

2019

## Predicting Spiritual and Religious Competence Based on Supervisor Practices and Institutional Attendance

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*Walden University*

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# Walden University

College of Counselor Education & Supervision

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Andrew Secor

has been found to be complete and satisfactory in all respects,  
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Abstract

Predicting Spiritual and Religious Competence Based on Supervisor Practices and

Institutional Attendance

by

Andrew Secor

MA, MidAmerica Nazarene University, 2007

BA, MidAmerica Nazarene University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Counselor Education and Supervision

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## Abstract

Counseling students report a lack of competence in spiritual and religious integration (SRI). As such, counselor educators and supervisors (CES) and students want to understand how to develop SRI competence. Although past research highlighted SRI dialogue in training, the problem is that no clear understanding exists about the role of faculty supervisor SRI on perceived student competence. The supervision models used to inform the study included the integrated developmental model, discrimination model, and spirituality in supervision model (SACRED). The purpose of this study was to determine if master's-level graduate counseling students' perception of their faculty supervisors' SRI practices predicted students perceived spiritual competence when considering attendance in faith-based and non-faith-based institutions accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP). A review of existing literature supported the use of a quantitative, cross-sectional design. An online survey was distributed to students (n=59) in master's level CACREP counseling programs currently in field experience to measure perceived SRI in supervision and perceived SRI competence. A multiple linear regression revealed there was a statistically significant predictive relationship between supervisor SRI and perceived student competence as measured by the Spiritual and Religious Competence Assessment and the Spiritual Issues in Supervision Scale. These results inform CES about the importance of SRI and students' ability to work with clients' spiritual and religious beliefs. On this basis, it is recommended that supervisors focus on SRI in supervision. Future research should focus on additional factors related to SRI competence during counselor training.

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## Dedication

I dedicate this dissertation to my grandparents, William Henry (John) and Phyllis Secor. While my time with you was limited, your example and commitment to faith, family, and hard work remain with me to this day.

I dedicate this work to my parents, Randy and Judy Secor, and my wife and children, Jennifer, Keira, Reaux, Paisley, and Adriana Secor. I love each of you. Thank you for your encouragement and for modeling what it means to persevere through adversity. I would not be at this point without your love and support.

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## Chapter 1: Introduction to the Study

The examination and inclusion of spirituality and religion in counseling research and practice has emerged as an area of interest and focus over the last 40 years (Hull, Suarez, Sells, & Miller, 2013; Powers, 2005). The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) developed spiritual competencies, found in Appendix A, which the American Counseling Association endorsed, that indicate how counselors should incorporate spirituality and religion into counseling practice (Cashwell & Watts, 2010). Existing research includes review of the role of spirituality and religion from supervisor perspectives, professional perspectives, and client perspectives (Henricksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015; Hull et al., 2013; Kim, Hu, & Chae, 2015).

Research examining perceptions of students' experience of spiritual and religious integration in supervision and the overall effect of supervisor integration practices on student competence is missing from the literature. Students report that they desire discussion about spirituality and religion but that they receive conflicting messages from professors about the role of these two areas in practice (Adams, 2012; Hull et al., 2013). An examination of programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and those not accredited by CACREP found that non-CACREP program graduates reported higher levels of spiritual integration than those students attending CACREP programs (Gilliam & Armstrong, 2012). As a result of mixed perceptions about these messages, concerns about competence when entering professional practice, and interest in the topics of spirituality and religion, a

study examining how supervisors' integration practices influence students' perceived competence is timely.

This study has the potential to influence how supervisors integrate spirituality and religion into their training of students. Results from this study could also inform supervisors, program faculty, and CACREP of the current nature of students' perceptions of integration and changes potentially required to ensure adequate training in these areas. Finally, this study could help determine whether the type of CACREP-accredited institution influences students' degree of spiritual and religious competence.

In this chapter, readers will explore the primary problem behind the development of the study. Readers will review the purpose of the study, along with the principal research question. Following an introduction to the topic and a description of the gap in existing literature, the chapter includes information about social change as well as limitations of the study.

### **Background**

The integration of spirituality and supervision in the mental health field is a widely researched topic (Shafranske, 2016; Vieten et al., 2013). The ASERVIC, a division of the American Counseling Association (ACA), developed 14 spiritual competencies that counselors should possess to provide competent counseling services (ASERVIC, n.d.; Cashwell & Watts, 2010). Historically, members of the mental health profession viewed spirituality and religion as problems influencing the client's condition, rather than seeing them as sources of support (Vieten et al., 2013). Due to this view, many training programs do not integrate spirituality or religion into their courses or the

supervisory experience (Vieten et al., 2013). According to Vieten et al. (2013), counselors should expect the issue of spirituality and religion to come up in sessions with their clients, given the number of individuals who report a desire to address a concern related to these issues.

A problem with the existing approach to religious and spiritual integration is that counselors in practice report feeling inadequate to address issues related to spirituality and religion when clients present with these concerns (Plumb, 2011). Gilliam and Armstrong (2012) found that many faculty in counseling programs recognized the importance of integrating spirituality and religion during supervision, but they noted that accredited counseling programs tend to offer integration less than nonaccredited programs do. Morrison, Clutter, Pritchett, and Demmitt (2009) found that counselors use spiritual interventions during their sessions more frequently than in the past, but that at least half of all counselors do not use spiritual interventions during sessions. Further, counselors who use spiritual interventions tend to do so as a result of postgraduate training rather than as the result of exposure to these topics during graduate school (Morrison et al., 2009).

Over the last 15 years, professionals have developed instruments to evaluate the integration practices of supervisors and the competence of counselors in practice (Fluellen, 2007; McInnes Miller, 2003). These scales have provided means of understanding levels of integration in supervision as well as how counselors perceive their level of competence in the areas of spirituality and religion (Fluellen, 2007;

McInnes Miller, 2003). These instruments emerged as a result of continued interest in spiritual and religious integration practices.

Hull, Suarez, Sells, and Miller (2013) conducted a study on the perceptions of supervisors and supervisees regarding spiritual integration. During their research, Hull et al. (2013) found that supervisees and supervisors saw discussion about spirituality and religion as important during the supervision process. Although this study demonstrated the importance of dialogue between supervisors and supervisees, the study did not examine the influence of spiritual and religious integration during supervision and its potential impact on students' competence.

Although there is a wealth of information on the topic of spiritual integration, a gap exists in that there is little research about how students perceive the spiritual integration practices of their supervisors and how those practices affect their competence. The identified gap is that it is not known whether spiritual integration in supervision predicts competency as reported by counseling students. Information from this study could inform the integration practices of supervisors during the training process, assist in developing a stronger therapeutic relationship, and enhance how professional associations approach the topic of spiritual integration.

### **Problem Statement**

Spirituality continues to be a vital part of the treatment process for many clients (Hodge, 2011; Nichols & Hunt, 2011; Stanley et al., 2011). Clients who value spirituality and religion in their lives report higher rates of treatment success and greater satisfaction during their counseling experience (Stanley et al., 2011). Kim et al. (2015)



found that clients who receive spiritually integrated counseling demonstrate better outcomes in terms of decreased depressive symptoms. Hodge (2011) discussed the role of spirituality in the treatment of chronic mental illness and found that attention to a person's spiritual or religious beliefs could help in establishing a sense of control over a disorder. Counselors' use of clients' spiritual and religious beliefs also ensures that they treat those under their care in a holistic manner (Hodge, 2011).

The problem that I addressed with the present study was that many counselors entering the field of counseling do not possess the knowledge or practice ability necessary to address spirituality or religion in counseling (Adams, 2012). As a result, the possibility exists that clients' overall treatment experience is affected and that counselors are not addressing their clients' issues from a holistic point of view. The ability to integrate spirituality and religion into treatment requires education and practice, which occurs in part during the supervision process while in training (CACREP, 2016b; Hull et al., 2013). The fact that counseling students reported that their professors implicitly provided a message that addressing spirituality and religion is not appropriate during counseling establishes the need to examine students' perceptions of their supervisors' integration practices and the impact of these practices on their spiritual and religious competence.

Although research has provided important findings regarding the incorporation of spirituality and religion in counseling, the validation of competency measures, and integration practices of supervisors, there has been a lack of research evaluating the perceived impact of religious and spiritual integration practices of clinical supervisors

and the spiritual and religious competence of counseling students. Therefore, counselor educators, supervisors, and researchers do not know how students perceive the integration practices of their supervisors and whether spiritual integration in supervision affects supervisee competence (Cashwell & Watts, 2010; Fluellen, 2007; McInnes Miller, 2006). Such information would benefit the field of counseling and counselor education because it would help supervisors train culturally competent clinicians (Ross, Suprina, & Brack, 2013) and provide a potential method of increasing treatment efficacy in practice (Kim et al., 2015).

### **Purpose of the Study**

The purpose of this quantitative, cross-sectional survey study was to determine whether master's-level graduate counseling students' perception of their faculty supervisors' spiritual and religious integration practices in clinical supervision predicted students' perceived spiritual competence when considering attendance in faith-based and non-faith-based institutions. My study included students attending counseling programs accredited by CACREP who were currently completing field experience. My study included use of the following scales: (a) the Spiritual Issues in Supervision Scale (SISS) to measure students' perception of their supervisors' integration of spirituality and religion into clinical supervision (McInnes Miller, Kornick, & Ivey, 2006); (b) the Spiritual and Religious Competence Assessment (SARCA) to measure students' perceived spiritual and religious competence (Fluellen, 2007); and (c) a demographic questionnaire, found in Appendix B, to gather details on counseling programs housed in non-faith-based or faith-based institutions.

### **Research Question and Hypothesis**

The research question for the present study was the following: To what extent does the perceived spiritual competency of master's-level graduate counseling students in CACREP-accredited programs who are working with clients in field experience as measured by the Spiritual and Religious Competence Assessment predict students' perception of their faculty supervisors integrating spirituality into clinical supervision as measured by the Spiritual Issues in Supervision Scale and attendance in a program housed within a faith-based or non-faith-based institution?

The null hypothesis was as follows:

*H*<sub>0</sub>: Perceived spiritual competency of master's-level graduate counseling students in CACREP-accredited programs who are working with clients in field experience is not statistically significantly predicted by students' perception of their faculty supervisors integrating spirituality into clinical supervision and attendance in a program housed within a faith-based or non-faith-based institution as measured by the Spiritual Issues in Supervision Scale, the Spiritual and Religious Competence Assessment, and the demographic questionnaire.

The alternative hypothesis was as follows:

*H*<sub>1</sub>: Perceived spiritual competency of master's-level graduate counseling students in CACREP-accredited programs who are working with clients in field experience is statistically significantly predicted by students' perception of their faculty supervisors integrating spirituality into clinical

supervision and attendance in a program housed within a faith-based or non-faith-based institution as measured by the Spiritual Issues in Supervision Scale, the Spiritual and Religious Competence Assessment, and the demographic questionnaire.

### **Conceptual Framework**

In counseling supervision, many models exist that assist supervisors in guiding their supervisees toward competent practice. As part of this study, I chose three models due to their prominence in the counseling profession as well as their ability to provide a way to integrate spirituality and religion. In the following section, I describe each of the three models and their relevance to the study.

#### **Integrated Developmental Model of Supervision (IDM)**

Stoltenberg developed the counselor complexity model (CCM) in 1981 as a way to describe the developmental process during counseling supervision. Upon further investigation into the development of counselors, Aten and Hernandez (2004) indicated that the current IDM emerged from an integration of the CCM and the Loganbill, Hardy, and Delworth model of supervision (LHD). The IDM of supervision is one of the most frequently researched and cited developmental supervision models in counseling, making it appropriate as a foundation for the present study. The IDM provided a context for considering the developmental process of a counselor as well as how a supervisor might incorporate spirituality and religion and assess the degree of competence in practice (Bernard & Goodyear, 2014). This theory also provided a way of integrating spirituality and religion into counseling while using an existing supervision model to provide clarity

regarding competent practice. Parker (2009) provided a mechanism for integrating faith concepts and models with the IDM of supervision. Aten and Hernandez identified eight components of the IDM that aligned with spiritual and religious integration during supervision. The areas range from intervention skills to professional ethics and provide supervisors with a means of evaluating the development of supervisees (Aten & Hernandez, 2004; Bernard & Goodyear, 2014).

The primary question I asked in this research study related to the role of supervisor integration of spirituality and religion during supervisory encounters and the predictive ability of these encounters in relation to counseling students' competence concerning spiritual and religious integration. The use of the IDM related to the research question based on the application of the IDM to religious and spiritual integration. In addition, the IDM is one of the most used models of supervision related to the assessment and evaluation of supervisee skill development and clinical competence, which lends to its use as a method of understanding the supervision process of counseling students. Additional details about this model are available in Chapter 2.

### **Discrimination Model of Supervision (DM)**

Bernard (1979) developed the DM as a means of assisting supervisors in their effort to establish competent and skilled counseling trainees. The DM of supervision falls into the process model category of supervision (Bernard & Goodyear, 2014). Process models provide a means of observing how supervision occurs and determining how to interact with supervisees (Bernard & Goodyear, 2014). The DM of supervision indicates specific roles for the supervisor and defines under what circumstances a

supervisor might use these roles to address supervisee development (Bernard & Goodyear, 2014). In addition to the supervisor's role, a DM supervisor focuses on three primary areas: intervention, conceptualization, and personalization (Bernard & Goodyear, 2014). Given the personal nature of spirituality and religion, how a counselor conceptualizes the role of spirituality and religion in a client's life and then intervenes in a competent manner requires the supervisor to intentionally develop knowledge in certain clinical areas (Bernard & Goodyear, 2014; Morrison et al., 2009). According to Polanski (2003), the DM of supervision allows supervisors the ability to develop spiritual and religious competence by assisting supervisees in their ability to intervene, conceptualize, and address personalization associated with the use of spirituality or religion during a session.

The DM model related to the research question posed in the present study because it offered a method of facilitating spiritual and religious competence during supervision. It is one of the most used models of supervision in the counseling profession; one may assume that most counselor education supervisors are aware of and/or practice from a DM perspective. The DM offers a simple yet concise mechanism for the development of competence and awareness in supervisees and helps with the generation of discussion during supervision related to assessment, conceptualization, and personalization of spiritual and religious matters, which are areas covered in the various assessments used in the study. Additional information about this model is available in Chapter 2.

### **Spirituality in Supervision Model (SACRED)**

Ross, Suprina, and Brack (2013) developed the spirituality in supervision model as a result of increasing interest in the integration of spirituality and religion in counseling practice. Based on the significance that CACREP and ACA placed on spiritual competence, the authors decided to conduct a meta-analysis, in which they reviewed the existing literature on spirituality in the mental health field and created a model of spiritual integration for counseling supervision (Ross et al., 2013). The authors identified several themes, including ethics, spirituality as a diversity issue, evaluating a client's preference, developing competent counselors, exploring professional competence, and personal competence (Ross et al., 2013). After identifying the preceding themes, the authors created the SACRED model of supervision (Ross et al., 2013). This model's acronym, SACRED, represents the components of the model (Ross et al., 2013): safety, assessment, conceptualization, reflection, emerging congruence, and development (Ross et al., 2013). The authors provided a description of what it means to accomplish or demonstrate each behavior in practice and how supervisors might conceptualize a problem using the model (Ross et al., 2013). The model also emphasizes the importance of recognizing the diverse background of the client and the supervisee (Ross et al., 2013). As a result, Ross et al. developed one of the first supervision models geared toward the integration of spirituality and religion in supervision.

This theory related to the primary research question because the focus of the SACRED model is the development of comfort and competence related to discussions about spirituality and religion in both the supervisory and the clinical context. The focus

of the present study was determining whether the use of spiritual and religious integration practices predicted competence in counseling students. To integrate spirituality and religion, supervisors must have a framework of actions or steps to take to facilitate opportunities for growth (Ross et al., 2013). The SACRED model provided a framework for understanding such growth. For a more detailed description of the SACRED model, please see Chapter 2.

The generation of competence in counseling is both developmental and a process (Bernard & Goodyear, 2014). The DM of supervision provides a framework that outlines the process of developing competence through specific supervisory roles and foci (Bernard & Goodyear, 2014). While frameworks for the DM and IDM include interventions, IDM supervisors consider how supervisees develop competence across levels at different stages and warrant modified supervisory engagement dependent on their identified stage (Bernard & Goodyear, 2014). Finally, neither of the aforementioned models includes information about integration of spirituality and religion. The SACRED model added to existing knowledge on counselor supervision through the identification of concepts and needs that supervisors can focus on to create the opportunity for establishing competence in this area. Although these three models differ in their approach to supervision, together they offer a way of understanding growth in supervision that brings together the most widely used supervision models with a framework for integrating spirituality and religion.

Spirituality and religion were the primary concepts underlying this study. Spirituality is a personal process whereby a person engages with a higher power (Kim,



Huh, & Chae, 2015). Religion is associated with spirituality and is the defined rules or order of a group of members sharing the same belief system (Celia, 2014). The ASERVIC (n.d.) established core competencies that addressed the nature and use of spirituality and religion in the counseling process. These competencies resulted in the acknowledgement of spirituality and religion in the *ACA Code of Ethics* and the CACREP accrediting standards. Programs accredited by CACREP must align with the counseling profession through the inclusion of the ACA Code of Ethics (CACREP, 2016b). Programs accredited by CACREP must follow the CACREP standards, which include spirituality and religion as necessary components of training (CACREP, 2016b). Master's-level training programs exist in university settings, which are either faith-based or non-faith-based institutions.

As demonstrated above, spirituality is connected to the existing population through the recognition of spirituality and religion as areas of counselor competence (ASERVIC, n.d.; Cashwell & Watts, 2010). Programs that seek accreditation through CACREP must adhere to the CACREP standards as well as the ACA ethics code. These two documents indicate that counselors must respect spiritual and religious beliefs; further, they indicate that the need for such respect should be addressed during training. As a result, spirituality and religion are interconnected with each of the settings described in the study as well as the population under investigation.

