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Becoming Confident in Addressing Client Spiritual or Religious Orientation in Counseling: A Grounded Theory Understanding

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The process of how counselors develop confidence in addressing the spiritual or religious orientation of the client during therapy was explored using a qualitative, grounded theory framework. Results suggest that developing this confidence, as well as avoiding pitfalls when incorporating spirituality or religious orientation in the therapeutic process, are shaped by the counselor’s personal spiritual journey. Formative factors include having opportunities to socially construct knowledge and skill, the level of reverence and respect for spirituality, and the degree of internal drive on the part of the counselor to become more confident. Implications of these findings for counselor practice are discussed.

KEYWORDS
spirituality, counseling, development, theory

We are not human beings having a spiritual experience.
We are spiritual beings having a human experience.
(Pierre Teilhard de Chardin)
Since Carl Jung (1933) suggested in 1933 that counselors incorporate spirituality into therapeutic practice, many in the counseling profession have promoted the idea that practitioners should become skilled in addressing spiritual and religious issues in counseling (Bethea, 2004; Hagedorn & Gutierrez, 2009; Kelly, 1994; Young, Wiggins-Frame, & Cashwell, 2007). More recently, efforts have been made to formalize a focus on the use of spirituality in counseling practice in the policies of professional counseling organizations. In 2001, the Council for Accreditation of Counseling and Related Educational Programs (CACREP), the primary accrediting body for counselor education programs, included in the accreditation standards language that identified spiritual and religious beliefs as one aspect of a person’s culture (Council for Accreditation of Counseling and Related Educational Programs, 2001). Shortly thereafter, in 2003, the Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), endorsed culturally appropriate interventions that included religious and spiritual beliefs (AMCD, 2003). In 2005, the revision of the ACA Code of Ethics (2005) included religion/spirituality in its non-discrimination statement. More concrete direction regarding how to incorporate spirituality into counselor education curriculum and therapeutic work with clients has started to emerge. In 2009, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) created a set of competencies that was endorsed by ACA (ASERVIC, 2009).

Given the fact that efforts to begin to codify training and practice guidelines are so recent, it is perhaps not surprising that the research has shown practicing counselors feel ill prepared to integrate spiritual and religious issues into their practice and are uncomfortable when attempting to do so (Burke et al., 1999; Carlson, Kirkpatrick, Heckler, & Killmer, 2002; Griffith, 1998; Hagedorn & Gutierrez, 2009; Knight, 2010; McInnes-Miller, Korinek, & Ivey, 2004; Souza, 2002; Weinstein, Parker, & Archer, 2002). In understanding what creates this discomfort, results of studies (Griffith, 1998; Souza, 2002; Weinstein, Parker & Archer, 2002) have pointed to factors related to the counselor’s own spiritual development, such as difficulty defining or discussing spirituality and not having explored their own spirituality or worked through their own unresolved spiritual issues. Shafranske (1996) suggested, “if healthy spirituality is to flourish, it needs to be validated and supported by those who have gained some wisdom in their own search” (pp. 499– 500). Additionally, counselors may struggle to set aside their own spiritual or religious orientation to work empathically within the
client’s spiritual frame-work, creating what Dobmeier, Reiner, Casquarelli, and Fallon (2013) called a “schism between faith and ethical responsibility” (p. 52). For counselors experiencing this discomfort, a convenient choice could be made not to pursue this area of spirituality or open it up as a source for potential solutions to client concerns. Then, the counselor can be true to their religious/spiritual orientation while simultaneously honoring the core conditions of the therapeutic relationship (Chandler, Miner-Holden, & Kolander, 1992; Eliason, Samide, Williams, & Lepore, 2010; Griffith, 1998; Knight, 2010; Rogers, 1957; Souza, 2002; Weinstein et al., 2002). Another factor identified as contributing to discomfort is the lack of education around the role of the counselor when spiritual or religious issues are presented by the client, including the ability to label an issue as being spiritual in nature, knowledge of spiritual beliefs connected with other cultures, processes to use to assess client spiritual development and implementing interventions accordingly (Burke et al., 1999; Ganje-Fling & McCarthy, 1996; O’Conner & Vandenbergh, 2005).

