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Spirituality in Supervision

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Amy E. Ford

Spirituality and religion are emerging in the literature as important areas of counselor competency. Not enough is known about the personal experiences of clinical supervisors with this topic. The purpose of this dissertation was to explore the relationship between the personal spiritual and religious practices of counselor supervisors and their professional quality of life and ability to demonstrate the spiritual competencies described by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC). A demographic questionnaire about spiritual and religious practices was created and two existing assessment tools were used to complete a cross sectional survey design to explore these relationships. The Professional Quality of Life Scale (Stamm, 2011), which includes the 3 subscales of compassion satisfaction, burnout, and secondary traumatic stress, was used to assess well-being. The Spiritual Competency Scale (Robertson, 2011) closely follows the ASERVIC spiritual competencies, and was used to measure spiritual competency. Eight hundred state counseling board approved supervisors were selected for participation from 7 different states, and 174 completed the survey for a response rate of 21.75%. Pearson correlations were calculated to explore the relationships between the frequency and importance of both spiritual and religious practices and the scores on the ProQOL and SCS. There was a significant (r=.186) inverse relationship between importance of spirituality

and burnout, with supervisors who rate importance as low scoring higher on the burnout scale of the ProQOL assessment. SCS scores were positively correlated to spiritual and religious importance (r= .23; .24) and frequency (r= .29; .2). Supervisors who value and engage in their own spiritual and religious practices were more likely to be spiritually competent. Additionally, only 33% of clinical supervisors met the cutoff score of 105 for spiritual competence, indicating that most of them were not able to implement the ASERVIC competencies. This research provides a foundation for future research in the areas of spirituality and religion as a wellness strategy for supervisors and highlights the training gaps in spirituality and supervision that exist. Supervisors who engage in their own spiritual and religious practices and see these as important are more likely to be spiritually competent. There is a need for increased focus on training clinical supervisors to address issues of spirituality and religion in counseling. Additionally, supervisors should be encouraged to consider how their own spiritual and religious experiences might either support or hinder them as they learn to work with clients and supervisees around spiritual issues.

Spirituality in Supervision

by
Laurie A. Bloomquist

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Laurie A. Bloomquist, Author

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TABLE OF CONTENTS

Page

TABLE OF CONTENTS (Continued)

Page

TABLE OF CONTENTS (Cont.)

Page

TABLE OF CONTENTS (Cont.)

Page

CHAPTER 1: GENERAL INTRODUCTION

Dissertation Overview

The purpose of this dissertation was to demonstrate scholarly research that contributes to the counseling profession and shapes future research. This manuscript style format as described by the Oregon State University graduate school presents two publication ready manuscripts included as chapter 2 and 3. Chapter 1 provides a foundation that connected the broader themes and research questions within the manuscripts, as well as provides a rationale for the research. Specifically this chapter explores how these studies contribute to an understanding of how spiritual and religious practices impact the well-being and spiritual competence of clinical supervisors. Chapter 2 is a quantitative study exploring the relationship between supervisor personal spiritual and religious practices and professional quality of life. The purpose of this study was to examine the relationship of spiritual and religious practices and supervisor well-being. Chapter 3 is a quantitative study exploring how personal spiritual and religious practices influence supervisor spiritual competency. The purpose of this study was to determine the impact of spiritual and religious practices on spiritual competency of clinical supervisors. Chapter 4 provides a summary of research findings and conclusion of both research studies.

Spirituality and religion are important aspects of many people's lives (Cashwell & Young, 2011), and the literature is clear that there is a need for improved focus in this area in the counseling field. Clients identify spiritual and religious aspects of their lives as important to their ability to find meaning and purpose, especially when they are experiencing pain. "When an individual faces great psychological distress, he or she will turn to, or draw from existing religious strategies to cope" (Cashwell & Young, 2011, p. 6). Holistic care includes spirituality (Polanski, 2003). Clients and counselors report a desire for increased focus on spiritual and

religious topics in counseling (Cashwell & Young, 2011; Henriksen, Polonyi, Bornsheuer-Boswell, Greger & Watts, 2015), yet current training practices are proving inadequate (Reiner & Dobmeier 2014).

The counseling profession requires competency in different areas of diversity (ACA, 2014). Spiritual and religious diversity issues are often under represented in counselor training (Hage et al, 2006). Counselors have become accustomed to working toward developing multicultural competencies that provide a framework for competent practice in different areas of diversity (Arrenando, 1996). The Association for Spirituality, Religion, Ethics, and Values in Counseling developed spiritual competencies (ASERVIC, 2011) that have been adopted by the ACA, and which support the counseling field toward improving training practices and working competently with clients around these issues.

Not only do counselors need to be aware of their own spiritual and religious practices, but they also need to be able to work with clients who have different spiritual and religious experiences (Cashwell & Young, 2011). Addressing spirituality and religion is part of a holistic approach to counseling, and it also is an important area of client diversity. Clients should be able to explore all of the important areas of their lives in counseling, and this exploration includes their spiritual and religious practices and beliefs (Polanski, 2003).

Counselors and supervisors have a responsibility to understand and support clients as they explore these areas, yet it may be difficult to develop competency if they do not experience spiritual or religious practices as important in their own lives (Bishop, Avila-Juarbe, & Thumme, 2003). Counselors who are trying to help clients develop spiritual health and transformation cannot facilitate that development beyond their own knowledge and understanding (Maher & Hunt, 1993). Research suggests that counselor educators and supervisors may lack experience

and training in the area of spirituality and religion (Hage, Hopson, Siegel, Payton, & DeFanti, 2006), making this an area of weakness in diversity training.

Counselors who identify with having spiritual or religious values that are important to them also are more likely to discuss spiritual topics with clients (Walker, Gorsuch, & Tan, 2004) and may be more likely to demonstrate spiritual competence as defined by the spiritual competency scale (Dailey, Robertson, & Gill, 2015). Spirituality and religion have been shown to be a source of resilience and contribute to personal well-being (Myers & Willard, 2003). Lawson and Myers (2011) explored the differences between counselors who were experiencing high levels of well being compared to those who scored the lowest. The number one difference between these groups was that counselors who scored highest on well being ranked "turning to spiritual beliefs" as an important career sustaining behavior. Other studies have found that both clients and counselors experience spiritual or religious practices as part of overall well-being and positive coping (Gill, Barrio Minton, & Myers, 2010; Cashwell & Young, 2011; Aten & Hernandez, 2004). Cashwell and Young (2011) noted that people turn to spiritual or religious strategies to cope when faced with psychological distress. It is unclear if this same phenomenon applies to clinical supervisors. In addition to being a necessary area of diversity competence, spirituality and religion could be a potential source of positive support for counselors and supervisors.

Thorne asserted that counselors who experience their own spiritual practices will be more effectively able to resist burnout (Thorne, 1997). Supervisors are prone to burnout, and they may experience high levels of depersonalization and reduced personal accomplishment as a result of their work (Erera,1992). Dailey's (2015) recent study showed that individuals are more likely to be spiritually competent if they engage in some level of spirituality and/or religiousness (Dailey

et al., 2015). Reiner and Dobmeier (2014) emphasized that it is important to understand why the spiritual competencies matter to people on a personal level, and whether they practice from an ethical responsibility or a personal value. The counseling profession does not yet know enough about the personal experiences of supervisors and how this relates to their well-being or their ability to apply professional competencies surrounding this diversity issue.

Until recently spiritual and religious issues were minimally addressed in counseling, despite the recognized need for improvement (Cashwell &Young, 2011; Reiner & Dobmeier, 2012). Only a handful of articles directly address supervision as a tool for developing spiritual competence (Aten & Hernandez, 2004; Bishop et. al., 2003; Gilliam & Armstrong, 2012; Parker, 2011; Polanski, 2003; Ross et al., 2013; Stebnicki, 2006). The research in this area is in the early stages of development. We need to better understand how personal spiritual and religious practices of supervisors influence well-being and ability to incorporate the ASERVIC spiritual competencies in order to improve training practices. Specifically, we need to better understand whether a relationship exists between supervisors' individual spiritual and religious practices and both their professional coping and their ability to apply the spiritual competencies to their work.

Clinical supervisors play an important role in counselor development. Supervisors have the opportunity to directly influence counselors in training as they develop new competencies (Adams et al., 2015) and strategies for wellness and self care (Polanski, 2003). Bernard's discrimination model is a frequently used model of supervision (Bernard, 1997). This model emphasized the roles and tasks of supervision, with the supervisor serving as a teacher, counselor, and consultant and supervisee working on intervention, conceptualization, and personalization skills. Supervisors play a role in helping with the personal development of counselors, as well as supporting them toward professional competencies (Polanski, 2003). Supervisors help counselors

develop healthy coping skills and personal practices that promote professional well being (Ross et al., 2013). Specifically, supervisors help counselors develop self awareness and a deeper personal understanding of how their own spiritual and religious perspectives can serve as a source of resilience and can also help them increase understanding and spiritual competence when working with clients (Bishop et al., 2003).

Unlike other diversity areas, spirituality and religion are universal experiences common to all people and cultures, yet experienced in different ways (Cashwell & Young, 2011). Developing multi-cultural competence requires that individuals share some overlapping experiences, and develop reflexivity and self awareness about the personal impact the topic has on their lives (Arrendondo,1996). According to Bandura's (1997) Self Efficacy theory, "people do things that give them self-satisfaction and a sense of self worth" (p. 8) and "having knowledge and skills does not produce high attainments if people lack the self-assurance to use them well." (p. 80). In order to connect with counselors and clients around spiritual issues, it is important that supervisors have reflected on their own ability to find meaning and resilience and explore the personal spiritual and religious practices that help them to do this (Ross et al., 2013). Spirituality and religion may also provide a foundational worldview that provides meaning and shapes career satisfaction and decision-making (Polanski, 2003).

Addressing spirituality and religion in counseling is not as simple as providing a list of skills and asking counselors to implement them (Reiner & Dobmeier, 2014). A high level of self-awareness and reflection along with a belief that the topic is relevant is needed to train counselors and increase the implementation of the spiritual competences (Ross et al., 2013). Additionally, "the supervisor's position of power suggests that his or her attitudes toward spirituality and counseling will set the tone for how these issues are addressed in supervision,

and may, consequently, influence the way the supervisee addresses these issues with clients" (Polanski, 2003, p. 130). Bandura (1997) found that "skill transmission with social validation of personal efficacy produced large benefits" (p. 81) when individuals are learning new skills. Supervisors serve as a model for counselors as they learn to reflect on their own spirituality and ability to work with clients around this topic. It is important that they first explore their own familiarity and comfort with spiritual and religious topics.

