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## The Relationship Between Multicultural Counseling Competency and Spiritual Competency

Jeffery Edmiston  
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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Jeffery L. Edmiston

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2023

Abstract

The Relationship Between Multicultural Counseling Competency and Spiritual  
Competency

by

Jeffery L. Edmiston

MS, Northwest Nazarene University, 2010

BA, Northwest Nazarene University, 1999

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Counselor Education and Supervision

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## Abstract

Spiritual competency has been a topic addressed in professional counseling literature since the 1990s when the Association for Spiritual, Ethical, and Religious Values in Counseling created their first list of competencies for addressing spiritual and religious issues in counseling. However, most counselors-in-training are not exposed to the spiritual competencies or prepared to address spirituality or religion in sessions. Although multicultural competence serves as an umbrella to spiritual competence, researchers have not described the relationship between spiritual competency and multicultural counseling competency. The purpose of this quantitative survey study was to explore and describe the relationship between multicultural counseling competence (MCC) and spiritual competence (SC) while controlling for personal religious commitment. At the core of MCC is the concept of cultural identity. Ratts and Petersen's dimensions of identity model was used in this study to describe religion and spirituality as a component of cultural identity. The survey participants were professional counselors from across the United States who self-selected to participate as part of a convenience sample. A cross-sectional electronic survey was administered to 99 participants. Survey data were analyzed using a stepwise multiple regression of the total scores for each variable. Analysis of this data showed that MCC scores had a significant positive relationship to SC but only contributed a small percentage to the variance in SC scores. These results indicate that counselor educators may need to find alternative approaches to building SC. Preparing counselors to address diverse spiritual and religious client issues will only become more important as society continues to become increasingly diverse.

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## Chapter 1: Introduction to the Study

### Introduction

The United States is a religiously and spiritually diverse country. Results from the Religious Landscape Study conducted in 2014 by the Pew Research Center (2015) indicated that 70.6% of the population reported themselves to be of the Christian faith, 5.9% nonChristian faiths (Jewish 1.9%, Muslim 0.9%, Buddhist 0.7%, Hindu 0.7%, and other 0.3%), 22.8% unaffiliated (atheist 3.1%, agnostic 4.0%, and nothing in particular 15.8%), and 0.6% don't know. These findings demonstrated a change from the 2007 survey results. According to the Pew Research Center (2015), from 2007 to 2014, the number of people claiming a Christian faith decreased by 7.8% while those of the unaffiliated and other world religions groups increased. Additionally, in a different but similar survey from 2022, 72% of the general population reported that religion is very important or fairly important in their lives (Gallup, n.d.). These numbers seem to make two points. First, a large percentage of the population considers themselves religious or spiritual. Second, the religious diversity of the country is changing and growing. Given these data, counselors should be prepared to work with a religiously diverse (including nonreligious) population.

However, there has been debate over the years as to whether spirituality and religion (S/R) should be a topic addressed in counseling. While some early theorists have pathologized religion, others have embraced and integrated it (Young & Cashwell, 2020a). Ellis (2000), for example, was openly antireligious. He referred to religiosity as emotionally harmful, although he later reversed some of his thoughts on the topic (Ellis,

2000). Skinner (1962) referred to religious beliefs and behaviors as fiction and superstition. Jung (1960) was much more accepting of religious and spiritual experience, referring to religious instinct as genuine to the human experience. Today, it seems commonplace to recognize that a person's attitudes, values, and beliefs, also known as worldview, influence decision making, behavior, and wellbeing (Sue et al., 2019).

Religion and spirituality have long been acknowledged as a component of worldview, cultural identity, and multicultural counseling (Fukuyama & Sevig, 1999; Sue et al., 1992). Nevertheless, while many counselors have reported that integration of S/R is important, they also reported that many do not practice this integration (Cashwell et al., 2013). Additionally, researchers have reported that counselors and counselors-in-training felt their education did not prepare them to address S/R issues in counseling (Dobmeier & Reiner, 2012). However, in one study, counselors reported that their training in multicultural counseling was either adequate or more than adequate (Holcomb-McCoy & Myers, 1999). There appears to be a gap in the literature and possibly in the training of counselors if S/R issues are considered to be covered under multicultural counseling competence (MCC), but students report feeling underprepared to address S/R issues while feeling adequately prepared to address multicultural issues. Thus, I explored the relationship between these two areas of competence in this study.

Due to these cultural and professional factors and contexts, I explored the relationship between MCC and spiritual competence (SC) in professional counselors. In this chapter, I describe the background, problem, and purpose of the study. I provide a clear research question and hypothesis. I then explain the chosen theoretical framework,

the nature of the study, key definitions, assumptions, delimitations, limitations, and the significance of the study.

### **Background**

In the counseling profession, multicultural counseling competencies (MCC) and spiritual competencies (SC) were first developed in the 1990s (Miller, 1999; Sue et al., 1992). While these competencies were developed in parallel to one another, there does not appear to be evidence in the literature that there was any collaboration or connection between the two sets of competencies with regard to their development. However, it was likely that developers on both projects assumed there was a connection between the two, as was most evident in early versions of the MCC. The language of the first editions of the MCC contained the word “spiritual” seven times and the word “religious” eight times (Sue et al., 1992). This language has since been removed and is not seen in the current version of the MCC (Ratts et al., 2015).

A connection was also evident in the 1999 publication of *Integrating Spirituality into Multicultural Counseling* by Fukuyama and Sevig, which was published as a volume in a series of books on multicultural aspects of counseling. These authors were pioneers in exploring and explaining the interconnectedness of spirit, culture, and counseling. Fukuyama and Sevig argued that spirituality and multiculturalism had been separated and segmented in research and literature at the expense of the benefits that can come with their integration. The authors stated,

A repeating theme throughout the multicultural literature is that Western empiricism has compartmentalized many aspects of life in order to study them.



Yet, by reducing life to quantifiable units, it is easy to lose track of the connectedness of these pieces, or of the big picture. (Fukuyama & Sevig, 1999, p. xv)

Despite the efforts of Fukuyama and Sevig, this separation has continued in the literature. In the same way that MCC and SC were developed parallel but separately, they have been researched parallelly but separately with little crossover or integration.

Researchers have reported that in counselor education settings, these domains are taught in a disjointed manner as well, and often times SC is not addressed at all. Magaldi-Dopman (2014) conducted a qualitative grounded theory study to explore counselors in training MCC in the spiritual and religious domain. The participants in this study described discussion about spirituality or religion as only an afterthought in multicultural counseling courses (Magaldi-Dopman, 2014). The author suggested that counselor education programs need to be more intentional and thorough in addressing spiritual and religious issues within the multicultural counseling courses and discussions offered (Magaldi-Dopman, 2014). Similarly, Hage et al. (2006) reviewed research conducted on multicultural training in the spiritual and religious domain. These authors make the bold claim that S/R are not recognized with the same importance as other areas of diversity (Hage et al., 2006). This sentiment was also echoed by Vieten et al. (2013).

Despite these challenges in research and education, others have conducted separate studies to describe the levels of competence for both MCC and SC among counselors. Barden et al. (2017) conducted a national survey of American Counseling Association (ACA) members to assess the level of MCC and compared their findings to a

previous study conducted in 1999 by Holcomb-McCoy and Myers. They found that the dimensions of MCC have changed to support a two-factor model of competency, including self-awareness and knowledge. Participants consistently indicated stronger scores in the area of awareness than knowledge, which could inform ongoing training deficits. The study also showed variance in perceived competency based on demographic variables. No consideration was given to S/R identity or SC as potential moderating variables. However, research and court cases have established the importance that faith plays when considering the MCC of counselors or counselors-in-training, particularly when addressing diversity of sexual orientation or affection (Balkin et al., 2014; Scott et al., 2016; Suprina et al., 2019). These findings give rise to the question of how S/R identity may influence MCC and SC.

With regards to SC, Young et al. (2007) conducted a national survey of ACA members to assess the level of SC of professional counselors. Similarly, Robertson (2010) and Dailey et al. (2015) surveyed students and professional counselors to validate the Spiritual Competency Scale (SCS). All of these researchers reported that participants thought the competencies were important (Young et al., 2007) even though many counselors were unaware of their existence (Robertson, 2010). The researchers indicated a need for ongoing development and training (Dailey et al., 2015; Robertson, 2010; Young et al., 2007).

There are various philosophical/theoretical perspectives on the relation between SC and MCC, but little or no research to support these perspectives. While some of these perspectives regard the relationship between the subordinate or superordinate relationship

between spirituality and culture, in this study, I specifically looked at the relationship between competency in each of these domains.

In a more recent study, Lu et al. (2018) conducted a confirmatory factor analysis of the updated Spiritual Competency Scale revised (SCS-R-II) and correlated the results to the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). The correlations on all factors ranged from small to moderate. These results demonstrated that the two scales are discriminant and further validated the SCS as a measure of a separate construct from MCC. If MCC and SC are two discrete constructs, it seems reasonable to explore if or how the two constructs are related to one another and how addressing them as separate constructs within counselor education could be useful.

In 1992, when Sue et al. first published the MCC, spiritual and religious beliefs and values were clearly identified as a component of cultural identity for both counselors and clients. For example, the authors stated that “culturally skilled counselors respect clients’ religious and/or spiritual beliefs and values about physical and mental functioning” (Sue et al., 1992, p. 483). The authors of the newer Multicultural and Social Justice Counseling Competencies (MSJCC) did not articulate religious or spiritual domains of culture (Ratts et al., 2015). In fact, they removed the words “spiritual” and “religious” from the document altogether. However, these same authors have acknowledged religion and spirituality in other published work when discussing the intersection of identities (Ratts et al., 2016). Given this wide view of multicultural competence, religion and spirituality can be assumed to be a part of multicultural competence even though these domains are not directly named in the current

competencies (Ratts et al., 2016). Overall, counselors have endorsed S/R as valuable components of culture to be addressed in counseling (Cashwell et al., 2013) and have included these domains in the multicultural counseling literature for many years (Fukuyama & Sevig, 1999).

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) began its journey of developing the competencies for addressing spiritual and religious issues in counseling in 1995 (Miller, 1999). ASERVIC published the original competencies in 1999 (Miller, 1999). However, researchers identified the need to revise the original competencies due to the use of vague language and a desire for empirical validation (Cashwell & Watts, 2010). The revised SC took their current form in 2009 (ASERVIC), following validation through research conducted by Robertson, who created the SCS (Cashwell & Watts, 2010; Robertson & Young, 2011). The ACA has endorsed the ASERVIC (2009) competencies. Additionally, ASERVIC, the Association for Multicultural Counseling and Development (AMCD), and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) have each cross-endorsed each organization's established competencies (ASERVIC, 2009). These endorsements further support the valuable role spiritual competency plays in multicultural counseling.

Other mental health professions have developed in their interest and validation of S/R in therapy at a similar pace. In the social work field, Hodge has been especially prolific. Since 2000, he has published dozens of articles addressing spirituality, religion, and culture in social work. His work has included the development of a competency scale

(Hodge, 2005) as well as many assessment and treatment practices (Hodge, 2004; Hodge & Nadir, 2008). Although Hodge has been writing about spirituality in social work for nearly 20 years, in a recent article, he stated that there is still a dearth of discourse around SC in the profession and that the secular perspective remains privileged (Hodge, 2018).

The psychology profession has also been on a similar journey. In 2013, Vieten et al. published suggested spiritual and religious competencies for psychotherapists. Following their research and article, Vieten and Scammell published a book on the topic in 2015. In this book, Vieten and Scammell (2015) suggested that S/R had been included “in most definitions of multiculturalism” (p. 1) but that psychologists received little or no training in addressing S/R, although they are trained in multicultural competence. Like counseling and social work, the psychology profession needs further research to validate spiritual competency and assess methods for developing spiritually competent practitioners.

In this section, I provided just a brief glimpse into the long history of MCC and SC and established the background for the problem addressed within in this study. While there has been significant research on MCC and SC separately, there is a lack of research on how these constructs relate to one another. In the next section, I provide further context and description of the problem and articulate a clear problem statement.

### **Problem Statement**

Given the inclusion of spiritual and religious themes in the MCC (Ratts et al., 2016; Sue et al., 1992) and the essence of the SC to honor the multiplicity of diversity (ASERVIC, 2009), it is reasonable to assume that there is a relationship between MCC

and SC. If MCC positively contributes to SC, there are implications for counselors and counselor educators. Researchers have not yet explored the relationship between these two areas of competence. This statement is true for counseling as well as other mental health professions. This gap in the literature parallels the gap in counselor education practices in preparing counselors to provide spiritual and multicultural competent counseling (Hage et al., 2006; Magaldi-Dopman, 2014).

The problem I explored in this research project was the lack of clarity regarding the relationship between MCC and SC. There appeared to be an assumption by some that training counselors in multicultural counseling will lead to competency in addressing issues of S/R as well (Hage et al., 2006; Magaldi-Dopman, 2014). However, there was a lack of research to support this relationship. Given the removal of the language of S/R from the multicultural competencies (Ratts et al., 2015), the continued apparent privilege given to secular perspectives (Hodge, 2018), and the discrimination of the two concepts in current measurement instruments (Lu et al., 2018), the relationship between MCC and SC remained unclear. Greater clarity regarding this relationship could support counselor educators, supervisors, and counselors in the journey toward counselor preparation and competent practice.

### **Purpose of the Study**

The purpose of this quantitative study was to explore and describe the relationship between MCC and SC while controlling for personal religious commitment for licensed professional counselors. The independent variable (IV) of MCC was understood for this study as the self-perception and self-reporting of counselors based on the MSJCC (Ratts

et al., 2015) as measured by the MCKAS (Ponterotto et al., 2002). The dependent variable (DV) of SC was understood for this study as the self-perception and self-reporting of counselors based on the ASERVIC (2009) competencies for addressing spiritual and religious issues in counseling as measured by the SCS-R-II (see Dailey et al., 2015).

### **Research Question and Hypotheses**

In this study, I sought to answer one research question (RQ):

RQ: Does MCC, as measured by the MCKAS, predict SC, as measured by the SCS-R-II, when controlling for the effects of personal religious commitment as measured by the RCI-10?

Based on this RQ, I examined the following hypotheses:

*H<sub>0</sub>*: There is no significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

*H<sub>1</sub>*: There is a significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

### **Theoretical Framework**

Cultural competence and MCC were defined by Sue and Sue (2008) as follows:

Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of client and client systems. Multicultural counseling competence is defined as the counselor's acquisition of awareness,

knowledge, and skills needed to function effectively in pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocating effectively to develop new theories, practices, policies and organizational structures that are more responsive to all groups. (p. 46)

The concept at the core of multicultural and diversity issues in counseling is cultural identity. Cultural identity refers to the idea that people identify themselves as being a part of various cultural groups or subgroups (Hays & McLeod, 2018).

Traditionally, culture is understood to consist of three levels or dimensions, including individual, group, and universal culture (Hays & McLeod, 2018; Sue & Sue, 2016).

Researchers have then developed models that incorporate these three dimensions of cultural identity (Ratts & Petersen, 2014; Sue & Sue, 2016). For this study, I used the dimensions of identity model (DIM; Ratts & Petersen, 2014) as a framework from which to recognize S/R as a component of cultural identity.

The DIM is composed of three dimensions of identity: internal, external, and sociopolitical (Ratts & Petersen, 2014), each of which is used to understand the group level of identity. The DIM is visually represented as concentric circles. The center circle represents the internal dimensions of identity, which are those elements of group identity that are most salient to the individual. One level out from the center includes those elements of group identity that are part of the individual's cultural identity but are less salient. This second level is labeled external dimensions of identity. Associated with each component at each level is the recognition that the individual may be either part of a



privileged or oppressed group. For example, an individual may have race, age, and religion as salient components of their identity. For each of these three groups of identity, the individual may be part of a privileged, border, or oppressed group. The final component of the DIM is the outer rim of the circle, which represents the sociopolitical dimensions of identity. This final dimension captures all the ecological factors that influence the individual's experience of group identity. The DIM is a dynamic framework able to capture the unique and changing combinations of an individual's group identity.

Multiple sets of competencies have been developed (Kenney et al., 2015; ASERVIC, 2009; Chapin et al., 2018) to address the gap between the larger view of MCC and the various group identities. However, I did not find any research in the literature addressing the relationship between the various group identity domains with their identified competencies and the broader MCC. The DIM framework provides a theoretical conceptualization of the complexity of cultural identity, which includes spiritual and religious identity, but only partly explains or describes the relationship of the parts to the whole. This framework was useful for this study because it captured the complexity of cultural identity and, thus, the complexity of multicultural counseling competency. Nevertheless, it is unlikely that one overarching set of competencies is sufficient to address the complex identities and needs of a diverse population.

### **Nature of the Study**

The nature of this study was a quantitative survey design. The survey included previously used and validated instruments for assessing MCC (IV), SC (DV), and religious commitment (control variable). I measured MCC using the MCKAS (see

Ponterotto et al., 2002). I measured SC using the revised SCS (see Dailey et al., 2015). These instruments were selected in part due to their close association with their respective competencies (see Dailey et al., 2015; Ponterotto et al., 2002). Religious commitment was measured using the Religious Commitment Inventory (RCI-10), which has been used with diverse religious worldviews (see Worthington et al., 2003). Additionally, I collected demographic information for descriptive and comparative purposes. This design allowed me to answer the inferential question identified above.

Participants in this study included a convenience sample of licensed professional counselors (LPCs) from across the United States. Because the study was focused on the relationship between variables rather than a description of the population, a nonprobability sample was an appropriate fit for the research (see Baker et al., 2013). The survey was administered electronically using Qualtrics survey software. I used SPSS to conduct a stepwise linear regression analysis and report on descriptive data as well as the regression analysis findings.

### **Definitions**

The following section provides definitions of terms used in the current study. The definitions were drawn from current and relevant historical literature on the topics being studied and were reliant primarily on counseling literature. These definitions provide clarity to the readers with regard to understanding the variables being measured in this study.