While factors that contribute to counselor discomfort in working with spiritual and religious issues in counseling have been identified, the process by which counselors come to feel comfortable in addressing these issues is unclear and has not been previously explored. The purpose of this study was to begin to better understand this process through utilizing a grounded theory qualitative research design (Creswell, 2007) with participants who are living the experience of becoming more confident in these areas.

METHOD

As noted in Creswell (2007), grounded theory is an extension of phenomenological study, with the additional step of moving beyond simply describing the phenomenon to the generation of a theory to understand its process. The purpose of this study was to qualitatively examine how counselors become confident in addressing client spiritual or religious issues in counseling and to develop a theory to explain the process. As such, a grounded theory qualitative methodology was tailor-made to accomplish this purpose.

Participants

Criteria for participant selection included age diversity, master’s level counseling training, a range of counseling practice experience, a range of counseling practice
focus, and pastoral or faith-based versus general counseling practice. Participants of the study were purposely chosen because they stated they had experienced the phenomenon of becoming confident in addressing spiritual and religious issues in counseling and could provide valuable insight for theory development. As indicated in Creswell (2007), the number of participants is ultimately driven by data saturation. Data saturation for this study occurred with 12 participants from both rural and urban midwestern communities. The six men and six women ranged in age from 26 to 82 and had practice experience from less than 1 year to 50 years. Practice focus of participants included general counseling in both private practice and community mental health agency settings, pastoral counseling, and faith-based agency settings. All participants were Christian in their religious orientation but varied by denomination. This study acknowledges that religious orientation and spirituality are related, but different concepts. However, a distinction was not made in participant selection based on this, as the focus of the study was to start to determine how counselors became confident in addressing either in their work with clients.

Participants were divided into four groups for this study based on the settings in which they worked, treatment focus, and years of experience in the field. The first group, which was composed of individuals working in a community mental health setting who had graduated within the last 2 years from a master’s degree program in counseling, included Annabel, a 26-year-old Caucasian female with one year of counseling experience; Ella, a 27-year-old Caucasian female with one year of counseling experience; and Emma, a 27-year-old Caucasian female with less than 1 year of counseling experience. The second group of participants were master’s level pastoral counselors and included Dax, a 55-year-old Caucasian male with 27 years of pastoral care and counseling experience; Jerry, an 82-year-old Caucasian male with 50 years of pastoral counseling experience; and Marshall, a 57-year-old Caucasian male with 31 years of pastoral counseling experience. The third group of participants were clinicians employed in a community mental health setting with more than 2 years of experience and included Jake, a 32-year-old Caucasian male with 5 years of counseling experience; RaNae, a 54-year-old, Caucasian female with 6 years of counseling experience; and Zander, a 47-year-old African American male with 22 years of counseling experience. The fourth group of participants were counselors working in a faith-based mental health agency and included Baya, a 47-year-old Caucasian female with 9 years of counseling experience; Josie, a 33-year-old Caucasian female with 8
years of counseling experience; and Malcolm, a 55–year-old Caucasian male with 17.5 years of counseling experience.

Entry Into the Field

Participants for this study were solicited in two ways, by phone or by email. In both types of solicitation, a brief description of the study was completed. Those who were not immediately available were asked to contact the primary author if interested. Participants were not recontacted if they did not initially express interest in the study. Following the solicitation of participants, those who expressed an interest to be involved in the study were scheduled for an individual interview and were briefed on qualitative research. A discussion with the participant then ensued on the purpose of this study, the procedures to be followed and confidentiality. Following the completion of informed consent, each participant was assigned a pseudonym to ensure anonymity.