### **Nature of the Study**

For the present study, I used a quantitative methodology and a nonexperimental survey design (Frankfort-Nachmias, Nachmias, & DeWaard, 2015). I chose a cross-

sectional study because I wanted to survey the perceptions of students at one point in time rather than at multiple times (Frankfort-Nachmias et al., 2015). My purpose for the study was to determine the extent to which the perceived spiritual competency of master's-level graduate counseling students in CACREP-accredited programs who are working with clients in field experience, as measured by the Spiritual and Religious Competence Assessment, predicts students' perception of their faculty supervisors integrating spirituality into clinical supervision, as measured by the Spiritual Issues in Supervision Scale and attendance in a program housed within a faith-based or non-faith-based institution.

Because of the nature of the question and the population under study, a survey methodology provided the most access to students and created the level of anonymity necessary for students to feel comfortable in responding about their perspectives on supervision. I did not manipulate any variables and did not have a treatment group, which made the design appropriate for the study.

### **Definitions**

In the following section, I define various concepts in the study. I provide definitions related to accreditation and factors associated with counseling programs. I also provide definitions of integration and competence.

#### **CACREP**

CACREP exists to promote the counseling profession through quality education, training, and adherence to principles that convey respect for the diverse institutions, faculty, and students who participate in accredited programs (CACREP, n.d.). CACREP

is the accrediting body for counselor education programs (CACREP, n.d.). CACREP accredits master's and doctoral programs across several track areas (CACREP, n.d.). These areas include but are not limited to clinical mental health counseling; school counseling; marriage, couple, and family counseling; and addiction counseling (CACREP, 2016a).

### **Clinical Supervisor**

Based on the CACREP definition, a *clinical supervisor* is a counselor education faculty member serving as an individual, triadic, or group supervisor in an entry-level counseling training program (CACREP, 2016b). Clinical supervisors possess experience in professional counseling related to their areas of interest and maintain a professional counseling license (CACREP, 2016b). Clinical supervisors also possess training in supervision models and theories, along with relevant supervision experience (CACREP, 2016b).

### **Competence**

According to Ridley, Mollen, and Kelly (2011), *competence* comprises a counselor's ability to not only apply beginner-level counseling skills, but also engage in self-reflection. Additionally, competence involves gaining knowledge and demonstrating the ability to develop a conceptualization that addresses culture, the present concern, and the client's life experiences (Ridley et al., 2011). According to Fouad et al. (2009), competence is comprised of professionalism, self-reflection, and self-care. Additionally, knowledge of research as well as cultural competency are essential components of counseling competency (Fouad et al., 2009). For the purpose of this study, the definition

of *competency*, based on the SARCA, is the ability of a counseling student to incorporate knowledge, professionalism, reflection, and conceptualization of the client's problems to effect positive change, including sensitivity to spiritual or religious matters (Fluellen, 2007).

### **Faith-Based Institution/Non-Faith-Based Institution**

According to Sells and Hagedorn (2016), counseling programs are housed in one of two types of institutions. These institutions are either faith-based or non-faith-based (Sells & Hagedorn, 2016). For the purpose of this study, a *faith-based institution* is an institution of higher education associated with a specific religious doctrine or code that prescribes behavioral standards for students and faculty (Sells & Hagedorn, 2016). A *non-faith-based institution* is an institution of higher education training that does not ascribe to a specific religious doctrine or code.

### **Field Experience**

CACREP designated two experiences that together create field experience in master's-level counseling programs. These two experiences are practicum and internship (CACREP, 2016b). *Practicum* is the initial clinical experience that counseling students engage in to develop their counseling skills (CACREP, 2016b). *Internship* is an advanced-level clinical experience specific to a student's area of declared interest, such as school or mental health counseling (CACREP, 2016b). Students must attain a required number of hours to complete both practicum and internship and attend supervision regularly throughout the experience (CACREP, 2016b). For the purpose of this study, *field experience* is defined as being engaged in either practicum or internship while under

the supervision of a faculty member and working toward predefined requirements to complete either practicum or internship.

### **Integration**

According to Yang Tan (2009), *integration* is the act of incorporating various facets of knowledge and special topics, such as culture, spirituality, or religion, into the counseling process. Garzon, Lewis Hall, and Ripley (2014) indicated that integration is how supervisors and educators teach their students to incorporate special topics, such as spirituality and religion, into practice using specific examples about the topic. Using the SARCA model, integration in this study was defined as the intentional incorporation of a client's spiritual or religious beliefs into the practice of counseling in a meaningful and competent manner, along with the integration practices of the student's clinical supervisor (Ross et al., 2013).

### **Religion**

According to Celia (2014), *religion* is a composition of several components, including a primary authority, a formal institution, and adherence to a set belief system. The ASERVIC (n.d.) stated that religion encompasses a structured group of members who maintain a similar belief system meant to encourage the growth of the individual through sanctioned practices. For this study, religion is defined as following a set standard or belief system and active participation in a formal institution with a prescribed code of conduct administered by an ultimate authority (Fluellen, 2007).

## **Spirituality**

According to Kim, Huh, and Chae (2015), *spirituality* is the process of a person engaging in or developing a relationship with a higher power and the resulting experience of peace, contentment, or well-being. According to the ASERVIC (n.d.), spirituality and religion are not necessarily separate but have some differences. *Spirituality*, for this study, is defined as the outward expression of one's beliefs that occurs within or outside of a faith-based institution and results in a sense of inner peace and a connection with a higher power that ultimately leads to a sense of meaning and purpose in life (Fluellen, 2007; McInnes Miller, 2006; Ross et al., 2013).

## **Supervision**

*Supervision* is the process whereby a supervisor, an individual who is recognized as having met specific qualifications and has an advanced level of clinical understanding, provides guidance to another member of the counseling profession (Bernard & Goodyear, 2014). Supervision is considered fundamental to the development and professional growth of young counseling professionals (Bernard & Goodyear, 2014). For this study, a *supervisor* is defined as an individual who has graduated with an advanced degree in counseling, serves as a guide for junior members of the profession, and provides ongoing feedback over time with the intent of developing junior members' counseling and professional skills (Bernard & Goodyear, 2014; Fluellen, 2007).

## **Assumptions**

The first assumption I made was that supervisors' spiritual and religious integration practices predict an increase in students' perceived spiritual and religious

competence. While one could assume that the greater the amount of integration on the part of the supervisor, the greater the perceived competence, there is no research that has addressed this prediction. Professionals in the field of counseling express higher levels of competence based on additional training and supervision (Morrison et al., 2009; Plumb, 2011).

The second assumption was that students who attend CACREP-accredited counseling programs housed in faith-based institutions demonstrate higher levels of competence compared to students who attend non-faith-based programs. The assumption was that faith-based institutions place greater emphasis on integration than non-faith-based programs. This factor needs to be considered due to research that has suggested that CACREP schools spend less time on integration based on student responses in previous research (Gilliam & Armstrong, 2012). The possibility exists that faith-based programs do not develop competence in this area; thus, there is a need for ongoing investigation of the role of the type of institution in the development of spiritual and religious competence. A final assumption was that participants would answer the questions honestly.

### **Scope and Delimitations**

My focus for this study was the perceived spiritual and religious integration practices of supervisors and the perceived competence of counseling students in CACREP accredited faith-based and non-faith-based counseling programs. I chose this specific area of focus due to the absence of research on the perceptions of students in CACREP-accredited programs, as well as due to research suggesting that students in

CACREP-accredited master's-level counseling programs integrate spirituality and religion less than those in non-CACREP counseling programs do. This area of focus also emerged due to the literature indicating a lack of competence in postgraduate clinical practice in the area of spiritual and religious integration. This study offered an opportunity to examine how students perceived the integration practices of their supervisors and their level of competence to address such matters while in training.

I delimited my sample to participants who were master's students in a CACREP-accredited counseling program and who were currently involved in field experience. Therefore, generalizability of the results of this study is limited to the population under investigation. Results from this study apply to master's-level CACREP-accredited training programs, supervisors, and students. The study findings do not apply to doctoral programs or to non-CACREP-accredited master's-level training programs. I did not explore supervisor competence. I included students' perceptions of their supervisors' integration practices, as this was an area absent from previous research. I did not review non-CACREP programs, as there was not a comprehensive listing of these schools and I desired to review CACREP-accredited institutions. I did not include doctoral students, as the focus was on initial training in CACREP-accredited counseling programs. Finally, I did not explore multicultural competence, as the primary focus was one area of cultural competence, spirituality and religion.

### **Limitations**

Limitations of the study included the issue of developing a complete sampling frame. Due to the use of a web-based format, some potential participants might not have



been able to access the survey, and there might have been other individuals who had no interest in the topic (Cole, 2005). One issue that presented as a problem in the development of the proposal was obtaining a list of eligible participants. An issue compounding the difficulty in recruiting participants was that other common platforms such as listservs were saturated with research requests.

I chose to use a nonprobability sampling method, which was the second limitation of the study. Nonprobability sampling appears to be a common method that researchers have used to evaluate this population because of lack of access to a listing of participants and the need to solicit assistance from outside entities to gather a sample (Frankfort-Nachmias et al., 2015; Groves et al., 2009). Because of difficulty in accessing the population, many researchers have used students in programs that they were familiar with or included a survey as part of an exit process from an institution (Aktan et al., 2009; Powell & Case-Smith, 2003). This limitation prevented the use of random sampling, which could increase the possibility of bias in the study.

A third limitation was a low response rate. Saunders (2011) indicated that web surveys may not yield response rates as high as those achieved with other survey methods. A low rate of survey completion is problematic because there is a greater possibility of nonresponse bias entering the results (Saunders, 2011; Stueve, O'Donnell, Duran, San Doval, & Blome, 2001). According to Sax, Gilmartin, and Bryant (2003), bias enters a survey when those who respond differ significantly from those who do not respond. For example, bias may occur if an overabundance of participants with an interest in spirituality and religion complete a survey whereas those who do not share

such an interest either do not respond at all or do not answer certain questions. In such a situation, the data will represent those with an interest in spiritual or religious matters, and the influence of competing ideas or experiences will be limited, resulting in either inflated or underinflated results. Nonresponse bias may result from lack of retention during a survey, incomplete responses, and/or personalization of the questions by respondents (Sanchez-Fernandez, Munoz-Leiva, & Montoro-Rios, 2011). This may result in some participant data not being used, which can limit available data. The use of a web survey can inhibit some individuals from responding and may not provide a representative sampling of the population.

Bias in research is of importance to researchers (Frankfort-Nachmias et al., 2015). In this study, a possible source of bias was that I am a self-identified Christian. Additionally, I work in a CACREP-accredited master's level faith-based program, and I provide supervision to counselors-in-training. While these potential sources of bias existed, I implemented the following steps to reduce the potential for bias to enter my study. I did not ask for identifying information from participants. This step reduced the possibility that I would know who completed the survey. I did not request the name of the institution that the participants attended. I had the demographic questionnaire along with other pertinent parts of the study reviewed by experts in the field. I also sought Institutional Review Board (IRB) approval, which required a review of the procedures used in the study.

### **Significance**

The present study offers several new findings that may contribute to the creation of a better environment for supervisees, supervisors, counseling programs, and clients. Cashwell and Watts (2010) discussed the importance of including spirituality and religion as elements of the core competencies of a counseling professional. This study could support social change by creating awareness of the importance of spiritual and religious integration in training, increasing exposure to these topics among counseling professionals. Morrison et al. (2009) found that most counselors using spirituality as an intervention do so as the result of postgraduate education and not because of exposure during their training. This study could bring awareness to the need for faculty in counselor education programs to include information about spirituality and religion during training. Hull et al. (2013) found that both student-level supervisees and supervisors perceive dialogue about spirituality and religion as important. Findings from the present study could result in an increase in supervisors and supervisees discussing and implementing spiritual and religious integration practices with the aim of increasing the competence of their students.

While existing research has highlighted the importance of spiritual and religious integration, Gilliam and Armstrong (2012) found that non-CACREP program supervisors integrated spirituality and religion more frequently than CACREP program supervisors did. This finding was concerning because the American Counseling Association recognized the importance of spiritual and religious integration through the endorsement of the ASERVIC spiritual competencies, yet, programs accredited by CACREP spend

less time on the topic of spiritual integration during training, as perceived by interns (ASERVIC, n.d.; Gilliam & Armstrong, 2012). I examined CACREP counseling programs and sought to determine whether any difference existed in competence between attendees of programs housed in faith-based versus non-faith-based institutions. The results from this study could inform accreditation standards as well as the emphasis placed on spiritual and religious competence in the field of counseling.

Finally, Kim, Huh, and Chae (2015) found that counselors who integrated spirituality and religion into sessions with depressed clients exhibited better treatment outcomes. Increasing dialogue about spirituality and religion during supervision could increase attempts of supervisees to engage in spiritual intervention appropriate to clients' cases. The competent incorporation of a client's religious or spiritual beliefs could positively impact treatment efficacy and foster a better therapeutic relationship. Information from this study could also contribute to social change as it relates to how counseling faculty, accrediting bodies, and professionals use and view the role of spirituality and religion in counseling. Moving away from the historical view of spirituality and religion as problematic could assist counselors in their treatment of clients as well as create a more welcoming environment to address such topics during training.

### **Summary**

In this chapter, I introduced the purpose and problem that the study was conducted to address. I also provided an overview of the conceptual framework that guided the study and defined primary terms, along with identifying the assumptions that I made related to the study. I discussed information about the nature of the study and how

the results of the study could contribute to increased knowledge about the integration of spirituality and religion in counseling as well as social change related to shifting the long-held historical perspective that spirituality and religion should remain separate from clinical work.

In Chapter 2, I provide a review of the literature related to the topic of spirituality and religion in counseling. I discuss the process of obtaining information for the study as well as describe in detail the conceptual framework underlying the study. I also provide a literature review related to my chosen topic and define additional terms relevant to the study.

## Chapter 2: Literature Review

Spiritual and religious integration is a topic widely discussed in mental health literature (Hull, Suarez, Sells, & Miller, 2013; Shafranske, 2016; Vieten et al., 2013). In relation to the development of competent counselors, the ACA endorsed 14 spiritual competencies as written by ASERVIC (ASERVIC, n.d.; Cashwell & Watts, 2010). Although the current professional climate surrounding spirituality and religion is more accepting of integration, historically, the mental health profession maintained a separatist position toward the integration of religion and spirituality in education and clinical practice (Vieten et al., 2013). Spiritual and religious competence continues to emerge as a factor in the success of clients, and counseling students report a desire for more training in spiritual and religious integration (Diallo, 2012; Henricksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015; Stanley et al., 2011).

The absence of student perceptions about their supervisors' integration practices constituted the gap in the literature for the present study. Counselors in training indicated that spiritual and religious integration is a vital component of the training process, yet most of them reported little to no exposure to such integration during supervision (Henricksen et al., 2015). The existing gap in the literature was the absence of research that examined how students perceived the integration practices of their faculty supervisors and the subsequent impact of integration on their level of competence. The problem was that an absence of training related to spiritual and religious integration reduces the ability of counselors in the field to adequately treat their clients in a holistic manner (Adams, 2012). Counselor educators, supervisors, and researchers need to

determine whether supervisory integration during master's-level training is related to increased competence.

The purpose of this quantitative, cross-sectional survey study was to determine whether perceived faculty supervisor spiritual and religious integration practices predicted students' perceived spiritual and religious competence, accounting for attendance in a CACREP-accredited counseling program housed in a faith-based or non-faith-based institution. In the present study, I included counseling students attending master's level CACREP-accredited counseling programs currently enrolled in field experience. My study included use of the following scales: (a) the Spiritual Issues in Supervision Scale (SISS) to measure students' perceptions of their supervisors' integration of spirituality and religion into clinical supervision (McInnes Miller, Kornick, & Ivey, 2006), (b) the Spiritual and Religious Competence Assessment (SARCA) to measure students' perceived spiritual and religious competence (Fluellen, 2007), and (c) a demographic questionnaire to gather details on the counseling program being housed in a non-faith based or faith-based institution.

In Chapter 2, I address the literature search strategy, including databases used to locate information and key search terms. I also provide information about the theoretical foundation and the conceptual framework for the study, along with the literature review. I provide a summary and conclusions at the end of the chapter.

## **Literature Search Strategy**

In the following section, I provide an overview of the literature search history. I discuss the search engines and databases used to locate my information. I also provide key words and years used to search for information related to my study.

### **Accessed Databases**

To compile resources for the present study, I searched a variety of databases. The primary search engines used to locate resources included EBSCOhost and Google Scholar. Beyond these search engines and databases, I searched Academic Search Complete, SocINDEX with full text, PsycARTICLES, Religion Database, PsycINFO, and SAGE Research Methods Online. The sources used in the review of the topic included peer-reviewed manuscripts from professional journals. The information I located for the present study spanned mental health professions such as psychology and social work and provided a framework for understanding integration practices in counseling as well as in other areas of mental health work.

### **Key Search Terms and Years Searched**

To identify resources for the study, I searched keywords such as *counseling*, *spirituality*, and *religion*. I also searched for resources that included the words *supervision*, *competence*, and *training*. Based on a review of existing literature, I found a wealth of information surrounding the topic of spirituality and religion in clinical practice, treatment approaches, supervisor perspectives, and student perspectives related to the incorporation of spirituality and religion in clinical training. As a result, I did not make any adjustments to the resource selection process. Specific phrases used during the



search process included *spirituality in counseling*, *spirituality and religion in counseling*, *spirituality in supervision*, *spiritual competence*, and *spiritual and religious integration*.

The date range for the searches included literature between the years 2009 and 2018.

Some searches for information related to the methodology of the study extended to 2007.

The initial search for information began at a 5-year interval. I then expanded my search to 10 years to include additional information supportive of the study.

### **Conceptual Framework**

In this section, I provide a discussion of the conceptual framework for the study. I discuss the models used in the study, along with information on the origin and key propositions of each model. I also provide information about the history of spirituality in counseling, along with definitions for key components of the study.

#### **Integrated Developmental Model (IDM)**

The IDM of supervision is a frequently cited supervisory model used in the counseling profession (Bernard & Goodyear, 2014). Supervisors use supervision models to guide their interactions with supervisees (Bernard & Goodyear, 2014). In the following section, I outline the IDM in more detail.

**Origin.** The IDM is the most frequently used developmental model of supervision in trainee or professional development (Aten & Hernandez, 2004; Bernard & Goodyear, 2014). Developmental models of supervision offer supervisors a framework for understanding the progression that trainees may follow as they develop professional competence (Bernard & Goodyear, 2014). The IDM provides several methods of

evaluating a counseling trainee and developing counseling competence (Aten & Hernandez, 2004; Bernard & Goodyear, 2014).