*Culture*: According to Hays and McLeod (2018), culture is the “shared values, practices, social norms, and worldviews associated with a particular cultural group” (p.

5). These groups are often based on race, ethnicity, gender, age, disability, marital status, religious or spiritual preference, geographic location, or socioeconomic status (Hays & McLeod, 2018; Sue et al., 2019). Lee (2018) generalized these concepts by stating that “culture refers to any group of people who identify or associate with one another on the basis of some common purpose, need, or similarity of background” (p. 5).

*Multicultural counseling:* Following the definition of culture, multicultural counseling is counseling in which the counselor considers and integrates the cultural identities, diversity, and group membership of the client and counselor (Hays & McLeod, 2018; Lee, 2018). In multicultural counseling, the variables just mentioned are understood to influence the counseling relationship, processes, and outcomes (Hays & McLeod, 2018). Sue and Torino (2005) added that multicultural counseling is understood to be both a helping role and a process that aims to identify goals and treatment that are aligned with the client’s cultural values.

*Multicultural counseling competence:* Sue and Torino (2005) stated that Multicultural counseling competence is aspirational and consists of counselors acquiring “awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society, and on an organizational/societal level, advocating effectively to develop new theories, practices, policies, and organizational structures that are more responsive to all groups” (p. 8). Lee (2018) provided a practical definition, suggesting that MCC is the attitudes, knowledge, skills, and behavior that characterize a counselor’s ability to successfully engage in a counseling relationship with clients of diverse cultural

backgrounds. For the counseling professional, these attitudes, knowledge, and skills are articulated in the MSJCC (Ratts et al., 2015).

*Religion:* Although the words religion and spiritual are often interchanged or used in combination, they are unique terms. The term religion is thought to be more easily defined than the term spiritual. Worthington (1989) defined religion as “an organized system of faith, worship, cumulative traditions, and prescribed rituals” (as cited in Fukuyama & Sevig, 1999, p. 6). Many authors have pointed out that while spirituality is personal, religion is denominational (Richards & Bergin, 2005; Sperry, 2001; Young & Cashwell, 2020). These authors described spirituality as internal and religion as external, spirituality as affective and religion as cognitive, and spirituality as private while religion as public. For many, religion provides a structure for the practice and expression of their spirituality (Young & Cashwell, 2020a). However, for others, religious participation is devoid of spiritual experience (Cashwell & Giordano, 2018). For the purposes of this study, Worthington’s (1989) definition was sufficient.

*Religious commitment:* Religious commitment was a control variable in this study and was defined by Worthington et al. (2003) as “the degree to which a person adheres to his or her religious values, beliefs, and practices, and uses them in daily living” (p. 85).

*Spirituality:* During the 1995 ASERVIC Summit on Spirituality, participants collaboratively crafted the following definition of spirituality:

Spirituality is also defined as a capacity and tendency that is innate and unique to all persons. This spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and

wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psychospiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both precedes and transcends culture. (ASERVIC, 1997, para. 4)

While this definition may seem dense and complex, no definition of spirituality is sufficient to capture every individual's unique experience (Cashwell & Giordano, 2018; Gold, 2010), and others have argued that the phenomenon of spirituality defies verbal explanations (Cashwell & Giordano, 2018; Frame, 2003). However, for the purposes of this study, I used the definition provided by Young and Cashwell (2020a): "Spirituality is the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in self-other compassion and love" (p. 12).

*Spiritual competence*: SC is understood as the ability of an individual to understand and apply the ASERVIC (2009) competencies for addressing spiritual and religious issues in counseling. These ASERVIC competencies, referred to throughout this document as SC, are the specific attitudes, knowledge, and skills identified as being critical to the ethical and effective practice of counseling within the domain of S/R, as understood in the definitions above.

### **Assumptions**

I identified two assumptions for this study. The first assumption is common for quantitative cross-sectional survey designs. I assumed that individuals who chose to

participate answered the survey questions honestly. I made this assumption based on the anonymous nature of the survey and the monitoring of social desirability during scale development. Although I collected demographic data as part of the survey, the online administration allowed participants to remain anonymous. This anonymity increased the likelihood of factual responses to questionnaire items. Additionally, during instrument development, researchers often use appropriate wording of questions and social desirability scales, such as the Marlowe Crowne Social Desirability Scale, to assure that participants would be less likely to provide inaccurate responses. These precautions were taken by the developer of SCS (Robertson, 2010) and have been likely used in the development of the other scales as well.

The second assumption I made in this study was that MCC, SC, and religious commitment are quantifiable phenomena and that the quantifying results are meaningful. Evidence of this assumption lies in the details described by the instrument developers' process of operationalizing the phenomena, questionnaire item identification, and processes of validation. For example, the RCI-10 was developed over several years and six research studies (Worthington et al., 2003). The developers began with 62 items, and through their efforts, they reduced the item number to 10. They also demonstrated construct validity, discriminant validity, and criterion-related validity.

### **Scope and Delimitations**

The focus of this study was to understand the relationship between MCC and SC. Understanding this relationship can support future research about how to effectively prepare counselors for working with culturally and spiritually diverse clients. This

research can also inform course and program development in these domains of counselor education.

The target population of this study was active LPCs in the United States. This study did not include counselors-in-training, retired counselors, or other mental health professionals. I chose this population because they were likely to represent the current profession most accurately. Because they had an active license, they were likely to have completed appropriate trainings, hours of counseling experience, and were maintaining their license through continuing education. Although other mental health professionals follow similar practices, competencies, and trainings, there are significant differences that might influence the data and results. This study was also delimited to LPCs who had access to the internet, email, social media, and professional counseling organization listservs.

Ratts and Pederson's (2014) DIM was chosen as a framework for this study because of its complexity and recognition of intersectionality. The DIM framework allows a counselor to conceptualize the role S/R might play as a component of cultural identity, with mechanisms of oppression and privilege intersecting with other possibly salient cultural identities. Counselors can use this model to understand their own cultural identity as well as that of their clients.

Additionally, I chose to use a quantitative survey design for this study because of the ease of data collection and the ability to run statistical analysis to answer my RQ. This survey study provided the information needed at this stage of inquiry. These data could demonstrate the need for further studies.

### **Limitations**

There were multiple limitations to this study. First, Dillman et al. (2014) identified multiple challenges in conducting survey research. Some of these challenges include getting broad coverage of the population and adequate response rates (Dillman et al., 2014). I wanted to use a sampling method that would have decreased sampling and coverage errors, but I confirmed with multiple professional organizations that they no longer shared their membership contact information. Second, S/R are not areas of interest to everyone. Some individuals may have had a negative perception of these topics and were disinclined to participate in the survey. It was difficult to encourage noninterested individuals to participate in the survey to ensure adequate coverage. Conversely, I had many individuals choose to participate in the study due to their interest in and familiarity with S/R. Third, I had a personal bias in favor of including S/R in counseling and counselor education. As a highly religious and spiritual person, I find this domain of my cultural identity to be very salient for me. This bias had the potential to influence my perspective on the profession and the data collected in this study. To manage this bias, I collaborated with professionals with a different perspective in hopes of balancing and checking my assumptions and limiting my blind spots. Finally, the survey took more time to complete than optimal. The length of the survey may have contributed to attrition.

### **Significance**

Because of the direct link to the MSJCC in this study, I have an opportunity to influence social change through informing counselors and counselor educators in the spiritual and religious domain of multicultural competence. The integration of social



justice with the original MCC led to the development of the attitudes, knowledge, skill, and action model, where the operationalized action was not a part of the original competencies (Ratts et al., 2016). Additionally, the MSJCC model addresses the issue of context and levels of intervention that move beyond the individual in the counseling office and encourages advocacy at the local, state, federal, and global levels (Ratts et al., 2016). According to recent articles in the U.S. Department of Justice (2016, 2017, 2018, 2019), hate crimes continue to increase each year. Also, in 2019, approximately one in five hate crime victims were targeted because of their religious affiliation (U.S. Department of Justice, 2019). The primary bias and increased attacks were against Jews and Muslims (U.S. Department of Justice, 2019). However, professional counselors have an opportunity to partner with clients and communities to increase safety and well-being for all residents and visitors regardless of religious beliefs and values. Counselors can only have such influence to the level of their awareness and competence. Therefore, this study has the potential to influence counselor preparation and development of SC, thus increasing personal awareness and knowledge and equipping counselors to make a difference in their communities. Given the data on religious hate crimes, if counselors are to make an impact in the area of social justice, religious and spiritual diversity cannot be ignored, overlooked, or lost in the broader understanding of multiculturalism.

### **Summary**

In this chapter, I introduced my study exploring the relationship between SC and MCC. I provided background information on the constructs of SC and MCC within the counseling profession and related mental health professions. I clearly stated the research

problem, purpose, and question. I then presented the dimensions of cultural identity model as a framework from which to see S/R as a component of culture and MCC. I described the nature of the study as a cross-sectional quantitative survey design and provided definitions to key terms and concepts related to the study. Next, I outlined assumptions, scope, delimitations, and limitations for the study. Finally, I articulated the significance of the study by connecting SC and MCC to social justice and the current social justice issue of religiously based hate crime. The study holds potential to fill a gap in the literature and inform counselor education practices.

## Chapter 2: Literature Review

### **Introduction**

In this literature review, I present a historical review of the development of the MCC (see Ratts et al., 2015) and the competencies for addressing spiritual and religious issues in counseling (see ASERVIC, 2009). Along with a discussion of the history of these competencies, I present current research in these domains to summarize the state of the counseling profession concerning multicultural and spiritual competency and to identify critical variables that contribute to competence in these domains. Ultimately, I show a gap in the literature regarding the relationship between multicultural competency and spiritual competency.

As a result of increasing diversity in the United States and the profession's recognition of the Eurocentric assumptions built into counseling theories and practices, the counseling and psychology professions have taken great efforts to embrace and embody multiculturalism (Sue & Sue, 2016). The ACA (2014) Code of Ethics is permeated with references to multicultural precepts and standards recognizing cultural diversity. A search of the ACA (2014) Code of Ethics revealed that the word "multicultural" was used 23 times in this 24-page document. Similarly, the word "diversity" was used 30 times. This simple word search highlights the high value the counseling profession places on multiculturalism and multicultural competence. This also provides evidence of what Sue and Sue (2016) identified as the "superordinate nature of multicultural counseling" (p. 37).

Subsumed under the language of multiculturalism and culture are the phenomena of S/R. Often, S/R are listed as areas of diversity that should be attended to by counselors. For example, Hays (2008) offered the age, developmental, disability, religion and spirituality orientation, ethnicity and race, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender (ADDRESSING) framework for recognizing and addressing diversity in counseling. In this and similar models, S/R are one area of cultural identity. According to Cashwell and Giordano (2018), “Spirituality and religion are aspects of culture and are important in the counseling process” (p. 503). However, other researchers have appeared to focus more on a universal understanding of spirituality, which removes spirituality from a subordinate position in cultural diversity and make it superordinate. For example, Young and Cashwell (2011) defined spirituality as the “universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love” (p. 7). Similarly, Bohecker et al. (2017) made an argument for the superordinate nature of spirituality. However, I did not identify research exploring the relationship between MCC and spirituality competence.

### **Literature Search Strategy**

I conducted multiple searches through the Walden University library databases, including PsycINFO, SAGE Journals, SocINDEX with Full Text, Taylor and Francis Online, and Academic Search Complete. Additionally, I conducted a broader search using the Google Scholar search engine. When using Google Scholar, I regularly used the “cited by” option to identify more related articles. I paid particular attention to counseling

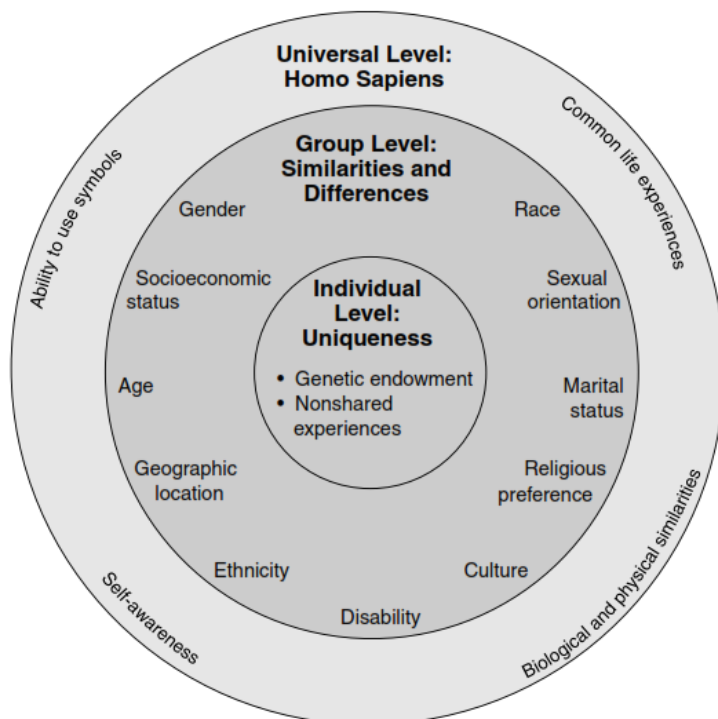
journals, wanting to focus on the work of counseling professionals but not excluding important and related work from other helping professions. Thinking that the professional historical context might illuminate potential areas of the relationship between the two competencies, I intentionally broadened my search beyond the last 10 years.

During my database searches, I used a variety of key terms. The search terms included *spirituality*, *religion*, *spiritual competenc\**, *multicultural counseling competenc\**, *spiritual competency scale*, *intersectionality*, *cultural identity development*, *multicultural counseling competence and spirituality*, *spirituality and supervision*, *spirituality and counselor education*, *ASERVIC competencies*, and *social justice and multiculturalism*. I used Zotero to sort and store all the articles and resources found in my searches. I culled the resources that best met the needs of the study by focusing primarily on competencies.

### **Theoretical Framework**

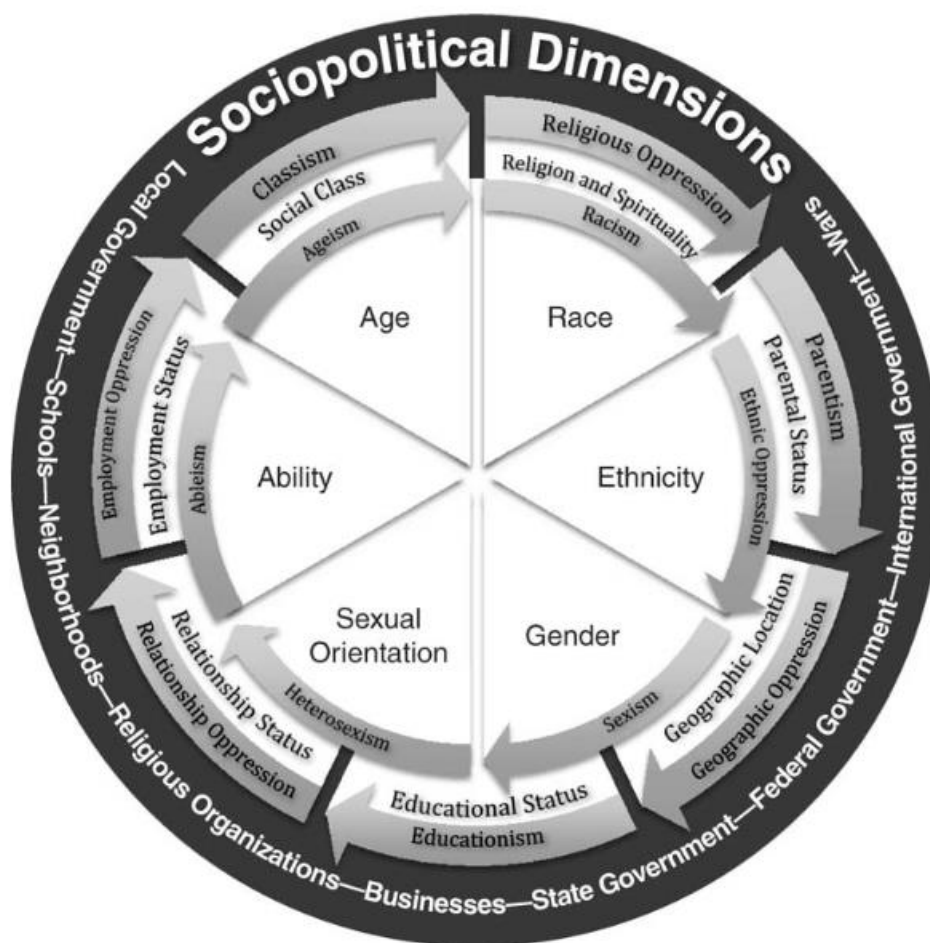
The multicultural movement in counseling is built on the understanding that people are cultural beings and that counselors can best serve their clients by seriously considering the cultural perspectives of the client and offering treatment that is both universal and culturally specific (Sue & Sue, 2016). The counselor can begin to understand their own and their clients' cultural identity through Sue's (2001) tripartite framework of personal identity (see Figure 1). This model consists of three concentric circles representing three dimensions of human identity, including individual, group, and universal levels of identity (Sue, 2001). At the individual level of identity, counselors recognize that each person is unique in their experiences and perspectives (Sue, 2001).

However, at the universal level of identity, it is understood that all humans share some similarities in attributes and experiences (Sue, 2001). For example, there is very little biological difference between races, and humans have common experiences, such as emotions, known to be universal (Sue, 2001). The group level of identity is described as the various group memberships a person is associated with, such as race, age, gender, religion, socioeconomic status, and sexual identity (Sue, 2001). It is the group level of identity that is the focus and aim of multicultural counseling. Ratts and Pedersen (2014), Sue (2001), and Sue and Sue (2016) have demonstrated that counseling has effectively addressed the universal and individual levels of identity but has continued to struggle with effectively addressing the complex group level of identity. Although this level of identity is complex, much of the multicultural focus has centered primarily on issues of race and ethnicity or has focused on one group membership at a time and has failed to recognize the interactive effect of multiple group identities (Ratts, 2011; Ratts & Pedersen, 2014; Sue & Sue, 2016). Building on Sue's (2001) framework, Ratts and Pederson (2014) created a more dynamic model to attempt to capture the complex intersectional dynamic of the group level of identity. The DIM is depicted in Figure 2.