Motivating counselors to implement spiritual competencies in their work with clients has been a challenge presented in research (Cashwell et al., 2013). Spirituality and religion have been historically at odds with psychology (Cashwell & Young 2011; Hage et al., 2006). Although counselors have some shared history with early theorists who identified spiritual and religious beliefs as pathological, counselors are more open to addressing spirituality and religion with clients (Post & Wade, 2009). In fact, most counselors are willing to learn and attempt to apply spiritual competencies and believe this is helpful to clients, yet they may be hesitant to practice spirituality or religion in their own lives (Reiner & Dobmeier, 2014).

Values and personal experience of spiritual and religious practices can both motivate counselors to develop greater spiritual competence, and can lead to challenges due to personal bias against spirituality or religion or over identification with a rigid belief system. "Religion may be a source of strength or guilt, depending on whether a client has a healthy or dysfunctional outlook regarding it" (Polanski, 2003, p. 136). This diversity area affects individuals on a personal level. Bishop asserted- that the personal nature of spirituality and religion requires personal experience to develop competence (Bishop et al., 2003). The most recent ACA ethical code requires both that counselors develop competency in working with spirituality and religion as a diversity area, and that they are able to effectively bracket their personal values in order to

avoid imposing them on clients (ACA, 2014). It is important for counselors to have self-awareness about how spirituality and religion impact them in order to effectively bracket their values and support clients in their process of exploring these issues (Ross et al, 2013).

Understanding the personal spiritual and religious practices of supervisors connects to both wellness and spiritual competency. "Professional and personal competencies are needed for both supervisor and supervisee" (Ross et al., 2013). On a personal level, it is important for supervisors and supervisees to identify their values in the area of spirituality and religion. This value identification may serve as a personal source of professional transcendence and provide meaning and job satisfaction (Polanski, 2003). On a professional level, supervisors and supervisees should focus on developing the specific competencies required to work with clients around spiritual and religious issues (Dailey et al., 2015). Intervention at the supervisor level has the potential to influence change in the perception and implementation of spiritual competencies in both the personal and professional competency areas (Aten & Hernandez, 2004).

The literature suggested that there is likely a relationship between personal spiritual and religious practices, well being, and spiritual competency. This theme connects to our understanding of how spirituality and religion are best addressed in counseling. If there is a relationship between supervisors' personal practices and quality of life, it may support an increased focus on developing spiritual and religious practice as an element of self care and well-being both for supervisors and counselors (Thorne, 1997). Additionally, if there is a relationship between supervisors' personal spiritual and religious practices and spiritual competency, it may provide a rationale for encouraging supervisors and counselors to further explore their personal relationship to spirituality and religion as a method of both gaining competence and learning to identify with the spiritual and religious practices experienced by clients (Ross et al., 2013). Not

enough is known about the relationship between spiritual and religious practices and wellness or spiritual competency in the supervision process.

Importance to the Profession of Counseling

Developing a knowledge base about the personal factors of clinical supervisors in relation to spirituality and religion is important to counselor educators, clinical supervisors, counselors, and clients. Although the literature has established the need for increased focus on spirituality and religion in counselor training, very little is known about the supervision process, especially how supervisors experience spirituality and religion in their own lives and how that experience relates to their personal wellness and ability to practice the ASERVIC spiritual competencies. Since supervisors provide training and assist counselors with developing spiritual competency it is important to understand more about supervisor personal factors. Supervisors' experience of spirituality and religion in their lives and its relationship to well being and their ability to practice the ASERVIC competencies are important areas of study in order to inform appropriate training approaches for supervisors and ensure that counselors are well equipped to learn about these competencies during their supervision process.

Failure to explore supervision as a tool for developing counselor wellness and spiritual competency may slow the progress of counselor training. It is difficult to explore the modalities for teaching counselors to use their own spirituality as a wellness strategy or develop the ASERVIC spiritual competencies without better understanding the supervisors who will be attempting to train them. This research provides an important foundation for future research in the area of spirituality and religion in counseling.

Rationale

Because supervisors hold significant power in the counseling profession, and competency development requires personal experience and some element of shared understanding (Bergin & Jensen, 1990), this research focused on the personal factors of clinical supervisors and how these factors impacted both their sense of personal well being and their professional competence in the area of spirituality and religion. “The supervisor’s position of power suggests that his or her attitudes toward spirituality and counseling will set the tone for how these issues are addressed in supervision and may, consequently, influence the way the supervisee addresses these issues with clients” (Polanski, 2003, p.139). Additionally, spiritual and religious issues represent a very personal diversity issue that calls for reflection and self-awareness (Ross et al., 2013).

Theory Guiding the Present Study

Creswell (2013) recommended that research be grounded in a theory. The rationale for this study draws from several theories to account for the complexity of the topic. The primary theory utilized is social cognitive theory (Bandura, 1986), viewed through the lens of cross-cultural competence. Bandura developed social cognitive theory to study personal beliefs about capabilities that influence behavior. This theory indicates that self-efficacy beliefs determine what behavior people are likely to try, and these beliefs are formed through mastery experience, vicarious experience, social persuasions, and physiological reactions. As applied to the present study, this theory assumes that the independent variables (spiritual and religious practices of counselor supervisors) will influence or explain the dependent variables (professional quality of life and spiritual competency). Supervisors who are currently experiencing spiritual and religious practices are more likely to feel prepared to address these issues with supervisees and clients, as

well as to receive the benefits of spirituality outlined in the research, which include improved professional quality of life (Stamm et. al., 2009).

Additional theories underlying this research include the existential perspective that "our main motivation for living is to find meaning in life" (Frankl, 1984; Yalom, 1993). This theory supports research that individuals are likely to seek out spirituality when in pain (Cashwell & Young, 2011). As applied to the present study, this perspective adds the assumption that in order to support clients and counselors in exploring spiritual issues, supervisors must also experience their own spiritual and religious practices to gain their own sense of meaning, which could impact both their quality of life and ability to practice spiritual competencies.

The constructs of professional quality of life and spiritual competency are separated in the following research studies since these constructs are related yet separate. The construct of professional quality of life is focused on the internal qualities of spiritual competency, specifically how use of spiritual and religious techniques impact supervisors' overall satisfaction and well-being. The professional quality of life scale was selected because it has been correlated with well-being (Lawson & Meyers, 2011), and it is designed to measure both the positive and negative impact of helping on professionals. Spiritual competency relates more to the external aspects of being able to implement cultural competencies in a practical way with clients. The Spiritual Competency Scale (Robertson, 2010) is a validated measure that assesses spiritual competence and is based on the ASERVIC spiritual competencies. It is anticipated that both professional quality of life and ability to practice the spiritual competencies as defined by ASERVIC (2011) will be related to a supervisor's individual spiritual and religious practices based on the above theories.

The constructs of spiritual and religious practices were assessed using a brief

demographic questionnaire about the extent that supervisors engage in spiritual or religious practices, how important they rate these practices, and what religious affiliation if any that they identify with. Manuscript 1 used the Professional Quality of Life Scale (Stamm, 2009) to assess the construct of professional well-being. Manuscript 2 utilized the Spiritual Competency Scale (Robertson, 2010) to measure spiritual competence as described by the ASERVIC spiritual competencies. Initial statistical analysis explored the relationship between spiritual and religious practices and the separate constructs of professional well-being and spiritual competency. A post-hoc analysis explored additional relationships that may exist, and provided information about how supervisors experience both personal and professional competencies in the area of spirituality and religion. Both manuscripts converge as they analyzed, explained, and predicted how supervisor spiritual and religious practices relate to overall well- being and ability to practice spiritual competencies, and provide recommendations for further research.

Research Questions

The two general research questions that were addressed are as follows: Manuscript 1: Is there a relationship between supervisors' spiritual and religious beliefs and practices and their professional quality of life? Manuscript 2: Is there a relationship between supervisors' spiritual and religious beliefs and practices and their scores on the spiritual competency scale? The specific research questions used to guide the first study are as follows: (RQ #1): Is there a relationship between the frequency of religious practices and professional quality of life? (RQ #2): Is there a relationship between the personal importance of religious practices and professional quality of life? (RQ #3): Is there a relationship between frequency of spiritual practices and professional quality of life? (RQ #4): Is there a relationship between the personal importance of spiritual practices and professional quality of life. The specific research questions

used to guide the second study are as follows: (RQ #1): Is there a relationship between the frequency of religious practices and spiritual competence? (RQ #2): Is there a relationship between the personal importance of religious practices and spiritual competence? (RQ #3): Is there a relationship between frequency of spiritual practices and spiritual competence? (RQ #4): Is there a relationship between the personal importance of spiritual practices and spiritual competence?

These research questions fill a gap in the literature because there are no current studies that explore the personal factors of clinical supervisors that impact their ability to practice spiritual competencies or examine how their personal practices relate to their overall well-being. This research provides a foundation for future research in the area of spirituality and religion.

Well-being has been linked to spiritual and religious coping in numerous research studies, yet it is difficult to find research about how clinical supervisors are impacted by the stress of their roles, or how spirituality and religion are related to their overall professional well-being. Other research suggests that counselors who identify with a personal spiritual or religious practice are more likely to score higher on the spiritual competency scale. We don't know if personal practices impact the spiritual competence of clinical supervisors. Research in this area is quickly building, although there is a gap in the research about how supervisors' personal spiritual and religious practices impact them. Since little is known, these studies will focus on gathering preliminary data about the likely relationship between the constructs described above. A quantitative approach is necessary in order to shape future research questions, which might generate qualitative data to further inform the reasons for these potential relationships. This research responds to this gap in the literature by exploring the relationships between supervisors'

spiritual and religious practices and both well-being (professional quality of life) and spiritual competency.

Current Methods

Previous research has pointed to the lack of quality research in the area of spirituality and religion, with studies using a small sample size or non-random sampling procedures. This study gathered new information and increased the quality of quantitative information that is available about the topic of spirituality and religion in counseling. Specifically, this research contributes foundational quantitative data about how spirituality and religion impacts clinical supervisors.

This research sampled clinical supervisors of counselors in the United States who were approved by state counseling boards. Survey research is used when access is needed to a large population (Wejnert & Heckathorn, 2001; Dillman et. al, 2014). Given that we have little empirical knowledge regarding the relationship between supervisor spirituality and well-being or spiritual competency, a cross sectional survey design using a non-directional hypothesis was appropriate for exploring the potential link between these variables, and to provide the foundation for further research on the topic. A cross sectional survey design is recommended when foundational research is needed to provide information about associations that may exist, and it can be used to generate hypotheses for future research (Levin, 2006). Since no current research is able to provide information about how spiritual and religious practices are associated with supervisor professional quality of life or spiritual competency, two cross sectional survey designs were used to address both dependent variables separately, and to provide foundational research that will create a framework for future research on the topic of supervision and spiritual competency in the counseling field.