The IDM emerged as a result of research and innovation in the area of supervision theory (Stoltenberg, 1981). Stoltenberg (1981) developed the IDM of supervision to provide a method of understanding and evaluating a professional's ability to develop a solid counselor identity. The creation of a counselor identity involves the generation of competence and confidence in one's ability to apply theory, use clinical skills appropriately, and understand the motivating factors behind a clinician's decision to pursue a career in counseling (Stoltenberg, 1981). Stoltenberg originally referred to the IDM as the *counselor complexity model*. Stoltenberg integrated two additional theories to create what is now known as the IDM. These two models included Hogan's four levels of development along with Hunt's conceptual systems theory. Using the IDM, supervisors receive guidance regarding methods of training and evaluating counselors across four levels of development based on counselor characteristics and the demonstration of specific clinical and professional skills (Bernard & Goodyear, 2014; Stoltenberg, 2014).

**Propositions.** Stoltenberg (1981) viewed supervision and counselor development as occurring across four stages. The stages included Level 1, Level 2, Level 3, and Level 3i, originally Level 4 (Bernard & Goodyear, 2014; Stoltenberg, 2014). At Level 1, supervisees tend to have minimal knowledge or experience in their chosen area of interest, which results in a higher degree of dependence on the supervisor (Bernard & Goodyear, 2014). At Level 2, supervisees begin to differentiate from their supervisor by

demonstrating greater autonomy, developing confidence, and achieving some balance in their awareness of their clients' needs (Bernard & Goodyear, 2014). At Level 3, supervisees demonstrate the ability to incorporate their personality into the counseling process and demonstrate fewer moments of doubt in their ability, solidify trust in their decision-making ability, and demonstrate self-awareness of both the effect on the client and the supervisee's beliefs on their decision-making process (Bernard & Goodyear, 2014). Finally, Level 3i occurs when the supervisee demonstrates the above abilities across several clinical domains (Bernard & Goodyear, 2014).

Stoltenberg (1981) posited that counselors exhibited certain characteristics, and that supervisors, through the provision of optimal environments, could assist supervisees in the development of their counselor identity. Supervisors evaluate supervisees based on three developmental areas: autonomy, motivation, and self-other awareness (Bernard & Goodyear, 2014; Stoltenberg, 2014). Supervisors would expect to see supervisees exhibit greater levels of awareness and ability as they advance through each stage. Supervisors focus on and offer support to encourage optimal growth of their supervisees based on their evaluation of the supervisees' developmental level (Stoltenberg, 1981). Supervisors create optimal environments based on their ability to apply supervision skills that match the needs of supervisees at each developmental level (Stoltenberg, 1981).

Supervisors who use the IDM of supervision evaluate their supervisees based on their demonstration of skill in the areas of self-other awareness, motivation, and autonomy (Bernard & Goodyear, 2014). Supervisors review their supervisees' abilities based on the four levels stated previously. Supervisors then also review professional

functioning in the areas of intervention, assessment, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment plans and goals, and professional ethics (Bernard & Goodyear, 2014). Supervisors explore the level of confidence that supervisees demonstrate, along with their ability to organize information and to apply ethical considerations to each situation (Bernard & Goodyear, 2014). The supervisor employs a range of tactics to assist supervisees, specifically using interventions that support or allow supervisees to share their experience (Bernard & Goodyear, 2014). The supervisor also helps by providing information to support ongoing learning and can address issues during supervision that may affect supervisees' overall progress (Bernard & Goodyear, 2014).

**Application of model in previous research.** According to Bernard and Goodyear (2014), the IDM is one of the most frequently used models of supervision. While the use of the IDM spans across professions and supervisory situations, several researchers have applied the IDM to the integration of spirituality and religion (Aten & Hernandez, 2004; Parker, 2009) or have written about the use of the IDM to integrate spirituality and religion in supervision (Gilliam & Armstrong, 2012; Tan, 2009).

Aten and Hernandez (2004) developed a model of conceptualizing spirituality and religion in supervision using the IDM. Efforts focused on the ability of supervisors to integrate religion and supervision based on the eight domains of the IDM: intervention skills, assessment and techniques, individual and cultural differences, interpersonal assessment, theoretical orientation, problem conceptualization, selecting treatment goals and plans, and professional ethics (Aten & Hernandez, 2004). Aten and Hernandez's

model was one of the first to use the IDM to address the topic of spirituality and religion in supervision.

Parker (2009) wrote about the use of faith development theory (FDT) in supervision. The purpose of Parker's article was to examine the role of faith development stages related to the management of spiritual and religious issues during supervision. Based on the widespread use of the IDM, Parker indicated that supervisors could easily integrate FDT with the IDM of supervision to identify specific developmental levels of supervisees to ensure the proper application of faith development stages.

Tan (2009) described the role of supervision in the development of integration skills. Tan discussed several models of supervision that are useful for integration, specifically addressing the work of Jamie Aten, who used the eight domains of the IDM. Gilliam and Armstrong (2012) also described Aten and Hernandez's model of supervision as a method of integrating spirituality and supervision into clinical supervision. Gilliam and Armstrong indicated that the use of the IDM with interns and postgraduate clinicians could offer the best method of teaching and evaluating professionals in relation to how to integrate spirituality and religion into counseling.

**Rationale and relevance.** I chose the IDM because it is one of the most frequently cited and used developmental models of supervision in counseling. Based on the literature surrounding the application of the IDM to spirituality and religion in supervision and the general assumption of developmental stages of professional growth, the model provided a method of understanding how trainees could grow as a result of

supervision. The IDM also provided a framework for the assessment of various domains of clinical functioning.

### **Discrimination Model (DM)**

The DM is a widely used process model of supervision (Bernard & Goodyear, 2014). The atheoretical nature of the model provides flexibility to supervisors that allows them to meet the various needs of supervisees (Bernard & Goodyear, 2014). The following section describes the DM in further detail.

**Origin.** The DM of supervision is a frequently cited process model used by supervisors to assist their supervisees in the development of competence and professional identity (Aten, Strain, & Gillespie, 2008; Bernard & Goodyear, 2014; Byrne & Sias, 2010; Nuttgens & Chang, 2012; Timm, 2015). Bernard (1979) developed the DM as a means of assisting supervisors in their effort to establish competent and skilled counseling trainees. To address the complex nature of the supervision process, Bernard simplified the process of supervision by creating specific roles and activities of the supervisor to study their usefulness in supervision. The DM reduced the supervision process to the most used component parts; researchers and supervisors could then identify a useful method of assisting their trainees (Bernard, 1979).

**Propositions.** According to Bernard (1979), supervision has three distinct foci: process, conceptualization, and personalization. In later writing, *process* also became known as *intervention* (Bernard & Goodyear, 2014). According to Bernard and Goodyear (2014), within the DM, the purpose of the supervisor is to monitor supervisees' progress and to teach supervisees how to navigate clinical issues. Rather than require a

variety of supervisory techniques, the model allows for supervisors to address any supervision issue using any of the three focus areas, along with the supervisory roles of educator, counselor, and consultant (Bernard, 1979; Bernard & Goodyear, 2014; Polanski, 2003). Bernard also indicated that this model should adjust to the needs of the supervisee and that supervision can remain the same. Supervisors can move in and out of different roles to meet specific needs of supervisees; in this way, the model allows supervisors to maximize their helpfulness (Bernard & Goodyear, 2014).

Bernard (1979) defined the process stage as addressing the actions that a counselor takes during interactions with a client. These interactions may involve interviewing skills, helping clients convey what they think, and general helping behaviors (Bernard, 1979). Conceptualization relates to the ability of the supervisee to identify themes, identify what the client is saying, and determine goals and strategies for treatment (Bernard, 1979; Bernard & Goodyear, 2014). Finally, the supervisor should consider the influence that clients have on supervisees and their ability to help clients (Bernard, 1979). Supervisors should also assist their supervisees in the ability to explore and navigate their values, along with the ability to receive feedback (Bernard, 1979).

Regarding roles, supervisors use the educator role in situations in which they desire to help supervisees learn about various strategies or concepts, which may come in the form of feedback or instruction (Bernard & Goodyear, 2014). Supervisors use the counselor role when supervisees require assistance in understanding their internal experience (Bernard, 1979; Bernard & Goodyear, 2014). Last, supervisors use the consultant role to facilitate increases in autonomy (Bernard & Goodyear, 2014). Bernard

(1979) contended that supervisors use multiple roles and foci during each supervision session and apply each based on the unique needs of the supervisee (Bernard, 1979).

**Application of model in previous research.** Polanski (2003) provided the first attempt to integrate spirituality and religion into the DM. The process of integrating spirituality or religion into counseling requires attention to the development of assessment skills specific to the area (Polanski, 2003). Polanski stated that the use of the DM allows supervisors to develop basic skills needed by supervisees to assess a client's spiritual history. Polanski discussed the formation and application of conceptualization skills to a client's situation. Supervisors assist supervisees in the ability to understand a client's religious or spiritual needs and use this information to generate a picture inclusive of these needs and experiences. Finally, supervisors assist supervisees in the development of their awareness of spirituality and religion to address potential bias and to assist in the management of ethical or value-based situations (Polanski, 2003). By using the DM, supervisors offer opportunities to assist supervisees in the consideration and formation of a client's spiritual or religious background for use in counseling sessions.

**Rationale and relevance.** I selected the DM for the present study based on its frequency of use as a supervision method in the counseling profession (Bernard & Goodyear, 2014; Polanski, 2003). Along with the frequency of use, Gilliam and Armstrong (2012) cited the DM as a model that provides supervisors with a framework for developing spiritual and religious competence in their supervisees. Because the DM is considered the primary method of supervision used by most supervisors at the onset of



their training in supervision, the model offers a view about the potential methods available or used during the supervisory process, along with how to infuse these two areas into clinical practice.

### **SACRED Model**

The SACRED model of supervision is the first model generated out of existing literature about spiritual and religious integration in mental health supervision. Ross et al. (2013) identified several themes, from which emerged specific areas of focus for generating competence in spiritual and religious integration. I outline the SACRED model in the following section.

**Origin.** Ross et al. (2013) developed the SACRED model of supervision following a review of existing literature related to the integration of spirituality and religion into supervision. Ross et al. reviewed best practices and competency standards from CACREP, ASERVIC, and the Association for Counselor Education and Supervision (ACES) to determine in what ways counselors are expected to integrate spirituality and religion. Based on their analysis of the data, the themes identified were safety, assessment, conceptualization, reflection, emerging congruence, and development, which resulted in the acronym *SACRED* (Ross et al., 2013). The purpose of the SACRED model is to assist supervisors in their ability to use spirituality and religion in supervisory encounters to further their supervisees' understanding of these factors during counseling.

**Propositions.** The SACRED model rests on the six themes that compose the entirety of the approach. As an initial first step, supervisors focus on establishing safety

in the supervision relationship (Ross et al., 2013). The supervisor strives to understand the supervisee's spiritual and religious views (Ross et al., 2013). The supervisor also processes his or her views and awareness of spirituality and religion to model and create space for the discussion (Ross et al., 2013). The second stage relates to the assessment of spirituality and religion. Supervisors are responsible for helping supervisees establish a basic understanding of questions to ask related to spirituality and religion (Ross et al., 2013). Supervisors recognize that discomfort might occur, which could result in the supervisee needing to process their experience (Ross et al., 2013). Ross et al. (2013) indicated that the development of conceptualization occurs as an ongoing process of supervision and involves three factors: broadening the view, integrating and personalizing. As part of the SACRED model, Ross et al. indicated that reflection, congruence, and development of knowledge occur as the result of continuous supervisory encounters that emphasize spiritual and religious integration in counseling supervision. Supervisees naturally evolve in their understanding of the effect of their clients spiritual and religious beliefs as they become comfortable through an awareness of the supervisee's beliefs.

**Application of model in previous research.** The SACRED model is a composition of themes identified after a review of several types of mental health supervision approaches (Ross et al., 2013). As a result, and due to its recent development, there is little research outside of the seminal study in which it was created. Ross et al. (2013) integrated language from both Aten and Hernandez (2004) and Polanski (2003), which involves a review of ways to address spirituality and religion

from the IDM and DM of supervision. The initial study discussed in this section provides a starting point for continued examination of ways supervisors could integrate spirituality and religion into supervision.

**Rationale and relevance.** I used the SACRED model in the present study as it offered the first model developed from a review of multiple integrative supervisory methods (Ross et al., 2013). While there were additional models, this was the first pure model developed to enhance supervisee awareness and knowledge of spiritual and religious integration through the supervision process. Other models integrated spirituality and religion while this model emerged from the use of such integration methods. Ross et al. (2013) offered support and credibility for the inclusion of spiritual and religious discussion during supervision, which created the context for inclusion in the study as well as its relevance. While the IDM and DM are related based on their status as a widely used model of supervision, the models differ in approach to supervision and how supervisors view the process or development of competence. The SACRED model offered a unique method of integration of both spirituality and religion not provided in the IDM and DM.

### **Literature Review**

In the following section, I provide a history of spirituality and religion in counseling. I provide a detailed account of several important factors and organizations related to spirituality and religion in the counseling profession. Last, I discuss relevant literature related to the study topic.

## **Spirituality and Religion in Counseling**

Until the 1970's, research associated with spirituality and religion in counseling existed on a minimal level (Powers, 2005). It is important to note the shift in interest in the topic of spirituality and religion in counseling. In the following section, I outline the history of spiritual and religious integration along with the development of specific spiritual competencies.

**History of spirituality and religion in counseling.** Historically, the relationship between spirituality, religion, and counseling is strained at best. The process of exploring the role of spirituality and religion in counseling can be found dating back to 1840 (Powers, 2005). Vieten et al. (2013) indicated that historically, mental health professionals viewed a person's spiritual and religious influences as part of the problem rather than as an area that could enhance treatment outcomes. As a result of the preceding perspective, mental health professionals maintained a separatist stance towards spirituality and religion during training (Vieten et al., 2013).

Over time, research into the topic of spiritual and religious integration began to demonstrate that spirituality and religion have a positive influence on the counseling process (Brown, Carney, Parrish, & Klem, 2013; Cashwell, Young, Cashwell, & Belaire, 2001; Kim, Huh, & Chae, 2015). Professionals in the field reported lacking the skills necessary to integrate spirituality and religion into counseling sessions, which led researchers to study the opinions of professionals surrounding the topic of spirituality and religion. Before the renewed interest in spiritual and religious integration, educators trained their students to refer their client's spiritual and religious matters to a spiritual

advisor or a religious leader (Powers, 2005). Although this was the practice of the time, counselors continued to encounter clients who wanted to include their spiritual and religious beliefs during counseling (Powers, 2005).

Religion and spirituality are now a focus of research among counseling professionals. From 1840 to 1969, researchers authored only 28 journal articles, 1 book, and 1 book chapter with zero dissertations completed on the topic (Powers, 2005). From 1970 to 2004, the number of articles authored total 1,312, 209 books, 443 book chapters, and 188 dissertations (Powers, 2005). The increase in journal articles, books, chapters, and dissertations demonstrates the increased attention paid to these two areas in relation to their role in the counseling profession.

The ASERVIC emerged as the leader in exploring competencies for counseling professionals related to spirituality and religion (Cashwell & Watts, 2010). As a result of the renewed interest in this area, researchers examined the views of counseling professionals related to spirituality and religion in counseling (Morrison et al., 2009; Plumb, 2011). Interest grew in the application of these two areas in group work (Cornish & Wade, 2010). Students received surveys to examine their opinions of the relevance of teaching spiritual and religious integration during training (Hull et al., 2013). Research emerged in the areas of postgraduate clinical supervision and the assessment of spiritual and religious integration (Fluellen, 2007; Gilliam & Armstrong, 2012; McInnes Miller, 2006). Finally, supervision professionals developed supervision models to assist and offer guidelines for the competent integration of a client's spiritual and religious beliefs (Ross et al., 2013).

**ASERVIC spiritual competence.** In 1955, a group of counselors came together to create what is now known as ASERVIC (Miranti, n.d.). The ASERVIC developed 14 spiritual competencies meant to guide counselors in their work with clients (Cashwell & Watts, 2010). Appendix A lists each of the 14 spiritual competencies. The most recent set of competencies evolved out of summit in 2008. The existing competencies fall into six categories: (a) culture and worldview; (b) counselor self-awareness; (c) human and spiritual development; (d) communication; (e) assessment; and (f) diagnosis and treatment (Cashwell & Watts, 2010).

The culture and worldview category involve a counselor's ability to describe different types of spiritual and religious systems as well as the differences and similarities between spirituality and religion (ASERVIC, n.d.-a). The counselor is also responsible for acknowledging the influence a client's beliefs have on their functioning (ASERVIC, n.d.-a). The counselor self-awareness category involves the ability of counselors to explore their beliefs about spirituality and religion, how their beliefs influence their understanding of the client, and the limits to their understanding of the client's religious or spiritual beliefs (ASERVIC, n.d.-a). The human and spiritual development section involves the ability of the counselor to describe how spiritual and religious beliefs develop and their connection to human (ASERVIC, n.d.-a).

The communication section included information about the need for the counselor to respond respectfully to the client's beliefs, uses acceptable concepts aligned with the client's spiritual or religious beliefs, and can identify the appropriate time to address a client's beliefs based on themes communicated during sessions (ASERVIC, n.d.-a). The

assessment category involves the ability to assess for the client's spiritual or religious beliefs by including questions during the intake process and throughout the counseling relationship (ASERVIC, n.d.-a). Last, the diagnosis and treatment category include the ability of the counselor to recognize a client's beliefs may improve or contribute to concerns brought to counseling (ASERVIC, n.d.-a). The counselor also works with the client to create goals consistent with the client's belief system and adapts treatment approaches to fit the client's spiritual or religious practices (ASERVIC, n.d.-a).

