Religious and Spiritual Diversity Training in Professional Psychology

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Abstract

Despite the American Psychological Association’s longstanding commitment to training in diversity, legitimate concerns can be raised about the adequacy of spiritual/religious diversity training in professional psychology programs. Training in religious/spiritual diversity remains modest to non-existent (Vogel, McMinn, Peterson, & Gathercoal, 2012). In addition to a review of relevant literature, an example is provided of a doctoral program that intentionally trains students in religious and spiritual diversity from a pluralistic and diverse perspective. Coursework, clinical competencies, clinical training, research, ethical training, and outcome assessment are explored from both faculty and student perspectives. Implications and recommendations are offered, including that religious and spiritual competence needs to be better addressed in training and continuing education, research could explore impediments to accomplishing this task, and practice should better incorporate related assessment and interventions. Finally, policy adjustments to better address the role of this form of diversity, and development of a related specialty seem warranted.
Religious and Spiritual Diversity Training in Professional Psychology

The American Psychological Association (APA) has longstanding, enduring commitments to understanding and respecting human diversity, evidenced by accreditation criteria (APA, 2012), ethical standards (APA, 2002), published guidelines (e.g., APA, 2003, 2012a, b), and management philosophy (APA, n.d.). Despite these commitments, which we deem to be fully sincere, legitimate questions can be raised about the adequacy of religious and spiritual diversity training in professional psychology programs. Though APA ethics guidelines have recognized religion and spirituality as an important form of human diversity for a number of years, training in religious and spiritual diversity is modest at best, and non-existent in many training contexts (Vogel, McMinn, Peterson, & Gathercoal, 2012). Almost two-thirds of psychologists recently surveyed agreed that religious and spiritual issues should be a part of graduate training (Crook-Lyon, O'Grady, Smith, Jensen, Golightly, & Potkar, 2012), but most doctoral programs and internships offer little or no training in religious and spiritual diversity (Brawer, Handal, Fabricatore, & Wajda-Johnston; Russell & Yarhouse, 2006; Schafer, Handal, & Brawer, 2011; Schulte, Skinner & Claiborn, 2002; Vogel et al., 2012). What little training occurs tends to be informal and anecdotal, such as one graduate student consulting with another who happens to hold particular faith values or spiritual perspectives.

The purpose of this article, which emerges out of a symposium sponsored by APA’s Division 29 (Psychotherapy) at a recent APA convention, is to provide a focused review of relevant literature while also offering an example of one training program that attends to religious and spiritual diversity, much as Fouad (2006) provided a compelling
example of multicultural training within a particular training program. Religious and spiritual diversity training should not be confused with training in particular faith traditions, such as what happens at religiously-based programs in professional psychology. Though the Graduate Department of Clinical Psychology (GDCP) at [NAME REMOVED] University (GFU) is a religiously affiliated PsyD program, it is housed in a Quaker institution where multiple perspectives on faith and spirituality are considered and respected. Accordingly, our focus in this article is pluralistic and diverse, not sectarian.

We provide both faculty and student perspectives on the opportunities and challenges inherent in training doctoral students to be competent with religious and spiritual diversity. This includes multiple vantage points: coursework, competencies, clinical training, research, ethics, and outcome assessment.

**Coursework**

**Faculty Perspective (NAME REMOVED)**

In structuring a course on Religious and Spiritual Diversity in Professional Psychology, consideration needs to be given to the objectives and requirements that will equip students to work effectively with diverse individuals and groups. Along with providing knowledge about the various religions, skill development can happen in the context of practical exposure to the religions as well as simulated therapy sessions.

The current class we offer provides an introduction to the development and teachings of the major religions of the world. Elements shaping multicultural understandings of the divine, humanity, the world, and life purposes and goals are explored with special attention given to how professional psychologists can be sensitive
and effective in dealing with clients who hold various religious and spiritual views, concerns, and practices. Our objectives are that students will gain an appreciation for religious and spiritual diversity, understand its relevance to clinical practice, and better understand how to do psychotherapy effectively with patients from a variety of religious backgrounds. Along with these objectives, we desire that students understand the basic elements of major contemporary religious faiths including animism, Buddhism, Christianity, Confucianism, Hinduism, Islam, Jainism, Judaism, Rastafarianism, Shintoism, Sikhism, and Taoism, and recognize that these various world religions exist with historical, theological, psychological, anthropological, and sociological dimensions.

