Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

11-24-2023

Attitudes of Graduate Students Towards Integrating Religion and Spirituality in Therapy

Miranda Lynn Crawford
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Clinical Psychology Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

Miranda Lynn Crawford

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Carlos Diaz-Lazaro, Committee Chairperson, Psychology Faculty
Dr. Stephen Hampe, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Attitudes of Graduate Students Towards Integrating Religion and Spirituality in Therapy

by

Miranda Lynn Crawford

MS, Walden University, 2017

BHSS, University of South Africa, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

November 2023

Abstract

Notwithstanding the large number of clients with religious and spiritual beliefs, there has been little attention given to understanding therapists' attitudes toward religion and spirituality (R/S) integration in clinical practice. Furthermore, it is unclear what information and training graduate clinical psychology students are receiving on this topic. Attempts to address this problem have yet to adopt a well-grounded theoretical framework to explain findings. The present study addressed these shortcomings by using the ABC model of attitude and the tripartite model of multicultural competence frameworks to explore factors predicting positive attitudes and self-efficacy in integrating R/S among clinical psychology students. A total of 101 students from graduate masters and doctoral clinical psychology programs completed research surveys and were included in the statistical analyses. Results from the standard lineal multiple regression analysis indicated years in program, religious and spiritual beliefs, R/S psychology training, and traditionalism predicted positive attitudes and self-efficacy in R/S integration. Findings suggest that a combination of values and beliefs supportive of R/S as well as relevant training experiences in that area are key to the development of positive attitudes toward R/S and self-efficacy in addressing these issues. Further studies are needed to replicate these findings as well as for identifying other possible predictors of R/S integration. Results of the present study are likely to advance positive social change by encouraging religious and spiritual training interventions that bring about awareness and sensitivity on these issues to all students, regardless of their beliefs and values.

Attitudes of Graduate Students Towards Integrating Religion and Spirituality in Therapy

by

Miranda Lynn Crawford

MS, Walden University, 2017

BHSS, University of South Africa, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

November 2023

Dedication

I dedicate this dissertation to my precious family. To my husband, James, I will always appreciate your sacrifice, your encouragement, and your promotion of my dreams. Thank you, my love, for praying with me and being my great protector. To my precious son Luke, you can achieve all things when you place Christ first. You are a learner, and as you grow and develop more amazing learning skills, I know you will achieve success. To my precious Joshua, you have sacrificed for my degree, and I am so grateful. I love you both, my amazing and wonderful son's. To my parents, Dees and Kamala Naicker, thank you for your sacrifices, for teaching me grace, and the value of integrity. You gave me Christ, and the spirit to excel. I love you. To my precious savior Jesus Christ and God, the Father, through discouragement you held me, through my sleepless nights your words promoted my energy to keep moving forward. "Lead me in Your truth and teach me, For You are the God of my salvation; On You I wait all the day" (Psalms 25:5).

Acknowledgments

I would like to thank my chair, Dr. Carlos Diaz-Lazaro, for your constant encouragement, guidance, redirection, and confidence in my ability to excel. You stood by me and went above and beyond with excellence and a smile through these 3 years. I am so grateful and thank you for helping me achieve my goal. To Dr. Stephen Hampe, thank you for your thoughts, challenging feedback, and confidence in me. To Dr. Kathrine Dardeck, a former faculty member, you taught me that ethics and integrity in the field is most the valuable traits to possess. I will strive to attain this and keep your words close to my heart as I move forward. To Dr. David Sabine, my internship supervisor, you demonstrated excellence as a clinician daily, and I observed and learned from you. I strive to become a clinician of excellence in the future and carry the profession forward with the same excellence you present.

I want to thank all the faculty of Walden University through the years for their support, encouragement, and promotion of my goals.

Table of Contents

List of Tables iv

Chapter 1: Introduction to the Study 1

Background 3

Problem Statement 5

Purpose of the Study 6

Research Question s and Hypotheses 7

Framework 8

Nature of the Study 9

Definitions 9

Assumptions 10

Scope and Delimitations 11

Limitations 11

Significance 11

Summary 12

Chapter 2: Literature Review 14

Introduction 14

Literature Search Strategy 15

Theoretical Foundation 16

Ostrom's ABC Model of Attitudes 17

Tripartite Model of Multicultural Competence 21

Attitudes Toward the Integration of R/S in Psychotherapy 26

Summary and Conclusions 34
Chapter 3: Research Method 37
Introduction 37
Research Design and Rationale 37
Methodology 39
Population 39
Sampling and Sampling Procedures 39
Procedures for Recruitment, Participation, and Data Collection 40
Instrumentation and Operationalization of Constructs 41
Data Analysis Plan 43
Threats to Validity 45
Ethical Procedures 46
Summary 47
Chapter 4: Results 48
Introduction 48
Data Collection 49
Timeframe, Response Rates, and Discrepancies 49
Demographic Characteristics of the Sample 50
Representativeness of the Sample 50
Basic Univariate Analyses 51
Results 51
Hypothesis 1: Predictors of Self-Efficacy 53

Hypothesis 2: Predictors of Attitudes 54
Training on R/S 55
Summary and Conclusion 57
Chapter 5: Discussion, Conclusion and Recommendations 58
Introduction 58
Interpretation of Findings 58
Predictors of Self-Efficacy and Attitudes 59
Nonsignificant Variables in the Prediction of Self-Efficacy and Attitudes
Toward R/S Integration 62
Addressing Religious and Spiritual Issues in Graduate Psychology
Training 65
The Tripartite Multicultural Competence and ABC Models as Explanatory
Frameworks for Understanding R/S Integration 66
Limitations of the Study 68
Recommendations 69
Implications 71
Clinical Practice 71
Social Change 72
Conclusion 73
References 76
Appendix A: Sociodemographic Survey 84

List of Tables

Table 1. Bivariate Correlations Among Variables 52

Table 2. Multiple Regression Analysis Summary for the Prediction of Self-Efficacy in R/S Integration 54

Table 3. Multiple Regression Analysis Summary for the Prediction of Attitudes Toward R/S Integration 55

Chapter 1: Introduction to the Study

Clients come to therapy with a great diversity of demographic, social, and cultural influences such as age, gender, migration status, ability/disability, race and ethnicity, religious and spiritual orientation, and sexual orientation (Hays, 2008). These social identities are likely to influence clients' beliefs, values, and behavioral expectations. Therapists also come into the therapeutic milieu with a host of different social and cultural influences. It is to be expected that these social and cultural influences that both client and therapist bring into the therapeutic encounter will influence how they perceived and make sense of one another. According to Pedersen (2002),

> All behaviors are learned and displayed within cultural contexts. Within their particular cultural contexts, behaviors can be measured more accurately, personal identity can be more clearly defined, the consequences of problems are better understood, and counseling interviews become more meaningful. (p. 3)

Among the relevant aspects of cultural diversity, religion and spirituality (R/S) are particularly relevant when considering their influence on clients' values and beliefs. Nevertheless, until recently, R/S have not been openly welcomed as relevant aspects of the training of psychologists. Worthington et al. (2011), for example, noted that for most of the 1950s and 1960s, the practice of psychotherapy was influenced by the value free psychodynamic and value neutral phenomenological perspectives. It was not until the 1970s when pressured from clients as well as the advancement of cognitive and elective psychotherapies that professional organizations started to open up to the influence of R/S.

Notwithstanding progress in the understanding of the role that R/S play in the lives of clients, the inclusion of R/S in psychotherapy has been rather slow and still faces considerable resistance by many therapists. Although attitudes toward the integration of R/S have improved over the years, psychologists have been less clear on how to implement this at the graduate training level. On the one hand, clients have indicated a desire to discuss R/S in therapy (Terepeka & Hatfield, 2020). However, there are still a significant number of psychologists who are less positive about the integration of R/S in therapy (Oxhandler & Parrish, 2017). R/S integration has been suggested as a key aspect of psychological competence and plays a significant role in improving the mental health of clients (Oxhandler & Parrish, 2017; Terepeka & Hatfield, 2020). It is for this reason that an examination of the factors that predict positive attitudes toward R/S integration in therapy was a relevant topic of study. Therefore, the purpose of this dissertation was to assess what factors predict positive attitudes towards the integration of R/S in therapy. More specifically, I used a quantitative cross-sectional, correlational survey design to evaluate if R/S beliefs, years of training, and personal values predict positive attitudes towards R/S integration.

The present study can foster social change through increasing R/S awareness and building skills. The application of the predictive factors can strengthen a practitioner's education as a professional. Likewise, the predictive factors can be applied to solving therapeutic problems. Furthermore, R/S integration can increase social change consciousness through competencies skills and knowledge development.

This chapter provides a general overview for the study. I begin by providing a synopsis of relevant literature on predictive factors contributing to attitudes in R/S integration. The problem statement section addresses the limitations of the literature and highlights the existing gap in knowledge on R/S integration in the training of clinical psychologists. Based on the identified research gap, the study's purpose, research questions, and hypotheses are described. Following, the theoretical framework section provides an overview of the attitude component model and tripartite model of multicultural competence. The final sections of this chapter address the nature of the study, definitions, study's assumptions, scope and delimitations, limitations, and the significance for this study.

Background

The literature has underscored the relevance of integrating R/S in psychotherapy. The active inclusion of R/S in therapeutic conversations has been associated with positive treatment outcomes (Hogg & Cooper, 2014). Many patients prefer a religious and spiritual approach to psychotherapy and advocate for the inclusion of prayer, meditation, and meaning of life exploration as part of their treatment plans (Rosmarin et al., 2013). In addition, a positive relationship has been found between client's attitudes towards R/S integration and treatment outcomes (Cummings et al., 2014). Also, therapists' attitudes towards R/S integration have been positively associated with their R/S belief system (Cummings et al., 2014). Furthermore, several behaviors that have been associated to the therapists such as attending religious services, praying, and religious affiliation have contributed toward positive clients' treatment outcomes (Oxhandler & Parrish, 2014).

Notwithstanding studies that have identified the relevance of R/S integration in therapy, there has been inconsistency in the adoption of such practice. Addressing R/S in therapy may generate discomfort, negative thoughts, or conflict with the belief system of some practitioners (Sperry, 2016). Researchers have suggested that 49.3% of psychologists never or rarely discuss R/S in therapy if it conflicts with their personal belief system (Terepeka & Hatfield, 2020). Likewise, psychologists have been found to be less open about R/S integration when compared with other helping professionals, such as social workers (Oxhandler & Parrish, 2014). A clinician's personal R/S beliefs are predictive of R/S integration in therapy (Oxhandler & Parrish, 2014).

There are few studies addressing R/S integration in the training of psychology graduate students. Crook-Lyon et al. (2012) explored the relevance of R/S integration and its relationship with multicultural training. R/S integration has been suggested as a core aspect of multicultural training and practice (Crook-Lyon et al., 2012).

Overall, researchers have suggested a positive correlation between attitude and the integration of R/S in practice. Patients have expressed openness about discussing R/S in therapy and the belief of a positive connection between improving their mental health and discussing the religious and/or spiritual beliefs. Notwithstanding the interest of many clients in discussing R/S topics in therapy, therapists' attitudes toward such conversations are mixed. Some therapists are weary about the integration of R/S in therapy, thus preventing them from discussing these topics even those brought forth by their clients. A logical place to start working on therapists' attitudes about R/S integration is their graduate training. However, few studies have addressed this issue. Graduate students

require significant training and practice to ensure that R/S is addressed appropriately in practice with clients. Nevertheless, the literature has not consistently identified variables that predict positive attitudes toward R/S integration among psychology graduate students. Thus, more research is needed in this area.

Problem Statement

The value of integrating R/S in therapeutic interventions has been advocated by mental health professionals and researchers (Terepeka & Hatfield, 2020). Ethical and multicultural guidelines have strongly encouraged psychologists to respect a client's religious and spiritual beliefs and become competent in addressing these issues in therapy (American Psychological Association [APA], 2014, Standard E. & APA, 2017, Standard 2.0). Although how to specifically integrate R/S in therapy is debatable, it appears clear that the effectiveness of R/S integration in therapy depends on the therapists' attitudes and competence (Terepeka & Hatfield, 2020). Many clients have a growing interest in discussing R/S in therapy, and, thus, a clinical psychologist's attitude towards R/S integration is likely to be an important factor in supporting the client's wellbeing. Notwithstanding the relevance of R/S integration in psychotherapy, there has been very little research on how this topic is addressed in the training, teaching, and supervision of clinical psychology students. Shafer et al. (2011), for example, found that at best, clinical psychology programs are inconsistent in addressing R/S in the training of their graduate students. The literature has not identified which factors contribute to positive attitudes toward RS integration among clinical psychology graduate students. In order to address that gap, I assessed if religious and spiritual beliefs, gender, years of training, and

personal values predict positive attitudes towards the integration of religion and spiritual issues in therapy.

The relevance of identifying factors predicting positive attitudes towards R/S issues in clinical psychological interventions cannot be overstated. Therapists' openness in discussing and affirming clients' personal R/S beliefs conveys clinical and multicultural competence and the acceptance of the client's worldviews (Scruton, 2014). Saunders et al. (2014), for example, found that students who have no personal R/S beliefs tend to report lower adherence to addressing R/S in therapy. Over one-third of psychologists reports being uncomfortable in addressing R/S in therapy, with a lack of appropriate and proficient training likely at the root of this issue (Rosmarin et al., 2013). The lack of proficient training, awareness of own religious beliefs, and negative attitudes toward religion are likely to present barriers towards successful R/S integration in therapy. Thus, the overall justification for investigating potential factors predicting positive attitudes towards the integration for R/S in therapy was to further the clinical and cultural competence of psychologists.

Purpose of the Study

The purpose of this study was to examine factors that predict positive attitudes towards the integration of R/S in therapy among clinical psychology graduate students. More specifically, I evaluated if religious and spiritual beliefs, gender, years of training, and personal values predict positive attitudes towards R/S integration. The object of this dissertation was unique because the aforementioned factors had not been assessed as

related to R/S integration. Findings are likely to contribute to our understanding of R/S competence in psychotherapy.

Research Question s and Hypotheses

Research Question (RQ)1: How much training on R/S in psychology do participants report?

The first RQ was descriptive, thus no specific hypotheses are stated.

RQ2: Do religious and spiritual beliefs, gender, years of training, and personal values predict positive attitudes towards the integration of religious and spiritual issues in therapy?