**ACA code of ethics.** The *ACA Code of Ethics* sets the standard for professional practice in counseling. All counseling professionals with membership in the ACA must adhere to the ethical guidelines to ensure the safety and well-being of those they serve. The code of ethics addresses how counselors should respond to their client's spiritual and religious beliefs. Section A.1.d indicated that counselors must consider the role spirituality and religion play in the support network and client could access (ACA, 2014). Section C.5 stated that counselor must not discriminate on the basis of a client's spiritual or religious beliefs (ACA, 2014). Section E.8 addressed the issue of competence related to understanding a client's religious and/or spiritual beliefs and to consider the context of these areas when offering an interpretation of assessment results (ACA, 2014). As the primary body responsible for determining professional standards of conduct, the ACA, along with the identified ethical expectations, endorsed all 14 of the ASERVIC spiritual competencies (Cashwell & Watts, 2010). These statements set the precedent and expectation that all counselors learn and demonstrate the ability to competently incorporate spirituality and religion into their counseling practices.

## **Master's-Level Counseling Programs**

Students attending counselor preparation programs do so in pursuit of a career in the profession of counseling (CACREP, 2016b). Upon completion of training, students must demonstrate proficiency of certain skills (CACREP, 2016b). In the following section, I provide definitions of key concepts associated with master's level counseling programs.

**Purpose.** The purpose of master's level counseling programs is to prepare students to provide counseling services in a range of specialty and practice areas (CACREP, 2016b). Master's level training programs include knowledge and practice-based opportunities for students to demonstrate their understanding and skill related counseling practice (CACREP, 2016b). Faculty in these programs work with their trainees to develop a sound professional identity as well as an adequate degree of competence in their field of study (CACREP, 2016b). Master's level programs also serve as the entry point for those wishing to enter the field of counseling. Program faculty evaluates students on an on-going basis to determine their level of fitness for the profession (CACREP, 2016b). Faculty evaluates a student's level of readiness based on the academic ability and disposition (CACREP, 2016b). Upon completion of a master's level counseling program, students should have the knowledge and skill necessary to begin work as a professional counselor.

**Classes.** All students who attend a CACREP-accredited master's level counseling program must complete core classes in counseling (CACREP, 2016b). Such classes include an orientation to the counseling profession, ethics, 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, 2016b). At a minimum, all masters' level counseling students' complete courses in these areas to ensure a consistent education among all counseling students. Master's level counseling students must also complete a practicum and internship experience where they provide counseling services under the supervision of a site and faculty supervisor. Students can select a specialty track, such as clinical mental health counseling, which involves the completion of classes specific to that area of study (CACREP, 2016b).

**Competency.** Counseling students are expected to attain competence in each area of practice while in training (CACREP, 2016b). Faculty provides outcomes and a means of assessment for each identified competency area (CACREP, 2016b). Students receive a knowledge-based and a practice-based evaluation of each required area during their training (CACREP, 2016b). Faculty evaluate not only the students' academic progress, but also review students' ability to form and maintain a relationship along with the ability to use generally prescribed counseling methods (CACREP, 2016b). Students who do not demonstrate adequate knowledge of practice in any measured area receive a form of remediation to attempt to bring the student in line with accepted standards of practice (CACREP, 2016b). As part of master's level training programs, students should learn about their ability to navigate issues of diversity, which includes spirituality and religion (ACA, 2014; CACREP, 2016b). As gatekeepers to profession, it is understood that

faculty members should not allow a student to continue in a counseling program if they do not possess the ability to do so competently (CACREP, 2016b).

**Compartment.** According to CACREP, counselor educator faculty must evaluate their trainee's disposition at multiple points throughout the training process (CACREP, 2016b). Spurgeon, Gibbons, and Cochran (2012) indicated that disposition involves the general attitudes and characteristics a person demonstrates that align with the role of the professional counselor. Five dispositions identified and defined included commitment, openness, respect, integrity, and self-awareness (Spurgeon et al., 2012). Swank, Lambie, and Witta (2012) also included professional boundaries and emotional stability. The evaluation of counselor dispositions is crucial to the training process and to ensure that only individuals who possess these characteristics enter the professional workforce (CACREP, 2016; Spurgeon et al., 2012; Swank et al., 2012).

### **Accreditation**

**Purpose and mission of accreditation.** Accreditation is a voluntary process where faculty submit their program to independent review to ensure they adhere to certain standards (CACREP, 2018). Program faculty, upon receiving accreditation, indicates their commitment to maintaining a standard of excellence across several domains (CACREP, 2016b). Accreditation also provides a mechanism of evaluating programs to determine how well faculty and staff honor their commitment to strive for educational excellence through a peer reviewed process of program outcomes (CACREP, 2016b). The mission of accreditation, according to CACREP, is to promote the competence of professional counselors through "the development of preparation

standards, the encouragement of excellence in program development, and the accreditation of professional preparation programs” (CACREP, n.d., para. 3).

**CACREP.** CACREP emerged in 1981 as the result of a joint venture between the American Personnel and Guidance Association (APGA), now known as ACA, and the ACES (ACES; CACREP, n.d). The ACES developed standards for counselor education, which eventually transitioned to CACREP for regular review (CACREP, n.d.). CACREP exists to promote the counseling profession through quality education, training, and adherence to principles that respect the diverse institutions, faculty, and students who attend accredited programs (CACREP, n.d.). CACREP is the accrediting body for counselor education programs (CACREP, n.d.). CACREP accredits master’s and doctoral-degree programs across several track areas (CACREP, n.d.). These areas include but are not limited to clinical mental health counseling, school counseling, marriage, couple, and family counseling, and addiction counseling (CACREP, 2016a).

**CACREP and spirituality.** CACREP provides minimum level standards for knowledge and practice of counseling while in training (CACREP, 2016b). Eight core areas comprise the counseling curriculum section of the CACREP standards (CACREP, 2016b). The CACREP standards specifically mention that trainees should learn about the role of a client’s spiritual beliefs and the effect they have on their worldview (CACREP, 2016b). Counselors are also expected to learn how their beliefs about spirituality influence their worldview (CACREP, 2016b). CACREP also includes spirituality in its definition of multiculturalism, indicating the relevance of including discussion about spirituality during the training process (CACREP, 2016b).

**University setting and counseling programs.** Programs that identify with the counseling profession and offer academic and clinical training in counseling are eligible for accreditation through CACREP (CACREP, 2018). Institutions range in the type of training they offer as well as in their spiritual or religious affiliation (CACREP, 2018). Programs that exist within a faith-based university setting follow the requirements of CACREP but also adhere to the standards set forth by the religious or other organizing body associated with the institution (Smith & Okech, 2016). In contrast, non-faith-based programs refer to counseling programs that exist within a university that does not have a religious or spiritual affiliation.

### **Studies Related to the Present Study**

Spiritual integration continues to evolve as an area of interest for counseling professionals (Powers, 2005). Adams (2012) conducted a quantitative survey study that looked at what counseling students perceived they were taught about spirituality and religion during the counselor training programs. The study included five research questions: (a) what differences exist in the demographic characteristics of counselors and counselors-in-training; (b) what are the reported levels of religious/spiritual involvement among counselors and counselors-in-training; (c) what level of importance do counselors and counselors-in-training place on religious/spiritual interventions in counseling; (d) what specific messages have counselors and counselors-in-training received about religious/spiritual issues in counseling during their training programs; and (e) were these messages received explicitly (stated) or implicitly (implied or perceived) (Adams, 2012)?

The sample included 118 participants comprised of women and men of a predominantly Caucasian racial background (Adams, 2012). Adams (2012) used a cross-professional sample, which included psychology and counseling. The sample also consisted of students and graduates from accredited and nonaccredited institutions (Adams, 2012). Adams used a survey, which included a demographic questionnaire, to gather data associated with the research questions.

Adams (2012) found that respondents tended to see themselves as spiritual or religious. Nearly 40% of respondents indicated they received implicit or explicit messages that discussion about spirituality or religion in counseling is wrong (Adams, 2012). Students reported that they received messages that discussing spirituality or religion was unethical or inappropriate, working in opposition to the *ACA Code of Ethics* (Adams, 2012). Adams also found that the messages students received influenced their behavior during counseling sessions, with two thirds of the participants indicating they would not ask if a client would like their spirituality included in their treatment. Although many students reported that they received training that indicated they should not discuss religion during counseling sessions, these students reported that they received feedback that they should ask about the importance their clients placed on spiritual beliefs and their desire to have these beliefs made part of their counseling (Adams, 2012). Nearly 75% of participants indicated they would not consider the beliefs of the client before selecting a course of treatment (Adams, 2012).

Adams (2012) demonstrated the need to examine the perceptions of students related to what they understand they can do when working with their clients' spiritual or

religious beliefs. In relation to navigating the students' beliefs, most students reported that they believe they could remain objective with clients in times their spiritual beliefs differed (Adams, 2012). According to Adams, counseling students reported that spirituality is important to them with some indicating involvement in spiritual and religious activities. A limitation of the study is that the researcher used a sample from one region of the United States. The present study used a sample that spans counseling students across the United States using the CACREP directory. My study offered an opportunity for a broad range of counseling students to share their perceptions of their learning related to spiritual and religious integration.

Adams (2012) surveyed counselors and counselors-in-training to evaluate the messages they receive related to spirituality in counseling. As part of the study, Adams reviewed religious affiliation and the role it played in perceptions of spiritual and religious training. While Adams found that many students reported an affiliation with a religious order or organization, which could influence what students believe they receive in the way of training or education surrounding religion and spirituality. The study was limited to a specific geographic region of the United States, which limits the ability to generalize to the broader counseling profession. I chose to use a nationwide population of students via the use of CACREP institutions to address what is unknown about the student population and training during field experience.

Hull et al. (2013) found that supervisees engaged in conversation with their supervisors about spirituality. The sample of the study included masters' level counseling students and their supervisors (Hull et al., 2013). Although dialogue occurs

during supervision, most of the discussion centered on the meaning and purpose the client placed on their spiritual or religious beliefs (Hull et al., 2013). Beyond discussion of spirituality and religion during supervision, participants reported that their personal spiritual belief system significantly influenced how they understood their clients' or supervisors' expectations (Hull et al., 2013).

Past research in the area of spiritual and religious integration in counseling examined student, professional, academic, and supervisory perceptions and experiences. Hull et al. (2013) conducted a quantitative survey study to examine supervisory pairs perceptions of the importance of discussing spirituality during supervision. The study included 108 participants, which included supervisors and supervisees (Hull et al., 2013). The sample included men and women who were predominantly White (Hull et al., 2013). Participants had both master's and doctoral degrees with training in a variety of behavioral health specialties and disciplines (Hull et al., 2013). The primary research question for the study involved examining student and supervisor perceptions of spiritual dialogue during supervision as measured by the SISS (Hull et al., 2013). According to Hull et al., both supervisors and students reported that dialogue about spirituality is important and a preferred component of supervision, both during training and in the postgraduate supervised experience. Hull et al. found that spiritual dialogue occurred on a more regular basis than anticipated and further validated the SISS for use with supervisors and supervisees when addressing spiritual issues in supervision. The results of the study support the continued use of the SISS to assess spiritual issues that arise during the supervisory experience. The results also provide justification for the use of a

survey to examine the perceptions of supervisees related to their perceptions of spiritual integration during supervision.

Some of the limitations of Hull et al. (2013) research is that they conducted a study that examined how students felt about discussing spirituality and religion, but they did not examine the role that such conversations have on competence. Hull et al. also focused on students and postgraduate licensed individuals and their supervisors. To gather their sample, Hull et al. used several data sources that crossed behavioral health disciplines rather than focusing on counseling in general. The sample included a small number of participants and the researchers identified using a convenience sampling method (Hull et al., 2013). For the present study, I drew my sample from all CACREP-accredited programs rather than limit my population to a small, select number of organizations.

Based on research conducted by Hull et al. (2013), the inclusion of spiritual integration was appropriate. Spiritual competence is a required area of emphasis according to CACREP (CACREP, 2016b). The ACA recognized spirituality and religion as culturally relevant and required counseling professionals and trainees to develop an understanding of the influence of spiritual and religious beliefs on a person's understanding and management of their presenting problem (ACA, 2014).

The question asked by Hull et al. (2013) focused on the importance counselors and supervisors placed on dialogue related to spirituality and religion during supervision. Students and supervisors reported dialogue about spiritual matters during supervision sessions and that most conversations centered around meaning and purpose. The



researchers did not explore the predictive ability between supervisor integration and students' perceived competence. The researchers did not address how the type of institution attended predicted the degree of competence experienced by students. The researchers also did not review the types of interventions or the ways counselors intervene, which demonstrates their degree of competence in addressing spirituality and religion during counseling sessions.

Henriksen et al. (2015) conducted a qualitative study and explored the perceptions of students related to their ability to incorporate religion and spirituality during counseling session. Students reported several needs such as additional training, personal development, self-discovery and clarification, navigating the ethics of spiritual and religious integration, and supervision focused on integration (Henriksen et al., 2015). Regarding sensitivity and awareness of spirituality and religions, a majority of masters and doctoral level counseling students reported their programs did not support growth in either of these areas (Henriksen et al., 2015). Counseling students also reported a lack of self-exploration related to spirituality while in training and also stated that counselor education programs should teach about spirituality and religion in either a multicultural course or a separate course focused on spirituality and religion (Henriksen et al., 2015). While a majority of counseling students reported little change in their knowledge of spirituality and religion in counseling, most trainees believe there is a place for religion and spirituality in counseling sessions (Henricksen et al., 2015). Supervision is a requirement in counselor education programs (CACREP, 2016b). Nearly 40% of students reported their supervisors did not address spirituality or religion during

supervision, contributing to a lack of dialogue surrounding the proper integration of these two topics. Approximately 78% indicated supervision did not play a significant role in fostering growth related to spiritual and religious integration (Henriksen et al., 2015).

Henriksen et al. (2015) used spirituality and religion as variables in their study of student perceptions of their training. Although the researchers explored how students perceived their training (Henriksen et al., 2015), the study did not explore if training in the area of spirituality and religion relates to developing competence. Henriksen et al. found that students believed supervision is vital to developing competence, which warrants further exploration of the role of supervision in the development of spiritual and religious competence. The development of competence as a result of training is a question left unanswered by the researchers, which requires continued exploration into the area of spiritual and religious competence.

Henriksen et al. (2015) conducted research that explored the perceptions of counseling students' preparation during training to navigate spiritual and religious issues in counseling. Adams (2012) examined how differences in counseling student characteristics, levels of spirituality and religiosity, and messages received during training affected their perceptions of the appropriateness of discussing and addressing spirituality and religion in counseling sessions. Henriksen et al. found that students receive implicit and explicit messages that influence their attitudes about the appropriateness of integration spirituality into counseling sessions. The researchers used a sample of professionals that attended both accredited and nonaccredited institutions and spanned masters' and doctoral programs (Henriksen et al., 2015). The use of a sample

that crossed between masters' and doctoral students influenced the training level of the respondents. My desire was to understand how students experienced spiritual and religious integration during their initial training experience and how they perceived their level of competence as a result of these experiences before entering the field of counseling as a licensed professional. Henriksen et al. also used students specializing in a range of counseling areas, such as mental health counseling and school counseling. The use of a broad range of counseling professionals in the study supported the use of all CACREP-accredited training programs in the present study.

Gilliam and Armstrong (2012) reported differences between CACREP- accredited and non-CACREP accredited programs related to spiritual dialogue. In the results, interns, supervisors, and counselors that graduated from a CACREP or non-CACREP accredited program reported varying degrees of integration of spirituality during supervision (Gilliam & Armstrong, 2012). Counseling students attending CACREP-accredited programs reported addressing spirituality less than supervisors or graduates while supervisors in non-CACREP accredited programs indicated more frequent discussion about spirituality than did their interns (Gilliam & Armstrong, 2012). Although interns reported less spiritual dialogue during training, graduates of non-CACREP accredited reported higher rates of addressing spirituality (Gilliam & Armstrong, 2012). At the time of the study, there was no research that examined the differences between faith-based and non-faith-based CACREP accredited programs related to spiritual and religious integration during clinical supervision.

Plumb (2011) examined counselors' preparedness to integrate religion and spirituality into counseling sessions. Plumb used an online survey to gather data from members of the British Columbia Association of Clinical Counselors. In total, 341 participants responded to the survey (Plumb, 2011). The survey used was adapted from prior research in the area of spirituality and religion (Plumb, 2011).

Counselors in the study indicated that only one-third of respondents were satisfied with the training they received surrounding spirituality and religion during graduate school (Plumb, 2011). Two-thirds of respondents indicated they were either neutral or dissatisfied with the training they received in graduate school (Plumb, 2011). Plumb (2011) differentiated between spirituality and religion as variables and found that counselors tend to feel more comfortable addressing spirituality than they do religion. Counselors also reported feeling comfortable rather than competent to address such topics (Plumb, 2011), which creates the need to examine the degree to which students feel prepared and competent to deliver services around spirituality and religion. I chose to examine competence as well as one aspect of the training process to determine how training relates to competence in this area.

Although professionals indicated comfort discussing spirituality and religion in counseling sessions, participants did not indicate how comfort translated to competence (Plumb, 2011). Although the results of this study support training efforts in the area of spirituality and religion, simply discussing or feeling comfortable with a topic does not necessarily mean that counselors possess the skills necessary to intervene during a

counseling session. My study addressed the role of discussion in training via supervision and how this dialogue related to students' perceived competence.

Based on my review of current literature, counseling students reported an interest in spirituality and religion in counseling and desire to converse about these topics while in training. Due to a lack of integration in counselor education programs and either explicit or implicit messages from professors, masters' level counseling students reported feeling it is improper to discuss spirituality and religion with their clients (Adams, 2012; Henricksen et al., 2015; Hull et al., 2013). Students also reported a lack of personal growth and that their supervisors could spend more time exploring spirituality and religion during supervision to assist in the development of religious and spiritual competence (Henricksen et al., 2015).

### **Limitations of Previous Approaches**

While these studies offered knowledge in the area of student perceptions, researchers did not examine the messages students received about spirituality and religion and their desire to dialogue about such issues during supervision (Adams, 2012; Hall et al., 2013). Both studies used a cross-disciplinary sample of professionals rather than sampling only counseling professionals (Adams, 2012; Hull et al., 2013). The samples obtained included counseling students and postgraduate licensed professionals rather than focusing on students alone (Adams, 2012; Hull et al., 2013). Finally, the sample in one study is from the Southeastern portion of the United States in a limited number of training programs while the other used professional and academic sources, such as a

professional association and a limited number of training programs, to identify participants (Adams, 2012; Hull et al., 2013).