**Figure 1***Tripartite Framework of Personal Identity*

*Note.* Adapted from “Multidimensional Facets of Cultural Competence,” by D. W. Sue, 2001, *The Counseling Psychologist*, 29(6), p. 793

(<https://doi.org/10.1177/0011000001296002>). Copyright 2001 by the Division of Counseling Psychology. Reprinted with permission (see Appendix E).

**Figure 2***Dimensions of Identity Model*

*Note.* Adapted from *Counseling for Multiculturalism and Social Justice: Integration, Theory, and Application* (4<sup>th</sup> ed., p. 37), by M. J. Ratts and P. B. Pedersen, 2014, American Counseling Association. Reprinted with permission (see Appendix F).

The DIM consists of three dimensions of identity: internal, external, and sociopolitical dimensions of identity (Ratts & Pedersen, 2014). The internal dimensions of identity capture those components of group identity that are most salient to an



individual. In the depiction of the model, the internal dimension is represented by those identity dimensions closest to the center of the circle: race, gender, age, ability, sexual orientation, ability, and ethnicity. However, these are just examples and could be replaced by other categories such as S/R or social class if those were more salient to the individual. In the arrows circling right around the internal dimensions, Ratts and Pedersen (2014) identified the related concepts of oppression that may be experienced by an individual concerning each internal domain. For example, an older adult may experience age as a salient component of their identity and may be experiencing ageism in the workplace or even in the counseling office. If that same individual was female, she might also experience sexism and there is likely to be a compounding effect of this dual experience of oppression. For an older male, gender may not be as salient, and the experience of ageism is likely to be quite different as well. For this person, gender may be in the external dimension of identity.

The external dimensions of identity are those dimensions of identity that are experienced by the individual as less central, salient, or important to their sense of identity (Ratts & Pedersen, 2014). Like before, the domains listed in this category are dynamic and may change for an individual based on context, phase of life, and other life variables. To illustrate the concept, Ratts and Pedersen (2014) listed parental status, geographic location, educational status, relationship status, employment status, social class, and S/R as examples of possible external dimensions of identity. Surrounding the external dimensions is a circle of arrows identifying related forms of oppression for each group identity (Ratts & Pedersen, 2014).

Sociopolitical dimensions of identity are the final level and are represented in the circle on the outside edge of the diagram and serve as a context for the other two levels (Ratts & Pedersen, 2014). This dimension of identity recognizes that political and social conditions affect human and identity development (Ratts & Pedersen, 2014). Conditions such as war or economic depression affect development. The local, state, federal, and international government can impact access to resources such as healthcare, education, or more basic needs such as housing, clean water, and food. Conditions of and relationship to schools, neighborhoods, businesses, and religious organizations can also be experienced as supportive or oppressive, which in turn affects identity and overall wellbeing.

Combined, these three dimensions of identity serve as a framework for understanding the complexity of identity for both the clinician and the client (Ratts & Pedersen, 2014). For the professional counselor, culturally sensitive work requires awareness of self-identities, the ability to understand the client's perspective and worldview, and the skills to navigate the cultural similarities and differences (Sue & Sue, 2016). Consistent with multicultural perspectives, this framework recognizes that the sociopolitical context effects identity and wellbeing, directly confronting the more traditional psychological view that identified problems a being within the individual (Ratts & Pedersen, 2014; Sue & Sue, 2016).

Advocates for different cultural groups have written competencies to define and address specific individual groups within the group level of identity. Examples include ALGBTIC's (now known as Society for Sexual, Affectional, Intersex, and Gender

Expansive Identities; SAIGE) competencies for counseling lesbian, gay, bisexual, queer, intersex, questioning and ally (LBGQIQA) individuals and competencies for counseling transgender clients and disability-related counseling competencies (Chapin et al., 2018), competencies for counseling the multiracial population (Kenney et al., 2015), and ASERVIC (2009) competencies for addressing spiritual and religious issues in counseling. Each of these sets of competencies attempts to fill a gap in awareness, knowledge, and skill left by the broader perspective of the MCC.

Even though the more recent model of cultural identity, the DIM, captures a more realistic view of the complexity of identity and is consistent with the current version of the MSJCC, researchers have not explored the relationship between the various cultural group competencies and the overarching MSJCCs. The DIM includes many domains of cultural identity and recognizes/acknowledges the complex interaction of these various components of identity, which offers a framework for exploring the relationship between individual domains and the broader construct of MCC.

### **Counselor Competence**

To echo Remley and Herlihy (2014), competence is very difficult to define. The ACA's (2014) code of ethics repeatedly stipulates that "counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience" (p. 8). Miller (1990) conceptualized competency through a framework of knowledge, competence (know-how), performance, and action. Similarly, Welfel (2016) articulated that competence consists of knowledge, skill, and diligence. Regarding

diligence, Welfel was referring to conscientious attention to the client's needs and making those needs the priority in the counseling relationship. Both models bear a resemblance to the MCC domains of awareness, knowledge, and skill (Sue et al., 1992). Although competency is ethically and legally mandated for professional counselors (ACA, 2014; Remley & Herlihy, 2014), it is challenging to determine competence definitively. To this end, researchers have diligently worked to identify the critical knowledge and skills needed for professional competence.

Throughout the years, multiple entities within the ACA have attempted to define competence for particular domains within the profession operationally. A quick visit to the "Competencies" page of the ACA (2023) website provided nine separate competencies. Along with the competencies already listed in this chapter, there are also competencies for animal-assisted therapy and American Rehabilitation Counseling Association (ARCA) disability-related counseling competencies. Each of these competencies includes a combination of awareness, attitudes, knowledge, skills, and actions that define competency for the specified counseling domain. Researchers have argued that every counseling interaction is a cross-cultural interaction (Lee, 2014), which indicates that counselors must attend to the MSJCC. Ridley et al. (2011) argued that "counseling competence is multicultural competence" (p. 17). As mentioned above, others have argued that spirituality is an innate quality of human capacity (Bohecker et al., 2017), indicating that spirituality is a component of every individual's cultural identity or possibly superordinate to their cultural identity. Thus, it can be argued that counselors should attend to the ASERVIC competencies as well. In the paragraphs that

follow, I describe the development of these two sets of competencies, MCC and SC, and the variables that researchers have identified as being related to these competencies.

### **Multicultural Counseling Competency**

The current version of the MSJCC (Ratts et al., 2015) is the product of decades of hard work, research, and advocacy. According to Sue et al. (1992), multiculturalism has been a topic of study in the mental health professions since the early 1970s. However, it was not until the spring of 1991 that the AMCD formally recommended the creation of MCCs (Sue et al., 1992). The MCCs were published by Sue et al. in 1992 in two leading counseling journals: *The Journal of Multicultural Counseling and Development* and the *Journal of Counseling and Development*. These competencies were developed in response to the growing diversification of the United States, the ongoing and dominant monocultural nature of counselor preparation, and the sociopolitical reality of systematic oppression (Sue et al., 1992). According to Arredondo (1999), because of these factors, “the profession was preparing individuals for unethical and potentially harmful behavior” (p. 77).

In 1996, Arredondo et al. published a second document that further expanded and operationalized the original MCC. Arredondo et al. (1996) contextualized the competencies suggested by Sue et al. (1992) through the Personal Dimensions of Identity (PDI) model. The PDI model recognized that personal cultural identity is composed of multiple components, and the author divided these components into three dimensions (Arredondo et al., 1996; Arredondo, 1999). Dimension A includes visual characteristics, including age, ethnicity, gender, language, race, sexual orientation, and other observable

components. Dimension B was referred to as the not always visible components of identity. Examples of Dimension B items include educational background, military experience, relationship status, S/R, and work experiences. The final dimension, Dimension C, is the invisible historical moments/eras that have influenced the individual's identity and of which the individual has little or no control (Arredondo et al., 1996). According to Arredondo et al. (1996), while Dimensions A and C are relatively fixed, Dimension B is often more fluid, yet a result of A and C. The PDI model is similar to what is currently discussed as intersectionality and other models that recognize the complexity of cultural identity.

According to Chan et al. (2018), intersectionality theory is interdisciplinary and originated from the work of Crenshaw (1988) and Collins (1986). Rather than simply recognizing that cultural identity is complex, intersectionality considers the impact that multiple and intersecting components of identity have on an individual's experience of privilege and oppression (Chan et al., 2018). According to Collins and Bilge (2016), intersectionality addresses themes of social justice, social context, complexity, power, relationality, and social inequality. In counseling and counselor education, each individual experience both privilege and oppression due to intersecting identities. For example, a white, cisgender, homosexual, female from an upper-class family can experience dual oppression as a homosexual female, and also privilege as a white, cisgender, upper-class individual. These identities do not cancel each other out but build on one another and are contextually dependent (Chan et al., 2018). In different settings and at different times, certain identities become more salient than others. Intersectionality

is beginning to impact perspectives in counselor education and counseling and has influenced conceptualizations leading to the current version of the MSJCC (Chan et al., 2018; Ratts et al., 2016).

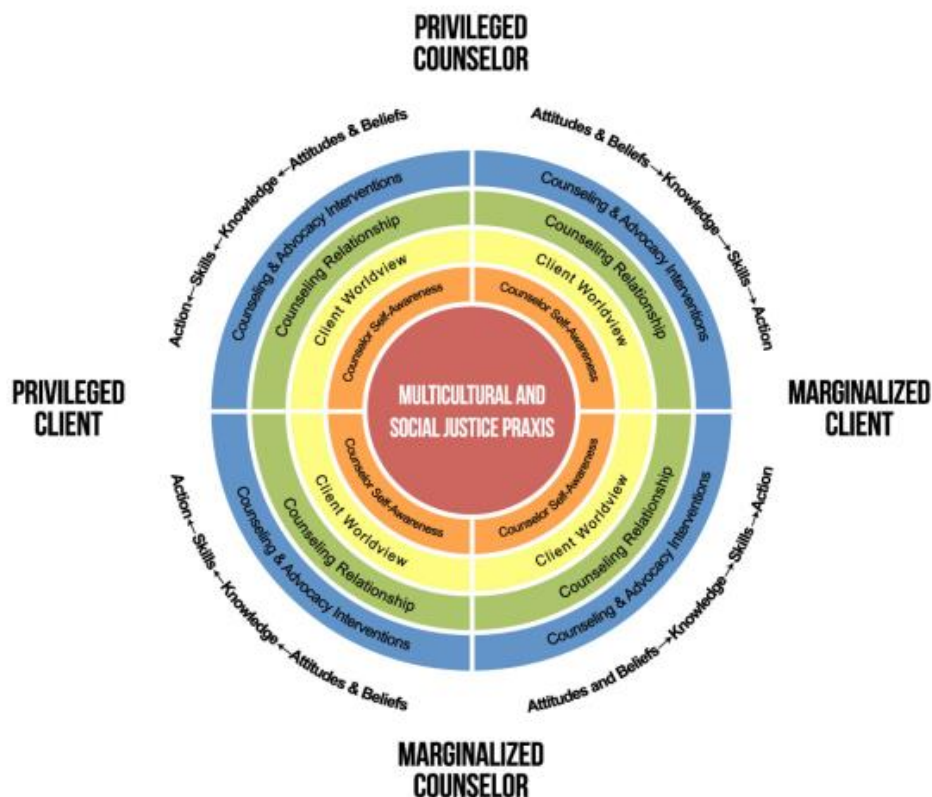
Along with the recognition of complexity and intersectionality in cultural identity, developments in the area of social justice also influenced the evolution of the MCCs (Ratts et al., 2016). Authors have advocated for the centrality of social justice perspectives in counseling and counselor education (Chang et al., 2010; Lee & Walz, 1998; Nassar-McMillan, 2014; Ratts, 2009; Ratts, 2011; Ratts & Pedersen, 2014). Ratts (2011) wrote that social justice and multiculturalism are two sides of the same coin; they are seamlessly connected to one another. While multiculturalism and the MCCs highlighted the importance of recognizing diversity issues, bias, oppression, microaggressions, and the hazards and harm done by inequity, the social justice, and advocacy competencies highlighted the continuum of action that can be taken by counselors (Ratts, 2011).

It is from this space of recognizing the complexity of identity and intersectionality that the most current version of the MCC was developed. In fact, the revision committee's charge was to update the multicultural competencies to match the profession's focus on a "broader understanding of culture and diversity" (Ratts et al., 2016, p. 29), and the growing role counselors are playing beyond the counseling office such as social justice advocacy. The resulting MSJCCs are founded on an understanding of the complexities of identity, the influence of oppression on well-being, understanding individuals in their environmental context, and balancing traditional counseling with

social justice advocacy (Ratts et al., 2016). Figure 3 illustrates the multicultural and social justice counseling competencies.

**Figure 3**

*Multicultural and Social Justice Counseling Competencies*



*Note.* Adapted from *Multicultural and Social Justice Competencies*, by M.J. Ratts, A.A.

Singh, S. Nassar-McMillan, S.K. Butler, & J.R. McCullough, 2015,

<http://www.counseling.org/knowledge-center/competencies>. Copyright 2015 by M.J.

Ratts, A.A. Singh, S. Nassar-McMillan, S.K. Butler, & J.R. McCullough. Reprinted with permission (see Appendix D).



The four quadrants of the diagram represent the intersection of the counselor and client identities, including the various elements of privilege and oppression for each (Ratts et al., 2015). The concentric circles denote the four developmental domains necessary for multicultural and social justice competence: (1) counselor self-awareness, (2) client worldview, (3) counseling relationship, and (4) counseling and advocacy interventions (Ratts et al., 2015). For each of the first three developmental domains, there are attitudes and beliefs, knowledge, skills, and action (AKSA) in the form of aspirational statements of competency (Ratts et al., 2015). The fourth developmental domain captures the socioecological perspective describing a multilevel framework for counseling and advocacy (Ratts et al., 2015). These levels include intrapersonal, interpersonal, institutional, community, public policy, and international and global affairs (Ratts et al., 2015).

While the current competencies are moving in a direction that helps counselors and counselor educators address a broader understanding of cultural identity, much of the literature and textbooks still operate from a narrower, race-focused approach to diversity, only tipping their hat to intersectionality and complexity. This is a sentiment shared by many authors (Jun, 2018). In the new MJSCCs, developers have removed all language of specific cultural group domains such as S/R, which might lead to more confusion and the need for further specific competencies like the ASERVIC (2009) competencies. The question remains as to how these competencies relate to one another.

One challenge in moving forward with this exploration is the lack of new measurement instruments for the MSJCCs. A dissertation published in May of 2019

(Noble) used an instrument developed in 2002 and associated with previous models of MCC. Similarly, other current researchers are using older instrumentation (e.g., Lu, 2017; Lu et al., 2018). Noble (2019) compensated for this concern by using a second instrument to measure social justice advocacy competency, but others have not. References made after this regarding multicultural competence will be to research using instruments aligned with previous versions of MCC.

### **Multicultural Competence Among Professional Counselors**

To identify variables related to MCC, I have reviewed literature exploring the MCC of professional counselors and counselors-in-training (CIT). In 1999, Holcomb-McCoy and Myers conducted a national survey of practicing professional counselors who were members of ACA. The researchers were seeking to find out the extent to which professional counselors perceive themselves to be multiculturally competent, differences between Council for Accreditation of Counseling and Related Educational Programs (CACREP) and nonCACREP educated counselors, perceptions of their MCC training, and the relationship between MCC and demographic domains. Results from the 151 surveys collected indicated that, overall, counselors perceived themselves to be multiculturally competent. They were more knowledgeable about their own culture than that of their clients. However, they also reported that they found their training on the subject to be inadequate. Another significant finding from Holcomb-McCoy and Myers (1999) was that being part of an ethnic minority group accounted for most of the variance in scores of MCC. Minority counselors scored higher. Finally, there was no difference in scores between CACREP and nonCACREP education. Significant variables from this

study included ethnicity and participation in a multicultural training course(s) (Holcomb-McCoy & Myers, 1999).

Barden, Sherrell, and Matthews (2017) conducted a study replicating the survey of Holcomb-McCoy and Myers (1999). Barden et al. (2017) collected survey data from 171 practicing counselors who were ACA members. Data analysis revealed a two-factor model of MCC, including knowledge and awareness. The researchers hypothesized that skills and knowledge are perhaps more appropriately conceptualized as one factor rather than two. Like in the previous study, the participants perceived that they were multiculturally competent and again were more competent in the area of self-awareness than knowledge of their clients' cultures (Barden et al., 2017). Unlike the previous study, ethnicity only accounted for 4.5% of the variance in the knowledge dimension. Barden et al. (2017) acknowledged that this finding is different from expectations and results from multiple other studies. The researchers also reported a significant difference in scores between master's education and doctoral education, with higher scores positively correlated with higher education levels.

Balkin et al. (2009) conducted a study to examine the relationship between multicultural competence and religious identity. Researchers surveyed 114 counselors and CITs. Religious identity was measured using the Religious Identity Development Scale (RIDS), which measures religious identity development on six different nonhierarchical levels of development. The researchers measured sexism and attitudes about homosexuality using the Ambivalent Sexism Inventory (ASI) and the Attitudes Toward Lesbians and Gay Men-Revised-Short Form (ATLG-R-S), respectively. Finally,

MCC was measured using the Multicultural Awareness, Knowledge, and Skills Survey – Counselor Edition – Revised (MAKSS-CE-R). Balkin et al. (2009) reported that a more rigid and authoritarian religious identity was related to homophobic attitudes and sexism but that a more conforming religious identity was related to higher levels of multicultural knowledge. These results illustrate that religious and spiritual identity and affiliation may affect multicultural competence in either positive or negative ways. This speaks to the significance of S/R on worldview and the importance of exploring these domains in counselor preparation.