$H_0$2: Religious and spiritual beliefs, gender, years of training, and personal values do not predict positive attitudes towards the integration of religious and spiritual issues in therapy among clinical psychology graduate students.

$H_1$2: Religious and spiritual beliefs, gender, years of training, and personal values (traditionalism, benevolence, and universalism) predict positive attitudes towards the integration of religious and spiritual issues in therapy among clinical psychology graduate students. More specifically, being more religious and spiritual, being a woman, having more years in training, and having higher traditionalism, benevolence, and universalism will predict positive R/S integration.

RQ3: Do religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values predict self-efficacy at integrating religious and spiritual issues in therapy?

H_o3: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values do not predict self-efficacy at integrating religious and spiritual issues in therapy.

H_13: Religious and spiritual beliefs, gender, years in program, R/S in psychology training, and personal values (traditionalism, benevolence, and universalism) predict self-efficacy at integrating religious and spiritual issues in therapy among clinical psychology graduate students. More specifically, the students are developing self-efficacy to integrating R/S therapy, and it is preferred.

Framework

Two theoretical frameworks were applied in this dissertation. The first is Ostram's (1969) attitude component model, also known as the ABC model of attitude. The model addressed the essential RQ of this study, which was predicting positive attitudes. The ABC model of attitude plays a crucial role in understanding three major components of attitude: affect (feelings), behavior (action), and cognition (belief). Attitudes are considered to be good predictors of behavior. The more consistent a person's attitude is, the more likely it will predict their behaviors (Eagly & Chaiken, 1993).

The second framework was the tripartite model of multicultural competence (Sue et al., 1998), which includes three dimensions: awareness, knowledge, and skills. The first dimension refers to the awareness of the therapist's cultural beliefs and attitudes through the assessment of their biases, stereotypes, and cultural assumptions (Constantine et al., 2008). The second dimension involves the knowledge of a client's social and

cultural history and of their current experiences within relevant diverse groups (Constantine et al., 2008). Finally, the third dimension includes the skills that are needed by the therapists to work with diverse clients, which includes general knowledge about diverse groups, religious affiliations, and developing a working alliance with the client (Constantine et al., 2008). The tripartite model of multicultural competence was adapted to focus on the spiritual and religious domain.

Nature of the Study

In this study, I used a quantitative, cross-sectional, correlational survey design to evaluate potential predictors of positive attitudes towards the integration of R/S in therapy. Religious and spiritual beliefs, gender, years of training, and personal values were the predictor variables. Attitudes towards R/S integration were the criterion variable.

Definitions

This section defines the key variables of the study.

Attitudes: The attitude of an individual is understood be their intended reaction, negative or positive towards behavior, objects, a person, institution, or event (Ajzen, 1993).

Belief: Belief is a person’s strong acceptance of truth based on knowledge rather than opinion. That is their trustworthy assertion that something or someone does exist (Ajzen, 1993).

Gender: The term gender is defined as the socially constructed description characteristics of men and women (World Health Organization, n.d.). For the purpose of this study, I used the participants identity at birth.

Integration: Integration is defined as the process of moving beyond a singular course of therapy and introducing additional perspectives and approaches into the therapeutic process (Rosmarin et al., 2013).

Religion: Religion is defined as a belief system of a community that encourages worship, communication, and acknowledgment of a divine and sacred God (Oxhandler & Parrish, 2017).

Spirituality: Spirituality is understood as the search for understanding the meaning behind life, the discovering of answers to questions about life, and an acknowledgement that the sacred or transcendent does exist but not necessarily developing religious rituals (Oxhandler & Parrish, 2017).

Personal values: Values have been defined as the desired goals that can motivate one's action that promote the standards an individual choses at the time they face a situation, object, or event (Schwartz, 2001).

Assumptions

The present study rested upon several assumptions. I assumed that the variables under investigation were measurable. Moreover, I assumed that the instruments being used were valid and reliable to measure the variables. Likewise, the methodology was appropriate to address the problem and the purpose of this study. I believed that enough prospective participants were approached and that the sample size was sufficient for the

analysis to find significance in the relationship or differences in the population studied. Subsequently, I presupposed that the results obtained would be generalizable to the target population. Finally, it was assumed that the data results would be relevant to the field of psychology.

Scope and Delimitations

The study covered factors that predict positive attitudes towards R/S integration in therapy. I limited the predictive variables to religious and spiritual beliefs, gender, years of training, and personal values. The study was delimited by the target population, which are students in the masters and doctoral clinical psychology program of any age group. Psychology students from other programs were excluded from the sample. The study's findings contribute to the area of religious and spiritual competence and attitudes.

Limitations

In this study, I used a correlation survey design. Correlation designs test hypotheses on the relationships between predictor and outcome variables (Creswell & Creswell, 2018). However, a limitation of correlational research design is its inability to test causal relationships among variables (Cox, 2017). The study also relied on self-report. A noted limitation of self-report measures is that participants may alter responses to present themselves favorably. This is commonly referred to as social desirability bias (Cox, 2017).

Significance

The literature on factors contributing to positive attitudes toward R/S integration among clinical psychology graduate students is scant. Thus, the significance of this study

lies in directly evaluating several factors as possible predictors of R/S integration among graduate students. The results of this study provide relevant information to clinical psychology programs on how to foster positive attitudes towards the integration of R/S in therapy. That is, the study's practical relevance is associated to the training of future practitioners as well as contributing insights on the development of R/S clinical competencies. Addressing R/S therapy has been hypothesized to contribute to therapeutic effectiveness in the areas of diagnosis, context, prognosis, intervention, and therapeutic alliance (Ardito & Rabellino, 2011) The identification of factors that predict positive attitudes toward R/S integration also has the potential of effecting social change. Results of this study are likely to influence the training of clinical psychology graduate programs on the value of R/S integration and thus improve individual, group, and social interventions with clients and communities.

Summary

in this study, I explored whether students' attitudes towards integrating R/S in therapy were positive. Findings have indicated that R/S integration in therapy can encourage positive treatment outcomes (Oxhandler & Parrish, 2014). Therapy outcomes are stronger when therapists have a belief system. However, other studies have suggested that psychologists never or rarely discuss R/S in therapy because it may conflict with their own belief system (Terepeka & Hatfield, 2020). An area of concern is the lack of training students receive from university programs that may exclude R/S discussions (Hathaway, 2013). The purpose of this study was to examine what predicts positive attitudes, and I explored if religion and spiritual beliefs, years of training, and personal

values predict positive attitudes towards the integration of R/S in therapy. Ostram's ABC model of attitude and the tripartite model of multicultural competence were used as frameworks to understand the variables and how they predict positive attitudes towards R/S integration. This study contributes to social change by addressing the attitudes of R/S integration in therapy and the relevance of training future practitioners. The integrating of R/S in therapy is debatable, and therapists' attitudes and competence is an area that I explore in depth in Chapter 2.

Chapter 2: Literature Review

Introduction

Mental health professionals and researchers have advocated for the integration of R/S in therapeutic interventions (Terepeka & Hatfield, 2020). However, the literature is less clear on how to specifically integrate R/S in therapy. It appears clear that the effectiveness of R/S integration in therapy depends on the therapists' attitudes and competence (Terepeka & Hatfield, 2020). Many clients have a growing interest in discussing R/S in therapy, and, thus, clinical psychologists' attitudes towards R/S integration are likely to be an important factor in supporting the client's wellbeing. Notwithstanding the relevance of R/S integration in psychotherapy, there is very little research on how this topic is addressed in the training, teaching, and supervision of clinical psychology students. The literature has not identified which factors contribute to positive attitudes toward R/S integration among clinical psychology graduate students. To address that gap, I assessed if religious and spiritual beliefs, gender, years of training, and personal values predict positive attitudes towards the integration of religion and spiritual issues in therapy. The purpose of this study was to examine factors that predict positive attitudes towards the integration of R/S in therapy among clinical psychology graduate students. More specifically, I evaluated if religious and spiritual beliefs, gender, years of training, and personal values predicted positive attitudes towards R/S integration.

The relevance of identifying factors predicting positive attitudes towards addressing R/S issues in clinical psychological interventions cannot be overstated. Therapists' openness in discussing and affirming clients' personal R/S beliefs conveys

clinical and multicultural competence and the acceptance of the client's worldviews (Scruton, 2014). Saunders et al. (2014), for example, found that students who have no personal R/S beliefs tend to report lower adherence to addressing R/S in therapy. Over one-third of psychologist's report being uncomfortable in addressing R/S in therapy, with a lack of appropriate and proficient training likely at the root of this issue (Rosmarin et al., 2013). The lack of proficient training, awareness of own religious beliefs, and negative attitudes toward religion are likely to present barriers towards successful R/S integration in therapy. Thus, the overall justification for investigating potential factors predicting positive attitudes towards the integration of R/S in therapy was to further the clinical and cultural competence of psychologists.

This chapter begins with a description of the literature search strategy. I also discuss religious and spiritual integration in therapy, positive attitudes, and clinical competence to address R/S therapy. I evaluated if the independent variables (religious and spiritual beliefs, gender, years of training, and personal values) predict the dependent variable (positive attitudes) towards the integration of R/S issues in therapy, which could possibly give a better understanding of how positive attitudes towards the integration of R/S in therapy can be fostered.

Literature Search Strategy

The literature search was conducted primarily using Walden University's online library databases, SAGE Journals, PsychArticles, PsychINFO, SocIndex, and Thoreau multidatabases). Further research articles for this literature review were located in Google Scholar, EBSCO, and Elsevier search engines.

The key searched terms for literature related to R/S in psychology, integration of R/S in therapy, attitudes towards integrating R/S in therapy, attitudes of graduate students, and religious competence. Although the main focus was on peer-reviewed journal articles, book chapters and dissertations were also included. Date parameters for the search were set from the year 1969 to the present. However, manuscripts within the past 10 years were prioritized. The sources searched were past and current peer-reviewed literature and books referencing religion, spirituality, psychology, integration, attitudes, beliefs, and competence. Instruments associated with these terms were also included in the search.

Key terms used were *integration of religion and spirituality* (20), *attitude* (16), *competence* (15), *Ostram's ABC model of attitude* (9), and *tripartite model of multicultural competence* (10). Overall, few empirical works were found using these criteria, which pointed to the lack of research on the topic. Although the general topic of R/S in psychology has generated a lot of interest, most of the literature has been theoretical and exploratory in nature.

Theoretical Foundation

The ABC model of attitude and the tripartite model of multicultural competence were used as the theoretical foundation of this study. In this section, the origin of these theories as well as their major propositions are described. A research-based analysis of how these theories have been used in similar studies is provided. Finally, I identify and discuss a rationale for the relevance of these theories for the hypotheses of this study.

Ostrom's ABC Model of Attitudes

The ABC model of attitudes originated from Ostrom's 1969 article on the relationship between the affective, cognitive, and behavioral aspects of attitudes. Ostrom was not the first scholar to assume attitudes had affective, cognitive, and behavioral components. However, he was able to empirically support such a hypothesis by using the multitrait multimethod approach (see Campbell & Fiske, 1959) and finding a high correlation between these three factors.

The ABC model of attitude plays a crucial role in understanding three major components of attitude: affect (feelings), behavior (action), and cognition (belief). Attitudes are considered to be adequate predictors of behavior. The more consistent a person's attitude is, the more likely it will predict their behaviors (Eagly & Chaiken, 1993). Ostrom expanded on his thoughts on attitude as being learned and that a person is predisposed to respond to an object or idea (as cited in McSporran & Cho, 2017). Moreover, Allport first stated that attitude is an indispensable concept in the field of social psychology, and he defined attitude as a response to the world we live in (as cited in Ajzen, 1993). However, Ostrom provided a more understandable approach to attitude, it being a person's positive or negative evaluation of an object or class of objects (as cited in Ajzen, 1993). Ostrom believed that attitude can be evaluated by using measurement instruments such as the Likert and Thurstone scales (as cited in Ajzen, 1993). Essentially, an assessment would begin by evaluating the relationship between affective and cognitive functions of attitude, which in turn would predict the behavior outcome of an attitude (Ajzen, 1993). Attitude is believed to be a hypothetical construct and can only be inferred

through measurable reactions based on reactions to an object (Ajzen, 1993). Therefore, Ostrom noted that the three components, affective, cognitive, and behavior, vary, and evaluation of them may differ (as cited in Ajzen, 1993). More specifically, the more a person favors an object, the more positive their reaction would be and vice versa for a negative reaction (Bizer et al., 2003), thus allowing evaluation on measurement scales to be calculated.

The major propositions of this model arose from Ostrom's expansion of thoughts towards attitude based on Allport's 1935 discussion (as cited in Ajzen, 1993). Ostrom explained that the affective component is an attitude of emotions, feelings, and mood reactions (as cited in Bizer et al., 2003). The affective component is an attitude reaction based on past or current emotional reactions to an object (Bizer et al., 2003). Moreover, the affective reaction is based on what responses may have occurred previously, and these responses can change (Bizer et al., 2003). Essentially, this contributes to Ostrom's evaluation that reactions can be negative or positive or even weak or strong towards an object (as cited in Bizer et al., 2003). The cognitive component is an attribute-based on characteristics, quality, trait, or value associated with the object, that is, thoughts and beliefs (Bizer et al., 2003). The reaction to an object is understood as an evaluation of a person's attribute towards the object (Bizer et al., 2003). That is, the likelihood that a person perceives the object as being good or bad (Bizer et al., 2003). Therefore, a person's attitude towards the object can contribute to the value they associate with the object or the extent of the quality attribute a person assigns to the object (Bizer et al., 2003). The behavioral component is evaluated through past behaviors one may have had

with an object and intended behaviors one may want to have with an object (Bizer et al., 2003). Behaviors can be compelled intent like a desire to react based on external forces such as society's attitude because memory lacks experiences (Bizer et al., 2003). However, Ostrom believed that the externally forced reaction must be seen as voluntary and not forced (as cited in Bizer et al., 2003). Thus, the assumption is that attitude is constructed through the interplay of affective and cognitive, leading to behaviors that are inferred through society's environment (Bizer et al., 2003).