There are other variables that might influence the results of these studies. For instance, research suggests other career sustaining behaviors that are correlated to well being (Lawson & Myers, 2011) which include physical exercise and practicing intentional relaxation exercises. These variables were not measured, although future research could focus on further exploring the distinction between these career-sustaining behaviors. Predictors of compassion fatigue include poor self-care or unresolved trauma (Figley, 2002), which will not be addressed and could have the potential to lower the professional quality of life score. This finding could be an important focus of future research to further explore negative factors relating to supervisor well being. Spiritual Competence is suggested to relate to personal interest, including ASERVIC membership (Dailey, 2015). This relationship will not be addressed directly in this research, although personal interest may be related to the independent variables of engaging in spiritual or religious practices.

It is anticipated that future research directions should include qualitative approaches to develop hypotheses for further testing, uncover deeper meanings from supervisors about how their spiritual and religious practices impact them, and explore resistance or ambivalence about addressing spirituality in supervision (Creswell, 2013). Quantitative designs to measure the effectiveness of supervisor training and implementation of spiritual competencies are also necessary to further this line of inquiry. In order for these methods to be most effective, foundational quantitative research is needed to provide information about whether a relationship exists between supervisor's spirituality and well-being or spiritual competency.

Anticipated Publication

The Journal of Counseling and Values is the target journal for publication of manuscript 1. This is the journal published by the Association for Spiritual, Ethical, and Religious, Values in

Counseling (ASERVIC), and they publish articles related to the integration of spirituality and counseling. The ISI impact score of this journal is 1.93. Recent articles have focused on both counselor and supervisor training in the ASERVIC spiritual competencies, and spirituality as a wellness approach. Counselor Preparation and the Association for Spiritual, Ethical, and Religious Values in Counseling Competencies: An Exploratory Study (Reiner & Dobmeier, 2014) used quantitative methods to explore ACA members' perceived importance and perceived ability to practice the ASERVIC spiritual competencies. Developing Spiritual Competencies in Counseling: A Guide for Supervisors (Hull, Suarez, & Hartman, 2016) is a conceptual article designed to provide strategies for improving supervisors' ability to apply the ASERVIC spiritual competencies. This is an example of recent articles that are consistent with the theme of this research, making this journal an appropriate fit for publication for manuscript 1.

The Journal of Counselor Education and Supervision is the target journal for manuscript 2. This journal is published by the Association for Counselor Education and Supervision, and they publish articles related to counselor education and supervision. The ISI impact score of this journal is 1.0. Recent articles have focused on the integration of spiritual competencies into counselor education. Integrating Religion and Spirituality into Counselor Education: Barriers and Strategies (Adams, Puig, & Wolf, 2015) is a research article that explores the perspectives of counselor educators about incorporating spirituality and religion into counselor training. This journal is an appropriate choice for manuscript 2 since this article provides implications for supervisors and is similar to recently published articles.

Glossary of Terms

Spirituality: "The universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love" (Cashwell & Young, 2011 p. 7). Universal, ecumenical, internal, affective, spontaneous, and private (Richards & Bergin, 1997).

Religion: A social context within which a set of beliefs, practices, and experiences occur; Provides a structure for human spirituality, including narratives, symbols, beliefs, and practices, which are embedded in ancestral traditions, cultural traditions, or both" (Cashwell & Young, p. 9). Denominational, external, cognitive, behavioral, ritualistic, and public (Richards & Bergin, 1997).

Wellness: "A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community" (Myers, Sweeney, & Witmer, 2000, p. 252).

Professional Quality of Life: the quality one feels in relation to their work as a helper. Both the positive and negative aspects work in the helping field (Stamm, 2009).

Compassion Satisfaction: The pleasure derived from being able to do work; the positive aspect of helping (Stamm, 2009).

Compassion Fatigue: The negative aspect of helping those who experience traumatic stress and suffering (Stamm, 2009).

Multicultural Competence: "Counselors' attitudes/beliefs, knowledge, and skills related to working with individuals from a variety of cultural groups" (Constantine, Gloria, & Ladany, 2002, p. 334).

ASERVIC: Division of American Counseling Association; Association for Spiritual, Ethical and Religious Values in Counseling.

Spiritual Competence: Defined by ASERVIC's revised spiritual competencies that assess counselor's attitudes/beliefs about spirituality-related problems in counseling and how counselors can better address these issues with clients (Dailey et al., 2015, p. 16; ASERVIC, 2011).

Organization

The organization of this dissertation follows a manuscript style format. Chapter 2 is a research study exploring the relationship of spiritual and religious practices of counselor supervisors and professional quality of life as measured by the ProQOL assessment tool. Chapter 3 is a research study exploring the relationship between personal spiritual and religious practices of counselor supervisors and their ability to practice the ASERVIC spiritual competencies as measured by the Spiritual Competency Scale (Robertson, 2011). Chapter 4 offers a summary of conclusions, including the results of each study, limitations, and implications for future research.

Chapter 2: A Research Manuscript

Chapter 2

Supervisor Spirituality and Religion and Well-Being

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Abstract

Spirituality and religion are emerging as an important focus area in counseling. Spiritual and religious practices and importance have been related in the literature to client and counselor well-being. Not enough is known about the personal factors of supervisors related to spirituality and religion. Although ACA has adopted the ASERVIC spiritual competencies, current training practices are inadequate. This study examined the frequency and importance of supervisors' spiritual and religious practices and Professional Quality of Life scale scores. Results indicate that supervisors who place high importance on spiritual practices are less likely to experience burnout. Implications and directions for future research are discussed.

Keywords: spirituality, religion, supervision, well-being, counseling

Supervisor Spirituality and Religion and Well-Being

Spiritual and religious beliefs can be a source of strength and transcendence or a source of pain for clients. Most Americans report that they believe in God (Newport, 2011), and many attend a religious service on a regular basis. Counselors and supervisors have a responsibility to examine their own spiritual and religious beliefs in order to be prepared to address this area with clients and supervisees. Clients believe that their spiritual and religious perspectives are relevant to the issues they bring to counseling (Cashwell & Young, 2011). There is a positive relationship between client wellness and spiritual self-disclosure (Brelsford & Ciarrocchi, 2013). Using spirituality as part of a wellness approach naturally fits with the values of counseling (Myers & Willard, 2003). Additionally, a client's spiritual and religious issues can be a source of internal conflict and pain, and even exacerbate mental health problems (Cashwell & Young, 2011). For example, Polanski (2003) wrote, "Religion may be a source of strength or guilt, depending on whether a client has a healthy or dysfunctional outlook regarding it" (p. 136). Spiritual and religious perspectives are important aspects of well-being for both clients and clinicians (Lawson & Myers, 2011; Myers & Williard, 2003). We need to better understand the impact of spirituality and religion on overall well-being.

Despite recommendations to incorporate spirituality and religion into training and clinical practice, implementation is low (Cashwell & Young, 2004). The inconsistency of counselor training programs is emphasized in the research (Cashwell & Young, 2004; Walker, Gorsuch, & Tan, 2004). Although many programs report attempting to include these areas, students consistently report feeling unprepared to address spiritual and religious issues with their clients (Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015). Spiritual and religious diversity is often not considered as important as other forms of cultural diversity, and many

program leaders have minimal training in this area (Hage, Hopson, Siegel, Payton, & DeFanti, 2006). Spirituality and religion often go unmentioned in graduate counseling programs, and current clinical supervisors may have little to no training in this important diversity area. In order to increase implementation, we need to understand more about the motivation and personal experiences of clinical supervisors related to spirituality and religion.

To provide context for the study, a review of the literature is provided. This review includes an examination of (1) accreditation issues, (2) links between wellness and spirituality, (3) client experience of spirituality and religion, (4) personal interest of supervisors and counselors about spirituality, (5) spiritual competency development, and (6) role of supervisors and counselor educators in promoting both wellness and spiritual competence. After this review the research questions for the present study will be described.

Counseling accreditation standards currently support the need for greater training and competency development in spiritual and religious issues (CACREP, 2016; ACA, 2014). The Association for Spiritual Ethical and Religious Values in Counseling developed spiritual competencies that have been adopted by ACA as an aspect of multicultural competence (ASERVIC, 2009; ACA 2014). Additionally, the 2016 Council for Accreditation of Counseling and Related Education Program (CACREP) standards include a stronger focus on spiritual and religious competence and require programs to attend to these issues throughout the broader curriculum. These standards are consistent with recommendations from literature that spirituality and religion should be addressed in all areas of counselor training (Dobmeier & Reiner, 2012). Unlike other diversity areas, spirituality and religion are universal experiences that are relevant across time and cultures, yet experienced in different ways (Cashwell & Young, 2011). Many individuals have their own spiritual and religious values even if they are not aware of them.

Research suggests that wellness is closely related to spirituality (Lawson & Meyers, 2011) and is an important part of providing holistic care to clients (Polanski, 2003). Both clients and counselors report experiencing spiritual or religious practices as part of overall well-being and positive coping (Aten & Hernandez, 2004; Cashwell & Young, 2011; Gill, Barrio Minton, & Myers, 2010). Similarly, spirituality is important to clients as they are experiencing painful life situations. As Cashwell and Young (2011) stated, "When an individual faces great psychological distress, he or she will turn to, or draw from existing religious strategies to cope" (p. 6). Spirituality and religion have been shown to be a source of resilience and contribute to personal well-being (Myers & Willard, 2003). On the other hand, spirituality and religion can be a source of pain and frustration, and even exacerbate mental health symptoms (Polanski, 2003). The dynamic nature of spiritual and religious beliefs seem to play an important role in shaping how we handle stress and challenging life situations.

Personal factors of supervisors, counselors, and clients play an important role in the way that religion and spiritual issues are addressed in counseling (Blair, 2015). It is important to understand why the spiritual competencies matter to people on a personal level, and whether they practice from an ethical responsibility or a personal value (Reiner & Dobmeier, 2015). Without some shared experience, it will be difficult for counselors to relate to clients around this diversity issue (Bergin & Jensen, 1990). The personal nature of spirituality and religion requires personal reflection and awareness to develop competence (Bishop et. al., 2003). Personal beliefs and attitudes are involved in both competence and motivation for incorporating spiritual and religious issues in training. Adams (2012) suggests that the value counselors in training place on spirituality and religion in their own lives might correlate with their likelihood to attend to spiritual issues with clients. Similarly, supervisors are likely to bring their own values into the

supervision process. Counselors often cite personal reasons for their hesitancy to address spiritual or religious topics in counseling including fear of imposing values, perceived incompetence, hesitance to address beliefs that are different than their own, or issues related to their own personal history (Cashwell & Young, 2011). Introductory research has explored the spiritual and religious perspectives of counselors, yet little is known about supervisors' personal spiritual and religious practices and values.

Addressing spirituality and religion in counseling is not as straightforward as providing a list of competencies for counselors to follow (Reiner & Dobmeier, 2014). There are both personal and professional aspects to developing spiritual competence, meaning that counselors must become self aware of their own relationship to spirituality and religion while also learning to practice the professional competencies that are required of them (Ross et. al., 2013). "Counselors, counselor educators and supervisors need to be aware that what they believe spiritually may influence how they treat their clients and may have an effect on their self perceived competence when counseling a client who has a spiritual concern... when a counselor is more spiritually aware his or her ability to recognize a clients' spiritual concerns is also greater" (Watkins, van Asselt & Senstock, 2009, p. 417). Similarly, counselors and supervisors who have value conflicts or align with rigid belief systems may be at risk of imposing their values onto clients or feeling judgmental toward clients or supervisees (Balkin, Schlosser, & Levitt, 2009).