Procedure

The study was conducted using the procedure discussed in Strauss and Corbin (1990) that incorporates an ongoing “zigzag” process of alternating data collection and data analysis that allows the researcher to implement a constant comparative method of analysis and to modify the manner of data collection to reflect emerging categories (Creswell, 2007). In accordance with the systematic procedures of Strauss and Corbin (1990, 1998) the following elements were addressed in the design of this grounded theory study.

Data Collection

**INDIVIDUAL INTERVIEWS**

Participants were first interviewed individually, in person or by phone, using a semistructured protocol, shown in the Appendix. The protocol was composed of fifteen questions that allowed for clarification and deeper inquiry as the theory developed.

**PICTORIAL REPRESENTATION**

After responding to the questions, participants were asked to complete a pictorial representation of their spiritual development and to speak about the drawing
as it was completed.

**FOCUS GROUP**

All participants were invited to take part in a focus group discussion held after the final individual interview. The five individuals who took part in the focus group discussions represented all four participant groups. The purpose of the focus group was to provide a setting in which the participants could collaborate together and further enrich the understanding of the themes as the theory developed.

As discussed in Erickson (1986), sufficient time in the field and extensiveness of the body of evidence used as data needed to be established. The data used in this study consisted of 14 hours of audiotaped interviews. An additional estimated 3 hours of follow up interactions with individuals took place over a time period of approximately 2 months. All audiotapes resulting from data collection were transcribed verbatim, in rigorous detail, by a trained transcriptionist, and accounted for a total of 163 pages of transcripts. A comprehensive field research journal was maintained by the researcher throughout the data collection and analysis of the results. A total of 35 pages comprised this journal with 89 entries.

**Trustworthiness**

Trustworthiness of this study was strictly adhered to, including credibility, transferability, dependability, and confirmability as indicated by Lincoln and Guba (1998). The thick and rich descriptions, a hallmark of qualitative research, gathered from multiple data points contributed to the transferability of the study results. This type of description included quotes from the participants to support the findings. This continued with the tradition of the members’ words and meaning driving the findings. The participants’ own words took a prominent position in the forming of this theory. This essentially aided in the potential for the findings of the study to be replicated.

Having three data points, (a) the initial interview, (b) the pictorial representation, and (c) the focus group, allowed for triangulation of data sources and avoided overreliance on one form of data, helping to establish confirmability of the findings.

In attempts to create a sense of dependability in the findings and add trustworthiness to the study, the first author followed suggestions noted in Merriam
(2002) and Creswell (2007). First, a peer review/examination of one transcript by an individual also bound by confidentiality and experienced in qualitative research was completed. For the peer review/examination, the first author conducted the open coding phase of analysis, and the peer reviewer performed the same step, in this validation technique. A comparison of the open codes was completed, and any clearly discrepant codes were explored further to clarify thematic expression. Second, the first author utilized an expert check with an individual highly experienced in qualitative research. The same procedures were followed as outlined in the peer review process. Third, the first author included negative case analysis in the findings of the study. Lastly, the first author secured evidence of an audit trail. The audit trail consisted of the 865 in vivo codes from the open coding phase of data analysis, proof of a peer review, an expert check, and member checks.

Persistent Observation and Prolonged Engagement

BIAS CONTROL

Several efforts were utilized to control for researcher bias during data collection and analysis as both persistent observation and prolonged engagement with the data occurred. To establish credibility and control for bias, suggestions were followed as outlined in Creswell (2007). The researcher wrote out his biases and set them aside in an epoche. This epoche was read after each interview and before each data analysis period. This function assisted the researcher in making implicit thoughts explicit and to document personal reactions to participant narratives. At the conclusion of each interview, the researcher’s immediate thoughts and feelings about the interview were written down and bracketed. Memos were entered in the margins of interview transcripts and a detailed field journal, with daily entries, was kept during data collection and analysis. Rigorous member checking was accomplished by asking participants to verify that no revealing information was included and to add anything they wished to the transcripts. In addition, participants were given the results of the study to review prior to finalizing it, to ensure it captured their experience or process.