Ostrom’s attitude component model has received great interest in the field of psychological research. However, there has been minimal use of the model in addressing the topic of R/S despite Ostrom’s original 1969 study, which addressed the following question: What is the attitude of graduate students towards the Christian church? Ostrom (1969) applied his ABC model with the purpose of evaluating the reliability of the model by assessing student’s attitudes towards the church. As previously noted, Ostrom believed that attitude was a predisposition that required evaluation through the use of measurement scales. Therefore, he measured his RQ using equal-appearing intervals, scalogram analysis, summated ratings, and self-rating (Ostrom, 1969). Ostrom’s main objective was to establish consistency in using his 3-part component model. The findings of this study reflected that a large number of students omitted the question regarding hours spent attending church monthly. Findings further indicated that students were more affiliated to church based on their upbringing and culture during their childhood. Likewise, students’ beliefs are based on family and friends’ adopted stances and finally,

students' attitudes towards church were found to be homogenous and consistent between the three components (Ostrom, 1969).

Kristensen et al.'s (2001) study on profiling religious maturity noted that the ABC model is fundamental in understanding attitude and that the question of religious maturity could be answered based on this model. Kristensen et al. briefly mentioned Ostrom's (1969) study as an influencing theory to their study, which applied Allport's initial model on attitude. In addition, Bagozzi and Burnkrant (1979) conducted a consumer research study applying the ABC model to measure attitude and the relationship of behavior change. The researchers evaluated the responses of 125 undergraduate students who answered a self-reporting questionnaire about their attitudes and behaviors (Bagozzi & Burnkrant, 1979). After measuring each hypothesis through the five attitude scales (i.e., Guilford self-report, semantic differential, Guttman, Likert L, and Thurstone T scales) the results firstly confirmed the validity of the attitude component model in assessing consumer attitudes (Bagozzi & Burnkrant, 1979). Secondly, the cognitive-affective relationship can be supported through self-reporting and behavioral intention samples (Bagozzi & Burnkrant, 1979).

Finally, despite all three components accounting for behavioral change, the affective component is more likely to influence behavior change (Bagozzi & Burnkrant, 1979). Chi et al. (2018) conducted a study assessing the perspectives of teenagers towards data privacy of their personal information when using social media using the ABC model. Chi et al. conducted a qualitative interview process and transcribed the responses to their RQ: What are teen's affective, behavioral, and cognitive states towards

digital data in their daily lives? The findings of this study indicated that attitude is more affected by behavior, and positive affective states result in positive behavioral states (Chi et al., 2018). Chi et al. found validity in applying the ABC model to their study, but they were limited by their sample size. Nonetheless, the researchers believed that the ABC model can be used to evaluate attitude (Chi et al., 2018). Although the ABC model of attitudes has not been used in a great number of research studies, the model has been referred to in literature reviews and historical backgrounds of attitude models. Psychological research has applied the lens of the affective, behavioral, and cognitive components to better understand attitude, and the ABC model has been well documented.

A key rationale for choosing this model lies in connecting affect, behavior, and cognition to a student's attitude towards integrating R/S in therapy. Eagly and Chaiken (1993) explained that behavior can be predicted by the consistency in a person's attitude. Behaviors encourage changes towards likes and dislikes (Brinol et al., 2011). Likewise, if a client's attitude is a desire to discuss religion but a therapist's behavior is avoidance, this can affect the client's attitude towards therapy (Brinol et al., 2011). Therefore, the ABC model can advance the understanding of how the RQs in this study build upon the concept of attitude amongst students towards integrating R/S in therapy.

Tripartite Model of Multicultural Competence

Sue et al. developed the tripartite model of multicultural competence in 1998. The tripartite model of multicultural competence includes three dimensions: awareness, knowledge, and skills. The first dimension refers to the awareness of the therapist's cultural beliefs and attitudes through the assessment of their biases, stereotypes, and

cultural assumptions (Constantine et al., 2008). The second dimension involves the knowledge of a client's social and cultural history and their current experiences within relevant diverse groups (Constantine et al., 2008). Finally, the third dimension includes the skills that are needed by the therapists to work with diverse clients, which includes general knowledge about diverse groups, religious affiliations, and developing a working alliance with the client (Constantine et al., 2008). The tripartite model of multicultural competence was adapted to focus on the spiritual and religious domains.

The major propositions of the tripartite model of multicultural competence begin with Sue et al. (1989) providing relevant awareness to educational institutes that there is a need to address cultural competence at a graduate level. Students need to develop their skills by using their knowledge when working with minorities (Sue et al., 1989). Also, students need to develop their skills to modify the negatives effects felt by minorities through political, social, and economic problems (Sue et al., 1989). Moreover, social needs and problems must be included in graduate curriculums, and this can stimulate the student's cultural awareness of minority groups and the problems they face, socially, economically, and educationally (Sue et al., 1989). Sue et al. found that students' awareness levels must not only be cognitive but also enable emotional awareness. That is, a student must understand the feelings of a client from a minority group who is experiencing low self-esteem, poor self-concept, and feelings of powerlessness to change their current struggles (Sue et al., 1989). In addition, students need to have a balanced curriculum that motivates the positive strengths of minority groups, and this can

contribute to the beliefs, attitudes, knowledge, and skills a psychologist must have to become a culturally competent clinician (Sue et al., 1989).

The three dimensions, awareness, knowledge, and skills, that predict a culturally competent psychologist is discussed by Sue et al. (1989) when the authors provided guidelines addressing each dimension that culturally competent psychologists should possess. The guidelines begin by addressing the characteristics of culturally skilled psychologists and their beliefs and attitudes (Sue et al., 1989). A psychologist who is unaware culturally begins by becoming aware and sensitive to their own cultural heritage, and this will enable the psychologist to respect the differences of their clients (Sue et al., 1989). Moreover, once a psychologist becomes sensitive to cultural heritages, they will become comfortable with the differences of cultural heritage that exists between the client and psychologist (Sue et al., 1989). Also included in the characteristics of a culturally skilled psychologists is knowledge, as a psychologist needs to have sociopolitical knowledge about the United States and its treatment of minorities (Sue et al., 1989). Likewise, a knowledgeable psychologist is aware of barriers that may be institutional that prevents minorities from accessing mental health services (Sue et al., 1989). Furthermore, culturally skilled psychologists must obtain skills such as generating a variety of verbal and nonverbal responses (Sue et al., 1989). Finally, culturally skilled psychologists must develop skills that exercise institutional interventions that can best help a client (Sue et al., 1989).

Sue et al. (1989) Tripartite Model of Multicultural Competence is widely referred to in psychological studies, literature reviews, and the development of additional

competencies. The Tripartite Model of Multicultural Competence can be specifically applied to religious and spiritual studies and is referred to in the book multicultural psychology by Gordon Nagayama Hall (2018) who provided scholar-practitioners with guidelines to working with the R/S of ethnic minority groups. Hall (2018) applied the tripartite model to understanding the spirituality and religious approaches of the African American community, who may seek God and the church for guidance first before speaking to a psychologist. Therefore, being knowledgeable about Africa American's religious approaches is important by developing skills when working with minority groups (Hall, 2018).

Abell et al. (2015) conducted a study to assess the attitudes of students towards religious diversity and the implications to multicultural competencies. The researchers conducted a cross-sectional survey of social work students at a graduate level and the survey had a concentration on a student's competence level when working with the Muslim community (Abell et al., 2015). The survey included the cultural competencies outlined in the Tripartite model and the study's findings indicated that non-Christian students believe they are more open and accepting of the Muslim community and they feel more confident in their competence level when discussing R/S with clients. Moreover, the study's findings further indicated that White and Christian social work practitioners may find it more difficult to remain objective and face challenges when working with the Muslim community (Abell et al., 2015). Jones et al. (2016) conducted a study addressing multicultural competence training by assessing the interventions used by student clinicians in consultation. Jones et al. (2016) noted that clinician's beliefs, values,

morals, and attitudes towards groups, disabilities, and successes or failures play a great role in cultural competence when working with minority populations. The researchers did not concentrate on the tripartite model in their study, but they referred to Sue et al., (1989) cultural competence and explained that the model helps in building multicultural competent clinicians (Jones et al., 2016). The researcher's method was interesting as the researchers recruited eight graduate students to be part of a pilot intervention study all of which were people of color who were recruited through advertisements and randomly selected, however, the researchers did note that they did not sort out to select students of color and were surprised by the selection (Jones et al., 2016). The method of study employed was that students used cognitive behavioral therapy as their focus treatment approach and their clients were from minority groups (Jones et al., 2016) Being student clinicians of color, the assumption was that the students would be competent with multicultural intervention (Jones et al., 2016). The study's findings indicated that although the students were people of color they were not attuned to the client's cultural dynamics, they lacked multicultural competence but after one year of training, intervention skills and competence improved (Jones et al., 2016).

The rationale for applying the tripartite model of multicultural competence in this study is to advance our understanding of how to integrate multicultural sensitivity to the topic of R/S in therapy. Therapists must learn about multiculturalism and be aware of their own beliefs, cultural values, and privilege (Jones et al., 2016). Therefore, this model strengthens my RQs by outlining the core concepts therapists must address to ensure their

worldviews, beliefs, and judgments do not affect the client's treatment process (Jones et al., 2016).

Attitudes Toward the Integration of R/S in Psychotherapy

Attitudes have been defined as the mental representations of what a person may like or dislike (Hogg & Copper, 2014). In the context of integrating R/S in therapy, positive attitudes assume a favorable evaluation towards actively addressing issues of R/S in the therapeutic milieu. In this section, empirical studies addressing the attitudes of therapists towards integrating R/S in therapy are described and discussed.

Much of the early work on R/S integration in therapy was anecdotal and lacked empirical support. Therefore, there was a need for researchers to develop instruments to accurately measure this construct. The work by Oxhandler and Parrish (2014) has been key in achieving this goal. These authors have developed the religious/spirituality integrating practice scale (RSIPAS). The initial validation study evaluated the attitudes, self-efficacy, behaviors, and feasibility of integrating R/S in therapy with a sample of 470 social workers (Oxhandler & Parrish, 2014). The scale was designed to assess 14 attitude types, 6 feasibilities, 10 behaviors, and 13 self-efficacy traits (Oxhandler & Parrish, 2014). The study's findings supported the reliability and validity of RSIPAS, and the internal consistency of the model was noted as .95 (Oxhandler & Parrish, 2014). Moreover, the data analysis indicated that there was a significant correlation between practitioner's religiosity and spiritually based interventions (Oxhandler & Parrish, 2014). This demonstrated that factors such as participation in R/S services, religious affiliation, and involvement in personal R/S practices contributed positively towards R/S integration

in therapy. Secondly, the results further convey that attitudes' can be assessed with the RSIPAS scale and current findings suggest that social workers have positive attitudes towards the integration of R/S in therapy. The measurement of attitudes yielded that practitioners did address client's R/S beliefs in therapy which was consistent with the professional ethical codes of practice. Furthermore, the study's findings further indicated that there was a significant correlation between social workers' self-efficacy and attitudes towards the perceived feasibility of integration and R/S in therapy (Oxhandler & Parrish, 2014).

As follow up to their initial study, Oxhandler and Parrish (2017) researched the attitudes of five helping professions towards the integrating of R/S in clinical practice. The researchers studied four dependent variables: attitudes, self-efficacy, feasibility, and behaviors which were measured on the RSIPAS scale, and the control variables were age, intrinsic religiosity, gender and prior courses on R/S (Oxhandler & Parrish, 2017). Oxhandler and Parrish (2017) issued an online survey to 550 licensed psychologists, nurses, marriage, and family therapists (LMFT), licensed clinical social workers (LCSW), and professional counselors (LPC) across Texas. The researchers used the RSIPAS scale to measure the religious affiliation and the importance of R/S in the lives of the respondents (Oxhandler & Parrish, 2017). The study's findings indicated that the attitudes of the members of the five disciplines were positive towards the integration of R/S in therapy. Additional, findings indicted that practitioner's religiosity (i.e., affiliation and practices) predicted their use of R/S in therapy. Psychologists reported lower levels of religiosity as compared with LMFTs, and lower number of prior courses on R/S

integration as compared with LPCs, nurses, and LMFTs. Moreover, there was no correlation between psychologist's attitudes and self-efficacy towards integration and discussing religiosity in clinical practice (Oxhandler & Parrish, 2017).

Oxhandler (2017) conducted a quantitative study exploring the role R/S plays in the lives of licensed clinical social workers and their willingness to discuss R/S in therapy with a client. The study's findings indicated a positive correlation between the practitioner's spiritual participation in service attendance and their attitudes towards R/S in practice (Oxhandler, 2017). Likewise, religious affiliation played a role in practitioner's attitudes towards discussing R/S in therapy and the results demonstrated that practitioners who are Christian are more likely to discuss R/S in therapy than an Atheists/Agnostic practitioner. Oxhandler (2017) explains the Namaste theory as the idea that a practitioner can engage or become aware of a client's R/S needs if a practitioner becomes aware of their spiritual beliefs if they engage in a deepening understanding and become attuned to the sacred within themselves. This study's findings demonstrated significance to the proposed study, as personal religious affiliation, and service attendance contribute as predictors of positive attitude towards R/S integration in therapy.

The studies by Oxhandler and Parish (2014; 2017) included samples of practicing clinicians. Other research has addressed R/S integration among graduate students. For example, Chou and Bermender (2011) conducted a study researching the attitudes and beliefs of graduate students from universities in Texas toward appropriateness, preparedness, and the practice of addressing R/S in counseling. The study's main RQ explored respondent's attitudes/beliefs about the appropriateness of integrating R/S in

counseling. There was a total of 695 participants, 415 participants were from public universities and 280 participants were from private universities but there was an overall response rate of 14% (Chou & Bermender, 2011). The researchers developed a three-part survey addressing R/S in therapy and specifically obtaining data related to performing intakes, counseling, and discussing R/S in counseling with clients (Chou & Bermender, 2011). The study's overall finding indicated that students from both private and public university training programs are more accepting of addressing spirituality as compared with religion during intake and counseling sessions (Chou & Bermender, 2011). Students from private universities believe that they have received more adequate training to address R/S in therapy while, students from public universities report being less prepared to address R/S in therapy. This study's findings are like Oxhandler and Parrish (2017) indicating that personal R/S and beliefs are predictors of positive attitudes towards the integration of R/S in therapy and the lack of coursework preparedness is a predictor of competence in integrating R/S in therapy.

