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Spirituality in Social Work: Therapists' Perspectives on the Role of Spirituality Within their Practice

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Spirituality in Social Work:
Therapists' Perspectives on the Role of Spirituality Within their Practice

by:

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University / University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Nancy

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Spirituality was an imperative component in the beginnings of the social work profession in America, a discipline that originated out of a response from Christians and Jews addressing the needs of the poor (Canda & Furman, 1999). The 1950's and 1960's exhibited a spiritual shift as social work distanced itself from sectarian roots and moved toward secular orientations, resulting in strict boundaries between therapy and religion (Carlson, Kirkpatrick, Hecker and Killmer, 2002). Within the past 15-20 years, this boundary within the social work profession has shifted again, with spirituality and religion becoming increasingly important component within the social work practice. The quest to integrate the spiritual side of humans in clinical practice resulted from acknowledgment from many clients and clinicians on the importance of spirituality in therapy (Kasprow & Scotton, 1999); this was further validated by scientific studies of the mind-body-spirit connection (Fluellen, 2007).

Integrating spirituality into psychotherapy and mental health services remains controversial, even though research shows evidence of its benefits and a need for such integration (Hefti, 2011). The use of spirituality in social work practice is frequently not supported by education and training. Thirty-five percent of MSW therapists stated religion and spirituality were woven into their social work graduate programs, though only 4.8% completed a course on religion and spirituality while getting their MSW degree (Dwyer, 2010). Despite the controversy within the mental health field, social work practitioners generally feel it is appropriate to incorporate spirituality and religion with their clients, and possess a positive attitude about it (Canda & Furman, 1999; Dwyer, 2010; Hodge, 2011).

Scope of Concern

In the human service profession, spirituality is increasingly recognized as a significant client strength that can aid a client's well being (Hodge, 2011). Research reveals many clinical

social workers are interested in using spiritual interventions with clients (Hodge, 2011) despite being uncertain of practice protocols (Dwyer, 2010). Lack of training on the proper use of spiritual interventions can result in uncertainty for social workers' in terms of their ethical guidelines. With uncertain boundaries, social workers can increase the risk of harming vulnerable clients through imposition of religious biases or discussions, inappropriate proselytization, and incorporation of the practitioners' spiritual activities on clients in practice (Canda, Nakashima and Furman, 2004; Hodge, 2011).

As a result of widespread interest in spiritual interventions, Sheridan (2009) examined 15 studies with social workers. The majority of respondents received minimal training on spiritual interventions during their MSW program (Hodge, 2011). Yeo (2010) claims clinicians tend to not know how to apply spirituality to case conceptualizations, assessments and interventions, which can result in unknowingly violating ethical codes. When surveyed, 54% of respondents wanted to learn more about integrating spirituality into assessment and interventions (Carlson, et al., 2002).

Significance of Spirituality

For many clients coping with mental illness, spirituality often plays a central role in the recovery process (Hodge, 2004). Clinicians have been found to underestimate the importance of spirituality among clients with severe mental illness (SMI), yet many clients may have a more effective recovery if their spiritual needs are met in treatment (Galanter, Kermatis, Talbot, McMahon and Alexander, 2011). Controversy still exists on whether or not to integrate spirituality into the care of persons struggling with mental illness, primarily due to concerns about harmful side effects from supporting religious involvement (Hefti, 2011). Psychiatrists

and other biologically oriented professionals believe that, “spirituality is a vague construct that is not amenable to empirically oriented research” (Galanter, Kermatis, Talbot, et al., 2011, p. 87).

Despite a lack of quantitative data, research studies with clients’ personal accounts have demonstrated spirituality as an important component in the recovery process of those coping with severe mental illness (SMI) (Mohr, 2011). Reliance on faith and religious coping has been associated with an active involvement in recovery and positive psychological adjustment among individuals coping with SMI (Hefti, 2011).

Relevance to Social Work Profession

In the National Association of Social Workers (NASW) Code of Ethics, Competence Standard 1.04 states,

Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience. Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions and techniques. (NASW, 2001, p. 11).

Leigh (1998) believes social workers know what to look for in becoming spiritually competent in their relationship with clients, but wonder if there are more appropriate ways to engage these discussions, as social workers are taught only a limited number of professional responses to variability surrounding R/S. The interview process is where social workers use demonstrated skills, procedures and techniques. Used effectively, interviewing can engage culturally contrasting individuals in a process that enables them to understand each other’s perspectives (Leigh, 1998).

The National Association of Social Workers (NASW, 2010) holds high standards for its licensees and affirms the importance of using interventions in an ethical, professional manner that fosters client well being. Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to all individuals, recognize, affirm and value the worth of each person and their community, and protect and preserve the dignity of each person (NASW, 2001). Cultural competence in social work is a lifelong, ongoing process and includes the importance of religion and spirituality in the lives of clients (NASW, 2001).

Proposal

The majority of mental health practitioners are licensed social workers (Hodge, 2011). However, Hodge, Baughman & Cummings (2006) are unaware of a systematic analysis which explores the degree to which social workers demonstrate spiritual sensitivity toward prominent faith groups. With the growing interest in spirituality, further examination of how spirituality impacts social work practice is imperative (Robbins, Chatterjee & Canda, 1998). To gain a better understanding of spiritual competence within the clinical social work profession, a qualitative study was used to begin to answer the following research questions: How do therapists' view the role of spirituality within their clinical practice? and What kind of R/S education and / or training do social workers report they have received? Without understanding the process by which spiritual competence can be developed in social workers, proper training and learning experiences may not be presented in ways that best facilitate this development, thereby missing essential aspects of a client directed concerns. It seems imperative to offer, if not require, graduate coursework on spirituality so as to empower MSW clinicians with confidence regarding choices about spiritual interventions, should they be client directed.

Literature Review

To follow an example used by prior researchers, the terms religion and spirituality (R/S) will be used interchangeably in this paper, and the symbol R/S will be often used for these terms (Wiseman, 2005; Weisman de Mamani, Tuchman, & Duarte, 2010). It appears that while not mutually exclusive, R/S share some overlapping meaning (Yeo & Miller, 2009). With the exception of the upcoming discussion on the definitions of R/S, most of the research reviewed in this article does not formally distinguish between these two constructs. Therefore, it would be beyond the scope of this paper to continue to differentiate one from the other when discussing and deciphering these findings (Weisman de Mamani, Tuchman, & Duarte, 2010).

Definitions of Religion and Spirituality

While the concept of spirituality has become a more accepted approach in therapy, studies reveal therapists have more concerns addressing religious issues as compared to spiritual ones (Carlson et al, 2002). Religion and spirituality are central themes throughout this research study; therefore it is imperative to discuss their terminology (Carlson et al, 2002). It is also challenging to define spirituality as a concept in words (Charak, Sharma & Sharma, 2009); many practitioners use religion and spirituality interchangeably, making it difficult to separate them. Spirituality can have varied definitions; some are tied specifically to God or a transcendent being, while others exclude a higher power, and have a strong connection with beauty and nature (Carlson et al., 2002). In a study addressing issues in therapy, spirituality referred “to the human experience of discovering meaning, purpose, and values, which may or may not include the concept of a God or transcendent being” (as cited in Prest & Russel, 1995; Carlson, et al., 2002, p. 159). For this same study, religion was defined as “a specific, institutionalized belief

system that may or may not be an expression of spirituality as practices by its adherents” (as cited in Becvar, 1997, Carlson, et al., 2002, p. 159).