The literature asks several questions about personal factors of supervisors. It is recommended that future research focus on how comfortable supervisors are addressing spiritual and religious issues (Henriksen et al., 2015), their level of familiarity, interest, and perceived relevance to their work in supervision (Adams, 2012), and how they develop their own spiritual and religious practices (Ross, Suprina, & Brack, 2013). Familiarity with ASERVIC (Reiner &

Dobmeier, 2014), spiritual and religious affiliation, and having a belief system that played a role in joining the profession (Dailey, Robertson, & Gill, 2015) have been speculated to predict supervisor preparation for addressing spirituality and religion (Gilliam & Armstrong, 2012). Shaw, Bayne, and Lorelle (2012) recommended exploring ways that supervisors can increase self- awareness, and Bishop et al. (2003) suggested research on how different spiritual traditions affect the supervision process. Parker (2011) suggested assessing the average level of faith development for supervisors. There is a gap in our current understanding of how the personal aspects of spiritual and religious experiences contribute to both well-being and spiritual competence in supervisors and counselors.

Clinical supervisors fill a critical gap in counselor training, and are able to teach, consult, and explore personal issues with supervisees surrounding spiritual and religious issues. The role of clinical supervision is minimally explored in current research, although it has been identified as a potential area for supporting student development of spiritual competencies.

A recent Delphi study revealed that counselor educators identified factors such as disinterest, low importance, and lack of knowledge and preparation as barriers to implementing spiritual competencies, and suggested that it is important for faculty to explore their own spirituality and biases toward spirituality and religion (Adams et. al., 2015). Personal factors are clearly important when addressing religion and spirituality, yet there are significant gaps in the current literature.

Cummins, Massey, and Jones (2007) recommend that supervisors work with supervisees to develop personalized wellness plans that include personal spirituality. Supervisors model wellness and spiritual health, which can be an important support to beginning counselors. The connection between wellness and spirituality is well established in the literature. Lawson and

Myers (2011) found that counselors who reported the greatest wellness scores on the Professional Quality of Life (ProQOL) assessment (Stamm, 2009) and 5F-WEL (Myers & Sweeney, 2005) assessments also ranked "turn to spiritual beliefs" as an important career sustaining behavior (CSB), where those who scored low on wellness assessments rated the importance of this as much lower. No existing study has used the Professional Quality of Life assessment to explore the potential relationship between spiritual and religious practices and the professional well being of clinical supervisors. A recent meta-analysis recommended that supervisees be encouraged to explore their own spiritual and religious perspectives in order to improve self- awareness and to develop this area as a source of resilience and well being (Ross et al., 2013). Ross et al. (2013) further recommended attending to self-examination, self-care, and self-growth Polanski (2003) also noted that counselor self-care and growth are important in helping clients to grow.

In order to increase overall spiritual competency and training, we need more information about how spirituality and religion relate to clinical supervisors. Motivation, well-being, and competence all have been linked to personal factors in previous research, yet little is known about spiritual and religious practices and importance for clinical supervisors and how this impacts them on a personal level.

Research suggests that supervisors who engage in spiritual practices or are affiliated with a religion may experience improved well-being (Polanski, 2003). Spirituality may serve as a source of wellness and resilience for both the supervisor and supervisee (Ross et al., 2013). It is unknown if supervisors personally experience improved feelings of satisfaction and personal resiliency related to their spiritual and religious practices. Conversely, spirituality and religion can be seen as negative in some cases and may cause guilt or lead to rigid thinking (Polanski,

2003). Additional information is needed about the spiritual and religious practices of clinical supervisors to shape future research in this area. If there is a relationship between supervisors' personal spirituality and religion and well-being, it may support an increased focus on supervisor wellness and spirituality (Thorne, 1997), and provide a foundation for improving training practices in the area of spiritual competence.

The purpose of this study was to examine the relationship of spiritual and religious practices and supervisor well-being. Given the identified gaps in the literature on spirituality in supervision, four research questions were designed to guide this study. The four questions were (RQ #1): Is there a relationship between the frequency of religious practices and professional quality of life? (RQ #2): Is there a relationship between the importance of religious practices and professional quality of life? (RQ #3): Is there a relationship between frequency of spiritual practices and professional quality of life? (RQ #4): Is there a relationship between the importance of spiritual practices and professional quality of life. The methods used to explore these questions are detailed below.

Method

Design

This study used a cross sectional survey design (Dillman, et. al., 2014; Mann, 2003) to explore the potential relationships between clinical supervisors' spiritual and religious affiliation, frequency of spiritual and religious practices, importance of spiritual and religious beliefs and their professional quality of life (Stamm, 2009). The variables examined were a self-reported spiritual and religious practices survey as well as the professional quality of life assessment.

In this study, "spiritual practices" refers to individual activities that help a person feel connected to a larger spiritual reality (Cashwell & Young, 2011 p. 7) such as praying or

meditating. "Religious practices" refers to established communal or individual traditions that provide structure and ritual to connect individuals who share spiritual beliefs (Cashwell & Young, 2011) such as attending a religious service or reading sacred texts. Spiritual and religious practices are correlated with Professional Quality of Life scores, with the anticipation that since spiritual and religious practices are linked in the literature to well-being that there will be a difference in scores for individuals who engage in spiritual or religious practices from those who do not.

Participants

Participants were clinical supervisors identified through state counseling boards. Initially two states were randomly chosen from each ACA region for inclusion. Since many states do not maintain supervisor registries, additional states were included in order to represent at least one state per ACA region. State supervisor registry lists were combined from the states of Oregon, West Virginia, Florida, South Dakota, North Dakota, and Oklahoma. From this list, 800 participants were selected for participation. In order to ensure as broad of sample as possible, all participants were retained from smaller sample states, and a smaller sample was selected from each of the larger state registries to reach a total sample size of 800 for inclusion in this study. These participants were also included in a study about spiritual competency.

Of the 800 supervisors sampled, 208 responded by taking the survey. Of these responses, 174 fully completed the survey and were included in the study results, which yielded an approximate survey return rate of 22%. 28% percent of the participants were from the Western ACA region, 47% were from the Southern region, 14% from the North Atlantic Region, and 10% from the Midwest region. The average age of participants was 54, with an average of 18 years of clinical experience.

Measures

Results from the survey were collected anonymously and included questions about age, length of time in the counseling field, ACA region, and the following measures:

Spiritual and Religious Practices A brief five question survey related to spiritual and religious practices was developed with the help of a panel of experts in the area of spirituality and religion. The definition of spirituality and religion with specific examples of each were provided, followed by questions about religious affiliation, frequency and importance of religious and spiritual practices. Spiritual and Religious importance questions were rated from 1: extremely important to 5: not very important. Spiritual and religious frequency questions asked participants how often they engaged in spiritual or religious practices with scores ranging from1-6, with 1: never and 6: daily.

Professional Quality of Life Scale (Stamm, 2009). This tool identifies three aspects of professional quality of life: Compassion Satisfaction, Burnout, and Vicarious Trauma. These scales are relevant to the research questions as they measure both the positive and negative aspects of helping. Compassion satisfaction has been correlated with wellness in counselors (Lawson & Myers, 2011). Burnout and vicarious trauma are potential negative aspects of helping (Stamm, 2009). This self-report questionnaire of 30 questions employs a 5-point, partially-anchored Likert scale. The anchors are 1-never to 5- very often. Questions ask about aspects of satisfaction and stress related to the role of being a professional helper. Scores emerge as three subscales of compassion satisfaction, burnout, and secondary traumatic stress. Raw scores are converted using a scoring table. Each subscale has an average score of 50, with a lower cut off score of 43 or less and an upper cutoff of 57 or more. Each scale has a SD of 10. Alpha reliabilities of each section are as follows: compassion satisfaction: .88; burnout: .75; and

secondary traumatic stress: .81. This instrument was chosen over other options such as the 5F-WEL (Myers & Sweeney, 2005) due to its brief form and relevance to the helping fields. Additionally, there is good construct validity with over 200 published studies using this measure (Stamm, 2009).

Procedures

Dillman's tailored design method of survey research was followed (Dillman, Smyth, & Christian, 2014). Once participants were identified, they received an email inviting them to participate in the study and a link to complete the online survey through Qualtrics. A follow up email reminder was sent one and two weeks after the initial invitation, followed by a final notice that the survey would be closing in 24 hours. The survey was open for 3 weeks during September, 2016. Ethical considerations included gaining IRB approval, providing informed consent including research procedures, right to terminate, risks and benefits of participation, and contact information of researchers. Participants were informed about the ability to be entered into a drawing to win a 1-year ACA membership and receive the results of the research regardless of their participation in the study.

Data Analysis

For each of the four research questions a Pearson correlation was conducted to explore the potential relationships between variables. In the case of this study, there were four continuous variables for each research question. Frequency of religious practices (RQ #1), importance of religious practices (RQ #2), frequency of spiritual practices (RQ #3) and importance of spiritual practices (RQ #4) were compared to the numeric scores on the three sub-scales of the ProQOL (Stamm, 2009) assessment: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). A statistician was employed to assist in analyzing the raw data.

A post-hoc power analysis for a point-biserial correlation was completed using G* Power (Faul, Erdfelder, Buchner, & Lang, 2009). The proper effect size is the absolute value of the correlation (i.e., | *r* |) (Salkind, 2001). The input parameters were: (a) Test family= exact, (b) Statistical test= Correlation: bivariate normal model, (c) Type of power analysis= Post hoc: Compute achieved power given α, sample size, and effect size (d) effect size | *r* | = 0.1488, (e) total sample size = 174, (f) α = .05, and (g) tails = 2. The G*Power 3.1 output included an actual power of .50. It is important that there is adequate power in order to prevent a type II error of retaining the null when the research hypothesis is true. The results of the power analysis indicate that the sample size was not large enough, resulting in low power.

In order to account for the challenges related to possible non-response error (22% return rate), an early/late responder analysis was completed. Respondents were divided into early or late following Linder's method #1 (Linder, Murphy, & Briers, 2001). Using this method, there were 33 participants who responded after the final reminder email and were identified as late responders. The remaining 144 responses were identified as early responders. The reason for this distinction is that the late responders can be used to represent non-responders (Miller & Smith, 1983; Oppenheim, 1966; Welch & Barlau, 2012). The means of the scores for each factor included in the study were compared between late and early responders. No significant differences were identified between scores of early and late responders on any of the research variables (t-test assuming equal variances, $p > .05$). Due to this finding, the results of this survey are generalizable to the entire population (Linder et. al, 2001).

