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## **Relationship Between Counselor Educators' Intrinsic Religiosity, Multicultural Counseling Competence, and Spiritual Competence**

Theresa Lynn Brixius  
*Walden University*

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Theresa Brixius

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  
2024

Abstract

Relationship Between Counselor Educators' Intrinsic Religiosity, Multicultural  
Counseling Competence, and Spiritual Competence

by

Theresa Lynn Brixius

MAEd, The University of Akron, 2016

MA, Reed College, 2006

BA, Kenyon College, 1998

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

Walden University

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## Abstract

Religion and spirituality are vital components of multicultural competence, which are key ethical guidelines outlined by the American Counseling Association and the Council for Accreditation of Counseling and Related Educational Programs. Clients have reported that religion and spirituality are important in their lives; however, counseling students commonly feel unprepared in their training to address the topic with clients. Grounded in multicultural counseling theory (MCT) and namaste theory, the purpose of this quantitative correlational study was to describe the relationship between counselor educators' intrinsic religiosity (IR), multicultural counseling competence (MCC), and spiritual competence (SC). Participants included fifty-six doctoral-level counselor educators recruited from the CACREP database of graduate programs and the CESNET listserv. They completed the Duke University Religion Index, the Multicultural Counseling Inventory, and the Spiritual Competency Scale. The results of a bivariate logistic regression revealed that individuals who scored higher in IR were 3.23 times as likely to score high on the SCS-R-II ( $p = .03$ ) with a 95% confidence interval [1.07, 9.70]. A regression analysis measuring MCC and its relationship with SC was not conducted because scores on the MCI did not meet the assumptions for a regression analysis. The current research demonstrates the importance of increasing the SC of counselor educators so that counseling students can better meet the needs of client populations whose spiritual needs are not presently being sufficiently addressed in counseling.

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Anyone who has ever completed a project as large as a dissertation has firsthand knowledge of the rollercoaster of emotions experienced along the way: fear, self-doubt, abject terror, impatience, irritability, excitement, pride, relief, and, in some cases, grief. However isolating the experience can feel, we must never forget the mentors, colleagues, family, and friends who have been riding the rollercoaster right next to us along the way, cheering us on and gracefully accepting our struggle with love and compassion. These next few paragraphs are my humble attempt to express my gratitude toward those who have willingly been at my side throughout this arduous process.

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## Chapter 1: Introduction to the Study

Over the last several decades, the counseling profession has evolved in its approach to client care, particularly in working with clients from diverse populations. The publication of multicultural counseling theory (MCT) by Sue et al. in 1996 revolutionized how counselors approached clients and shifted the profession to adopt a more comprehensive, contextualized understanding of the variables that can impact client wellness. The emphasis on multicultural competencies in the ethical guidelines published in 2005 by the American Counseling Association (ACA; Lee, 2008) and the standards in counselor education published in 1994 by the Council for Accreditation of Counseling and Related Educational Programs (CACREP; Holcomb-McCoy, 1999) also dictated that future counselors should be well trained in understanding and adapting to the cultural differences of their clients.

Today's counselor education programs must include comprehensive instruction in multicultural counseling in their curricula to maintain CACREP accreditation (CACREP, 2024). This includes instruction regarding how variables such as race, ethnicity, affectional orientation, and gender identity can play a role in a client's worldview and thereby influence their perspective. The variable of religion and spirituality is also considered an important aspect of multicultural identity and is mentioned in the updated CACREP 2024 *Standards* (CACREP, 2024). Religion and spirituality are mentioned in Section 3.B.11. of the CACREP standards and includes the requirement that counseling students be instructed on "the role of religion and spirituality in clients' and counselors' psychological functioning" (CACREP, 2024, Section 3.B.11). Despite the emphasis on

competence in addressing religion and spirituality, the topic has been neglected in counselor education programs, so much so that counseling students in a recent qualitative study referred to the topic of religion and spirituality as an afterthought (Magaldi-Dopman, 2014) in their graduate programs.

Although the topic of spiritual competency (SC) among counseling students has been examined extensively in the literature, the topic of SC in counselor educators has not been thoroughly investigated. There have been several small-scale studies conducted to examine the SC of counselor educators (Adams et al., 2015; Briggs & Rayle, 2005; Cashwell et al., 2017). However, no quantitative research has been published on the topic, meaning there are no generalizable data that provide insight into the variables that are related to the SC of counselor educators. The current study was an attempt to fill that gap in the research.

The goal of the current research was to provide more insight into the variables that are related to the SC of counselor educators so that these educators can gain insight into their competencies, address any deficiencies, and better educate counseling students on the topic to further comply with ACA ethical guidelines and CACREP standards in counselor education. To that end, Chapter 1 focuses on introducing readers to this study, focusing on providing a background for the study, the purpose of the study, the research question and related hypotheses, and the theoretical foundation and conceptual frameworks guiding the study. I also outline the limitations of the study and discuss the potential social significance this study could contribute to the existing literature on the topic of the spiritual competencies of counselor educators.



## **Background**

Research by Gallup revealed the importance of religion and spirituality in Americans' lives. A recent Gallup poll revealed that 72% of Americans considered religion an important part of their lives (Gallup, 2018). Because of this significance in the lives of potential counseling clients, I addressed the topic in the current study so that counselors would be well prepared to address the topic with their clients. In fact, religion and spirituality have been found to be of paramount importance to most mental health clients. However, many clients reported feeling they could not broach the subject with their counselors because they felt the secular nature of most counseling services prevented them from doing so (K. A. Harris et al., 2016). Even more concerning was the finding that many counselors felt ill-equipped to address concerns related to religion and spirituality with their clients, and as a result actively avoided such topics and conversations in session (Scott et al., 2016). This has occurred despite the evidence that spiritual crises often mimic the symptoms of mental health disorders, meaning clinicians not well trained in the subjects of religion and spirituality may misdiagnose their clients, leading to negative outcomes such as prolonged symptomatic experiences, failed interventions, and continued trauma (K. P. Harris et al., 2019).

Researchers in the field of counselor education and supervision (CES) have conducted many investigations regarding the SC of counseling students. For example, Magaldi-Dopman (2014) found that many counseling students felt that the topic of religion and spirituality was an afterthought in their counseling programs. In addition, Henriksen et al. (2015) found that nearly 60% of counseling students reported that

religion and spirituality needed to be more thoroughly addressed in their training programs. These findings were echoed in research conducted by Lu and Woo (2017), who found that 90% of students surveyed indicated they had a desire for more focused training on religion and spirituality in counseling.

Although the topic of religion and spirituality in counseling and the viewpoints of counseling students have been thoroughly examined, fewer investigations have been conducted with a population of counselor educators. Researchers are not unaware of the lack of data available regarding the SC of counselor educators. There have been several small-scale studies conducted that have provided valuable insight into the SC of counselor educators. Briggs and Rayle (2005) found that many counselor educators felt uncertain of how to integrate religion and spirituality into their classroom lessons. Compounding this was the sentiment espoused by many counselor educators that there was either not enough material to present to their students regarding SC or the topic did not interest them enough personally to warrant addressing it in the counseling classroom (Adams et al., 2015). Furthermore, Cashwell et al. (2016) argued that religion and spirituality were not more thoroughly addressed in counseling curricula because of their highly subjective nature.

Although these studies provided insight on the topic of the SC of counselor educators, these studies have all been qualitative and have been limited in scope and generalizability. Therefore, there was a gap in the literature that did not address the SC of counselor educators quantitatively or in a way that could be applied to the larger population of educators. The current study was an attempt to gather additional data

regarding the variables related to SC in counselor educators so that these educators could gain insight into their competencies, address their deficiencies, and improve the quality of instruction on the topic of SC for current counseling students. Doing so may ensure compliance with ACA ethical guidelines and CACREP standards in counselor education, which have dictated the importance of SC in the counseling environment.

### **Problem Statement**

The situation that prompted me to search the literature was a desire to gain insight into the SC of counselor educators and the factors that influence their competence. In the current study, I hoped to determine the variables that were most closely related to the SC of counselor educators, with a focus on measuring the strength of the relationship between SC and multicultural counseling competence (MCC) and SC and intrinsic religiosity (IR). At the time of the study, most research on the topic of SC in counselors had been limited to the populations of counseling students or current practitioners; the topic of counselor educators and their SC had not been studied from a quantitative perspective.

Although researchers had investigated the topic of SC in counselor educators, there was a lack of quantitative research on the factors related to counselor educators' SC. Although many studies had been published on the SC of counselor trainees and their attitudes toward their training and preparation in the spiritual domain, fewer studies addressed the factors related to the SC of counselor educators from a quantitative perspective. The research problem that was addressed in this study was the lack of insight into the variables that are closely related to the SC of counselor educators.

### **Purpose of the Study**

The purpose of this quantitative study was to describe the relationship between counselor educators' IR, their MCC, and their SC. Survey data were collected from counselor educators at CACREP-accredited programs in the United States and analyzed to determine the strength of the relationship between counselor educators' reported levels of IR using the Duke University Religion Index (DUREL; Koenig & Bussing, 2010), their multicultural counseling competency using the Multicultural Counseling Inventory (MCI; Sadowsky et al., 1994), and their spiritual competencies using the Spiritual Competency Scale, revised, second edition (SCS-R-II; Dailey et al., 2015). The current study addressed a gap in the literature to present a larger scale and more generalizable analysis of the factors that are closely related to counselor educators' SC, with the goal of serving as a foundation for future research into ways counseling programs can increase their emphasis on spirituality when training counselors and counselor educators.

### **Research Question and Hypotheses**

RQ: What is the relationship between counselor educators' intrinsic religiosity (IR; as measured by the DUREL), their multicultural counseling competence (MCC; as measured by the MCI), and their spiritual competence (SC, as measured by the SCS-R-II)?

*H*<sub>0</sub>: There is no statistically predictive relationship between counselor educators' IR (as measured by the DUREL), MCC (as measured by the MCI), and SC (as measured by the SCS-R-II).

*H*<sub>1</sub>: There is a statistically predictive relationship between counselor educators' IR (as measured by the DUREL), MCC (as measured by the MCI), and SC (as measured by the SCS-R-II).

### **Theoretical and Conceptual Framework for the Study**

The theories and concepts that grounded this study included namaste theory and MCT. Namaste theory was developed by Oxhandler (2017) who used grounded theory to conduct a quantitative investigation of 470 licensed clinical social workers. Oxhandler used the DUREL to measure social workers' IR and the Religious/Spiritually Integrated Practice Assessment Scales (RSIPAS) to measure practitioners' attitudes, self-efficacy, perceived feasibility, and behaviors related to integrating clients' religion and spirituality into the counseling process. Oxhandler found that the more social workers reflected on their own spiritual and religious beliefs and practices, the more adept they became at recognizing and addressing the spiritual needs of their clients. Clinicians with higher levels of IR demonstrated increased comfort levels in addressing spiritual topics with their clients. A second tenet of namaste theory is that clinicians who are mindful of spiritual topics are more introspective on how this impacts their clinical approach.

The second theoretical framework used to guide the current study was MCT. In the development of MCT, Sue et al. (1996) sought to develop a framework for understanding the impact of culture, ethnicity, and other aspects of diversity on the counseling process. MCT emphasizes how important it is for counselors to understand that individuals from diverse backgrounds may have different worldviews than counselors, and that counselors must learn to understand and adapt to these different

worldviews. The theory also focuses on the development of multicultural awareness, knowledge, and sensitivity in the counseling relationship. The theory recognizes the power imbalance inherent within the counseling relationship and encourages counselors to engage in a process of introspection that will enable them to challenge their biases and assumptions about working with culturally diverse clients. In addition to its emphasis on cultural awareness, MCT also emphasizes the need for counselors to engage in social justice initiatives that seek to address systems of oppression within society that can adversely impact their clients' well-being (Sue et al., 1996).

The logical connections between the frameworks presented and the nature of my study included the central belief of namaste theory, which explains that clinicians who demonstrate higher levels of IR are more adept at addressing spiritual topics in the clinical setting. In addition, the connection between MCT and the nature of my study was the theory's focus on cultural awareness, knowledge, and sensitivity within the counseling relationship, with spirituality being one aspect of MCC. I investigated whether IR (as postulated by namaste theory) and/or MCC (as postulated by MCT) have a statistically significant relationship to the SC of counselor educators who are tasked with teaching spiritual competencies to counseling students.

### **Nature of the Study**

To answer the research question in this quantitative study, I conducted correlation and logistic regression analysis using survey methodology. For my planned research design, I gathered data via an online survey targeting counselor educators at CACREP-accredited programs in the United States. Participants were recruited via email distributed

to counselor educators through the CESNET-L listserv hosted by Kent State University. In addition, I contacted potential participants by emailing program coordinators in clinical mental health counseling (CMHC) at CACREP-accredited programs in the United States, as listed on the CACREP website, and requested that they forward my research request to educators in their programs. The survey was administered through SurveyMonkey and included 13 demographic questions as well as assessment questions from the DUREL, the MCI, and the SCS-R-II. Collected data were then analyzed using correlations to determine the strength of the relationship between counselor educators' IR, MCC, and SC. A bivariate logistic regression analysis was conducted to measure the predictive relationship between IR and SC. A regression analysis including the independent variable MCC was excluded from regression testing because results for the MCI did not meet statistical test assumptions.

The data sources I used to answer my research question consisted of a self-report survey distributed online, which included the DUREL for measuring IR (independent variable  $x$ ), the MCI for measuring MCC (independent variable  $y$ ), and the SCS-R-II for measuring SC (dependent variable  $z$ ). Participants were also asked to complete a brief demographic survey at the start of the online survey. This survey was distributed to counselor educators teaching at CACREP-accredited programs in the United States. Once the data were gathered, I used statistical analysis software to conduct correlation analysis between demographic variables and SC as well as a bivariate logistic regression analysis to determine the strength of the relationship between counselor educators' IR and SC. A regression analysis including the independent variable MCC was excluded because the

results of the MCI did not meet statistical assumptions for a regression model, as nearly all respondents met the threshold for MCC, leaving insufficient data in the bivariate model to measure the potential correlation between the MCI and the SCS-R-II.

### **Definitions**

The topic of religion and spirituality in American culture has been confounded by the lack of a clear and consistent definition for key terminology related to the topic. For the purposes of the current study, the following definitions were ascribed to these key terms and were used throughout the study to ensure that study participants were responding to questions coherently, consistently, and to the best of their ability.

#### **Religion and Spirituality**

The most important terms requiring clarification for the purpose of this study were religion and spirituality. Because of the changing and varied viewpoints on the topic, as well as the tendency to conflate the two terms, a well-defined understanding of these terms was paramount. Ross (2006) discovered that many individuals associate positive traits to the concept of spirituality, and a similar majority ascribe negative traits to the concept of religion. For the purposes of this study, *religion* was defined as a more organized system that is used to facilitate a sense of individual closeness to God (or what the individual considers to be a higher power or a transcendent being). This system often includes beliefs, practices, and rituals that all members of a particular faith engage in as a means of engaging in community as well as exercising responsibility toward the other members of that community (Koenig et al., 2001; Larson et al., 1998).



Defining spirituality is a more complicated task. According to Fukuyama et al. (2014), the elusiveness of a clear definition for spirituality is due to the limitations of language in capturing mysterious or indefinable terms. Myers et al. (2000) defined the concept as “an awareness of being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe” (p. 252). For the purposes of the current study, the Myers et al. definition was used to define the concept of spirituality.

### **Intrinsic Religiosity**

IR has several different interpretations in the literature. In some studies, *religiosity* was defined as closely following or ascribing to the beliefs or dogma of institutional or organized religion (Farmer, 2017). However, this is not the definition of IR that was used in the current study. Oxhandler (2017) defined IR as religious and spiritual motivations that are more intrinsically determined, with a primary focus on the individual’s ability to embrace their spiritual beliefs and express these authentically through their actions in the world. Similarly, Koenig and Büssing (2010), the authors of the DUREL, defined IR as the individual’s degree of personal religious commitment or motivation. Because the DUREL was the primary assessment tool used in the creation of Oxhandler’s namaste theory and was also a key instrument used in the current study, I employed the definition of IR espoused by Oxhandler (2017) and Koenig and Büssing (2010).

### **Multicultural Competence**

I employed the Multicultural Competence Inventory (MCI) developed by Sadowsky et al. (1994) to measure the MCC of counselor educators. As a result, I used the definition of MCC provided in the original development of the multicultural competence inventory: “counselors’ awareness of their own race, ethnicity, culture, language, and power status and awareness of how these variables operate in the lives of their clients” (Sadowsky et al., 1994, p. 137). The second core professional value listed in the ACA (2014) *Code of Ethics* states that counselors must be committed to “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (p. 3). Although the definition of MCC by Sadowsky et al. served as the primary definition of MCC, the ACA’s emphasis on the importance of this competence also served as a common unifying thread throughout the current study.

### **Spiritual Competence**

SC was defined by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, Robertson & Young, 2011). This list of competencies includes 14 competencies under six subcategories, including culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment. ASERVIC defined spiritual competencies by referencing the preamble of the ACA’s (2014) *Code of Ethics*. Spiritual competencies can be defined as part of the core professional values of counselors: “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of

people within their social and cultural contexts” (ACA, 2014, p. 3). In addition to these values and the 14 competencies outlined by ASERVIC, counselors demonstrating SC should demonstrate an ability to operate through the multicultural lens while also using evidence-based intervention strategies and techniques to achieve the best possible outcomes for their clients.

### **Assumptions**

The completion of this study depended on several assumptions. First, every screening measure possible was used to ensure that survey respondents met the qualifications for participation in the study, and I assumed that respondents were able to self-screen accurately to determine their individual eligibility. Eligibility was determined by whether the respondent was an active member of the counseling profession, whether they had a completed doctorate in CES, and whether they were in some way involved in the education process of future counselors (e.g., full-time CES faculty or adjunct faculty). I elected to exclude counselor educators who did not have a completed doctorate from my targeted population to avoid the potential comparisons between non-doctoral-level educators and doctoral-level educators. Although this may be an appropriate variable to compare for future studies, for the purpose of the current study, inclusion of only doctoral-level counselor educators was in closer alignment with my research purpose, questions, and definitions. Participants in this study were also required to have access to the requisite technology to complete the online survey. In addition, I assumed that the participants who qualified for the study would answer questions honestly and in a way that was a true reflection of their opinions and abilities. I also tried to maximize the

number of respondents with the hope that a larger sample size would increase reliability and validity and offset any impact caused by these assumptions not being met.