Overall, research on MCC among counselors and CITs demonstrates some inconsistencies about the variables that impact competence. Participation in MCC course work and level of education are variables that have shown a consistent positive correlation to higher scores on self-perceived MCC (Barden et al., 2017; Holcomb-McCoy & Myers, 1999). Race and ethnicity have also been shown to correlate with MCC (Barden et al., 2017; Holcomb-McCoy & Myers, 1999). However, there is some inconsistency with this variable, and the variance may be better explained by ethnic or racial identity development (Matthews et al., 2018; Noble, 2019). Finally, religious identity, affiliation, or faith development may also be a variable to account for due to the results of Balkin et al. (2009) and because of the direct relation to other variables being explored in this study.

### **ASERVIC Competencies**

A focus on S/R in counseling and counselor education developed in a parallel yet independent manner and timeline to the multicultural movement in the counseling

profession (Powers, 2005). Growth in the number of publications on the subject of S/R has been steady since the 1970s (Powers, 2005). However, the history of the importance of this topic began long before this growth in publications (Miller, 1999; Powers, 2005). William James was writing and lecturing about spiritual experiences in 1902, and Abraham Maslow was developing his transpersonal theories in the 1950s (Powers, 2005). According to Miller (1999), the National Catholic Guidance Conference (NCGC) was formed in 1961 and became the 10th division of the American Personnel and Guidance Association (now ACA) in 1973. In 1977, the NCGC changed its name to the Association for Religious and Value Issues in Counseling (ARVIC; Miller, 1999). It was not until 1993 that ARVIC members chose to change their name again to include the broader language of spirituality, becoming the ASERVIC (Miller, 1999). ASERVIC has played a significant role in guiding the counseling profession toward an ethical perspective for integrating S/R in counseling (Miller, 1999; Powers, 2005).

In 1995, a group of counseling professionals from across the country and representing various ACA divisions came together for a three-day Summit on Spirituality (Cashwell & Watts, 2010; Miller, 1999). These professionals were considered experts on the topic of S/R in counseling (Miller, 1999). The summit participants had two goals for their time together (a) defining spirituality and (b) identifying competencies for addressing spirituality in counseling (Miller, 1999). According to Miller (1999), participants reported that both objectives were accomplished and were first published in *Counseling Today* (1995). The results of the summit included a list of 10 competencies that were developed using the eight CACREP core areas as a guideline for their

development (Miller, 1999). Further meetings and collaboration led to a final list of nine ASERVIC Competencies for Addressing Spiritual and Religious Issues in Counseling (Cashwell & Young, 2005; Miller, 1999). All this important work fueled further research and validation of the identified competencies.

In 2009, a revised set of SCs was approved by the ASERVIC Board of Directors (Cashwell & Watts, 2010). This revision was deemed necessary due to issues in the original competencies around language clarity, practicality, and limited empirical validation (Cashwell & Watts, 2010). A second Summit was held in 2008, where participants brainstormed ways to promote S/R in the counseling process (Cashwell & Watts, 2010). L. Robertson was one of the participants and was conducting research analyzing the original nine competencies (Cashwell & Watts, 2010; Robertson, 2008, 2010). Her research led to the development of the SCS, which provided a six-factor solution and an empirical foundation for the revised competencies. The new and current version of the ASERVIC competencies includes 14 competency practices divided into six categories, including culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment (see Figure 4; ASERVIC, 2009; Robertson & Young, 2011). Figure 4 outlines the current ASERVIC competencies.

**Figure 4***Competencies for Addressing Spiritual and Religious Issues in Counseling***Preamble**

The Competencies for Addressing Spiritual and Religious Issues in Counseling are guidelines that complement, not supersede, the values and standards espoused in the ACA Code of Ethics. Consistent with the ACA Code of Ethics (2014), the purpose of the ASERVIC Competencies is to “recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (p. 3). These Competencies are intended to be used in conjunction with counseling approaches that are evidence-based and that align with best practices in counseling.

**Culture and Worldview**

1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.
2. The professional counselor recognizes that the client’s beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

**Counselor Self-Awareness**

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.
4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.
5. The professional counselor can identify the limits of his or her understanding of the client’s spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

**Human and Spiritual Development**

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

**Communication**

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client’s spiritual and/or religious perspectives and that are acceptable to the client.
9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

**Assessment**

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

**Diagnosis and Treatment**

11. When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.
12. The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.
13. The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.
14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and/or religious perspectives and practices.

*Note.* Adapted from *Competencies for Addressing Spiritual and Religious Issues in Counseling*, by ASERVIC, 2009, [https://www.counseling.org/docs/default-source/competencies/competencies-for-addressing-spiritual-and-religious-issues-in-counseling.pdf?sfvrsn=aad7c2c\\_12](https://www.counseling.org/docs/default-source/competencies/competencies-for-addressing-spiritual-and-religious-issues-in-counseling.pdf?sfvrsn=aad7c2c_12).

**SC in Clinical Practice**

Given that the SC were developed primarily to support and inform the clinical work of counselors and therapists, it is reasonable to explore the application of these competencies as they are applied to the clinical setting. However, this is still a relatively new area for research and development in the counseling literature. In a research study conducted by Cashwell et al. (2013), the researchers explored counselors' perspectives on the importance and practice of 30 clinical behaviors related to addressing religious and spiritual issues in counseling. Through this survey study, they found that the participating counselors agreed that all 30 clinical behaviors are important but only moderately



practiced. Although counselors indicate that it is important to engage in spiritual and/or religious topics in counseling, this study indicated a low frequency of practice.

Cashwell et al. (2013) compared their study to a similar study conducted by Frazier and Hansen (2009), studying the importance and frequency of spiritual/religious psychotherapy behaviors among psychologists. Similarly, the results showed that although psychologists identify these behaviors as important, they do not frequently engage in these behaviors (Frazier & Hansen, 2009). Also, both studies (Cashwell et al., 2013; Frazier & Hansen, 2009) demonstrated that increased spiritual/religious identification in practitioners correlated to a higher frequency of religious/spiritual behaviors in clinical practice. This variable shows up as significant in multiple studies.

Robertson's (2010) development of the SCS not only contributed to the refinement of the ASERVIC competencies but, more obviously, provided a tool to measure competency in students and practitioners. In the original scale development study, Robertson surveyed 662 counselors-in-training using 90 items measured on a 6-point Likert scale. Along with factor analysis, which will be discussed elsewhere in this publication, Robertson reported on the participants' SCS results and discussed correlations between demographic variables. Positively correlated variables included religiously based schools/institutions, personal evangelical affiliation, and students whose career choice was influenced by their faith. Conversely, students who indicated that they were neither spiritual nor religious received lower scores on the SCS. Finally, Robertson reported that training on the topic of spirituality in counseling had a significantly positive effect on SCS scores and that the students who reported that they took a specific course

on the topic outscored those who were exposed to content through other nonspecific courses. These variables have shown up in other studies using the SCS as well.

Dailey et al. (2015) conducted a study using the SCS with 246 ASERVIC members. The researchers anticipated that ASERVIC members would be more likely to score in the competent range on the ASERVIC competencies. Surprisingly, 26% of the participants indicated that they were not familiar with the competencies. However, in the previous study, Robertson (2010) reported that 93% of the students surveyed were not familiar with the competencies. This familiarity is likely to be a contributing variable to higher SCS scores, as reported by Dailey et al. (2015). Among the ASERVIC participants in the Dailey et al. (2015) study, there was no significant difference in scores between counselor educators, practitioners, and students. Additionally, age, gender, ethnicity, experience, CACREP accreditation, and comfort level did not contribute to differences in competency scores. Once again, participants who indicated that they were neither spiritual nor religious had the lowest mean, and those who reported that their faith influenced their career choice produced higher scores (Dailey et al., 2015). Additionally, five or more years of ASERVIC membership and higher levels of familiarity with the competencies resulted in higher scores as well. The results of this study led to a revised 21-item SCS (SCS-R-II) and supported a cutoff score for competency (105; Dailey et al., 2015).

Researchers have validated the SCS-R-II as a reliable tool for evaluating and monitoring spiritual competency in counselors and counselors-in-training (Lu et al., 2018). The SCS-R-II has been used in just a handful of studies since it's development. In

2018, Selby published a dissertation reporting on her use of the SCS-R-II, the Santa Clara Strengths of Religious Faith Scale (SCSORF), and a demographic questionnaire to identify variables related to SC. Selby (2018) identified three significant variables: the strength of religious faith, sexual orientation, and awareness of the ASERVIC competencies. Sexual orientation was a unique variable not identified in previous studies to contribute to SC. However, the other two variables further confirm the reports from Robertson (2010) and Dailey et al. (2015). Consistent with previous studies, she also stated that a separate class on S/R in counseling showed better results on the SCS-R-II (Selby, 2018).

The most recent study exploring variables related to SCS-R-II (Dailey et al., 2015) was conducted by Lu et al. (2020) with 109 counselors-in-training at both master and doctoral levels. The researchers explained that students at religiously affiliated institutions and doctoral students rated higher SCS-R-II scores (Lu et al., 2020). Lu et al. (2020) also found that MCC, as measured by the cross-cultural counseling inventory-revised, had a moderate positive correlation to the participants' perceived SC. At the time of this writing and to the best of my knowledge, this is the only study designed to look at the relationship between MCC and SC. Another unique variable in this study was the S/R training environment, defined as "the extent to which CIT perceive their training programs as being open to S/R-related topics in teaching, supervision, and research" (Lu et al., 2020, p. 11). This training environment variable only showed a slight contribution to the participants' SC after controlling for the other variables.

These studies of SC and related variables (Dailey et al., 2015; Lu et al., 2018; Lu et al., 2020; Robertson, 2010; Selby, 2018) offer a significant contribution to the profession's understanding of SC. However, further study is called for to determine whether increased SC leads to increased frequency of the spiritual behaviors studied by Cashwell et al. (2013). Also, all of these studies (Cashwell et al., 2013; Dailey et al., 2015; Lu et al., 2018; Lu et al., 2020; Robertson, 2010; Selby, 2018) have demonstrated the need for improved counselor preparation in SC. I have not come across any studies using the SCS-R-II to assess counselor education program outcomes or treatment outcomes.

### **SC in Psychology**

Professional psychologists have completed similar work in the development of spiritual and religious competencies. Although there is a long history of writing on the topic in psychology journals (Powers, 2005), Vieten et al. (2013) reported that psychologists have lagged behind other professions in the development of specific and guiding competencies. In 2010 and 2011, Vieten and her colleagues (2013) engaged in a process to develop spiritual and religious competencies. This process involved four phases. The first phase was a review of the literature from which 24 competencies were derived. The second phase involved a focus group that met to review the findings from the literature to clarify the language of the provisional items. During the third phase, the researchers conducted an online survey to assess the importance of the competency items. The final stage involved the refinement of the competencies based on the survey data. This final stage took place through a series of meetings, and changes were made through

a process of consensus. The results of this multiphase process produced a 16-item list of competencies grouped into three familiar categories of attitudes, knowledge, and skills. In 2013, a second survey was conducted to assess the acceptability and relative importance of the 16 final competencies among psychologists (Vieten et al., 2016). Vieten et al. (2016) reported that there was significant support for all 16 competencies, with 70% to 90% of the participants indicating that psychologists should be receiving training in each of the 16 competencies.

A cursory review and comparison of the ASERVIC (2009) competencies and the competencies produced by Vieten et al. (2016) identifies both similarities and differences. A primary difference between the two sets of competencies is the organization or structure. As mentioned above, the ASERVIC competencies are divided into six categories based on a six-factor solution found in the research (Robertson, 2010). The psychology competencies are divided into three categories based on the format of multicultural competency standards (Vieten et al., 2013). This difference is significant because it speaks to the relationship between SC and multicultural competencies. Powers (2005) postulated that the SC developed independently from the multicultural competencies. This idea may be true for the counseling/ASERVIC competencies but does not appear to be true for the psychologists' SC. This difference is likely due to the timing of their development.

Of course, the individual items in each of these competency sets are unique as well. However, the ideas in each of the 16 competencies offered by Vieten et al. (2013) can be identified in the 14 ASERVIC competencies. For example, the first competency

from Vieten et al. (2013) is “Psychologists demonstrate empathy, respect, and appreciation for clients from diverse spiritual, religious, or secular backgrounds and affiliations” (p. 7). The ideas in this item are captured by the ASERVIC (2009) competency number 7, which states, “The professional counselor responds to client communication about spirituality and/or religion with acceptance and sensitivity” (p. 2). Competency 4 from Vieten et al. (2013) states, “Psychologists know many diverse forms of spirituality and/or religion exist, and explore spiritual and/or religious beliefs, communities, and practices that are important to their clients” (p. 7). The corresponding ASERVIC (2009) competency, number 1, states that “The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism” (p. 1). Similar comparisons can be found throughout the two sets of competencies, which provides the appearance of validity for both.

### **SC in Social Work**

Spiritual competency has been an important topic in social work publications as well. The social work profession does not have a separate set of SC but addresses S/R in its Standards and Indicators for Cultural Competence in Social Work Practice (National Association of Social Workers [NASW], 2015). Additionally, in their ethical codes, social workers are mandated to practice with cultural competence, which fully includes S/R (Hodge & Bushfield, 2007). Hodge and Bushfield (2007) operationalized SC for social workers and used the same domains of awareness, attitudes, knowledge, and skills as psychologists.

Oxhandler and Pargament (2018) reported that while social workers have paid a great deal of attention to assessing spirituality in clients, they have not focused as well on assessing clinician practices or competence. Oxhandler and Parrish (2016) developed a unique instrument called the Religious/Spiritually-Integrated Practice Assessment Scale (RSIPAS). What makes this measurement tool unique is that it attempts to measure “self-efficacy with, attitudes toward, perceived feasibility of, and actual integration of their client’s religious and spiritual beliefs in practice” (p. 303). This instrument captures variables I have not found considered in other studies related to spiritual competency and practice. Specifically, self-efficacy has been studied in relation to multicultural competency (Barden & Greene, 2015; Sheu & Lent, 2007), but not spiritual competency. Additionally, capturing actual integration could help researchers understand the relationship between perceived competence and actual practice. This information might help our professions close the gap between what Cashwell et al. (2013) described as what we say is important and what we actually practice.

### **Summary**

In this chapter, I have presented an extensive review of the literature related to MCC and SC. I provided a brief review of the history and development of both sets of competencies, which shows their independent and unique development within the counseling profession. In describing the two sets of competencies, it is also evident that they are structured differently; the MSJCC uses the AKSA structure, while the ASERVIC competencies are organized around six factors that resulted from analysis. However, I also showed how these competencies had been conceptualized as being related through

models of complex dimensions of cultural identity as well as through general descriptions and assumptions about culture. What was not found in this review is clarity around the relationship between these competencies. This is the gap I intend to contribute to through this study.

Finally, multiple variables were identified as possible independent and moderator variables. With regard to MCC, known relationships include ethnicity, education, participation in MC training, racial identity development, and religious identity. With regard to SC, variables can include education level, training on S/R in counseling, religious affiliation and identity, and familiarity with ASERVIC competencies. In the next chapter, I will outline a research plan that will allow me to capture data on many of these variables as I explore the relationship between MCC and spiritual competency.



## Chapter 3: Research Method

### **Introduction**

The purpose of this quantitative survey study was to explore and describe the relationship between MCC and SC. Through this study, I addressed the problem of a lack of clarity regarding this relationship, which may support counselor educators and counselors in their efforts to improve competency in both domains. In this chapter, I provide a rationale for my chosen research design. I then provide a thorough outline of the chosen methodology, including a discussion on the target population, sampling method, procedures for data collection, instrumentation, and data analysis. Finally, I discuss potential threats to the validity of the study and ethical concerns.

### **Research Design and Rationale**

For this study, I used a self-administered, web-based, quantitative survey design. According to Frankfort-Nachmias et al. (2015), survey research is “one of the most important data collection methods in the social sciences” (p. 207). Using a survey design allowed me to collect quantitative data on the self-reported knowledge, skills, and attitudes of my participants for my chosen variables. Ruel et al. (2016) stated that well-designed surveys are an efficient method of research that can provide generalizable results.

With this survey, I explored the relationship between the IV, MCC, as measured by the MCKAS (see Ponterotto et al., 2002), and the DV, SC, as measured by the SCS-R-II (see Dailey et al., 2015). I also measured religious commitment as measured by the RCI-10 (see Worthington et al., 2003) as a control variable.

## **RQ and Hypotheses**

RQ: Does MCC, as measured by the MCKAS, predict SC, as measured by the SCS-R-II, when controlling for the effects of personal religious commitment as measured by the RCI-10?

*H<sub>0</sub>*: There is no significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

*H<sub>1</sub>*: There is a significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

## **Methodology**

In this section, I discuss and describe my methodology. I describe my population, sampling procedure and size, recruitment procedures and processes, data collection plans, instrumentation, and data analysis plan. I begin by describing the population from which I drew my sample.

### **Population**

The target population for this study was LPCs in the United States. LPC qualifications and titles differ across states. Commonly used titles include licensed mental health counselor, licensed professional clinical counselor, licensed clinical professional counselor (LCPC), and licensed mental health practitioner (ACA, 2020). Typical qualifications include education, experience, and examination. According to the ACA (2011, 2020), LPCs typically hold a master's degree with 48 to 60 semester credit hours.

With regard to clinical experience, LPCs collect between 1,000 and 3,000 hours of supervised experience (ACA, 2020). Some states offer multiple levels of license based on the amount of supervised experience. For example, in the state of Idaho, 1,000 hours of experience makes one eligible for LPC status, while an additional 2,000 is required for the LCPC status. In Idaho, the only practical difference between LPCs and LCPCs is eligibility for reimbursement from some third-party payers. Finally, most LPCs have completed and passed either the National Counselor Examination or the National Clinical Mental Health Counselor Examination (ACA, 2011, 2020). For the purposes of this study, any state recognized LPC was qualified to participate in the study.