Researchers used both quantitative and qualitative methods to explore or examine the topic of spirituality and religion (Henriksen et al., 2015; Hull et al., 2013).

Quantitative researchers employed survey methodology most frequently (Adams, 2012; Hull et al., 2013; Plumb, 2011). These surveys related to comparing supervisor and supervisee perceptions of dialogue about spirituality and what students perceive they are being taught (Hull et al., 2013). Researchers sampled student populations through the use of listservs and faculty at programs identified as appropriate for their studies (Hull et al., 2013). Researchers also included the perceptions of licensed professionals, doctoral students, and graduate and postgraduate supervisors (Adams, 2012; Hull et al., 2013; Plumb, 2011). Adams (2012) used an exploratory research design to examine the messages that counselor education program faculty provided related to spirituality and religion.

Additional limitations of these approaches involved the use of surveys, location of the sample, the self-selection of participants, and the low number of specific types of participants (Adams, 2012; Henriksen et al., 2015; Hull et al., 2013). Survey research limited the responses of the participants based on the wording of the questions.

Qualitative research limited a thorough understanding of the topic due to the self-selection process and because qualitative methods could not provide details about the significance of the predictive nature of the variables. Researchers who used students as a population are limited due to an absence of a list or pool of voluntary participants to

sample. The only means of contact when working with the student population is to request participation via program contacts or student listservs. None of the existing research examined the role of supervision and its perceived impact on the competence of masters' level counseling students.

While limitations exist in the preceding research, these studies informed my decision to use a survey as they are generally how researchers obtain data from a large population dispersed geographically throughout the United States (Adams, 2012; Hull et al., 2013). These studies also influenced my decision to explore counseling students because previous research used a cross-disciplinary sample of participants. I chose to examine all CACREP-accredited programs in the United States rather than limit my sample to a specific geographical location or academic or professional organizations. I also decided to use a quantitative study as the methodology offers the ability to determine if perceived supervisor spiritual and integration practices predict perceived competence along with considering institutional attendance. Last, I chose to limit my study to masters' students because this is where the initial training occurs before entering the counseling profession. My desire was to understand students' perceptions before they enter the field of counseling.

### **Justification of Variables and Concepts and Review of Prior Research**

Spiritual integration in counseling is a frequently researched variable in the counseling field. Morrison et al. (2009) examined the perceptions of both clients and professionals related to the incorporation of spirituality in counseling. Morrison et al. found that most counseling professionals believed it is acceptable to integrate spirituality

into counseling. Counseling professionals varied in their use of spirituality during counseling, with a quarter of respondents indicating no use of spirituality; half of respondents indicated a refined or higher use of spirituality during their counseling session (Morrison et al., 2009). Approximately 68% of clients reported that their counselor incorporated their spiritual beliefs into counseling sessions (Morrison et al., 2009). A key difference was that 93% of clients who received services from a Christian practice received spiritually integrated services while only 31% of those seeing a counselor in a secular setting received spiritually integrated counseling services (Morrison et al., 2009). Overall, counseling professionals continued to underuse spirituality as an intervention (Morrison et al., 2009). Morrison et al. sampled secular and Christian based counselors in practice and found differences in the use of spirituality across these professionals. This distinction supported the use of the type of institution counseling students attend as a predictor variable to determine if the institution has any bearing on spiritual or religious competence.

Cashwell and Watts (2010) discussed the ASERVIC spiritual competencies and provided a review of the current skills and practices associated with spiritual and religious integration. Due to the debate about the incorporation of spirituality and religion in previous years, Cashwell worked with leaders around the country to establish new competencies to support counselors' inclusion of spirituality and religion during counseling (Cashwell & Watts, 2010). While the creation of the initial spiritual competencies received much attention and support, ensuring that the competencies captured the entirety of such practices required additional review and support from



current literature (Cashwell & Watts, 2010). Further review of the spiritual competencies led to the development of additional skills for counselors with support from emerging research related to the existing ASERVIC spiritual competencies (Cashwell & Watts, 2010).

Researchers also focused on the influence the competent integration of spirituality had on treatment outcomes for clients (Brown, Carney, Parrish, & Klem, 2013). The ability of counselors to incorporate spirituality and religion in a sensitive and culturally aware manner lead to reductions in depressive and anxious symptoms and contributed to the overall well being of clients (Brown et al., 2013; Kim, Hu, & Chae, 2015). These findings, along with the emergence of spiritual competence as a necessary component of training, supported the examination of students' perceived competence in the area of spiritual and religious integration in the study. While existing research supported the use of spirituality, religion, and institutional attendance as variables for my study, these studies fell short of examining the role that supervisor integration practices have in predicting student counselor competence and if institutional attendance in a faith-based or non-faith-based program predicts spiritual and religious competence.

### **Summary and Conclusions**

Within the counseling literature, a renewed interest began in the 1970's surrounding the impact of spirituality and religion in the counseling profession (Powers, 2005). Historically, mental health professionals viewed spirituality and religion negatively, but over time, have come to appreciate the influence these two factors have in a client's life (Powers, 2005). The majority of counseling professionals describe a lack of

competence in the area of spirituality and religion and indicate that their training programs, at least to some extent, imply that discussing spirituality and religion during counseling is inappropriate (Adams, 2012; Henriksen et al., 2015). As a result, the counseling profession continues to graduate students and place professionals in the field that lack the necessary training to effectively address how clients spiritual or religious beliefs influence the nature of their problem.

At this time, research into the areas of spirituality and religion continues to grow. Counselors continue to increase their interest in this topic as it relates to supervision, practice, and client outcomes. Due to increased attention in supervision and counselor training, clients report increased discussion related to their spiritual concerns (Morrison et al., 2009). At the same time, professionals reported a lack of discussion surrounding religion and continue to struggle with the ethics of navigating such issues in counseling encounters (Henriksen et al., 2015). Counseling students reported that dialogue about spirituality and religion in counseling was important and desired additional training in the area (Hull et al., 2013). Counseling supervisors discussed religion and spirituality in supervision but fell short of the necessary steps required to develop competent professionals. Professionals practicing in the field of counseling reported that most of their clients indicated some form of spiritual or religious beliefs; yet most of these professionals indicated they did not know how to intervene, especially around religious matters (Adams, 2012; Plumb, 2011).

Current research addressed the importance of dialogue in supervision, the impact of discussing spirituality and religion with clients, and how professionals perceived the

importance of these topics (Hull et al., 2013; Morrison et al., 2009). Existing research also demonstrated that upwards of 40% of counseling students perceived their educators and supervisors as implying they should not broach these topics while in counseling practice (Adams, 2012). Existing research supported the continued examination of spirituality and religion. A gap in existing research is that it did not examine how students perceived their supervisors' ability to integrate spirituality and religion and how these practices predicted the development of spiritual and religious competence among counseling students. My intention for the present study was to determine if a supervisors' integration practices predicted counseling students perceived spiritual and religious competence.

In Chapter 3, I discuss the methodology I used to examine the research question. I define the population along with how participants were accessed. I address the rationale for choosing the research design as well as how I collected and analyzed my data.

### Chapter 3: Research Method

My purpose for this quantitative, cross-sectional survey study was to determine whether students' perceptions of their supervisors' spiritual and religious integration practices during clinical supervision predicted students' perceived spiritual and religious competence when working with clients, along with their attendance in a faith-based or non-faith-based CACREP-accredited counseling program. In this chapter, I discuss the variables, research design, population, sampling and sampling procedures, recruitment, data collection, instrumentation, data analysis, threats to validity, and ethical procedures.

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

I conducted a quantitative nonexperimental predictive study. I examined three variables: perceived student spiritual and religious competence, student-perceived spiritual and religious integration by the clinical supervisor, and student institutional attendance at either a faith-based or non-faith-based CACREP accredited counseling program. The predictor variables included spiritual and religious integration as well as the type of institution that a counseling student attended. The criterion variable was the participant's perceived level of spiritual and religious competence.

I used quantitative methods to statistically describe the predictive ability of the variables in the study (Frankfort-Nachmias, Nachmias, & DeWaard, 2015). Quantitative methods were appropriate because the goal was to statistically analyze the relationship or predictive ability between variables (Frankfort-Nachmias et al., 2015). I chose to use survey methodology because the primary goal was to describe the perceptions of graduate students in field experience related to their supervisors' spiritual and religious integration

practices. Survey methodology provides researchers the ability to obtain the attitudes, perceptions, or opinions of their population (Groves et al., 2009). Researchers frequently use survey methodology to conduct studies relevant to counselor education (Adams, 2012; Morrison et al., 2009). A potential time constraint was that students might be in a program that followed a typical academic year rather than occurring year-round. This might have slowed down the data collection process.

I used quantitative instruments to collect data for the variables in the study. The 30-item SISS measured students' perceptions about their supervisors' spiritual and religious integration practices (McInnes-Miller, 2006). The 30-item SARCA measured students' spiritual and religious competence (Fluellen, 2007). Finally, the demographic questionnaire provided data for the third variable, institutional attendance (faith-based institution vs. non-faith-based institution).

I used a cross-sectional correlational design, which focused on gathering data from a subset sample within a population at one point in time (Frankfort-Nachmias et al., 2015; Salkind, 2010; Shanahan, 2010). Cross-sectional design, because of the focus on the perceptions of participants at one point in time, provided the best opportunity for the participants to recall their experience and accurately report their opinion or attitude on the topic under investigation (Shanahan, 2010). I used a correlational design because the intent of the study was to describe whether perceived supervisor integration practices predicted perceived student competence related to spirituality and religion in counseling.

Regarding the theoretical framework, I used a conceptual framework, as there were no theories of supervision that spanned the entirety of counseling supervisors. The

supervision literature included models of supervision that help in organizing the process of working with supervisees to assist students or professionals as they develop professionally and work toward competent practice (Bernard & Goodyear, 2014).

According to Kitchel and Ball (2014), researchers used theories most often in quantitative research, but the use of models is aligned with quantitative methodology in ability to organize information and direct a study. The ideas posited by the developers of the models in counseling supervision created an argument about methods of understanding the developing professional and how such a process informs how counseling supervisors evaluate growth (Bernard & Goodyear, 2014). As such, the use of the DM, IDM, and SACRED models provided a framework for understanding and studying the role of supervision in the development of competence.

### **Methodology**

In the methodology section, I describe the population, sampling and sampling procedures, recruitment, data collection, instrumentation, and data analysis. I also discuss threats to validity and ethical procedures.

### **Population and Sample**

The sample population for the present study was counseling students enrolled full time in a counselor education program accredited by CACREP. CACREP-eligible programs include areas of study such as (a) addiction; (b) career; (c) clinical mental health; (d) college; (e) community; (f) gerontology; (g) marriage, couple, and family; (h) mental health; (i) school; (j) student affairs; (k) student affairs and colleges; and (l) dually accredited clinical rehabilitation/clinical mental health counseling (CACREP, 2016a).

Students in this study were actively engaged in the field experience process. For the purposes of the study, field experience included practicum and internship.

As there was no existing list of students enrolled in practicum or field experience, I had to estimate the total number of available participants in the target population. According to the most recent CACREP program directory, there are 783 accredited programs (CACREP, 2018). CACREP accredits programs housed in state and private institutions as well as programs housed in religious and nonreligious settings. According to the 2016 *CACREP Annual Report* (CACREP, 2016a), 43,152 students were enrolled in CACREP-accredited programs. Of the 43,152 students enrolled in CACREP programs, 12,496 graduated (CACREP, 2016a). Based on graduation totals, the number of students available for sampling was approximately 12,500, as students needed to complete their field experience before graduation and most participated in the field experience during the latter part of their counselor training experience.

I excluded doctoral students enrolled in counselor education and supervision (CES) programs accredited by CACREP. Students taking part in the study needed to attend a CACREP-accredited program. If students did not attend a CACREP-accredited program, they were not eligible for participation in the study. The purpose of excluding non-CACREP accredited counseling students from the study was to maintain consistency across programs and student experiences so that the sample was homogenous. Students were actively enrolled in field experience at the time they completed the survey. Students who were on a “break” from their program were ineligible to participate in the study.

To determine the necessary sample size, I used G\*Power, which is a power analysis program used to conduct a range of statistical tests (Faul, Erdfelder, Lang, & Buchner, 2009). To obtain the sample, I used an effect size of .20, a power of .95, and an alpha error probability of .05. The effect size of .20 is between medium and large effect size (Salkind, 2007). A small effect size for a correlation coefficient is .10, with .30 serving as a medium effect size (Salkind, 2007). Salkind (2007) indicated that research that is focused on areas that have few associated risks, that does not require a large amount of resources, and that researchers can easily implement can provide important information when using a small effect size. A margin of error of .05 is considered standard in behavioral science research, as is a confidence interval of .95 (Salkind, 2007, 2010). I conducted an a priori power analysis for a linear multiple regression considering three predictor variables, which provided a sample size of 90 for the present study.

### **Sampling Method**

I used convenience sampling, a nonprobability sampling method, to obtain my sample (Frankfort-Nachmias et al., 2015). Researchers use convenience samples to collect data from readily available members of an identified population (Frankfort-Nachmias et al., 2015). At the time of the study, no registries of all students attending CACREP-accredited counseling programs existed. Due to the absence of a list from which to select participants, I relied on program chairs, program liaisons, and other department staff to relay information about my study to their students. According to Stangor (2015), researchers frequently use convenience sampling to access college students.



## **Procedures for Recruitment**

Because there was no available comprehensive list of students attending all CACREP-accredited masters' programs, I relied on contacts within CACREP-accredited programs to share information about my study directly with students. Specifically, I used the comprehensive CACREP directory to locate the webpages of each accredited master's program (CACREP, 2018). I then sought out the name and email information for each CACREP program liaison, program chair, and program liaison for Chi Sigma Iota (CSI), the counseling honor society. I created an Excel spreadsheet with the contact information for each program to use when it was time for participant recruitment. I sent out the initial email following IRB approval. I sent follow-up emails every 2 weeks after the initial email went out to program leadership until I obtained my sample size. I wrote a letter to program leaders in which I explained the purpose of my study and my request to have the information forwarded to their students. I also included information that the program leaders could copy and paste into an email to their students about the study and how to participate. In addition, I posted my request for participants on professional listservs frequented by graduate students.

## **Participation**

I obtained data for the study through the use of an online questionnaire provided to participants via SurveyMonkey. SurveyMonkey is an online web program used to create surveys and to collect and store data (SurveyMonkey, 2018). Participants received an email with instructions on how to access the survey from the identified department contact. Interested participants clicked on a link included in the recruitment email to

access the survey. Participants received and had the opportunity to consent to participation in the study prior to completion of the survey. Participants then had the opportunity to indicate their desire to participate in the online survey via SurveyMonkey.

The informed consent form was the first page of the survey, which included a statement in which I indicated that the study involved research, explained why the subject had been selected, disclosed all researchers and their roles, and stated the purpose of the research, study procedures, anticipated duration of participation, potential benefits of the research, procedures for ensuring confidentiality, and contact information for questions about the research or participants' rights. The informed consent also provided permission for participants to keep a copy of the informed consent document and outlined any conflicts of interest in a language that participants would understand. Participants received information about potential risks associated with their participation in the study. A risk associated with this study was potential anxiety associated with completing a survey about the participant's supervisor. Participants were referred to support services such as a wellness center within their institution and were advised that they could also use provided help lines. I also informed participants that they would not receive compensation for their participation and that there would be no use of deception throughout the course of the study. Participation was voluntary, and participants could end their inclusion in the study at any time and without consequence. Once participants indicated their willingness to complete the survey, they gained access to the survey through SurveyMonkey.

## **Data Collection**

In this section, I describe the process for collecting the data for the study. I discuss how participants gained access to the survey, along with instructions for completion of the survey. I also address the platform for survey completion and describe how I have maintained the security of survey data. I posted information about the study on an online website for participants to review as part of the debriefing process.

To screen for eligible participants, I asked students to indicate their current CACREP program area. Students also identified whether their programs were public or private and faith-based or non-faith-based. In addition, before participants accessed survey questions, I restated the requirements for inclusion in the study and required participants to physically click “ok,” which indicated that they understood and met the inclusion criteria for participation in the study. Once participants completed the informed consent document, they gained access to the survey. Participants reviewed an introductory page, which included instructions for completion of the survey. Participants answered the questions via SurveyMonkey and, once complete, exited the survey by closing the screen. I planned to recruit a minimum of 90 participants, which was required for sufficient power for the study and planned analysis. Once I obtained full completion of the survey by the minimum number of participants, data collection ended. No follow-up procedures were necessary for study participants. For demographic information, I collected the following: race, gender, sexual orientation, age, public or private institution, faith-based or non-faith-based institution, CACREP program area, participant religion, and state of residence.

The way in which SurveyMonkey protected data was through the use of industry-standard security precautions (SurveyMonkey, 2018). SurveyMonkey used accredited data centers and provided around-the-clock monitoring and mandatory entry requirements for anyone who used/accessed its software (SurveyMonkey, 2018). SurveyMonkey encrypted all data transmitted from participants and ensured that its staff adhered to existing privacy practices.

I am the sole owner of the data generated from the survey. To protect the SurveyMonkey account, I created a password different from existing passwords on my personal accounts; I did not share the password or allow additional third parties to access the account. Once the data had been downloaded from SurveyMonkey, I maintained the data electronically on a flash drive. I protected the data through the use of a password for the computer and flash drive. I decided to maintain the data for a minimum of 5 years; at the 5-year mark, I will destroy all data related to the study by smashing the flash drive.

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

I asked participants to complete three instruments to gather the information needed to measure the predictor variable of spiritual and religious integration, the predictor variable of institutional attendance, and the criterion variable of spiritual competence. Participants also completed a demographic questionnaire to measure the predictor variable of institutional attendance at either a faith-based or non-faith-based counseling program. I used McInnes Miller's (2003) SISS and Fluellen's (2007) SARCA.

**SISS.** Marianne McInness Miller (2003) developed the SISS to assess how supervisors integrate spirituality and religion into supervision sessions. McInnes Miller identified topics that supervisors could discuss in supervision that would also align with spiritual or religious integration. The SISS fit the present study, as it assesses the degree to which spiritual issues are addressed during supervision (McInnes Miller, 2003). In the study, I evaluated how graduate students in counseling training programs perceived their supervisors' spiritual and religious integration practices.