An additional assumption made in the completion of this study was that the SC of counselor educators is related to their IR and their MCC. According to Oxhandler's (2017) namaste theory, social workers who take time to engage in introspection regarding their spiritual and religious practices are more adept at integrating spirituality into their work with clients. Oxhandler's research was conducted using social workers as the primary population, and Oxhandler assumed that counselor educators would demonstrate similar results. In addition, Lu et al. (2020) found that counseling students who demonstrated higher levels of MCC also scored higher levels of SC. Although Lu et al. used counseling students as their primary population, I assumed that a population of counselor educators would exhibit similar results as those from a student population.

### **Scope and Delimitations**

The purpose of this study was to measure the strength of the relationship between the SC of counselor educators, their MCC, and their IR. I chose this area of focus due to the lack of available research providing insight into the SC of counselor educators. Research conducted on counselor educators and SC had been limited to small-scale qualitative studies. This illustrated the need for larger scale research that would be more generalizable to the larger population of counselor educators in the United States.

To achieve the goal of this study, I delimited my targeted population to counselor educators at CACREP-accredited institutions because one of the essential frameworks guiding this study was Section 3.B.11. of the CACREP educational standards, which

requires aspiring counselors to be instructed on the topic of religion and spirituality in the lives of their clients and themselves (CACREP, 2024). In addition, I delimited the theoretical foundations governing my research to those most pertinent to the subject of competence in counseling (e.g., MCT as it relates to MCC and namaste theory as it relates to SC). Therefore, theories that integrate spirituality, such as existential theory, were excluded from the current research because the focus was on competence rather than the topic of religion and spirituality in counseling.

### **Limitations**

A potential barrier for the current research could have been the ability to obtain access to accurate and reliable distribution lists for counselor educators in the United States. Although the CESNET-L listserv was a simple way to access this population, the volume of requests sent through this service often results in a low response rate. In addition, contacting all the program coordinators at CACREP-accredited institutions in the United States could have proven to be laborious and dependent upon the coordinators' willingness to share my request with faculty in their program. The CACREP website currently lists nearly 400 results in its listing of accredited CMHC programs (CACREP, 2023). Another potential challenge of the current research was the length of the survey. The 13-item demographic questionnaire, the 5-item DUREL, the 40-item MCI, and the 21-item SCS-R-II resulted in a survey of 79 questions and may have contributed to a low participation and completion rate. Results may have also been impacted by trying to collect my data during the summer term, which is historically a time when many educators take time off from teaching for personal reasons or to pursue

other professional goals. Participants' lack of availability may have impacted the response rate for my survey.

Another possible limitation of the study was the social desirability response bias, a common factor which can impact the validity and reliability of a research project using self-reporting as a principal methodology. Social desirability response bias has been defined as "a participant's tendency to over (under) report activities that are socially desirable (undesirable)" (Bernardi & Nash, 2023, p. 413). In the case of the current study, respondents may have felt compelled to answer with socially desirable responses because the variables being measured included assessments of competency. Because counselor educators are considered the leaders of and gatekeepers to the counseling field, low scores could have reflected badly on the profession. To mitigate this, I used assessments that were proven to be efficacious in the field, with high levels of validity and reliability: the DUREL, the MCI, and the SCS-R-II. In addition, responses to the survey were anonymous, which further mitigated the potential risk of the social desirability bias.

Furthermore, researchers must always consider experimenter bias, which is the unintentional influence of the researcher's beliefs on the outcome of a study or experiment (Frankfort-Nachmias et al., 2015). Although I did not have any known professional conflicts of interest which could have impacted the outcome of this study, I am a practicing counselor who identifies as a strongly spiritual individual. I have also experienced religious trauma, but I have spent the greater part of my adult life overcoming this trauma and finding a spiritual path that allows for deep healing and introspection. In addition, I am a certified mindfulness-informed practitioner who

regularly integrates spiritual practices into my clinical practice. Although these sources of potential bias existed, I took steps to mitigate the possible influence of my personal bias. For example, I made every effort to ensure the anonymity of respondents by not requesting any potentially identifying information. In addition, I sought the approval of the Walden University Institutional Review Board (IRB) before data collection to ensure ethical compliance and minimize potential harm to participants.

### **Significance**

This study may be significant in that it filled a gap in the literature regarding larger scale, generalizable results that may be used to predict counselor educators' SC. The results may prompt further investigation of SC of counselor educators, with the eventual goal of identifying opportunities to encourage counselor educators to engage in additional self-reflection regarding their spiritual competencies and provide continuing education on the topic. Doing so may help programs in counselor education better adhere to ACA and CACREP standards and ensure that spiritual competencies are taught and prioritized in a way congruent with the reported importance of spirituality in clients' lives. The purpose of my study was to examine the SC of counselor educators and the variables that are closely related to these competencies. It was my hope that this insight would help counselor educators learn more about the variables being investigated and how they may relate to the teaching of spirituality in counseling programs (see K. A. Harris et al., 2016). Further preparation and training for future counselors in the spiritual and religious domain had been shown to be necessary (Henriksen et al., 2015). Thus, the goal of my research was to obtain insight into the SC of counselor educators and the

factors that can be leveraged to increase their interest and competency in the subject of religion and spirituality in counseling.

### **Summary**

In this first chapter of my study, I introduced the topic of my project and provided an overview of my research problem, which was to address the gap in the existing literature regarding the variables that are related to the SC of counselor educators. The purpose of the current research was to describe the relationship between counselor educators' IR, MCC, and SC. This was necessary because of the lack of larger scale, generalizable data on the SC of counselor educators.

This chapter also provided an overview of the existing research on the topic of spirituality in counseling. Quantitative research had been published regarding the importance of spirituality and religion in the lives of mental health clients (K. A. Harris et al., 2016). In addition, there had been significant scholarship on the perspective of counseling students, most of whom indicated they did not receive enough instruction on the topic of spirituality in their graduate training programs (Henriksen et al., 2015; Lu & Woo, 2017; Magaldi-Dopman, 2014). Although the variable of SC had been thoroughly examined in student populations, the goal of the current study was to conduct a similar in-depth examination of the SC of counselor educators.

In Chapter 2, I present an in-depth review of the scholarship that informed the topic of SC in counselor educators, including the origins of spirituality in counseling, by examining how Frankl's work and the concept of the indivisible self (Myers & Sweeney, 2004) contributed to a deeper understanding of the importance of spirituality in individual



wellness. In addition, I examined the existing research that demonstrated a need for additional emphasis on SC in CACREP-accredited graduate training programs, including several small-scale qualitative studies that demonstrated a need for quantitative research on the topic of SC and counselor educators. Finally, I discuss the theoretical frameworks that guided the current study, focusing on how Oxhandler's (2017) namaste theory and Sue et al.'s (1996) MCT.

## Chapter 2: Literature Review

The purpose of this study was to gain insight into the SC of counselor educators and the factors that influence this competence. The results of this study revealed which variables were most closely related to the SC of counselor educators, with a focus on how IR and MCC were related to SC. Prior research on the topic of SC in counselors had been limited to counseling students or current counselors; counselor educators and their SC had not been sufficiently studied, especially from a quantitative perspective. The current study addressed a gap in the literature by presenting a larger scale and more generalizable analysis of the potential factors related to counselor educators' SC, with the goal of serving as a foundation for future research into ways CACREP-accredited counseling programs can increase the SC of counselor educators to bolster their emphasis on spirituality when training future counselors.

In Chapter 2, I provide a review of the literature related to counselor educators' SC and its relationship to MCC and IR. This chapter contains three sections, including the literature search strategy used to find relevant research, a discussion of spiritual topics in counseling and counselor education, and an in-depth analysis of the theories used to ground this study. Although most of the research presented in this chapter was related to the counseling profession, research from allied mental health professions, such as social work or psychology, was also referenced. My goal for this chapter is to highlight the gap in the literature related to the variables related to counselor educators' SC.

### **Literature Search Strategy**

To conduct an exhaustive analysis of the literature, I accessed various research databases including Academic Search Complete, APA PsycArticles, APA PsycBooks, APA PsycExtra, APA PsycInfo, ERIC, and SAGE. In some situations, Google Scholar was consulted to cross-reference citations and to deepen my understanding of where and how the constructs relevant to this study had been examined in other research and, where applicable, in other disciplines. The most frequently used keywords in this literature review included *counseling*, *counselor education*, *counselor educators*, *spirituality*, *spiritual competence*, *spiritual competencies*, *spiritual competency scale*, *multicultural competence*, *multicultural counseling*, *namaste theory*, *counseling students*, *spiritual practice*, *religion*, *religiosity*, and *intrinsic religiosity*. I made every effort to limit the review to research published within the last 5 years (2018 or later), with the exclusion of seminal works and theoretical foundations. However, there was limited recent literature published on the topic of spirituality and SC in counselor educators. Therefore, a wider examination of the literature was conducted, with some studies dating to the early 2000s. The lack of significant academic scholarship conducted on the topic of spirituality in counseling provided further credence to the necessity of this study.

### **Literature Review**

#### ***Frankl's Man's Search for Meaning***

Given that the topics of central concern in this study were religion and spirituality, this literature review was by necessity wide in scope. Frankl (1992) demonstrated the importance of spirituality in the life of a human being, as Frankl argued that meaning and

purpose in life are found in every moment of living, including times of suffering or death. Frankl's influence on the field of psychology and counseling with the development of logotherapy demonstrated the central role that spirituality plays in the mental wellness of human beings. Frankl was among the first scholars to emphasize the importance of spirituality and religion in a human being's search for meaning in life.

Frankl's (1992) logotherapy is still widely used in mental health professions and emphasizes existential topics in therapy, focusing on how a life of meaning and purpose serves as the primary motivation for living for human beings. A search of Google Scholar revealed over 13,000 scholarly references to logotherapy, dating from as early as the original publication of the theory in 1946 to the present day. Logotherapy, although not a spiritual intervention per se, postulates that there are three dimensions of a human being: body, psyche, and noos, or spirit (Frankl, 1992). Frankl believed this spiritual aspect of being comprised the essence of a human being, and it was therefore an essential component of any individual's ability to find meaning in life (García-Alandete, 2023). Although Frankl's theory of logotherapy did not serve as the primary theoretical framework guiding the current study, it demonstrated the importance of spirituality in the process of meaning making, which often plays a vital role in the counseling environment.

### **The Wheel of Wellness and the Indivisible Self**

The importance of spirituality in counseling was further emphasized by Sweeney and Witmer (1991) in their holistic wheel of wellness model, which later became known as the concept of the indivisible self (Myers & Sweeney, 2004). The original wheel of wellness model was based on Adler's theory of individual psychology, which argued that

to fully understand a person, the clinician must consider both the internal and external factors that can impact individual well-being (Mosak et al., 1999). In addition, the categories of the wheel of wellness model represent the primary characteristics of healthy people. The model developed by Sweeney and Witmer included five interrelated life tasks: spirituality; self-direction (which included the 12 subtasks of sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity); work and leisure, friendship, and love; life forces (i.e., family, religion, education, business/industry, media, government, and community); and global events. At the core of the original wheel of wellness model is spirituality, which Myers et al. (2000) argued was because spirituality is what connects the individual to the universe and is a core characteristic of healthy people.

Myers and Sweeney (2004) later revised the wheel of wellness model to the concept of the indivisible self, which replaced the concept of spirituality central to the Sweeney and Witmer (1991) model with the idea of the indivisible self, which Myers and Sweeney believed was more holistic and purposive. Myers and Sweeney also proposed five second-order factors that contribute to individual wellness: the essential self (spirituality, gender identity, cultural identity, and self-care), the creative self (thinking, emotions, control, positive humor, and work), the coping self (realistic beliefs, stress management, self-worth, and leisure), the social self (friendship and love), and the physical self (exercise and nutrition). Both the wheel of wellness and the indivisible self models were revolutionary in the field of counseling because they provided a holistic

strengths-based model for practitioners to use with their clients. Moreover, the models provided clients with the ability to understand the various components of wellness, how those components interact with one another, and how positive change can be elicited through focusing on the development of these strengths (Myers & Sweeney, 2004). Both models demonstrated the vital role of spirituality in individual wellness, lending further credence to the importance of the spiritual domain and justifying its inclusion as a core competency for counselors.

### **Spirituality and the Counseling Relationship**

Having established a sense of the history of spiritual topics in counseling, I sought to establish a sense of the role of spirituality and religion in the counseling relationship. MCT, developed by Sue et al. (1996), includes spirituality and religion as one of the potential differences a counselor may encounter when working with diverse clients. Competence in understanding the potential impact of spiritual and religious differences became a primary competency in the *Code of Ethics* of the ACA (2014) as well as the 14 spiritual and religious competencies by the ASERVIC (Robertson & Young, 2011). ASERVIC first developed their spiritual and religious competencies in 2009, based on the research published by Young et al. (2002), who found that although 69% of individuals representing CACREP-accredited counselor education programs reported their programs addressed spiritual and religious issues, only 46% believed themselves prepared to integrate these topics into their teaching or supervision. In addition, only 28% of respondents reported viewing their colleagues as prepared to address these issues. Young et al. advocated for additional training in the topics of religion and spirituality and

identified the areas of recommended competence. These were subsequently adopted and integrated into ASERVIC's spiritual and religious competencies.

In addition to the standards published by the ACA and ASERVIC, one of the standards set by CACREP (2024) is that graduates of accredited counseling programs should demonstrate competency in addressing spiritual topics with their clients.

Acquiring spiritual competency is vital to becoming a competent counseling professional, particularly from a multicultural standpoint. However, Bohecker et al. (2017) found that spirituality was not being addressed sufficiently in counselor training programs and proposed making spirituality and religion a ninth core curriculum area of the CACREP standards, a separate domain independent of the diversity standards built into curriculum requirements. Spirituality and religion were added to the eight core curriculum standards: orientation and ethical practice, social and cultural diversity, human growth and development, career development, counseling and helping relationships, group counseling and group work, assessment and testing, and research and program evaluation (CACREP, 2024).

Competence in addressing religious and spiritual topics is a vital component of MCC because it has been found to be a topic of particular concern to clients (K. A. Harris et al., 2016). K. A. Harris et al. (2016) compiled the results of 64 peer-reviewed journal articles in 32 journals. The authors found that of the 4,697 counseling clients examined in these articles, many reported problems related to their religion and spirituality and expressed a desire to discuss these within the therapeutic environment. In addition, Crosby and Bossley (2012) argued that many clients who identify as religious or spiritual

often seek counseling from trusted religious leaders rather than trained mental health professionals out of concern that a secular therapist may not be willing or able to address topics related to religion and spirituality.

Moreover, Gladding and Crockett (2019) argued that individuals who report strong religious or spiritual beliefs often experience greater physical and/or psychological health because these provide positive coping mechanisms for handling stress, a strong sense of community, and greater life satisfaction with fewer symptoms of anxiety and depression. However, despite the ample research demonstrating a strong connection between spirituality and religion and positive health outcomes for clients, Gladding and Crockett also argued that many counselors do not satisfactorily address topics related to religion and spirituality because of a lack of comfort, lack of time, a belief in the secular nature of therapy, or fear of countertransference due to their own experiences with religious trauma. Although there is ample evidence demonstrating the importance of religious and spiritual topics in the counseling process, there are also some major barriers that often prevent counselors from adequately addressing these concerns with their clients.

Religious and spiritual topics are not limited to individuals who identify as religious or as having a strong spiritual belief system. Plante (2022) found that clients who do not identify as having strong religion or spirituality may benefit from spiritually based interventions (e.g., mindfulness-based stress reduction; Kabat-Zinn, 2003) for addressing certain concerns. Competency in addressing religion and spirituality is a vital component of the counseling process, making it necessary for counseling students to be



adequately prepared to address such topics with their clients. Although much of the research on religion, spirituality, and the therapeutic process has been reserved for a Western audience, these findings have been echoed in research outside of the Americas, making its importance that much more evident.

More recently, Young et al. (2022) conducted a qualitative study of 11 practicing counselors (5+ years of experience) who reported having strong religious and spiritual beliefs that impacted their clinical work. Young et al. examined how participants believed their spiritual practices impacted them in six domains of practice: spiritual and religious beliefs and the counseling process, competent infusion of spirituality, the role of the counselor, view of client, view of presenting issues and concerns, and spiritual practice related to counseling. Young et al. found that the clinician's spirituality can have a profound and positive impact on the counseling process because it can inform how the clients are conceptualized, how clinicians prepare for sessions, and the interventions clinicians may choose to use with their clients. Young et al. argued that the spiritual practices of clinicians can positively impact client experiences.

The strong influence of religion and spirituality on the clinical relationship and therapy process is not reserved for individuals in the United States. Duggal and Sriram (2022) discovered similar findings in their research conducted with mental health practitioners in India. Duggal and Sriram argued that this relationship is "undeniable," going so far as reporting that "the spiritual journey... may intertwine with [psychotherapists'] psychotherapeutic practice and professional growth trajectory" (p. 198). Duggal and Sriram encouraged mental health providers to examine the topic of

religion and spirituality in greater depth during training, practice, and supervision because these processes should include space for religion and spirituality through reflective practice.

Although having strong spiritual beliefs has been found to impact the counseling relationship in a positive way, there is also evidence that counselors with strong religious beliefs can impact the counseling relationship in a negative way. Motalová and Řiháček (2016) conducted a study in the Czech Republic and found that counselors who self-identified as religious often separated their clients into the categories of religious and nonreligious and tended to show a preference for clients categorized as religious. This dynamic is particularly true for lesbian, gay, and bisexual clients. For example, Farmer (2017) found that counselors who closely followed or ascribed to the dogmatic beliefs or doctrines of an institutionalized religion (defined by Farmer as religiosity) had a negative relationship with lesbian, gay, and bisexual affirmative counselor competence, while those counselors who identified as spiritual had a positive relationship with lesbian, gay, and bisexual affirmative counselor competence. As demonstrated by these studies, the relationship the counselor has with their religious and spiritual beliefs can positively or negatively impact their clients, providing further evidence of the strong correlation between IR, MCC, and SC. In the current study, the goal was to measure the strength of that relationship with counselor educators as the key demographic because there had been no major studies that examined the SC of counselor educators and the variables related to this competence.