The format for the class involves co-teachers that include a world religions professor who presents the major elements of the religions and a clinical psychology professor who makes clinical applications from the content presented. For each religion, the areas covered include history, beliefs and practices, sacred writings, relationships, and ethics. Each class session has a presentation on helpful practices in doing psychotherapy with the particular religious group discussed. Clinical skills and competence are obtained through discussions and applications of aspects of the religions, and responses to case studies. The readings come from a world religions text (Partridge, 2005), a book about clinical applications of world religions edited by psychologists (Richards & Bergin, 2000), and selected articles (e.g., Ali, Liu, & Humedian, 2004; Schlosser, 2006). The assignments include the writing of two case studies from specific religious perspectives, and two clinical response papers to these case studies, as well as reflections on the experiential components of personal interviews with persons from a specific religious perspective and/or visits to a religious meeting place. Additionally, in groups of two-
three, a respectful simulated demonstration of a therapy session with clients from various religious perspectives is attempted.

**Student Perspective (NAME REMOVED)**

The Spiritual and Religious diversity training provided me with not only religious insight, but also the role culture plays in religion. This course is particularly relevant at my practicum placement, a University Health and Counseling Center. For example, a Japanese client recently sought treatment for dysthymia. The client’s mother converted to Christianity and moved her family to the United States during the client’s teenage years. Although my client identified with the Christian religion, my training in religious diversity taught me that Shintoism as a religion pervades most Japanese homes, even having a profound cultural influence on Christian homes. Thus, I considered both religions while working with this client. The course also helped me recognize that, culturally, Japanese clients may be quiet at the beginning of treatment as a sign of respect. This cultural insight allowed me to discuss my recognition of her respect while inviting her to share her presenting problem and history. This is one example of how a religious and spiritual diversity class can help foster effective communication with clients of culturally and religiously diverse backgrounds.

**Competencies**

**Faculty Perspective (NAME REMOVED)**

As a faculty member committed to competency-based clinical training, I appreciate the need for clearly defined objectives and assessment of skills. However, competency in religious and spiritual diversity seems like the training equivalent of “world peace.” Somehow we need to acquire the knowledge of different worldviews,
develop the skills to empathically apply the knowledge, while maintaining an attitude of respectful awareness of what we know and don’t know of our own and others’ cultural identity. Adding to these formidable expectations for knowledge, skills and attitudes are the developmental differences unique to every student. In our program, we use the knowledge, skills and attitudes (KSA) framework developed by the National Consortium of Schools of Professional Psychology (Peterson, Peterson, Abrams, Sticker, & Ducheny, 2010) and the Competency Benchmarks, developed by the Board of Educational Affairs and summarized by Fouad et al. (2009) to frame our competency training across all domains, including diversity.

Although these documents provide a strong foundation, we’ve found that defining competencies and training in religious and spiritual diversity is a work in progress. Every year we assess and revise our training. Over the last six years, we’ve found the following concepts have consistently “worked” in our training program: (1) a clear definition of expected competencies and specific outcomes and, (2) a shared commitment by academic and clinical faculty to help students apply the competencies in their practicum setting.

**Student Perspective (NAME REMOVED)**

As a student, I have been encouraged to understand my clinical training through a competency model. Just as there is no “one-size-fits-all” treatment or training program, our competencies are a working model that allows for trainee-factors, professional goals, and clinical-setting to come through. The training environment has allowed me to explore my spiritual identities as they relate to clinical work, use spirituality as a means of coping and self-care for clients, and incorporate a client’s religious practices into the treatment plan. My own background is Roman Catholic with a strong Evangelical
Protestant influence, and I have chosen to bring both identities into my clinical work as necessary to help me to empathize, assess, and intervene with clients who not only come from those backgrounds but also those from other faith traditions who have asked me to consider their spiritual influences or practices in our work together.

**Case Example**

The following illustration highlights our experience of applying KSAs in a clinical setting. In my role (NAME REMOVED) as clinical faculty, I was supervising a 3rd year student (NAME REMOVED) who was working on a diversity competency, *(Demonstrates ability to address religion and spirituality in case conceptualization and treatment planning)* while providing services in a primary care medical setting. Working in the KSA model, he had acquired significant *knowledge* through the academic courses of Religious and Spiritual Diversity and Integrative Approaches to Psychotherapy, he demonstrated *skills* in multi-cultural assessment (using the ADDRESSING model, Hays, 2008), and his attitude was open and respectful as he sought to conceptualize and treat his patients from a multicultural perspective. Thus, I felt comfortable when he began treatment with a geriatric, European-American male who had been raised in a Judeo-Christian worldview but reported that Native American spirituality was an important part of his current spiritual practice.