Anekstein et al (2018) examined the religious backgrounds of counselor education doctoral students and how their beliefs equip them for using R/S in therapy. The researchers used a qualitative methodology to explore the lived experiences of these students to better advance their knowledge on how students perceive R/S in their lives and training as counselor's education doctoral students (Anekstein et al., 2018). The participants were four female students from various religious backgrounds who provided insight into their R/S beliefs, attitudes, and identities to this study (Anekstein et al., 2018). The study used a Hermeneutic phenomenological research approach. The data

collection method entailed asking participants to use a reflective journal, photo-voice, music, and group process to better understand their R/S attitude and beliefs (Anekstein et al., 2018). The study's findings over a two-year data collection process revealed that R/S plays a vital role in their lives and R/S attitudes are positive towards discussing the topic in counseling with clients. Research demonstrated that regardless of their religious backgrounds, R/S attitudes, beliefs, and values were navigated through individual doctoral experiences, and congruence within their R/S practices, beliefs, and attitudes (Anekstein et al., 2018). The researchers noted that it is important to discuss student's R/S attitudes, beliefs, and values to ensure they are equipped to discuss R/S in counseling with clients (Anekstein et al., 2018). This qualitative study did not specifically address attitudes towards R/S integration, but it was an overall study of human spiritual connection versus disconnection and the findings indicated that the exploration of R/S has gained significance in counselor education and training.

Plumb (2011) conducted a descriptive study amongst 341 clinical counselors to assess their comfort level, understanding, and competence with integrating R/S in therapy. The author provided a survey measuring the personal religious and spiritual beliefs, and practices of these clinical counselors. Likewise, the survey included their educational backgrounds such as coursework inclusion of R/S and their perceived competence level in working with integrating R/S in therapy (Plumb, 2011). The author used the instrument developed by Prest et al. (1999) measuring the spiritual and religious attitudes and practices of graduate students in the marriage and family therapy (MFT) program (Plumb, 2011). The study's findings suggested the relevance of spiritual over

religious beliefs in participant's lives (Plumb, 2011). Fewer than half of the participants reported using R/S interventions in practice despite the results demonstrating that almost all participants agree with integrating R/S in therapy. Although the study provides relevant information on the comfort of clinicians in addressing spirituality and religion, its descriptive methodology limited its capability to identify predictors of attitudes towards R/S integration in therapy.

Rosmarin et al. (2013) examined the attitudes of practitioners who were members of the cognitive and behavioral therapies (CBT) association. Participants were provided with an online survey that assessed the general R/S involvement, intrinsic religious orientation, previous training, and attitudes towards the relevance of R/S integration in psychotherapy (Rosmarin et al., 2013). Results from the multiple regression analysis indicated that greater personal R/S involvement significantly predicted favorable attitudes towards R/S integration and mental health treatment (Rosmarin et al., 2013). The study's findings also indicated that previous training significantly predicts a clinician's attitude rather than personal R/S involvement in integrating R/S in therapy (Rosmarin et al., 2013).

Crook-Lyon et al. (2012) studied religious and spiritual diversity amongst psychology graduate students. The study addressed graduate student's attitudes, and beliefs towards the inclusion of R/S in multicultural training and practice. The researchers randomly selected 500 student-affiliates from the American College Counseling Association (ACCA) of which 216 participants returned their completed survey questionnaire which included a qualitative response section (Crook-Lyon et al.,

2012). The researchers applied multiple linear regression analyses to test "predictors of attitude towards the inclusion of R/S in counselor education" (Crook-Lyon et al., 2012, p. 11). The study's findings indicated that a personal religious commitment was not a predictor of attitude towards the inclusion of R/S in coursework. Most students indicated believing in the importance of discussing R/S with clients. Moreover, the findings further indicated that the topic of R/S as a multicultural issue in counselor education exerted minimal influence on participants positions towards integrating R/S in therapy. Crook-Lyon et al. (2012) found that endorsement for the inclusion of R/S in multiculturalism provides a "holistic view of an individual…and that R/S is the fabric that makes up the whole person" (p. 12). Key overall findings of this study included student's positive attitudes towards R/S despite having no or minimal personal R/S commitment. The authors advocated for integrating R/S as a multicultural issue.

Saunders et al. (2014) examined the perspectives of clinical and counseling psychology students in addressing R/S beliefs and practices in therapy. Students from clinical psychology doctoral programs and doctoral counseling programs ($n = 535$) respondent to an online survey assessing student's demographic information such as, gender, age, race, ethnicity, and relationship status along with personal spiritual and religious beliefs and practices (SRBP), general training in R/S and treatment experiences with clients. Moreover, participants responded to a Brief Religious Method of Coping Scale (RCOPE) and the religious participation scale which included questions on frequency of public religious service attendance and frequency of private prayer. Likewise, students responded to questions regarding R/S training. The study's findings

reported high levels of personal SRBP. Students with personal SRBP were found to place greater significance in R/S in therapy than students with no personal R/S belief system. The authors of the study indicated that 46% of students reported receiving training, 54.9% have taken a single course on R/S integration, and 68% indicated that they have taken several courses on R/S integration. There was a total of 146 respondents who indicated that they have no-training to address R/S in therapy, and 329 students indicated that they have had some discussion with supervisors during practicum and internship (Saunders et al., 2014). These authors key findings demonstrated that there is a lack of competence and training in addressing R/S in therapy, and that students who have personal R/S interest have a greater interest in receiving R/S training.

Park et al. (2018) investigated the relationship between the type of mental health graduate program and competence with addressing R/S in counseling. A survey was electronically emailed to 178 mental health graduate students from accredited counseling, psychology, or social work programs from both masters and doctoral levels of which 125 returned the completed survey (Park et al., 2018). The study's predictor variables were the type of mental health graduate program (counseling, psychology, and social work) while the criterion variables were the combined scores on the Spiritual and Religious Competency Assessment (SARCA) and Revised Spiritual Competency Scale-II (SCS-R-II). The study's findings indicated that students from social work, psychology, and counseling performed similarly on both scales, but counseling student's competency was much higher on the SARCA than the SCS-R-II (Park et al., 2018). A one-way between-subjects analysis of covariance (ANOVA) was conducted to examine the differences in

SARCA scores and institutional religious affiliations, and the results revealed significant difference between graduate institutions with religious affiliation and graduate institutions with no religious affiliation. The result indicated that students from institutions with religious affiliation reported higher levels of R/S competency, than students with no religious affiliation. Moreover, the results indicated that there was no significance found between the type of mental health program a student is in and their personal religious affiliation (Park et al., 2018). The study's overall findings indicated that progress has been made to address multiculturalism and spiritual integration at an educational level and psychology and counseling student did meet the score for competence (Park et al., 2018).

Summary and Conclusions

This chapter reviewed the literature on predictors of positive attitudes towards the integration of R/S in therapy among clinical psychology graduate students. Religious and spiritual beliefs, years of training, and personal values and practices were identified as predictors of positive attitude among graduate students. However, research findings are inconsistent and inconclusive. One of the major problems identified is the scarcity of studies directly evaluating factors which contribute to R/S integration. Most of the studies are descriptive. Another shortcoming of the literature is that findings are generally reported without any theoretical grounding. Although the ABC model of attitude and the tripartite model of multicultural competence were described in this chapter and their potential relevance to the study of R/S competencies highlighted, there has not been any

systematic attempt in the literature to associate such theoretical frameworks to the study of RS integration among graduate students.

The predictors of positive attitudes included student's religious affiliation, held beliefs about spirituality and religion, personal R/S practices and frequency of practices, lack of training in course work and lack of competence. The findings display inconsistencies because of the limited research on the topic of predictors of positive attitude towards the integration of R/S. Some of the studies found that students who had personal R/S were more likely to have positive attitudes towards the integration of R/S in therapy than students with no personal R/S affiliation or belief (i.e; Oxhandler & Parrish, 2014, 2016, 2017; Crook-Lyon et al., 2012; Saunders et al., 2014; Park et al, 2018). Students noted that their course work in multiculturalism did include R/S, but students in training received very little knowledge from these courses (Park et al., 2018; Rosmarin et al, 2013; Saunders et al., 2014). The lack of religious and spiritual competence evidenced by this review suggested the need for further research on how educational institutions address the development of graduate student's awareness, knowledge and skills on R/S issues in psychotherapy.

Most researchers have used various methodologies, and key variables to predict positive attitude and competence in graduate students. Most studies used quantitative survey methodology focusing on variables such as religion, spirituality, and demographics. Only two studies included a qualitative component to their methodology (i.e; Anesktein et al., 2018; Oxhandler, 2017). Overall, the review points out to an incipient line of inquiry with several conceptual and methodological shortcomings. There

is a need for further investigation. In Chapter 3, research design and methodology of the present study will be described.

Chapter 3: Research Method

Introduction

The purpose of this quantitative study was to examine factors that predict positive attitudes towards the integration of R/S in therapy among clinical psychology graduate students. A cross-sectional, correlational survey design was used to evaluate potential predictors of positive attitudes towards the integration of R/S in therapy. In this chapter, I discuss the research design and how it relates to the study's RQs. The sampling procedure is detailed, including the sample size calculation. The characteristics of prospective participants are described. Also, the recruitment procedures, relevant ethical issues, and the data collection are explained. Instruments used to measure each of the key variables of the study are identified and described. I further discuss reliability and validity of these instruments. The statistical tests used for testing the study's hypotheses are presented. Finally, I address the study's threats to validity.

Research Design and Rationale

This quantitative research study used a cross-sectional correlational survey design. I tested the hypothesis that religious and spiritual beliefs, gender, years of training, and personal values (independent variables) predict positive attitudes towards the integration of religious and spiritual issues in therapy (dependent variable) among clinical psychology graduate students. The predictor variables are referred to as variables that predict an outcome. The term predictor and independent variable can be used interchangeably in some studies as both are used to hypothesize outcomes in a study (Creswell & Creswell, 2017). However, independent variables are typically referred to

those used in experimental and quasi-experimental designs while predictors in correlational designs. For the purpose of this study, these terms were used interchangeably.

The cross-sectional correlational research design provides an appropriate method for evaluating the RQ as it assesses the relationship between two or more variables at a given time. In this study, I aimed at identifying if the dependent variable (positive attitude) could be predicted from the independent variables (R/S, gender, years of training and personal values). The correlational cross-sectional design provided a framework for assessing how several predictor variables associate with positive attitudes towards the integration of R/S in therapy. There are no constraints to resources based on this design. As detailed in the methodology section, this design is particularly useful in the context of an online data collection process, which is likely to facilitate meeting an adequate sample size. Although there were no specific time constraints based on the adopted research design, the cross-sectional aspect of the study assumed that data collection would take place in a relatively brief time frame (several months) to guard against social and political events that may have influenced participants' responses. A predominance of research on R/S Integration in therapy among graduate students has been descriptive. Thus, there is a need for correlational studies predicting R/S integration from multiple variables as proposed in this study within the cross-sectional survey design. In the next section, I provide a detailed description of the target population, sampling and recruitment procedures, instruments, and statistical analysis used or testing the hypotheses.

Methodology

Population

The target population was graduate students in clinical psychology doctoral programs in the United States. Michalski et al. (2019) assessed the acceptance rate of applicants to masters and doctoral level psychology programs for the 2016 & 2017 academic years. There are approximately 40,698 clinical psychology applicants in the United States, of which 5,221 are accepted (Michalski et al., 2019).

Sampling and Sampling Procedures

Sampling is the process by which prospective study participants are selected from the target population (Cozby & Bates, 2015). The most common used sampling procedures in quantitative research include simple random, stratified, cluster, and convenience sampling (Creswell & Creswell, 2018). Considering the methodology of this research, the most appropriate sampling procedure would have been simple random sampling because it provides each member of the target population an equal probability of being chosen (see Creswell & Creswell, 2018). Random sampling extracts a small portion of the total number of the clinical psychology student population to represent that data set (Creswell & Creswell, 2018). However, my ability to randomly sample the total population would have entailed contacting the hundreds of clinical psychology programs in the country, which would have been time consuming and would have taken a lot of resources. Therefore, a convenience sampling method was adopted. Two main sources were used: Walden University’s research pool and a web-based services which included Facebook and Texas APA.

Warner (2013) explained that statistical power is a researcher's probability of correctly rejecting the null hypothesis. The probability of rejecting the null hypothesis occurs if the alpha is set at .05, which is known as a Type I error (Warner, 2013). Statistical power is associated with the test's confidence level, validity, and accuracy (Pallant, 2016). The power analysis is influenced by the sample size, the effect size (i.e., potential strength of relationship between variables), and the alpha level set by the researcher (Pallant, 2016). To determine an accurate sample size, G*Power 3.1 was used. G*Power 3.1 is a software program that calculates general power analysis and assists a researcher in determining population sample size (Faul et al., 1992). The following parameters were entered a lineal multiple regression analysis: effect size of .15, statistical power of .95, .05 alpha, and four predictors. G*Power calculated a minimum sample size of 129 participants needed for the present study.

Procedures for Recruitment, Participation, and Data Collection

Participants for this research study were recruited via Walden University's research participant pool, Google form, and Survey Monkey. The requirement for participant recruitment was graduate students in a clinical psychology masters and doctoral programs. An electronic recruitment flyer was created to invite students to participate in the online survey. Participants did not receive compensation for completing the survey.

Before completing any of the research surveys, prospective participants were taken to an informed consent page that consisted of information on the study's purpose, potential risks and benefits, and confidentiality – in line with APA and Walden

University research standards. Prospective participants provided informed consent before answering the research survey. The timeframe for completing the survey was 25 to 35 minutes. Participation was voluntary. Consent was not conditional. Participants could withdraw at any time.

All instruments and sociodemographic data were accessed and completed through the same link. The survey remained open until 150 participants responded to the survey. This number provided flexibility in case of missing values or incomplete data from participants, thus allowing me to meet the calculated minimum sample size of 129. The data were entered into the IBM SPSS program for statistical data analysis.

Instrumentation and Operationalization of Constructs

A sociodemographic survey and four instruments were provided to participants to assess the study's variables. All instruments were completed in an online format. More specific information about each of the instruments is described below.

Sociodemographic Survey

Students were presented with the sociodemographic survey designed to assess their age, sex, educational level, nationality, years of experience in R/S integration, and R/S beliefs.