Data Analysis

Three phases of analysis drove the process of theory building (Strauss & Corbin, 1990). During the first phase, the open coding phase, data was segmented into categories and subcategories based on data codes. In the second axial phase,
categories were reorganized to identify the factors or themes related to the
development of confidence in working therapeutically with spiritual and religious
orientation of clients. Theme saturation was determined when 11 of the 12 participants
provided the identified theme in their responses. In the final phase, selective coding,
categories were connected to form a theory about how the identified themes explained
the phenomenon of perceived confidence.

RESULTS
As shown in Table 1, five themes emerged to explain the process of how
counselors develop confidence in addressing client spiritual or religious orientation in
therapy: (a) having a positive foundational sense of things spiritual, (b) having engaged
in a personal spiritual journey, (c) having the opportunity to socially construct one’s
ideas about spirituality or religion, (d) having an inner drive to become confident, and
(e) developing the ability to traverse pitfalls when addressing spiritual or religious
orientation with clients.

TABLE 1 Number of Codes by Data Collection Point

<table>
<thead>
<tr>
<th>Theme name</th>
<th>Individual</th>
<th>Focus group</th>
<th>Pictorial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal spiritual journey</td>
<td>93</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td>Social construction</td>
<td>75</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Experiential</td>
<td>21</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Peers</td>
<td>17</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Coursework</td>
<td>14</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Clients</td>
<td>15</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Consultation/supervision</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Positive spiritual foundation</td>
<td>73</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Inner drive</td>
<td>56</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Traversing pitfalls</td>
<td>71</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>
Positive Spiritual Foundation

All participants expressed that an internal respect or value for religion or spirituality allowed them to be comfortable with the topic. They often referred to the idea of the existence of some type of pervasive spiritual force to which they were connected. This positive spiritual foundation, begun early in life and most often instilled and modeled for them by members of their family of origin, seems to have served as a springboard into their own spiritual journey. RaNae used a metaphor in the interview to describe the foundational sense of spirituality at work in her belief system:

In a spider’s world, a spider knows a spider’s web. It understands the shaking of the web, it may not understand what causes that, but it knows that it’s a part of its world. It senses or understands that there will be rain on its web in the outdoors. A boy comes along with a stick and destroys that web; it has no conscious[ness] of what that interference in its world is. How do we know a higher being walks amongst us, how do we know where their interference or support in our world has either steered us away into a different path or helped us make different choices?

Personal Spiritual Journey

The strongest theme that emerged was the counselor’s personal spiritual journey is impactful on becoming confident in addressing these issues with clients. This theme was evident in all participant groups and reflects the belief among participants that a personal spiritual journey is life-long and where counselors are in this journey impacts their comfort in addressing spirituality or religion. All participants articulated a personal reverence for this spiritual journey and the belief that it is fundamental to who they are as a person, and thereby a counselor. The importance of congruence in the counselor’s spiritual health as they help clients is captured by Marshall’s statement in his individual interview, “Yeah, you can’t . . . help people to a different place in their spiritual lives if you haven’t grown from one place to [an]other place in your spiritual life.”

Social Construction

Participants emphasized the importance of having the opportunity to share perspectives on spirituality and religion with others during training. More specifically, experiential and interactive learning activities during training such as class discussions, investigative interviews and contact experiences, as well as direct client contact during
practicum and internship, were beneficial. For example, in the focus group Emma stated:

I would say what helps me the most is exposure. Today (in class) we’re going to talk about Lutherans. We’re going to go visit a Lutheran service, or talk to people so I think to me personally it would be like hey let’s go check it out.

Peer interaction, either among members of one’s friendship group or in the classroom setting, also emerged as a contributing factor, giving participants the chance to learn by discussing cases from varying spiritual perspectives. When discussing her pictorial representation, Ella stated this about the value of peers:

For example, we have one therapist here who is very Catholic, who was raised Catholic, who has very strong Catholic values. We have another therapist who isn’t religious, who is more into spirituality, I don’t feel I have to do the rituals and all of that, but I would say I’m Christian, that sort of thing. We kind of have this balance here of people who are from different viewpoint(s) learning from them about flexibility and understanding has probably been the one that comes to mind.