I (NAME REMOVED) formed a particularly strong therapeutic relationship with this client as he explored his seemingly diverse, even contradictory beliefs. My understanding of his beliefs facilitated trust in the relationship, which led to his willingness to share concerns, and vulnerabilities that he hadn’t revealed to others. The client was so appreciative of the understanding I was able to offer because of my training
in religious and spiritual diversity that he offered me a blessing-of-sorts, including the promise that his spirit-animals (the wolf and the eagle) would watch over me as his life comes to an end and he leaves this earth. Competency-directed training in religious and spiritual diversity allowed me to understand this man’s multiple identities as I have processed my own, to engage his spirituality as it allowed for his generativity, and to offer a treatment plan that facilitated his own bio-psycho-social-spiritual growth.

Clinical Training

Faculty Perspective (NAME REMOVED)

Psychologists have limited evidence for effective models of clinical training in religious and spiritual diversity (Worthington et al., 2009). Some models of supervision to support student development in working with religiously diverse clients have been proposed (Aten & Hernandez, 2004; Gingrich & Worthington, 2007), but these presume a degree of openness and competence from the supervisor to address spiritual and religious concerns. Given the diversity of practicum sites available to students, this is not always the case. Some practicum sites address religious and spiritual issues only when the need arises while other sites routinely gather information about spirituality and religion routinely in intake forms. The variability in practicum sites leaves much of the responsibility to faculty to provide adequate clinical training in religious and spiritual issues. We attempt to accomplish this through colloquium training and on-campus clinical teams. In both cases we strive to promote students’ identity awareness and integration by facilitating the successful resolution of challenges experienced when a clinician’s religious or spiritual identity comes into contact with her or his role as a mental health professional (Hays, 2008).
Each year students attend a total of four half-day Grand Rounds and full day colloquia, with at least one of these dedicated to how clinical services can be enhanced by attending to religious and spiritual issues. Topics in recent years have included interpersonal forgiveness, a Christian appraisal of mindfulness, religious issues in primary psychology, and gratitude.

Clinical teams provide an on-campus training context for exploring identity formation in relation to spiritual and religious issues. Teams meet and provide a rich opportunity to interact with peers and a clinical faculty member, framed by institutional Quaker values of respect and consideration of multiple perspectives. The group provides the context for the development of trust, differentiation, and appreciation of different spiritual and religious perspectives. Students move from managing anxiety to a greater curiosity about each other’s experience, usually in the context of a case presentation where conversations about intragroup differences in spirituality and religion can occur (Worthington et al., 2009).

Though this training model works quite well overall (see Outcome Assessment below), we face some challenges in clinical training around religious and spiritual issues. Sometimes students can foreclose in clinical team, drawing on their own religious and spiritual values without seeing the diversity issues involved. At other times the focus of clinical teams may not address religious and spiritual issues because other practical and conceptual treatment considerations legitimately focus attention away from these issues. Even with an explicit commitment to training in religious and spiritual differences, the numerous tasks undertaken in clinical team may overshadow attention to spiritual and religious diversity. Finally, students may experience more or less openness to
discussions of religious and spiritual diversity in their on-site practicum supervision because supervisors vary in their agreement and attunement with the GDCP emphasis in this area.

**Student Perspective (NAME REMOVED)**

The foundational training in religious and spiritual diversity includes opportunities for identity formation that allow students to integrate a religious and spiritual identity with their burgeoning roles as psychologists. Identifying one’s own spiritual orientation allows for greater intentionality when engaging highly charged religious and spiritual issues with supervisors and clients. This process of identity exploration is not always easy in that it requires risk in relating with peers, mentors, and supervisors. Here it is often difficult to move past simple answers to a genuine place of engagement. Students may fear “getting it wrong” or being labeled when they engage religious and spiritual issues from a place of genuineness. Creating an environment of acceptance that facilitates the process of identity exploration and growth is essential when addressing these issues (Gingrich & Worthington, 2007).

GDCP training includes practical guidance based on the competency model. Coursework includes opportunities to learn the theory, models, and skills for addressing religious and spiritual issues. While coursework provides a theoretical foundation, the movement from theory to practice is challenging because religious and spiritual interventions often lack the specificity and direction that other forms of intervention, such as cognitive-behavioral therapy, are given. It is often left to students to initiate questions of religious and spiritual diversity, and hope that well-informed faculty and supervisors can help facilitate growth. Mere exposure to religious issues seems unlikely to produce
competence, and even at GFU greater intentionality is needed to improve student competence in the area of religious and spiritual diversity (Aten & Hernandez, 2004).

**Research**

**Faculty Perspective (NAME REMOVED)**

Each faculty member in the GDCP directs a research team involving students at different years of training, known as Research Vertical Teams (RVTs; Murray, 1999). RVTs provide a context for dissertation research as well as other research pertaining to interests of students and faculty (Gathercoal & Adams, 2004). Approximately 35% of the dissertation projects produced by our students in the past decade have emphasized themes of human diversity, with 14% focused on issues of religion and spirituality.