Results

There were 174 responses studied. Initial analysis revealed the overall average scores for clinical supervisors. Frequency of religious and spiritual practices scores were between 1-6 with

6 being the most frequent. The average score for frequency of religious practices was 3.57 (4-12 times per year) and the average score for frequency of spiritual practices was 5.24 (more than once a week). Importance scores were between 1-5 with 1 being most important and 5 being least important. Importance of religious practices was 2.59 (very important) and the importance of spiritual practices was 1.54 (extremely important). The Professional Quality of Life Scale produces scores on each of three subscales with an average range of 23-41. The average responses for each scale were: compassion satisfaction: 43.05 (high), burnout: 18.04 (low), and secondary traumatic stress: 17.48 (low).

The first research question explored the relationship between frequency of religious practices and the three subscales of the Professional Quality of Life Scale: Compassion Satisfaction, Burnout, and Vicarious Trauma. The correlation test produced a coefficient that showed almost no linear relationship between frequency of religious practices and any of the ProQOL subscales r (N=174) = CS: .076; BO: -.143; STS: -.096, p = .05 (see Table 1). The second research question explored the relationship between importance of religious practices and the three subscales of the Professional Quality of Life Scale: Compassion Satisfaction, Burnout, and Vicarious Trauma. The correlation test produced a coefficient that showed almost no linear relationship between importance of religious practices and any of the ProQOL subscales r (x, N = 174) = CS: -.035; BO: .114; STS: .109, p = .05 (see Table 1). The third research question explored the relationship between frequency of spiritual practices and the three subscales of the Professional Quality of Life Scale: Compassion Satisfaction, Burnout, and Vicarious Trauma. The correlation test produced a coefficient that showed almost no linear relationship between the frequency of spiritual practices and any of the ProQOL subscales r (x, N = 174) = CS: .080; BO: -.106; STS: .063, p = .05 (see Table 1). The fourth research question explored the relationship

between importance of spiritual practices and the three subscales of the Professional Quality of Life Scale: Compassion Satisfaction, Burnout, and Vicarious Trauma. The correlation test produced a coefficient that showed almost no linear relationship between importance of spiritual practices and the two scales of compassion satisfaction and secondary traumatic stress r (x, N = 174) = CS: -.131; STS: .067, p = .05 (see Table 1). However, a significant positive relationship was identified between the importance of spiritual practice score and scores on the burnout subscale of the ProQOL r (x, N = 174)= BO: .186, p =.05 (see Table 1). Because of the reversed importance scale (1: extremely important, 6: not important), this finding means that participants who rated the importance of their spiritual practices as least important were more likely to experience burnout.

Discussion

This study examined the relationships between supervisors' spiritual and religious affiliation, practices, and importance related to their professional quality of life. Based on existing literature, it was anticipated that professional quality of life would be positively related to spiritual and religious practices. The results of this study showed little relationship between religious factors and professional quality of life. The results point to a positive relationship between low importance of spiritual practices and burnout, suggesting that individuals who rate the importance of their spiritual practices the lowest experienced higher levels of burnout. Possible reasons for these results will be addressed by each research question.

Frequency (RQ-1) and importance (RQ-2) of religious practices, and frequency (RQ-3) of spiritual practices are not significantly correlated to any of the sub scales of the Professional Quality of Life assessment. These results suggest that religious practices and importance, and frequency of spiritual practices are not necessarily related to professional quality of life within

this sample. There are several possible reasons for this. One possible explanation is that the supervisors included in this study scored higher in compassion satisfaction and lower in burnout and secondary traumatic stress than average. Perhaps there are additional factors at work that explain their higher overall professional quality of life. Lawson (2007) found that counselors scored significantly better on the ProQOL than the norm group overall. In one study, counselor educators had higher levels of wellness than counseling students (Wester, Trepal, & Myers, 2009). It is not overly surprising that supervisors had positive scores on the ProQOL assessment.

Literature has focused on the impact of spiritual coping as one element of professional resilience. Other factors not addressed in this study may be present. For instance, previous research has shown that age and years in the field are protective factors for burnout and secondary traumatic stress (Sprang, Clark, & Whitt-Woosley, 2007). Participants in this study had over 18 years of professional experience on average. Based on existing literature, it is expected that supervisors who are more mature in age and have more experience in the field are likely to have higher overall ProQOL scores. Perhaps supervisors are less vulnerable to the negative aspects of helping, and are more likely to be experiencing compassion satisfaction as evidenced by their continued work in the field. A post-hoc analysis revealed a significant positive relationship between both age (r = .205) and years in the field (r = .179) and the sub scale of compassion satisfaction. Similarly, age and years in clinical practice were negatively correlated with burnout (r = -.298 age; r = -.223 years in practice) and secondary traumatic stress (r = -.152 age; r = -.159 years in practice).

Importance of spiritual practices (RQ-4) was significantly related to burnout, with supervisors who rate the importance of their spiritual practices as highest having the lowest score on the burnout subscale. The link between burnout and spiritual importance is meaningful, since

this relationship exists in spite of the protective factors of age, clinical experience, and overall high levels of wellness for this group. This reinforces previous research, which points to spirituality as an important aspect of coping and meaning making for supervisors and counselors. For instance, in a study on counselor wellness, the most significant difference between counselors who were resilient and those who weren't was that they report that they turn to spiritual beliefs as a coping strategy (Lawson & Myers, 2011). Spirituality is suggested to be a vital aspect of culture, meaning making, and coping (Cashwell & Young, 2011).

Although supervisors had lower burnout overall, those who placed the lowest importance on their spiritual practices seem to be more likely to experience symptoms of burnout. This finding is consistent with the findings from Blair's (2015) qualitative study which revealed that spirituality is an important part of therapists' self care: "As people and as therapists, they viewed practices like meditation and prayer as being helpful to their well-being" (Blair, 2015 p. 164). Other authors have found positive relationships between spirituality and job satisfaction (Robert, Young, & Kelly, 2006), perspective on life events, and strategies for coping with life (Mattis, 2002). Increased burnout in supervisors who place low value on spirituality could be explained by these concepts since they do not rely on spiritual practices as a coping strategy.

Participants in this study rated both the frequency and importance of their spiritual practices more highly than their religious practices. This finding is consistent with previous research that indicates that counselors are more likely to identify as spiritual than religious (Brelsford & Ciarrocchi, 2013; Cashwell et al., 2013). Counselors have also been found to be supportive of client spiritual and religious beliefs, yet they are less willing to accept spirituality as a value in their personal lives (Reiner & Dobmeier, 2014). It may be difficult for supervisors and counselors to relate to clients in this area if they do not personally value or experience

spiritual and religious practices. Spirituality in counseling is important to understand because of the impact on overall wellness of supervisors, counselors, and clients.

Personal factors have been emphasized in the literature as important aspects of developing spiritual competence. Polanski (2003) emphasized the importance of counselor self-growth and self care in relation to working with spiritual and religious issues. Personal development is necessary as counselors and supervisors consider their own spiritual perspectives and the perspectives of clients (Aten & Hernandez, 2004). Additionally, without self-awareness and supervision in this area, it is more likely that counselors and supervisors will unintentionally impose their own values on clients potentially causing harm (Blair, 2015). The ASERVIC spiritual competencies provide a framework for addressing spiritual and religious issues in counseling (ASERVIC, 2009). Supervisors who do not identify as spiritual or religious may benefit from seeking additional training in this area in order to meet the needs of clients.

Previous research on spirituality in supervision emphasized the importance of personal factors and called for a greater understanding of spirituality and religion impact supervisor and counselor wellness. This study provides a foundation for future research in this area, and offers evidence that placing value on spiritual practices may serve to prevent burnout in counselor supervisors.

There were several limitations to this study. The spiritual and religious questions used in the study have not been normed on a larger population, making it difficult to compare supervisor spiritual and religious practices to other groups. Additionally, it was difficult to identify an appropriate sample of clinical supervisors due to the inconsistency of state supervisor registries. Although each ACA region is represented in this study, caution should be used when generalizing these results to the population of supervisors. Another limitation is that participants

voluntarily participated in the study, and may have chosen to participate due to personal interest in the topic. A post-hoc power analysis revealed that this study was underpowered. To address the low response rate, late responders were compared to early responders, with no significant differences between groups. Since late responders are likely to represent non-responders, results can be generalized to the population (Linder, et. al, 2001).

Interventions to promote increased training in spirituality in supervision should be developed. These interventions should emphasize experiential learning, as well as encourage counselors and supervisors to explore their own spirituality as a coping strategy to prevent burnout. It has been established that spirituality and religion play an important role in the well-being of supervisors, counselors, and clients. The results of this study bring awareness to the potential for spirituality to contribute to decreased burnout in clinical supervisors. Supervisors who do not personally value spirituality may need to be especially mindful of maintaining their self-care and addressing burnout symptoms as they arise. Supervisors should gain awareness of the impact of their spiritual values on their own wellness in order to recognize and support supervisees and clients in the areas of spirituality and religion.

Future research should focus on understanding how supervisors experience spiritual and religious practices in their own lives, and how these attitudes and beliefs impact their sense of well-being. Qualitative studies should explore the experiences of supervisors who have a variety of spiritual and religious backgrounds. Some previous research has examined the other factors that lead to burnout including personality, social support, age, experience, and work setting. A future study could examine how spirituality and religion interact with these factors to contribute to well-being. Ongoing research is needed to explore the impact of spiritual and religious practices on wellness for supervisors who are newer to the field and counselors who may not

have the protective factors of age and experience. Existing literature points to the positive aspects of spiritual and religious practices, and suggests that being able to turn to spiritual or religious beliefs can provide needed support for counselors.

In summary, the findings from this research indicate that the spiritual and religious practices of supervisors are related to their well-being. Supervisors who place low importance on their spiritual practices are more likely to experience burnout than supervisors who highly value their spiritual practices. Frequency of spiritual and religious practices, as well as importance of religious practices had no measurable relationship with Professional Quality of Life scores in this study. This research provides a foundation for future research in the area of spirituality and religion and wellness in supervision.

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Chapter 3

A Research Manuscript

Chapter 3

Supervisor Spiritual and Religious Practices and ASERVIC Spiritual Competencies

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Abstract

Spirituality and religion are an under addressed diversity area in counseling. The ASERVIC spiritual competencies provide a framework for developing counselor competence. Supervision is a recommended training method, yet little is known about the personal spiritual and religious practices of supervisors. This article explores the relationship between the frequency and importance of spiritual and religious practices of clinical supervisors and spiritual competency as measured by the Spiritual Competency Scale (Robertson, 2011). Results indicate that the importance and frequency of spiritual and religious practices are positively correlated to spiritual competence. Implications and future research directions are discussed.