Religious and Spiritually Integrated Practice Assessment Scale (RSIPAS: Oxhandler & Parrish, 2014)

The RSIPAS was used to measure the attitudes of clinical psychology students towards the integration of R/S in therapy. Oxhandler and Parrish (2014) developed the measure to assess the attitudes, self-efficacy, perceived feasibility, and behaviors of

clinicians towards the integration R/S in therapy. The RSIPAS is comprised of 43 items measured on a 5-point Likert scale. A total of 14 items addressed positive attitudes towards integrating clients' R/S into practice, while 13 items focused on self-efficacy, six items related to perceived feasibility in engaging in R/S integrated practice, and 10 items probed behaviors related to integrating R/S in practice (Oxhandler & Parrish, 2014). For the purpose of this study, only full-scale scores were used. Full scale scores ranged from 43 to 215. Full scale internal reliability has been reported with a .95 Cronbach's alpha (Oxhandler & Parrish, 2014). A sample item is as follows: "It is essential to assess clients' religious/spiritual beliefs in practice?" (Oxhandler & Parrish, 2014).

The Index of Spiritual Experience (INSPIRIT: Jared Kass, 1991)

The INSPIRIT is a 7-item survey that measures an individual's spiritual attitudes and experiences (Kass, 1991). Items are measured on a 4-point rating scale. The full-scale score range is 7 to 28, with a higher score indicting a higher orientation towards spirituality (Kass, 1991). Cronbach's alpha reliability was reported at .90.

The Schwartz Portrait Values Questionnaire (PVQ: Schwartz, 2001)

The PVQ was used to measure participants' personal values. Schwartz (2003) conceptualized that an individual is influenced by their value priorities that are a result of that individual's unique experiences. The PVQ presents participants with short verbal portraits describing goals and aspirations of individuals. Following, respondents are asked, "How much like you is that person?" Participants are provided with a 6-point scale (*much like me, like me, somewhat like me, a little like me, not like me, not like me at all*). The PVQ includes 21 items assessing the following personal values (Cronbach's alpha

for each value in parenthesis): power (.65), security (.70), conformity (.63), tradition (.53), benevolence (.67), universalism (.62), self-direction (.45), stimulation (.72), hedonism (.76), and achievement (.76; Schwartz, 2003). Each value is assessed by 3 items; thus, internal reliability tends to be low as compared with other instruments.

The Spiritual and Religious Training Survey

This survey was a modification of the first two sections in Dobmeier and Reiner's (2010) Counselor Spirituality Training Survey. The eight items assess graduate students' training on spirituality and religion topics in psychotherapy. Section I examines the student's knowledge to spiritual and religious coursework, while Section II addresses the intern's exposure to spiritual topics in coursework. The first three items of Section 1 are scored as binary, 0 (no) or 1 (yes) response. Items 4 and 5 of Section 1 are not scored but used for descriptive purposes. Items in Section 2 ask participants to indicate whether they have received training on specific topics and formats associated with R/S. The first item of that section has 14 possible answers while for the second item, there are seven possible responses, each scored 0 for a negative response (e.g., did not receive training on that topic) and 1 for a positive response (i.e., received training on that topic). Score ranges from 0 to 33. Higher scores on the scale would indicate more training in spiritual and religious issues.

Data Analysis Plan

Data were entered and analyzed using SPSS v.28. In order to evaluate the study's hypotheses (see below), two standard lineal multiple regression analyses (MRA) were conducted. The first MRA assessed the prediction of attitudes toward R/S integration, and

the second one assessed the self-efficacy on R/S integration. In addition, descriptive statistics were run to address the first RQ. These descriptive statistics included means, standard deviations, and percentages corresponding to specific training experiences on R/S in psychology.

RQ1: How much training on R/S in psychology do participants report?

The first RQ was descriptive, and, thus, no specific hypotheses are stated.

RQ2: Do religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values predict positive attitudes towards the integration of religious and spiritual issues in therapy?

$H_0$2: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values (traditionalism, benevolence, and universalism) do not predict positive attitudes towards the integration of religious and spiritual issues in therapy among clinical psychology graduate students.

$H_1$2: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values predict positive attitudes towards the integration of religious and spiritual issues in therapy among clinical psychology graduate students. More specifically, being more religious and spiritual, being a woman, having more years in the program, more psychology training on R/S, and higher traditionalism, benevolence, and universalism predict positive R/S integration.

RQ3: Does religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values predict self-efficacy at integrating religious and spiritual issues in therapy?

$H_0$3: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values do not predict self-efficacy at integrating religious and spiritual issues in therapy.

$H_1$3: Religious and spiritual beliefs, gender, years in program, R/S in psychology training, and personal values (traditionalism, benevolence, and universalism) predict self-efficacy at integrating religious and spiritual issues in therapy among clinical psychology graduate students. More specifically students are developing self-efficacy to integrating R/S therapy, and it is preferred.

Threats to Validity

Validity is defined as the measure of how well a test measures what it measures (Warner, 2013). Also, for a test to be valid, the data results must be accurately applied and interpreted (Warner, 2013). Assessment of the threats of validity are determined by the use of either internal validity or external validity. Internal validity is understood to be the degree to which the results of a particular study are used to make casual inferences, and a possible threat to the internal validity increases when experimental control is not well-controlled and inference by extraneous variables occur (Warner, 2013). There could have been possible threats to internal validity if something I did in my study affected something I observed, but because I used convenient sampling, this was unlikely (see Warner, 2013). External validity is defined as the "degree to which the results of a study can be generalized to groups of people, settings or events" (Warner, 2013, p. 18). For this study, the most relevant was external validity. Possible threats to external validity are if the study is less related to real-world situations and created in a laboratory rather than

field-work experiments (Warner, 2013). A possible external threat to validity for this study was if the behavior of the participants changed because they knew that they were being studied (see Warner, 2013). Also, because the data collection from graduate students was convenient sampling, the results are not a full representation of the general population of graduate students. Thus, the data are not generalized to the full population of graduate students. Moreover, in researching possible external threats to validity, a complete data analysis for the specific target population was not available. Essentially this means that the data results may not be a clear representation of the attitudes of all graduate students, and the reader will not infer the same for all graduate students.

Ethical Procedures

The study followed all ethical guidelines for working with human participants. All necessary precautions were taken to protect the participants in this study. The proposal was reviewed by Walden University's Internal Review Board (IRB). Before partaking in any of the study's procedures, prospective participants were provided with a consent form. This form contained relevant information about the study, including its potential risks. Contact information for Walden University's IRB, lead researcher, and faculty advisor was included in the consent form. Participation in the study was anonymous. The researcher did not ask prospective participants to provide any identifying information. Only the lead researcher (I) and the dissertation committee had access to the research data. Research data and consent forms will be secured for 5 years; thereafter, disposing of them.

Summary

The purpose of this quantitative cross-sectional, correlation survey study was to examine the factors that predict positive attitudes towards the integration of R/S in therapy among graduate students in the clinical psychology program. This chapter explained the methodology for testing the hypothesis that religious and spiritual beliefs, gender, years of training, and personal values predict positive attitudes towards the integration of R/S issues in therapy among clinical psychology graduate students. Graduate students in the master's and doctoral clinical psychology programs were recruited via a non-probabilistic convenient sampling to complete a survey on Google Forms, SurveyMonkey, and Walden University's research participant pool. The G* Power software estimated a sample size of 129 was needed to test the hypothesis with a multiple regression analysis. There are four instruments used in this study, the sociodemographic survey, Religious and Spiritual Integrated Practice Assessment Scale (RSIPAS), The Index of Spiritual Experience (INSPIRIT) and The Schwartz Portrait Values Questionnaire (Schwartz PVQ). Possible threats to the study's validity were identified. Ethical procedures for this research project were described. These include the development of a consent form, seeking approval from Walden University's Institutional Review Board, and providing authorizations for instrument use. In Chapter 4, results for the statistical analysis testing study's hypothesis will be presented.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to examine factors that predict positive attitudes towards the integration of R/S in therapy among clinical psychology graduate students. This cross-sectional, correlational survey design allowed me to evaluate if religious and spiritual beliefs, gender, years of training, and personal values (independent variables) predict positive attitudes towards R/S integration and self-efficacy in R/S integration (dependent variables).

The following hypotheses were proposed:

The first RQ was descriptive, and no specific hypotheses w stated.

$H_0 2$: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values (traditionalism, benevolence, and universalism) do not predict positive attitudes towards the integration of religious and spiritual issues in therapy among clinical psychology graduate students.

$H_1 2$: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values predict positive attitudes towards the integration of religious and spiritual issues in therapy among clinical psychology graduate students. More specifically, being more religious and spiritual, being a woman, more years in the program, more psychology training on R/S, and higher traditionalism, benevolence, and universalism predict positive R/S integration.

$H_0$3: Religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values do not predict self-efficacy at integrating religious and spiritual issues in therapy.

$H_1$3: Religious and spiritual beliefs, gender, years in program, R/S in psychology training, and personal values (traditionalism, benevolence, and universalism) predict self-efficacy at integrating religious and spiritual issues in therapy among clinical psychology graduate students. More specifically, the students are developing self-efficacy to integrating R/S therapy, and it is preferred.

This chapter begins with a description of the data collection process.

Data Collection

The following issues associated with data collection appear in this section: (a) data collection timeframe, response rate, and discrepancies; (b) demographic characteristics of the sample; (c) an analysis of the representatives of the sample; and (d) basic univariate analyses results.

Timeframe, Response Rates, and Discrepancies

Upon receiving approval from Walden University's IRB (approval number 10-20-22-0472764), I began working on the data collection process by advertising on Facebook social media, including a recruitment flyer on Walden University's participant pool, Google forms, Texas APA, and visiting campuses in and around Texas. After 5 months, a total of 103 individuals participated in the study. After removing two cases for survey practice, the final number of participants available for data analyses was 101. This number was less than the minimum sample size needed, as calculated by G*Power

software, 129 participants. There are several items with missing values that were substituted by the items' mean for those values.

Demographic Characteristics of the Sample

Of the 101 participants, 31 (29.5%) were men and 70 (66.7%) were women. The mean age was 34.03 years (*M* = 34.03; *SD* = 9.78). Almost half of the participants (*n* = 49; 46.7%) reported being married, with 20 (19.0%) single, 26 (24.8%) in a relationship, and six (5.7%) divorced. With regards to the participants program of study, 77 (73.3%) reported being in the clinical psychology program, 12 (11.4%) were in counseling psychology, two (1.9%) were in school psychology, four (3.8%) general psychology, and six (5.7%) reported as being in other programs. Regarding participants years of study six (5.7%) reported being first year students, 11 (10.5%) were in their second year, 28 (26.7%) were in their third year, 35 (33.3%) were in their fourth year, 14 (13.3%) were in their fifth year, and seven (6.7%) were in the program for 6 years or more.

Representativeness of the Sample

The number of graduate students accepted into a clinical psychology graduate program each year is 5,221 (Michalski et al., 2019). Michalski et. (2019) reported gender percentages among accepted students as 79% female and 21% male. The participants' gender ratio in the present study was 66.7% female and 29.5% male. Thus, there was a higher percentage of males in the current sample, as compared with Michalski et al.'s report. That study reported the ethnic diversity of clinical students as 59% White, 12% Hispanic/Latinx, 8% Black/African American, 8% Asian, 6% Other (Native American, Native Hawaiian, Multiethnic), and 7% unknown race and ethnicity (Michalski, et al.,

2019). In the present study, I did not collect data on race and/or ethnicity, thus there was no parameter to compare the sample representative based on that demographic.

Basic Univariate Analyses

The mean and standard deviation for relevant variables in the study are as follows: self-efficacy with religious/spiritually integrated practice (*M* = 57.00, *SD* = 9.45), attitudes about religious/spiritually integrated practice (*M* = 52.94, *SD* = 8.31), universalism (*M* = 22.35, *SD* = 3.03), benevolence (*M* = 5.58, *SD* = .951), traditionalism (*M* = 5.06, *SD* = 1.47), religious/spiritual beliefs (*M* = 19.70, *SD* = 5.303), and religious and spiritual training (*M* = 11.51, *SD* = 3.76). Age and gender statistics were presented in the demographic characteristics section.

Results

First, bivariate correlations and MRA are presented in relation to hypotheses on the prediction of self-efficacy with attitudes about R/S integrated practice. Following, descriptive analysis on the self-reported educational and training experiences of participants related to R/S in clinical practice are reported. Table 1 shows the bivariate correlations among variables.

Table 1

Bivariate Correlations Among Variables

	Key Variables	1	2	3	4	5	6	7	8
1	Self-efficacy	--							
2	Attitudes	.89**	--						
3	Traditionalism	.58**	.56**	--					
4	Benevolence	_.44**	.40**	.58**	--				
5	Universalism	.46**	.39**	.57***	.78**	--			
6	Rel. beliefs	.67**	.67**	.41**	.45**	.45**	--		
7	Rel. training	.40**	.41**	.28**	.31**	.34**	.22	--	
8	Gender	-.09	.01	-.12	.00	-.06	-.01	-.12	--

Note. * $p < .05$., **$p < .01$.

The correlation matrix is presented in Table 1. Self-efficacy in integrating R/S in clinical practice positively correlated with all variables, except for gender. That is, there was an association with attitudes toward integrating R/S, traditionalism, benevolence, universalism, religious beliefs, and religious training. The same pattern of correlations was observed for attitudes toward integrating R/S. This finding was consistent with the study's hypotheses. Gender was not associated with any of the study's variables. In addition, years of study positively correlated with self-efficacy (r - .25, $p < .01$) and attitudes ($r = .20$, $p < .05$).

Two simultaneous/standard lineal MRA were run; one for each of the criterion variables: self-efficacy with R/S integration and attitudes toward R/S integration. The following predictor variables were entered in the analyses: gender, years in program,

religious and spiritual beliefs, R/S psychology training, and traditionalism, benevolence, and universalism.