Other researchers define spirituality as, “a broader and more comprehensive term than religion in that religion is more associated with institutional and organized belief systems” (Yeo & Miller, 2009, p. 104). Researchers Yeo and Miller (2009) elected to incorporate R/S for the purpose of their research and defined it broadly as “an overarching construct that includes a personal journey of transcendent beliefs and a sense of connection with other people, experienced either within or outside formal religious structures” (as cited in Miller, 2003; Yeo & Miller, 2009, p. 104). People may express spirituality via religious or non religious forms; therefore, the term spirituality encompasses religion, but is not limited to it (Canda, et al., 2004). Often, when people refer to spirituality, religion is included as a characteristic of spirituality (Hodge, 2004). As described above, the definitions of R/S are diverse and can lack conceptual distinctiveness, emphasizing the importance for clinicians to explore a client’s views about religion and spirituality, as well as views of their colleagues.

Appropriateness

Research reveals many clinical social workers are interested in using spiritual interventions with clients (Hodge, 2011). The concept of bringing spirituality and religion into therapy is one many professionals agree with; however published research is limited on the appropriateness of addressing spiritual issues in therapy (Carlson, et al., 2002). Findings from 126 social work clinicians in the Midwest on the topic of spirituality in individual therapy revealed perceived appropriateness with the use of spiritual interventions. As discussed earlier, despite being uncertain in practice protocols, social work practitioners generally think it is appropriate to incorporate spirituality and religion with their clients, and have a positive attitude

about it (Dwyer, 2010). The following percentages reflect specifically how respondents either agreed or strongly agreed with endorsing use of the following spiritual interventions: assessing spirituality (92%), referring to a 12-Step programs (82%), using spiritual language (75%) and clarifying spiritual values (74%) (Dwyer, 2010).

Also showing perceived appropriateness regarding spiritual interventions was another study involving 156 therapists, in which 72% of respondents agreed or strongly agreed with the statement, “Spirituality is relevant in my clinical practice” (Carlson, et al., 2002, p. 163). The top four items selected by participants regarding appropriateness of the following interventions revealed agreement or strong agreement with: asking about a client’s spirituality (66%), discussing clients spiritual experiences (65%), helping clients develop spirituality (42%), and using spiritual language (52%) (Carlson et al., 2002). The findings from both of these studies are congruent, which suggests that therapists find spiritual interventions appropriate in the context of therapy.

Client Directed

Self-determination is a central social work value with clients; it may be considered the most important guideline regarding the use of spiritual interventions in therapy (Hodge, 2011). After completing an assessment with a client, social workers generally believe that addressing spiritual concerns is exclusively up to the client (Dwyer, 2010, Canda, et al., 2004). Within this same study of respondents who answered an optional question, emphasis was placed on the need for a client-centered approach which follows the client’s ‘needs’, ‘wants’, ‘requests’ and ‘lead’ for spiritual integration (Dwyer, 2010). Hodge (2011) recommends protocols for spiritual interventions take the above perspective a step further and believes clients should be assessed on a continual basis to ensure that, “self-determination is respected throughout the process, from

engagement to termination” (p. 151). Considering that social workers are held ethically responsible to promote the rights of self-determination, it is reassuring to know that research validates and continues to support a client centered approach within the area of spiritual interventions.

Spiritual / Cultural Competency

Culture is a lens through which reality is perceived, or more simply put, “a shared worldview” (Hodge & Bushfield, 2006, p. 104). The client and the social worker both belong to and are part of an American multicultural society, where people cling to cultural patterns in order to retain a sense of identity and meaning (Leigh, 1998). The culturally competent social worker prompts culturally contrasting clients to share their stories; the narrative is fact. Social workers must comprehend the cultural context specific to their client and how that knowledge is used in the everyday life of their clients in order for meaning to be known and revealed. “Once meaning is revealed, meaning is known, and caring follows” (Leigh, 1998, p. 15). When the status of each person is mutually accepted, communication occurs and a fellowship is present (Leigh, 1998).

Spiritual competence can be identified as a more focused type of cultural competence, and includes a set of attitudes, knowledge and skills that can be developed over time (Hodge & Bushfield, 2006). Hodge (2004) included three interrelated dimensions in his definition of the ongoing process of spiritual competence:

- an increasing awareness of one’s own spiritual worldview including all of its assumptions and biases,
- a developing non-judgmental understanding of the client’s spiritual worldview and,
- an increasing ability to create and implement strategies that are appropriate, sensitive and relevant to the client’s worldview.

Excluding graduate coursework, Fluellen (2007) claims there are three factors which influence spiritual competency: 1) the amount of a counselor's prior experience working with clients with these issues; 2) personal views and biases regarding religiosity or spirituality; and 3) the amount of time provided in supervision to addressing religious / spiritual issues (Fluellen, 2007).

Spiritual competence can be viewed in the form of a continuum. This continuum can range from one end of a spiritually competent practice to the other end of a spiritually destructive practice (Maneoleas, 1994, as cited in Hodge, 2006). Although most practitioners affirm the importance of incorporating spirituality into practice, Hodge and Bushfield (2006) believe most social workers are not equipped to address issues in a spiritually competent manner. Yet, in spite of a lack of training in spiritual competence, Hodge (2006) claims most social work professionals appear to be addressing spirituality in therapeutic settings. Fortunately, issues that determine the development of a positive relationship with clients have always been of importance to the social work profession (Leigh, 1998). Good practice principles in spiritual interventions rest on the worker's ability to tune into each unique helping process as it is influenced by the client's spiritual background and belief system, the agency setting and the worker's spiritual background and belief system (Sherwood, 1998).

Ethical Decision Making

Ethical decision making is an important point related to both micro and macro level issues within social work. Stander (1994) believes ignoring virtues and the guidance provided to a client as a result of their religion would invalidate that part of a client's life. The potential of success in therapy would be limited should a therapist choose to ignore the client's religious beliefs, which Stander (1994) also considers to be a vital source of ethical decision making.

Most respondents of a national survey of NASW members report including spirituality in their practice, and many use general ethical considerations and principles. Yet, these social workers likely lack the guidelines about the use of spiritually oriented activities in practice and systematic ethical decision making (Canda, et al., 2004). The majority of respondents reported they had little to no educational preparation on how to deal with spirituality; this raises concern about competence regarding important skills, preparation and knowledge when making practice decisions that confirm to professional ethics (Canda, et al., 2004). Yet, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommends that mental health service providers conduct a spiritual assessment with each client to include a minimum of: clients' spiritual beliefs, significant spiritual practices and denominational affiliation (JCAHO, 2002).

In another study completed by Sheridan (2011), respondents claimed they did not use systematic procedures or standards for ethical decision making regarding spiritually oriented interventions. With minimal or a complete lack of training, this widespread tendency to explore spirituality with clients has raised concerns; some professionals find it alarming (Hodge & Bushfield, 2006). As a result of changing expectations, many social work professionals are asked to address spirituality, regardless of their capability to provide such services in a competent manner (Hodge, 2006).

Social Work Education

As stated earlier, the majority of respondents in a national NASW survey reported they had little to no educational preparation on how to deal with spirituality (Canda, et al., 2004). A summary of nine published studies indicated the importance of R/S issues to social work practice and education in the opinions of students, practitioners and faculty. However, professional education appears to be lagging when preparing social workers to serve clients of diverse

spiritual backgrounds (Ai, et al., 2004). Most respondents also indicated “unsatisfied needs for inclusion of these subjects in the current curricula of graduate schools” (Ai, et al, 2004, p. 110).