Ideally, I would have created or obtained a complete sampling frame (see Groves et al., 2011). However, there was not a comprehensive list available for this population, and to create such a list would have been time consuming and may have still been incomplete due to data access privileges in each state. Alternatively, I could have identified a more narrowly defined population, such as ACA members. However, due to privacy issues, organization membership lists are not readily available. A narrowed sampling frame might have also led to limited access to the study and excluded important segments of the population. Thus, for this study, I chose to target the broad but unframed population of state recognized LPCs.

For this study, I excluded prelicensed master's students and other mental health professionals. I chose to exclude prelicensed master's students because they may not have yet received training in multicultural counseling and probably had limited clinical experience with MCC or SC. By requiring state licensure, only those with a master's

degree or higher were able to participate in the study. I also chose to limit the study to only counseling professionals, thus eliminating social workers and psychologists. This choice allowed me to keep data collection, management, and analysis more manageable. Training differences for other mental health professionals could have potentially complicated data analysis, and the inclusion of other professions would not have contributed to answering the RQ.

### **Sampling and Sampling Procedures**

According to multiple authors, researchers want to use a probability sampling method in order to produce accurate statistics about a population (Baker et al., 2013; Creswell, 2014; Fowler, 2014; Groves et al., 2011; Ruel et al., 2016). However, nonprobability sampling is appropriate in cases where the research purpose is to describe the relationship among characteristics (variables) rather than to measure the characteristics in the population (Baker et al., 2013; Fowler, 2014). Baker et al. (2013) referred to the idea of “fit for purpose” (p. 98) when deciding to use a nonprobability sampling method. Considerations such as cost, timeliness, availability, and use of data are all important elements that can make a nonprobability sample fit for the purpose of a research study.

For the current research study, I used a nonprobability convenience sampling method. According to Ruel et al. (2016), convenience sampling allows the researcher to select participants into a sample who are available and easy to include. Due to the lack of availability of a sampling frame, time limitations for completing my study, and the purpose of my study, focusing on the relationship between variables rather than

describing the population, a nonprobability convenience sample was appropriate for this study. The use of convenience sampling provided me with the sample that was needed to answer my RQ effectively.

To calculate the needed sample size, I used a sample size calculator, G\*Power 3.1 (see Faul et al., 2009). Using G\*Power 3.1, I calculated the statistical test of Linear multiple regression with a fixed model, using an effect size of 0.15,  $\alpha$  of 0.05, and power of 0.8. The effect size of 0.15 was selected as a medium effect size for multiple regression. Sink and Mvududu (2010) stated that a power of 0.80 or higher is considered powerful and indicates an 80% probability of “finding a significant result if an effect exists” (p. 3). The results of this calculation produced a desired sample size of 68. This sample size was a reasonable and realistic sample size goal. I collected more than the required 68 participant surveys to cover for unusable surveys due to incompleteness or other participant errors.

### **Procedures for Recruitment**

To identify and recruit participants for this study, I used email and personal networking. Through professional memberships in the ACA and the Association for Counselor Education and Supervision (ACES), I had access to associated listservs. For this study, I used these different listservs to recruit participants: Counselor Education and Supervision Network Listserv (CESNET-L), Idaho Counseling Association (ICA) listserv, the ACA community listservs, and AMCD community. I received Institutional Review Board approval (approval # 02-17-22-0527587); I then requested permission to use the above listservs as stated in their online netiquette guidelines. Following the

guidelines for each listserv, I solicited participants through email. I also used social media platforms by listing my recruitment on pages associated with professional counselors. Each email and social media post contained information about the nature of the study, qualifications for participation, qualifications, and identification of the researchers, risks and benefits of participation, proximation of time to complete the survey, and a link to the electronic survey. To reduce people's reluctance to respond, I followed many of Dillman et al.'s (2014) suggestions. Following is a modified Dillman tailored design plan for recruitment:

- Day 1: Initial email invite
- Day 5: First email reminder
- Day 18: Second email reminder
- Day 24: Third and final email reminder

Modifications included not using any mailed reminders. Each email was built on the information previously shared, emails were short and to the point, and I took steps to ensure that emails were not flagged as spam (see Dillman et al., 2014). Additionally, I used social exchange concepts in my communication to motivate potential participants (Dillman et al., 2014). I attempted to reduce the burden of participation by managing the instrument length and complexity and making it convenient to respond (Dillman et al., 2014). Overall, Dillman et al. (2014) suggested that researchers can increase participation by decreasing cost to participate, increasing benefits, and establishing trust.

## **Participation and Data Collection**

Participation in this study involved the completion of an electronic survey instrument delivered through Qualtrics. Qualtrics is an online platform designed for collecting and storing survey data. Potential participants received a link to the survey through email. Those who wished to participate used the link to access the online survey. The initial pages in Qualtrics served to deliver the informed consent.

The informed consent included the following information: a brief description of the research project, identification and roles of each researcher, study procedures, duration of the survey participation, risks and benefits of participation, procedures for maintaining anonymity and confidentiality, and contact information. In the informed consent, I intentionally communicated that participation was completely voluntary and answered anticipated questions one might have about the study and where to find more information if desired. Continuing past the informed consent pages indicated consent to participate in the study.

Demographic information was collected along with the responses to the identified instruments. The following demographic information was collected:

- gender
- age
- race/ethnicity
- state where licensed
- license
- professional role/setting

- years of practice
- religious or spiritual affiliation
- highest degree completed
- Master's program accreditation
- professional organization membership

These demographic data were used to describe the sample and assisted in any post hoc analysis and comparison to other related studies.

The final page of the survey provided participants with a word of gratitude for participation, my contact information, an option to be added to an email list to receive information about the completion of the study, and a link to a Facebook Page where participants could go to find the results of the study. Participation in the full survey took approximately 15 to 20 minutes. Participants were free to discontinue participation at any point. Names and contact information were not collected or associated with the survey data, thus allowing for anonymity.

### **Instrumentation and Operationalization of Constructs**

Along with the informed consent and the demographics questions described above, I asked participants to complete three instruments: the MCKAS (see Ponterotto et al., 2002), SCS-R-II (see Dailey et al., 2015), and the RCI-10 (see Worthington et al., 2003). In this section, I describe each instrument and provide reliability and validity information for each.



## ***MCKAS***

Ponterotto et al. (1996) first published the MCKAS as the Multicultural Counseling Awareness Scale in the early 1990s. Ponterotto et al. (2002) later revised the scale to the current MCKAS as it was used in this study. The MCKAS is one of four self-report MCC scales. Other scales include the Cross-Cultural Counseling Inventory-revised (LaFromboise et al., 1991), the Multicultural Awareness/Knowledge/Skills Survey (D'Andrea et al., 1991), and the Multicultural Counseling Inventory (Sodowsky et al., 1994). Lu (2017) reported that the MCKAS is a useful instrument due to its medium length compared to the other scales, which can influence response rates. Additionally, researchers have demonstrated that the MCKAS is minimally affected by social desirability (Constantine & Ladany, 2000). These are some of the reasons I chose the MCKAS for this study.

The MCKAS is a 32-item instrument using a 7-point Likert-type response model (“1” = *not at all true* and “7” = *totally true*). Factor analysis has shown that the 32 items can be divided into two subscales: knowledge (20 items;  $\alpha = .85$ ) and awareness (12 items;  $\alpha = .85$ ; Ponterotto et al., 2002). These coefficient  $\alpha$  scores demonstrate strong internal reliability. For the purposes of this study, a total score was used to measure the IV rather than the subscales. Sample knowledge items include “I am knowledgeable of acculturation models for various ethnic minority groups” and “I am aware of institutional barriers which may inhibit minorities from using mental health services” (Ponterotto et al., 2002, p. 179). Sample awareness items include “I am aware that being born a White person in this society carries with it certain advantages” and “I believe that all clients

must view themselves as their number one responsibility” (Ponterotto et al., 2002, p. 180). All of the knowledge questions are worded positively, while 10 of the awareness questions are reverse scored. The second sample awareness question is an example of a reverse score item. Ponterotto et al. (2002) reported good to moderate convergent, criterion-related, and discriminant validity.

**Reliability and Validity.** Ponterotto et al. (2002) revised the MCKAS to its current version and offered clear evidence for the reliability and validity of the instrument. The authors reported good internal consistency, reporting alphas of 0.85 for both subscales. Test-retest reliability was established through a 10-month time period with reliability coefficients of 0.70 for the Knowledge subscale and 0.73 for the Awareness subscale. Content validity was validated in the first edition of the instrument through the use of experts rating items based on clarity and appropriateness. After conducting confirmatory factor analysis, Ponterotto and Potere (2003) reported a goodness-of-fit index of .90 and a Tucker Lewis index of .91. Convergent validity evidence was also demonstrated for both of the MCKAS subscales. Ponterotto et al. (2002) have provided sufficient evidence for the validity and reliability of the MCKAS group assessment and comparison.

### ***SCS-R-II***

The original SCS was developed by Robertson (2010) and included 90 items, including seven items from a social desirability scale. According to Robertson (2010), “the SCS was designed to yield a baseline measure of students’ knowledge of spirituality in counseling” (p. 8). Robertson wished to develop an instrument to measure the efficacy

of training in spirituality for counselors. Alternatively, she wanted to validate the original SC published by ASERVIC (Robertson, 2010). The results of Robertson's original research led to the revised ASERVIC Competencies (their current form) and the development of a useful instrument.

Dailey et al. (2015) conducted a follow-up study to refine the instrument and establish a cutoff score. The results of the follow-up study provided a 21-item solution with six factors that accounted for 61% of the variance (Dailey et al., 2015). The six factors include: (1) Assessment ( $\alpha = .85$ ), (2) Counselor Self-Awareness ( $\alpha = .70$ ), (3) Diagnosis and treatment ( $\alpha = .71$ ), (4) Human and Spiritual Development ( $\alpha = .70$ ), (5) Culture and Worldview ( $\alpha = .61$ ), and (6) Communication ( $\alpha = .60$ ; Dailey et al., 2015). Additionally, the researchers reported that the hypothesized total cutoff score of 105 was supported by these results.

Finally, the SCS-R-II is a 21-item instrument with six subscales ( $\alpha = .90$ ; Dailey et al., 2015). The scale uses a unique 6-point Likert-type scale ranging from low agreement to high agreement. This response model was intentionally chosen by Robertson (2010) to eliminate a neutral option and ambiguous responses to unambiguous concepts. Total scores on this instrument range from 21 to 126, with higher scores indicating higher degrees of spiritual competency. A total score from this scale was used to measure the DV in this study.

This scale is an appropriate choice for this study for many reasons. First, the scale was developed using the ASERVIC competencies and was then used to validate and refine the competencies. Second, with only 21 items, there is a lower time burden on

participants, which may increase survey completion. Finally, researchers have continued to evaluate and refine the instrument. Other similar counseling instruments, such as Fluellen's (2007) Spiritual and religious Competency Assessment, have not been taken through the same refinement process.

**Reliability and Validity.** Robertson (2010) reported high internal consistency with alphas of 0.90 on the scale as a whole. Temporal reliability was demonstrated by retesting a subset of the sample after a two-week interval. Correlation coefficients for the two test administrations were significant at  $r = 0.90$ . Additionally, a split-half analysis was conducted, reporting a coefficient of  $r = 0.94$ . These results demonstrate good reliability. Validity was demonstrated through expert validated items, the ability of the scale to discriminate between groups, low correlation between scale scores and disparate concept measures, and verified factor analysis resulting in a six-factor model (Dailey et al., 2015; Lu et al., 2018).

### ***RCI-10***

I found that most counseling research on SC had measured the spirituality and religiosity of participants by use of a single item demographic question. I desired a more robust and validated measure of religiosity and spirituality, so I sought out an instrument to add to my survey. The RCI-10 emerged as an option. E. Worthington began the development of this scale in 1988 as the Religious Values Scale (personal communication June 28, 2016). The scale was later refined to the RCI-17 by 1997 and was further refined to the current RCI-10 and published in the *Journal of Counseling Psychology* in 2003 (Worthington et al.).

The RCI-10 is a ten-item instrument that used a Likert-type response ranging from “1,” *not at all true of me*, to “5,” *totally true of me* (Worthington et al., 2003). Researchers and clinicians can use total scores ( $\alpha = .93$ ) or two subscale scores: Intrapersonal Religious Commitment ( $\alpha = .92$ ) and Interpersonal Religious Commitment ( $\alpha = .87$ ; Worthington et al., 2003). In validating this scale, researchers considered a variety of subpopulations, including secular and explicitly Christian university students, community adults, single and married individuals, clinicians and clients from both secular and explicitly Christian counseling settings, and a diverse religious affiliation including Buddhists, Muslims, Hindus, nonreligious individuals, and Christians (Worthington et al., 2003). Additionally, the researchers reported that the RCI-10 demonstrated strong internal consistency, test-retest reliability, and construct and discriminant validity (Worthington et al., 2003).

**Reliability and Validity.** Worthington et al. (2003) reported a detailed account of their processes of developing the RCI-10 and the steps they took to test for reliability and validity. Both the RCI-17 and the updated RCI-10 showed good internal consistency at  $\alpha = 0.95$  and  $\alpha = 0.93$ , respectively. A three-week test-retest process was also used, which resulted in a reliability coefficient of 0.87. The researchers then demonstrated validity. They reported a significant relationship between the RCI-10 results and both single item measures of participation in religion and self-reported spirituality ( $r = 0.70$  and  $r = 0.58$ ). The researchers also reported on discriminant and criterion-related validity, with results demonstrating the instrument’s usefulness in discriminating between different constructs and aligning with expected criteria.

## **Data Analysis Plan**

Once the data had been collected through Qualtrics, I used the IBM Statistical Package for Social Sciences Statistics (SPSS) to analyze the data. My data analysis plan involves multiple steps, including cleaning the data, running descriptive statistics, analyzing to answer my RQ, and potential post hoc analysis. I will describe these steps more thoroughly in the following paragraphs.

### ***Cleaning the Data***

One of the benefits of collecting the data through an online survey is not having to manually enter data. However, prior to analyzing the data, it must be prepared or cleaned. Following the recommendations of Ruel et al. (2016), I began by organizing the data using a simple variable naming convention, beginning each name with the letter “V” followed by the question number on the survey (for example, “V1”, “V2”, and so forth). Next, I verified variable formatting and response category values. Another important task in data cleaning is dealing with missing data (Ruel et al., 2016).

It is very typical to have various types of missing data (Schlomer et al., 2010). Common types of missing data occur when a participant either refuses to respond, the question does not apply to the respondent, or gateway questions lead to nonresponse. Researchers should have a plan for managing missing data prior to conducting the study, and managing missing data requires multiple steps. Following the recommendations outlined by Warner (2013), I first visually scanned each respondent’s results for incomplete surveys and conducted a similar scan for each variable. Respondents that did not appear to complete the entire survey were not included in the analysis. These

respondents are differentiated from those who left some items blank. Second, I looked for patterns of nonresponse and created additional variables if I identified the need to analyze relationships between missing data and sample demographics. Third, I used pairwise deletion when running my analysis. Although pairwise deletion leads to possibly different N for each statistic, it can also protect the overall sample size. Additionally, since my aim is to describe the variable relationship rather than the population, the different N for each statistic is less important.

Other components of my data cleaning plan were to run frequency distribution for each variable to identify outliers and check for normalcy of distribution. These steps were taken for instrument total scores as well as each subscale. A careful review of outliers was conducted. Distribution patterns influenced which statistical tests were used to analyze the data.

### ***Descriptive Statistics***

As part of the data analysis, I ran and reported descriptive statistics. First, I reported a description of my sample from the demographic questionnaire. This allowed me to describe and compare my sample to the larger population of professional counselors. Second, I reported descriptions of instrument results, including mean and standard deviation for each variable/instrument. Descriptive statistics were offered in both narrative and graphic formats.

### *Test for RQ*

RQ: Does MCC, as measured by the MCKAS, predict SC, as measured by the SCS-R-II, when controlling for the effects of personal religious commitment as measured by the RCI-10?

Based on this RQ, the hypothesis I sought to examine was as follows:

$H_0$ : There is no significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

$H_1$ : There is a significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

To test my RQ and hypothesis, I ran a stepwise multiple regression (SMR) analysis using the total score for each variable. According to Warner (2013), in this type of analysis, a series of linear regressions are run in a predetermined order. At each step of analysis, another predictor variable is added to the equation. This approach allows the analyst to determine the predictive value of each IV. For this study, using a stepwise linear regression allowed me to determine the degree to which MCC predicts SC over and above personal religious commitment.

Prior to reporting the results of the SMR, there were multiple assumptions that needed to be checked and managed if not met. These assumptions are checked by running the SMR in SPSS and examining various analysis results. I checked the assumption of linearity by reviewing a scatterplot of the studentized residuals and partial regression



plots (Laerd Statistics, 2015). Failure to meet the assumption of linearity may require the use of a nonlinear regression analysis (Salkind, 2010). The data also needs to show homoscedasticity of residuals or equal error variance (Salkind, 2010). This assumption is tested through examination of the plotted studentized residuals and the unstandardized predicted values (Laerd Statistics, 2015). Next, the data must be checked for multicollinearity, which occurs when there is a high correlation between predictor variables (Laerd Statistics, 2015). Correlation coefficients and Tolerance/VIF values were assessed to verify the multicollinearity assumption. Finally, outliers, leverage points, and highly influential points should be removed or managed (Laerd Statistics, 2015). SPSS allows for easy identification of such data points. With all assumptions verified, the SMR analysis findings can be reported.

### **Threats to the Validity of the Study**

In survey research, validity is equated to the elimination of error (Fowler, 2014). According to Fowler (2014), the first type of survey error involves gathering data from a sample that does not accurately represent the population. This type of error would cause the results to be inaccurate when generalizing findings back to the population. However, in this study, I am more concerned about drawing conclusions about the relationship between variables than in describing the population. Thus, I can continue with my use of a nonprobability sample without the threat of this first type of error. However, there may still be some sampling bias as a result of the self-selection of the participant sample. By this, I mean that those interested in the topic of spiritual competency may be more drawn to participate in the study and skew the data.