Social construction of confidence continued past graduation as hearing clients explain their sense of spirituality impacted participant growth. This process of learning from clients filled gaps in knowledge or skill. In her pictorial representation, Baya discussed how clients could be a source of growth for the counselor, “in different experiences you learn different things. . . but what I was thinking was different populations that I work with, you learn different things and about my own spiritual growth.” Consultation and supervision also emerged as important sources of support as they gave participants an opportunity to seek guidance around addressing spiritual or religious content during therapy. In her individual interview, Josie stated:

I’ve been very fortunate that my grandfather was a Presbyterian minister; my brother-in-law is a Lutheran minister. I grew up next to a Baptist minister and so with my own religion, I’ve had a lot of exposure to others and a lot of other really good people to talk to when I have questions.

In the focus group, Annabel discussed supervision as impactful in socially constructing confidence:

Talking to your supervisor, (or) anybody else who’s in close proximity with you. Maybe they would have an idea of some resources they had used that have worked very well or maybe they can tell you some resources that absolutely won’t work so you can kind of narrow down where you’re looking.
Inner Drive

Participants emphasized that because addressing client spiritual or religious orientation in therapy was neither addressed in a uniform manner in their training nor readily available as professional development, they needed to develop an inner drive to seek out information and experiences that would support their journey from discomfort to confidence. This inner drive developed in response to internal dissonance that occurred as they developed a counseling style without their spiritual journey or positive spiritual foundation being recognized as an important part of their personhood during training. While in the focus group, Jerry discussed his choice to attend seminary for 3 years in addition to his counselor training program:

When I was 25, I took 3 years out of my life and my wife was willing, and I, we went to [name removed] Seminary in [name removed], and had the same thing that the pastors had with the languages, the scriptural languages all of that . . . so I got those three years in…That was the most important education I had.

Ability to Traverse Pitfalls

A primary concern expressed by participants that impacted their comfort in openly discussing spirituality or religion with clients was the fear of imposing their values on clients. In the focus group, while discussing the manner in which he first introduces spirituality into the counseling session, Jerry discussed the potential of client harm should it be done incorrectly:

When we get to faith, I say is this an area you want to enter? So they have a choice. I think for me, the counselor has a lot of power, so I don’t feel comfortable going into the faith area unless they wish to.

When speaking of the development of his confidence level in the individual interview, Zander identified discussions in multicultural and ethics coursework as impactful in overcoming this fear:

It was a combination of probably the multi-culture course and definitely the ethics course. A lot of people would raise the eyebrow and say well how does the ethics influence that? Well, ethically you don’t want to offend, you don’t want to cross boundaries, and I think it’s right in there together. But if you’re practicing from an ethical basis you’re going to be conscious of offending people, of making faux pas. I think that’s where it came from for me.
Understanding the ethical issues related to respecting this aspect of diversity, as well as developing the ability to make a clear distinction between evangelism (presenting one’s religious or spiritual views as the answer) and exploring the relevance of the client’s religious or spiritual orientation to the presenting counseling issue, seems to have lessened participants’ fear of imposing their values.

DISCUSSION

These findings confirm those of previous studies that a counselor’s personal spiritual development (Griffith, 1998; Souza, 2002; Weinstein et al., 2002), extent of relevant education (Burke et al., 1999; Ganje-Fling & McCarthy, 1996; O’Conner & Vandenberg, 2005), and concern regarding ethical boundaries (Chandler et al., 1992; Eliason et al., 2010; Griffith, 1998; Knight, 2010; Rogers, 1957; Souza, 2002; Weinstein et al., 2002), are factors related to counselor confidence level in addressing spiritual or religious issues in therapy. In addition, this study provides the groundwork for understanding a process that can support the evolution of counselor confidence in addressing the relevance of client spiritual or religious orientation in practice.