Hypothesis 1: Predictors of Self-Efficacy

One purpose of this study was to look at various predictors of self-efficacy and attitudes towards the integration of R/S in therapy amongst graduate students. The first hypothesis assessed the prediction of self-efficacy. To achieve this objective, a standard multiple regression analysis was conducted. The demographic analysis section shows the means and standard deviations of these variables. Bivariate correlations for these variables were run as well (see Table 1). In the multiple regression analysis model, years of program study, religious and spiritual beliefs, religious and spiritual psychology training, traditionalism, benevolence, and universalism were entered as predictor variables and self-efficacy as the criterion variable. In running the standard multiple regression analysis, key test assumptions were evaluated as well. Bivariate correlations did not present any multicollinearity problems among predicator variables. I was able to corroborate this finding with SPSS multiple regression collinearity assessment, which yielded tolerance values much higher than .10 and variance inflation factor values much lower than 10. Inspection of the Normal Probability Plot of the Standardized Residuals suggested no deviation from normality. The Scatterplot of Standardization Residuals, on the other hand, presented few values outside the 3.3 to -3.3 range, which indicates a few outliners, but the majority of them were withing the range. Based on this analysis, assumptions were met. Results of the multiple regression analysis predicting self-efficacy are presented in Table 2. A one-way repeated ANOVA yielded statistically significant

differences after controlling for gender, years of program study, religious and spiritual beliefs, religious and spiritual psychology training, traditionalism, benevolence, and universalism. The total variance for the model was 60.6%, F (7,93) = 20.44, $p < .001$. In the final model, only three control measures were statistically significant, with the religious and spiritual beliefs recording a higher beta value ($\beta = .50$, $p < .001$) than the religious and spiritual psychology training scale ($\beta = .21$, p < .04), and traditionalism ($\beta = .34$, $p < .01$).

Table 2

Multiple Regression Analysis Summary for the Prediction of Self-Efficacy in R/S Integration

Variable	*B*	*SE B*	*Β*	*T*	*P*
Gender	-.293	1.378	-.014	-.212	.832
Years of study	.086	.534	.011	.161	.872
Religious/spiritual beliefs	.895	.137	.502	6.534	<.001
Religious/spiritual training	.521	.178	.208	2.936	.004
Traditionalism	2.188	.548	.342	3.990	<.001
Benevolence	-.712	1.096	-.072	-.650	.517
Universalism	.072	.349	.023	.206	.837

Note. $R^2 = .60$ ($n = 102$).

Hypothesis 2: Predictors of Attitudes

The second hypothesis of the study assessed the prediction of attitudes. Based on the significant relationship between self-efficacy and these variables, I used a standard multiple regression model, in which I entered attitudes. Table 3 presents the results of this multiple regression analysis to test if gender, years of program study, religious and spiritual beliefs, religious and spiritual psychology training, traditionalism, benevolence, and universalism contributed to the prediction of attitudes. In order of relationship, years

of program study, religious and spiritual beliefs, religious and spiritual psychology training, traditionalism, benevolence, and universalism all contributed positively to the variance in attitude scores. With the test assumptions met, I present the results of the multiple regression analysis in Table 3. A one-way repeated ANOVA yielded statistically significant differences after controlling for gender, years of program study, religious and spiritual beliefs, religious and spiritual psychology training, traditionalism, benevolence, and universalism. The total variance for the model was 61.5%, F (7.93) = 21.23, $p < .001$. In the final model, only three control measures were statistically significant, with the religious and spiritual beliefs recording a higher beta value ($\beta = .54$, $p < .01$) than the religious and spiritual psychology training scale ($\beta = .25$, $p < .01$) and traditionalism ($\beta = .38$, $p < .01$).

Table 3

Multiple Regression Analysis Summary for the Prediction of Attitudes Toward R/S Integration

Variable	*B*	*SE B*	*Β*	*T*	*P*
Gender	1.975	1.198	.110	1.648	.103
Years of study	-.111	.464	-.017	-.240	.811
Religious/spiritual beliefs	.852	.119	.544	7.157	<.001
Religious/spiritual training	.557	.154	.252	3.605	<.001
Traditionalism	2.136	.477	.380	4.478	<.001
Benevolence	-.444	.954	-.051	-.466	.642
Universalism	-.325	.304	-.119	-1.068	.288

Note. $R^2 = .61$ ($n = 102$).

Training on R/S

The first RQ focused on the participants' religious and spiritual education and training. More specifically, it asked about how much training on R/S in psychology

participants report. The Spiritual and Religious Training Survey was developed for that purpose. Thus, presented here are descriptive statistics on the response to the Spiritual and Religious Training Survey. The first section of the survey had five questions. Most participants, 92.1%, reported that the topic of spirituality was addressed in their graduate course work. Another 87.1% had religion addressed in their graduate course work. Almost half of the participants (49.5%) reported having spirituality and/or religion being infused in multiple courses. With regards to the type of institution participants attended, 67.3% reported attending a public institution, 12.9% attended a private religious institution, and 13.9% attended a private nonreligious institution. Regarding students' required participation in religious activities, 78.2% reported that this was not required by their universities, while 21.8% answered "yes" to the university's requirement.

The second section focused on the type of spiritual topics covered and training modalities present in graduate coursework. With regards to spiritual topics covered, 45.1% reported topics of God, transcendence (44.1%), faith (41.2%), mysticism (35.3%), forgiveness (31.4%), meaning (30.4%), transformation (27.5%), hope (23.55%), psychospiritual (23.5%), prayer (21.6%), transpersonal (21.6%), healing (18.6%), and suffering (17.6%). Only Seven participants (6.9%) indicated other topics were covered, and four participants (3.9%) reporting no spiritual topics being covered in their graduate coursework. With regards to the modalities used to integrate spirituality in the coursework, participants endorsed reading (81.4%), class discussion (74.5%), lecture (73.5%), guest speaker (30.4%), other (9.8%), role play (6.9%), journaling (4.9%), and experiential activities (3.9%). Finally, when asked about which modalities participants

believed were the most useful for integrating spirituality into coursework, they indicated reading (81.4%), class discussion (74.5%), lecture (73.5%), guest speaker (30.4%), other (9.8%), role play (6.9%), journaling (4.9%), and experiential activities (3.9%).

Summary and Conclusion

Statistical analyses were based on responses from 102 participants. The descriptive data showed a diverse sample of adults with regards to age, gender, marital status, program of study, and years of study. A standard multiple regression analysis evaluated the hypothesis of religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values contribution to the prediction of attitude and self-efficacy. The results of the analysis indicated religious and spiritual beliefs, religious and spiritual psychology training, and traditionalism predicted self-efficacy and attitudes toward the integration of R/S in practice. Bivariate correlations were also run to test associations between other variables and self-efficacy and attitude. Based on these results years of study, benevolence and universalism were also found to relate with self-efficacy and attitudes. However, these correlations were small and did not significantly contribute to the prediction of criterion variables in the MRA.

Chapter 5 presents the key results from the study. The discussion includes implications of Ostram's (1969) ABC model of attitudes and Sue et al.(1989) tripartite model of multicultural competence as a framework to understand what factors predict positive attitudes and self-efficacy towards the integration of religious and spiritual issues in therapy. The chapter also addresses implications for the practice of professionals supporting the religious and spiritual needs of clients in therapy.

Chapter 5: Discussion, Conclusion and Recommendations

Introduction

Grounded in the ABC model of attitudes and Sue et al.'s tripartite model of multicultural competence, this study aimed at identifying factors that predict positive attitudes and self-efficacy towards the integration of R/S in therapy. A cross-sectional correlation survey design was used to examine if religious and spiritual beliefs, gender, years in program, R/S psychology training, and personal values predict positive attitude and self-efficacy. The target population was graduate students who were from the master's and PhD clinical psychology programs. A sample of 105 participants were recruited. After discarding surveys with a high number of missing data, 101 cases were included in the statistical analyses.

Standard/simultaneous MRA and bivariate correlations were used to test the study's hypotheses. MRA identified religious and spiritual beliefs, religious and spiritual training, and traditionalism as the only predictors of attitudes and self-efficacy in R/S integration. Finally, all variables, with the exception of gender, were significantly associated with attitudes toward R/S integration and attitudes toward R/S integration in the bivariate correlational analyses. This chapter includes the interpretation of findings, limitations of the study, recommendations for further research, implications for social change, and the conclusion.

Interpretation of Findings

In this study, I examined the factors that predict self-efficacy and positive attitudes towards the integration of R/S in therapy amongst graduate students. The results

revealed religious and spiritual psychology training, religious and spiritual beliefs, and traditionalism as predictors of self-efficacy at integrating R/S in practice, and attitudes toward integrating R/S in practice. Research findings also revealed that most participants have received training on addressing spiritual and religious issues in practice, but its implementation has been inconsistent and its content and methods extremely diverse.

Considering that MRA identified the same predictors for both the self-efficacy and attitudes dimensions of R/S integration, the first two sections of the interpretation of findings are organized based on the identification of statistically significant predictors as compared with nonsignificant variables. The third section of the interpretation of findings is designated for the discussion of graduate training on spiritual and religious issues. Finally, a fourth section addresses how the findings support or not support the theoretical frameworks of the study.

Predictors of Self-Efficacy and Attitudes

Religious and spiritual psychology training, religious and spiritual beliefs, and traditionalism predicted self-efficacy and attitudes towards the integration of R/S in therapy. The association between religious and spiritual training with positive attitudes and self-efficacy in R/S integration is consistent with previous research findings (see Aneksetin et al., 2018; Chou & Bermender, 2011; Crook-Lyon et al., 2012; Oxhandler, 2019; Oxhandler & Pargament, 2018; Oxhandler & Parrish, 2014, 2017; Rosmarin et al., 2013; Schwartz, 2003). Graduate students with more religious and spiritual psychology training are more likely to demonstrate self-efficacy and favorable attitudes toward integrating R/S in therapy (Oxhandler & Parrish, 2017; Park et al., 2018; Rosmarin et al.,

2013). This finding is intuitive at face value. It seems reasonable to expect that graduate students with more training on religious and spiritual issues would have better attitudes toward R/S integration and would feel more confident (i.e., self-efficacious) at integrating these issues in clinical practice. Results from the current study indicated that participants with religious and spiritual psychology training believed they had the knowledge and background to provide R/S integration in therapy. However, it must be noted that results focused on positive attitudes and self-efficacy. Whether these graduate students have the competence to integrate R/S issues in practice is another question. It is safe to assume that simply discussing religious and spirituality issues with clients is not a sufficient criterion for competence. Therapists need to understand when to bring up these topics and how to discuss these issues. Of course, being confident and having positive attitudes toward R/S integration is likely to provide a necessary first step towards religious and spiritual competence in practice.

Religious and spiritual beliefs were a statistically significant predictor of self-efficacy and attitudes in the present study. As with the R/S training variable, it is expected that graduate students endorsing religious and spiritual beliefs would be more open to R/S integration in therapy. As compared with the first predictor discussed, R/S beliefs focus on personal as opposed to training experiences. This result is similar to previous research findings (see Chou & Bermender, 2011; Saunders et al., 2014). It is important to note that while previous studies identified personal R/S and beliefs as a predictor of attitudes (Chou & Bermender, 2011; Saunders et.al., 2014), I also found a significant association with self-efficacy R/S integration. This study’s findings do not

imply that students with a low level of R/S beliefs could not develop positive attitudes and self-efficacy in R/S integration. Rather, this illustrates that religious and spiritual beliefs may be regarded as an integral dimension in therapy. Religious and spiritual beliefs are likely to be connected to clinicians' awareness of how relevant religious and spiritual topics may be for the client. Therefore, these clinicians are likely to include R/S topics in therapy with the aim of positively influencing treatment outcome. To integrate R/S in therapy requires a clinician's willingness to embrace a clients R/S despite their own personal R/S beliefs. This suggests that clinicians without strong R/S beliefs may be a step behind in developing necessary awareness to address these topics in clinical practice.

In the present study, traditionalism was identified as a statistically significant predictor of self-efficacy and attitudes. Traditionalism has been defined as respect, commitment, and acceptance of customs and ideas that traditional culture or religion provide to the self (Schwartz et al., 2001). The PVQ assesses 10 values that predict a broad range of meaningful decisions and behaviors as related to age, gender, education level, political orientation, and religiosity (Schwartz, 2003). The values are understood as desirable goals with varying importance and act as guiding principals in an individual's life (Schwartz, 2003). Traditionalism is a value that diverse groups associate to their practices, symbols, ideas, and beliefs (Schwartz, 2003). Clinicians' self-efficacy in integrating R/S in therapy could be associated to their ability to value traditions in their lives and that of others, which may create a crucial path to addressing clients' religious and spiritual practices in therapy. Research has shown that endorsing traditionalism as a

personal value has been associated with religious and spiritual beliefs (Schwartz, 2012). Traditionalism is usually defined as accepting and committing to the customs and ideas of our cultural and religious groups (Schwartz. 2012). Valuing tradition, thus, has been associated with endorsing group norms, particularly of those groups that have historically represented abstract ideals that unify and transcend mortality (Vail et al., 2009). Thus, the relationship between the value of tradition and the concepts of R/S may explain the prediction of both attitudes and self-efficacy in R/S integration. Students valuing traditionalism highly are likely to prioritize relevant beliefs, values, and cultural practices. R/S are particularly important as these concepts encompass beliefs that transcend the material domain and are relevant to the development of self-concept.

Nonsignificant Variables in the Prediction of Self-Efficacy and Attitudes Toward R/S Integration

There were three independent variables that did not predict self-efficacy and attitude towards the integration of R/S in therapy in the MRA. Firstly, gender did not predict self-efficacy and attitude toward R/S integration. This means that participants' scores on self-efficacy and attitudes toward R/S integration were not associated with their identification as men or women. Gender is understood as an individual's identity, gendered roles, and intrinsically defined norms (Hays, 2008). A key component to this study's RQs was to explore if a student's gender would predict their self-efficacy and attitudes toward religious and spiritual integration in therapy. Previous research had not identified gender as a predictor of attitudes or self-efficacy. Both male and female participants had reported being equally comfortable in working with diverse groups and

discussing R/S in therapy (Oxhandler & Pargament, 2018). I hypothesized that the attitude of women, as compared with that of men, would be more favorable towards R/S integration. Studies have documented that women are more religious and more frequently use R/S coping strategies than men (Anekstein et al., 2018). My study did not look at R/S coping strategies but did evaluate R/S beliefs. Nonetheless, there were no gender differences in my study on R/S beliefs. That is, men and women in my study did not differ on their level of religious and spiritual beliefs. This could partly explain the lack of significant findings between gender and R/S integration. R/S beliefs and traditionalism did predict R/S integration, but none of those variables were associated with gender. Although more than half the participants in this study were female, neither male nor female reported as being more religious or spiritual.