The SISS is a 30-item instrument that offers respondents the ability to report on a range of methods that supervisors employed throughout clinical training (McInnes Miller, 2003). Supervisees rate the degree to which their supervisor addressed spirituality or religion in relation to specific categories. Some examples of these categories included culture, marriage, gender, grief, loss, and death, and intimacy (McInnes Miller, 2003).

McInnes Miller (2003) developed the SISS for use with mental health professionals, specifically marriage and family therapists. McInnes Miller used the SISS with existing students attending accredited master's-level training programs. Researchers in counseling demonstrated the use of the SISS with counseling professionals, both students and supervisors (Hull et al., 2013). Based on the demographics of the norm group and use of the SISS with counseling professionals, the instrument was appropriate for the study.

According to McInnes Miller et al. (2006), experts indicated that the SISS demonstrated content validity after a review of the questions. The overall scale produced a Cronbach's alpha of .94, which demonstrated the internal consistency of the instrument

(McInnes Miller et al., 2006). An analysis of the reliability of the subscales produced scores of .79 to .89 (McInnes Miller et al., 2006).

Respondents rated each of the 30 questions on a 5-point Likert scale, ranging from 1 (*spiritual issues are never addressed*) to 5 (*spiritual issues are frequently addressed*). The scores for each of the questions resulted in a total score with higher scores indicating higher degrees of perceived spiritual or religious integration (McInnes Miller, 2003). Sample questions included: (a) please rate how often spirituality is addressed when certain issues arise in supervision with your supervisor when the assessment process is discussed and (b) please rate how often spirituality is addressed when certain issues arise in supervision with your supervisor when talking about the treatment plan. Hull et al. (2013) used the SISS to study the perceptions of counseling students and their supervisors related to their thoughts about discussing religion and spirituality during supervision. Given the initial population, the focus of the instrument, and use in additional research, the SISS was a good fit for the present study. Dr. Miller provided permission to use the instrument and indicated that there are no fee or copyright issues to address and no restrictions for the use of the SISS in an online format.

**SARCA.** Sherri Fluellen (2007) developed the SARCA as a means of assessing a counselor's level of spiritual and religious competence. The SARCA is based on the spiritual competencies as outlined by the ASERVIC (Cashwell & Watts, 2010; Fluellen, 2007). For the purposes of this study, competence was considered in accordance with the ASERVIC competencies for counseling professionals. The SARCA provided a means of

assessing each participant's level of spiritual and religious competence, which was a key variable in the study.

The SARCA included questions related to a practitioner's level of spiritual and religious competence. Practitioners rated how frequently they integrated their client's spiritual or religious beliefs into their assessment and understanding of the presenting problem. Respondents also provided the frequency of their use of client's spiritual or religious beliefs in counseling along with their comfort in addressing such topics during a counseling encounter.

The SARCA demonstrated evidence of face and content validity as determined by experts in the area of spiritual and religious integration (Fluellen, 2007). Reliability testing produced a Cronbach's alpha of .91, with analysis of the subscales producing scores ranging from .87 to .94, demonstrating the internal consistency of the SARCA (Fluellen, 2007). Based on this data, the SARCA was appropriate for use in the study.

Respondents rated each of the 34 questions on a 6-point Likert scale, ranging from 1 (*strongly disagree*) to 6 (*strongly agree*) (Fluellen, 2007). Sample questions included: (a) I include assessments (written and/or oral) of religious and spiritual beliefs in my work with clients and (b) I am able to utilize clients' religious and/or spiritual beliefs in pursuit of their therapeutic goals. The scores for each question resulted in a total score with higher scores indicating stronger degrees of spiritual or religious competence (Fluellen, 2007). I programmed SPSS to reverse score questions 2, 8, 10, 12, 14, 18, 20, 22, 26, 29 and 33 using a 6-point Likert scale, ranging from 6 (*strongly disagree*) to 1 (*strongly agree*) (Fluellen, 2007).

The sample used in the validation of the study included masters and doctoral students in a behavioral health field (Fluellen, 2007). Counselors were included in the expert panel used to review the questions in the SARCA along with a multidisciplinary team of experts around the United States (Fluellen, 2007). The aim of the present study is to examine if supervisor's integration practices predict students' perceived level of competence related to spiritual or religious matters in counseling. Based on the identified information, the SARCA aligns with the premise of this study. Dr. Fluellen provided permission to use the SARCA without any restrictions, including the use of the instrument in an online format.

**Demographic questionnaire.** The purpose of the demographic questionnaire was to describe my sample and to know who participated. I used the demographic questionnaire to collect data about the predictor variable of what type of institution the participant attended. The basis for development was based on best practices for multicultural sensitivity. Respondents were asked for information related to their age, gender, race, sexuality, religious background, state of residence, CACREP program track, if the institution they attend was public or private, and the type of CACREP institution they were attending (faith-based or non-faith-based). I had an expert in the field review the questions, I followed best practices for diversity (AACE, 2014), and I had a literacy specialist review the questions for readability to address questions about the reliability of the demographic questionnaire.



## **Data Analysis Plan**

I entered data into IBM SPSS statistical software, version 23, to complete the data analysis (Green & Salkind, 2017). I reviewed the data for any missing information. If I found missing data, I removed the case from the analysis. In addition, I investigated potential outliers in the data set, and, if located, I removed the entire data point from the data. To identify outliers, I used graphs to locate scores that differed significantly from the majority of scores (Green & Salkind, 2017). For less obvious results, I used z-scores to identify outliers (Green & Salkind, 2017). According to Salkind (2017), there was no set number for detecting outliers, which result in the researcher selecting a number for their study. Any z-scores greater than 3 or less than -3 are considered to be an outlier. These outliers in the dataset were removed from the dataset before I completed the data analysis.

Likewise, I reviewed compliance with statistical test assumptions. I conducted statistical analyses using the Pearson correlation between each individual variable pairing and multiple linear regression to address the research question. Assumptions for the use of a correlation analysis and regression analysis included: (a) normality of residuals; (b) homogeneity of variances; (c) linearity of regression; and (d) independence of error terms. I verified normality, homoscedasticity of variance, and linearity assumptions prior to completion of the multiple regression (Green & Salkind, 2017). I checked normality by analyzing the skewness and kurtosis of the distribution for the criterion variable and standardized residuals, interpreting the Shapiro-Wilk analysis, and reviewing the box plots (Green & Salkind, 2017). I determined whether the data followed normal

distribution, skewness statistics greater than zero indicated strong non-normality (Field, 2018). I checked the homogeneity of variances using Levene's test. I verified homoscedasticity and linearity assumptions by analyzing the scatterplots (Green & Salkind, 2014). Within the multiple regression, I assessed beta weights, structure coefficients, semipartial correlation coefficients, and  $R^2$  to investigate practical significance (Green & Salkind, 2017). If there were violations of the required assumptions, the non-parametric versions of the stated statistical analyses were conducted. The nonparametric version of Pearson correlation analysis is the Spearman correlation analysis. The nonparametric version of a multiple regression analysis is the non-parametric regression analysis (Frankfort-Nachmias et al., 2015; Green & Salkind, 2017).

I also reported descriptive statistics to summarize the data of the demographics and study variables (Green & Salkind, 2017). I analyzed frequencies and percentage tables for categorical or nominal variables which were the demographic variables age, gender, race, sexuality, religious background, state of residence, CACREP program track, and type of institution attended. I calculated the means and standard deviations for continuous variables, which included the two predictors of perceived spiritual and religious integration and institutional attendance and the criterion variable of spiritual and religious competence (Green & Salkind, 2017). I reported the correlations between the variables as well.

## Research Question

RQ1 – To what extent does the perceived spiritual competency of master’s level graduate counseling students in CACREP accredited programs who are working with clients in field experience as measured by the Spiritual and Religious Competence Assessment predict students’ perception of their faculty supervisors integrating spirituality into clinical supervision as measured by the Spiritual Issues in Supervision Scale and attendance in a program housed within a faith-based or non-faith-based institution?

I used a multiple regression analysis due to having two predictors. Multiple regression analysis informs researchers about the degree to which one variable predicts an effect on another variable (Green & Salkind, 2017). A level of significance of  $p = .05$  was used for both the Pearson product-moment correlation coefficient and the multiple regression analysis. If the level of significance was equal to or below .05, there is a statistically significance relationship and the research hypothesis was accepted. If the level of significance exceeded .05, the null hypothesis was accepted. The null hypothesis for the study was perceived spiritual competency of master’s level graduate counseling students in CACREP accredited programs who are working with clients in field experience is not statistically significantly predicted by students’ perception of their faculty supervisors integrating spirituality into clinical supervision and attendance in a program housed within a faith-based or non-faith-based as measured by the SISS, the SARCA, and the demographic questionnaire.

### **Threats to Validity**

External validity refers to the ability of researchers to generate similar results in other studies using the same process as the original research study (Stangor, 2015). A primary factor in external validity is the generalizability of research findings (Stangor, 2015). In the present study, the findings can only generalize to counseling graduate students under faculty supervision attending CACREP accredited master's programs. Due to the limitations of the study population, results from this study could not be generalizable across student populations or academic settings. The use of students was a challenge to external validity of the study because of the need to use a convenience sample. Convenience samples are common in research utilizing a student population, but the sampling method could affect the ability to generalize the findings across different student populations or settings (Stangor, 2015).

Threats to internal validity included intrinsic and extrinsic factors (Frankfort-Nachmias et al., 2015). Extrinsic factors included issues introduced by the researcher, such as bias in the selection of participants (Frankfort-Nachmias et al., 2015). Intrinsic factors included changes that occurred within the participants (Frankfort-Nachmias et al., 2015). These factors included history, maturation, and experimental mortality (Frankfort-Nachmias et al., 2015). Other factors that influenced internal validity included instrumentation effects and regression due to time spent in a study (Frankfort-Nachmias et al., 2015). In the present study, participants were not assigned to an experimental or control group and there were no issues associated with regression due to the limited timeframe of the study. The instruments in the present study were filled out one time, so

there were no issues associated with test-retest, making instrumentation a non-issue for the study. Factors such as history, maturation, and experimental mortality, although potential issues, were addressed due to the limited duration of the study. The chances of participants dropping out due to the length of the study were reduced because this study was not a longitudinal study. Maturation was also addressed because the I focused on one point in participants' supervisory experience rather than over time, which could create maturation effects.

### **Ethical Procedures**

I obtained approval from the Walden University Institutional Review Board (IRB) before I reached out to university contacts to provide my recruitment email to potential participants. I followed the guidelines set forth by Walden University related to the treatment of human research participants. Participants had the opportunity to consent to inclusion in the study on the first page of the survey through the SurveyMonkey program (SurveyMonkey, 2018). Within the informed consent, I indicated that the study involved research, why I selected the subject, disclosure of the researchers and their roles, the purpose of the research, study procedures, anticipated duration of participation, potential benefits of the research, procedures for ensuring confidentiality, and contact information for questions about the research or participants' rights. The informed consent also provided permission for participants to keep a copy of the informed consent document, any conflicts of interest, and provided in a language understood by the participant. Participants received information about potential risks associated with their participation in the study

While the risk associated with this study were minimal, students could find that evaluating individuals who had power and authority over them was anxiety inducing. Students could fear that their evaluations could be viewed by their program director or designated representative. As such, researchers had an obligation to consider possible risks and took steps to minimize the possibility of harm to their participants (Frankfort-Nachmias et al., 2015; Groves et al., 2009). To address the concern, respondents were not asked for identifying information and the name of the school was not requested, which made the identification of participants unlikely. Participants remained anonymous, as no identifying information was requested. Participants could withdrawal from the study at any time without consequence. If participants preferred not to participate in the study, they did not have to respond to the recruitment email.

To ensure proper data management, I used a password known only to me and did not provide the password to any other individuals. As stated earlier, SurveyMonkey provided encryption of the data and all data collected remained the property of the researcher. The computer and flash drive I used to access the data was password protected. The password also secured any information opened in Microsoft Excel.

I did not receive any funds for the study, which reduced the potential of a conflict of interest. Participants did not receive an incentive for their participation, which reduced the chances of coercion. To ensure the confidentiality and protection of survey data, I saved all data to a flash drive and I will keep the data for five years following the completion of the study. Following 5 years, I will destroy the flash drive. I limited data

access to the researcher and committee members. The Walden IRB approval number for this study was 01-16-19-0604361.

### **Summary**

In Chapter 3, I provided details about the methodology for completion of the study. I used quantitative methods to complete the study. This chapter contained information about the predictor and criterion variables, the population, sample and sample size. This chapter also included details about the instrumentation for the study, which included the 30-item SISS and the 30-item SARCA. As part of Chapter 3, I addressed the research question and in what ways I planned to analyze the data. Research participants had the opportunity to give informed consent for participation in the study and received details about the use and protection of their information. To collect data, I used SurveyMonkey, an online survey program. I discussed and addressed issues that concerned the validity of the study and shared how the duration and nature of the study offset potential threats to internal and external validity. I addressed ethical concerns, such as the confidentiality of participant information, participant anonymity, informed consent, and IRB approval. My intent in Chapter 3 was to provide the necessary information to understand how to conduct the study and how ethical matters were addressed to ensure the integrity of the research. In Chapter 4, I provide the results of the analysis. I provide a description of the sample along with descriptive statistics. I also address what the data shows accepting or rejecting the research question.

## Chapter 4: Results

The purpose of this study was to determine whether master's-level graduate students' perception of their faculty supervisors' spiritual and religious integration practices in clinical supervision predict students' perceived spiritual competence, considering attendance in faith-based and non-faith-based institutions. The research question guiding this study involved the extent to which the perceived spiritual competence of master's-level graduate counseling students in CACREP-accredited programs who are working with clients in field experience is predicted by students' perception of their faculty supervisors' integration of spirituality into clinical supervision and attendance in a faith-based or non-faith-based institution. I examined the extent that attendance in a faith-based or non-faith-based institution affected perceived competence. The alternative hypothesis for this study was that perceived spiritual competency of master's-level graduate counseling students in CACREP-accredited programs who are working with clients in field experience is statistically significantly predicted by students' perception of their faculty supervisors integrating spirituality into clinical supervision and attendance in a program housed within a faith-based or non-faith-based institution, as measured by the SISS, the SARCA, and a demographic questionnaire. In this chapter, I begin with a review of my data collection methods. I also present a description of the demographics of the participants in my study. Lastly, I provide descriptive statistics of the variables and results of the data analyses for the research questions.



### **Data Collection**

The time frame for data collection began on February 20, 2019 and ended on June 10, 2019; the total elapsed time for data collection was 15 complete weeks. During this time, 75 participants responded to the survey. Out of the 75 respondents, 61 fully completed the survey. An additional two responses were removed from the dataset during data cleaning due to having several incomplete responses. The total response rate was 81%, with a reduction to 78.6% with the removal of two responses during a review of the data. During the study, I made a change in my sample size using G\*Power. I adjusted the power to .80 from .95 and kept all other inputs the same. The change to .80 emerged from conversation and review of literature related to the typical power in linear regression studies. According to Newsom (2019), a power of .80 is most frequently used as a minimum standard for a regression analysis. Because .80 is the standard for my type of study, I changed to align with common research practice. This adjustment reduced my sample from 90 to 59. I also made an adjustment to the recruitment process. I filed a change of procedure with the Walden IRB and received IRB approval to change the recruitment method. This included approval for each institution and listserv used in the study. I identified specific programs to partner with for dissemination of the survey and included two listservs rather than send an invitation to each CACREP program in the United States. The reason for this adjustment was that the IRB at Walden University indicated that any university or counseling program I sent my participant invitation to became a partnering organization, which required permission from each institutional IRB. I requested and received approval from each institution via institutional IRB or other

review process and received Walden IRB approval to begin data collection at each site. Due to the extensive task of working with several hundred institutions, I decided to limit my study to specific programs and listservs. Finally, I used SPSS version 25 rather than version 23, as updates occurred between completion of the proposal and data analysis.

### **Sample Demographics**

I recruited participants from CACREP-accredited master's in counseling programs within the United States. Of the participants who completed the survey, 48 were female, 10 were male, and one identified as transgender (see Table 1). Participants' ages ranged from 22 to 54 years, with an average age of 33.22 years (see Table 1). Participants reported a range of sexual orientations, with heterosexual ( $n = 50$ ) being the most frequently reported sexual orientation. For race/ethnicity, six participants indicated African American/Black, two indicated Asian (East, South, Asian American), 43 indicated Caucasian/White, five indicated Latino or Hispanic American, one indicated Middle Eastern, and two indicated mixed race. Forty-six participants indicated that they attended a private institution, and 13 reported attending a public institution. A range of CACREP track areas were reported, with Clinical Mental Health Counseling (CMHC;  $n = 31$ ) being the most frequently reported CACREP track. Participants also indicated a range of religious identifications, with Christian ( $n = 24$ ) and nondenominational Christian ( $n = 10$ ) being the most frequently reported religious affiliations. Finally, participants spanned 16 states across the United States. The most frequently reported states were Kansas ( $n = 28$ ) and Missouri ( $n = 15$ ). For complete data, see Table 1.

### Proportionality of the Sample

According to the 2018 CACREP Annual Report, the CMHC program area accounted for the most students across CACREP programs in the United States. Following CMHC programs, Marriage, Couple, and Family Counseling accounted for the third most enrolled students across CACREP program areas (CACREP, 2018). Of the respondents in the study, 66.1% reported enrollment in a mental health counseling program area, and 32.2% reported enrollment in the marriage, couple, and family program area. Demographic information about students is limited. Due to the lack of available information, I used available demographic information about counseling professionals in general to review the proportionality of the sample. DATAUSA (2017) reported that females accounted for 590,000 (73.3%) members of the counseling workforce, compared to 215,000 (26.7%) male counselors, making female the predominant gender in the counseling profession. Of the respondents in the study, 81.4% reported their gender as female, with 16.9% identified as male. Additionally, DATAUSA stated that 70.6% of professional counselors identified as White and 19.8% identified as Black, making White and Black the two largest racial/ethnic groups in the counseling profession. In the sample for the present study, the two largest racial and ethnic groups were Caucasian/White ( $n = 43$ , 72.9%) and African American/Black ( $n = 6$ , 10.2%). Based on the available demographic information, the sample is proportional to the general counseling population.