A Theory of the Development of Counselor Confidence

The results of this study indicated that the process for counselors of gaining confidence in addressing the religious or spiritual orientation of clients in therapy is developmental and socially constructed. The seeds of this confidence are first planted early in life, most commonly in the family of origin. This creates a positive foundational sense of spirituality or religion that stimulates a personal spiritual journey. The speed or efficiency of this journey does not appear to be of importance, only that the individual is open and takes the initiative to pursue it. The journey can take a variety of forms, from attending seminary, to reading foundational texts, to seeking out support to work through spiritual dissonance. This positive foundational sense of spirituality and ongoing spiritual journey then intersects with counselor training where further confidence building can take place if opportunities are provided to interact with others regarding the connection between religion or spirituality and clinical practice. Courses such as multicultural counseling, ethics, practicum, and internships emerge as primary points in the curriculum that are currently serving this purpose and influencing the social construction of confidence in experiential ways. The individual is afforded the
opportunity to test his or her perceptions and beliefs, consider and learn from multiple perspectives, and contemplate feedback received during supervision of clinical work. This step seems critical as it connects the positive spirituality foundation and on-going spiritual personal journey of the individual with the skills and framework for how to ethically address these issues in counseling. In effect, it provides the awareness and support the counselor needs to feel comfortable discussing these issues with clients rather than ignoring them. After training, social construction of confidence continues in two ways. First, although training experiences lay the groundwork for confidence in professional practice, discussing spiritual and religious orientation with clients appears to become a synergistic process wherein the counselor’s own spirituality is stimulated to continue to develop and mature when working with clients who present with spiritual conflicts or who want spiritual resources to be brought to bear on their presenting concerns. Second, seeking consultation and/or supervision with professionals concerning pitfalls they experience in their work with the spiritual or religious orientation of clients also builds confidence.

Implications for Counselors

The results of this study have implications for counselors as well as counselor educators. The theory that emerged from the data describes the counselor who is confident in addressing religious or spiritual issues during counseling, is an individual with a general reverence for spirituality, who values his or her own spiritual development, has developed competence in a socially constructed manner, is self-driven to do so, and has become skilled at traversing the pitfalls of spirituality’s use with clients. This suggests that exploring and working to enrich one’s own sense of spirituality would be an important step toward confidence; certainly any counselor can decide to develop an agenda of self-study and spiritual exploration. In addition, efforts should be made by professional organizations to assure professional development on these topics is increasingly available for counselors at professional conferences, through online self-study options, or through attendance at trainings offered in communities across the country.

Given competence in addressing these issues is a socially constructed phenomenon, counselors who wish to become competent can make the effort to connect themselves to other like-minded professionals. For example, some participants in the study went so far as to complete seminary. Seeking out connection with
counselors who are farther along the developmental journey and are experienced in integrating a focus on spirituality or religion in practice could foster a mentor-like relationship that could be beneficial. More confident and skilled counselors in this area can become the peers, mentors, consultants, and supervisors for the next generation. This relationship could be informal or could take place within a formalized supervision experience. Spiritual supervision emerged in this study as a largely untapped resource for those counselors wishing to develop confidence in this area. Because these results show that counselor growth was impacted by hearing clients explain their sense of spirituality, when it arises in supervision that these interactions have taken place, supervisors should be prepared to take the opportunity to discuss the impact on their supervisees, not just focus on the impact on the client.