Secondly, benevolence did not predict self-efficacy and attitudes in this study. Benevolence is defined as the value of preserving and enhancing the welfare of an individual that one is in frequent contact with (Schwartz et al., 2012). The benevolence value on the PVQ scale refers to a person's sense of belonging, spiritual life, and meaning in their life (Schwartz et al., 2012). Rather than being an attitude that promotes religious tradition (i.e., attending church), benevolence values true friendship and being helpful and loyal, which is a behavior (Schwartz et al., 2012). It is possible that this value is too broad to be clinically relevant. Caring for others' welfare is a relevant value for all clinicians regardless of their interest in R/S integration. Benevolence implies doing good deeds for others. However, prosocial behavior, although definitely a concept promoted by religious beliefs and values, is not circumscribed specifically to discussion of religious

and spiritual topics, as suggested by R/S integration in clinical practice. Furthermore, one would expect a high level of benevolence in most clinical psychology students because the field of psychology is often considered a helping profession. Many students choose to study clinical psychology to help others; thus, one could expect a high degree of benevolence among this population. This fact, in addition to the one-item measurement of this variable, likely resulted in its low variability of scores. The mean score for benevolence was very high while its variability was extremely low (M = 5.58, SD = .951). This means that most participants scored similarly on this variable. If there was a relationship between benevolence and R/S integration, it would be challenging to identify based on how the variables were measured.

Similar arguments can be made about universalism, which was the third variable that did not achieve significance in the multiple regression analysis. Universalism is the understanding, appreciation, tolerance, and protection of all people and nature (Schwartz et al., 2012). This value is associated with the goal of transcending meaning, coherence, and inner harmony in the individual's everyday life (Schwartz et al., 2012). One would expect universalism to be associated with a genuine interest in helping others, and thus to also be related to positive attitudes toward having conversations about R/S in therapy. Although personal values are important components of attitudes, self, beliefs, norms and traits, the value of universalism was not a predictor of R/S integration self-efficacy and attitudes in this study. Universalism is a self-transcendent value like benevolence (Schwartz et al, 2012). It is possible that this personal value is too broad in scope to predict dimensions of R/S integration. Universalism was measured by four items and had

a good reliability (*r* = .80). This variable did not encounter exactly the same methodological challenges as benevolence. It must be noted, though, that similarly to benevolence, its mean was high and variance was low, which is not ideal for the purposes of correlational analyses.

Addressing Religious and Spiritual Issues in Graduate Psychology Training

The relevance of assessing graduate student religious and spiritual psychology training in this study was to determine a student's competence to integrate R/S in therapy. The data collected strongly support graduate students' perceptive competence. However, these data may also suggest that there is a need to provide effective skills and knowledge during graduate psychology training to better equip students to work with clients' R/S and competently integrate R/S in therapy. A review of the literature on religious and spiritual psychology training showed that although there is little to no clinical training for graduate students in the integration of R/S in therapy, participants responded positively to their ability to address R/S in therapy (Rosmarin et al., 2013). Participants in the present study provided similar responses, with 65.3% reporting that they are comfortable discussing client's religious/spiritual struggles. A further 66.3% indicated that they recognized when their clients use negative religious/spiritual coping strategies. It is worth noting that less than half of the participants in the current study reported that R/S is infused in multiple courses while 81.4% of participants found that the most useful modalities for integrating spirituality in coursework was through reading. A clinician's ability to integrate R/S in therapy requires addressing R/S in graduate training as the outcome could result in increased student confidence, development of religious and

spiritual therapeutic techniques, and a student's own awareness of their own religious and spiritual development (Dobmeier & Reiner, 2012). In this study, it became increasingly apparent that it is necessary to incorporate training and education into the curriculum on religious and spiritual issues, which has also been confirmed through previous studies.

The Tripartite Multicultural Competence and ABC Models as Explanatory Frameworks for Understanding R/S Integration

The tripartite model proposes that multicultural competence develops from three core components: (a) cultural awareness, (b) knowledge, and (c) skills (Sue et al., 1989). Skilled counselors who gain understanding of themselves move from being culturally unaware to being culturally aware (Sue et al., 1989). This involves being aware of values, beliefs, worldviews, and biases and their potential impact on clinical work. Culturally skilled counselors become fully aware of their own cultural background, experiences, attitude, values, and biases that can influence the psychological process (Sue et al., 1989). If multicultural competence is defined broadly and inclusive of multiple dimensions of diversity, it may include religious and spiritual beliefs as one of its key aspects. Clinical competence in integrating religious and spiritual beliefs and values into practice is assumed as understood within the tripartite multicultural framework. The significance of religious and spiritual training experiences in the prediction of R/S integration is particularly relevant in validating tripartite model of multicultural competence. Participants' self-reported training experiences on religious and spiritual topics predicted their positive attitudes toward R/S integration and their feelings of efficacy in addressing those issues in clinical settings. Whether positive attitudes and self-efficacy lead to actual

R/S clinical competence is beyond the scope of this study. However, the association between graduate level training and R/S integration surely appears to be a relevant finding, which strongly suggests the need to continued integration of R/S topics in the training of future clinical psychologists. The tripartite model appears to be an effective model for addressing self-efficacy amongst graduate students towards the integration of R/S in therapy. Overall, the positive relationship shown in the present study among religious and spiritual psychology training, religious and spiritual beliefs, and traditionalism indicates the importance of tripartite model of multicultural competence as a theory of framework among graduate students towards the integration of R/S in therapy.

The ABC model of attitudes was the second framework proposed to explain the relationship among the variables of the present study. In short, the model proposes that behavior is influenced by three components: affect, behavioral intention, and cognition. While the tripartite model discussed recently was specifically developed to explain multicultural competence, the ABC model targets behavior as a general concept and thus its scope is broader. ABC model of attitude was originally designed to assess graduate student's attitude towards church (Ostrom 1969). The ABC model evaluates the relationship between the affective and cognitive function of our attitude which predicts the behavior outcome of attitude. Attitude is related to the models three components, cognition, behavior and affect (Ostrom, 1969). The positive relationship shown in the present study among religious and spiritual psychology training, religious and spiritual beliefs, and traditionalism indicates the importance of the ABC model of attitude. Much like the previous study, a participant is asked to endorse or indicate their level of

agreement thus appraising their attitude towards the integration of R/S in therapy (Ostrom, 1969). Therefore, the position in this study indicates that student's responses reflect that there are factors that attribute to a student's attitude and the integration of R/S in therapy. The relevance of Ostrom's model for our study yields in the use of positive attitudes toward R/S as a key construct. In the present study positive attitudes and self-efficacy toward R/S integration were predicted by religious and spiritual beliefs, R/S training, and traditionalism. These three predictors can be conceptualized as representing the cognitive dimension of the ABC model. That is, personal beliefs in religious and spirituality, knowledge learned from R/S graduate training, and a traditional value orientation were associated with positive attitudes and self-efficacy toward RS.

Limitations of the Study

Notwithstanding the contributions of the present study, there are several limitations. The primary limitation is the inability to generalize the results of this study to the general population of psychology graduate students. Participants were recruited by advertising on Facebook, Walden University's participant pool, the Texas APA, and visiting universities in Texas. Notwithstanding recruitment efforts the sample size was relatively small and not representative of US clinical graduate. The sample included significantly more women than men participants, thus a significant shortcoming that limits gender comparisons and inferences.

The current study was a quantitative cross-sectional correlational survey design tests hypotheses on the relationships between predictor and outcome variables (Creswell & Creswell, 2018). A limitation of correlational research design is their inability to test

causal relationships among variables (Cox, 2017). Thus, the findings of the present study can only show the association of the relevant variables. Furthermore, a noted limitation of self-report measures is that participants may alter responses to present themselves favorably. This is commonly referred to as social desirability bias (Cox, 2017). Similarly, it is possible that participants inferred the researcher's intent and modified their responses to confirm the hypothesis. Finally, there were serious limitations in how variables were measured. For example, a couple of key constructs were measured by single item scales. Researchers should include full-scale scores to assess these variables in future studies.

Recommendations

This study aimed at addressing a literature gap on the integration of R/S in psychology training. Although findings have been valuable in establishing an association between religious and spiritual beliefs, religious and spiritual training, and traditionalism with attitudes toward and self-efficacy on R/S integration, several limitations have been noted as described on the previous section. Based on the study's findings, its limitations and the state of art on this topic, several recommendations are presented for future research in this area.

Currently, there is a plethora of research on R/S, but few and are clear on how to specifically integrate R/S in therapy. Although academics and researchers are generally adamant about the relevance of therapists' attitudes and competence in R/S integration, there is scant information on how training programs are infusing these topics (Terepeka & Hatfield, 2020). Future studies could explore specific strategies that training programs are employing to address R/S competence.

With this study as the first to examine factors that predict attitude, self-efficacy, and competence as they relate to the integration of R/S in therapy amongst graduate students. Scholars can build upon the results of this study to conduct further scholarly inquiry into other factors that can be predictors of attitudes, self-efficacy and competence. Although this study addressed relevant constructs such as values, beliefs, and training, other variables such as individual characteristics could be included as well.

Directions for future research could explore the specific themes found within this research study. This study could be replicated with further examination of the Schwartz personal values scale with other doctoral programs in psychology (Schwartz et al., 2014). The assessment of values thorough one-item scales was less than optimal. Researchers are encouraged to use full scale scores with adequate reliability and validity characteristics to measure these variables.

The present study focused on clinical psychology students. It could be valuable to explore and compare the R/S attitudes and self-efficacy of students from other mental health doctoral programs.

Researchers are also encouraged to recruit a larger sample. The low sample as well as inequities in its gender distribution was a notable limitation as described in the previous section. Because the present study included more significantly more female than male participants, inferences about potential gender differences are difficult to interpret.

Qualitative research on the experience of students who are reluctant to using R/S in therapy could provide valuable insights to training programs working on improving R/S clinical competence (Plumb, 2011). Finally, researchers could expand the research to

include a specific examination of course structure that utilizes observation and practical application of R/S techniques before entering an internship.

Implications

With this study, I sought to understand the factors that contribute to the integration of R/S in therapy amongst graduate students. I explored R/S beliefs, gender, years in program, R/S psychology training, and personal values as factors that predict positive attitudes towards the integration of religious and spiritual issues in therapy.

Clinical Practice

Clinical psychologists and psychology graduate students encounter clients who may desire to discuss R/S in therapy. The main goal of these providers is to increase the health and well-being of individuals. Therefore, it is worth considering how the results from the present study can assist training programs in better understanding how to best foster graduate students' attitudes, self-efficacy and competence on integration of R/S in therapy.

The study's findings contribute to understanding relevant variables associated with the graduate student's effectiveness in integrating R/S in therapy. Similar findings from previous research have suggested that student effectiveness may be enhanced through therapist's incorporation of R/S into client treatment plans (Oxhandler & Pagarment, 2014). The main goal of these professionals is to contrast in a non-judgmental way, their own beliefs, and attitudes with those of their culturally different clients (Sue et al., 1989). The tripartite model of multicultural competence and the results of the present study suggest that students' cultural awareness, knowledge and skills can contribute to an

effective therapeutic intervention. Culturally skilled professionals need to recognize the value of training and seeking out qualified individuals or resources to best understand how to integrate R/S (Sue et al., 1989). Other professionals could use the results of this study to develop competency programs that includes observation of how to integrate R/S. For example, students can observe how to foster an environment that makes a client feel safe enough to discuss their beliefs (Dobmeier & Renier, 2012). It may be prudent to have therapists question a client about their religious beliefs or enquire about the place religion has in their live during the intake process. Such queries benefit the therapeutic relationship because the client perceives the therapist attitude as being positive towards the discussion of R/S in therapy. Client's perspective can be influenced positively or negatively by therapists' attitudes, and it is important that the therapists foster an atmosphere of openness and acceptance of a client's R/S viewpoint. Of course, a major challenge involves developing these observational sessions with consideration of multicultural factors.

Social Change

Walden University (2020) defines social change as "a deliberate process of creating and applying ideas, strategies, and actions to promote the development of individuals, communities, organizations, institutions, cultures, and societies" (p. 1). Positive social change results from a positive vision and strength-based approach. The results from this study suggest the potential for effecting positive social change through graduate training which fosters awareness, knowledge, and skills in addressing religious and spiritual issues in practice. Results from the present study suggest that religious

beliefs, traditional values, and training on religious and spiritual issues are associated with positive attitudes toward R/S integration and self-efficacy in addressing R/S issues in practice. Findings may contribute to future research and motivate other professionals to explore other predictors of attitude and self-efficacy. Particularly, social change is likely to be advanced through training interventions that bring awareness and sensitivity on religious and spiritual issues to all students, regardless of their beliefs and values. The real challenge is precisely to develop awareness among those students who may not be religious or spiritual.

Findings from this study could motivate researchers to explore additional variables which may predict positive attitude and self-efficacy towards R/S integration. Research focusing on R/S integration is lacking, and this study creates positive social change by conducting research with a favorable population. The topic of R/S is sensitive and graduate students with a positive attitude and self-efficacy can influence a client's R/S strengths in promoting their well-being. Graduate students and psychologists working with R/S may focus on attitude and self-efficacy while considering the relevance of social and cultural factors such as religious beliefs. Therefore, the result of this study has the potential to effect positive social change by encouraging graduate students and mental health professionals to integrate R/S in clinical practice and thus provide more effective health care interventions.

Conclusion

The literature had suggested an association among positive attitudes towards the integration of R/S in practice and clinical competence. A logical setting in which to

further research this association was graduate psychology training program as these are foundational for the development of clinical competence. To address this issue, I conducted this study to identify factors that predict positive attitudes and self-efficacy towards religious and spiritual integration. The results of this study identified religious beliefs, traditionalism, and R/S training as predictors of attitude and self-efficacy amongst graduate students. The tripartite model of multicultural competence (Sue et al., 1998), and the ABC model of attitude (Ostram, 1969) were appropriate frameworks for understanding the relationship among competence, attitudes, and beliefs. Graduate students who developed awareness, knowledge and skills on spiritual and religious issues are likely to have a greater understanding of religious and spiritual competence and the value of religious and spiritual integration in psychotherapy. A major challenge is assessing how graduate psychology training programs are implementing the integration of R/S in the curriculum. Although, that question was beyond the scope of this study, participants who reported receiving more training on R/S issues also reported more positive attitudes and self-efficacy toward R/S integration.