## **Religion, Spirituality, and Counseling Students**

Despite findings indicating that most counseling clients would like to discuss religious and spiritual topics in therapy, many counselors have reported feeling hesitant or even ill-prepared to do so. To demonstrate this, Hage et al. (2006) conducted an interdisciplinary review of training programs in counselor education, clinical psychology, counseling psychology, marriage and family therapy, rehabilitation psychology, and psychiatry. Their research indicated that there is minimal inclusion of topics related to religion and spirituality in all these disciplines. The authors argued that the reason for this lack of focus on spiritual training was due to the prevailing belief that spirituality is “not considered as important in multicultural counseling training as are other kinds of diversity, such as ethnicity or gender” (Hage et al., 2006, p. 227).

In addition, Magaldi-Dopman (2014) argued that even though the multicultural theoretical framework has incorporated religion and spirituality, including the ethical guidelines governing both the ACA and the American Psychological Association (APA), the practice of addressing these topics within the therapeutic environment or the counseling classroom has been less emphasized. Magaldi-Dopman conducted a qualitative analysis with eight counseling graduate students from different academic institutions and of varying religious and spiritual backgrounds. Throughout the interviews with these participants, Magaldi-Dopman found that they thought their training in the spiritual domain was “an afterthought” in their graduate programs. Moreover, the author suggested that counseling programs may hesitate to promote the integration of spirituality into the counseling process due to the faculty’s own lack of preparation on the topic or

the secular nature of many professional relationships. In addition, Magaldi-Dopman argued that programs that do address the importance of spirituality in individual wellness may fail to provide students with concrete strategies for doing so (Magaldi-Dopman, 2014).

Moreover, Henriksen et al. (2015) conducted a quantitative study of student perceptions of spiritual training, which included 113 counseling students at the master's and doctoral levels. Their results revealed that 54.5% of the counseling students surveyed reported that they had little or no understanding of why religion and spirituality were important in the counseling process and 58.7% of respondents reported their training did not enhance their knowledge of religion and spirituality in counseling. In addition, many students felt their programs needed to address spirituality in greater depth in their multicultural counseling courses (46%) or as a separate class entirely (22%), demonstrating the need for increased focus on spiritual topics in counselor preparation programs.

Henriksen et al. (2015) also advocated for the inclusion of spiritual and religious topics in the supervision process, arguing that “without knowledge and proper supervision in all areas of multiculturalism, counselors-in-training cannot become fully competent” (Henriksen et al., 2015, p. 66). Similarly, Lu and Woo (2017) found that despite counselor education programs reporting that they strongly emphasize religion and spirituality within their multicultural counseling curriculum, the students of these programs reported their training did not emphasize these topics enough. In fact, 90% of

the students surveyed indicated they desired more focused training on the topic of spirituality and religion in the counseling environment.

Despite these trends, Lu et al. (2020) found that counseling students at institutions with religious affiliations had higher rates of SC than those students at programs not affiliated with any religion. In addition, doctoral students also demonstrated higher levels of competence. The authors concluded that students who are exposed to religious topics and those with additional training in multicultural counseling generally perform better on the SCS-R-II. Similarly, Secor and Bridges (2021) found that there is a statistically significant predictive relationship between counseling students' perception of their SC and the SC of their clinical supervisors. As with other studies, Secor and Bridges also advocated for counseling students to have additional exposure to training on topics related to religion and spirituality, not just inside the classroom, but also in the field during clinical supervision.

### **Religion, Spirituality, and Counselor Educators**

These findings indicate a need for additional training in topics related to religion and spirituality in counselor education programs. However, the studies do not provide thorough insight into why religion and spirituality are not already adequately incorporated into multicultural counseling coursework. This finding, that SC increases with MCC, is one of the main premises examined in this current study.

Briggs and Rayle (2005) argued that while religion and spirituality have been incorporated into CACREP educational standards, there had at that point been no formal guidelines as to how to incorporate these topics into the classroom. As a result, many

counselor educators reported feeling uncertain as to how to integrate religion and spirituality into their curricula. These same sentiments were echoed by Adams et al. (2015), who attempted to provide insight into why religion and spirituality are not more sufficiently examined in counselor education programs with their qualitative study, which sought to identify the barriers preventing religion and spirituality from being integrated into training programs. In this study, the authors surveyed 10 experts in counseling, with expert being defined as individuals who had published a minimum of two articles on the topic of spirituality in counseling and who had full-time status in a counselor education program for a minimum of 5 years.

Adams et al. (2015) discovered that the two main reasons cited by these experts as to why religion and spirituality were not more thoroughly examined in counselor education programs was due to a lack of information to present on the topic and a lack of personal interest in religion and spirituality. They also presented several strategies for addressing this issue, including continuing education, increased emphasis on introspection, and curriculum-specific recommendations. A call to action was subsequently issued, encouraging potential researchers to examine the topics of religion and spirituality more thoroughly with counselor educators who do not identify as experts in the topic of spirituality in counseling (Adams et al., 2015). The research I present in the following chapters is an attempt to answer that call to action.

An additional reason researchers cited to explain why religious and spiritual topics are not more thoroughly addressed in counselor education programs is due to their incredibly subjective nature. Cashwell et al. (2016) conducted a study wherein they

examined the various concepts of God held by counseling students. Their study found that most students had tremendous difficulty organizing concepts of God into recurring themes. Due to this difficulty, the researchers found that, without adequate preparation and knowledge of spirituality, this could result in counselors projecting their personal beliefs onto their clients. The authors also emphasized the importance of introspection on spirituality, religion, and concepts of God within counselor education programs (Cashwell et al., 2016). The belief that introspection and personal spiritual beliefs, or IR, are vital components of SC was the second main construct being examined within this doctoral research project.

Existing research on the topics of spirituality in counseling, the teaching of spiritual competencies, and the reasons which impact counselor educators' ability to address the topic of spirituality in counseling have been relatively limited in scope (Hage et al., 2006; Henriksen et al., 2015; Lu et al., 2020; Lu & Woo, 2017; Magaldi-Dopman, 2014). While many studies examined students' perspectives regarding their training in the spiritual domain, few addressed the topic through the lens of counselor educators. The few studies that do address this topic are typically qualitative in nature, which leaves room in the discipline for more in-depth analyses focused on capturing more plentiful information with more generalizable data, which was the primary intent of the current research (Adams et al., 2015; Briggs & Rayle, 2005).

### **Theoretical Frameworks**

The two independent variables I referenced in the current research, MCC and IR, are both grounded in the literature and supported by existing theories. MCT supports the

claim that SC can in part be influenced by MCC. In addition, I can also use the more recent namaste theory to describe the relationship between IR and SC. Both theories, along with how these are supported within the literature, are examined herein.

### **Multicultural Counseling Theory**

Lu et al. (2020) discovered that counseling students who demonstrated higher MCC also exhibited higher levels of SC on the SCS-R-II. Therefore, one of the main premises to be investigated in this study is the possible relationship between MCC and SC within a population of counselor educators. The theory which grounded this aspect of the research presented herein is MCT, first proposed by Sue et al. (1996). When the authors first presented their theory, it was during a time in the United States when the demand for inclusion began to permeate institutions at all levels and in most industries. In no industry is cultural competence more important than in the field of counseling, wherein clinicians frequently encounter clients of many races, cultures, and ethnicities. The authors believed that the “monocultural nature of education and training” favored a White, Eurocentric perspective and therefore clinicians trained prior to the development of MCT are less likely to be able to assist clients with diverse backgrounds without assuming the universal application of this viewpoint (Sue et al., 1996, p. 813). As a result, many clients are unnecessarily pathologized and their therapeutic goals are not met because their counselors are ill-equipped to address issues and topics related to or impacted by cultural diversity.

MCT, as proposed by Sue et al. (1996) attempts to accomplish six main goals. First, it seeks to broaden the role of the counselor to include teaching, consulting, and



advocacy. Second, multiculturally competent clinicians will be able to use treatment modalities which are consistent with the cultural background of their clients. As a result, certain behaviors once considered taboo in traditional therapy (such as advice giving) may become more appropriate based on the cultural background of the client. Third, MCT explains that the client is more than just one individual; each person also has characteristics of their cultural group as well as universal human traits and needs. Fourth, individuals from different cultures may respond to different types of helping strategies based on their cultural values. Fifth, clinicians must approach clients from both the individualistic and collectivistic perspective, recognizing that embeddedness in families and relationships can impact individual functioning and perspectives. Lastly, counselors must remember some of the struggles and issues presented by clients may be the result of systemic oppression or other issues related to culture and diversity and not necessarily a diagnosable mental health disorder (Sue et al., 1996).

In the nearly 30 years since MCT was published, the theory has revolutionized how clinicians practice counseling, including how counseling students are taught. Multicultural competence is such an important consideration in the field of counseling that it was written into the *ACA Code of Ethics* (2014) as well as CACREP (2024) educational standards for counseling professions. Sue et al. (1996) argued that one of the key elements of multicultural awareness and competence is recognizing the potential impact of group identity on an individual. The authors define group identities to include such variables as race, culture, ethnicity, gender, or religion. Competence in addressing the religious and spiritual concerns of clients is one of the primary concerns of MCT.

In 1999, Fukuyama and Sevig (1999) emphasized the importance of religion and spirituality in clients' lives and presented concrete strategies for addressing such topics with clients. The authors found that religion and spirituality are vital components of individual wellness and rapid cultural change and advancements in technology were leading individuals to experience "a cultural and spiritual crisis" (Fukuyama & Sevig, 1999, p. 2). Moreover, the authors also argued that there is a natural intersection between multiculturalism and spirituality. Despite mentioning religion and spirituality in the early stages of the development of MCT, as well as the efforts of a few researchers with a dedicated interest in the topic of religion and spirituality, concrete ideas for how to integrate religion and spirituality into the counseling relationship remained relatively sparse compared to other aspects of multicultural counseling (Briggs & Rayle, 2005).

As MCT became integrated into the field of counseling, it also became imperative that counselor education programs include multicultural training and competence as a key factor in training future counselors. While ASERVIC first defined the concept of spirituality at its 1995 summit, the importance of addressing religious and spiritual topics in counselor education programs was not integrated in CACREP standards until 2001. Since then, researchers have attempted to investigate how well counseling students are prepared to address topics related to religion and spirituality with their clients. For example, in their development of the ASERVIC competencies, Robertson and Young (2011) argued that despite the emphasis placed on MCC in the counseling profession since Sue et al. (1996) first proposed the concept of MCT, religion and spirituality are still underrepresented in multicultural counseling training, which is what led the authors

to develop the 14 ASERVIC competencies as a tool independent from the original multicultural counseling competencies. More recently, Lu et al. (2020) found that counseling students' MCC had a moderately high correlation with their perceived SC, further emphasizing the potential link between MCC and SC.

### **Namaste Theory**

The second theoretical lens through which I viewed my research was that of namaste theory, developed by Oxhandler (2017). Oxhandler's 2017 study detailed the origins of namaste theory, wherein the author used a grounded theory methodology to gather her data quantitatively. The researchers used a two-part approach for the generation of the concept of namaste theory. First, the author described the results of the three-pronged national study of clinical social workers and how they integrated clients' religion and spirituality into their practice. The author then focused on the literature available on the topic as well as data gathered in the first part of the study to support the theory about how clinicians integrated religion and spirituality into their practice and how they related to their clients through the lenses of religion and spirituality (Oxhandler, 2017).

Namaste theory is named after the Hindu concept of namaste, or "the sacred in me recognizes the sacred in you" (Oxhandler, 2017, p. 1). In this study, Oxhandler investigated the role of religion and spirituality in the work of mental health clinicians. Oxhandler demonstrated how clinicians' IR is related to their ability to consider and integrate the religion and spirituality of their clients into their practice. For the purposes of this study, the author defined IR first by contrasting it with its opposite, extrinsic

religiosity. The author referenced the work of Allport and Ross (1967), who first defined the “two poles of religiosity,” intrinsic and extrinsic. Individuals whose religiosity is more defined by extrinsic motivations use their religion to support their own individual needs (e.g., social support, security, or status). Contrarily, individuals for whom religiosity is more intrinsically determined are motivated by their religion and desire “to fully embrace, internalize, and live out their beliefs” (Allport & Ross, 1967; Oxhandler, 2017, p.1). Thus, IR is viewed as a more internalized spiritual practice and belief system, rather than the external practice of dogmatic religious rules and traditions.

Oxhandler’s (2017) investigation included three individual studies. The first used the Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS; Oxhandler & Parrish, 2016) and the Duke University Religion Index (DUREL; Koenig and Büssing, 2010). These assessments measure practitioners’ attitudes, self-efficacy, perceived feasibility, and behaviors related to integrating clients’ religion and spirituality into the counseling process. They were administered nationally to 470 licensed clinical social workers. Criterion validity for this assessment was tested by comparing subscale scores and RSIPAS scores with various background variables, such as continuing education. Of the background items used to test validity, the researcher found that IR had the strongest relationship on all subscales ( $r = 0.31-0.43, p < 0.01$ ) and the overall scale ( $r = 0.46, p < 0.01$ ).

The second study executed in Oxhandler’s (2017) research also used the responses from the RSIPAS and the results of the DUREL, but in this instance the author conducted a regression analysis to identify the traits which predicted practitioners’ views,

behaviors, and orientation to the topics of religion and spirituality. Here, Oxhandler found that the only significant variables were the respondents' scores on the DUREL, which was a measure of IR ( $\beta = 0.44, p < 0.001$ ). The only other influential variable was prior training in spiritual topics ( $\beta = 0.32, p < 0.001$ ). Finally, in the third study, Oxhandler examined responses from two open-ended questions in the survey. The results of these open-ended questions revealed that 43.9% of respondents believed that their IR enables them to better integrate spiritual topics into their work with clients.

In research on namaste theory, Oxhandler explained that the more mental health practitioners reflect on their own religious and spiritual beliefs and practices, the more adept they become at recognizing and addressing the spiritual needs of their clients and integrating these topics into the counseling relationship. Clinicians with higher levels of IR demonstrate increased comfort levels in addressing spiritual topics with their clients. The author named this namaste theory, which provides a theoretical basis for the relationship between mental health clinicians' individual spirituality and how they recognize issues relating to religion and spirituality with their clients.

A second major tenet of namaste theory is that clinicians who are more mindful of spiritual topics often engage in their own reflective work and explore how it impacts their clinical approach (Oxhandler, 2017). Namaste theory provides a strong theoretical foundation for examining how the topics of religion and spirituality are addressed in counselor education programs. Namaste theory showcases the need for both counseling students as well as counselor educators to engage in regular introspection regarding their

individual religious and spiritual beliefs so that they can better recognize how these beliefs may impact their SC as mental healthcare providers.

### **Namaste Theory in Research**

Oxhandler's (2017) namaste theory has been used in subsequent research on the topic of spirituality in mental healthcare. For example, Oxhandler and Parrish (2016) used namaste theory as the primary theoretical foundation in the development of the RSIPAS. Here, the authors surveyed 426 licensed clinical social workers (LCSWs) around the United States to develop a more comprehensive understanding of how the practitioners' IR impacts their ability to address spiritual topics with their clients. The authors were attempting to determine whether the IR of LCSWs was different from the general population. The study employed Oxhandler's namaste theory as its theoretical foundation because the theory explains that clinicians with higher levels of IR are more adept at integrating religious and spiritual topics with their clients. Here, the researchers argued that religion and spirituality are of increasing importance to clients, arguing that most adults (75%) reported that religion and spirituality are at least somewhat important in their lives (Pew Research Center, 2015). A more updated survey conducted by Gallup corroborated these findings, reporting that 72% of Americans consider religion an important part of their lives (Gallup, 2018). This emphasis on the importance of religion and spirituality in the lives of Americans further demonstrates the need for mental health clinicians who are confident and prepared to address these topics with their clients.

To conduct their research, Oxhandler and Parris (2016) used a 2013 national survey which included topics regarding religion and spirituality. While the original

survey included 482 respondents, the researchers focused on the 426 participants who answered questions regarding religion and spirituality. The online survey included items from RSIPAS, the DUREL, and two items from the General Social Survey (GSS) regarding the extent to which someone identifies as religious or spiritual. The GSS is a national survey conducted periodically by the National Opinion Research Center at the University of Chicago (Smith et al., 2014). To assess for the religious and spiritual views of the general population, the researchers used items from the GSS and the Baylor Religion Survey (BRS), which is a national survey of United States (U.S.) adults conducted by Baylor University and the Gallup Organization (Dougherty et al., 2011).

Oxhandler and Parris (2016) found that the religious and spiritual practices of LCSWs differ dramatically from the general U.S. population. U.S. adults are generally more religious and less spiritual than LCSWs. GSS respondents indicated they are at least moderately religious (54.2%) versus LCSWs (35.1%). In addition, 65.1% of GSS respondents reported being moderately spiritual, versus 81.9% of LCSWs. The authors argued that data reveal a major disconnect between the religious and spiritual practices of LCSWs versus the general population, demonstrating how important it is that LCSWs and other mental healthcare providers regularly engage in self-reflection to better understand how their own beliefs may be impacting their relationships with their clients (Oxhandler & Parris, 2016). From the perspective of my research project, this study was important in that it demonstrated how essential it is that mental health practitioners regularly engage in introspection to better recognize how their own religious and spiritual beliefs may be impacting their perceptions of their clients' experiences.

The main premise of namaste theory, that IR influences SC in counseling, is evident throughout the literature. For example, Cashwell et al. (2012) found that when counseling students were encouraged to engage in intrinsic spiritual reflection and other practices such as mindfulness, they were more likely to demonstrate the ability to be fully present with their clients and better understand how the interconnectedness of all living beings can benefit the counseling relationship. While Cashwell et al. focused this research on counseling students, it can be inferred that all clinicians could benefit from developing this sense of awareness, including counselor educators. Furthermore, Reiner and Dobmeier (2014) surveyed 230 members of the ACA to examine their perceptions of the importance of the religious and spiritual competencies published by ASERVIC. While all the respondents reported feeling that the topic is important in the counseling environment, fewer reported feeling prepared to address it. In addition, 88.8% of those surveyed reported believing that they learned about religion and spirituality more from their own personal practice than in their graduate training programs, lending further credence to the theory that personal religious and spiritual practice is closely related to SC, a key tenet of namaste theory.

Sandage et al. (2015) conducted a study to see whether spiritual grandiosity or personal spiritual practice through meditative prayer were more related to intercultural competence. The authors defined intercultural competence as “more specific” than MCC, as it focuses on ways of relating across cultural differences, rather than simply focusing on the diversity factors of which counselors should be aware (Sandage et al., 2015, p. 168). In addition, the authors defined spiritual grandiosity as “spiritual superiority which



can promote defensiveness and exclusivity related to intercultural differences, thereby discouraging the views of others as equals” (Sandage et al., p. 170). The results showed that meditative prayer, a major component of IR, was more positively associated with change in intercultural competence, while spiritual grandiosity was negatively associated with this competence. The authors argued that additional training is necessary in the spiritual domain, and counseling students should be encouraged to engage in some sort of meditative or spiritual practice to improve their intercultural competence (Sandage et al., 2015).