A research study in 1999 focused on integrating spirituality into social work education. This study tested the first student-initiated program that actively participated in their graduate education and the school’s curricular reform. The result of the study reflected a change, and a course entitled, “Diversity, Spirituality, and Mental Health” was offered to this nationally renown social work program at a secular university. This same university is seriously evaluating and considering additional efforts to incorporate R/S contents to their graduate curriculum in social work (Ai, et al, 2004).

In another study focusing on social work education and spirituality, 94% of respondents supported the inclusion of R/S content in social work education (Canda, et al., 2004). The rationales for this belief fall under three primary reasons:

- knowledge about positive and negative impacts of spirituality is critical to understanding human behaviors and associated coping,
- a variety of religious and or nonreligious practices and beliefs should be understood in the context of human diversity, and
- ethical issues and the appropriate handling of spiritual issues in practice should be discussed (Canda, et al., 2004).

Research encourages academic programs in social work to include training, education and sensitization towards spirituality in mental health. Overall, among the accredited programs studied, the amount of time and resources given to addressing the topics of spirituality are highly variable (Charak, Sharma, P., & Sharma, V., 2009). It appears that accredited institutions do not yet have a systematic and reliable approach to the inclusion of spirituality in their programming. Therefore, graduate programs should develop more insight into the role of spirituality in enhancing mental health (Charak, et al., 2009).

Mental Health and Spiritual Interventions

In any given year, 25% of Americans (~57.7 million adults) experience a mental health disorder which often results in a diminished capacity for coping with the ordinary demands of life (NAMI, 2012). Two of the most common disorders diagnosed, regardless of whether one has a mental illness or not, are anxiety and depression (Weisman de Mamani, et al., 2010).

Traditional values of the psychotherapeutic world have, in the past, dismissed religion and spirituality, likely viewing science as superior to religion for tackling human challenges (Stander, 1994). However, spiritual interventions are defined as therapeutic strategies which incorporate a spiritual dimension as a central component of the intervention (Hodge, 2006).

Certain therapeutic interventions recommended by Russinova & Cash (2007) include: meditation, contemplation, reading sacred writings, practicing rituals, forgiveness and repentance and participation in worship. Surveys reveal 70-80% of patients with psychiatric disorders use spiritual activities and beliefs to cope with their daily frustrations and challenges (Hefti, 2011). Another study with a larger sample size indicated nearly 90% of 1,783 individuals with serious mental illness perceived themselves as spiritual or religious, and half considered themselves to be 'very' or 'extremely' spiritual or religious (Corrigan, et al., 2003). After examining the effectiveness of a spiritual intervention, Hodge (2006) learned that spiritually modified cognitive therapy can effectively relieve depressive symptoms, often with faster results than psychological interventions alone. Spiritually modified cognitive therapy has also shown positive outcomes in several areas including: anxiety disorders, chronic pain, recurrent depression, and general psychological well-being (Sutton, 2010).

When deciphering the relevance of R/S in mental health treatment, it is important to note that the goals of R/S in therapy have some overlap. Both psychotherapy and R/S have common

goals of increasing a sense of one's identity, answering questions about life's meaning, and encouraging social support networks (Stander, et al., 1994; Wiggins Frame, 1996; Weisman de Mamani, et al., 2010). Positive effects of psychotherapy may actually increase with the inclusion of R/S themes, which include: forgiveness, hopefulness, empathy and gratitude, all imperative in therapeutic process (Weisman de Mamani, et al., 2010). In a national survey on techniques that deal with forgiveness, 72% of practitioners recommend clients' participation in a spiritual activities or a spiritual support system (Canda, et al., 2004). Specific R/S interventions within the context of therapy have been shown to increase clinical outcomes among spiritually oriented clients coping with anxiety and depression (Weisman de Mamani, et al., 2010).

Conceptual Framework

Within any research study, it is critical to include an articulation of a conceptual framework. Because no one can be certain that all readers share the same interpretation and meaning for certain terms or expressions, it is important for researchers to organize their ideas or concepts in a manner that makes them easy to communicate to others. A conceptual framework is a basis for social work researchers to share their perspectives, identify influences from prior researchers, express why this view/study is important, explain how their project will take place, and include the alleged relationships between variables and key factors in the study. This framework serves as a guide, not only to the reader, but also to the researcher in that it helps narrow specific “areas of focus and modes of inquiry” (Boss, et al, 1993, p. 21). This framework includes both theoretical and professional levels of conceptualization for this spirituality focused research project.

Theoretical

Transpersonal Theory

Various states and levels of consciousness are described in Transpersonal Theories. A transpersonal theory provides a nonsectarian framework for dealing with spirituality in social work practice and addresses the highest human potential for achieving creativity, love and meaning (Robbins, et al.,1998). Robbins, et al. (1998) also describes this theory as a developmental process of self-transcendence and self-actualization, and describes the difference between pathological criteria and spiritual experiences. The first clinician to legitimize a transpersonal theory on human development within spirituality was Carl Jung in 1933. Jung’s personality theory encompasses the mental, physical and spiritual components of each individual, and the desire for wholeness and unity (Hutchison, 2008). Within this perspective, an

important universal unconscious exists, which was identified as “the Spirit” (Jung, 1959/1969, p. 214). Jung’s principle introduced the process of trusting one’s psychological process, with the assumption that one’s consciousness has the capability to both grow and evolve. These implications have great bearing on clinical practice, as it can determine whether the clinician regards what arises in the patient as revealing or obscuring the therapeutic course (Kaspro & Scotten, 1999).

The evolution of consciousness and the struggle to find a spiritual outlook on life was also ignited by Jung, and were considered the primary developmental tasks in midlife (Hutchison, 2008). The individuation process is primary to what people face during the second half of their life; it is an open-ended process of psychological maturity. In the initial stage, the communication between the ego and the self is one of confrontation (Jung, 1933). Later in life, this confrontation transitions into an open dialogue. It is only by the ability to face, consciously experiencing and accepting ones wounds, that the wounded person is healed (Jung, 1933).

Extended Bio-Psycho-Social Model

In 1977, George L. Engel introduced the bio-psycho-social model that subsequently became the predominate theoretical perspective in clinical practice and research (Hefti, 2011). A multidimensional framework is needed within the social work profession to successfully integrate knowledge from the biological, psychological and social perspectives on human behavior. The interactions of these dimensions are needed to assess people and situations in their social environment (Ashford, LeCroy and Lortie, 2006). Some professionals believe a fourth dimension should be added to this model, one which integrates religion and spirituality as an additional lens, to understand clients more holistically. Adding a spiritual lens can be a very useful tool in understanding how R/S can influence both mental and physical health. Hefti

(2011) claims there is always an existential and spiritual dimension in both mental and physical illness, which should be explored as it influences therapy in implicit or explicit ways. However, if a client is not interested in exploring or discussing R/S, then professionals need to accept this determination of the client. Religion or spirituality exploration would only be discussed should the client elect to do so. Reinforcing the extension of the bio-psycho-social model to include spirituality, Hutchison (2006) proposes social workers conduct comprehensive spiritual assessments with clients at all levels and use this information in service planning and delivery.

Professional

Strengths Perspective

In 1989, the term, “strengths perspective” was used by Weick, Rapp, Sullivan and Kisthardt (Beamish, 2006). Despite the fact that its principles have been utilized throughout the history of the social work profession, these authors presented the strengths perspective as a conceptual framework, which rests on the notion that social workers must respect and engage clients in the helping process. Social workers not only should be non judgmental of their clients’ skills, beliefs, capacities, values and circumstances, but also have confidence in them (Beamish, 2006). This conceptual framework assumes that all environments and clients possess strengths that can be used to improve the clients’ quality of life. Mills (1995) states that, “Resilience, health, wisdom, intelligence, and positive motivation are within each person and are accessible through education, support and encouragement” (Saleebey, 1996, p. 301). The search for spiritual strengths has been identified as a characteristic of the strengths perspective that may increase the effectiveness of client interventions (Canda & Furman, 1999).