RVTs are often a place where substantial scholarship occurs regarding religious and spiritual issues. For example, in recent years two students and I teamed up to write a chapter titled *Counseling Within and Across Faith Traditions*, which is part of the *The Oxford Handbook of the Psychology of Spirituality* (McMinn, Snow, & Orton, in press). Recent student dissertations have pertained to resolving anger toward God (Snow, McMinn, Bufford, & Brendlinger, 2011), the effects of a prayer intervention on forgiveness (Vasiliauskas & McMinn, in press), and a review of religion and spirituality training in APA accredited doctoral programs (Vogel et al., 2012).

Research training includes an introduction to instruments for measuring religion and spirituality (e.g., Hill & Hood, 1999). Students are also introduced to the literature on religious and spiritual interventions (e.g., DiBlasio & Benda, 1991, Houston, Bufford, & Johnson, 1999; Moon, Willis, Bailey, & Kwasny, 1992), as well as religious and spiritual outcomes (Combs, Campbell, Bufford, & Halter, 2000; Garzon, Garver, Kleinschuster,

**Student Perspective (NAME REMOVED)**

In the APA, there now is greater openness to professional scholarship related to religious and spiritual diversity than ever before. Several recent books have been published with an emphasis on religion and spirituality in psychological practice (e.g., Aten & Leach, 2008; Aten, McMinn, & Worthington, 2011; Plante, 2009; Richards & Bergin, 2005; Sperry & Shafranske, 2004) and a new journal, *Psychology of Religion and Spirituality*, was just launched in 2009. As a student soon to enter the workforce, I am encouraged by this newfound openness to religious and spiritual diversity, which holds the potential to enhance the training of students at APA-accredited programs and the services psychologists provide. I have been fortunate to see faculty model these sorts of scholarly activities, and invite me to participate, during the course of my graduate training. My dissertation research involved a national survey of students, interns, faculty, directors of clinical training, and internship directors regarding how religious and spiritual diversity is handled in various training programs (Vogel et al., 2012).

There are relatively few studies on training in religion and spirituality at APA-accredited programs, but what has been done suggests that research is underutilized. Brawer and colleagues (2002) reported that many programs (43%) have at least one student whose major area of research interest is related to religious and spiritual diversity,

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1 In agreement with Boyer (1997), we intend professional scholarship to reflect a broad construct that includes but is not limited to empirical research. We fully acknowledge that professional scholarship involves other activities (e.g., teaching), which are not addressed within the scope of this article, although we here focus on scholarly research.
although few (22%) have a member of their faculty who identify this as a major area of scholarly interest. In a recent follow-up study, Schafer, Handal, and Brawer (2011) reported that the number of APA-accredited programs with students whose primary research interests were religious and spiritual diversity had increased (50.6%) during the past decade. A number of programs (29.2%) even had students who approached faculty with a desire to conduct research these areas. Although the number of programs with faculty who identified religion and spirituality as major research interests has grown (31.5%) in recent years, there still may be too few programs with faculty willing to model research in these areas. When faculty incorporate religious and spiritual themes into research projects, they are significantly more optimistic about how effectively they mentor students in this area of diversity than are their students (Vogel et al., 2012).

Many programs are undoubtedly open to supporting students with research interests related to religious and spiritual diversity. This is commendable and sets the stage for effective mentoring. To that end, it is important for faculty with research interests related to religious and spiritual diversity to clearly identify themselves within their programs (Brawer et al., 2002; Schafer, Handal, & Brawer, 2011). As students seek out these faculty to serve as their research mentors, faculty can play a formative role in students’ training as scholars and professionals.

**Ethics Training**

**Faculty Perspective (NAME REMOVED)**

Ethical concerns about religious and spiritual issues in therapy falls broadly under the domain of diversity in the APA *Ethical Principles of Psychologists and Code of Conduct (Code*, APA, 2002). *Principle E* introduces this topic. It is also addressed in the
Code in sections 2b under Boundaries of Competence, 3.01 related to Unfair Discrimination, and 3.03 related to Harassment. A review of the Code is provided in the first-semester GDCP course on Psychological Ethics. This course provides students a beginning point for becoming aware of the ethical implications of religious/spiritual concerns. The Code explicitly calls for psychologists to “practice only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience” (APA, 2002; 2.01, p. 2).

Ethics conversations recur as religious/spiritual concerns are encountered in many courses and in practical training, case conceptualization, intervention planning, assessment, and outcome evaluation. In assessment, students are encouraged to ask questions about the client’s religious experiences and history and his/her current religious attitudes, beliefs, practices, and affiliation. These topics are explored much as substance abuse, family history, and health status are considered. Sometimes the patient/client expresses no interest in religious and spiritual matters or considers them irrelevant to the client’s current concerns and treatment. Other times major aspects of the treatment are shaped by the religious and spiritual concerns and related resources.