Rinkel et al. (2018) lent further validity to namaste theory in their study which attempted to measure the influence between the IR of social workers and clinical work with clients. This study was part of a 2016 mixed methods study that examined the religious and spiritual beliefs of social workers, their attitude regarding how topics of religion and spirituality should be integrated in their practice, their experiences regarding the overlap of their personal beliefs and their clinical work, and their use of spiritual interventions with their clients (Larsen & Rinkel, 2016). The authors of this study employed namaste theory as the theoretical basis of their research, noting that the theory presents one model of understanding the influence between personal religious and spiritual beliefs and practices in clinical work in mental healthcare. Rinkel et al. used the theory as a foundation to examine the reciprocal nature of spirituality and clinical work. While the theory postulates that personal spiritual beliefs influence clinical work, the authors of this study found that clinical work can also influence individual spiritual

beliefs and practices. Thus, the authors concluded that the relationship between mental healthcare and spirituality is reciprocal in nature.

Rinkel et al. (2018) included the results of the survey questions which examined social workers' beliefs regarding how their clinical practices may influence their personal spiritual identity. The survey included 527 participants who were practicing social workers. Here, the authors examined the participants' responses to two questions: "to what extent do you feel your practice has influenced your spiritual development?" and "can you please explain what this means to you?" (Rinkel et al., 2018, p. 334). Question 1 was measured using a 5-point Likert scale ranging from *not at all* to *very significantly* (p. 334). Question 2, a qualitative question, was coded independently by each author, and any discrepancies were resolved through discussion, collaboration, and mutual agreement.

The results of the first question revealed that 40.8% of participants reported that personal spirituality was influenced *very significantly* by their clinical practice. Qualitative analysis of the second question revealed three themes: social work practice as a source of spirituality, social work practice as a support to personal spirituality, and no influence of practice on spirituality. The authors concluded that mental healthcare providers need to engage in processes of introspection to better understand how their personal spirituality and their clinical practices intersect. This article further demonstrated the legitimacy of namaste theory while also proving the importance that mental healthcare providers demonstrate proficiency and competency in addressing religious and spiritual topics with their clients (Rinkel et al., 2018).

## Summary

The evidence I presented in this chapter demonstrates the importance of the spiritual domain in the counseling process and highlights the need for counselors at all levels, from students to educators, to be competent in understanding and addressing issues related to religion and spirituality with their clients and students. Even though SC is considered a core competency required of all counselors, research demonstrates that many students attending CACREP-accredited counselor education programs are deficient in the domain of spirituality and ill-equipped to address these topics with their clients. In addition, while there has been some research conducted to investigate this trend, there has been no quantitative analysis of the variables which impact the SC of counselor educators, who are the gatekeepers to the counseling profession and the parties responsible for ensuring counseling trainees are able to demonstrate competence in the core domains published by the ACA and CACREP. Through the lens of MCT and namaste theory, through my current study, I will further examine the variables which are related to the SC of counselor educators, providing a larger-scale, more generalizable perspective not available in the existing literature.

In this chapter, I provided an overview of the research available on the topic of spirituality in counseling, focusing on the SC of counselor educators and the variables that are related to that competence: MCC and IR. Having established the focus of the current study, as well as the present gap in the literature, in the next chapter I will focus on the methodologies I employed to examine the relationship between these two variables on the SC of counselor educators.

### Chapter 3: Research Method

My purpose for this quantitative correlational study was to determine which variables predict counselor educators' SC. I measured the strength of the relationship between counselor educators' SC, IR, and MCC. In this chapter, I discuss these variables in greater depth, including my rationale for choosing a correlational study using bivariate logistic regression as the design to answer the research question. In addition, I outline how I selected my population, which procedures I used to recruit this population, my data collection procedures, instrumentation, my data analysis plan, threats to validity, and the ethical procedures I used to ensure the study conformed to the ethical guidelines of the ACA and the IRB of Walden University.

#### **Research Design and Rationale**

The current study was a quantitative, nonexperimental, predictive study using survey methodology to analyze the relationship between several variables using correlations and bivariate logistic regression. In this study, I examined three main variables: the SC of counselor educators (dependent or criterion variable), the IR of counselor educators (independent or predictor variable), and the MCC of counselor educators (second independent or predictor variable). I chose to conduct a quantitative analysis of these variables due to the lack of generalizable data available regarding the SC of counselor educators. In addition, I used bivariate logistic regression to provide statistical results that I used to describe the relationship of the independent variables to the dependent variable (see Frankfort-Nachmias et al., 2015).

The research question guiding this study was the following: What is the relationship between counselor educators' IR, their MCC, and their SC? Because the goal of my study was to examine the relationship between each independent variable (IR and MCC) and the dependent variable (SC), I used bivariate logistic regression to analyze my data, a process which researchers use to analyze the effect of a group of independent variables on a binary outcome, which in the current study was whether the respondent was spiritually competent (see Stoltzfus, 2011). As dictated by the instructions for the SCS-R-II, the cutoff score indicating SC was anything over a 105 (Robertson, personal communication, November 19, 2023). For my research, I employed a nonexperimental correlational design because I was attempting to describe and measure the relationship between two or more variables (see Creswell & Creswell, 2018). I attempted to determine how the dependent variable of SC was related to the independent variables of MCC and IR.

I conducted a correlational study using a self-report survey targeting counselor educators from CACREP-accredited counselor training programs. Participants were required to be affiliated with a CACREP-accredited institution due to the inclusion of CACREP educational standards as a primary justification for the importance of the current research (see CACREP, 2024). Survey methodology is used in situations in which researchers are attempting to obtain firsthand primary data from a larger population of respondents (Groves et al., 2009). In addition, survey methods are employed in the field of behavioral health research because researchers can often reach a large population and collect a large amount of data in a short time and can employ the use of statistically

proven instruments with high reliability and validity (Groves et al., 2009; Jones et al., 2013). A time and resource constraint included my attempt to collect the data during the summer term; my obtaining data from an adequate sample size proved challenging due to the potential unavailability of participants during the summer months, a time when many educators may take a break from teaching for travel or to pursue other personal or professional goals.

Regarding the theoretical framework of my study, there were two theories guiding the direction of the research. First, Oxhandler's (2017) namaste theory supports the hypothesis that counselor educators' IR is in some way related to their SC. Second, MCT developed by Sue et al. (1996) supports the hypothesis that counselor educators' MCC is related to their SC. The current study was an attempt to measure the strength of the relationship between these variables.

### **Methodology**

In this methodology section, I provide information about my chosen population for the current research. I also elaborate on the sampling methods and procedures that I used to obtain my data. Furthermore, I describe the procedures used for recruiting participants, encouraging participation, and collecting data.

#### **Population**

The sample population for this study was current counselor educators teaching at CACREP-accredited counseling programs in the United States. To further differentiate this population, I defined counselor educators as full-time or part-time (adjunct) faculty members in CACREP-accredited institutions with a completed doctoral degree in CES or

a related mental health field. I elected to examine counselor educators with a completed doctoral degree to avoid potential discrepancies between the spiritual competencies of doctoral-level educators and non-doctoral-level educators.

### **Sampling and Sampling Procedures**

CESNET-L or CESNET is the Counselor Education and Supervision Network Listserv managed by Dr. Martin Jencius of Kent State University. The mission of the listserv is to serve as “a professional listserv for counselors, counselor educators, and supervisors whose purpose is to provide an open forum for discussion of CES issues and sharing of resources related to the profession” (Jencius, n.d., para. 1). As of January 2023, there were over 6,500 registered members of CESNET-L, most of whom are current counselor educators, CES doctoral students, counseling supervisors, and current practitioners (Jencius, n.d.). The CESNET listserv is one of the most frequently used resources for researchers attempting to study the population of counselor educators. Therefore, I elected to use the CESNET listserv as one means of reaching my targeted population, with the express permission of Dr. Martin Jencius (see Appendix A).

In addition to the use of the CESNET listserv, I also attempted to reach potential participants using the CACREP database of accredited institutions offering counseling education programs. As of January 8, 2024, there were approximately 400 CACREP-accredited CMHC programs listed on the CACREP database (CACREP, n.d.). To reach these programs, I emailed the program coordinators listed for each of the programs listed with CACREP accreditation and requested their assistance in forwarding my research request to the counselor educators at their institution (See Appendix B).

To determine the necessary sample size for my research, I had to estimate how many individuals could meet the criteria for my survey. Because it was impossible to determine the exact number of counselor educators teaching in the United States, I elected to estimate this number as 6,500 (the number of registered users on the CESNET database) plus 400 (the number of CMHC program coordinators at CACREP-accredited institutions in the United States) for a total of approximately 6,900. To determine my sample size, I used G\*Power, which is an analysis program used in statistical testing (see Faul et al., 2007). I employed an effect size of 0.20, a power of 0.95, and an alpha probability of 0.05 with two predictor variables. According to Salkind (2010), the terms small, medium, and large are used to describe effect sizes when using Cohen's *d* to measure effect size. A small effect size is approximately 0.2, a medium effect size is 0.5, and a large effect size is 0.8.

For the current study, I calculated my sample size using the effect size of 0.2. In addition, Salkind (2010) indicated .95 as a recommended confidence interval and stated that 0.05 is considered a standard margin of error for research in the behavioral sciences. I then entered this information into the G\*Power statistical software and conducted an a priori analysis for a regression analysis with two predictor variables (IR and MCC). The results indicated a sample size of 67 for this study (See Appendix C).

### **Procedures for Recruitment, Participation, and Data Collection**

There was no database of counselor educators at CACREP-accredited programs in the United States. The Association for Counselor Education and Supervision (n.d.), the most prominent and comprehensive organization for counselor educators, does not make



their membership list available for purchase or rent by researchers. Recruiting counselor educators for participation in research is limited to the CESNET listserv or through contacting CACREP-accredited programs individually. I did not elect to use social media for recruiting potential participants because I do not use social media for personal and mental health reasons. In addition, I chose not to use any database information of ASERVIC members because the interest these individuals have in SC could have skewed my results. According to Burkholder et al. (2016), a potential threat to the validity of a study is that participants may have a particular interest in the topic being investigated. To mitigate this risk, I elected not to recruit ASERVIC members to participate in the current research.

To recruit my population, I first obtained permission from Dr. Martin Jencius, the moderator of the CESNET listserv. In addition, I created an Excel spreadsheet of the approximately 400 CACREP-accredited programs in the United States, including the email contact information for the program liaisons for each. Following the approval of Walden University's IRB (approval #05-24-24-1003210), I sent a recruitment message to the approximately 6,500 subscribers of the CESNET listserv and the 400 program liaisons of CACREP programs in the United States. In the email to CESNET subscribers, I explained the purpose of my study and provided a link to the survey and instructions for completion. In the email to the CACREP program liaisons, I requested that these individuals forward my email request to any faculty they believed met the criteria for participation in my study. I followed up 10 days later with a second invitation, and 10 days after that with a third invitation.

To complete the survey, participants needed to click the link to SurveyMonkey, which was provided to them in the recruitment email. At this point, they were provided with an explanation of informed consent for the current research. According to Groves et al. (2009), the purpose of informed consent is to give respondents the opportunity to control the information they disseminate about themselves when they consider how the data will be used. The informed consent presented at the start of my survey included an explanation of what my research was attempting to achieve, any personal disclosures about my role in the research, the purpose of their participation, how long it would take to complete the survey, and the potential benefits and/or risks of their participation in my research. Moreover, I emphasized the methods that would be employed to ensure participants' anonymity related to data security. At the end of the informed consent document, participants were provided with my contact information whether they wished to inquire for additional information about the research and how it would be used. After reviewing the informed consent document, participants were directed to acknowledge their consent by clicking a button, after which they were directed to the first page of the survey.

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

I included a brief, 13-item demographic survey at the beginning of the survey assessment to ensure the respondent met the criteria for participation. After the demographic screening questions, I used existing quantitative instruments related to the variables being measured. These instruments included the five-item DUREL, the 40-item

MCI, and the 21-item SCS-R-II. The justification for each of these is explained in the following sections.

### ***DUREL***

To examine the religious and spiritual practices of counselor educators, including their IR, I used the 5-item DUREL, a self-report questionnaire that measures the religious involvement of an individual. The DUREL was developed for use in large-scale, cross-sectional studies (Koenig & Büssing, 2010). As of October 2022, the DUREL was one of the most efficient instruments for measuring religious sentiment and activity. Since its publication in 2010, the DUREL has been translated into 20 languages and has been used in research in 27 nations (Toscanelli et al., 2022). The DUREL been used throughout the world and was also a vital instrument used in the creation of Oxhandler's (2017) namaste theory, one of the theoretical foundations that guided the current study.

The DUREL was designed to assess an individual's religious beliefs and practices and consists of five questions that measure five constructs or dimensions of individual religiosity. The first construct assessed by the DUREL is organizational religious activity (ORA), which is the respondent's involvement in religious activities such as attending religious services. The second question assesses involvement in nonorganizational religious activity (NORA), which is religious practices conducted outside organized settings, such as personal prayer or meditation. The third through fifth items on the DUREL measure IR, including the individual's religious commitment and the importance of religion in their life; religious participation driven by external factors, such as social or cultural expectations; and the strength of the individual's belief in a higher power or

divine being. The first two constructs assessed by the DUREL are measured on a 6-point scale assessing the individual's frequency of behavior. The second three constructs are measured on a 5-point scale measuring the individual's agreement with a statement about religious belief or experience. At the time of the current study, the DUREL was an open access document, meaning it was free of copyright and licensing restrictions and did not require researchers' preapproval for use.

The DUREL was developed by Koenig and Büssing (2010) in response to their observations regarding the importance of the relationship between religion and health. After their quantitative investigation of nearly 2,000 studies between 2001 and 2010, Koenig and Büssing determined there was a need for a brief measure of religious and spiritual behavior that could be used for research purposes. The overall scale demonstrated high test-retest reliability (intraclass correlation = 0.91), high internal consistency ( $\alpha = 0.78-0.91$ ), and high convergent validity with other measures of religiosity ( $r = 0.71-0.86$ ). The initial study was conducted with nearly 7,000 people aged 18 to 90 who were participating in programs with the National Institute on Aging and the National Institute of Mental Health. The DUREL has been used throughout the world as a measure of religious and spiritual behavior and was also a major component of the development of Oxhandler's (2017) namaste theory (See Appendix D).

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

To measure the SC of counselor educators, I used the 21-item SCS-R-II (Dailey et al., 2015). This instrument was designed to assess the SC of mental health professionals. The SCS-R-II is used to assess how adept mental health professionals are in addressing

spiritual and religious issues in a culturally sensitive and competent manner. For the purposes of this study, the SCS-R-II was relevant, as it is often used in the context of training programs for counselors and other mental health professionals and is intended as a tool for enhancing a clinician's competence in addressing the spiritual and religious needs and concerns of their clients. The SCS-R-II adheres to the multicultural counseling competencies outlined by CACREP in that it promotes culturally competent and inclusive approaches to mental healthcare that also incorporates an individual's spiritual background into its approach towards multiculturally-competent care.

The scale includes six separate factors which measure SC, including an examination of the respondent's knowledge of assessment, counselor self-awareness, diagnosis and treatment, human and spiritual development, culture and worldview, and communication. Dailey et al. (2015) defined assessment as a counselor's drive to understand a client's spiritual and/or religious perspective at intake and throughout the counseling process. The developers described counselor self-awareness as the counselor's understanding of their own attitudes, values, and beliefs as a counselor. The authors defined the third factor, diagnosis and treatment as the influence of a client's spiritual beliefs on the counseling process, including diagnosis and treatment. Human and spiritual development, the fourth factor, measured the counselor's understanding of the interconnectedness of various types of human development. The fifth factor examined culture and worldview, or the counselor's understanding of spirituality and religion as an important aspect of culture and cultural expression. The authors defined the sixth and last factor, communication, as the counselor's awareness and openness to discussing spiritual-

and religious-based topics (Dailey et al., 2015). All 21 items of the SCS-R-II are measured on a 6-point scale from highly disagree to highly agree. To obtain permission to use the SCS-R-II, I contacted Dr. Linda Richardson, who developed the original SCS in 2010. Dr. Richardson provided me with a contract for use, waived the fee for use due to my status as a doctoral student, and included scoring criteria for the instrument (See Appendix E).

Dailey et al. (2015) developed the SCS-R-II as a follow-up to Robertson's (2010) Spiritual Competency Scale (SCS), which was a 90-item scale based on ASERVIC's original nine dimensions of SC. Dailey used confirmatory factor analysis, for the revised 14 spiritual competencies from ASERVIC as the basis for revisiting the SCS, focusing on identifying items/questions that did not serve as valid indicators of the six aforementioned factors of SC, or which were viewed as cross-loading or measuring more than one variable. The original research for the 90-item SCS included two administrations of the survey to a nationwide sample of counseling students.

Both administrations of the original 90-item SCS indicated highly favorable coefficients, with high internal consistency ( $\alpha = .94$ ). Dailey et al. (2015) revised the scale in 2015 to reduce redundancy and be more aligned with ASERVIC's updated spiritual competencies. The original participants in the development of the SCS-R-II included 246 members of ASERVIC. Internal consistency of the revised scale was favorable ( $\alpha = 0.84$ ). The authors also included an analysis of reliability for each of the six factors examined in the SCS-R-II. Reliability for each of the individual six factors was as follows: Assessment,  $\alpha = .85$ ; Counselor Self-Awareness,  $\alpha = .70$ ; Diagnosis and

Treatment,  $\alpha = .71$ ; Human and Spiritual Development,  $\alpha = .70$ ; Culture and Worldview,  $\alpha = .61$ ; and Communication,  $\alpha = .60$ . The authors acknowledged that reliability for two of the factors (culture and worldview and communication) both fell beneath .70, which is considered the “accepted cutoff” for scale reliability (Kline, 2000). However, the authors also cited research which argued that .50 is an adequate coefficient of reliability because of the large sample size of the research ( $N = 246$ ) and because the factors were well-determined (MacCallum et al., 1999; Tabachnick & Fidell, 2013). They also argued that research with samples ranging between 200 and 300 are considered between “fair” and “good” for this type of research (Comrey & Lee, 1992).