The role of the social worker is to empower clients by assisting them in discovering and using the resources and skills within and around them, to address the situations of their problems

(Saleebey, 1996). As clients meet and face these challenges throughout their lives, they develop resilience through their use of knowledge, skills and resources (Beamish, 2006). This process involves encouraging clients to define their own problems, world views, goals and strengths to create more satisfying lives (Leigh, 1998). As clients define their own world views and realities, they may also include and identify their own meaning of spirituality (Beamish, 2006). Canda and Furman (1999) stated that spirituality is at the "...center of the person" (p. 47). Therefore, it affects the bio-psycho-social aspects of their lives. If spirituality is central to human nature, then clinical assessments should include a bio-psycho-social-spiritual framework (Canda & Furman, 1999).

Methodology

This exploratory study was conducted to gain a better understanding of spiritual competence by asking the research questions: How do therapists' view the role of spirituality within their clinical practice? What do social workers report regarding education and / or training about R/S? For purposes of this study, spiritual competence is defined as the ability of the therapist to engage with clients in spiritual conversations and / or matters concerning religion or spirituality. In its most basic form, spiritual competence is the therapist's comfort discussing a client's religion / spirituality (R/S). In its most advanced form, this competence is the therapist feeling prepared, being skilled at, and having the comfort and ability to effectively address the client's concerns regarding R/S.

Research Design

A qualitative method was chosen because of the exploratory nature of the study which is descriptive and discovery oriented (Monette, Sullivan & DeJong, 2011). A protocol used by other researchers was followed which did not formally distinguish between the two constructs of religion and spirituality. Instead, the words religion and /or spirituality (R/S) are used interchangeably as they share some overlapping meaning, which is appropriate for this study. A semi-structured interview was conducted using a set of written questions with an emphasis (7 of 14 questions) on factors which contribute to spiritual competency as previously mentioned by researchers Hodge (2004) and Fluellen (2007). Open-ended questions were used to gather detailed and relevant data, as spiritual dimensions can present challenging questions that are often difficult to quantify (Chappelle, 2000). A few probing questions were used in order to further clarify and ensure proper understanding of the responses (Berg, 2009). Participants were given the opportunity to make clarifications with the researcher during the interview.

Sampling

This design utilized a nonprobability convenience sample in the selection of research respondents, with the intention to interview mostly therapists who have a master's degree in social work. The interviewees selected in this sample relied on those who are close at hand or easily accessible (Berg, 2009) as some respondents are employed at the same county agency as this researcher, albeit in a different professional role. After obtaining referrals from other clinicians and social work professionals, approximately 13 potential participants were contacted via phone to discuss the nature of the study. Nine clinicians agreed to participate and were interviewed; six therapists were MSW's by education and three therapists had their Master's Degree in either Counseling Psychology (1), or Educational Psychology (2). Therapists with another degree or emphasis in theology and / or were employed at an agency that advertises spiritual counseling were not interviewed. In order to keep results relevant to the social work profession, the majority of the participants needed to possess a Master's Degree in Social Work; this study had a 67% MSW participation rate.

Protection of human subjects.

Several measures were taken to maintain confidentiality and protect the human subjects who participated in this study. Initially, a research committee was recruited to oversee this study. These committee members served as advisors, who provided consultation throughout the process of this study. Following written committee approval of the proposal, the Institutional Review Board (IRB) from the University of St. Thomas reviewed and approved the research proposal to ensure correct procedures were followed to assure confidentiality and minimize risk to the human subjects. After approval from the IRB was granted, the researcher followed design

research and protocols, of which meet criteria established by the IRB, which is based on federal law.

Prior to starting the actual interviews, the researcher reviewed the consent form with each participant to ensure their comprehension of the material. The informed consent process explained the research project, participant's role, contact information of the researcher and faculty chair, and approval from the University of St. Thomas IRB. Furthermore, the consent form assured the participant's confidentiality, and that there are no known benefits or risks involved. Participants were also informed of their right to withdraw at anytime during the interview without penalty. After the consent process was discussed, all participants signed a paper version of the consent form indicating their willingness to participate in the study. Participants were informed that the interview was expected to last approximately 45 minutes, would be audio-taped, and likely transcribed through a paid service. Because a paid transcriber was used, protocol required the transcriber to sign a paper version of a confidentiality agreement. The audiotapes and transcribed records were held in a locked file cabinet throughout the study and will be destroyed upon the completion of the study, no later than May 22nd, 2013. All copies of institutional, organizational or agency approved documents have been deidentified in this final research report to ensure confidentiality.

Data Collection Instrument and Process

Approval of the data collection instrument and process was obtained prior to data collection, to ensure compliance with IRB regulations at University of St. Thomas (UST) and Protection of Human Subject guidelines. Nine therapists currently practicing in a clinical setting were recruited and interviewed. In order to provide clarity for the respondents, the researcher, at the beginning of each interview, verbally explained the previously described definitions of

spiritual competence. In addition, while there is a difference between spirituality and religion, the respondents were also informed that, for purposes of this study, the words can be used interchangeably, as religion is often included as an expression of spirituality (Hodge, 2004).

The researcher developed an interview schedule to guide the questioning, which consisted of 14 open-ended questions previously generated by themes identified in the literature review with an emphasis on spiritual competency. To support the investigative research process, neutral and open-ended questions were used to allow the respondents to elaborate naturally. Some questions were similar to questions included in previous surveys regarding integration of spirituality in social work practice (Canda & Furman, 1999; Sheridan, 2011). Carried out in a semi-structured and flexible format with face-to-face interaction, the interviews were recorded to ensure accurate content collection via an electronic recording device on a smart phone. One on one interviews took place (in offices of the participants) with an approximate length of 45-55 minutes. The transcription of the audio recorded interviews was completed via a paid service entitled Nonotes.com. The researcher listened to the interviews and reviewed the transcribed documents to ensure reliability.

Data Analysis Plan

A research methodology, in which theory emerges from the data, known as grounded theory, was used (Monette, 2009). Based on grounded theory, a content analysis strategy was used to analyze the transcribed document (Berg, 2004). Berg (2009) described content analysis as any technique for making inference by systematically identifying special elements of the document. In order to present the perceptions of the respondents in a forthright manner, an inductive approach was used. This inductive approach examined the transcribed data and coded, or systematically identified elements (words /phrases /concepts) that were relevant throughout

the data. Data was examined in small pieces with the purpose of identifying similarities and differences in these themes and patterns. Once the themes were identified, the data was reexamined for additional examples of these themes and categories, using the same method. The development of inductive categories allows a linkage to occur among the retrieved data (Berg, 2009).

Results

This exploratory study sought to gain a better understanding of spiritual competence by asking participants a series of questions which addressed the research questions: How do therapists' view the role of spirituality within their clinical practice? What do social workers report regarding education and / or training about R/S? Participants were initially asked demographic and professional characteristics, which will be summarized and presented below. Following the demographic data, the participants' perspectives regarding topic questions are provided, well as a summary of each of the themes that emerged from the data analysis.

Participant Demographics

Respondents were asked a series of questions designed to gather demographic and professional data. As Table 1 displays, five of the respondents are female and four are male. Six of the respondents had an MSW, and three held a Master's Degree in related programs. The title held by the respondents, number of years employed as a therapist and their current practice setting were the next three demographics reviewed. Respondents' titles were organized into three categories: Psychotherapist, Mental Health Therapist and Marriage and Family Therapist. The length of time employed as a therapist ranged from one to 24 years, with an average time frame of 14 years practicing therapy. Five therapists are employed at community mental health agencies and four are employed in private practice settings.