Because religious and spiritual concerns are treated as a specialized focus of training in the GDCP, several courses focus explicitly on understanding diverse religious and spiritual concerns. Ethics conversations become part of each of these courses as well as the clinical teams that meet each week to discuss practicum training. Thus religious and spiritual issues, and their ethical and practical implications, are woven throughout ethical, didactic, and assessment training, and incorporated into assessment, treatment planning, psychotherapy implementation, and outcome evaluation.
**Student Perspective (NAME REMOVED)**

Most Americans are religious. A 2011 Gallup poll found 81% of those surveyed reported religion to be very important or fairly important to them. But religious persons are also diverse: 42% protestant, 23% Catholic, 10% Christian unspecified, 2% Jewish, 2% Mormon, 4% specific other groups, 4% undesignated, and 13% who endorse “none” (Gallup, 2011). Among religious persons, nearly two-thirds (61%) reported belonging to a church or synagogue, and 39% reported that they had attended a religious service in the previous week (Gallup, 2011; Vogel, Gerdin, McMinn, in press). Especially for this latter group, religious/spiritual sensitivity is often an important consideration in assessment and psychotherapy. Thus, preparing psychology trainees to address religious and spiritual issues in ethically appropriate ways is an important part of effective training.

As training progresses, it gradually becomes apparent that many ethnic and racial groups cannot be understood without serious attention given to the group’s spiritual and religious beliefs and practices (Choney, Berryhill-Paapke, & Robbins, 1995; Leong, Wagner, & Tata, 1995; Vogel, Gerdin, & McMinn, in press). For example, many African-Americans are Christian; however, African Americans also comprise 35% of all Muslims in America (Gallup, 2011). This distinction leads to substantial cultural and identity differences among African Americans; thus attention needs to be given to both group and individual identities. Training in addressing the needs of one or more of these populations appears essential for ethically appropriate practice for many psychologists. Psychologists without training in religious diversity may overlook their clients’ spiritual resources and religious or spiritual practices that may be therapeutically helpful (Hage, 2006). For example, prayer may not be considered as a means of coping with life.
challenges (Wacholtz & Sambamoorthi, 2011). Similarly, they may miss spiritual factors that may contribute to current difficulties such as spiritual abuse (Ward, 2011).

This year in my clinical training I saw a Jewish client who was struggling with grief over losing a close family friend. She began to fear for her friend’s current fate, and despaired over her own death in her anxious insomnia. I referred my client to her rabbi to learn more about Jewish views on the afterlife. Subsequent sessions involved processing some of their conversations and the information she gathered, considering what she believed about the afterlife and what awaits the client in death. Through my openness to dialogue about her faith, existential fears, and teaching anxiety reduction skills, the client was able to process and accept her friend’s death and lose the terror over her own eventual demise. I was grateful for my own training on the basic beliefs in Judaism and a trust that her faith could provide helpful resources for her treatment.

**Outcome Assessment**

As is true of all doctoral programs accredited by the APA’s Commission on Accreditation, the GDCP engages in regular and extensive outcome evaluation. Multicultural and diversity competence is an important part of the GDCP’s regular outcome assessment efforts, as recommended by Fouad (2006). In our case, this includes evaluation of religious and spiritual diversity competencies. To illustrate, Table 1 shows some of the current competencies expected during the first 2 years of the 5-year training program as well as ways of demonstrating competence.

Additional outcome assessment is accomplished through various processes, including semi-annual clinical mentor evaluations, semi-annual practicum supervisor evaluations, annual self-evaluations, and periodic alumni assessments. Recent data from
clinical mentor and supervisor evaluations are presented in Table 2, and from annual student self-evaluations in Table 3. Competency ratings for religious and spiritual issues are similar to ratings for other competency areas.

**Implications and Recommendations**

**Training Implications**

Like other forms of diversity training, religious and spiritual diversity training requires intentionality on the part of doctoral training programs, predoctoral internships, and postdoctoral fellowships. This includes recruiting and training faculty, retaining faculty with specialty expertise in religious and spiritual issues, developing suitable courses and clinical training experiences, and so on. As is true of all multicultural issues, it is important to consider both etic and emic perspectives in training. Various faith beliefs share certain commonalities, making it reasonable to expect some level of predictable group characteristics (etic perspectives). At the same time, individuals within a given religious or spiritual tradition may show tremendous variation, making it important to consider emic dimensions of religious and spiritual beliefs and practices and to instill in trainees a posture of respectful learning from their clients.