### ***MCI***

To measure the MCC of counselor educators, I used the 40-item MCI (Sodowsky et al., 1994). The MCI is a self-report instrument designed to measure multicultural counseling competencies amongst counseling professionals. The authors developed the MCI as a tool which can be used to evaluate counselors’ awareness, knowledge, and skills related to cultural diversity in clinical work. Moreover, the MCI is used to enhance the training of counselors and other mental health professionals and is used to promote culturally competent counseling practices. The MCI is a valuable tool in the field of counselor education and professional development because of its focus on enhancing cultural competence, a key tenet of the current research.

The MCI measures multicultural competence in four factors: multicultural counseling skills, multicultural awareness, multicultural counseling relationship, and multicultural counseling knowledge. The first is multicultural counseling skills, which

measures the respondent's practical abilities to integrate culturally sensitive strategies into their counseling practices, with an emphasis on the use of effective communication and intervention techniques. The second factor, multicultural awareness, assesses the counselor's awareness of their own cultural values, biases, and stereotypes, in addition to their own understanding of the impact of culture on the counseling process. The third factor, multicultural counseling relationship, assesses the counselor's interaction with the clients, examining aspects such as trustworthiness, comfort level, and worldview. The fourth and final factor, multicultural counseling knowledge, measures the counselor's knowledge of case conceptualization and treatment strategies, cultural information, and research. All 40 items of the MCI are measured on a 4-point scale, wherein the individual can report the accuracy of the statement with regard to their own experience, ranging from very inaccurate to very accurate (Sodowsky et al., 1994).

Development of the MCI included two separate studies, the first of which included 604 psychology students, psychologists, and counselors in a Midwestern state. The second study included a random national sample of 320 university counselors. Reliability was measured using Cronbach's alpha for each of the four factors and was as follows: Multicultural Counseling Skills,  $\alpha = .81$ ; Multicultural Awareness,  $\alpha = .80$ ; Multicultural Counseling Relationship,  $\alpha = .67$ ; and Multicultural Counseling Knowledge,  $\alpha = .80$ . The reliability of the full scale was  $\alpha = .86$ . A recent meta-analysis indicated the MCI has been used in more than 250 studies since its publication as a measure of MCC. The majority of these studies focused on populations based in behavioral health fields, including counselors, trainees, and psychologists (Shannonhouse



et al., 2020). To obtain permission to use the MCI, I contacted its original author, Dr. Gargi Roysircar Sodowsky, as per the instructions in the original publication. See Appendix F).

### ***Demographic Questionnaire***

At the start of the survey, I included a short series of 13 demographic questions so that I could better describe my sample population and ensure that participants met the criteria for inclusion in the research. The demographic variables I examined included age, gender identity, ethnicity, educational level, status as a counselor educator (full-time or part-time), number of years they have been teaching, religious affiliation (including denomination of faith or presence of spiritual beliefs), perceptions of the respondents' own SC, the type of university where they teach (public or private), and what (if any) kind of training they had regarding religion and spirituality in counseling. I selected these variables based on previous research regarding the SC of counselors, including the studies by Young et al. (2002) and Young et al. (2007), wherein the authors targeted CACREP-accredited programs to learn more about the training they offered in SC and presented measurements of the SC of ACA members (See Appendix G).

### **Data Analysis Plan**

I analyzed data for the current research using the SAS Analytics Software (SAS), from the SAS Institute, Inc. SAS is one of the most commonly use statistical software platforms in the healthcare field. Moreover, SAS is considered a more user-friendly statistical analysis interface than other statistical software, making it ideal for individuals who do not have advanced statistical analysis skills (SAS., n.d.). To screen and clean the

data, I first reviewed the data set for any missing information and removed any cases wherein the participant did not meet the selection criteria or wherein the survey was incomplete to the point of being unusable. Second, I examined the data set to identify any significant outliers within the data set to omit these from the data. According to Salkind (2010), researchers can use graphs as well as  $z$ -scores to identify outlying data, which the author argued includes  $z$ -scores greater than 3 or less than -3.

The next step in my data analysis process was to review compliance with statistical test assumptions. I used the Pearson correlation coefficient to measure the relationship between multiple variables, including the participants' self-perception of their SC, age, training in spirituality, years of teaching experience, and religious affiliation. I also used the Pearson correlation coefficient to determine the strength of the relationship between participants' scores on the DUREL, MCI, and SCS-R-II. I then used bivariate logistic regression to measure the predictive relationship between the independent and dependent variables of the current research. Basic assumptions of a bivariate logistic regression analysis include all independent variables must be dichotomous, which was achieved through the assignment of dummy variables. Additional assumptions include homoscedasticity, normality of errors, no autocorrelation, and absence of multicollinearity (Menard, 2002). Independence of errors, linearity in the logit for continuous variables, and a lack of strong outliers are also assumptions that must be met in a logistic regression model. In addition, each covariate should include an adequate number of events per independent variable, with their suggested guideline being a range of 10 to 20 events per variable (Stoltzfus, 2011, p. 1099).

After determining if statistical assumptions were met, my next step in analyzing my data was to report descriptive statistics. First, I described my sample population using data obtained through the demographic questionnaire. I examined the variables of the participants' gender identity, age range, race or ethnicity, years of teaching experience, religious affiliation, training on the topic of spirituality in counseling, and their perception of their SC. I then analyzed frequencies and percentage tables for the variables of gender, age range, race and ethnicity, tenure status, years of teaching experience, university religious affiliation, individual religious affiliation, formal training in spirituality, and self-perception of SC.

Next, I reported mean and standard deviation scores for the participants' scores on the DUREL, MCI, and SCS-R-II (Green & Salkind, 2017). I also created dummy variables of the participants' perceived SC, training received on the topic of spirituality, years of teaching experience, religious affiliation, scores on the DUREL, scores on the MCI, and scores on the SCS-R-II. According to Cortina (2005), dummy variables are often used to represent various distinctions within categorical variables. I then ran correlations using the Pearson  $r$  coefficient to measure the relationships between each of these aforementioned variables and scores on the SCS-R-II. I then analyzed the data against my research question:

RQ: What is the relationship between counselor educators' IR (as measured by the DUREL), their MCC (as measured by the MCI), and their SC (as measured by the SCS-R-II)?

Based on this research question, the null and alternative hypothesis I sought to examine were:

*H*<sub>0</sub>: There is no statistically predictive relationship between counselor educators' IR (as measured by the DUREL), MCC (as measured by the MCI), and SC (as measured by the SCS-R-II).

*H*<sub>1</sub>: There is a statistically predictive relationship between counselor educators' IR (as measured by the DUREL), MCC (as measured by the MCI), and SC (as measured by the SCS-R-II).

To test my RQ and hypothesis, I used bivariate logistic regression to predict the dependent variable of SC based on the independent variables of MCC and IR. Logistic regression is an effective and versatile tool in healthcare research because it can measure associations, predict outcomes, and control for variable effects. It is considered a useful strategy when researchers are attempting to analyze the effect of a group of independent variables on a binary outcome by assessing the influence of each independent variable on the dependent variable (Stoltzfus, 2011).

I set the level of significance for this bivariate logistic regression at  $p = .05$ . If the level of significance was equal to or below .05, I could assume there was a statistically significant relationship between the variables and reject the null hypothesis. If the level of significance exceeded .05, I could accept the null hypothesis. The null hypothesis for this study was that there is no statistically significant relationship between MCC, IR, and SC, as measured by the MCI, DUREL, and SCS-R-II, respectively.

### **Threats to Validity**

Salkind (2010) defined external validity as the ability to generalize a research study's results to a wider group of people or population. This is an important aspect of quantitative research in the social sciences because it means the conclusions of the research are applicable to a broader population and can therefore enrich our understanding of the population. According to Burkholder et al. (2016), there are external threats to validity in any research using nonprobability sampling methods, as there can be large groups of the population missing from the sample. For example, many individuals who may qualify for participation in the survey may neglect to participate, while those individuals who do participate may skew the results because of their interest in the topic. However, in the case of my research, I was not attempting to draw any conclusions about my sample population. Rather, I was attempting to determine the strength of the relationship between variables. There may still be some sampling bias due to, for example, the interest level of the respondents in topics related to spirituality; however, my focus on the relationship between the variables means I was relying less on drawing or describing general conclusions about my population. The results of this study are only generalizable to counselor educators at CACREP-accredited institutions.

The second type of validity which must be considered when conducting quantitative research is internal validity. Salkind (2010) defined internal validity as the accuracy of statements made about the causal relationship between variables. There are intrinsic and extrinsic factors which can impact internal validity (Frankfort-Nachmias et al., 2015). Extrinsic factors might include researcher bias, such as being selective in the

population of participants. Intrinsic factors might include the events that occur between measurements (history), the changes participants might undergo during the study (maturation), or changes in the instrument or scoring procedures (instrumentation) (Frankfort-Nachmias et al., 2015). To mitigate these potential threats to internal validity, I designed my research as a cross-sectional survey. Threats to internal validity are reduced when conducting a cross-sectional study because information is only gathered at one point in time, meaning there is no fear of internal factors such as history, maturation, or experimental mortality impacting validity. I then addressed any threats to construct validity, or the extent to which the instrument is related to the constructs being examined (Groves et al., 2009), by using existing instruments, the DUREL, SCS-R-II, and the MCI. These instruments have been proven as valid and reliable instruments for use in measuring the variables I intended to assess.

### **Ethical Procedures**

Before launching my study, I first submitted my research proposal to the IRB of Walden University, which is responsible for ensuring that any research conducted through the university adheres to its ethical standards as well as federal regulations (Walden University, n.d.). I followed the guidelines outlined by the IRB for any research which includes interaction with human subjects. In addition, I offered the participants of my study the opportunity to provide their informed consent to be included in my study, which was presented to potential participants at the very beginning of the survey on SurveyMonkey. I also offered participants the opportunity to keep a copy of the informed consent document for their own records, they were informed of any of my potential

conflicts of interest, and they were also advised of any potential risks associated with their participation in my research study.

Because this was an anonymous survey, the risks to participants were minimal. However, researchers must consider any possible risk to their subjects, as this could not only cause potential harm to participants but could also impact the validity of the data (Groves et al., 2009). In the current research, the variables I assessed included multicultural and SC, which means some participants could have found it distressing to reflect upon their own potential knowledge gaps or even incompetence. This is true for the current study because participants are counselor educators, who are expected to be experts in their field. To mitigate this concern, I did not ask respondents to submit any information that could be used to identify them, such as name or institution where they teach. In addition, I offered participants the opportunity to quit the survey at any time.

To protect the anonymous data collected in the current research, I used SurveyMonkey, which enables researchers to password-protect their data and encrypt any data collected from the survey. All data collected remained under my supervision and was stored on a password-protected computer to which only I had access. I also made sure to password-protect any data files, including any spreadsheets or data sets. After a period of 5 years, I will erase the data. Access to the data was limited to myself and my dissertation committee, and my statistics tutor, who only viewed the data when attempting to assist me or verify the integrity of my analysis. Identifying information of survey participants was never visible to anyone who had access to the data. I declared no potential conflicts of interest with respect to the research conducted herein. I did not

receive any sort of compensation for the current research. To mitigate the risk of coercion, undue influence, and social desirability bias, my participants did not receive any sort of reward for survey completion.

### **Summary**

In this chapter I outlined the methodological strategies I used for my study. I focused on why I chose quantitative methodology to complete my research and included a discussion of my targeted population as well as an analysis of the dependent and independent variables which were examined in the current research. In addition, I provided justification for why I chose to include the DUREL, the SCS-R-II, and the MCI as the primary instruments which I used to test my research question and hypothesis. I also discussed the methods of recruitment I used to obtain access to my targeted population, including how I provided them with the opportunity to offer their informed consent for participation in the research. I used SurveyMonkey to collect my data and made efforts to ensure the safety and security of the data. I also addressed issues which would pose threats to the internal and external validity, including the efforts I took to mitigate them. I then included a discussion of the potential ethical concerns which could have arisen during this study. In the subsequent chapter of the current research, I present the results of my analysis based on the data I obtained from my survey, with a primary focus on providing the descriptive statistics which enabled me to answer my research question and accept or reject my primary research hypothesis.



## Chapter 4: Results

Competence in multicultural counseling has long served as a cornerstone of the counseling profession in recent decades since the relationship between cultural identities and mental health has become a major focus in graduate training programs (Sue et al., 1996). As part of this focus on multiculturalism, religion and spirituality are included as key competency areas under the broader umbrella of MCC by the ACA (2014) and CACREP (2024). However, research has shown that religion and spirituality are not adequately addressed in graduate training programs, and although deficiencies in this key competency area had been explored in some depth, the reasons for this had not been thoroughly examined. My purpose for the current study was to examine the SC of counselor educators who are tasked with instructing future counselors and ensuring their readiness in MCC and SC. Although some theories explain that MCC is correlated with SC, others suggest that a counselor's IR is more closely related to their SC. Therefore, my goal for the current study was to measure the strength of the relationship between IR (independent variable) and SC (dependent variable) and MCC (second independent variable) and SC. I measured the strength of the relationship between IR and SC using bivariate logistic regression. A regression analysis could be conducted with the independent variable MCC because the basic assumptions of this test were not met; an adequate number of events was not present for this variable.

This study had one quantitative research question: What is the relationship between counselor educators' IR (as measured by the DUREL), their MCC (as measured by the MCI), and their SC (as measured by the SCS-R-II)? Based on this research

question, the null hypothesis and alternative hypothesis I sought to examine were the following:

*H*<sub>0</sub>: There is no statistically predictive relationship between counselor educators' IR (as measured by the DUREL), MCC (as measured by the MCI), and SC (as measured by the SCS-R-II).

*H*<sub>1</sub>: There is a statistically predictive relationship between counselor educators' IR (as measured by the DUREL), MCC (as measured by the MCI), and SC (as measured by the SCS-R-II).

In this chapter, I describe my data collection procedures, which includes a discussion of the recruitment methods used for the current research, a discussion of response rates and the limitations in this study, and a presentation of the statistics describing the demographics of my respondents. In addition, I present the results of my statistical analysis, which includes the processes used to clean the data, an evaluation of statistical assumptions, and descriptive statistics. I then present my conclusions regarding how my RQ and hypotheses can be addressed through my data analysis.

## **Data Collection**

### **Recruitment and Response Rates**

Walden University's IRB approved this study on May 24, 2024. Following receipt of this approval, I developed and formatted my survey per my research plan using SurveyMonkey to house and distribute my survey. I emailed my first call to participants on June 4, 2024, to the CESNET listserv. In addition, I sent an email to each individual address listed as a program coordinator for the CMHC graduate program under

CACREP's "Find a Program" feature on the CACREP website. This resulted in a total of 395 additional emails sent to these individual coordinators. Of these individual coordinators, 55 were returned as undeliverable. Emails were also forwarded to the CMHC coordinators at Walden University and the University of Akron, where I am an alumna and where I completed my doctoral internship. I sent a second reminder email 10 days later, on June 14, 2024, to the CESNET listserv and to the CACREP database of program coordinators. Then I sent a third reminder to the CESNET listserv on July 1, 2024.

Twenty-two responses for the survey were completed in the first week. Subsequent weeks saw a dramatic decrease in participation, with only eight responses collected the week of June 10, four responses collected the week of June 17, three responses collected the week of June 24, and four responses collected the week of July 1. During the week of July 8, my dissertation chair forwarded the survey link to her colleagues at other institutions, and I also forwarded the link to several of my colleagues at my private practice, who then forwarded it to their teaching colleagues. After this last attempt, I collected an additional 21 responses in the last week of the survey.

By June 16, 2024, I had received 63 responses to my survey, with one having to be removed due to the respondent not meeting the participation requirement of having a completed doctorate in CES or a related field. In addition, six of the respondents did not complete the entire survey, stopping after completion of the demographic questionnaire and the DUREL, and not completing the MCI or the SCS-R-II. These incomplete surveys were included in an analysis of participants demographics and of the responses to the

DUREL but were omitted from any calculations regarding the central research question of this project regarding SC. The total number of responses for this study was 56, which did not meet the minimum required number of entries of 67, as calculated using the G\*Power analysis. The implications of this limitation are addressed in Chapter 5.

### **Description of the Sample**

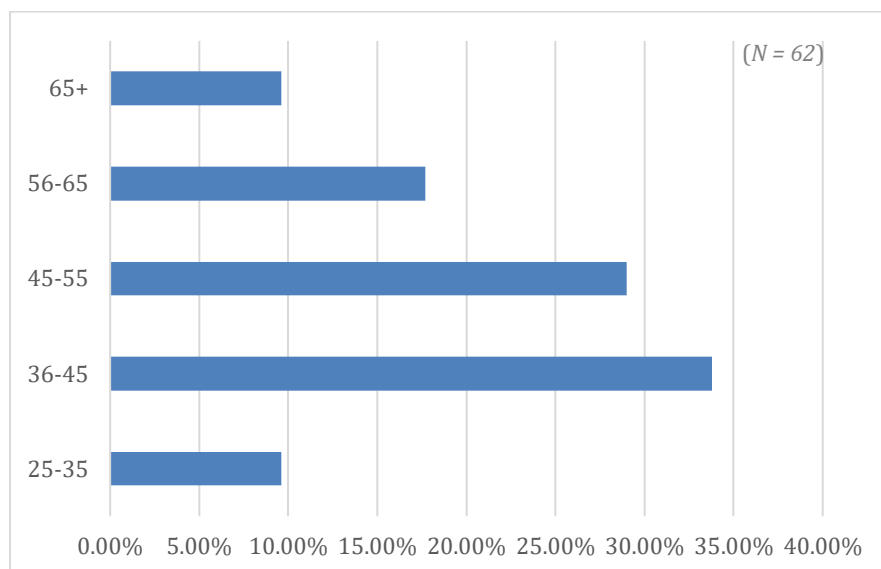
The respondents in this study all held completed doctoral degrees in CES or a related field. Fifty (80.6%) of the 62 participants who completed the survey through the DUREL reported a gender identity of cisgender female, 11(17.7%) identified as cisgender male, and one (1.6%) identified as transgender male. This is congruent with current demographics in the field of counselor education, as CACREP's 2023 vital statistics report indicated that over 67% of full-time counseling faculty identify as female, 30% identify as male, and 2.5% identify as having a trans identity (CACREP, 2023).