Table 1. Demographic and Professional Characteristics

Characteristic	Count
Gender	
Female	5
Male	4
Degree Held	
MSW	6
Other - Related Masters Degree 1 MS – Marriage & Family Therapy 1 MA – Counseling Psychology 1 MA – Educational Psychology	3
Title	
Psychotherapist	3
Mental Health Therapist	4
Licensed Marriage and Family Therapist	2
Years Practicing as a Therapist	
0-5	1
6-10	1
11-15	2
15-20	1
20 +	4
Current Practice Setting	
Community Mental Health	5
Private Practice	4

Themes

Recovery process. Participants were asked to elaborate on whether or not there was a difference in the recovery process for clients who use religion and spirituality as coping methods versus those who do not. Responses were clarified a second time by either the researcher and/or the therapist to be specific to clients who currently use religion and spirituality in their coping methods. Three respondents elected to begin their response with the clarifier. Two respondents mentioned prior research in their response. Another respondent varied his answer significantly throughout the discussion; both responses are given below. Some responses were emphatic and descriptive, while others were more generalized. Another therapist focused on the benefits of

being connected and having a support system through the church. However, three participants wanted to clarify that recovery need not be specific to religion, spirituality or a specific deity. One hundred percent of the respondents agreed that if a client was using R/S as a coping mechanism, there were benefits to their recovery (see Table 2).

Table 2. Recovery process for clients that use R/S

Respondents' Perspectives
<i>People who are very involved in the church have a much shorter therapeutic process.</i>
<i>For those that use R/S, it is important and absolutely makes a tremendous difference in their recovery process.</i>
<i>The seminar I attended said these folks [clients that use R/S] have a more effective recovery and I believe a longer lasting recovery. Also that adults who have attended organized church settings as children tend to have better recovery as adults and fall into depression less often.</i>
<i>It is helpful to have faith that their purpose [in life] is bigger than their illness.</i>
<i>People have more hope and get better quicker or tend to be more psychologically healthy with that support. They just tend to do better.</i>
<i>There is a positive difference in the recovery process and a ton of research that backs that up.</i>

Client determination. Honoring client determination was a theme that continually emerged throughout the data analysis, especially when discussing whether or not there was a difference in the recovery process for those who use religion and spirituality as coping methods versus those that do not. One hundred percent of respondents emphasized the importance of not utilizing R/S unless it was something that the client elected to share as part of their discussion within therapy. Table 3 indicates specific quotes from the respondents regarding client determination, also known as self-directed therapy or self-determination.

Table 3. Client determination

Respondents' Perspectives
<i>If they don't bring it up, I don't tend to go after it. Again you follow their lead; you don't dictate where they are going.</i>
<i>I have to be very careful not to disrespect his views. It is their agenda, not my agenda. I don't name it [R/S]. I don't pull it in.</i>
<i>I'm not going to tell you what to think or what to believe or what to do. I'm going to give you my insight, share with you options and perspective, but ultimately, you are in charge of what you are going to do and what you are going to believe.</i>

<i>This is about you and I don't need to place my values on you; that doesn't help.</i>
<i>When you are working with a client, it is about figuring out what their belief system is and working within that belief system.</i>
<i>Only by invitation from the client as to when we'd express our personal experience, and only if it [R/S] appropriately fits the needs of the client.</i>

Education / training. The topic of graduate school education and /or continuing education was identified in the data analysis process. When asked about any training or education that had been taken to address spiritual issues with clients, the majority of respondents (67%) recalled very little (perhaps a segment within one class) to no formalized training from their graduate education or with continuing education. In addition, not one respondent was ever encouraged by their supervisor or place of employment to take continuing education on R/S. However, it is important to note that 56% of respondents work for a governmental agency. Three respondents reported taking continuing education on R/S that was either: self-initiated, but paid for by their agency, taken unknowingly, or paid for by their church. One respondent stated,

*I went to a weeklong training at St. Thomas that was very much geared to spirituality.
....The church paid for that.*

When asked about the inclusion of R/S within social work education, the responses were mixed: one respondent neglected to give an answer, three respondents felt R/S should be offered as an elective and four respondents felt it should be required as part of the social work curriculum in graduate school. Eight of the nine respondents answered the question without hesitation. However, one therapist started to reveal a response in one direction and later changed his answer as he took time and processed the question further. Table 4 reveals the respondents' rationale regarding the inclusion of R/S within social work education. The majority

of responses given for R/S to be offered as an elective or required in the social work curriculum included: to increase cultural competency and embrace diversity, to include spirituality in the bio-psycho social model of a client, and/or to expand a therapist’s tool box of resources.

Table 4. Social Work Education

Respondents’ Perspectives
<i>My ideal choice would be for it as an elective; it could be an advantage as to how to be most helpful to your client.</i>
<i>Spirituality should be part of the core foundational coursework in any social work education. We are spiritual beings, which includes our body, mind and soul. We can’t pull out the human being and work with 2/3 of that human.Social work is very much of a spiritual practice in the sense that everything we do; we are always looking deeper than what you see on the surface. This is beyond anything that is secular.</i>
<i>It should be required because we live in a world of such diversity; there are so many levels of what religion and spirituality mean. We should not be afraid of it.</i>
<i>It is certainly applicable; there is definitely a case for making it [R/S] an elective. As a whole, social work practitioners are not well grounded in issues around faith.</i>
<i>It should be required. It broadens your tool box of things you can use in the therapeutic process and it is very important.</i>
<i>I do think education is important, but it really comes down to being able to build relationship with people. Someone’s recovery or how helpful we are as a therapist is really what it is about. None of that [education / degrees] is even close to being as important as to whether or not we can develop relationships with them.”</i>
<i>With the research that is being done, it could have an impact to inform us as clinicians. Yes, I think it [R/S within education] should be included.</i>

Role of spirituality in therapy. Respondents were asked to describe what role, if any, spirituality has within therapy. Another interview question asked therapists to describe, if applicable, when they become aware that spirituality has a role in the therapeutic process. All respondents acknowledged that spirituality plays a role within therapy. The great majority revealed that this awareness came within during their first two-three years of clinical practice. The data analysis revealed that if client directed, therapy does have an important role within therapy. The overarching subtheme regarding the role of spirituality within the context of therapy was identified as support.

Support. Table 5 displays articulate thoughts from the respondents regarding the use of R/S as support to aid a client. This subtheme includes the words: resource, tool, coping mechanisms and meaning making, all of which have been identified as possible supports on a client’s path towards recovery, should the client identify having an interest in R/S. Most therapists preferred to use an indirect approach in their assessment process to learn about the potential relevance or role of R/S in a client’s life.