Keywords: Supervision, spiritual competency, ASERVIC

Introduction

History and Background of Spirituality and Religion in Counseling

Spirituality and religion are important aspects of counselor training (Walker, Gorsuch, & Tan, 2004). Clients identify their spiritual and religious perspectives as important, and expect that they will be able to talk about this aspect of their lives in counseling (Cashwell & Young, 2011). Most Americans report that they believe in God (Newport, 2011), and that spirituality and religion are important to them (Hage, Hopson, Siegel, Payton, & DeFanti, 2006). Counselors have positive attitudes toward developing competence in spiritual and religious issues (Young, Wiggins-Frame, & Cashwell, 2007), although previous research shows that mental health professionals identify as less religious than the general population (Post & Wade, 2009).

Development of ASERVIC Competencies and Spiritual Competency Scale

There is a wide body of research that supports an increased focus on spiritual and religious issues in counselor training (Cashwell & Young, 2004; Shaw, Bayne, & Lorelle, 2012; Walker et. al., 2004). Spiritual and religious diversity is often not considered as important as other forms of cultural diversity, and many program leaders have minimal training in this area (Hage et. al., 2006). The Association of Spiritual Ethical and Religious Values in Counseling (ASERVIC) developed competencies to assist with defining spiritual and religious competence and to provide a framework for counselor training (ASERVIC, 2009). ACA has endorsed these competencies as the standard for addressing spiritual and religious issues. CACREP requires that spirituality and religion are incorporated into counselor education as part of cultural competence (CACREP, 2016). Both professional standards and recent research point to the need for increased training and implementation, yet we need to know more about how these competencies are developed.

Need For Improved Training Methods

There are many problems with current training approaches related to developing the ASERVIC competencies. Cashwell and Young (2004) found that there is substantial variance in the extent that competencies are covered in counseling curriculums, and current training practices are not consistent. Some counseling programs attempt to integrate training within general courses, while others provide individual classes, or others do not address spirituality at all (Hagedorn & Gutierrez, 2009). Counseling students report inconsistent experiences in their training, and say that they receive most of their information about spirituality outside of their counseling programs (Reiner & Dobmeier, 2014). Even students who report that they received training in this area rate its importance much higher than their actual frequency of addressing spiritual and religious issues with clients (Adams, 2012; Cashwell et al., 2013). Despite improvements, current practices in counselor training are inadequate to prepare counselors to work with spiritual and religious issues.

Current recommendations for improving spiritual competence highlight creating opportunities to apply concepts to actual client cases, self reflection and awareness exercises, and constructivist teaching to help counselors increase their confidence in addressing spirituality and religion in counseling (Adams, 2012; Curry, Arbuthnot, & Witherspoon-Arnold 2015; Henriksen et. al. 2015). Experiential learning is suggested, as it allows counselors in training to apply their learning to actual cases. Self-reflection is another important aspect of developing skills to work with these issues. Constructivist techniques are recommended in order to support counselor self-reflection and decrease the perceived need for instructor expertise, as students co-create meaning and knowledge as part of the learning process (Shaw, Bayne, & Lorelle, 2012). Students from programs that infuse concepts in the broader curriculum and provide opportunity for experiential

learning felt more prepared and had greater perceived competence in working with spiritual and religious issues (Curry et. al. 2015). Many articles encourage further exploration of how counselor educators' religious or spiritual beliefs influence the way they train student counselors (Adams, 2012; Cashwell et. al. 2013; Reiner & Dobmeier, 2013). Clinical supervision is an under utilized training tool (Polanski, 2003), and there is a need to understand how supervisors' spiritual and religious perspectives influence their approach to addressing spiritual and religious issues.

Several authors explore barriers to implementing spiritual competencies or addressing spiritual and religious issues in counseling. Most counselors have a positive attitude towards developing spiritual competency (Post & Wade, 2009), yet report feeling underprepared in this area (Henriksen et. al. 2015). Supervisees may not be as prepared to address religion in therapy because it is infrequently included in didactic portions of therapist education (Aten et al., 2004). A recent study explored the perspectives of expert counselor educators, identifying barriers and strategies toward implementing spiritual competencies in training programs. Among the most significant barriers were personal issues including lack of understanding, faculty disinterest, low importance, hesitancy, and negative bias or prejudices. This research identified strategies to improve training with several suggestions relating to faculty self-awareness including exploring their own spirituality and biases, increasing awareness of nonreligious/theistic spirituality, and improving awareness of the psychological implications of spirituality and religion (Adams, Puig, Baggs, & Wolf, 2015). We do not know how closely these barriers and strategies relate to counselor supervisors, although it is clear that personal factors are an important aspect of spiritual and religious competence.

Role of Supervision in Training

Clinical supervision is a natural area of focus for developing spiritual and religious competencies, as supervisors are able to provide support toward addressing personal issues. Clinical supervision naturally provides the opportunity for experiential learning, allowing counselors to apply concepts to actual cases. It also allows for the exploration of their own spiritual development in a supervisory relationship, and it is in line with improved training recommendations (Curry et al., 2015; Shaw et al., 2012). Clinical supervisors fill a critical gap in counselor training, and they are able to teach, consult, and explore personal issues with supervisees surrounding spiritual and religious issues. The majority of research in this area has focused on counselor education programs. Little research has focused specifically on personal factors related to supervision in order to support counselor development of spiritual and religious competence. A recent study found that there is a difference between what counselor educators believe they are conveying and what students perceive they are being taught (Adams, 2012). Similarly, a study found that supervisors perceived they were addressing spiritual and religious issues in supervision much more frequently than their supervisees (Gilliam & Armstrong, 2012). It is important to understand why the spiritual competencies matter to supervisors on a personal level, and whether they practice from an ethical responsibility or a personal value (Reiner & Dobmeier, 2014). Many studies have called for improved quality of research in the area of spirituality and religion in counseling (Hage et. al. 2006; Ross et. al, 2013).

Relationship Between Personal Factors and Spiritual Competency

Personal factors are a theme in current research on spiritual and religious competence. Counselors often cite personal reasons for their hesitance to address spiritual or religious topics in counseling. Counselors may resist integrating spiritual topics into counseling based on their

own history, fear of imposing values, being incompetent, or hesitance about using beliefs different from their own (Cashwell & Young, 2011). It has been suggested that counselors and supervisors are more likely to implement spiritual competencies when they have a personal interest in the topic (Dailey et. al., 2015; Polanski, 2003; Ross, 2013). Personal interest and identification with spiritual and religious traditions increased the likelihood that supervisors would attempt to address spiritual issues with their supervisees (Ross et al., 2013). It is unclear if interest and personal involvement leads to increased competency. Some research suggests that counselors and supervisors who identify with spiritual and religious practices may be more likely to be competent to address spiritual and religious issues (Dailey et. al., 2015; Robertson, 2010).

Translation of Personal Interest to Competent Practice

Before we can understand how personal spiritual factors impact counselors, we need to understand more about whether supervisors' individual spiritual or religious practices influence their own spiritual competence (Adams et. al., 2015; Dailey et. al., 2015; Ross et. al., 2013). Supervision is a natural area of focus for developing the ASERVIC spiritual competencies, and it is a preferred modality for counselor training in spiritual and religious issues (Polanski, 2003). No current studies explore supervisors' spiritual and religious practices or their ability to competently apply the ASERVIC spiritual competencies. Existing research on spiritual competency has focused on students, counselors and counselor educators (Reiner & Dobmeier, 2014; Robertson, 2010). Based on existing research, it is expected that the spiritual and religious practices of supervisors are likely to have an impact on their spiritual competence (Dailey et. al, 2015; Polanski, 2003). In order to provide a foundation for further research in the area of supervision and spiritual competence, we need to better understand the personal spiritual and religious practices of supervisors, and their current level of spiritual competence. This

understanding will help us fill critical gaps in supervisor training and develop recommendations for better implementation of the ASERVIC spiritual competencies in supervision.

Research Questions

Given the gaps in the current literature in the area of spirituality in supervision, further research on this topic is needed. Based on the emerging questions from the literature, the following research questions were designed to guide this study. The four questions were (RQ #1): Is there a relationship between the frequency of religious practices and spiritual competency? (RQ #2): Is there a relationship between the personal importance of religious practices and spiritual competency? (RQ #3): Is there a relationship between frequency of spiritual practices and spiritual competency? (RQ #4): Is there a relationship between the personal importance of spiritual practices and spiritual competency? The methods used to explore these questions are detailed below.

Method

Design

A cross sectional survey design followed Dillman's tailored design survey method (Dillman, Smyth, & Christian, 2014) to explore the potential relationships between clinical supervisors' frequency of spiritual and religious practices, importance of spiritual and religious practices, and their spiritual competency. A cross sectional survey design is recommended when foundational research is needed to provide information about associations that may exist, and it can be used to generate hypotheses for future research (Levin, 2006). The variables examined in this study were a self reported survey of spiritual and religious practices and importance, as well as the Spiritual Competency Scale (Robertson, 2011).

In this study, “religious practices” are defined as traditions done either individually or in a group that provide structure and ritual to connect individuals who have similar beliefs (Cashwell & Young, 2011 p. 9), such as going to church or a religious service, or reading sacred texts. “Spiritual practices” are defined as individual activities that connect a person to a larger spiritual reality, such as praying or meditating (Cashwell & Young, 2011 p. 7). Religious and spiritual practices serve as predictor variables for Spiritual Competency Scale (Dailey & Robertson, 2015) scores, with the anticipation that since spiritual and religious practices are linked in the literature to spiritual competence that there will be a difference in scores for individuals who engage in spiritual or religious practices from those who do not.

Participants

Clinical supervisors identified through state counseling boards were recruited for this study. Initially two states were randomly chosen from each ACA region for inclusion. As many states were unable to provide a supervisor registry, additional states were added until at least one state per ACA region was included which could provide a list of approved clinical supervisors. These lists were combined and included all board-approved supervisors from Oregon, West Virginia, Florida, South Dakota, North Dakota, and Oklahoma. In order to ensure that all regions were represented, participants were retained from smaller sample states, and the remaining supervisors from larger states were chosen randomly in order to reach a total sample size of 800 for inclusion in this study. These participants were also included in a study about well being.

208 of the 800 supervisors sampled responded by taking the survey. Of these responses, 174 fully completed the survey and were included in the study results, representing a 22% return rate. Twenty-eight percent of participants were from the Western ACA region, 47% were from the Southern region, 14% from the North Atlantic Region, and 10% from the Midwest region.

Age ranges include 31-40 (14%), 41-50 (20%), 51-60 (34%), 61-70 (26%), and over 70 (6%). Most had significant years of experience in the counseling field with 58% reporting 18+ years, 10% 15-17 years, 14% 12-15 years, 11% 9-11 years, 4% 6-8 years, and 2% 1-5 years. The overall average age of participants was 54 with an average of 18 years of clinical experience. Religious affiliations included Christian-protestant (36%), Catholic: (11%), Christian-other: (10%), Buddhist (9%), Agnostic (6%), New Age (6%) Jewish (4%), Atheist (3%), and other affiliation (15%).