The second type of error in survey research has to do with the accuracy of answers collected in the survey (Fowler, 2014). These types of errors can occur when a participant does not have enough information to answer the questions, does not understand the questions, accidentally marks an unintended response, or wants to look good (Fowler, 2014; Ruel et al., 2016). I managed this type of internal validity error through the use of previously validated instruments, the design and layout of the survey, and the survey length. Each of the three instruments included in this survey has been shown to be reliable and valid. I have detailed the validity and reliability of the instruments used in this survey previously in this chapter. With regard to survey design and layout, I followed Dillman et al.'s (2014) recommendations based on psychological and visual design concepts to present the questions with clarity and legibility. I used page breaks, font size, and proximity to clarify changes in scaled responses. Finally, prior to officially gathering data, I piloted the survey with associates to assure clarity, time of survey, and overall design.

### **Ethical Procedures**

Like many survey research designs (Fowler, 2014), this survey study provides little or no threat or cost to the participants. Survey responses remained anonymous, and the survey content did not place the participants at risk. However, standard ethical procedures were followed.

According to Ruel (2019), ethical concerns in research pertains to the participants, the data, and the presentation of finding. In this study, there is no expectation for vulnerable populations to participate. All participants were adult professionals who held a

master's degree or higher. The participants were fully informed of the nature and use of the data being collected, and no coercion was used to pressure people into participation. Due to the anonymous nature of the survey design, there was no risk to the participant, and the researcher was not able to connect data to any individual. The only cost to participants is the time to complete the survey. Even though participation was anonymous, access to the data were restricted, and reports of demographic information was offered as a description of the group rather than any individual participant. Finally, I document all steps taken in the gathering, storing, and analyzing of data and practice vigilance in the analysis process to guard against human error or intentional falsification.

### **Summary**

In this chapter, I have presented my methodology plan. This plan included a description of my overall design with rational and the RQ and hypothesis I tested. I then described my target population, sampling method, procedures, and recruitment plans. In the next section, I reviewed my plan for data collection, which included a description of the instruments I used in this study. In the data analysis section of this chapter, I described the steps I took to clean the data and reported on my use of stepwise linear regression to answer the RQ. Finally, I discussed potential threats to validity and ethical concerns. Overall, I have attempted to demonstrate that the self-administered, web-based, cross-sectional quantitative survey design will be appropriate and effective in answering the identified RQ.

## Chapter 4: Results

### Introduction

Many people in the United States continue to report that S/R play an important role in their lives (Pew Research Center, 2015). In counselor training, S/R are often addressed within the MCC domain. However, there has been no evidence that there is a relationship between MCC and SC. The purpose of this study was to explore and describe the relationship between MCC (IV) and SC (DV) while controlling for the personal religious commitment (IV) of the participants. I sought to explore this understudied relationship using survey data that were then analyzed using multiple linear regression.

I had a single RQ for this study: Does MCC, as measured by the MCKAS, predict SC, as measured by the SCS-R-II, when controlling for the effects of personal religious commitment as measured by the RCI-10? My null hypothesis and hypothesis were as follows:

*H<sub>0</sub>*: There is no significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

*H<sub>1</sub>*: There is a significant predictive relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, controlling for the effects of personal religious commitment as measured by the RCI-10.

In this chapter, I describe my data collection procedures, including my recruitment strategy, response rates, and a description of my sample. I then describe my results, including my processes for cleaning the data, testing assumptions, and descriptive

statistics. Finally, I provide statistical analysis results and conclusions regarding my RQ and hypotheses.

## **Data Collection**

### **Recruitment and Response Rates**

I received IRB approval on February 17, 2022. Following my approved plan, I posted the survey invitation through ACA, ACES, and ICA listservs. My first call for participants went out on the CESNET Listserv on March 4, 2022. The first call on the ICA Listserv went out on March 8, 2022. I also repeatedly posted my invitation on LinkedIn and professional organization Facebook pages and groups. I received my first participant entry on March 4, 2022 and continued to collect entries through these means through August 6, 2022.

By August 6, 2022, I had received 124 entries. However, five of these entries were either blank or incomplete. For my analysis I used the 99 ( $N = 99$ ) completed entries, which exceeded the 68 required entries identified in Chapter 3 in the power analysis.

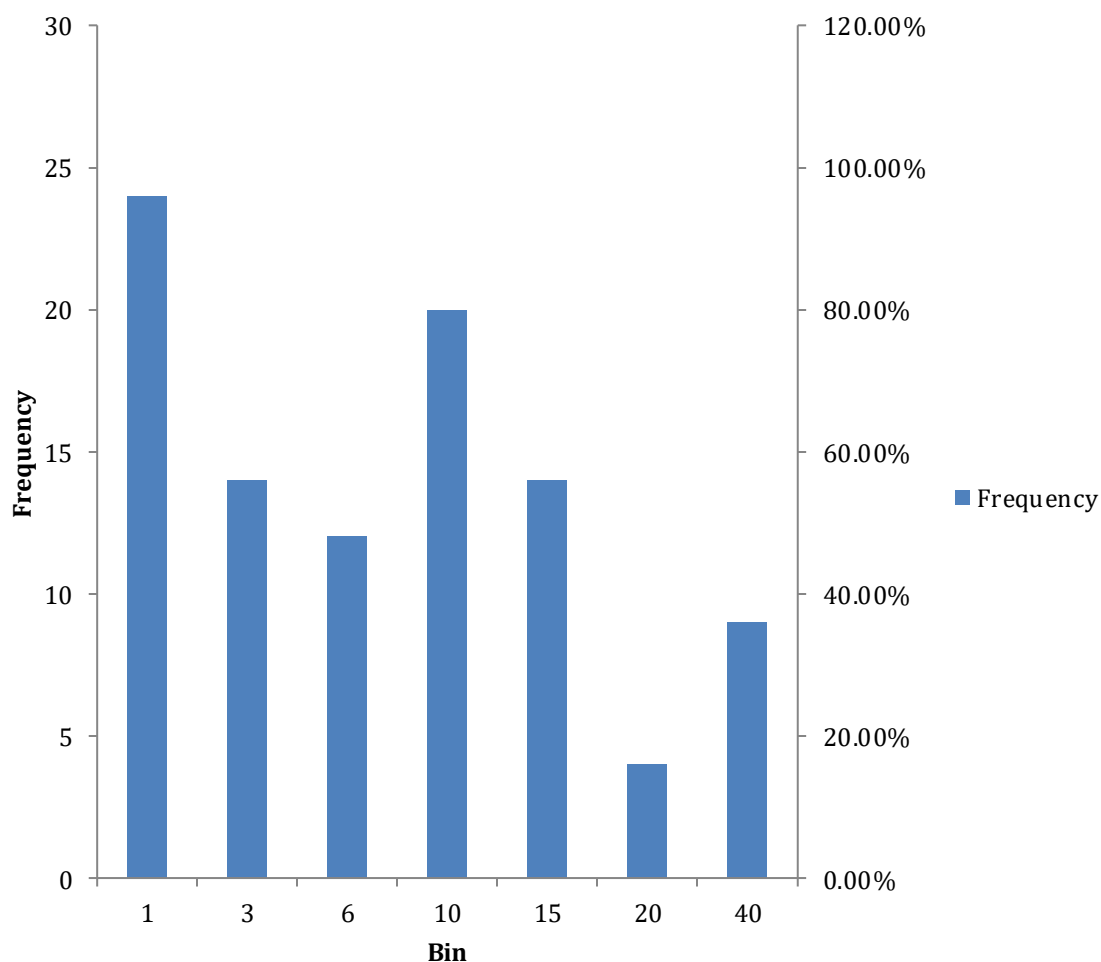
### **Description of the Sample**

The study participants all held professional counseling licenses of different levels, including LPC, licensed clinical professional counselor, licensed mental health counselor, licensed clinical mental health counselor, and associate professional counselor. The various designations are indicative of the various state licensing titles and processes. Some participants held licenses in multiple states. The 99 participants held 111 state or district licenses from 26 states or districts (see Table 1).

**Table 1***State Licenses Held by Participants*

State	Count
Alabama	1
Arizona	1
Colorado	2
Connecticut	1
District of Columbia	2
Florida	3
Georgia	2
Idaho	44
Illinois	1
Kentucky	1
Maryland	3
Massachusetts	1
Michigan	2
Missouri	1
Montana	1
Nebraska	1
New Jersey	1
New York	2
North Carolina	3
North Dakota	1
Ohio	2
Oregon	15
South Carolina	1
Texas	2
Virginia	3
Washington	14

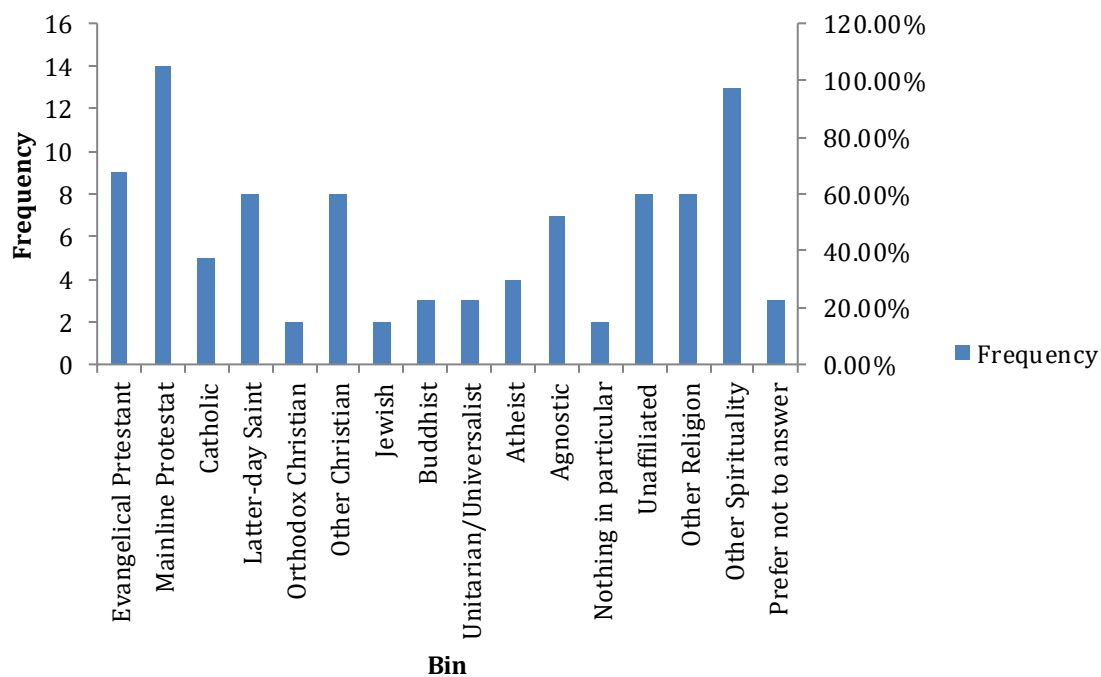
These mental health professionals reported a range of experience from less than 1 year to 40 years, with the median response being 6 years of experience and the mode being 1 year or less of experience. The distribution of years of experience is listed in Figure 5.

**Figure 5***Participant Years of Experience*

These counselors also worked in a variety of settings, including private practice (67%), agency (13%), school (5%), college/university (5%), nonprofit (2%), and other. As would be expected for this population, they primarily held master's degrees (79.8%), and several reported earning doctoral degrees (20.2%). Additionally, 81.8% of the participants earned their master's degree from a CACREP-accredited program. The participants ranged in age from 24 to 74, with a median age of 45 and a mode of 47. The

participants identified themselves as primarily female (79.8%), including a small representation of individuals who identified as nonbinary (3%) and some who preferred not to identify (5%). With regards to race and ethnicity, the participants reported being primarily White (82.8%), followed by Black (6.1%), Hispanic/Latino (6.1%), Native American (1%), Asian (1%), Middle Eastern (1%), other (1%), and preferred not to answer (1%). Five individuals indicated having a multiracial or ethnic heritage. Due to the nature of this study, I also requested information about the participants' religious or spiritual affiliation (see Figure 6). The participants' report and distribution indicated that the sample was largely Christian (46.5%), followed by other religion or spirituality (21.2%), unaffiliated (10.1%), agnostic (7%), atheist (4%), Unitarian/Universalist (3%), Buddhist (3%), Jewish (2%), and prefer not to answer (3%).



**Figure 6***Religious or Spiritual Affiliation of Participants***Results****Descriptive Statistics**

In this section, I provide descriptive statistics for the three primary variables analyzed in this study. A summary of these descriptive statistics can be found in Table 2.

**Table 2***Descriptive Statistics for the Study Variables*

Variable	<i>M</i>	<i>SD</i>	Range
SCS	100.69	12.60	54 to 124
MCKAS	186.80	17.15	138 to 221
RCI	27.29	12.31	10 to 50

*Note.* *N* = 99. SCS = Spiritual Competency Scale; MCKAS = Multicultural Counseling Knowledge and Awareness Scale; RCI = Religious Commitment Inventory.

**Data Cleaning and Statistical Assumptions**

In this section, I describe the process of data preparation, cleaning, and assumption checking that I used for this study. I discuss the steps I took using SPSS to prepare the data for analysis. Finally, I describe the six primary assumptions associated with multiple regression and the results and decisions made as a result.

***Data Cleaning and Preparation***

To prepare for analyzing the data, I needed to prepare the data. First, the data were exported from Qualtrics and imported into SPSS. I then identified and deleted blank or incomplete participant entries. Next, I created a participant identification number variable and entered an identification number for each participant (1-99) in order of entry date. After verifying that all data entries were imported correctly and that item answers were coded correctly from Qualtrics to SPSS, I scored the three instruments that made up the dependent and IVs.

For the SCS-R-II, no items required reverse scoring. I created a new variable that calculated the total scores from the 21 items of the scale. The RCI-10 required an

identical procedure that I performed. The MCKAS included 10 items out of the total 32 that required reverse scoring. I created new variables in SPSS for each of the 10 items, which reversed the score and then created a new total score variable that provided a total of the 10 reversed items and the 22 original items. There are also two subscales for the MCKAS. Although I did not use these subscales for my primary analysis, I created two variables to calculate scores for the knowledge and awareness subscales of the MCKAS. These steps prepared the data for assumptions checking and data analysis.

#### ***Assumption of Independence of Observation***

The assumption of independence of observations was primarily managed through my study design. As reported previously, individuals self-selected to participate in the study after receiving an invitation through email and social media platforms. It is unlikely that these participants were connected, and there was no evidence of multiple entries from individuals. However, a large number of participants were from Idaho and may have had direct connection to me. To verify independence of observation, I interpreted the Durban-Watson test, which showed an independence of residuals. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.599, given an acceptable range of 1.5 to 2.5.

#### ***Assumption of Linearity***

When testing for linearity in multiple regression, researchers should look for linearity in the relationship between the combined IVs and the DV and between each individual IVs and the DV (Laerd Statistics, 2015). To determine linearity between the collective IVs and the DV, I created a scatter plot using studentized residuals and

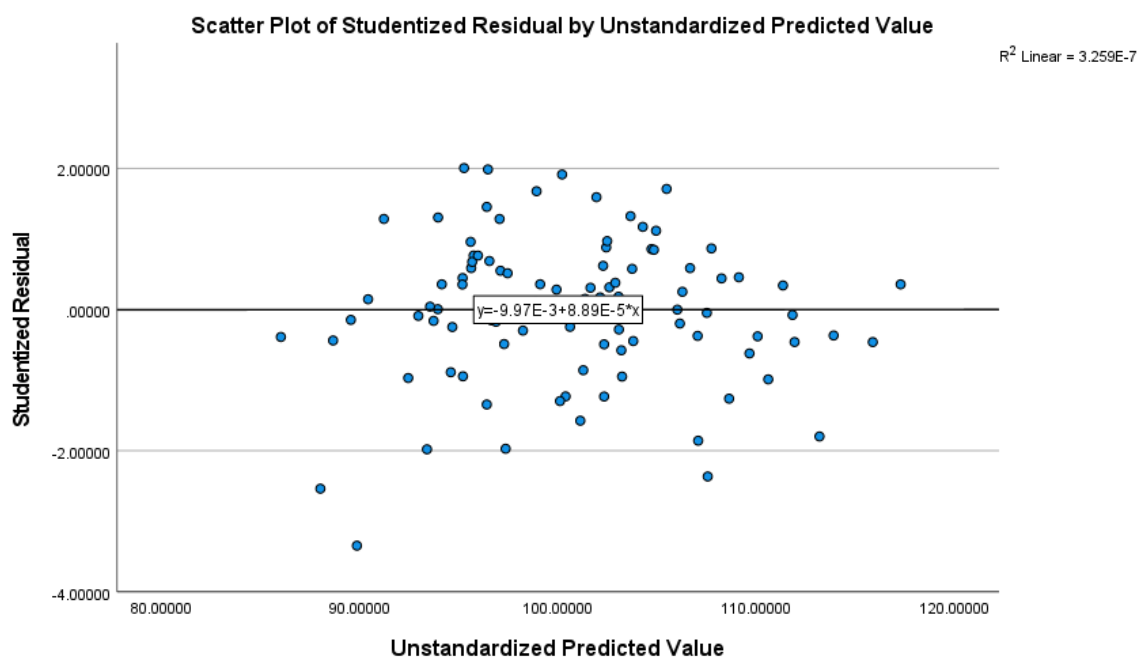
predicted values. This scatterplot (see Figure 7) produced a horizontal band indicating a linear relationship (see Laerd Statistics, 2015) and met the required assumption.

Regarding the linearity between each IV and the DV, I used SPSS to create partial regression plots (see Figure 8 and Figure 9). Both plots showed a linear relationship.

Thus, the data used for this study met the assumption of linearity.