Much of what we have discussed in this article pertains to doctoral training, but what can be offered for those who already have their doctoral degree and are licensed to practice psychology? One area for ongoing training is found in continuing education (CE) offerings. It is heartening to see that the CE offerings at the 2012 annual convention of the American Psychological Association include workshops on working with Muslim clients and addressing religious and spiritual issues in treatment. As CE offerings become available in this area of diversity, it will be important for psychologists to enroll and
participate in these offerings. Some basic level of religious and spiritual competence should be expected of all psychologists, and not just those who have intrinsic commitments to understanding religious and spiritual issues in treatment. Reading can also provide helpful background in religious and spiritual issues for psychologists. The APA continues to publish a variety of resources on religious and spiritual issues in treatment, including approximately 15 books and a video series. For those interested in studying religion at a deeper level, taking a course at a local university or seminary can provide important background.

**Research Implications**

There is much to affirm regarding psychological research in religion and spirituality, including the relatively recent inauguration of an APA journal, *Psychology of Religion and Spirituality*. Initial volumes of the journal have demonstrated both the utility and rigor of research in religion and spirituality.

Though research is progressing nicely in this area of diversity, we question the extent to which students are being exposed to this research in their graduate training (Vogel et al., 2012). Doctoral students in psychology would benefit from research findings on religious and spiritual processes and outcomes in treatment, links between mental health and religious values (including both protective and risk factors), developmental issues in religious and spiritual beliefs, and so on.

Perhaps most relevant to this article is the need for research on psychological training in areas of religious and spiritual diversity. We know from recent studies that students are not receiving much training in this area (Brawer, Handal, Fabricatore, & Wajda-Johnston; Russell & Yarhouse, 2006; Schafer, Handal, & Brawer, 2011; Schulte,
Skinner & Claiborn, 2002; Vogel et al., 2012), but what are the causes and implications of this? Research from several decades ago showed an anti-religious bias for graduate school admissions (Gartner, 1986). Does this bias still exist? After admission, what sort of biases might exist in training? Do psychologists with anti-religious perspectives demonstrate different outcomes when working with religious and spiritual clients than psychologists with more positive perspectives toward faith? These and many more questions warrant additional research attention.

**Practice Implications**

The links between certain faith beliefs and practices and mental health are increasingly compelling (Koenig, King, & Carson, 2012). Some psychologists may find religious and spiritual practices to be a source of personal hope and self-care amidst the challenging work of professional practice.

Including religious and spiritual values in clinical practice forms and procedures can also be useful. For example, knowing something about a client’s ethnic background is important on an intake form. It is also useful to know something about a client’s religious and spiritual beliefs, and whether the client wants to consider those beliefs as part of treatment. Similarly, exploring religious and spiritual beliefs and practices in an intake interview may be important both by giving the psychologist information about the client and by letting the client know that it is acceptable to discuss these matters in psychotherapy. Considering religious and spiritual beliefs may be particularly important in certain treatment contexts, such as palliative care and older adult populations where considerations of death and dying are important treatment considerations.
Assessment practices should also include some consideration of religious and spiritual diversity. Richards and Bergin (2005) suggest a two-level assessment strategy beginning with an ecumenical assessment of all clients to see if religion and spiritual values are relevant. If they are, the psychologist then moves toward a more detailed assessment of these values and related beliefs and practices. Careful assessment needs to consider both functional and dysfunctional dimensions of religious and spiritual beliefs for the client (emic), but these determinations should be made in light of larger faith community values and beliefs (etic) rather than the idiosyncratic perspective of a particular psychologist. Appraising religious and spiritual functioning calls for the importance of collaborating with clergy and other leaders in faith communities.

Intentional collaboration with religious professionals is useful in various ways (McMinn, Aikins, & Lish, 2003). For example, psychologists in group practice settings might consider inviting a local clergyperson to a staff meeting to discuss relevant issues of belief when working with clients of a particular religious background. Attending places of worship, either regularly or occasionally, can give psychologists a basic understanding of faith beliefs. Maintaining a list of local pastors, priests, rabbis, and imams for purposes of mutual referral can also be useful.

Policy Implications

While not yet articulated as an area of specialty within the APA guidelines, we agree with Vande Kemp (1996) and Hathaway (2008, 2011) that the degree of specialized training and the scope of knowledge, skills, and attitudes involved in developing the pertinent competencies for practice are moving in that direction. Hathaway calls this practice a “niche”, but advocates developing a specialty. We concur.
Although the Guidelines and Principles (APA, 2012) note the importance of religion in human diversity, it is not clear to what extent the Commission on Accreditation considers these factors in accreditation decisions. Anecdotally, it appears more likely for a training program to be questioned about being “too religious” (and thus negligent of other forms of diversity) than about failing to train students in religious and spiritual diversity. When programs with religious identities are up for accreditation, it is routine to receive public comments from constituencies within APA objecting to their accreditation bid, but we have never heard of a program being questioned because it does not pay adequate attention to religion or spirituality in training.