Measures

Participants answered demographic questions about age, length of time in the counseling field, ACA region, and religious affiliation. They also completed the following measures:

Spiritual and Religious Practices*:* This brief five question survey was developed with the help of a panel of experts in the area of spirituality and religion. Definitions and examples were given for religion and spirituality, followed by questions asking them to rate the frequency of their religious and spiritual practices on a 1-6 scale (1: never; 6: daily) and rate the importance of their spiritual and religious practices on a 1-5 scale (1: very important; 5: not important).

The Spiritual Competency Scale R-II (Robertson, 2011): The SCS-R-II was developed as a revision to the earlier Spiritual Competency Scale, which initially validated ASERVIC's spiritual competencies. This scale includes 21 statements about spiritual and religious issues in counseling with six response options indicating strength of agreement or disagreement. A cutoff score of 105 indicates spiritual competency. Internal consistency of the revised scale is .84, and it has been shown to be a valid and reliable measure of spiritual competence (Dailey, Robertson, & Gill, 2015).

Procedures

Following Dillman's tailored design method of cross sectional survey research (Dillman et. al., 2014), participants received a series of emails that invited them to participate in the study by following a link to complete the survey using Qualtrics. The survey was open for three weeks in September of 2016. Participants received a follow up reminder email one and two weeks after the initial email, followed by a final email notifying them that the survey would be closing in 24 hours. Ethical considerations included receiving IRB approval, providing informed consent including research procedures, right to terminate, risks and benefits of participation, and contact information of researchers. Participants were offered a chance to win a one-year ACA membership, as well as the ability to review the study results regardless of their participation in the study.

Data Analysis

A Pearson correlation was conducted for each of the four research questions to explore the potential relationships between variables. In the case of this study, there were two continuous variables for each research question. Frequency of religious practices (RQ #1), importance of religious practices (RQ #2), frequency of spiritual practices (RQ #3) and importance of spiritual practices (RQ #4) were compared to the numeric scores on the spiritual competency scale (Robertson, 2011). Post hoc analysis explored the relationships between religious affiliation and spiritual competence using an ANOVA. We utilized a statistician to analyze the raw data for the study.

A post-hoc power analysis for a point-biserial correlation was done using G* Power (Faul, Erdfelder, Buchner, & Lang, 2009). The proper effect size is the absolute value of the correlation (i.e., $| r |$) (Salkind, 2001). The input parameters were: (a) Test family= exact, (b) Statistical test= Correlation: bivariate normal model, (c) Type of power analysis= Post hoc: Compute achieved

power given α, sample size, and effect size (d) effect size | *r* | = 0.1488, (e) total sample size = 174, (f) α = .05, and (g) tails = 2. The G*Power 3.1 output indicated an actual power of .50. Low power can increase the chances of a type II error, where the null is retained when the research hypothesis is true. The results of the power analysis indicate that the sample size was underpowered.

In order to improve external validity and address challenges related to non- response error (22% return rate), an early/late responder analysis was completed. Respondents were divided into early or late following Linder's method #1 (Linder, Murphy, & Briers, 2001). There were 33 participants who responded after the final reminder email and were identified as late responders using Linder's method. The remaining 144 responses were identified as early responders. The distinction is made between late and early responders because late responders can be used to represent non-responders (Miller & Smith, 1983; Oppenheim, 1966; Pace, 1939; Welch & Barlau, 2012). The average scores for each of the research variables were compared between late responders and early responders. No significant differences were identified between scores of early and late responders on any of the research variables (t-test assuming equal variances, $p > .05$). The results of this survey are generalizable to the entire population since the scores are not significantly different between these groups (Linder et. al, 2001).

Results

There were 174 responses studied. The average scores of the group are as follows. For frequency of spiritual and religious practices, participants completed a rating scale of 1-6 with 6 being the most frequent. The average score for frequency of religious practices was 3.57 (4-12 times per year) and the average score for frequency of spiritual practices was 5.24 (more than once a week). Importance scores were rated from 1-5 with 1 being most important and 5 being

least important. Importance of religious practices was 2.59 (very important) and the importance of spiritual practices was 1.54 (extremely important). Spiritual competency scores produced a range of scores from 54-126, with an average score of 98.6. The cutoff score established by Dailey et. al. (2015) for spiritual competence is 105. One hundred seventeen participants scored below this cutoff, and 57 scored at or above the cutoff score. This indicates that only 33% of clinical supervisors surveyed are able to demonstrate spiritual competence as measured by the spiritual competency scale.

The first research question explored the relationship between frequency of religious practices and the score on the spiritual competency scale. The correlation test produced a coefficient that showed that a significant positive relationship exists between frequency of religious practices and scores on the spiritual competency scale [r (x, N = 174) = SCS: .286 p = .05 (see Table 2)]. The second research question explored the relationship between importance of religious practices and the score on the spiritual competency scale. The correlation test produced a coefficient that showed a significant negative relationship between importance of religious practices score and spiritual competency score [r (x, N = 174) = SCS: -.229, p = .05 (see table 2)]. Because of the reversed importance scale (1: extremely important, 6: not important), this finding indicates that participants who ranked importance as low had lower spiritual competency scores. The third research question explored the relationship between frequency of spiritual practices and the score on the spiritual competency scale. The correlation test produced a coefficient that showed a significant positive relationship between the frequency of spiritual practices and spiritual competency score [r (x, N = 174) = SCS: .197, p = .05 (see Table 2)]. The fourth research question explored the relationship between the importance of spiritual practices and the score on the spiritual competency scale. The correlation test produced

a coefficient that showed a significant negative relationship between importance of spiritual practices and the spiritual competency scale score [r (x, N = 174) = SCS: -.238, p = .05 (see Table 2)]. This finding indicates that individuals who reported the importance of spiritual practices as low also had significantly lower spiritual competency scores. Post Hoc analysis used an ANOVA to compare religious affiliation with spiritual competence. There was a significant difference between groups with Protestant SCS scores being slightly higher than the other groups (p = .027), although none of the religious affiliation group averages met the spiritual competency scale cut off score of 105. No significant differences were found between age or experience and spiritual competency scores.

Discussion

This study examined the relationships between the importance and frequency of supervisors' spiritual and religious practices and their spiritual competency. Based on the literature, it was anticipated that there would be a relationship between spiritual competency and supervisors' personal spiritual and religious beliefs and practices. The results of this study showed significant relationships between spiritual and religious importance, frequency of practices, and spiritual competency scores. Possible reasons for these results will be addressed by each research question.

The first two research questions focused on religious factors of clinical supervisors. Frequency of supervisors' religious practices were positively correlated to their scores on the spiritual competency scale. The importance of religious practices was also correlated to spiritual competency, with supervisors who rated importance as low scoring lower on the spiritual competency scale.

Overall, participants ranked their frequency and importance of religious practices as lower than their spiritual practices. This is consistent with recent survey research, which points to a greater self-efficacy gap between counselors' perceived ability to work with issues of religion versus spirituality (Curry et. al, 2015). The findings of this study confirm that individuals who have increased interest and involvement in their own religious practices are more likely to be spiritually competent. This is consistent with Bandura's self efficacy theory, since supervisors who do not have their own experience with religious beliefs may feel uncertain about their ability to explore these areas in supervision or counseling. The difference between religion and spirituality has been contested in the literature, with some authors arguing that they should not be distinguished from each other and others emphasizing the importance of recognizing the differences between spirituality and religion (Cashwell & Young, 2011). The consensus seems to be that spirituality and religion should be understood as separate constructs that are related but distinct. For instance, the spiritual competencies indicate that counselors should be able to describe the differences between spirituality and religion (ASERVIC, 2009).

Another point to consider is that historically psychology and religion have had a difficult relationship, with early leaders in the field suggesting religious beliefs as evidence of pathology. Counselors have a less contentious history with religion and spirituality, and previous research suggests that counselors are more likely to be religious than other mental health professionals (Post & Wade, 2009). There is still a gap between the reported spiritual and religious practices of clients compared to mental health professionals overall, with clients being more likely to value spiritual and religious beliefs than counselors (Walker et al., 2004). Despite this fact, it is promising that recent studies have shown that counselors, educators, and supervisors are eager to learn more about spirituality and religion, and seem to have positive attitudes toward developing

competency (Reiner & Dobmeier, 2014). Conversely, lack of personal interest and personal importance have been found to be major barriers to the implementation of the spiritual competencies among counselor educators (Adams et al., 2015), which also has implications for counselor educators and supervisors.

The third and fourth research questions focused on spiritual factors of clinical supervisors. Supervisors who have more frequent spiritual practices as well as those who rate these practices as important to them are more likely to be spiritually competent. Most participants rated spirituality as both more frequent and important than religion. Personal importance and investment in both spiritual and religious practices are both predictors of spiritual competency. This finding is consistent with previous research on the spiritual competency scale which revealed that an interest in religion or spirituality as it pertains to counseling facilitates competency, and individuals who report being "neither spiritual nor religious" produced the lowest scores (Dailey et al., 2015).

The overall results on the spiritual competency scale are concerning for several reasons. Most clinical supervisors were unable to meet the cutoff score for spiritual competency. Dailey et al. (2015) found that age, years of experience, and even feeling prepared had no influence on spiritual competency scores. Despite our sample's significant experience in the field, they did not demonstrate spiritual competency. This finding confirms previous research that suggests supervisors may not be competent in the area of spirituality and religion. A majority of students reported that spirituality was never addressed in their supervision, although they would like to focus on skill development and learning how to integrate a client's faith in counseling through the supervision process (Henriksen et al., 2015). There is a danger that supervisors or counselors will work with spirituality in ways that are harmful or ineffective to clients, especially without

oversight by a trained and competent supervisor (Blair, 2015). Supervisors may already be aware of this gap in competency but not have the tools they need to improve. Many supervisors perceive themselves as unprepared and deficient in training to work with spiritual and religious issues in supervision and counseling (Aten & Hernandez, 2004). Others perceive that they are able to practice competently despite their lack of training and personal experience in this area (Reiner & Dobmeier, 2014), yet the results of this study indicate that is likely not the case.

There are several explanations for why our sample did not demonstrate spiritual competency. Current training practices in spirituality and religion are inadequate to prepare counselors to work with spirituality and religion (Hage et. al., 2006; Henriksen, et. al, 2015). The supervisors in our study have an average of 18 years experience in the field. It is likely that most current clinical supervisors did not receive training in spirituality and religion as part of their initial training. Continuing education does not often focus on spiritual and religious issues meaning that supervisors have been left to develop competencies on their own. Supervisors who are personally motivated to learn about religion and spirituality are likely to gain competence while those who are less spiritual or religious most likely will not find pursuing spiritual competence on their own to be important. The most significant barriers to implementing spiritual competencies identified by counselor educators were of lack of information and lack of personal interest (Adams et. al., 2015).