Table 5. Supports

Respondents’ Perspectives
<i>It [R/S] is a very important aspect of where they find strength and support, it is a valid path towards recovery.</i>
<i>We talk about coping skills like meditation. There is not a lot of difference in my mind between praying and meditating. For some people it is very much the same kind of a thing.</i>
<i>Mindfulness or relaxation exercises are highly recommended now, which for me, feels spiritual, even though it doesn’t have a specific deity or something attached.</i>
<i>The healing will happen in the connection, because really what we're talking about is brain change. Part of the reason we have meditations and other things [coping skills] is that they cause some brain change within us.</i>
<i>For those that use R/S, they have the ability to do some kind of meaning making. e.g. ‘God would not have presented with me this obstacle if He knew that I could not handle it.’</i>
<i>If spirituality is tool that your client is already using, then you want to capitalize on that. How can they use that to aid them in their process?</i>
<i>Some people actually want nothing to do with spirituality.but it is definitely a tool that can be utilized if it is important to the client.</i>
<i>As they work in therapy, they start to feel God’s presence again. They start to feel that God is another resource.</i>
<i>I ask, ‘What are your coping mechanisms? What have you turned to in the past and what does your support system look like’ In order to understand how they cope with life, I need to know if a higher power is part of their support system .</i>
<i>Every client who has some spiritual grounding is able to use it in terms of letting it be that thing that anchors them as they are trying to muddle their way through their issue. It is something that kindof, holds them up. They feel less like a person in the middle of the ocean without a life jacket.</i>
<i>Suffering is part of spiritual growth and development. It is a part of a way in which people (whether they are consciously aware of it or not) travel along their spiritual journey. Probably what is most common is that people search for meaning or meaning making.</i>

I try to have it [spirituality] fall under natural supports, friendships or community supports. I try to address or get a handle on it because for some people it is so valuable and it is such a significant support.

Barriers. During the interviews, each participant was asked to identify barriers to incorporating spirituality within therapy. Throughout the interview processes, the respondents' answers revealed a range of barriers which included, but were not limited to: the setting / location of the clinic, the therapists' bias, separation between church and state, client victimization via R/S auspices and the complexities of R/S meaning making. Table 6 displays the multiple perspectives of the respondents on the barriers of using R/S within therapy.

Table 6. Barriers

Respondents' Perspectives
<i>Religion has been one of the greatest forces of oppression in human history. It [R/S] can be one of the most victimizing experiences, and then it can be one of the most bonding and powerful experiences in terms of expression, involvement and connection.</i>
<i>Tradition separates church and state and science and spirituality. There is a great fear that actually biases our [therapists] comfort level with what we address and how we approach that.</i>
<i>The therapist may have their own issues and/or which can either bleed out into therapy or may cause them to kind of silence their client.</i>
<i>There is the punishing God in the old testament and the loving God in the new testament. People [clients] really struggle with trying to figure out God and why things happen because he does things that come and smack you upside the head. So, I think for people it's like, very confusing.quite often our clients get into willful punishing thoughts regarding their spirituality, and so then it becomes a problem.</i>
<i>The institution you work in....I do have some hang ups in working in a place that gets publically funded and how much of that is appropriate to use in psychotherapy settings.</i>
<i>Therapists should have willingness to not be stuck in this rigid kind of thinking, where they have all the answers. I am an expert and I am God's gift of this... or the other thing. I think the rigidity that some people [therapists] have, really sets them up to fail.</i>
<i>Some clients feel they can't discuss the topic [R/S]. They say, 'I know you can't say anything about this [spirituality].</i>
<i>Certainly there are clients that are entrenched by the dogma of their church or their family.....My reaction was that it really was her faith practices that put her in this mental health predicament in the first place.</i>
<i>It seems like R/S has been somewhat taboo; I think people get a little nervous about that.</i>

Contributors to spiritual competency. Fifty percent of the interview questions focused around factors which contributed to the spiritual competency of the respondents. Researchers’ Hodge (2004) and Fluellen (2007) report that that several factors contribute to spiritual competency, falling under six primary categories: professional views, therapists’ personal world view, education / training, techniques / interventions, client self-direction and supervision. Of the six categories, respondents had little to no involvement in supervision and education / training. When asked how much time is spent in supervision discussing R/S, the response was unanimous in that very little to no time was spent discussing R/S in supervision or consultation, and it would only happen if a therapist elected to initiate it regarding a specific client. The four remaining categories: professional views, therapists’ personal world view, techniques / interventions, and client self-direction were identified in the analysis as having relevance in contributing to the spiritual competency of the therapists. Table 7 reveals the variety of components shared by the respondents as associated with spiritual competency.

Table 7. Spiritual Competency

Respondents’ Responses
<i>The vast majority of how I communicate, how I treat people and how I interpret things are a reflection of my personal life experiences.</i>
<i>I didn’t grow up in a religious household...On top of that, I’m inherently skeptical of lots of things. I’m inherently skeptical of anything that anybody tells me...that isn’t tangible.</i>
<i>Spirituality has been an important part of my life focus. However, instead of pursuing that through a religious path, I chose psychology as a way to work with people. Out of personal interest, I have also read a lot of alternative topics from a variety of traditions and perspectives.</i>
<i>Spirituality is just so integrated into my life; it is hard to separate it out from work. It is very important for me as a therapist to trust my own spiritual beliefs that healing does happen, but it really has nothing to do with me. Someone introduced me to the practice of ‘center in prayer meditation’, which is one of the ways for me to feed myself spiritually.</i>
<i>I’ve done a lot of research on my own and will recommend books, many of them are written by Christian authors. I will share [with my clients] that there is really good stuff here, but there are also some biblical things in it, so if they don’t want anything to do with it, that is fine.</i>
<i>I take a holistic approach to life and death; we are made up of mind, body and spirit. That is what I turned to for my own growth and stability. Personally, I believe that spirituality formalized through religion or faith play a major part in how we handle life.</i>

Discussion

The purpose of this qualitative study was to gain further knowledge on the role of spirituality within therapy. No assumptions were imposed as to whether or not a role for R/S in social work practice even existed, as this was an exploratory research project. This study focused primarily on understanding practitioners' perspectives about spirituality, its use and the role (if any) it has within therapy and opinions regarding R/S education and / or training. In addition, this study analyzed factors identified by respondents as related to the development of spiritual competency.

The transpersonal development theory and strengths perspective served as the foundation for the conceptual framework and investigation in this study. The transpersonal theory is a developmental process of the mind, body and spirit, which strives for wholeness, growth and meaning. The strengths perspective is an alternate conceptual framework which assumes clients possess positive attributes, thoughts or behaviors that can be used to improve the clients' quality of life and recovery. The findings of this study are related to the earlier reviewed literature in many ways. This discussion section will compare and contrast the findings of this study to the literature review on the role of spirituality within therapy. Additionally, it will identify the strengths and limitations of this study, as well as implications for future research, social work policy and practice.

Comparison of findings

The findings of this study are predominantly consistent with the information that this researcher found in the literature. However, some themes in the literature review did not emerge via analysis, as they may not have been specifically addressed or explored in the interview

schedule. The interview schedule required a very focused and limited number of questions directly related to understanding practitioners' personal and professional perspectives about spirituality. The literature review themes will be addressed and discussed further as to their relationship with the findings.

Definitions of Religion and Spirituality

This theme did not emerge from the findings and analysis as it was not explored in the interview process. Being that many practitioners use religion and spirituality interchangeably, this researcher chose to follow an example used by prior researchers. To minimize the potential risk for confusion and debate over the meaning of the words: religion and spirituality, the researcher expressed to the respondents that the terms religion and spirituality (R/S) were to be used interchangeably throughout the interview process and were not further differentiated. While not mutually exclusive, R/S share some overlapping meaning (Yeo & Miller, 2009). Therefore, the definitions of the terms were not further differentiated as to do so would have been beyond the scope of this research study. Interestingly, the analysis revealed that the word spirituality was used predominantly over the word religion throughout 100% of the interviews.

Client Directed

The findings of this study are consistent with the information that this researcher found in the literature. The literature review expresses client-determination as a central social work value; it may be considered the most important guideline regarding the use of spiritual interventions in therapy (Hodge, 2011). All respondents emphasized the importance of not utilizing R/S unless it was something that the client elected to share as part of their discussion within therapy. One participant's response portrays the perspectives of the great majority of participants:

If they don't bring it up, I don't tend to go after it. Again you follow their lead; you don't dictate where they are going.