Similarly, it would be helpful to audit other entry points into the profession to consider how religious and spiritual diversity is considered. To what extent does the national licensure exam (Examination for Professional Practice of Psychology) include religious and spiritual diversity? The Information for Candidate (ASPBB, 2012) brochure includes only one mention of religion and spirituality along with privilege/oppression, political differences, and global awareness—all under the knowledge base of Social-Contextual Issues. Other forms of diversity, including ethnic diversity, sexual orientation, gender, disability, and immigration all are considered separate knowledge bases.

**Conclusion**

Developing competence in addressing religious and spiritual concerns is a multidimensional task that requires a coherent set of strategies implemented over time. We have described here one training program’s effort to accomplish this task, both from faculty and student perspectives, and offered additional suggestions for research, practice, and policy. In many ways the development of knowledge, skills, and attitudes for
addressing religious and spiritual concerns parallels that for multicultural concerns, of which they are a subdomain. Because of the degree to which religious and spiritual beliefs and practices are embedded within complex systems, it is not possible to become competent across the full domain. However, we seek to promote an attitude of welcoming the other, non-judgmental curiosity, and collaboration.
References


Crook-Lyon, R. E., O'Grady, K. A., Smith, T. B., Jensen, D. R., Golightly, T., & Potkar, K. A. (2012). Addressing religious and spiritual diversity in graduate training and


Table 1. Selected Competencies* in Religious and Spiritual Issues (Year 1 and 2)

<table>
<thead>
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<th>Competencies</th>
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<tbody>
<tr>
<td>1. Able to address religion and spirituality in case conceptualization and treatment planning.</td>
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<td>2. Demonstrate awareness of own spirituality on clinical work.</td>
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<td>3. Attend to religious and spiritual issues in psychotherapy.</td>
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<th>Ways of Demonstrating Competencies</th>
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<tr>
<td>1. Explore one's own personal spiritual journey within the context of Christianity (PsyD 567 reflective essay).</td>
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<td>2. Survey psychometrics of basic Spiritual and Religious assessment tools (PsyD 511 spiritual and religious assessment roundtable assignment).</td>
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<td>3. See spirituality as means of coping and self-care (PsyD 568 class sample submission).</td>
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<tr>
<td>4. Treatment plan from (PsyD 552, Practicum site) showing integration of spirituality in treatment plan. Consider religious and spiritual issues alongside other diversity variables in treatment plans and case presentations.</td>
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<tr>
<td>5. Selected journal submission from Spiritual Formation (PSYD 573) showing awareness of own spiritual journey.</td>
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Notes. *Other competencies, not listed here, pertain to the specific Christian identity of the GDCP. The competencies listed here relate to diversity training regarding religious and spiritual issues.
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<th>Competency</th>
<th>Clinical Mentor Evaluations</th>
<th>Supervisor Evaluations</th>
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<tr>
<td></td>
<td>Students’ Year in Program</td>
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<tr>
<td></td>
<td>First (n=44)</td>
<td>Second (n=111)</td>
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<td>Third (n=99)</td>
<td>Fourth (n=87)</td>
</tr>
<tr>
<td></td>
<td>Second (n=110)</td>
<td>Third (n=102)</td>
</tr>
<tr>
<td></td>
<td>Fourth (n=95)</td>
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</tr>
<tr>
<td>Relationship</td>
<td>3.4 (0.7)</td>
<td>3.8 (0.7)</td>
</tr>
<tr>
<td></td>
<td>4.1 (0.7)</td>
<td>4.3 (0.7)</td>
</tr>
<tr>
<td></td>
<td>4.1 (0.8)</td>
<td>4.0 (0.7)</td>
</tr>
<tr>
<td></td>
<td>4.2 (0.7)</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>3.3 (0.7)</td>
<td>3.4 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.9 (0.7)</td>
<td>4.1 (0.8)</td>
</tr>
<tr>
<td></td>
<td>3.5 (0.7)</td>
<td>3.8 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.9 (0.8)</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>3.2 (0.5)</td>
<td>3.5 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.8 (0.7)</td>
<td>4.1 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.7 (0.8)</td>
<td>3.9 (0.8)</td>
</tr>
<tr>
<td></td>
<td>4.0 (0.8)</td>
<td></td>
</tr>
<tr>
<td>Research and Evaluation</td>
<td>3.1 (0.3)</td>
<td>3.4 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.6 (0.7)</td>
<td>3.8 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.6 (0.7)</td>
<td>3.7 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.7 (0.7)</td>
<td></td>
</tr>
<tr>
<td>Consultation and Education</td>
<td>3.3 (0.7)</td>
<td>3.6 (0.8)</td>
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<tr>
<td></td>
<td>3.9 (0.7)</td>
<td>4.3 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.8 (0.9)</td>
<td>4.0 (0.8)</td>
</tr>
<tr>
<td></td>
<td>4.1 (0.8)</td>
<td></td>
</tr>
<tr>
<td>Management and Supervision</td>
<td>3.6 (0.8)</td>
<td>3.8 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.7 (0.7)</td>
<td>4.2 (0.8)</td>
</tr>
<tr>
<td></td>
<td>3.8 (1.0)</td>
<td>4.1 (0.6)</td>
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<tr>
<td></td>
<td>4.0 (0.8)</td>
<td></td>
</tr>
<tr>
<td>Diversity Awareness</td>
<td>3.3 (0.5)</td>
<td>3.7 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.8 (0.7)</td>
<td>4.0 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.7 (0.8)</td>
<td>3.9 (0.7)</td>
</tr>
<tr>
<td></td>
<td>3.9 (0.8)</td>
<td></td>
</tr>
<tr>
<td>Religious and Spiritual Issues</td>
<td>3.3 (0.6)</td>
<td>3.4 (0.5)</td>
</tr>
<tr>
<td></td>
<td>3.7 (0.7)</td>
<td>3.9 (0.8)</td>
</tr>
<tr>
<td></td>
<td>3.6 (0.7)</td>
<td>3.7 (0.6)</td>
</tr>
<tr>
<td></td>
<td>3.9 (0.8)</td>
<td></td>
</tr>
</tbody>
</table>