Implications for Counselor Educators

The potential implications of this theory and these themes to the field of counselor education are many. First, an ongoing spiritual journey and positive foundational sense of things spiritual emerged as important in factors in developing confidence. If this is an important area of diversity that clients will want to explore, how should counselor educators prepare counselors-in-training (CIT) to be confident and skilled in meeting this need? Prior to entering a training program, CIT may never have explored their spirituality (Souza, 2002; Weinstein et al., 2002), yet the present study identifies doing so is foundational. Since this appears to be a developmental process, do counselor educators need to have a way to assess where CIT are in this process when they enter their program of study? If so, how might this be done? These results also challenge counselor educators to consider how to facilitate or continue the spiritual journey of CIT. Do counselor educators have the responsibility to give CIT an opportunity to describe and process their sense of spirituality and reflect upon their spiritual journey in the curriculum? Results of this study would suggest that developing socially constructed ways to facilitate CIT spiritual journey is an important building block toward their confidence in working therapeutically with these issues. If so, to maximize the developmental impact, where, when, and how in the curriculum should this be addressed? The results of this study help clarify that most often spiritual content is addressed in multicultural counseling and ethics coursework. Should this be expanded and integrated across the curriculum? Participants emphasized that addressing these issues in clinical coursework is critical to confidence building. To what extent is that
currently happening, and are faculty teaching these courses prepared to offer this type of supervision? What does the nature of spiritual exploration activities need to be in order to pre-serve the integrity of the experience for students who identify as agnostic or atheist? Finally, what responsibility do counselor educators have to engage themselves in this developmental process? In order to support CIT growth, do counselor educators need to have taken their own journey towards confidence? Do they need to be cognizant of the confidence and skill level of site supervisors when they place CIT for field-based clinical experiences?

Limitations

Although this study is foundational in understanding the process of how confidence in addressing spiritual or religious issues in therapy is developed in counselors, it is not without limitations. First and foremost, 92% of the participants in this study were members of the majority White American culture. Because spiritual and religious orientation are culturally fostered and influenced, the addition of a more culturally diverse group of participants would have strengthened the study. Second, all of the participants in the study discussed a Christian connection or history to their sense of spirituality. Only one participant discussed diversity of orientation in their family of origin (Muslim and Christian). The study would be strengthened with the addition of participants identifying with a wider range of religious beliefs and atheism. Lastly, all but two participants in the study received their counselor training from secular universities. Expanding the participant pool to include those with training from faith-based institutions where this content may be addressed differently would strengthen the validity of the theory developed here.

Areas for Future Research

This study is a first step in understanding a beneficial developmental process for counselors to develop confidence in addressing client spiritual and religious orientation in therapy. While the process of how they do so is clearer, some significant questions still remain. Replicating the study, with the adjustments to the participant pool as suggested above, would begin to clarify the extent to which these results can be generalized and perhaps allow for refinement of the theory. Expanding the existing research base regarding the questions raised above related to the role of counselor educators and the pedagogical processes necessary to
implement an ethical and developmental training experience is needed. Practitioners would also benefit from further studies that help clarify the ethical boundaries associated with addressing spiritual and religious issues in various practice settings. What may be appropriate in a community mental health setting may not be desirable or acceptable in a public school setting.

CONCLUSION

It is hoped that this study has set the stage for better understanding the developmental nature of confidence-building for counselors to integrate client spiritual or religious orientation in therapy, and that counselor and counselor educators alike will be able to use these results to narrow their focus as they strive to determine best training and clinical practices related to the ethical exploration of client spiritual or religious diversity in the therapeutic process.

REFERENCES


APPENDIX

Interview Questions
1. What do you consider spirituality being comprised of?
2. What are the behaviors of a spiritual person?
3. What are the behaviors of a nonspiritual person?
4. How do you conceptualize spirituality’s connection to religion?
5. How did your own views about spirituality change as you experienced the personal and professional growth of becoming a counselor?
6. Please respond to this statement; spirituality and counseling do not mix.
7. When did you first recognize there might be a place for spirituality in your work with clients?
8. How do you guard against your own spiritual/religious values being imposed upon clients?
9. Tell me a story about your first challenge in having spirituality a part of your work with clients.
10. How confident are you right now in your ability to incorporate spirituality into your work with clients?
11. What concerns do you have about using spirituality in your work with clients?
12. How did you (or will you) fill in gaps in knowledge or skill around spirituality to be more effective with clients?
13. What portion of your counselor training prepared you most to be spiritually competent?
14. Would you now be willing to complete a pictorial representation of your
own spirituality development as a result of your counselor training?

15. Would you be willing to take part in a focus group with other counselors on this topic?