In addition, the views from the literature review supported the participants' belief that after completing an assessment with a client, social workers generally believe that addressing spiritual concerns was exclusively up to the client (Dwyer, 2010, Canda, et al., 2004).

Appropriateness

The appropriateness of using spirituality in therapy was not directly addressed in the interviews; however, the findings support the literature review's conclusion that use of religion and spirituality in individual therapy revealed perceived appropriateness by therapists.

'Perceived' is the imperative word, because appropriateness as a concept was supported by the participants, albeit only under the auspices of client determination. In addition, the findings from this study are also consistent with the literature review which reveals a high percentage (greater than 70%) of prior respondents from previous research agreed with endorsing the following spiritual interventions: assessing spirituality, using spiritual language and clarifying spiritual values.

Spiritual / Cultural Competency

Due to the primary goal of this research study, 50% of interview questions were focused around factors which contributed to the spiritual competency of the respondents. The generalized components from the findings are congruent with the literature review which states spiritual competence can be identified as a more focused type of cultural competence, and includes a set of attitudes, knowledge and skills that can be developed over time (Hodge & Bushfield, 2006). While not a direct focus in the interview process, the comments of the respondents appeared to support the view in the literature on the interrelated dimensions in the

ongoing process of spiritual competence which include: (1) an increasing awareness of one's own spiritual worldview including all of its assumptions and biases, (2) a developing non-judgmental understanding of the client's spiritual worldview and, (3) an increasing ability to create and implement strategies that are appropriate, sensitive and relevant to the client's worldview (Hodge, 2004).

However, the findings from the study did not validate ideas from Fluellen (2007) in two of the three factors stated to influence spiritual competency: 1) the amount of a counselor's prior experience working with clients with these issues; 2) personal views and biases regarding religiosity or spirituality; and 3) the amount of time provided in supervision to addressing religious / spiritual issues. When asked how much time is spent in supervision discussing R/S, the response was unanimous that very little to no time was spent discussing R/S in supervision or consultation, and it would only happen if a therapist elected to initiate it regarding a specific client. However, issues that determine the development of a positive relationship with clients have always been important to the social work profession (Leigh, 1998); this was found to be congruent in both the literature review and the findings of this study.

Extended Bio-Psycho-Social Model

The literature discussed that some professionals believe a fourth dimension should be added to this model, one which integrates religion and spirituality as an additional lens, to understand clients more holistically. This was supported in the findings of the study in that some (four of the nine) practitioners' discussed the importance of viewing the client with an additional spiritual lens, while others did not mention the bio-psycho-social model at all. The findings also supported the literature which stated most clinicians agree that it is important to conduct an assessment to determine the role of spirituality in a client's life.

Ethical Decision Making

All practitioners reported using general ethical considerations and principles. This finding is congruent with the literature, but the lack of formal training raises concern about competence regarding important skills and preparation when making practice decisions that conform to professional ethics (Canda, et al., 2004). Only one respondent specifically validated the literature's statement of, ignoring a client's virtues about religion would invalidate that part of a client's life (Stander, 1994). However, ignoring virtues was not raised directly in the interview process. In addition, systematic procedures or standards for ethical decision making regarding spiritually oriented interventions were beyond the scope of this paper and therefore did not emerge in the findings or analysis.

Social Work Education

Prior research indicated the majority of respondents in a national NASW survey reported they had little to no educational preparation on how to deal with spirituality (Canda, et al., 2004). The findings of this study confirm the literature review; the majority of respondents (67%) received little to no formal education to serve clients of diverse spiritual backgrounds.

In an alternate study focusing on social work education and spirituality, 94% of respondents supported the inclusion of R/S content in social work education (Canda, Nakashima & Furman, 2004). When asked about the inclusion of R/S within social work education as an elective, required or unnecessary, the responses were mixed: one respondent neglected to give an answer, three respondents claimed R/S should be offered as an elective and four respondents thought it should be required as part of the social work curriculum in graduate school. The rationale to include R/S within graduate education from the literature review falls under three primary reasons: (1) knowledge about positive and negative impacts of spirituality is critical to

understanding human behaviors and associated coping, (2) a variety of religious and or nonreligious practices and beliefs should be understood in the context of human diversity, and (3) ethical issues and the appropriate handling of spiritual issues in practice should be discussed (Canda, Nakashima & Furman, 2004). The findings from this study support the first two of three reasons mentioned above, but did not reveal that ethical issues and the appropriate use of spiritual practices as a rationale for the inclusion within social work education.

Mental Health and Spiritual Interventions

The literature review has results from a national survey indicating 72% of practitioners recommend clients' participation in a spiritual activities or a spiritual support system (Canda, Nakashima & Furman, 2004). In addition, specific R/S interventions within the context of therapy have been shown to increase clinical outcomes among spiritually oriented clients coping with anxiety and depression (Weisman de Mamani et al, 2010). While the intent of this study included discussions about mental health and spiritual interventions, the specific results and measurements from the literature review were not equivalent to this study and could therefore data not be adequately compared and / or contrasted with one another. However, the findings from the majority of respondents revealed a generalized agreement that spiritual coping mechanisms can relieve mental health symptoms and have a positive impact in the clients' recovery process.

Implications

This study has identified implications for future social work education, social work policy and practice and future research.

Implications for education. The goal of social work education is to prepare students for practice that is non-discriminatory, respectful, skillful and knowledgeable with regards to all types of diversity, including the wide spectrum of religion and spirituality (Canda, Nakashima & Furman, 2004). Studies reveal the majority of practitioners reported they had little to no educational preparation on how to utilize spirituality, or how to approach ethical decision making regarding the use of spirituality (Canda, et al., 2004). If the incorporation of clients' spirituality seems justified and is client directed, more specialized training in spirituality should be considered (NASW, 2012). Research encourages academic programs in social work to include training, education and sensitization towards spirituality in mental health. To help social workers provide quality care to their clients, graduate programs should develop more insight into the role of spirituality in enhancing mental health (Charak, Sharma & Sharma, 2009).

Implications of policy and practice. It is vitally important that clinicians have adequate training to ensure they are practicing within the scope of their competency. The NASW (2011) affirms cultural competence in social work is a lifelong, ongoing process and includes the importance of religion and spirituality in the lives of clients. Given the important role of spirituality in understanding human diversity and human experience, it has become evident that gathering information about a client's history and assessing spiritual interests and development are as important as learning about biopsychosocial factors (Ashford, LeCroy & Lortie, 2006). Most clinicians, including the participants in this study, agree that it is important to include a spiritual inquiry during the assessment process to determine the role of spirituality in a client's life. Interestingly, research claims many social workers have received minimal to no training in conducting spiritual assessments (Canda & Furman, 1999).

Ethical decision making is an important point related to both micro and macro level issues within social work. Most respondents of a national survey of NASW members include spirituality in their practice, and many use general ethical considerations and principles. Unfortunately, these social workers likely lack the guidelines about the use of spiritually oriented activities in practice and systematic ethical decision making (Canda, et al., 2004). This raises concern about competence regarding important skills, preparation and knowledge when making practice decisions that confirm to professional ethics (Canda, et al., 2004). Yeo (2010) claims clinicians tend to not know how to apply spirituality to case conceptualizations, assessments and interventions, which can result in unknowingly violating ethical codes. Moving forward, it appears important for practitioners at all levels to be pro-active in attending and approving spiritually focused continuing education courses, agency in-service training and practice supervision to empower clinicians with confidence and competency regarding choices, ethical principles and alternatives with spiritual interventions.