In addition to gender identity, participants were asked to indicate their age category as 25–35, 36–45, 46–55, 56–65, or 66+. Of the 62 participants who answered this question, six (9.6%) indicated their age was 25–35, 21 (33.8%) indicated their age was 36–45, 18 (29%) were 46–55, 11 (17.7%) were 56–65, and six (9.6%) were 66+. When asked about racial and ethnic identity, 46 (74.2%) participants identified as White, seven (11.3%) identified as Black or African American, seven (11.3%) identified as Asian, one (1.6%) identified as Middle Eastern, and one (1.6%) identified as Native American or Alaska Native. These results are also consistent with CACREP vital statistics, which indicated that 58.9% of full-time faculty identify as White, 17.3% identify as Black or African American, 5.7% identify as Asian, and 1.1% identify as

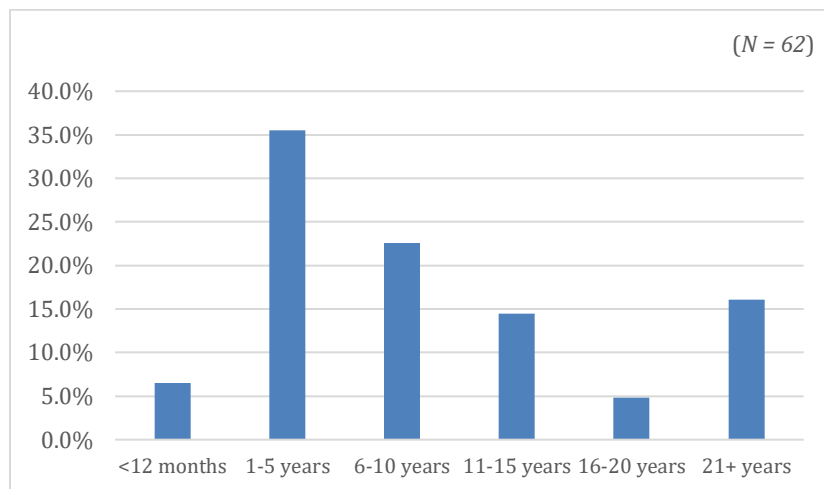
American Indian or Alaska Native. CACREP vital statistics did not include data on the ages of counselor educators. The distribution of age ranges of survey participants is seen in Figure 1.

**Figure 1**

*Age Ranges of Survey Participants*

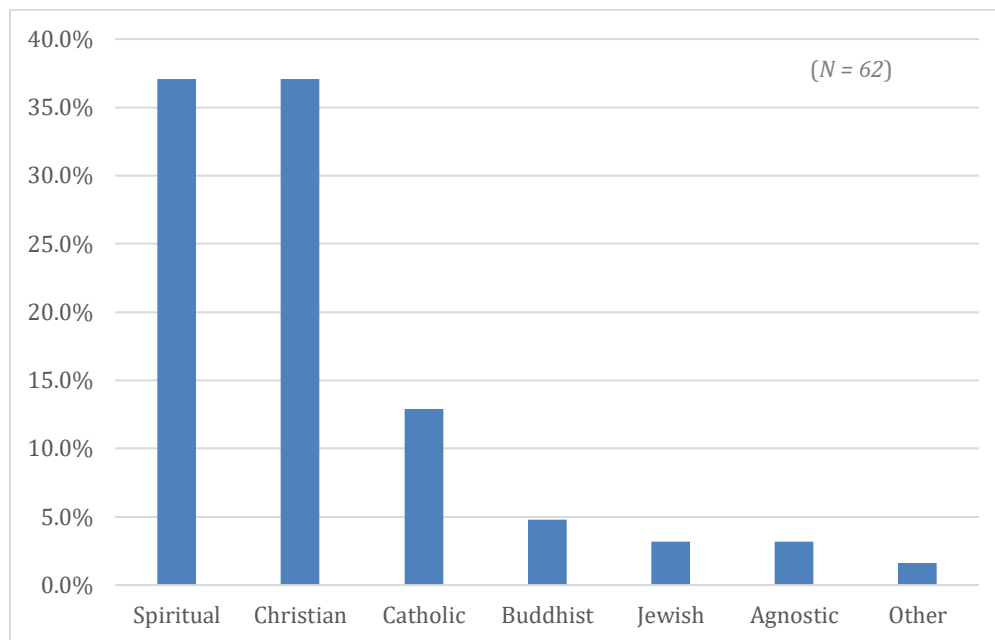


Of the counselor educators who participated in the survey, 22 (35.5%) indicated they held full-time tenure status with their university, 21 (33.6%) reported they were full-time without tenure, 16 (25.8%) were part-time or adjunct faculty, and three (4.8%) were emeritus or retired. When asked about years of experience, four (6.5%) respondents indicated they had less than 12 months of teaching experience, 22 (35.5%) indicated they had 1–5 years of experience, 14 (22.6%) indicated they had 6–10 years of experience, nine (14.5%) indicated they had 11–15 years of experience, three (4.8%) indicated they had 16–20 years of experience, and 10 (16.1%) indicated they had 21+ years of experience. The participants' years of experience is shown in Figure 2.

**Figure 2***Participants' Years of Teaching Experience*

Participants were also asked a series of questions regarding faith and spirituality, including whether they taught at a secular or religiously affiliated institution, their religious affiliation, whether they had received formalized training regarding spirituality in counseling (either through a class at university or a workshop or conference presentation), and whether they believed they were competent in addressing the topic of religion and spirituality with their students or clients. Of those surveyed, 38 (61.3%) indicated they taught at a secular public institution, four (6.5%) indicated they taught at a private but nonreligious institution, and 20 (32.3%) indicated they taught at a religiously affiliated institution. This distribution is congruent with CACREP vital statistics from 2023, which indicated that 56.4% of programs are within public institutions and 43.6% of programs are private nonprofit or private for-profit. CACREP (2023) does not publish data on the religious affiliations of its programs.

Regarding the faith and spirituality of the survey respondents, 23 (37.1%) indicated they identified as spiritual but not religious, 23 (37.1%) identified as Christian or Protestant, eight (12.9%) identified as Catholic, three (4.8%) identified as Buddhist, two (3.2%) identified as Jewish, two (3.2%) identified as agnostic, and one (1.6%) identified as a member of the Church of Jesus Christ of Latter-Day Saints. Survey participants were also asked about the training they had on the topic of religion and spirituality in counseling and whether they believed they were competent to address the topic with students or clients. Regarding training, 47 (75.8%) respondents indicated they had received some sort of formalized training on the topic of religion and spirituality in counseling, whether from a class as part of their university training or at a workshop, seminar, or conference presentation. However, 15 (24.2%) indicated they had no formal training on the topic. The distribution of the faith and spirituality of survey participants is shown in Figure 3.

**Figure 3***Religious Affiliation of Survey Participants***Data Cleaning and Preparation**

Once data collection was completed, I exported the data into an Excel file for ease of cleaning. I then identified any survey that did not meet the minimum criteria for my study, and located one participant who did not have a completed doctorate in CES or a related field. This individual's entry was deleted from the data set. I also deleted any superfluous columns or anything that could identify the participant, such as date of completion, internet protocol address, etc.

The next step I used in data preparation was to determine that variables that would be used to complete a correlational analysis. The first question I elected to investigate was the strength of the relationship between years of teaching experience and the individual's performance on the SCS-R-II. Because data analysis for questions with very



small sample sizes lacks generalizability, I chose to combine the six categories of years of experience to create three categories: < 12 months to 5 years, 6 years to 15 years, and 16+ years of experience. These three categories were then tested for the strength of their relationship to the individual's score on the SCS-R-II. In addition, I elected to run a statistical analysis examining the strength of the relationship between the individual's reported religious affiliation and their score on the SCS-R-II. The categories of the participants' identified religion were combined from seven categories to three categories: spiritual but not religious, Christian (combined categories of Christian, Catholic, or Latter-Day Saints), and additional religion (combined categories of Buddhism, Judaism, agnosticism, and any additional faith or spiritual background).

In addition to years of experience and participants' religious affiliation, I elected to run statistical tests examining the strength of the participants' self-perception of their SC and whether they indicated they had completed some type of training on the topic of SC, through their formal university training or a workshop or seminar completed outside of the university setting. I assigned the dummy variable 1 to individuals who indicated they felt they were spiritually competent, while individuals who reported having no training in spirituality were assigned the variable 0. I also assigned the dummy variable 1, to individuals who indicated they had received some type of formal instruction on the topic of spirituality, while individuals who reported having no training on the topic were assigned the dummy variable 0.

After the demographic data were entered and coded, I proceeded with scoring the DUREL, MCI, and SCS-R-II. The DUREL contains five questions about the religious

practices of the individual. However, Koenig and Büssing (2010) recommended reviewing the data based on each of the three subscales rather than scoring all five questions of the survey in one average score. The first subscale, measured by Question 1, assessed the individual's ORA. ORA includes any participation in any formal religious activities, such as attending services, measured on a 6-point Likert scale (1 = *never*, 2 = *once a year or less*, 3 = *a few times a year*, 4 = *a few times a month*, 5 = *once a week*, and 6 = *more than once per week*). For the current study, I was not interested in the exact measurement of the individual's ORA, but I was interested in whether the participant participated frequently or infrequently. Therefore, I labeled responses of 1–3 with the dummy variable 0, indicating lower levels of ORA, and responses of 4–6 were labeled 1, indicating higher levels of ORA.

The second subscale on the DUREL, assessed by the Question 2, measures non-organizational religious activity (NORA), such as private prayer, reading of sacred texts, etc. The scale for this question was measured one through six (1 = *rarely or never*, 2 = *a few times a month*, 3 = *once a week*, 4 = *two or more times a week*, 5 = *daily*, 6 = *more than once a day*). My process for data cleaning here was similar to that used for the subscale ORA. I labeled scores of 1–2 0, indicating lower levels of NORA; scores of 3–6 were labeled 1, indicating higher levels of NORA. Again, I made the decision to use dummy variables here as I was more interested in frequent or infrequent religious behaviors, not daily measurements.

The third and final scale on the DUREL includes Questions 3–5. These questions measure IR, which here is defined by the individual's degree of personal religious

commitment or motivation (Koenig & Büssing, 2010). These questions were measured on a scale of 1–5 (1 = *definitely not true*, 2 = *tends not to be true*, 3 = *unsure*, 4 = *tends to be true*, 5 = *definitely true of me*). Here, I took the individual's average of the three scores and then converted these scores to a dummy variable for inclusion in a bivariate logistic regression model. In this case, individuals with a score of 0–3.5 were assigned 0, indicating lower levels of IR, while individuals with a score over 3.5 were assigned 1, indicating higher levels of IR.

After cleaning data from the DUREL, I then proceeded to clean the MCI. All 40 questions of the MCI were measured on a scale of 1–4 (1 = *very inaccurate*, 2 = *somewhat inaccurate*, 3 = *somewhat accurate*, 4 = *very accurate*). Researchers using the MCI were advised to then reverse the responses for Questions 1, 2, 4, 5, 10, 15, and 19. Here, the author of the study indicated that scoring of the instrument involves summing the individual's scores and then taking the average of those scores (sum/40 questions). The author also advised that individuals scoring closer to one on the instrument demonstrate lower MCC, while individuals scoring closer to 4.0 demonstrate higher levels of MCC. Here, individuals with a score below 3.0 were labeled with the dummy variable 0, indicating lower multicultural competence, while individuals with a score above 3.0 were labeled 1, indicating higher levels of MCC.

Scoring of the SCS-R-II involved adding all responses to the 21 questions. The instrument uses a Likert scale of 1–6 (1 = *high disagreement*, 2 = *mid-range disagreement*, 3 = *low disagreement*, 4 = *low agreement*, 5 = *mid-range agreement*, and 6 = *high agreement*). No items on the SCS-R-II required reverse scoring. The authors of the

SCS-R-II advised that any individual scoring  $< 104$  demonstrates lower SC and any individual scoring  $> 105$  demonstrates higher levels of competence. After summing the results for each respondent, individuals with scores  $< 104$  were labeled with the dummy variable 0, indicating lower SC, and individuals with scores  $> 105$  were labeled 1, indicating higher SC. A visual display of the dummy coding for the current research is shown in Table 1.

**Table 1***Dummy Variables*

Variable	Category	Assigned dummy variable
Experience	< 12 months–5 years	0
	6–15 years	1
	16+ years	2
Religious affiliation	Spiritual but not religious	0
	Christian	1
	Additional religion	2
Training in spirituality	No training	0
	Taken class or workshop	1
Self-perception of SC	Not competent	0
	Competent	1
MCI	Low MCC (< 3)	0
	High MCC (> 3)	1
SCS-R-II	Low SC (< 105)	0
	High SC (> 105)	1
DUREL Subscale ORA	Low (1–3) levels of ORA	0
	High (4–6) levels of ORA	1
Subscale NORA	Low (1–2) levels of NORA	0
	High (3–6) levels of NORA	1
Subscale IR	Low (1–3.5) levels of IR	0
	High (3.51–5) levels of IR	1

## Results

In this section, I describe the results of the correlational analyses conducted to determine the strength of the relationships between participants' years of experience and scores on the SCS-R-II, the participants' reported religious affiliation and their scores on the SCS-R-II, and the participants' self-perception of themselves as spiritually competent and their scores on the SCS-R-II. In addition, I also present a regression analysis comparing the strength of the relationship between the participants' scores on the MCI and the DUREL to their scores on the SCS-R-II, which is the central research question of the current research.

### Statistical Assumptions

I conducted a correlational analysis on participants' SC, self-perception of SC, age category, years of teaching experience, religious affiliation, training in SC, scores on the DUREL and scores on the MCI. I set the alpha level for these statistical tests at  $p = .05$ . Participants' scores on the DUREL and SCS-R-II met the assumptions for a bivariate logistic regression analysis. Scores on the MCI did not meet the assumptions for the analysis because each covariate within the results for the MCI did not have an adequate number of events for the independent variable. There were not enough events in the covariate of *not competent* in MCC (labeled here as 0) and therefore a logistic regression analysis could not be conducted between the variable of MCC and SC.

### SCS-R-II, MCI, and Self-Perception of SC

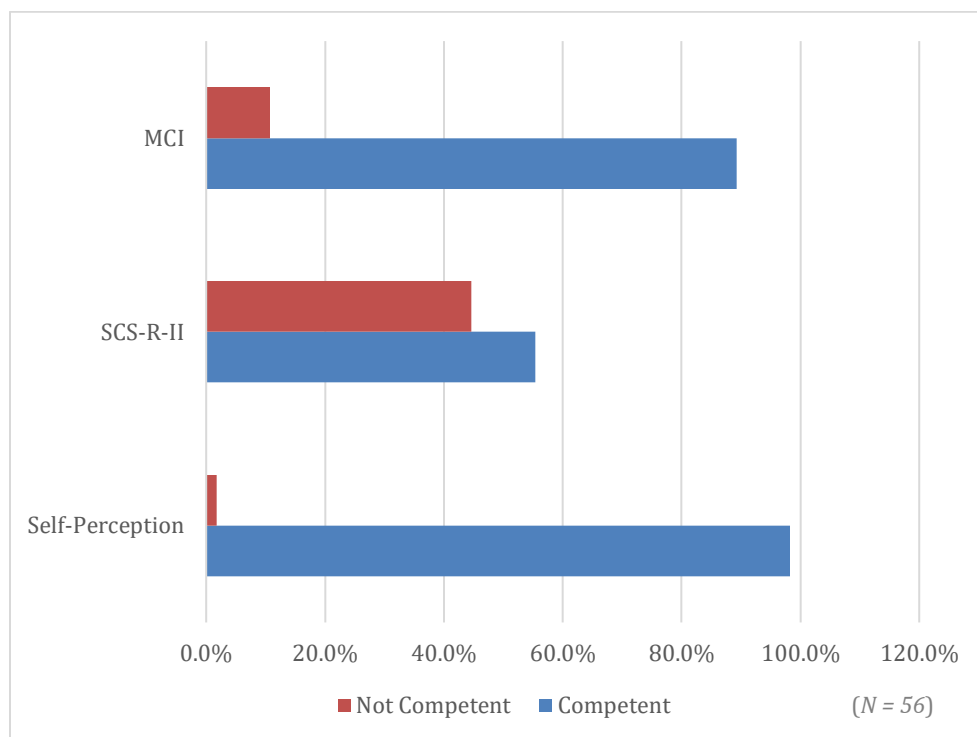
One of the first observations I made when examining my data was the contrast between the participants' reported self-perception of their SC versus their actual scores

on the SCS-R-II. Of the 62 participants who completed the survey through the DUREL, 55 (88.7%) indicated they felt they were competent to address the spiritual needs of clients and students, while seven (11.3%) indicated they did not feel such competence. Of the 56 individuals who completed the entire survey, only one indicated they did not feel competent in religion and spirituality, meaning 98.2% of those who completed the entire survey reported feeling competent addressing the topic of religion and spirituality with clients and students. In addition, of the 56 individuals who completed the entire survey, 50 (89.3%) met the threshold for MCC, which in this instance was any score averaging over 3.0 (G. R. Sodowsky, personal communication, May 7, 2024).

There is a dramatic disparity between participants' performance on the SCS-R-II and the MCI. Of the 56 participants who completed the entire survey, 31 (55.4%) met the threshold for SC, while 25 (44.6%) did not meet this threshold, which was any score over 105, as directed by the instrument's authors (L. A. Robertson, personal communication, November 19, 2023). Therefore, while 55 of the 56 (98.2%) respondents who completed the survey indicated they felt they were spiritually competent, 44.6% did not meet the minimum threshold for SC. This demonstrated a stark contrast between how counselor educators' self-perception of their SC differs from their scores on the SCS-R-II, one of the primary instruments used to measure the SC of counselors. I examine this conflict further in Chapter 5. The discrepancies between survey respondents' self-perception of their SC, scores on the MCI, and scores on the SCS-R-II can be interpreted in Figure 4.

**Figure 4**

*Scores for SCS-R-II, MCI, and Self-Perception of SC Ratings*



The correlation between the participants' self-perception of SC, their scores on the MCI, and the SCS-R-II did not reveal statistically significant correlational relationships. For example, the relationship between self-perception of SC and scores on the MCI revealed a very small negative relationship,  $r = -0.14$ ,  $p = .299$  ( $N = 56$ ), meaning the relationship is not statistically significant. In addition, the relationship between the participants' self-perception and scores on the SCS-R-II was minutely correlated,  $r = 0.04$  but not statistically significant,  $p = .78$  ( $N = 56$ ). Therefore, there is not a statistically significant relationship between perceived SC and scores on the MCI and SCS-R-II for this sample. The results of this analysis are shown in Table 2.