Although respondents resided in 16 of the 50 states in the United States, the sample largely resided in two states, Kansas ( $n = 28$ , 47.5%) and Missouri ( $n = 15$ ,

25.4%). The sample also included 47 (78%) respondents from faith-based programs and 12 (20.3%) respondents from non-faith-based programs, with 46 (78%) representing private institutions and 13 (22%) representing public institutions. It is possible that due to the large number of respondents from two states along with large numbers of respondents representing faith-based programs and private institutions, the sample was not proportional to the general student population, as master's level counseling programs in public institutions in the United States outnumber private institutions 510 to 268 (CACREP, 2019).

### **Results**

The following results appropriately characterize the sample. Table 1 includes information about the gender, sexual orientation, and ethnicity of the sample. Results presented also include data about the institution, CACREP program areas, and state of residence.

Table 1

*Sample Demographics*

	Variable	<i>n</i>	Percent
Gender	Female	58	81.4%
	Male	10	16.9%
	Transgender	1	1.7%
Sexual orientation	Bisexual	5	8.5%
	Heterosexual	50	84.7%
	Lesbian	2	3.4%
	Other/not listed	1	1.7%
	Prefer not to report	1	1.7%
Race	African American/Black	6	10.2%
	Asian (East, South, Asian American)	2	3.4%
	Caucasian/White	43	72.9%
	Latino or Hispanic American	5	8.5%
	Middle Eastern	1	1.7%
	Mixed race	2	3.4%
Public/private school	Private	46	78%
	Public	13	22%
Religious affiliation	Faith-based	47	79.7%
	Non-faith-based	12	20.3%
CACREP program	Clinical Mental Health Counseling	31	52.5%
	Clinical Mental Health Counseling and Clinical Rehabilitation Counseling	1	1.7%
	Community Counseling	2	3.4%
	Marital, Couple, and Family Counseling/Therapy*	3	5.1%
	Marriage, Couple, and Family Counseling*	16	27.1%
	Mental Health Counseling	6	10.2%
	Participant religion	Catholic	6
Christian	24	40.7%	
	Christian, nondenominational	10	16.9%

	Variable	<i>n</i>	Percent
			<i>(table continues)</i>
	I am spiritual but do not have religion	7	11.9%
	I believe in something I call “God” but do not have a religion	1	1.7%
	Lutheran	1	1.7%
	Methodist	4	6.8%
	Mormon/Latter-Day Saints	1	1.7%
	Muslim—Other	1	1.7%
	Other label, religious	1	1.7%
	Other	1	1.7%
	Pagan	1	1.7%
	Pentecostal	1	1.7%
State of residence			
	Colorado	1	1.7%
	Florida	1	1.7%
	Idaho	2	3.4%
	Illinois	2	3.4%
	Indiana	1	1.7%
	Iowa	1	1.7%
	Kansas	28	47.5%
	Massachusetts	1	1.7%
	Missouri	15	25.4%
	North Dakota	1	1.7%
	Oklahoma	1	1.7%
	Ohio	1	1.7%
	Pennsylvania	1	1.7%
	Rhode Island	1	1.7%
	Texas	1	1.7%
	Virginia	1	1.7%

\*CACREP lists these programs as separate program areas.

### **Statistical Assumptions**

I conducted a linear regression analysis on spiritual and religious competence based on spiritual issues in supervision and institutional affiliation (faith-based and non-faith-based). The alpha level was set at .05. Spiritual and religious competence scores met the required model assumptions for normality, homoscedasticity, and linearity upon comprehensively reviewing skewness, kurtosis, box plots, scatterplots, histograms, and Shapiro-Wilk. I reviewed scatterplots for linearity and determined that no curvilinear relationships existed between the predictor variables and the criterion variable. A review of the histograms associated with each variable also demonstrated a normal distribution. Descriptive statistics are reported in Table 2.

### **Correlational Analysis**

I assessed correlations between all variables. Between spiritual and religious competence and spiritual issues in supervision, there was a positive, moderate, but not statistically significant relationship,  $r = 0.42, p < .05$ . Between spiritual and religious competence and institutional affiliation, there was a negative, minute, but not statistically significant relationship,  $r = -.10, p > .05$ . Between spiritual issues in supervision and institutional affiliation, there was a negative, small, but not statistically significant relationship,  $r = -.10, p > .05$ . A report of the descriptive statistics is provided in Table 2.

Table 2

*Descriptive Statistics and Predictor Variable Correlations*

	<i>M</i>	<i>SD</i>	<i>n</i>	SISS	Faith-based
SARCA	161.55	19.28	59	.42	-.096
SISS	86.53	22.73	59	-	-.096
Faith-based	-	-	59	-	-

*Note.* Non-faith-based was the reference group/intercept.

**Regression Analysis**

There was a statistically significant relationship between spiritual and religious competence and spiritual issues in supervision and institutional affiliation,  $F(2,56) = 6.09, p < .05$ . A moderate effect was noted with 18.0% of the variance accounted for in the model,  $R^2 = .180$ , but with a more conservative adjusted  $rs^2 = 15.0\%$  of the variance accounted for in the model. Spiritual issues in supervision was a statistically significant predictor of spiritual and religious competence and accounted for 17.6% ( $R^2 = .176$ ) but more conservatively 14.7% ( $rs^2 = 0.147$ ) of the variance accounted for in the model. Institution affiliation was not a statistically significant predictor of spiritual and religious competence and accounted for 0.9% ( $R^2 = .009$ ) but more conservatively -0.8% ( $rs^2 = -.008$ ) of the variance accounted for in the model. A list of results is provided in Table 3.

Table 3

*Multiple Regression Results for Integration and Institutional Attendance*

Predictor	B	SE	$\beta$	<i>t</i>	<i>p</i>	$R^2$	$rs^2$
SISS	.351	.103	.414	3.40	.001	.176	.147
Faith-based	-2.675	5.778	-.056	-.463	.645	.009	-.008

*Note.* Non-faith-based was the reference group/intercept.



### **Chapter Summary**

A sample of 59 master's-level counseling graduate students in CACREP programs were surveyed to investigate the extent of the relationship between faculty supervisor spiritual and religious integration into supervision, students perceived spiritual and religious competence, and students' attendance at either faith-based or non-faith-based institutions. A multiple regression analysis revealed a statistically significant relationship between students' spiritual and religious competence and spiritual issues in supervision (integration). No statistically significant predictive relationship was found between students' spiritual and religious competence and institutional attendance.

In the final chapter, I discuss and interpret the results provided in Chapter 4. I discuss limitations of the study, recommendations for practice, implications for social change, and ideas for future research. I conclude the chapter with a brief summary.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to determine whether master's-level graduate students' perceptions of their faculty supervisors' spiritual and religious integration practices in clinical supervision predict students perceived spiritual competence, considering attendance in faith-based versus non-faith-based institutions. A small to moderate effect was noted during correlational analysis between the variables, none of which were statistically significant. The perception of integration of spiritual issues in supervision by clinical supervisors predicted spiritual and religious competence in students at a statistically significant level,  $p < .05$ , and accounted for 32.3% of the variance in the study. Institutional affiliation was not a statistically significant predictor of students perceived spiritual and religious competence and accounted for 2.3% of the variance in the study. In this chapter, I discuss the findings of the study, along with recommendations and implications, and provide a brief conclusion.

### **Interpretation of the Findings**

In this section, I provide a review of previous research in the area of spiritual and religious integration and competence. Following a brief review, I discuss the results of the current study in relation to prior research. I then review the results in relation to the framework for the study.

### **Comparison to Previous Research**

Henricksen et al. (2015) reported that students believed that discussion of spirituality and religion during supervision was vital to the development of competence. At the time of the current study, the question of whether discussion of spiritual and

religious matters in supervision affects competence was unanswered. In the present study, students confirmed and extended the findings of Henricksen et al., as there was a statistically significant predictive relationship between perceived integration of spirituality and religion in supervision and perceived competence. The results extend what is known about the role that institutional affiliation plays in the development of spiritual and religious competence. Most students reported a variety of perspectives offered across academic settings about integrating spirituality and religion in counseling (Adams, 2012; Gilliam & Armstrong, 2012; Henricksen et al., 2015). Results from the present study did not demonstrate a statistically significant predictive relationship between perceived competence and attendance in a faith-based or non-faith-based institution. Based on this finding, the supervisory relationship has more to do with students' perceived competence than where they receive their training. This finding extends what is known about the role of supervision in the development of spiritual and religious competence during training.

Hull et al. (2013) found that students deem conversation about spirituality and religion during supervision to be important. When viewed as a whole, the results of the study support this notion and expand the research to support a predictive relationship between integration and competence among the sample. Dialogue about how to integrate spirituality and religion into supervision during training should continue.

Gilliam and Armstrong (2012) found differences in the integration practices of supervisors and the experiences of students. While this study did not address the differences between CACREP-accredited and non-CACREP-accredited programs, when I

was looking at CACREP-accredited programs, I found no statistically significant predictive relationship between spiritual and religious competence and attendance in a faith-based or non-faith-based CACREP program. Although there was no predictive relationship between spiritual and religious competence and attendance of a faith-based or non-faith-based CACREP institution, the regression analysis did indicate a statistically significant relationship between spiritual integration, institutional affiliation, and spiritual and religious competence when examined together. This finding extends existing knowledge about the type of institution, in that the institution alone was not a significant predictor of spiritual and religious competence among students in the present sample.

According to the literature, exploration of spiritual and religious issues during counseling sessions has received mixed responses from students (Adams, 2012; Gilliam & Armstrong, 2012). Adams (2012) found that nearly 40% of counselors (students and professionals) did not believe that discussion of spiritual and religious matters is appropriate during a counseling session. Counseling students also indicated uncertainty about including spirituality and religion in the treatment planning process (Adams, 2012). Adams also reported that students felt that they could remain objective throughout the counseling process when taking spirituality and religion into account. In the present study, students confirmed that, more often than not, they did not address the topic of spirituality and religion during treatment planning or assessment discussions in supervision. Reflecting on integration during supervision, most students reported only occasionally or less frequently discussing spirituality and religion in other areas of their clients' lives. Students did report increased rates of discussion about spirituality and

religion in supervision when engaged in self-reflection or when considering values or the topic of religion specifically.

Responses to questions about integration confirmed that students tended to remain mixed when addressing spirituality and religion with their clients. Students' responses to these questions provided additional insight into responses offered in Adams's (2012) study by suggesting that infrequent or occasional conversation during supervision, to some extent, contributed to mixed responses about addressing the topic of spirituality and religion in general and in specific areas, such as treatment planning and assessment of client concerns. In evaluating a statement about not encouraging clients to express their spiritual and/or religious beliefs or practices in therapy, 83.6% of the respondents slightly disagreed, disagreed, or strongly disagreed, indicating that among this sample, most students encouraged their clients to share their religion or spirituality and did not find this discussion problematic. Responses to this question align with previous research indicating that students believe that conversations about spirituality and religion are important (Adams, 2012).

Henricksen et al. (2015) stated that counseling students reported a lack of growth related to spiritual and religious integration during training. These students also indicated that spirituality and religion was a necessary topic for discussion during training and that counselor educators should work to develop opportunities for training during their academic experience (Henricksen et al., 2015). Participants in the present study stated that opportunities for self-exploration occurred at least occasionally (34%) or more frequently (42.19%), indicating that they felt that there was an opportunity for personal

growth. When asked specifically about addressing spirituality and religion within conversations in the supervisory relationship, 51% of respondents indicated that the topic was never addressed or was less than occasionally addressed. Responses to these questions suggested that students had increased opportunities in supervision to self-reflect and engage in personal growth, thereby demonstrating an experience that differed from that of the students who responded in the Henricksen et al. study. Although students perceived supervisors as less likely to address spirituality and religion in the context of the supervisory relationship, they indicated that they had experiences that served their personal and professional growth.

### **Results and Conceptual Framework**

The conceptual framework for this study encompassed three supervisory models for the counseling profession: the IDM, DM, and SACRED model. Together, these models address the development and process of supervision as well as a mechanism for intentionally fostering competence among counseling professionals and students. Within the IDM of supervision, supervisees at the Level 1 stage have limited training and are highly dependent on their supervisor (Bernard & Goodyear, 2014). Supervisees at Level 2 feel confident enough to make some decisions themselves but still require structure and support offered by a competent supervisor (Bernard & Goodyear, 2014). While there was a statistically significant relationship between perceived spiritual and religious integration and perceived spiritual competence as reported by students, the respondents in this sample were at a stage of clinical development in which they required a high degree

of education from their supervisors or were at a place of differentiating from their supervisors.

Respondents indicated a perception of competence largely based on interaction and direction from their supervisor. Students indicated a lack of perceived integration during supervision in areas such as assessment, treatment planning, and conceptualization, which are clinical areas of significance in the IDM model (Bernard & Goodyear, 2014). To foster competence in students, supervisors need to identify specific methods of introducing the topic of spirituality and religion to assess for and improve overall competence. It is important to note that the clinical supervisor is responsible for helping to guide students in their mastery of specific skills (Bernard & Goodyear, 2014). Given the role of the supervisor in creating opportunities for growth, it is understandable that a particular institutional religious affiliation would not necessarily predict increased competence and that there was not a statistically significant predictive relationship between spiritual and religious competence and attendance at a faith-based or non-faith-based counseling program.

In light of the historical disparity in views about spiritual and religious integration (Vieten et al., 2013), it is likely that most supervisors do not possess the training or skill required to integrate these two factors into supervision. Ross et al. (2013) developed the SACRED model as a way to help supervisors integrate spirituality and religion into supervision to foster competence. After a review of responses to individual questions throughout the survey, I found that students reported that they had discussions only occasionally about spirituality and religion, with an average score of 84 for the SISS. A

total score of 170 is possible, which indicates frequent discussion about spiritual and religious matters during supervision (McInnes Miller, 2003). In contrast, respondents reported a mean score of 134 on the SARCA. The total score on the SARCA is 180 (Fluellen, 2018). The closer the score is to 180, the more competent the person feels related to spiritual and religious integration (Fluellen, 2008). All three models of supervision include interventions or roles that indicate that supervisors are responsible for creating safety in the relationship that allows for such conversations, or that they are responsible for challenging students to consider various counseling-related skills to foster competence (Bernard & Goodyear, 2014).

The results indicated that students not only felt greater competence when they experienced integration during supervision, but also reported perceived competence at a greater degree than they experienced actual integration upon review of mean scores across both surveys. Approximately 26% of respondents indicated that they discussed spirituality and religion related to assessment more than occasionally. With the conceptualization process considered, approximately 25% of respondents indicated that they discussed spirituality and religion more than occasionally. Approximately 43% of respondents reported they discussed spirituality and religion more than occasionally when asked about self-reflection. In the area of spiritual and religious development, the most frequent response from participants was that supervisors occasionally (34%) provided opportunities for personal self-reflection, while approximately 43% of respondents indicated more frequently participating in personal self-reflection. After reviewing responses on the SARCA about personal development, I found that 86% of respondents



reported that they engaged in developmentally appropriate reviews of their beliefs related to spirituality and religion. According to the data, students reported that they were engaged in conversation related to the themes in the SACRED model at least occasionally.

In the DM of supervision, supervisors use the roles of educator, consultant, and counselor to assist supervisees in the development of counseling skills (Bernard & Goodyear, 2014). Within the DM supervision experience, supervisors consider process/intervention ability, conceptual ability, and personalization of the therapist (Bernard & Goodyear, 2014). As mentioned earlier, students perceived that their supervisors integrated discussion about personalization on a more regular basis. It is reasonable to suspect that most supervisors see their role as creating opportunities for personal growth via self-examination, which would have contributed to why over 75% of students reported opportunities to consider how their beliefs factored into their understanding of working with a client's spiritual or religious beliefs. Interestingly, even though assisting students in their conceptual ability is a focus of the DM, the majority of students reported that they perceived their supervisors never to occasionally discussing how to conceptualize from a religious or spiritual perspective. When looking at the process or intervention aspect of supervision, only approximately 10% of students reported that supervisors discussed treatment planning frequently or more than occasionally. Approximately 20% indicated that they had discussions about spirituality or religion when working with a trauma client frequently or more than occasionally. Students reported most frequently that they perceived their supervisors as addressing

spirituality and religion within the three primary foci of the DM of supervision only occasionally. Because supervisors use various roles, such as consultant or counselor, to assist students in their development, it is possible that students might not have recognized their supervisors' attempts to help them in these areas based on their stage of clinical development (Bernard & Goodyear, 2014).

When viewed together, these models of supervision practice provided a foundation for the development of competence among student counselors. The use of various roles and techniques allows supervisors to consider the developmental stage of their supervisees along with specific process needs (Bernard & Goodyear, 2014). The SACRED model enhanced knowledge of integration in supervision by providing specific factors for supervisors to consider as they strive to integrate spirituality and supervision in a developmentally appropriate and process-oriented manner (Ross et al., 2013).

### **Limitations of the Study**

As stated in Chapter 1, I identified several limitations at the outset of the study; I identified additional limitations following data collection. Initial limitations included challenges obtaining a complete sampling frame, the use of a nonprobability sample, and potential low response rate due to the use of an online survey and participant interest in the study topic. In addition to these limitations, limitations to generalizability included a large number of respondents from Kansas and Missouri. While respondents represented 16 states, approximately 73% reported their state of residence as Kansas or Missouri. These numbers were disproportionate to the rest of the sample. Additionally, nearly 80% of respondents indicated attendance at a faith-based institution, and 78% reported their

institution as private. While CACREP accredits both public and private institutions, the number of public programs outnumbers programs at private institutions. Finally, due to changes in the recruitment process relative to sending the invitation to all CACREP programs in the United States, I used a convenience sampling method to recruit participants. During the IRB approval process, the Walden IRB indicated that any academic institution I sent my invitation to would become a partner organization. To address this issue, rather than send invitations to all programs, I identified regional programs to participate in the study. The change in procedure was approved during the initial approval process along with approval of each identified site. This strategy limited my sample to universities in my geographic location and participants available via listservs.