Implications for research. The literature review, as well as findings from this study, suggests that therapists find spiritual interventions appropriate in the context of therapy. Despite a lack of quantitative data, research studies with personal accounts have demonstrated spirituality as an important component in the recovery process of those coping with severe mental illness (SMI) (Mohr, 2011). Prior research indicates gaps in many areas surrounding the use of spirituality within clinical practice. With the growing interest in spirituality, further examination of how spirituality impacts social work practice is imperative (Robbins, Chatterjee & Canda, 1998).

Continuing research would be advantageous in a variety of areas including, but not limited to: spiritual sensitivity toward prominent faith groups, recommended protocols for spiritual interventions / techniques, systematic procedures for ethical decision making, examining effectiveness of spiritual interventions (i.e. spiritually modified cognitive therapy) combined with psychotherapy and finally, the development of spiritual competency. Without understanding the process in which spiritual competence develops in social workers, proper training and learning experiences are not able to be presented in ways that best facilitate this development, thereby missing essential aspects of client directed concerns. Continued evidence based research is needed within the scope of R/S so practitioners can acquire the skills and knowledge necessary to utilize spiritually based intervention techniques ethically, appropriately and effectively.

Strengths and limitations. Within the past fifteen years, there has been a growing interest, acceptance and utilization of spirituality within the scope of clinical therapy, indicating a need for this research study. There is limited research on how therapists' develop spiritual competency, yet research reveals practitioners incorporate spirituality into their practice. This study sought to fill a gap in the research and focused primarily on understanding the practitioners' personal and professional perspectives about spirituality and what factors have contributed to their spiritual competency.

To strengthen this study the researcher extensively reviewed past and current literature on the topic of spirituality within the social work profession. Prior IRB and committee approval of this study ensured compliance with IRB regulations at University of St. Thomas (UST) and Protection of Human Subject guidelines. A qualitative design fit well with this study as it

yielded rich data regarding the perspectives of clinicians on the role of spirituality within therapy. Validity was increased by having research committee members review the interview questions. This helped verify that the questions asked would elicit the types of responses that were anticipated (Berg, 2009) and would not offend any participants. To increase reliability, the researcher identified and utilized simple categories derived from the literature. Simple categories help yield more consistent results (Monette, Sullivan & DeJong, 2011).

There were several limitations identified with this study. The first limitation was in the sampling strategies utilized. This study had a small size of nine practitioners and non-probability sample, which does not allow the findings to be generalized as representative of social workers in clinical practice. A second limitation was the interviewees were self-selected based on convenience and referral in order to meet pre-determined deadlines. Some of the interviewees may have elected to participate because they have an interest in the study, creating potential bias in the results. A third limitation was that this study was reflective of practitioners' views and not of clients' perspectives. Some of the interviewees may have elected to participate because they have an interest in the study topic, creating potential bias in the results. Also, the study was limited geographically to the Twin Cities metro and northwestern Wisconsin area. And finally, this study was limited in that only the researcher coded the transcripts, raising the potential for inaccuracies, bias or omissions in coding and analyzing of the data.

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Appendix A

CONSENT FORM
UNIVERSITY OF ST. THOMAS / ST. CATHERINE UNIVERSITY
GRSW682 - CLINICAL RESEARCH PROJECT

How do therapists' view the role of spirituality within their practice?

I am conducting a study to gain a better understanding about the perspectives of therapists regarding spirituality. You were selected as a possible participant because you are a mental health therapist. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Nancy Wiedmeyer, CSW / LSW, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Karen Carlson.

Background Information:

The purpose of this research study is to learn how therapists' view the role of spirituality within their clinical practice. Approximately 8 – 10 therapists are expected to participate.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in an electronic audio taped, yet confidential 1:1 interview approximately 35-45 minutes in length. Your name or the agency you work for will be kept confidential and the recorded information will be destroyed after this assignment has been completed. As this is a research class, I may have a fellow student view my data for a reliability check. I will also need to transcribe a portion of the interview and give an oral presentation to my classmates and instructor. In addition, I will need to write a qualitative research report of our interview, which will include a literature review on this very topic.

Risks and Benefits of Being in the Study:

The study has no known risks. The study has no direct benefits. However, you will learn a bit more about what clinical MSW students are working on in graduate school at the University of St. Thomas / St. Catherine University in St. Paul, MN.

Confidentiality:

The records of this study will be kept confidential. Research records will be kept in a locked file at my personal office in my home. I will also keep the electronic copy of the transcript in a password protected file on my computer. A research partner and my research professor will be able to view segments of the transcribed interview, but will not know who you are. I will delete any identifying information from the transcript. Findings from the transcript will be presented to my research class. The electronic audiotape and transcript will be destroyed no later than June 1, 2013.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data already collected may be used to complete this project to the best of my ability.

Contacts and Questions

My name is Nancy Wiedmeyer. You may ask any questions you have now. If you have questions later, you may contact me at 715-246-8354 or 651-226-5082. You may also contact my instructor, Dr. Karen Carlson at 651-962-5867. Please feel free to contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be electronically or digitally recorded.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix B

Interview Schedule

Therapists' perspectives on the role of spirituality in their practice

Researcher / Interviewer: Nancy Wiedmeyer, LSW, CSW

Demographic Questions:

- 1) Degree Held
- 2) Title
- 3) Total number of years working as a therapist
- 4) Current Practice setting – (community mental health, private practice, community based social work, chemical dependency / mental health)

For the purposes of this study, we will combine religion and spirituality to fit under the same category and the terms can be used interchangeably.

For purposes of this study, competence is the ability of the therapist to engage with clients in spiritual conversations and / or matters concerning religion or spirituality. In its most basic form, spiritual competence is the therapist's comfort discussing a client's R/S. In its most advanced form, this competence is the therapist feeling prepared, being skilled at, and having the comfort and ability to effectively address the client's concerns regarding R/S. These attitudes, knowledge and skills continue to be developed over time (Hodge & Bushfield, 2006).

Fluellen (2007) claims there are three factors which influence the ongoing process of spiritual competency: 1) experience working with clients with these issues; 2) personal views towards religion or spirituality; and 3) the amount of time provided in supervision to addressing religious / spiritual issues.

1. Has continuing education on spirituality / religion ever been recommended (or required) by your place of employment (or your supervisor)?
2. How much time is spent in supervision addressing matters of spirituality / religion?
3. How many years have you been employed as a therapist? In your estimation, what percentage of your overall time with clients is spent addressing spirituality?
4. What training or education have you had to learn about addressing spiritual issues with clients?
5. As part of your assessment, do you try to gain an understanding about the relevance of spirituality in the client's life? Why or why not?

6. Do you think there is any difference in the recovery process for those who use religion & spirituality as coping methods versus those who do not? If so, please elaborate.
7. What do you think about the inclusion of spirituality in social work education?
(recommended / required/ elective?)
8. Can you describe what, if anything has influenced how you integrate spirituality within your practice?
9. Are you comfortable with your ability to address clients' concerns regarding religion / spirituality? Please elaborate.
10. What role, if any, does spirituality have within therapy?
11. What barriers are there to incorporating spirituality into therapy?
12. At what point, if any, did you become aware of the role that spirituality plays in the therapeutic process? (in school, interning or at what stage in your employment?)
13. How do therapists guard against imposing their own religious / spiritual values onto clients when working in this realm?
14. How do therapists address a spiritual matter with a client if they feel it is beyond their comfort level or capability?