**Table 2**

*Correlation Analysis of Perceived SC and SCS-R-II Using Pearson r*

Measure	<i>r</i>	<i>p</i>	<i>n</i>
DUREL (ORA)	0.17	0.16	62
<i>DUREL (NORA)</i>	<i>0.28</i>	<i>0.02</i>	62
DUREL (IR)	-0.03	0.82	62
SCS-R-II	0.04	0.78	56
MCI	-0.14	0.29	56

*Note.* Statistically significant results are italicized.

### **Relationship Between Participants with Formalized Training and SC**

The analysis of the correlation between the participants' training in spirituality and their scores on the MCI and the SCS-R-II did not reveal statistically significant correlational relationships. For example, the relationship between those who had received training in spirituality and scores on the MCI revealed a very small negative relationship,  $r = -0.08$ ,  $p = .57$  ( $N = 56$ ), meaning the relationship is not statistically significant. In addition, the relationship between those who had received formalized training in SC and their scores on the SCS-R-II was minutely correlated ( $r = 0.14$ ) but not statistically significant ( $p = .29$ ;  $N = 56$ ). Therefore, there is not a statistically significant relationship between participants who had received formal training in SC and their scores on the MCI and SCS-R-II for this sample. The results of this analysis can be seen in Table 3.

**Table 3***Relationship Between Formal Training and SCS-R-II*

Measure	<i>r</i>	<i>p</i>	<i>n</i>
DUREL (ORA)	0.14	0.27	62
DUREL (NORA)	0.19	0.12	62
DUREL (IR)	-0.001	0.99	62
SCS-R-II	0.14	0.29	56
MCI	-0.08	0.57	56

**Relationship Between SC and Participants' Years of Experience**

The analysis of the correlation between the participants' years of experience also did not yield any statistically significant results, with the exception of a higher correlation between individuals with 6–15 years of teaching experience and their NORA ( $r = 0.32$ ,  $p = 0.01$ ). However, there was no statistically significant relationship between participants' years of experience and their performance on the MCI or the SCS-R-II. The results of this analysis can be reviewed in Table 4.

**Table 4***Relationship Between Years of Experience and SCS-R-II*

Measure	<i>r</i>	<i>p</i>	<i>n</i>
0–5 years			
DUREL (ORA)	0.06	0.62	26
DUREL (NORA)	-0.11	0.37	26
DUREL (IR)	0.07	0.55	26
SCS-R-II	0.12	0.36	25
MCI	0.22	0.09	25
6–15 years			
DUREL (ORA)	0.08	0.56	23
<i>DUREL (NORA)</i>	<i>0.32</i>	<i>0.01</i>	23
DUREL (IR)	-0.02	0.90	23
SCS-R-II	-0.19	0.15	20
MCI	0.16	0.24	20
16+ years			
DUREL (ORA)	-0.17	0.19	13
DUREL (NORA)	-0.24	0.06	13
DUREL (IR)	-0.07	0.57	13
SCS-R-II	0.08	0.54	11
MCI	-0.08	0.51	11

*Note.* Statistically significant results are italicized.

**Relationship Between SC and Participants' Religious Affiliation**

The results of the analysis of the relationship between participants' religious affiliation revealed a statistically significant relationship between individuals who self-identified as Christian and their scores on the DUREL (for all three subscales of ORA, NORA, and IR). In addition, there was also a small but statistically significant relationship between individuals who identified as Christian and their scores on the MCI ( $r = 0.26, p = 0.05$ ). However, there were no statistically significant relationships

between individual religious affiliation and scores on the SCS-R-II, the dependent variable in the current research. The results of this analysis are shown in Table 5.

**Table 5**

*Relationship Between Participants' Religious Affiliation and SCS-R-II*

Measure	<i>r</i>	<i>p</i>	<i>n</i>
Spiritual / not religious			
DUREL (ORA)	-0.27	0.03	23
DUREL (NORA)	-0.16	0.22	23
DUREL (IR)	-0.15	0.24	23
SCS-R-II	0.06	0.65	22
MCI	-0.14	0.29	22
Christian			
DUREL (ORA)	0.37	0.002	32
DUREL (NORA)	0.24	0.05	32
DUREL (IR)	0.32	0.02	32
SCS-R-II	0.004	0.97	27
MCI	0.26	0.05	27
Additional religions			
DUREL (ORA)	-0.18	0.16	7
DUREL (NORA)	-0.14	0.26	7
DUREL (IR)	-0.28	0.02	7
SCS-R-II	-0.09	0.48	7
MCI	-0.19	0.16	7

*Note.* Statistically significant results are italicized.

**Relationship Between DUREL, MCI, and SCS-R-II**

The research question was to determine if there was a statistically significant relationship between counselor educators' IR, their MCC, and their SC. A correlation analysis of the relationship between these variables revealed a statistically significant but weak positive correlation between IR, as measured by the DUREL, and SC, as measured by the SCS-R-II ( $r = 0.28$ ,  $p = 0.03$ ). In addition, an analysis of the relationship between

MCC, as measured by the MCI, and SC revealed a moderate and statistically significant positive relationship ( $r = 0.42, p = 0.00$ ). The statistical significance of these results means I can reject the null hypothesis that there is no statistically significant relationship between individual IR, MCC, and SC. The results of this analysis are shown in Table 6.

**Table 6**

*Independent Variable Correlations With SCS-R-II*

Measure	<i>M</i>	<i>SD</i>	<i>r</i>	<i>p</i>	<i>n</i>
DUREL (ORA)	3.11	1.44	-0.005	0.96	56
DUREL (NORA)	4.66	1.57	0.096	0.48	56
DUREL (IR)	3.49	1.23	0.28	0.03	56
MCI	3.39	0.28	0.42	0.00	56
SCS-R-II	104.1	11.9	N/A	N/A	56

*Note.* Statistically significant results are italicized.

**Logistic Regression Analysis of DUREL, MCI, and SCS-R-II**

A bivariate logistic regression analysis could not be conducted between the independent variable of MCC and the dependent variable of SC because the results of the MCI did not meet the assumptions for a logistic regression analysis. The results of a logistic regression analysis on the three subscales of the DUREL (ORA, NORA, and IR) did not reveal a statistically significant predictive relationship between the ORA and SC or NORA and SC. I then conducted a logistic regression analysis to investigate the relationship between IR and SC. The predictor variable of IR was tested a priori to verify there was no violation of the assumption of the linearity of the logit. I found that the predictor variable IR in the logistic regression analysis contributed to the model. Descriptive statistics for the bivariate logistic regression analysis of the independent variable IR yielded the following results:  $\beta = 1.07, SE = 0.56, Wald = 4.37, p = 0.03$ . The

results of the bivariate logistic regression analysis revealed that individuals who scored higher in IR were 3.23 times as likely to score high on the SCS-R-II ( $p = 0.03$ ) with a 95% confidence interval (1.07, 9.70).

**Table 7**

*Bivariate Logistic Regression of DUREL Subscales and SCS-R-II*

DUREL (IV)	$\beta$	SE	Wald chi-square	$p$	OR
ORA	0.33	0.56	0.00	0.96	0.98
NORA	0.40	0.73	0.51	0.47	1.69
IR	1.07	0.56	4.37	0.03	3.23

*Note:* The dependent variable in this analysis is SCS-R-II, coded so that 0 = lower levels of SC and 1 = higher levels of SC; statistically significant results are italicized.

### Summary

In this chapter, I presented a discussion regarding the demographics of 56 counselor educators with completed doctoral degrees to examine the strength of the relationship between the participants' SC (as measured by the SCS-R-II), their personal religious and spiritual practices and beliefs (ORA, NORA, and IR, as measured by the DUREL), and their MCC (as measured by the MCI). Correlational analyses using Pearson  $r$  revealed no statistically significant relationship between participants' years of experience, religious affiliation, training in spirituality, and their self-perception of their SC based on their scores on the SCS-R-II. However, results of a correlation analysis revealed a small but statistically significant relationship between both individuals' IR and their SC as well as their MCC and their SC. The results of a bivariate logistic regression revealed that respondents with higher IR scores were 3.23 times as likely to score high on the SCS-R-II ( $p = 0.03$ ). A logistic regression of MCC and SC could not be completed

because the results of the MCI did not meet the assumptions for logistic regression. In the final chapter, I discuss the limitations of this study, the implications of this statistical analysis, the implications of these results for social change, and ideas for future study.

## Chapter 5: Discussion, Conclusions, and Recommendations

My purpose for this quantitative study was to describe the relationship between counselor educators' IR, their MCC, and their SC. Using an anonymous survey design, I gathered data from 62 participants, all of whom identified as counselor educators with a completed doctorate. After completing a series of 13 demographic questions, participants were asked to complete the DUREL, a measure of religious activity and beliefs; the MCI, a measure of MCC; and the SCS-R-II, a measure of SC.

I analyzed the correlations between age, years of teaching experience, religious affiliation, and prior training in spirituality and counseling and the SCS-R-II scores for the 56 participants who completed the entire survey. None of these variables were revealed to have a statistically significant relationship with the participants' performance on the SCS-R-II. In addition, there was no statistically significant relationship between the participants' self-perception of their SC and their performance on the SCS-R-II. Correlational analyses revealed a statistically significant positive correlation between individuals' IR (as defined by the DUREL) and their MCC (as measured by the MCI).

A bivariate logistic regression analysis indicated IR (as measured by the DUREL) effectively predicted an individual's SC (as measured by the SCS-R-II). The bivariate logistic regression analysis indicated that individuals who scored high in IR on the DUREL were 3.23 ( $p = 0.03$ ) times more likely to demonstrate higher levels of SC on the SCS-R-II. A regression analysis addressing the relationship between MCC and SC could not be conducted because the results of the MCI did not meet the assumptions for a logistic regression. In this chapter, I interpret the findings of this study, discuss the



limitations of this study, present implications for the field of counselor education, and provide recommendations for future research.

### **Interpretation of the Findings**

In this section, I provide a brief overview of previous research conducted on the topic of counselor educators and SC, including a discussion of why the current study was necessary. Following this, I discuss the results of my study in relation to these prior investigations, including a review of how my research coincides with the theories of MCT (see Sue et al., 1996) and namaste theory (see Oxhandler, 2017), both of which provided the framework that guided the current study.

### **Comparison to Previous Research**

Spirituality is considered one of the most important factors impacting an individual's wellness and well-being. Frankl's (1992) logotherapy to the development of the concept of the indivisible self (Myers & Sweeney, 2004), scholars in the field of mental health and counseling have argued that engagement in purpose-driven work and meaning making is an essential component of helping an individual create a life of happiness and spiritual fulfillment. The role of spirituality in individual wellness was deemed so important that it was subsequently included as a core competency of MCT (Sue et al., 1996) and was adopted as a key competency area of the ACA's (2014) *Code of Ethics* and CACREP's (2024) accreditation standards for graduate programs in counseling. In addition, in 1993, the ACA named ASERVIC as its division that would be committed to advocating for the inclusion of spiritual, ethical, and religious values in counselor preparation programs and the counseling profession (Miranti, n.d.).

Previous research showed the level of importance with which clients view the topics of religion and spirituality in their lives. K. A. Harris et al. (2016) found that many clients who identify as religious or spiritual seek the help of trusted religious leaders rather than counselors, Plante (2022) found that even clients who do not identify as religious may benefit from spiritually based interventions, and Gladding and Crockett (2019) argued that individuals who report having strong spiritual beliefs often experience stronger psychological health. Despite the importance of spirituality in the lives of clients and its inclusion in the ethical and academic standards that govern the field of counseling, research on the subject has shown that counselors and counselor educators are not meeting required competencies in the area of religion and spirituality. For example, Young et al. (2002) found that only 46% of those individual representing CACREP programs believed themselves to be prepared to address the topic in teaching and supervision. In addition, Bohecker et al. (2017) found that religion and spirituality were not being sufficiently addressed by most CACREP programs. Gladding and Crockett argued that many counselors neglect the topics of religion and spirituality with their clients due to a lack of comfort, lack of time, a belief in the secular nature of therapy, and countertransference due to their own religious trauma.

Along with clients, counseling students are also feeling the impact of this lack of emphasis on training in SC. Magaldi-Dopman (2014) found that many counseling students viewed their training in religion and spirituality as an afterthought in their graduate programs, while Henricksen et al. (2015) found that most (54.5%) students surveyed felt they had no understanding of why religion and spirituality were important

in the counseling process. Hage et al. (2006) argued that training programs in the field of mental health often neglect to address the topics of religion and spirituality because they are “not considered as important” (p. 227) as other aspects of multicultural counseling. Lu and Woo (2017) also found a discrepancy between counselor education programs which reported that they strongly emphasize religion and spirituality in their training, but students indicated these topics were not addressed sufficiently. Briggs and Rayle (2005) argued that this lack of focus on religion and spirituality in training programs is due to the lack of guidelines on how to incorporate religious and spiritual topics into the curriculum.

These findings regarding the importance of increasing the focus on religion and spirituality in counseling classrooms are also present in the supervisory setting. Secor and Bridges (2021) found a statistically significant predictive relationship between counseling students’ perceived SC and the SC of their clinical supervisors. As a result, Secor and Bridges advocated for additional focus on topics related to religion and spirituality within the clinical supervision environment, which echoed the studies conducted regarding the need for additional emphasis on religion and spirituality in the counseling classroom.

The results outlined in these studies are confirmed in the current study. Of the 56 participants who completed this study, 50 (89.3%) met the threshold for MCC, as measured by the MCI. However, although 55 (98.2%) participants indicated they felt they were competent to address the spiritual needs and clients and students, only 31 (55.4%) met the threshold for SC measured by the SCS-R-II. These findings support the results in previous studies by demonstrating that although most counselor educators view themselves as spiritually competent, nearly half do not meet the minimum levels of

competency defined by the SCS-R-II as required to be compliant with ACA and CACREP guidelines and standards of practice.

### **Theoretical Framework and Study Results**

The theoretical frameworks I used to guide this study included MCT and namaste theory. MCT was developed by Sue et al. (1996) in response to the growing demand for inclusive approaches to counseling that would consider the cultural backgrounds of clients when assessing their needs and therapeutic goals. The publication of MCT revolutionized the field of counseling and changed the way counseling students are taught. Both the ACA and CACREP include multicultural competence as a key standard in the profession. In addition, the religious backgrounds and spiritual beliefs of the individual are considered key components of multicultural identity. For example, Lu et al. (2020) found that students' MCC had a moderately high correlation with their perceived SC. This is further supported by the current study, which found a moderate and statistically significant relationship between counselor educators' MCC and SC ( $r = 0.42$ ,  $p = 0.00$ ).

The second theoretical framework guiding this study was namaste theory (see Oxhandler, 2017). This theory explains that individuals with higher IR often exhibit higher levels of SC. Oxhandler (2017) defined IR as an internalized spiritual practice in which individuals attempt to embrace their beliefs intrinsically and live them out through their actions in the world. This definition of IR is similar to the definition of IR employed by the DUREL, which defined the term as the individual's degree of personal religious commitment and motivation (Koenig & Büssing, 2010). Both Koenig and Büssing (2010)

and Oxhandler differentiated between IR and overt religious activity, such as praying or attending religious services. In the development of namaste theory, Oxhandler showed that individuals who engage in intrinsic religious activity are more likely to demonstrate higher levels of SC than those who engage in extrinsic religious behaviors. The results of the current study affirm namaste theory. Although there was no statistically significant relationship between ORA, NORA, and SC, there was a weak but statistically significant positive relationship between IR and SC ( $r = 0.28, p = 0.03$ ). Moreover, a bivariate logistic regression revealed that individuals who demonstrate higher levels of IR on the DUREL were 3.23 times more likely to demonstrate SC on the SCS-R-II.

### **Limitations of the Study**

As outlined in Chapter 1, the limitations of this study included obtaining access to accurate and reliable distribution lists for contacting counselor educators, the length of the survey, and the time of year when I collected data. Some of these concerns were realized because I obtained responses from only 62 participants rather than the minimum of 67 that was determined by my G\*Power analysis. My survey data were collected during the months of June and July, which I believe had a significant impact on the number of participants because summer terms are often when many counselor educators are traveling or engaged in other professional projects, and they may not be regularly engaging with their email. In addition, using the CESNET-L listserv and CACREP contact information may not have been the most effective means of contacting my population because CESNET is saturated with research requests and nearly 14% of the CACREP contact emails were returned as undeliverable. For personal reasons, I elected

not to use social media for recruiting participants, which may have had a negative impact on participation rates.

The length of the survey may have also been a limitation in this study. Although it took less than 15 minutes for most participants to complete the 79 questions of the survey, six respondents did not complete the entire survey, stopping after completing the DUREL questionnaire. Because of my low response rate, I did not elect to eliminate these participants from my data analysis for the demographics and responses on the DUREL because I felt these could offer additional insight into the spiritual practices of counselor educators. However, these incomplete results were not factored into any correlational analyses related to the SCS-R-II.

### **Recommendations for Future Research**

One of the primary motivating factors that led me to want to research this topic was the lack of generalizable data on the spiritual competencies of counselor educators. Although a statistically significant, albeit small, positive relationship was found between MCC, IR, and SC, because I was unable to meet the required minimum number of survey participants indicates there is more work to be done on this topic. Researchers investigating SC in counselor educators might elect to conduct their research during a time of year when counselor educators may have more time to engage with participation in research. I believe attempting to collect my data in the summer term was a significant limitation of this study.

In addition, because the current research relied on self-reported data, another recommendation I might have for future researchers would be to investigate the SC of

counselor educators using more objective assessment tools. My research revealed a strong disconnect between counselor educators' perception of their SC and their performance on the SCS-R-II. In addition, 98.2% of those surveyed believed themselves to be spiritually competent, while only 55.4% met the threshold for SC as measured by the SCS-R-II. This discrepancy is one that may benefit from additional research. My recommendation for the future would be the development of a scale in which counseling students can report their perception of the SC of their instructors. In addition, because most respondents in the current study met the threshold for MCC as measured by the MCI, I recommend further exploration into the potential predictive relationship between MCC and SC. MCT explains that there is a relationship between these variables, and the correlational analyses presented in the current study confirms this relationship. However, because the counselor educators in this study were nearly universally multiculturally competent, it is difficult to argue that MCC has a predictive relationship with SC. Additional investigations on this topic with a larger sample size are warranted.

I recommend future researchers attempting to investigate this population also consider including counselor educators who may not have a completed doctorate. I elected to limit my population to educators with a completed doctorate to eliminate the possibility of an additional variable skewing my results. However, because many graduate programs in counseling are taught by doctoral students or other types of adjunct faculty who may not have a completed doctorate, it might be compelling to include this demographic in the research, while also investigating how having a completed doctorate may influence SC.