### **Recommendations for Future Research**

The present study identified a statistically significant predictive relationship between the perceived spiritual and religious integration practices of clinical supervisors and the perceived competence of students to integrate spirituality and religion into counseling sessions. Given the limitations of the sample, additional studies using a larger number of students could further identify the role of spiritual and religious integration and its perceived effect on spiritual and religious competence during training. Future studies could focus on expanding beyond the Midwest to other geographic locations within the United States to determine if the perceptions of students change. Researchers might consider conducting a study with a larger number of students who identify attendance in public rather than private institutions, along with students who report

attending programs housed in non-faith-based programs, to see if the predictive relationship or the responses to individual questions change. Henricksen et al. (2015) found that students received most of their instruction about spiritual and religious integration through a course. Research on specific methods of integrating spirituality and religion, such as group supervision, individual supervision, and class-based experience, could inform the counselor education and counseling community about the best methods of disseminating information to students and which of these methods shows the most predictive ability related to perceived competence.

Researchers could consider a multi-method approach to the topic of spiritual and religions integration. A qualitative approach could further develop an understanding of the role of culture in the integration of spirituality and religion for both students and supervisors. In addition, because of students' perceptions of faculty and supervisor messages about spiritual and religious integration as unethical, a qualitative study could further expand knowledge of what prompts students to perceive such integration as unethical.

Future researchers might also consider expanding the study to additional participants to determine if the predictive effect of the institution changes with a larger sample from a wider selection of CACREP institutions. Gilliam and Armstrong (2012) found that integration practices differ, as reported by supervisors and students, between CACREP and non-CACREP programs. Future research might focus on the perceptions of students in CACREP and non-CACREP programs to determine if any differences emerge between these two types of programs. Given the importance placed on spiritual

and religious integration by the ACA, ASERVIC, and CACREP (ACA, 2014; Cashwell & Watts, 2010; CACREP, 2016), future research could shed light on the role accreditation plays in the development of curriculum that supports growth in spiritual and religious integration. Finally, future researchers could separate practicum and internship students to determine if time in the program and stage of development effect perceived competence.

### **Implications for Social Change**

Data from the study supports continued exploration of spiritual and religious integration during counselor training. Students and professionals believed in the inclusion of clients' spiritual and religious beliefs during counseling sessions (Henricksen et al., 2015; Hull et al., 2013), which supports the continued development of courses and professional awareness of these issues in counseling. The identification of a predictive relationship between perceived supervisor integration practices and student competence also provides support for continued conversation in the area of spirituality and religion with students. The fact that approximately 40% of students and professionals in one study reported a view of spiritual and religious integration as inappropriate in some manner should concern many in the counseling profession as this perspective could limit the frequency or ability of counselors to work holistically with their clients (Adams, 2012). The results of this study support continued professional awareness in ways to communicate the topic of spirituality and religion in counseling to foster greater respect and openness of these matters in both supervision and in counseling sessions. In addition, the fact that students found supervision in training as a competence generator

could lend support to changes in curriculum that emphasize spiritual and religious integration across counseling programs. While the sample in this study largely attended private-faith-based programs, the analysis of the data did not show a predictive relationship between the institution and competence, which supports continued examination of educational practices across faith-based and non-faith-based programs.

### **Implications for Practice**

While training is important, the primary focus of training and supervision is the delivery of competence counseling services to clients (Kim et al., 2015). Clients who received counseling services from professionals who integrate spirituality and religion report better therapeutic outcomes (Kim et al., 2015). In addition to counseling outcomes, a majority of professionals reported that they do not receive substantial training in the area of religion and spirituality until they complete postgraduate continuing education (Plumb, 2011). The problem with this philosophy is that 60% of respondents indicated either no interest or a neutral attitude towards the completion of continuing education in the area of spiritual and religious competence (Plumb, 2011). The identified perspective of these participants suggested that if training does not occur during graduate school, a majority of counselors will not seek out continuing education in spiritual and religious competence.

Another area of interest resulted from the finding that 68% of clients indicated their counselors integrated spirituality and religion, but upon further clarification, only 31% of clients that saw a counselor in a secular setting received integrative services while 93% of counselors in a faith-based setting reported integration during therapy (Morrison

et al., 2009). According to Morrison et al. (2009), 72.9% of clients in the study reported they wanted counselors to include spirituality at the same level as experienced in the study. In addition, 16.7% of the clients indicated that wanted more integration than was experienced and only 4.2% indicated they wanted less integration (Morrison et al., 2009).

Kim et al. (2015) found that participants in their study reported better treatment outcomes with the integration of spirituality and religion during counseling sessions. Not only did clients report improved treatment outcomes, the results of the study demonstrated the importance of spirituality to clients and served as a key variable in the change process after the researchers accounted for other variables and covariates (Kim et al., 2015). The finding that a predictive relationship exists between integration and competence could enhance the speed with which students develop competence in this specific area and can provide competent clinical service to their clients. In this way, the client is the benefactor of better service delivery through interaction with professionals who can assess, and process concerns associated with spirituality and religion. This finding could also provide a rationale for educators and supervisors in faith-based and non-faith-based counseling programs to enhance the degree of spiritual and religious integration provided to students to increase the frequency or ability of students to support their clients.

### **Implications for Counselor Educators and Supervisors**

Counselor educators and faculty supervisors have a responsibility to ensure students develop competence to serve as professionals and leaders in the field of counseling (ACA, 2014; CACREP, 2016; Cashwell & Watts, 2010). According to the

*ACA Code of Ethics* (2014), supervisors must make client welfare a priority during the supervision process. Clinical and faculty supervisors have a responsibility to ensure students and professionals have the training to serve a diverse client population (ACA, 2014). The ACA included spirituality and religion in their description of multicultural issues and diversity in assessment as well as in the section on non-discrimination (ACA, 2014). Not only must supervisors and educators adhere to the *ACA Code of Ethics*, ACA endorsed the ASERVIC spiritual competencies, which required counseling professionals to develop competence in their ability to address spirituality and religion when engaged in the provision of counseling services (Cashwell & Watts, 2010). The ASERVIC competencies included an emphasis in culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment (Cashwell & Watts, 2010). Finally, as part of CACREP's requirement for accreditation, counselor education programs must address the role of spirituality as it relates to both the client and the counselor's belief system (CACREP, 2016b).

Based on the preceding information along with the results from this study, counselor educators and faculty supervisors in both masters and doctoral level training programs should consider the influence of the perceived predictive relationship of spiritual and religious integration on perceived student competence. The development of spiritual and religious competence is an ethical imperative, a training standard, and part of established cultural competence standards (ACA, 2014; CACREP, 2016; Cashwell & Watts, 2010). Master's level faculty should consider methods of integrating spirituality and religion into their programs as well as how to ensure faculty supervisors in their



programs have the necessary training to incorporate these areas into training. Doctoral faculty should also consider how to incorporate training in the area of spiritual and religious integration. Doctoral faculty could incorporate such training during a supervision course as well as during supervision in the internship experience as appropriate. Regardless of one's views of the present study, counselor educators and supervisors have a responsibility to integrate spirituality and religion into the academic process to ensure students leaving either masters or doctoral training program possess the necessary skills to work with clients and trainees. Both master's and doctoral level supervisors can support spiritual and religious competence through familiarizing themselves with the ASERVIC spiritual competencies. In doing so, supervisors enhance their knowledge of integration in a spiritually and religiously competent manner, which could create opportunities for the use of spiritually or religiously integrative models of counseling supervision with trainees.

### **Conclusion**

Spiritual and religious integration during the training process is vital to the development of competent students. The literature is clear that students and professionals find discussion and integration of spirituality and religion important and necessary (Adams, 2012; Henricksen et al., 2015; Hull et al., 2013). The data indicated that students perceived supervisor integration practices in the area of spirituality and religion predicted their perceived level of competence in practice. Students did not indicate that the type of institution predicted their overall competence. In this respect, the supervisory relationship served a greater role in spiritual and religious competence and warrants

continued examination of methods of increasing supervisor competence and comfort in these areas to create opportunities throughout training, regardless of if the institution is faith-based or not, to increase the possibility of graduating students who can navigate these issues with their clients.

According to the literature, if students do not receive training that incorporates discussion related to spirituality and religion, it falls to the newly graduated professional to identify mechanisms of generating competence (Plumb, 2011). The hope is that continued research in the area of spiritual and religious integration results in new ways of encouraging competence throughout the training process. We must also confront the reality of integration at this moment. The current state of spiritual and religious integration remains conflicted. Emerging research continues to support the incorporation of spirituality and religion in both supervision and client services, yet many clinicians and supervisors limit or omit this discussion during training. With the growth in interest in the area of spirituality and religion since the 1970's, it is assumed the profession would be further along in its acceptance of personal beliefs related to spirituality and religion. While attending a national conference, dialogue between students and seasoned professionals demonstrated that spirituality and religion remained a topic of discomfort and conflict as it is seen differently than other areas of a person's life asked about freely. The ethical obligations indicated by the ACA along with accreditation standards enforced by CACREP warrant that the profession continues to grapple with how to best train students and supervisors in methods of competent spiritual and religious integration. Leaving training in this area to the recently graduated student creates a gap that may go

unfilled, which puts client care at risk of reduced efficacy. Existing research, along with the results from this study, demonstrate that many improvements occurred over the years, there is still work to do to bring this important part of clinical work consistently into the supervision setting.

In conclusion, the purpose of this quantitative study was to establish if there was a predictive relationship between supervisor integration of spirituality and religion and competence as perceived by students. Students continue to support the notion that supervision is a crucial part of their development. The results of this study provided a new piece of information in a growing field of research among counselor educators and counselors that support continued efforts to identify methods of preparing competent counselors to serve the most vulnerable among us in a holistic manner.

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## Appendix A: ASERVIC Spiritual Competencies

### ASERVIC Spiritual Competencies

#### Culture and Worldview

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

#### Counselor Self-Awareness

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

#### Human and Spiritual Development

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

#### Communication

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.
8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and that are acceptable to the client.

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

#### Assessment

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

#### Diagnosis and Treatment

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

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

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

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

## Appendix B: Demographic Questionnaire

**Demographic Questionnaire**

The demographic information questionnaire will ask participants to report their ethnicity, age, gender, sexual orientation, religious orientation, and state of residence.

1. Gender:
  - Male
  - Female
  - Transgender
  - Prefer not to say
2. What is your sexual orientation?
  - Gay
  - Lesbian
  - Bisexual
  - Heterosexual
  - Other/Not listed above
  - Prefer not to report
3. What is your age (in years)? \_\_\_\_\_
4. Please identify your Race/ethnicity:
  - Asian (East, South, Asian American)
  - Indian American
  - Middle Eastern

- Arab American
  - Pacific Islander
  - African American/Black
  - Afro-Caribbean
  - Caucasian/White
  - Latino or Hispanic American
  - Mixed race (please describe) \_\_\_\_\_
  - Other: \_\_\_\_\_
5. Is the academic institution you attend a public or private institution?
- Public
  - Private
6. Is the academic institution you referred to in the previous question faith-based or non faith-based?
- Faith-based
  - Non-faith-based
7. Please indicate your CACREP program area.
- Addiction Counseling
  - Career Counseling
  - Clinical Mental Health Counseling
  - Clinical Mental Health Counseling and Clinical Rehabilitation Counseling
  - Clinical Rehabilitation Counseling



- College Counseling
  - College Counseling and Student Affairs
  - Community Counseling
  - Gerontological Counseling
  - Marital, Couple, and Family Counseling/Therapy
  - Marriage, Couple, & Family Counseling
  - Mental Health Counseling
  - Rehabilitation Counseling
  - School Counseling
  - Student Affairs
  - Student Affairs and College Counseling
8. When someone asks, “What religion are you?” How do you reply?
- Orthodox
  - Christian
  - Jehovah's Witness
  - Christian, Non-Denominational
  - Mormon/Latter-day Saints
  - Muslim-Sunni
  - Muslim-Shi'a
  - Muslim-Other
  - Hindu

- Sikh
- Taoist/Confucian
- Buddhist
- Jewish
- Jain
- Baha'i
- Scientologist
- Pagan
- Catholic
- Anglican
- Protestant
- Baptist
- Methodist
- Lutheran
- Presbyterian
- Pentecostal
- Episcopalian
- Pantheist
- Wiccan
- I believe in something I call "God" but do not have a religion.
- I am Spiritual but do not have religion.

- Unitarian Universalist
- Humanist
- Agnostic
- Atheist
- I do not have a religion, and I do not believe in "God."
- Other Label, Religious (please specify) \_\_\_\_\_
- Other Label, Non-Religious (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

9. Please list state of residence:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho

- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina

- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other please specify: \_\_\_\_\_

### Appendix C: Participation Invitation

Dear Counselor Administrators/Counselor Educators. My name is Andrew Secor and I am a doctoral candidate at Walden University in the Counselor Education and Supervision program. I am conducting a study titled “Predicting Perceived Master’s Student Spiritual and Religious Competence Based on Perceived Faculty Supervisor Spiritual and Religious Integration Practices and Institutional Attendance.” As the identified contact person for your program, I want to ask that you consider forwarding this participation invitation to your students. The study examines counseling student’s perceptions of their program supervisors’ spiritual and religious integration practices and if these practices predict perceived competence. I would appreciate if you would copy and paste the invitation below and forward this research opportunity to your students.

My Name is Ander Secor and I am a doctoral candidate at Walden University. I am interested in discovering if students’ perceptions of their supervisors’ spiritual and religious integration practices during graduate training predict student counselor spiritual and religious competence along with institutional attendance in a non-faith based or faith-based accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). Counselors feeling adequately prepared to serve clients in these areas remains a problem, creating conflict between recognized professional standards and counselor preparation. Due to this issue, examining the perceived competence of student counselors in relation to their supervisor’s integration practices could help address feelings of incompetence in the area of spirituality and religion.

Please take a few minutes to complete the following demographic questionnaire and assessments. The questionnaire and assessments should take approximately 10 minutes to complete. The demographic questionnaire will solicit information about general participant characteristics. The Spiritual Issues in Supervision Scale (SISS) and the Spiritual and Religious Competence Assessment (SARCA) will assess your perceptions of your supervisor’s integration practices along with your perception of your own level of competence to apply spiritual or religious knowledge in your counseling practice.

All information gathered will remain confidential and all participants will remain anonymous. Participation in the study is completely voluntary and you may discontinue participation at any time. My research information and participants results will be shared from the link below.

Questions or concerns may be directed to Andrew Secor. My email address is xxx. If you would prefer to contact me via phone, my number is xxx-xxx-xxxx. Also, you can contact Walden University regarding your rights as a participant by emailing xxx.

Thank you in advance,  
Andrew Secor MA, LCPC, LCMFT, LCAC, NCC, RPT

Doctoral Candidate – Walden University

## Appendix D: Follow-Up Participation Invitation

Dear Counselor Administrators/Counselor Educators.

My name is Andrew Secor and I am a doctoral candidate at Walden University in the Counselor Education and Supervision program. I am conducting a study titled *Predicting Perceived Master's Student Spiritual and Religious Competence Based on Perceived Faculty Supervisor Spiritual and Religious Integration Practices and Institutional Attendance*. As the identified contact person for your program, I want to ask that you consider forwarding this participation invitation to your students. The study examines counseling student's perceptions of their program supervisors' spiritual and religious integration practices and the influence of these practices on their competence. I would appreciate if you would copy and paste the invitation below and forward this research opportunity to your students. **If you have already forwarded this request to your students, thank you for your support of this study.**

My Name is Ander Secor and I am a doctoral candidate at Walden University. I am interested in discovering if students' perceptions of their supervisors' spiritual and religious integration practices during graduate training predict student counselor spiritual and religious competence along with institutional attendance in a non-faith based or faith-based accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). Counselors feeling adequately prepared to serve clients in these areas remains a problem, creating conflict between recognized professional standards and counselor preparation. Due to this issue, examining the perceived competence of student counselors in relation to their supervisor's integration practices could help address feelings of incompetence in the area of spirituality and religion.

Just as a reminder, I am asking you to take a few minutes to complete the following demographic questionnaire and assessments. **If you already completed this questionnaire, thank you for your participation. Please do not complete the survey a second time.** The questionnaire and assessments should take approximately 10 minutes to complete. The demographic questionnaire will solicit information about general participant characteristics. The Spiritual Issues in Supervision Scale (SISS) and the Spiritual and Religious Competence Assessment (SARCA) will assess your perceptions of your supervisor's integration practices along with your level of competence to apply spiritual or religious knowledge in your counseling practice.

All information gathered will remain confidential and all participants will remain anonymous. Participation in the study is completely voluntary and you may discontinue participation at any time. My research information and participants' results will be shared from the link below.



Questions or concerns may be directed to Andrew Secor at xxxx. If you would prefer to contact me via phone, my number is xxx-xxx-xxxx. Also, you can contact Walden University regarding your rights as a participant by emailing xxxx.

Thank you in advance,

Andrew Secor MA, LCPC, LCMFT, LCAC, NCC, RPT  
Doctoral Candidate – Walden University

## Appendix E: Recruitment Letter to Participants

Dear Counseling Practicum/Internship Student,

My Name is Ander Secor and I am a doctoral candidate at Walden University. I am interested in discovering if students' perceptions of their supervisors' spiritual and religious integration practices during graduate training predict student counselor spiritual and religious competence along with institutional attendance in a non-faith based or faith-based accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). Counselors feeling adequately prepared to serve clients in these areas remains a problem, creating conflict between recognized professional standards and counselor preparation. Due to this issue, examining the perceived competence of student counselors in relation to their supervisor's integration practices could help address feelings of incompetence in the area of spirituality and religion.

Please take a few minutes to complete the following demographic questionnaire and assessments. The questionnaire and assessments should take approximately 10 minutes to complete. The demographic questionnaire will solicit information about general participant characteristics. The Spiritual Issues in Supervision Scale (SISS) and the Spiritual and Religious Competence Assessment (SARCA) will assess your perceptions of your supervisor's integration practices along with your level of competence to apply spiritual or religious knowledge in your counseling practice.

All information gathered will remain confidential and all participants will remain anonymous. Participation in the study is completely voluntary and you may discontinue participation at any time. My research information and participants' results will be shared from the link below.

Questions or concerns may be directed to Andrew Secor. My email address is xxxx. If you would prefer to contact me via phone, my number is xxx-xxx-xxxx. Also, you can contact Walden University regarding your rights as a participant by emailing xxxx.

Thank you in advance,  
Andrew Secor MA, LCPC, LCMFT, LCAC, NCC, RPT  
Doctoral Candidate – Walden University