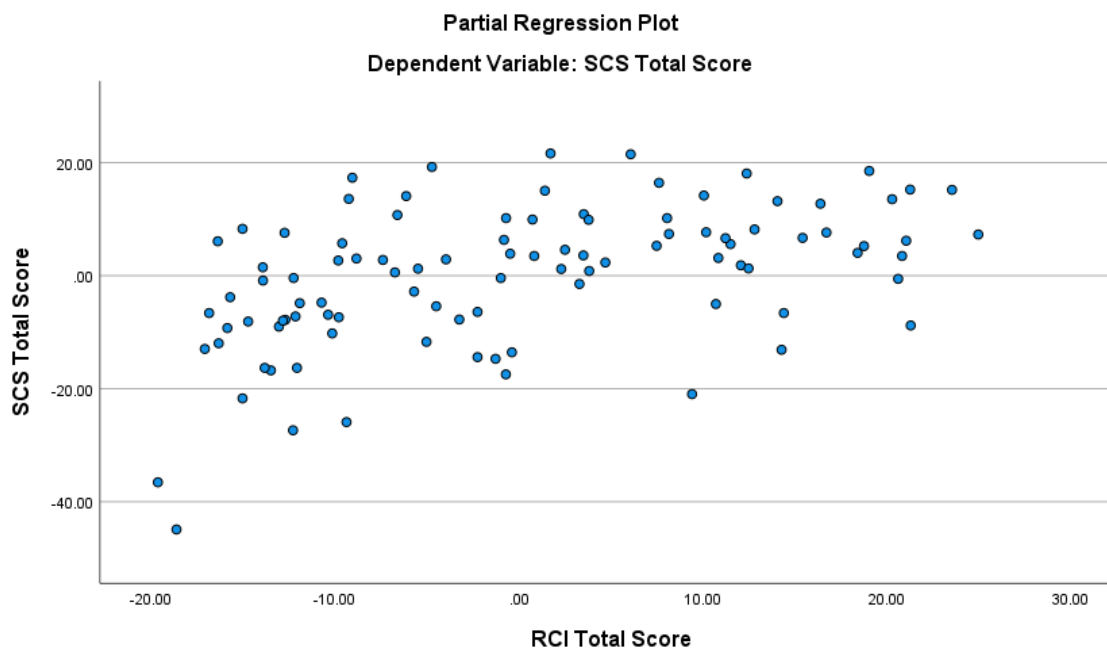
### Figure 7

*Scatter Plot of Studentized Residual by Unstandardized Predicted Value*



**Figure 8**

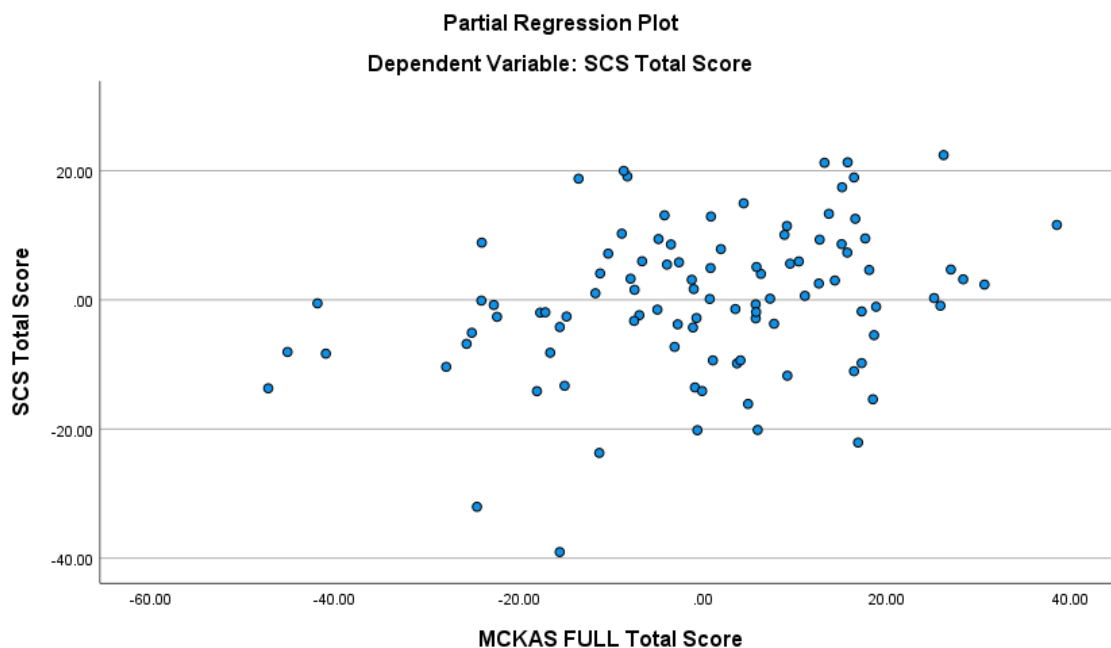
*Partial Regression Plot: Dependent Variable SCS and RCI*



*Note.* SCS = Spiritual Competency Scale; RCI = Religious Commitment Inventory.

**Figure 9**

*Partial Regression Plot: Dependent Variable SCS and MCKAS*



*Note.* SCS = Spiritual Competency Scale; MCKAS = Multicultural Counseling Knowledge and Awareness Scale.

### ***Assumption of Homoscedasticity of Residuals***

To test for homogeneity of variance, I visually inspected the plot of studentized residuals and unstandardized predicted values (Figure 7). Upon inspection, the points on the plot appear to be approximately constantly spread, showing homoscedasticity. The assumption has been met.

### ***Assumption of Multicollinearity***

In checking for multicollinearity, I inspected the correlation coefficient and the Tolerance/VIF values. The correlation coefficient between the IVs was below the recommended 0.7 (-.156; Laerd Statistics, 2015). Additionally, according to Hair et al.

(2014), Tolerance values should not be less than 0.1 and VIF values should not be greater than 10. The IVs in the current study produced a Tolerance value of .967 and a VIF value of 1.025, both of which demonstrate that there is not a problem with collinearity in this data set.

### ***Assumption of Outliers, Leverage, and Influential Points***

My next step was to identify unusual points such as outliers, high leverage points, and highly influential points. Case wise diagnostics identified one outlier in my DV. The case is -3.7 standard deviations below the mean. This same case was identified in the analysis of studentized deleted residuals with a score of -3.541. Upon reviewing the identified participant entries, I determined to leave the entry in the analysis. While it is an outlier, it is reasonable that the participant is likely to still represent a portion of the population. Additionally, checking for leverage and influence did not indicate that the identified entry exhibited light leverage or influence. When checking for leverage, there were no scores above .2 (see Huber, 1981). When checking for influential points using Cook's Distance, there were no values above 1 (see Cooke & Weisberg, 1982).

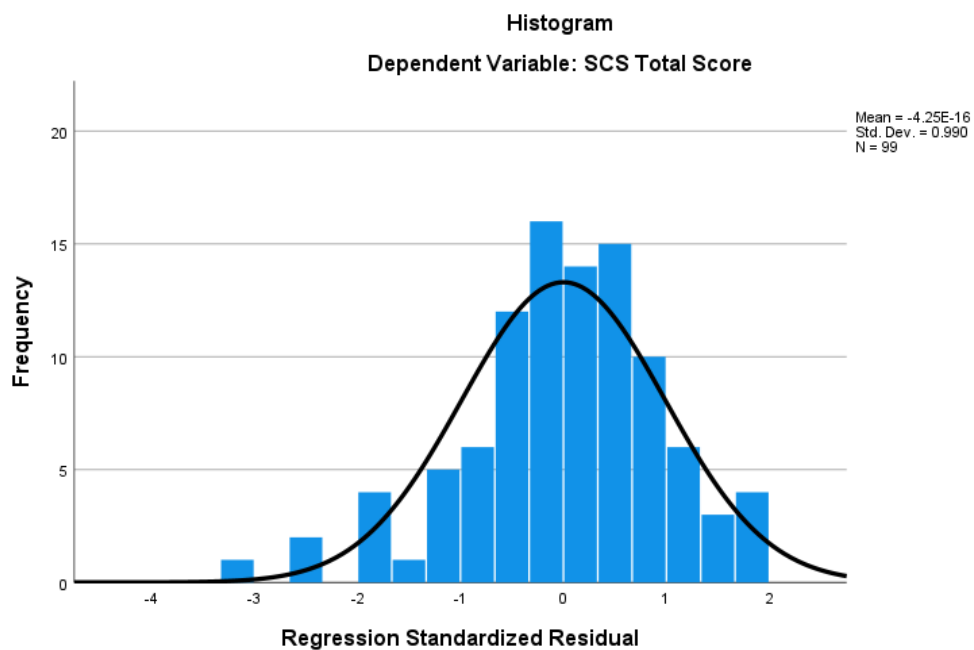
### ***Assumptions of Normally Distributed Residuals***

To check for normality of residuals, I inspected the histogram of regression standardized residuals (Figure 10), a P-P plot of regression standardized residuals (Figure 11), and a Q-Q plot of studentized residuals (Figure 12). All three figures can be seen below to demonstrate normality. While the histogram shows a slight deviation from the normal distribution, the P-P plot and Q-Q plot are both adequate to proceed with

confidence. According to Laerd Statistics (2015), multiple regression is robust and can accept approximately normally distributed data.

**Figure 10**

*Histogram of Regression Standardized Residuals*

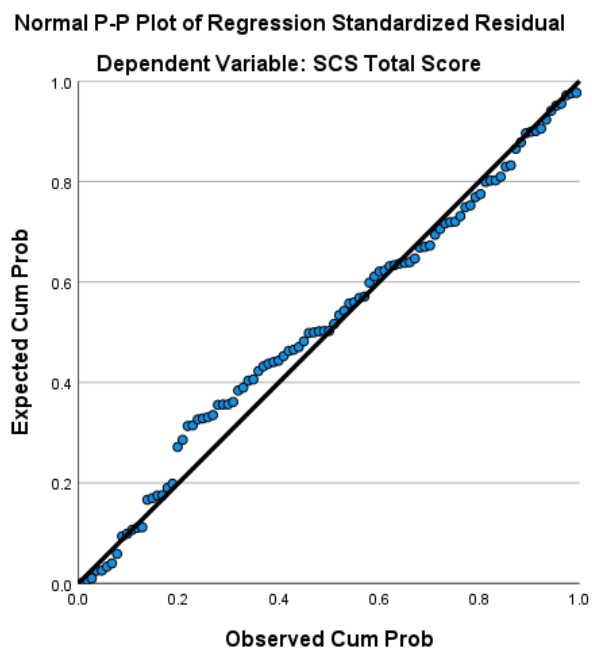


*Note.* SCS = Spiritual Competency Scale.

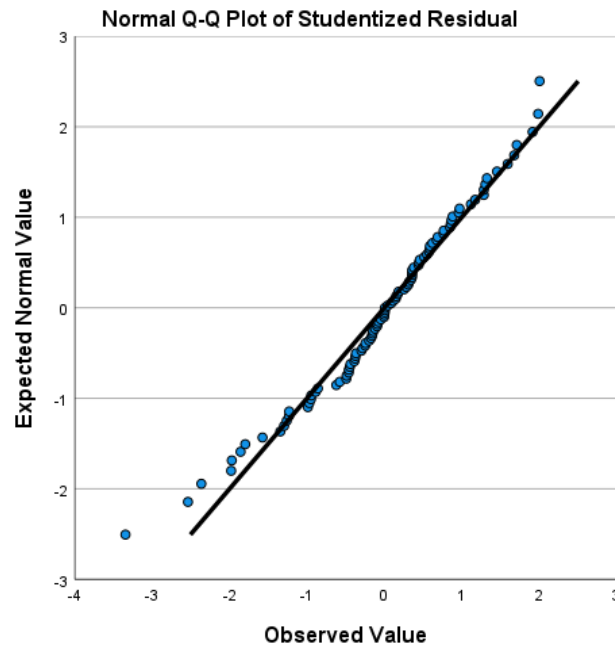


**Figure 11**

*P-P Plot of Regression Standardized Residuals*



*Note.* SCS = Spiritual Competency Scale.

**Figure 12***Q-Q Plot of Studentized Residuals***Statistical Analysis**

To answer the RQ, a stepwise multiple regression was run to predict SC from MCC and religious commitment. The stepwise multiple regression analysis produced two models. The first model consisted of only the RCI IV and the second model included both RCI and MCKAS variables. Both models were statistically significant. The first model statistically significantly predicted SCS-R-II scores,  $F(1,97) = 22.242, p < .001$ . The stepwise multiple regression final model statistically significantly predicted SCS scores,  $F(2,96) = 17.053, p < .001$ . These results indicate that both IVs have a significant predictive relationship to the DV. Additionally, the first model  $R^2 = .187$  suggests that the model explained 18.7% of the variability of the SCS scores compared to the mean model, and the final model  $R^2 = .262$  suggests that the model explained 26.2% of the variability

of the SCS scores compared to the mean model. MCC, as measured by MCKAS, adds an additional 7.5% to the to the model. While the model as a whole has a large effect size ( $R^2 = .262$ ), the contribution of MCKAS is considered a small effect. Coefficients results (Table 3) also confirm that both IVs have a significant and positive predictive relationship to the DV thus confirming the hypothesis.

**Table 3**

*Coefficients Table*

SCS	B	95% CI for B		SE B	$\beta$	$R^2$	$\Delta R^2$
		LL	UL				
Model 1						.187	.178
Constant	88.628	83.065	94.191	2.803			
RCI	.442	.256	.628	.094	.432		
Model 2						.262	.247
Constant	49.207	23.698	74.716	12.851			
RCI	.486	.306	.667	.091	.475		
MCKAS	.205	.075	.334	.065	.278		

*Note.* SCS = Spiritual Competency Scale; MCKAS = Multicultural Counseling Knowledge and Awareness Scale; RCI = Religious Commitment Inventory.

### Summary

In an attempt to answer the RQ, I analyzed the data from 99 survey participants. The results suggest that MCC as measured by the MCKAS does significantly predict SC as measured by the SCS. Thus, the data provide evidence to support my rejection of the null hypothesis. The final model provides a large effect size of  $R^2 = .262$ . However, the

MCKAS only added 0.075 to the model's effect, which is small. In the next chapter, I will discuss the implications of these results for counseling and counselor education.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

In a 2020 study conducted by the Fetzer Institute, nearly nine out of 10 participants reported that they were either religious or spiritual. Given these findings, it makes a great deal of sense for counselors to be prepared to address religious and spiritual issues in counseling. The purpose of the current dissertation study was to explore the relationship between MCC and SC. Using a survey design, I gathered usable data from 99 participants. Along with demographic questions, the participants completed the SCS-R-II, the MCKAS, and the RCI-10. Using total scores on each scale, I conducted a stepwise multiple regression analysis to determine if MCKAS scores are predictive of SCS scores beyond what is accounted for through RCI-10 scores.

Stepwise regression analysis results indicated that RCI scores were significant ( $p < .001$ ) and accounted for 18.7% of the variance in SCS scores, and the MCKAS was also significant ( $p < .001$ ) and accounted for an additional 7.5% of the variance in SCS scores. Thus, the results of the study indicated that there was a significant relationship between MCC as measured by the MCKAS and SC as measured by the SCS-R-II, and I can reject the null hypothesis stated earlier in this study. Although 7.5% is a small percentage of the variance, the study showed that there is a significant and positive relationship between the two variables.

### Interpretation of the Findings

When it comes to competencies in the counseling profession, a counselor can quickly become overwhelmed by the number and breadth of competencies. Under the

Knowledge Center on the ACA's website, one can find 12 different competency documents, including ACA advocacy competencies (Toporek & Daniels, 2018), ALGBTIC competencies for counseling LGBTQIQA individuals (Harper, et al., 2013), ALGBTIC competencies for counseling transgender clients (Burns et al., 2010), ARCA disability-related counseling competencies (Chapin et al., 2018), best practices for counseling first responder populations (Jackson-Cherry et al., 2021), competencies for counseling the multiracial population (Kenney et al., 2015), multicultural career counseling competencies (National Career Development Association, 2009), exemplary practices for military populations (Prosek et al., 2018), and the two competencies being addressed in this study. Each of these competencies can be theoretically tied back to the MSJCC (Ratts et al., 2015). They either pertain to various cultural identity groupings with their privilege and marginalization (e.g., LGBTQIQA, transgender, disability, multiracial, or S/R), as discussed in the DIM, or to the skills of MCC (e.g., advocacy).

In the practice of counselor education, these various competencies are primarily and sometimes singularly addressed or taught under the MSJCC umbrella in a multicultural counseling course. When specifically focusing on SC, multiple researchers have questioned whether this area of competency is satisfactorily covered (Adams et al., 2015; Bohecker et al., 2017; Fukuyama & Sevig, 1999; Hage et al., 2006; Henriksen, 2015; Lu et al., 2020; Magaldi-Dopman, 2014; Oxhandler et al., 2019; Young et al., 2007). Both educators (Adams et al., 2015; Oxhandler et al., 2019) and students (Henriksen, 2015; Magaldi-Dopman, 2014) have reported that the coverage is inconsistent and/or lacking. Perhaps it is assumed that training in MCC will provide

counselor trainees enough of a foundation to grow into competency in the various cultural subgroups. The results of this study confirm that there is a significant relationship between MCC and SC, but the small contribution also reveals that the profession should not overly rely on MCC training to contribute to SC. More direct training in the area of SC is needed. One might wonder if the same is true of the other areas of competency related to dimensions of identity.

The DIM (Ratts & Pedersen, 2014) is a complex model of cultural identity that recognizes the internal, external, and sociopolitical components of identity. This model makes room for the fluidity of identity salience of each individual in the context of time and place (Ratts & Pedersen, 2014). Additionally, the DIM captures the reality of multiple group identities or intersectionality. This is at the core of the MSJCC conceptualization that asks counselors to understand their own identities, the identities of their clients, and the interplay between them (Ratts et al., 2016). While I believe this understanding serves as a critical starting point, there is much more nuanced awareness, knowledge, and skill needed to competently provide counseling to individuals with various group identities. The findings of this study seem to contribute to a case for this idea. While MCC does contribute to SC, there is unexplained variance. Reading through the ASERVIC (2009) competencies, one can quickly see the vast amounts of specific knowledge and skills one could acquire in this area of study. I recognize that the same could be argued regarding the other competency areas and cultural identities.