## **Implications**

The results of the current study indicated a correlation between IR and SC and between MCC and SC. These findings are consistent with MCT and namaste theory. In this section, I describe the implications of this study, looking first at how these results may impact the population of counselor educators and then looking more broadly at how this study may contribute to broader efforts toward positive social change.

### **Implications for Counselor Educators**

The SC of counselor educators had not been sufficiently examined by researchers. Several qualitative studies were published addressing the reasons why religion and spirituality are not more examined in counselor education classrooms, including a lack of clear guidelines and curricula (Briggs & Rayle, 2005), a lack of available research and personal interest on the topics of religion and spirituality in counseling (Adams et al., 2015), and the esoteric nature of the concept of God and spirituality (Cashwell et al., 2016). The lack of generalizable data on the topic of SC and counselor educators demonstrates a need for additional research. My goal for the current study was to examine some of the variables most closely correlated with the SC of counselor educators. Although the participation rate of counselor educators in this study may not have met minimum participant requirements, the results are statistically significant enough to warrant additional research on the topic of how IR and MCC can be leveraged to increase the SC of this population.

In addition, there is an apparent and concerning lack of insight exhibited by counselor educators regarding their own SC, as evidenced by the discrepancy between



the percentage of participants who reported feeling spiritually competent (98.2%) versus the percentage of participants who met the threshold for SC (55.4%), as measured by the SCS-R-II. This disconnect may warrant further examination and underscores previous research regarding the reasons why SC is not addressed more thoroughly in counselor education programs. As Young et al. (2002) found in their study, 69% of CACREP program coordinators felt their programs were sufficiently addressing the topic of SC, but only 28% believed their colleagues were competent on the topic. With the insight gathered from the current research, the coordinators of CACREP-accredited counseling programs may wish to take another look at their multicultural counseling curriculum as well as continuing education requirements for faculty on the topics of religion and spirituality in counseling.

### **Implications for Social Change**

One major motivation for much of the current research was the *Code of Ethics* published by the ACA (2014) along with the standards for counselor education programs recently updated by CACREP (2024). Both regulatory bodies include SC as an integral component of MCC, meaning counseling students graduating from CACREP-accredited programs are required to demonstrate competence in addressing the religious and spiritual needs of their clients. The need for this competence was highlighted by research indicating the level of importance with which clients view their own religion and spirituality. For example, a Gallup poll revealed that 72% of Americans consider religion an important part of their lives (Gallup, 2018). In addition, K. A. Harris et al. (2016) found that a majority of clients wished to discuss topics related to religion and spirituality

within the counseling environment; however, Crosby and Bossley (2012) found that many clients turn to religious and spiritual leaders rather than mental health professionals due to their concerns that a secular therapist may not be willing or able to address concerns related to religion and spirituality.

The results of the current research may serve as the next step to justify a reexamination of how counseling students are trained on the topic of IR and SC. Researchers now have additional insight regarding the relationship between MCC, IR, and SC in the population of counselor educators, the primary population charged with training future counselors to work with clients. In addition, researchers also have a clearer picture of the disconnect between counselor educators' perception of their SC and their actual performance on the SCS-R-II, a standard assessment tool used to measure the SC of counselors. To better meet the needs of a client population who have reported a desire to communicate with their counselors regarding their religious and spiritual needs, there may be a need to improve the training offered to counseling students and trainees on this topic. To address this need, researchers could start with ensuring that counseling faculty are themselves equipped with the knowledge and experience to train students in this important domain. As demonstrated by the results of the current research, one approach to address this knowledge deficit may be to better incorporate SC into multicultural counseling training or by encouraging individual counselor educators to engage in additional introspection regarding their own spiritual and religious practices and beliefs.

## Conclusion

Research in the field of counseling indicates that religion and spirituality play a vital role in the health and well-being of the individual. My personal experience as a practicing counselor has confirmed that many clients are struggling with spiritual topics but are oftentimes hesitant to address these in the counseling environment due to their reported fear that counselors will not understand or will not be able to assist with these issues (Crosby & Bossley, 2012; K. A. Harris et al., 2016). In addition, while the topic of spirituality has long been of great personal interest to me, during my training as a counselor, I found myself agreeing with the concerns of researchers who argued that CACREP-accredited programs were not sufficiently addressing topics related to religion, spirituality, and SC within their training curriculum (Henricksen, 2015; Magaldi-Dopman, 2014).

The majority of research on the topic of SC has been limited to clients and counseling students, so I wanted to conduct a deeper investigation of the SC of counselor educators, who train the future counselors who will be working with the public. While there is some qualitative studies on the SC of counselor educators, there was very little generalizable data available that offered insight into the SC of counselor educators. MCT (Sue et al., 1996) and namaste theory (Oxhandler, 2017) served as the theoretical frameworks for this study, which say that MCC and IR, respectively, are both closely related to individual SC. My purpose of this quantitative study was to determine whether there was a predictive relationship between counselor educators' IR, MCC, and

SC. For the purposes of the current research, IR was measured using the DUREL, MCC was measured using the MCI, and SC was measured using the SCS-R-II.

The results of this study revealed that there was a strong disconnect between how counselor educators perceived their SC and their performance on the SCS-R-II. In addition, a correlational analysis revealed statistically significant relationships between MCC and SC as well as IR and SC. A bivariate logistic regression analysis also revealed a statistically significant predictive relationship between IR as SC. Thus, there may be a need for counselor educators to engage in continuing education on the topics of religion and spirituality in counseling. Future researchers might begin to investigate how the variables of MCC and IR can be further leveraged to help better prepare counselor educators to address the topic of SC in the counseling classroom so that counseling students are then better equipped to address the religious and spiritual needs of their clients in the counseling environment.

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## Appendix A: Request to Use CESNET Listserv

Greetings, Dr. Jencius!

My name is Theresa Brixius and I am a PhD candidate at Walden University. I am writing you to request your collaboration in my research for my doctoral dissertation, which is an investigation of the variables which are most closely related to the spiritual competencies of counselor educators.

In accordance with netiquette, may I have your permission to post the following research participation invitation on CESNET-L?

With gratitude,  
Theresa L. Brixius, MAEd

\*\*\*

There is a new study about the variables which are most closely related to the spiritual competencies of counselor educators. You are invited to complete a 20-minute anonymous survey.

Seeking volunteers that meet these requirements:

- Have a completed doctorate in counselor education and supervision or a related field
- Have at some point been involved in the education of future counselors at programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) in the United States (full-time, part-time, or retired)

This study is part of the doctoral program for Theresa Brixius, a doctoral student at Walden University. The survey will be open until the end of June 2024. Questions should be directed to [theresa.grimm@waldenu.edu](mailto:theresa.grimm@waldenu.edu).

Please click <https://www.surveymonkey.com/r/XL7LXBY> to view the consent form and begin the survey.

## Appendix B: Recruitment Email Sent to CACREP Program Coordinators

Greetings!

My name is Theresa Brixius and I am a PhD candidate at Walden University. I am writing you to request your collaboration in my research for my doctoral dissertation, which is an investigation of the variables which are most closely related to the spiritual competencies of counselor educators.

If possible, could you forward the invitation below to any faculty teaching in your counseling program? Participants should be full-time, part-time, or retired counselor educators with a completed doctorate in counselor education and supervision or a related field.

Your assistance with this project is greatly appreciated!

With gratitude,  
Theresa L. Brixius, MAEd

\*\*\*\*\*

There is a new study about the variables which are most closely related to the spiritual competencies of counselor educators. You are invited to complete a 20-minute anonymous survey.

Seeking volunteers that meet these requirements:

- Have a completed doctorate in counselor education and supervision or a related field
- Have at some point been involved in the education of future counselors at programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) in the United States (full-time, part-time, or retired)

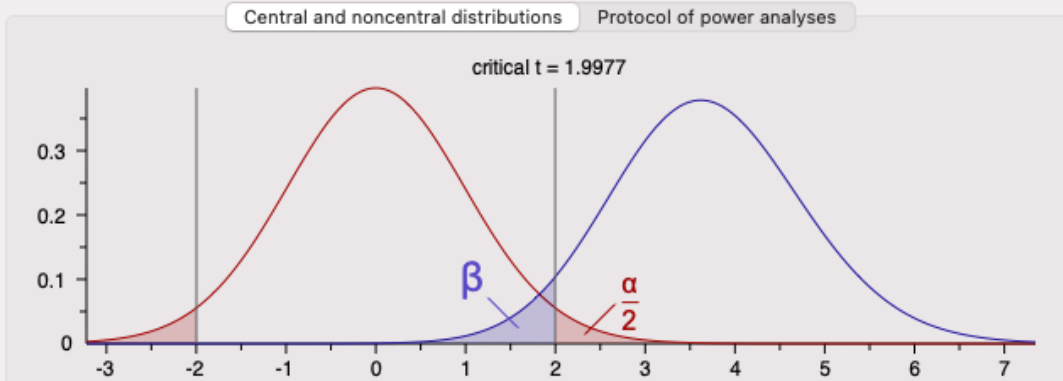
This study is part of the doctoral program for Theresa Brixius, a doctoral student at Walden University. The survey will be open until the end of June 2024. Questions should be directed to [theresa.grimm@waldenu.edu](mailto:theresa.grimm@waldenu.edu).

Please click <https://www.surveymonkey.com/r/XL7LXBY> to view the consent form and begin the survey.

## Appendix C: G\*Power Analysis

**G\*Power 3.1**

Central and noncentral distributions    Protocol of power analyses



critical t = 1.9977

$\beta$        $\frac{\alpha}{2}$

Test family:     Statistical test:

Type of power analysis:

Input parameters	Output parameters
<input type="button" value="Determine"/> <p style="margin-left: 40px;">Tail(s) <input type="text" value="Two"/></p> <p style="margin-left: 40px;">Effect size <math>f^2</math> <input type="text" value="0.2"/></p> <p style="margin-left: 40px;"><math>\alpha</math> err prob <input type="text" value="0.05"/></p> <p style="margin-left: 40px;">Power (<math>1-\beta</math> err prob) <input type="text" value="0.95"/></p> <p style="margin-left: 40px;">Number of predictors <input type="text" value="2"/></p>	<p>Noncentrality parameter <math>\delta</math>      3.6606010</p> <p>Critical t      1.9977297</p> <p>Df      64</p> <p>Total sample size      67</p> <p>Actual power      0.9500330</p>

## Appendix D: Duke University Religion Index (DUREL)

1. How often do you attend church or other religious meetings?
  - 1 – Never
  - 2 – Once a year or less
  - 3 – A few times a year
  - 4 – A few times a month
  - 5 – Once a week
  - 6 – More than once/week
  
2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?
  - 1 – Rarely or never
  - 2 – A few times a month
  - 3 – Once a week
  - 4 – Two or more times/week
  - 5 – Daily
  - 6 – More than once a day

*The following section contains three statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.*

3. In my life, I experience the presence of the Divine (*i.e.*, God).
  - 1 – Definitely *not* true
  - 2 – Tends *not* to be true
  - 3 – Unsure
  - 4 – Tends to be true
  - 5 – Definitely true of me
  
4. My religious beliefs are what really lie behind my whole approach to life.
  - 1 – Definitely *not* true
  - 2 – Tends *not* to be true
  - 3 – Unsure
  - 4 – Tends to be true
  - 5 – Definitely true of me
  
5. I try hard to carry my religion over into all other dealings in life.
  - 1 – Definitely *not* true
  - 2 – Tends *not* to be true
  - 3 – Unsure
  - 4 – Tends to be true
  - 5 – Definitely true of me

## Appendix E: Approval to Use SCS-R-II

Linda A. Robertson, PhD  
 10633 Spring Buck Trail  
 Orlando, Florida 32825  
 linda@bodhitreecounseling.com  
 407-583-7979

## Statement of Agreement to the Conditions for Use of the Spiritual Competency Scale©

I, Theresa L. Brixius, agree to use the Spiritual Competency Scale©  
(please print name)  
 in accord with my research intent as it is described in my formal letter of request to the developer, Linda A. Robertson.

I intend to use the SCS to investigate (brief statement) the strength of the relationship between counselor educators' spiritual competence (SC, dependent variable), their multicultural competence (MCC, independent variable), and their personal religious and spiritual practices (RS, independent variable). This research will be a quantitative study with data collected via an online survey using multiple regression to measure the strength of the relationship between these variables. The population being studied is counselor educators at CACREP-accredited institutions in the United States.

(purpose or title of study, population to be included, location)

I also agree to the following conditions for use:

1. I agree to produce only one hardcopy of the instrument for each anticipated participant in my sample.
2. If I place the SCS in any type of online format, I agree to use an expiration date for the upload that corresponds to the time frame of my research and I will not leave the SCS online indefinitely. I have included the projected time frame of my study in my letter of request and will advise the developer of where the survey will be posted online.
3. I agree to maintain the copyright notation and the developer's name (as shown at the top of the instrument) on each of my questionnaires, including in any published / printed / electronic versions.
4. To further protect the copyright, I will not include a copy of this instrument in any publication of my study.
5. I will not alter the instrument without permission and I agree to use the response format as it is shown in the hardcopy.
6. I will not distribute any version of the SCS to other researchers/students/individuals who have not obtained permission for its use.
7. I agree to provide the developer with a copy of my results within 3 months of the conclusion of my study.
8. If any changes are made regarding the nature of my study, my intended use of the SCS, or if I need to deviate from any of the points listed above subsequent to the developer's receipt of my letter of request, I will advise the developer and/ or request the relevant permissions in a second formal letter.

My signature below constitutes my agreement with the terms of use of the Spiritual Competency Scale©. I recognize this as a legally binding document and will both protect copywrite laws as noted above and provide a copy of my completed study to the developer.

Theresa L. Brixius, LPCC-S  
 Researcher (signature)

November 20, 2023  
 Date

## Appendix F: Approval to Use MCI

ANTIOCH  
UNIVERSITY  
NEW ENGLAND

40 Avon Street  
Keene, New Hampshire 03431  
603.283.2183

AGREEMENT FOR THE PROCEDURAL USE OF MULTICULTURAL COUNSELING INVENTORY (MCI)

- The MCI will only be used for my own research purposes.
- The entire scale will be used when administering the MCI.
- Individual items and/or subscales will not be used separately.
- Individual items and/or subscales will not be used or adapted for the development of other instruments.
- The MCI will be kept under secure conditions.
- The MCI will not be reproduced in any written materials (including dissertations, theses, appendixes to dissertations/theses, teaching/instructional handouts, workshop guides, manuscripts, etc.)
- The MCI will not be shared with other interested parties who need to be referred to the author if they wish to use the instrument.

I understand and agree to the terms stated above. In addition, I understand and agree that a \$100.00 user fee entitles me to make unlimited copies of the MCI for one year from the date below, for one study only.

Signature: Theresa L. Brixius Date: 03/18/24

Name (please print): Theresa L. Brixius

Address: 5311 Reserve Way

City, State, Zip: Sheffield Village, OH 44054

Research Topic Title: The Relationship Between Counselor Educators' Personal Spirituality, Multicultural Competence, + Spiritual Competence

Planned use of the MCI: Dissertation  
(e.g., Dissertation, Survey of mental health trainees/clinicians, etc.)

If Student, Your Research Supervisor's Name: Dr. Mary Kate Reese

School Name: Walden University

Signature of Supervisor: MaryKateReese PhD

Contact Phone Number: 404-641-0548

Email Address: marykate.reese@mail.waldenu.edu

Please e-mail the completed contract to [cpeterson@antioch.edu](mailto:cpeterson@antioch.edu). A link to PayPal for payment will be sent to you when your use of the measure is approved.

## Appendix G: Demographic Questionnaire

**Directions:** Please answer each by checking the answer appropriate for you. Respond to each with only one answer unless otherwise indicated. All answers will remain anonymous.

1. Are you a counselor educator at a CACREP-accredited counseling program with a completed doctorate in counselor education and supervision (CES) or a related field?
  - a) Yes
  - b) No
  
2. Please indicate your gender.
  - a) Cisgender Man
  - b) Cisgender Woman
  - c) Transgender
  - d) Non-Binary
  - e) Other non-cisgender identity (please specify): \_\_\_\_\_
  
3. Please indicate your age range.
  - a) 25-35
  - b) 36-45
  - c) 46-55
  - d) 56-65
  - e) 65+
  
4. Please indicate your race.
  - a) White/Caucasian
  - b) Black/African American
  - c) Hispanic/Latino
  - d) Asian
  - e) Pacific Islander
  - f) Native American/American Indian
  - g) Other (please describe): \_\_\_\_\_
  
5. Please indicate your status as a counselor educator.
  - a) Full-time (tenured)
  - b) Full-time (non-tenured)
  - c) Part-time (adjunct)
  - d) Emeritus or retired
  
6. Please indicate your years of experience as a counselor educator (full- or part-time).
  - a) <12 months
  - b) 1-5 years
  - c) 6-10 years
  - d) 11-15 years
  - e) 16-20 years
  - f) 20+ years

7. Please indicate which religion and religious/spiritual beliefs with which you identify. Select all that apply.
- a) Buddhism
  - b) Hinduism
  - c) Catholicism
  - d) Judaism
  - e) Protestantism
  - f) Islam
  - g) Agnosticism
  - h) Atheism
  - i) Other (please describe): \_\_\_\_\_
  - j) Spiritual and religious (also indicate the religion you affiliate with above)
  - k) Spiritual but not religious or any religious affiliation
8. Indicate the type of college or university where you are a member of the CES faculty.
- a) Public Secular
  - b) Private Non-Religious
  - c) Private Religious
9. Have you ever taken a class as part of your formal university training that included content on how to address the spiritual/religious needs of clients and/or students?
- a) Yes
  - b) No
10. Was this class required as part of your program? If you have not had such a class, select C.
- a) Yes
  - b) No
  - c) I have not had a class that had spirituality discussed as one topic covered.
11. Have you attended any other training or workshops concerning the spirituality/religion needs of clients and/or students?
- a) Yes
  - b) No
12. How would you describe the training format? (Check all that apply). If you have not had such training, select E.
- a) Workshop
  - b) Conference presentation
  - c) Seminar
  - d) Other (please describe): \_\_\_\_\_
  - e) I have not had any other training concerning the spiritual needs of clients and/or students.
13. Do you feel competent to address the spiritual/religion needs of clients and/or students?
- a) Yes
  - b) No