Notes. Data are cumulative mean outcome ratings on a five-point scale (where 1 = Far below expected level of training, 2 = Somewhat below, 3 = At expected level, 4 = Somewhat above, 5 = Far above) over three semesters, ranging from Spring, 2010 to Fall, 2011. The reported sample sizes are the number of students being evaluated during those three semesters. Sample sizes for some competencies are smaller than what is reported because raters skipped over some items.

Each competency includes a brief definition. For the Religious and Spiritual Issues competency, which is shortened to “Integration” on some version of the rating forms, the definition is, “Able to address religion and spirituality in case conceptualization and treatment planning. Attends to religious and spiritual issues in psychotherapy.”
Table 3. Data from 2012 Annual Student Self Evaluation of Attention to Religious/Spiritual Concerns in Practicum Settings

<table>
<thead>
<tr>
<th>Evaluation Item</th>
<th>Rarely</th>
<th>Some</th>
<th>Often</th>
<th>Most</th>
<th>Almost Always</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I assess religious and spiritual issues when doing assessment reports and treatment planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.4 (1.2)</td>
</tr>
<tr>
<td>I assess other diversity issues when doing assessment reports and treatment planning, including ethnicity, sexual orientation, gender, disabilities, and socioeconomic factors</td>
<td>0</td>
<td>7</td>
<td>16</td>
<td>32</td>
<td>36</td>
<td>4.1 (0.9)</td>
</tr>
<tr>
<td>I respect the religious and spiritual perspectives of clients, whether or not they differ from my views</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>18</td>
<td>67</td>
<td>4.7 (0.6)</td>
</tr>
<tr>
<td>I actively learn about cultural diversity through reading, coursework and listening to my clients</td>
<td>0</td>
<td>5</td>
<td>19</td>
<td>33</td>
<td>34</td>
<td>4.1 (0.9)</td>
</tr>
<tr>
<td>I remain in the role of psychologist-in-training when engaging in spiritually oriented practice</td>
<td>0</td>
<td>4</td>
<td>14</td>
<td>32</td>
<td>40</td>
<td>4.2 (0.9)</td>
</tr>
<tr>
<td>I am progressing as expected in the integration (i.e., religious/spiritual diversity) competencies outlined on the ITP form</td>
<td>0</td>
<td>3</td>
<td>19</td>
<td>36</td>
<td>27</td>
<td>4.0 (0.8)</td>
</tr>
<tr>
<td>I am progressing as expected in the diversity competencies outlined on the ITP form</td>
<td>0</td>
<td>2</td>
<td>16</td>
<td>35</td>
<td>32</td>
<td>4.1 (0.8)</td>
</tr>
</tbody>
</table>

Notes. Table reports the frequency of student responses on each of the self-evaluation items. Mean is the average rating, assuming Rarely=1, Some=2, Often=3, Most=4, Almost Always=5.