The medium effect size of the RCI ( $R^2 = .187$ ) warrants further discussion and exploration as well. Researchers have previously reported on the relationship between

religious affiliation and SC (Dailey et al., 2015). However, these researchers have not used the same instrumentation, and there are no data to use for accurate comparison or explanation.

### **Limitations of the Study**

A primary limitation of this study was the use of self-report instruments for all variables. While self-report instruments are one of the more common data collection methods, they also come with limitations (Smyth & Terry, 2007). Both accuracy and honesty can be called into question when using self-reported data. Accuracy can be considered in a number of ways. One consideration is that a participant may perceive themselves to be more competent than they actually are. This is not an issue of honesty but of self-concept or perception. In another study related to multicultural counseling, the authors chose to measure cultural humility from the perspective of the client rather than the counselor (Hook et al., 2013). This alternative approach bypasses reliance on self-perception and good intentions. Instead, researchers and clinicians are able to directly access and assess the impact of clinical behaviors and choices. However, it is more difficult to gain access to clients for large numbers of counselors. Accuracy can also be influenced by the recency and frequency of behavior being questioned in the survey, the length of the survey, or the wording or scaling of the questions themselves (Smyth & Terry, 2007).

Honesty is also an issue to consider when using self-report instruments (Smyth & Terry, 2007). More precisely, social desirability bias occurs when survey participants underreport a trait or behavior that is socially undesirable or overreport a trait or behavior



that is socially desirable (Latkin et al., 2017; Paulhus, 1984; Tourangeau & Yan, 2007). These responding behaviors are often motivated by self-protective factors (Tourangeau & Yan, 2007) and beliefs regarding the confidentiality of the data (Smyth & Terry, 2007). Even with these limitations, self-reported data are commonly used in social and health sciences. Steps taken to minimize this limitation include the communication of confidentiality and the selection of measurement instruments that consider these issues in the process of their development.

### **Recommendations**

With the results of the current study demonstrating a significant but small relationship between MCC and SC, further study is warranted to explore other variables that contribute to SC. Other researchers have already begun this work by studying counselors-in-training (Lu et al., 2020). However, they did not include the participants' religious commitment or affiliation as a variable in their model (Lu et al., 2020). Additionally, direct training in SC beyond typically offered MCC training should be considered and measured for effect. Researchers are beginning to analyze this variable (Pearce et al., 2019), but further research in this area is needed.

Furthermore, given the limitations of self-report data, other measures of SC from the client's perspective could be developed and studied to further verify the construct of SC and the SCS-R-II. Models for this measurement approach are available. As previously mentioned, the Cultural Humility Scale (Hook et al., 2013) captures the client's perspective. Similarly, the Cross-Cultural Counseling Inventory—Revised (LaFromboise et al., 1991) is a measure of MCC from the client's perspective. Finally, the Spirituality

in Supervision Scale (Hull et al., 2013; Miller et al., 2004) includes a supervisor and supervisee version. Hull et al. (2013) used the Spirituality in Supervision Scale to compare supervisee perspectives to supervisor perspectives. These three measures model the usefulness of various perspectives when trying to measure a trait, behavior, or characteristic in a clinician. Further measurement development could lead to more reliable data and operationalization of the construct of SC.

Finally, looking for ways to use or enhance the use of variables that are already known to effect SC seems useful, for example the personal S/R development of the counselor. In the current study, religious commitment accounted for 18.7% of the variance of SC scores. Given that religious commitment explained 18.7% of the variability in SC scores, there are remaining questions: Would spirituality provide a comparable explanation? Should counselor education programs discuss or address student religious and spiritual development as a method of increasing SC? What types of training and experience would positively contribute to counselors' religious and/or spiritual development? At the very least, counselor educators and supervisors can potentially strengthen student training by keeping these data in mind as they support counselors and counselors-in-training in their personal and professional development. As counselor educators consider the development of the whole person of the counselor, are counselor educators creating spaces for conversation around spiritual or faith development within counselor education programs? This area of development would fit with the ASERVIC competency that asks counselors to be aware of their own beliefs, values, and attitudes regarding S/R. Parker (2009, 2011) suggested the use of Fowler's

faith development theory and perspective as a manner of helping counselors understand their own development and the development of others.

### **Implications**

As the United States becomes more and more culturally diverse, which includes religious diversity, it is important to prepare counselors to work with this diverse population. The counseling profession has a long history of supporting counselors in their development of MCC (Sue et al., 1992). Given the diversity of the population, the fourth and fifth forces of counseling paradigms (Ratts, 2009), multicultural counseling and social justice counseling will likely continue to be developed and strengthened. One step in strengthening MCC is to strengthen research and training in the various domains captured under the MCC umbrella, including SC. The current study holds implications that validate and challenge current conceptualizations and practices for training MCC and SC. Validation comes in the form of confirming a significant relationship between SC and MCC. MCC positively impacts SC. The challenge is that the size of that impact is small (7.5%), indicating that counselors and counselor educators need to identify and address other variables to influence the SC of counselors and counselors-in-training.

The social impact of this study is limited to its impact on counselor development, which in turn impacts client care. According to the ACA, the role of the counselor in society is to empower “diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014, p. 366). A counselor’s ability to fulfill this role is limited by their competence. Counselors and counselor educators must continue to develop methods of training, training standards, and

opportunities for training to support counselor competence. This includes but is not limited to MCC and SC. This study is just one small step in understanding MCC and SC, which can lead to more thoughtful training practices.

The theoretical framework I used to support this study was the DIM (see Ratts & Peterson, 2014). My argument was that this model captured the dynamic complexity of cultural identity but failed to explain the relationship between the parts, such as S/R, and the whole. Due to the complex interaction of the various cultural identity domains, it seems reasonable that counselors would need domain specific training. The results of this study seem to support this idea.

As counselor educators increase intentional training in SC, more clinicians will have the opportunity to develop in this domain of competence. Ideally, this will influence client care. Because, as reported by the Fetzer Institute (2020), nine out of 10 individuals identify as either religious or spiritual, counselors need to be equipped to address spiritual issues and support clients in accessing their spiritual and religious resources. However, there are many unanswered questions regarding what contributes to counselors' SC and whether SC actually leads to better client outcomes. Thus, more research is needed.

### **Conclusion**

I was drawn to this area of study as a result of my personal experience. Even while attending a religiously affiliated institution for my counselor training, I was given very little opportunity to learn how to address religious and spiritual issues in counseling. After reading much literature on the topic (e.g., Henriksen, 2015; Magaldi-Dopman, 2014), I found that my experience was not unique. If spirituality really is the “animating

life force...that is innate and unique to all persons” (ASERVIC, n.d., p. 1) that “moves the individual towards knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness” (ASERVIC, n.d., p. 1), then it cannot be ignored or left to be an “afterthought” (Magaldi-Dopman, 2014) in the work of counselors and counselor educators.

During my exploration of the literature, I was able to see how the statements and standards of MCC and SCs were developed and theoretically connected, but that relationship was not further explored. I aimed to determine what their relationship was to one another and if, more officially, MCC predicts SC, when controlling for the effects of personal religious commitment. Using survey data and stepwise regression analysis, I was able to answer that question positively. MCC does have a positive and significant correlation to SC. However, MCC only accounted for a small percentage (7.5%) of the variance in SC scores. I interpret this to mean that if counselor educators want to impact SC, they must focus beyond MCC.

Young and Cashwell (2020b) stated, regarding SC, that “the importance of this domain within the counseling process is clearly recognized, yet a substantial need remains for more research, scholarly writing, and training in methods for doing this competently” (p. 360). Furthermore, Worthington et al. (2009) have argued for over a decade that programs that wish to train mental health providers in this domain need to engage in systematic and thorough inclusion of spiritual and religious supervision, experiences, and mentorship. The possibilities for research and program development are endless in this domain of the counseling profession. There is still much that is unknown

in the understanding of SC and how best to develop it in counselors. It is my hope that this study makes a small contribution to these efforts.

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## Appendix A: Multicultural Counseling Knowledge and Awareness Scale Permission

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### Permission to Use the MCKAS

4 messages

Jeffery Edmiston <[REDACTED]>

Sat, Mar 27, 2021 at 9:45 AM

To: [REDACTED]

Dear Dr. Ponterotto,

I am a PhD student at Walden University and an Assistant Professor at Northwest Nazarene University (NNU). I am writing to request the use of the MCKAS in two separate projects, one at each of these universities. In this brief letter, I will describe the plan for both of the projects.

For my dissertation through Walden University, I am exploring the relationship between spiritual competency (SC) and multicultural competency. The profession of counseling has struggled to prepare counselors to address spiritual and religious issues effectively. Researchers have found that we agree that these are important topics to be addressed in counseling, but we are frequently not addressing these issues (Young et al., 2007). In counselor education settings, students are reporting that spirituality and religion are an "afterthought" (Hage et al., 2006), and counselor educators lack models for adequately preparing students (Adams, Puig, Baggs, & Wolf, 2015). Additionally, the multicultural counseling competencies (MCC) have recently undergone significant changes (Ratts et al., 2016) that may affect counselors' views on the complexity of cultural identity. I wish to explore the relationship between these two areas of competency.

The second project is in an early development stage. In the Counselor Education department here at NNU I teach our core multicultural counseling course. I want to use the MCKAS to measure the effectiveness of my efforts so that I can modify and continuously improve my instructional practices and then report our findings through journal articles and conference presentations. I also want to evaluate our program as a whole to identify what interventions affect MCC in our counselor education students, supervisors, and instructors.

Thank you for taking the time to consider my requests. I look forward to hearing from you soon. I am also open to any suggestions or wisdom you might have for me on my research journey.

Sincerely,

Jeffery L. Edmiston, MS, LCPC

[REDACTED]

CES PhD Student,  
Walden University,

[REDACTED]

JOSEPH Ponterotto <[REDACTED]>

Sat, Mar 27, 2021 at 10:41 AM

To: Jeffery Edmiston <[REDACTED]>

Hi Jeffery,

Nice to meet you. Yes, of course, you have my permission to use the MCKAS in your timely and important research projects. I will be curious to see the results. Attached is the MCKAS info packet. I also attach a pdf article on coefficient alpha as you will want to check the reliability of the 2 MCKAS subscales with your sample. I will also include a couple of articles on our new construct and instrument, the Multicultural Personality Inventory.

Please stay in touch as your results come in.

Have a good Easter/Passover if you celebrate either.

Sincerely,  
Joseph

## Appendix B: Spiritual Competency Scale Permission

Linda A. Robertson, PhD



June 25, 2016

Jeffery Edmiston  
Walden University

Dear Mr. Edmiston,

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

Note that there are presently 2 versions of this instrument:

1. (SCS; 2009) Hardcopy (pencil & paper): full (90 item) version; I can also provide you with the 90-item version that includes 7 items from a brief Marlowe-Crowne SD scale that I used in my original study (i.e., dissertation).
2. (SCS-R-II; 2011) Hardcopy: The latest version, which was developed from a factor analytical study of ASERVIC members' responses (i.e., this more recent group was more "spiritually competent" than the original group). Many of the same items loaded as in former studies (See: Robertson, L. A. (2008). *The spiritual competency scale: A comparison to the ASERVIC Spiritual Competencies*, *University of Central Florida: Electronic Thesis & Dissertations*, (CFE0002422); Robertson, L. A. (2010). *The spiritual competency scale*. *Counseling & Values*, 55, 6-24; Robertson, L. A., & Young, M. E. (2011). *The revised ASERVIC spiritual competencies*. In C. S. Cashwell & J. S. Young's (Eds.) *Integrating Spirituality and religion into counseling* (2nd ed., pp. 25-42). Alexandria, VA: American Counseling Association). However, a few items were replaced and the final instrument included 21 items. (See Daily, S. F., Robertson, L. A., & Gill, C. S. (2015). *Spiritual competency scale: Further analysis*. *Measurement & Evaluation in Counseling*, 48:15-29.)

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

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

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

1. You are permitted to produce a copy for each anticipated participant in your sample.
2. Please maintain the copyright notation and my name (as shown at the top of the SCS or the SCS-R-II in the Word documents) on each of your questionnaires, including in any published / printed / electronic versions.  
  
To further protect the copyright, *please do NOT include a copy of the instrument in any publication of your study.*
3. Please do not alter the instrument without permission. In particular, please note that the response/scoring protocols are unique - that is, neither the SCS nor the SCS-R-II includes a *traditional* Likert scale. Therefore, to maintain continuity relevant to the development of this instrument, please use the response format as it is shown in the hardcopy.

Linda A. Robertson, PhD

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

*If you are able to successfully create this format in a publically available online survey program, please let me know.*

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

Scoring:

SCS (90-item) and SCS-R-II (21-item):

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

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

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

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

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

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

Sincerely,

*Linda A. Robertson, PhD, LMHC*  
Linda A Robertson, PhD



---

**Request for use of the SCS-R-II**

---

**Linda Robertson** [REDACTED]  
To: Jeffery Edmiston [REDACTED]

Tue, Dec 17, 2019 at 8:57 AM

Hi Jeffery,

Attached please find the SCS-R-II

I have waived the \$50 use fee...Merry Christmas! :)

No random wisdom from this end but I am happy to entertain questions as you move through your research.

Best wishes!  
Linda

Appendix C: Religious Commitment Inventory Permission



College of Humanities and Sciences  
Department of Psychology



You have my permission to use the RCI-10. I included information you need to administer, score, interpret, and reference it. I wish you well with your research.

*Everett L. Worthington, Jr.*

Ev



## Appendix D: Permission to Use MSJCC Figure

10/25/23, 10:59 PM

Mail - Jeffery Edmiston - Outlook

### Re: MSJCC & DIM Figure Permissions

Manivong J. Ratts <[REDACTED]>

Sat 9/30/2023 9:17 AM

To: Manivong Ratts [REDACTED]  
Cc: Jeffery Edmiston [REDACTED]

Hello Jeff

We grant you permission to use the MSJCC figure in your dissertation. Best with the dissertation!

Vong

On Sep 18, 2023, at 6:58 AM, Manivong Ratts <[REDACTED]> wrote:

Hello Jeff

Thank you for your email. Let me ask the MSJCC committee to see if they will grant you permission. I don't anticipate it being a problem. However, I do need to check in with them. If you don't hear from me by end of the week please do not hesitate to reach out.

Vong

Manivong J. Ratts, Ph.D., L.M.H.C., N.C.C. | He, him, his ([Learn more](#))

Associate Dean for Academic and Student Affairs

Professor of Counseling

COLLEGE OF EDUCATION | SEATTLE UNIVERSITY



<image001.png>

---

**From:** Jeffery Edmiston <[REDACTED]>

**Date:** Sunday, September 17, 2023 at 2:50 PM

**To:** [REDACTED]

**Subject:** MSJCC & DIM Figure Permissions

Hello Dr. Ratts,

Thank you for taking the time to read my brief email.




I am a doctoral student at Walden University seeking permission to include the DIM figure and the MSJCC figure in my dissertation. My dissertation looks at the relationship between Multicultural Counseling Competence and Spiritual Competence. I refer to the DIM as a model that captures cultural identity's complexity and dynamic nature.

Thank you very much for considering my request.


[REDACTED]

1/2

## Appendix E: Permission to Use Tripartite Framework Figure

 [Sign in/Register](#)  

---

 **Multidimensional Facets of Cultural Competence**

Author: Derald Wing Sue  
Publication: The Counseling Psychologist  
Publisher: SAGE Publications  
Date: 2001-11-01  
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## Appendix F: Permission to Use Dimensions of Identity Figure

11/25/23, 2:01 PM marketplace.copyright.com/rs-ui-web/mp/license/7bbce423-bc9f-4650-b355-9d50e16e7264/7a942e8f-9cdd-4fea-8f43-52899a2f2f60



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## LICENSED CONTENT

<b>Publication Title</b>	Counseling for Multiculturalism and Social Justice : Integration, Theory, and Application	<b>Country</b>	United States of America
<b>Author/Editor</b>	Ratts, Manivong J., Pedersen, Paul B.	<b>Rightsholder</b>	American Counseling Association
<b>Date</b>	12/08/2014	<b>Publication Type</b>	e-Book
<b>Language</b>	English		

## REQUEST DETAILS

<b>Portion Type</b>	Chart/graph/table/figure	<b>Distribution</b>	Worldwide
<b>Number of Charts / Graphs / Tables / Figures Requested</b>	1	<b>Translation</b>	Original language of publication
<b>Format (select all that apply)</b>	Electronic	<b>Copies for the Disabled?</b>	No
<b>Who Will Republish the Content?</b>	Academic institution	<b>Minor Editing Privileges?</b>	No
<b>Duration of Use</b>	Current edition and up to 15 years	<b>Incidental Promotional Use?</b>	No
<b>Lifetime Unit Quantity</b>	Up to 499	<b>Currency</b>	USD
<b>Rights Requested</b>	Main product		

## NEW WORK DETAILS

<b>Title</b>	The Relationship Between Multicultural Counseling Competency and Spiritual Competency	<b>Institution Name</b>	Walden University
<b>Instructor Name</b>	Dr. Sidney Shaw	<b>Expected Presentation Date</b>	2024-02-11

## ADDITIONAL DETAILS

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Order Reference Number	N/A	The Requesting Person / Organization to Appear on the License	Jeffery L. Edmiston
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## REQUESTED CONTENT DETAILS

Title, Description or Numeric Reference of the Portion(s)	Figure 3.1 Dimensions of Identity Model	Title of the Article / Chapter the Portion Is From	Chapter 3 The Complexities of Identity
Editor of Portion(s)	Manivong J. Ratts	Author of Portion(s)	Ratts, Manivong J.; Pedersen, Paul B.
Volume / Edition	4	Issue, if Republishing an Article From a Serial	N/A
Page or Page Range of Portion	37	Publication Date of Portion	2014-12-07

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*Last updated October 2022*