air Force in 2006; Completed psychology pre-doctoral internship at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland in 2007; Currently working as Mental Health Clinic Element Leader and Alcohol and Drug Addiction Prevention and Treatment Program Manager at Francis E. Warren Air Force Base, WY.

Name: Sheri Jolene Fluellen

Date of Degree: December, 2007

Institution: Oklahoma State University

Location: Stillwater, Oklahoma

Title of Study: DEVELOPMENT OF THE SPIRITUAL AND RELIGIOUS  
COMPETENCY ASSESSMENT (SARCA): AN INSTRUMENT TO  
MEASURE COMPETENCY IN SUPERVISEES

Pages in Study: 178

Candidate for the Degree of Doctor of Philosophy

Major Field: Educational Psychology

Specialization: Counseling Psychology

Scope and Method of Study: The primary purposes of this study were to develop a measure of spiritual and religious competency that could be utilized in the supervision relationship and to explore possible predictors of spiritual and religious competency. The participants were 176 American Psychological Association student affiliates who completed an online survey that included five questionnaires: demographics, Supervisee Level Questionnaire-Revised, Spiritual and Religious Competency Assessment, Age-Universal Intrinsic-Extrinsic Scale-12, and Spiritual Involvement and Beliefs Scale. Cronbach alpha analysis, principal component factor analysis, and multiple regression analysis were conducted to answer the three research questions.

Findings and Conclusions: The measurement created to assess spiritual and religious competency, the SARCA, was found to be reliable. The structure of the SARCA is best seen as comprised of one factor. A group of variables to include age, percent of spiritual/religious supervision, religiosity and developmental level were found to significantly predict spiritual and religious competency as assessed by the SARCA.

ADVISER'S APPROVAL: \_\_\_\_\_

Dr. Alfred Carlozzi