I hypothesized that gender would also predict positive attitudes and self-efficacy in religious and spiritual integration; however, that was not the case. Sampling limitations likely contributed to this nonsignificant finding, as significantly more women than men completed the survey. Religious and spiritual psychology training, religious and spiritual beliefs, and traditionalism emerged as predictors of self-efficacy at integrating R/S in practice, and attitudes toward integrating R/S in practice. Findings from this study also showed that students valuing traditionalism highly are likely to prioritize relevant beliefs,

values, and cultural practices. Although positive attitude and self-efficacy might affect R/S integration, the correlation nature of the study does not allow for inference. Furthermore, it is quite feasible that a positive attitude, self-efficacy, and competence contribute to successful religious and spiritual integration. As such, even though some graduate students are wary about the integration of R/S in therapy, sustained training is an intrinsically driven factor that can internalize their positive attitude and self-efficacy over time.

Results from this study have implications beyond the individual and clinical levels of analysis. Knowledge based on this study has the potential to effect social change by graduate students and psychologists working with a positive attitude and self-efficacy to promote client well-being. Graduate students, faculty and psychologists alike should continue to examine and implement competencies that can promote religious and spiritual integration in psychotherapy. Future researchers can expand the research to include a specific examination of course structure that utilizes observation and practical application of religious and spiritual techniques before entering an internship. With these findings, scholars and clinicians can extend future inquiry to the predictors of positive attitude and self-efficacy towards religious and spiritual integration in psychotherapy.

References

Abell, M. L., Manuel, J., & Schoeneman, A. (2015). Student's attitudes towards religious diversity and implications multicultural competence. *Journal of Religion & Spirituality in Social Work, 34*(1), 91-104. https://doi.org/10.1080/15426432.2014.943920

Ajzen, I. (1993). Attitude theory and the attitude-behavior relation. In D. Krebs & P. Schmidt (Eds.). *New directions in attitude measurement*. Walter de Gruyter.

American Psychological Association. (2014). Ethical principles of psychologists and code of conduct. American Psychological Association. https://www.apa.org/ethics/code/ethics-code-2017.pdf

American Psychological Association. (2017). Multicultural guidelines: An eological approach to context, Identity, and intersectionality. https://www.apa.org/about/policy/multicultural-guidelines.pdf

Anekstein, A. M., Bohecker, L., Neilson, T., & Martinez, H. (2018). Godspeed: Counselor education doctoral student experiences from diverse religious and spiritual backgrounds. *The Qualitative Report, 23*(11), 2862-2882. https://nsuworks.nova.edu/tqr/vol23/iss11/15

Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: historical excursus, measurements, and prospects for research. *Front Psychology. 18(2)*, 270. https://do.org.10.3389/fpsyg.2011.00270.

Bagozzi, R. P., & Burnkrant, R. B. (1979). Attitude measurement and behavior change: A reconsideration of attitude organization and its relationship to behavior. *Advances*

in Consumer Research, *6*(1), 295–302.

Bizer, G., Barden, J., & Petty, R. E. (2003). *Attitudes.* In L. Nadal (Ed). *Encyclopedia of cognitive science, 1(1)*, 247-253. New York: Nature Publishers

Briñol, P., & Petty, R. E. (2012). A History of Attitudes and Persuasion Research. *Handbook of the History of Social Psychology* 283–320. http://doi.org. 10.4324/9780203808498-

Campbell, D. T., & Fiske, D. W. (1959). Convergent and Discriminant Validation by the Multitrait-Multimethod Matrix. Psychological Bulletin, 56, 81-105. http://dx.doi.org/10.1037/h0046016

Chi, Y., Jeng, W., Acker, A., & Bowler, L. (2018). Affective, behavioral, and cognitive aspects of teen perspective on personal data in social media: A model of youth data literacy. In G. Chowdhury, J. Mcleaod, V. Gillet & P. Willet (Eds.). *Transforming digital worlds. International Conference of Information, 10*(7), 442-452. https://doi.org/10.1007/978-3-319-78105-1

Chou, W., & Bermender, P. (2011). Spiritual integration in counseling training: A study of students' perceptions and experiences. *American Counseling Association*. https://www.counseling.org/docs/default-source/vistas/vistas_2011_article_98.pdf?sfvrsn=9e892e87_11

Crook-Lyon, R. E., O'Grady, K. A., Smith, T. B., Jensen, D. R., Golighty, T., & Potkar, K. (2012). Addressing religious and spiritual diversity in graduate training and multicultural education for professional psychologists. *Psychology of Religion and Spirituality*, *4*, 169–181. https://doi.org/10.1037/t00512-000

Constantine, M. G., Milville, m. L., & Kindadichi, M. M (2008). Multicultural competence in counseling psychology practice and training. *In S. S. Brown & R. W. Lent. Handbook of counseling psychology.* (4th ed.). Hoboken, NJ: John Wiley & Sons, Inc

Cox, K. A. (2017). Quantitative research design. *In G. J. Burkholder, K. A. Cox & L. M. Crawford(Eds.). The scholar-practitioners guide to research design.* Baltimore, MD: Laureate Publishing

Cozby, P. C., & Bates, S. C. (2015). *Behavioral methods in research* (12th ed.). McGraw-Hill Education.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.

Cummings, J. P., Ivan, M. C., Stanley, M. A., Carson, C. S, & Pargament, K. I. (2014). A systematic review of relations between psychotherapist religiousness/spirituality and therapy-based variables. *Spirituality in Clinical Practice, 1*(2), 116-132. https://doi.org.10.1037/scp0000014

Dobmeier, R. A., & Reiner, S. (2012). Spirituality in the counselor education curriculum: A national survey of student perspective. *Counseling and Values, 57*, 47-65. https://doi.org/10.1002/j.2161-007x.2012.00008.x

Eagly, A. H., & Chaiken, S. (1993). The psychology of attitudes. *Psychology and Marketing, 12*(5), 459-466. Harcourt. Brace & Janovich.

Faul, F., Erdfelde, E., Lang, A.G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical

sciences. *Behavior Research Methods*. *39(2*):175-91. https://doi.org. 10.3758/bf03193146.

Kass, J, D. (1996). Index of core spiritual experiences (Inspirit-R). Divisions of Counseling and Psychology, Cambridge, MA. https://www.reslientworldview.org

Hathaway, W. (2013). Pathways toward graduate training in the clinical psychology of religion and spirituality: A spiritual competencies model. In K. I. Pargament (Ed.). *APA handbook of psychology, religion, and spirituality*, Vol. 2, 635-649. American Psychological Association. https://doi.org/10.1037/14046-033

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd edition). Washington, D.C.: American Psychological Association.

Hogg, M. A., & Cooper, J. (2014). *The SAGE handbook of social psychology: Concise student edition.* Sage Publications.

Jones, J. M., Begay, K. K., Nakagawa, Y., Cevasco, M., & Sit, J. (2016). Multicultural counseling competence training: Adding value with multicultural consultation." *Journal of Educational and Psychological Consultation. 26*(3), 241–65. https://dx.doi.org/10.1080/10474412.2015.1012671

Kristensen, K. B., Perdersen, D. M., & Williams, R. N. (2001). Profiling religious maturity: The relationship of religious attitude components to religious orientations. Journal of Scientific Study of Religion, 40(1), 75-86. https://doi.org/10.1111/0021-8294.00039

Lewis, L. M. (2008). Spiritual assessment of African Americans: A review of measures

of spiritually used in health research. Journal of Religon and Health, 47(1), 458-475. https://doi.org.10.1007/210943-007-9151-0

McSporran, A. J., & Cho, Y. C. (2017). Analyzing The Determinants of Attitude, Behavior, And Satisfaction On Imported Products: Implications For The Growing Food And Beverage Industry. *Journal of Service Science*, *10*(1), 13–30. https://doi.org/10.19030/jss.v10i1.10064

Michalaski, D. S., Cope, C., & Fowler, G. A. (2019) graduate study in psychology summary report: Admissions, applications and acceptance. *American Psychological Association*. https://www.apa.org/education-career/grad/survey-data/2019-admissions-applications.pdf

Ostrom, T. M. (1969). The relationship between the affective, behavioral, and cognitive components of attitude. *Journal of experimental social psychology*, *5*(1), 12-30. https://doi.org/10.1016/0022-1031(69)90003-1

Oxhandler, H. K., & Parrish, D. E. (2014). The development and validation of the religious/spiritually integrated practice assessment scale. *Research on Social Work Practice, 59(1),* 1-13. https://doi.org.10.1177/1049731514550207

Oxhandler, H. K., & Parrish, D. E. (2017). Integrating clients' religion/spirituality in clinical practice: A comparison among social workers, psychologists, counselors, marriage and family therapists, and nurse. *Journal of Clinical Psychology, 74(1),* 680-694. https://doi.org.10.1002/jclp.22539

Oxhandler, H. K. (2017). Namaste theory: A quantitative grounded theory on religion and spirituality in mental health treatment. *Religions, 8(1),* 1-11.

https://doi.org.10.3390/rel8090168

Park, J. S., Arveson, K., Newmeyer, M., & Underwood, L. A. (2018). Comparing behavioral health graduate students in spiritual and religious competence. *Spiritual Psychology and Counseling*, *3*(2), 197–221. https://doi.org/10.37898/spc.2018.3.2.0050

Pallant, J. (2016). *SPSS survival manual: Step by step guide to data analysis using IBM SPSS.* (6th ed.). Berskshire, England: McGaw-Hill Publications

Pedersen, P. B. (2002). The making of a culturally competent counselor. *Health/Clinical Psychology and Culture: Counseling and Psychotherapy in Cultural Context, 40(3),* 3-13. https://doi.org/10.9707/2307-0919.1093

Plumb, A. M. (2011). Spirituality and counseling: Are counselors prepared to integrate religion and spirituality into therapeutic work with clients. *Canadian Journal of Counseling and Psychotherapy, 45(1),* 1-16. https://files.eric.ed.gov/fulltext/EJ930782.pdf

Rosmarin, D. H., Pirutinsky, S., Green, D., & McKay, D. (2013). Attitudes toward spirituality/religion among members of the association of behavioral and cognitive therapies. *Professional Psychology: Research and Practice, 44(6),* 424-433. https://doi.org.10.1037/a0035218

Saunders, S. S., Petrik, M. L., & Miller, M. L. (2014). Psychology doctoral students' perspectives on addressing spirituality and religion with clients: Association with personal preferences and training. *Psychology of Religion and Spirituality, 6(1),* 1-8. https://doi.org/10.1037/a0035200

Schäfer, A., Hall, T., Müller, G.,& Briffa, K. (2011). Outcomes differ between subgroups of patients with low back and leg pain following neural manual therapy: a prospective cohort study. *Journal of Eur Spine*. 20(3):482-90. https://doi.org.10.1007/s00586-010-1632-2

Schwartz, S. H., Melech, G., Lehmann, A., Burgess, S., & Harris, M. (2001). Extending the cross-cultural validity of the theory of basic human values with a different method of measurement. Journal of Cross-Cultural Psychology, 32, 519-542.

Schwartz, S. H. (2003). European Social Survey Core questionnaire development – Chapter 7: A proposal for measuring value orientations across nations. London: European Social Survey, City University London

Schwartz, S. H., Cieciuch, J., Vecchione, M., Davidov, E., Fischer, R., Beierlein, C., Ramos, A., Verkasalo, M., Lönnqvist, J. E., Demirutku, K., Dirilen-Gumus, O., Konty, M. (2012.) Refining the theory of basic individual values. Journal Personality Social Psychology. 103(4), 663-688. https://doi.org.10.1037/a0029393.

Scruton, R. (2014). The soul of the world. Princeton, NJ: Princeton University Press

Sperry, L. (2014). Spirituality in clinical practice: Theory and practice of spirituality orientated psychotherapy. Brighton, UK: Routledge, Taylor & Francis Group

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E.J., & Vasquez-Nuttall, E. (1989). Position paper: Cross-cultural counseling competencies. In D. W. Sue. Cultural-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*(6), 424–433.

https://doi.org/10.1037/0735-7028.21.6.424

Terepka, A., & Hatfield, D. R. (2020). Effects of assessing religious beliefs in initial sessions on aspects of the therapeutic alliance. *Spirituality in Clinical Practice, 7(1),* 3-17.https://doi.org.10.1037/scp0000213

Vail, K. E., Soenke, M., & Waggoner, B. (2019). Chapter 11—Terror Management Theory and Religious Belief. In C. Routledge & M. Vess (Eds.), *Handbook of Terror Management Theory (pp. 259–285). Academic Press. https://doi.org/10.1016/B978-0-12-811844-3.00011-1*

Vieten, C., Scammell, S., Pilato, R., Ammondson, I., Paragment, K. I., Lukoff, D. (2013). Spiritual and Religious Competencies for Psychologists. *Psychology of Religion and Spirituality 5(3),* 1–62. https://doi.org.10.1037/a0032699

Walden University. (2020). Walden 2020: A vision for social change. *Center for Social Change.* https://academicguides.waldenu.edu/social-change/mission

Warner, R. M. (2013). *Applied statistics: From bivariate through multivariate techniques.* (2nd ed.). Los Angeles, CA: Sage Publications.

World Health Organization. (n.d.) Gender and health. world health Organization International. https://www.who.int/health-topics/gender#tab=tab_1

Worthington EL Jr, Hook JN, Davis DE, McDaniel MA. (2011). Religion and spirituality. *Journal of Clinical Psychology*. 67(2):204-14. https://doi.org. 10.1002/jclp.20760

Appendix A: Sociodemographic Survey

1. How old are you? (Write in number of years) ________

2. What is your sex as indicated on your birth certificate?
    a. Male
    b. Female

3. What is your marital status?
    a. Single
    b. In a relationship
    c. Married
    d. Divorced

4. Please select the program of study in which you are enrolled
    a Clinical Psychology
    b Counseling Psychology
    c School Psychology
    d General Psychology
    e Other

5. Please indicate the year of study you are enrolled in:
    a. First
    b. Second
    c. Third
    d. Fourth
    e. Fifth
    f. Sixth or above