This study shows that most supervisors rate the frequency and importance of both religious and spiritual practices highly. It is likely that they are interested in becoming spiritually competent, but may not know how to apply the spiritual competencies. Although competencies provide a framework for learning to work with diversity issues, actual application is difficult to measure in a written assessment. Experiential learning is needed to help supervisors and

counselor educators gain a practical experience of working with spiritual and religious issues in counseling.

Limitations

There are several limitations that should be considered when interpreting these results. Limitations of survey research design, voluntary participation, and inability to test non-responders could make it difficult to apply these results to all clinical supervisors. Although the spiritual competency scale is the best current assessment for the ASERVIC spiritual competencies, it is difficult to accurately measure competence using a written assessment. More practical evaluation is also needed to further assess competence. Limitations due to low response rate and low power should be considered, although a late responder analysis suggests that the data is generalizable to the population since there was no significant difference between late and early responders (Linder et al., 2001). Despite these limitations, this research provides an important foundation for future studies in this area.

Implications for Practice

This study builds on previous literature that recommends improved training methods in the area of spirituality and religion for supervisors. Some recommendations for training in supervision have been identified in the literature. Hull, Suarez, and Hartman (2016) provide specific recommendations for supervisors to develop competence in each of the ASERVIC competency areas when working with supervisees. The Spirituality in Supervision model (Ross, et al., 2013) is another useful tool that provides a synthesized model for addressing spirituality with supervisees.

This study confirms the need for supervisors to develop self-awareness about their own spiritual and religious practices, and consider exploring their own spirituality and beliefs more

deeply in order to develop competence in this area. Some groups were found to have higher levels of spiritual competence. Members of ASERVIC, those who believe that spiritual and religious beliefs can be related to mental health, and having a belief system that played a role in career choice were all positively linked to spiritual competency (Dailey et. al., 2015). Given the need for improved competency among the leaders of our field, it is recommended that ASERVIC members and those who relate personally to spiritual and religious issues in counseling take a leadership role in mentoring and supporting other supervisors and counselor educators. The ASERVIC online training modules might be a good place for supervisors to start as they explore this competency area.

Although we don't know enough about what types of training actually promote spiritual competence, immersion and experiential activities have been recommended as a way to help counselors understand cultures and worldviews that are different than their own (Hull et. al., 2016; Reiner & Dobmeier, 2014). Supervisors who do not identify as spiritual or religious should consider opportunities to allow them to engage deeply with spiritual and religious groups in order to gain a better understanding of different spiritual practices and religions.

Recommendations for Future Research

Follow up research should focus on how supervisors develop spiritual competence, using qualitative and single subject designs. This research would inform the development of future training techniques for supervisors, counselor educators, and counselors. Training tools need to be developed for use with leaders in the counseling field including supervisors and counselor educators. Follow up studies should be done using the spiritual competency scale to assess whether these trainings are effective at improving spiritual competency. Additionally, qualitative research would be helpful to better understand the attitudes supervisors have about gaining

spiritual competency. Personal attitudes and interest strongly relate to ability to practice the spiritual competencies. More information is needed about how non-spiritual and religious identifying supervisors perceive the need to develop competence in this area. Both quantitative and qualitative studies should explore the impact of religious affiliation on spiritual competency. International research should explore the differences in spiritual competency and ways spiritually impacts supervisors, counselor educators, counselors, and clients both in the USA and abroad. Finally, it is important that the counseling field continues to engage in open dialogue about spirituality, religion, and values in counseling to promote support for differences and greater overall understanding.

In summary, the findings from this research indicate that supervisors' experiences and values related to spiritual and religious practices directly relate to their ability to demonstrate spiritual competency as measured by the spiritual competency scale (Robertson, 2011). Supervisors demonstrate inadequate spiritual competency overall, although those who demonstrate personal interest as evidenced by more frequent spiritual and religious practices and higher personal importance of these practices are better able to demonstrate spiritual competency. This research provides a foundation for future research in the area of spiritual competence and supervision, and identifies needs to be addressed in future research and practice.

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CHAPTER 4: GENERAL CONCLUSIONS

This chapter summarizes the research findings of the previous two studies about spirituality in supervision. The results of both studies will be explored and the findings will be discussed. Specifically, this chapter will contain the following summaries: findings from the first study, discussion of the results of the first study, recommendations from the first study, findings from the second study, discussion of the results from the second study, and recommendations from the second study, and limitations of both studies. Thematic links between studies and recommended further research in the areas of spirituality in supervision will be outlined.

Summary of Research

Both research studies followed a cross sectional survey design (Dillman et al., 2014). Participants in both studies were clinical supervisors identified through state supervisor registries. Six states were included from various parts of the United States. Eight hundred participants were selected form a combined list of these states' supervisors for inclusion in this study. Participants were invited to participate in research about spirituality in supervision. They were invited to participate in an online survey using qualtrics, and received follow up reminders at one, two, and three weeks after the initial invitation, and prior to the survey being closed. Ethical considerations included informed consent, IRB approval information, contact information of researchers, and explanation of the ability to be entered into a drawing to win an ACA membership, as well as receiving the results of the study regardless of participation.

Survey results were collected anonymously, and included questions about age, length of time in the field, and ACA region. Two hundred eight of the 800 participants sampled responded by taking the survey. One hundred seventy-four of these participants fully completed the survey and were included in the study results. Participants responded to questions about their spiritual

and religious practices, including religious affiliation, frequency and importance of religious practices, and frequency and importance of spiritual practices. Definitions of both spirituality and religion were included based on existing definitions in the literature, and questions were developed with the assistance of experts in the area of spirituality and religion. Participants also completed the Professional Quality of Life Assessment (Stamm, 2009), and the Spiritual Comptency Scale (Robertson, 2011). 28% of participants were from the Western ACA region, 47% were from the Southern region, 14% from the North Atlantic Region, and 10% from the Midwest region. The average age of participants was 54, with an average of 18 years of clinical experience.

Findings from Study #1

The first study examined the relationship between supervisors' spiritual and religious practices and their wellness as measured by the Professional Quality of Life (Stamm, 2009) scale. There were 174 responses studied. The specific research questions used to guide the study were as follows: (RQ #1): Is there a relationship between the frequency of religious practices and professional quality of life? (RQ #2): Is there a relationship between the personal importance of religious practices and professional quality of life? (RQ #3): Is there a relationship between frequency of spiritual practices and professional quality of life? (RQ #4): Is there a relationship between the personal importance of spiritual practices and professional quality of life.

The overall results indicated that clinical supervisors participate in religious practices on average 4-12 times per year and rate the importance of their religious practices as very important (2.59 average score with 1: extremely important and 5: not important). Supervisors participate in spiritual practices more than once a week, and rate the importance of their spiritual practices as extremely important (1.54) Participants produced better than average wellness scores overall,

with average scores on compassion satisfaction: 43.05 (high), burnout: 18.04 (low), and secondary traumatic stress: 17.48 (low). As previously noted, the average age of participants was 54 with over 18 years of clinical experience.

A Pearson *r* correlation was used to explore the relationships between the three subscales of the ProQOL (Stamm, 2009) scale and the self-reported frequency and importance of both spiritual and religious practices. The three subscales include compassion satisfaction, burnout, and secondary traumatic stress. Research questions #1, #2, and #3 produced results that demonstrate no significant relationship between spiritual and religious practices and the subscales of the ProQOL assessment. Research question #4 produced results that indicate a significant relationship exists between the importance of spiritual practices and burnout r (x, N = 174) = BO: .186; p = .05. Participants who rated the importance of their spiritual practices as low were more likely to experience burnout.

Discussion of Study #1

The results of this study identify a relationship between the importance of spiritual practices and burnout. Other factors did not produce significant results. For instance, compassion satisfaction and secondary traumatic stress did not have a significant relationship to importance of spiritual practices. Additionally, there were no significant relationships between the frequency of religious or spiritual practices on any of the professional quality of life sub scales, and religious importance did not have any significant correlation between professional quality of life.

There are several potential reasons for these results. It should be noted that previous studies have shown that mental health professionals tend to be less religious than the general population, yet they are more open to spirituality (Post & Wade, 2009). Additionally, age and experience in the counseling field have previously been shown to predict improved wellness

scores. Participants are likely experiencing better overall professional quality of life due to additional outside factors.

It is meaningful that low importance of spiritual practices was correlated with burnout, since participants experience low burnout overall. This suggests that those supervisors who do not see their spirituality as important to their lives are more prone to experiencing burnout than those who do. These results are consistent with literature that suggests that spirituality is an important aspect of wellness (Lawson & Myers, 2011). Other studies have shown that spirituality is an important aspect of coping used by counselors (Blair, 2015). These results make sense, as we can assume that supervisors who rate their spirituality as not important are not benefiting from spirituality as a positive coping mechanism.

Previous research in the area of spirituality and religion in counseling has pointed to the need for additional information about the ways that counselors, supervisors, and counselor educators experience spirituality and religion in their own lives. Clients expect that spiritual and religious topics should be included in counseling, and they identify their beliefs as a central part of their worldview and ability to cope with challenging events (Cashwell & Young, 2011). Psychologists and counselors have historically resisted accepting spirituality and religion as important in their own lives and even have pathologized spiritual beliefs in clients (Maher & Hunt, 1993). Spirituality has been linked to positive coping and wellness in many studies. "Turning to spiritual beliefs" was identified as the coping strategy that produced the most significant difference between counselors who were experiencing the highest and lowest wellness scores (Lawson & Myers, 2011). The results of this study indicate that burnout and spiritual importance are related, with those who rate spiritual importance as low being more susceptible to burnout.

Recommendations from Study #1

The findings of the first study have implications for supervisor wellness, spiritual and religious coping, spiritual competency, and counselor development. Spiritual practices may serve as a coping strategy, which helps supervisors prevent burnout. Supervisors may benefit from exploring their own spiritual beliefs and practices, and consider addressing these areas with supervisees as a wellness strategy. If supervisors experience their own spirituality and religion as a wellness strategy, they will be more likely to understand the importance of these areas for clients and may improve their ability to apply spiritual competencies. It is important for supervisors to gain self-awareness in this area in order to maintain their own well being, as well as their ability to support supervisees as they explore their own spiritual and religious practices as a strategy to maintain personal wellness. Training techniques should be developed for supervisors and counselor educators to promote self-exploration in the area of spirituality and religion. Supervisors may benefit from specific opportunities to reflect and participate in spiritual practices as part of continuing education in the area of spiritual competence.

Findings from Study #2

The second study examined the relationship between supervisors' spiritual and religious practices and their spiritual competency as measured by the Spiritual Competency Scale (Robertson, 2011). There were 174 responses studied. The specific research questions used to guide the study were as follows: (RQ #1): Is there a relationship between the frequency of religious practices and spiritual competence? (RQ #2): Is there a relationship between the personal importance of religious practices and spiritual competence? (RQ #3): Is there a relationship between frequency of spiritual practices and spiritual competence? (RQ #4): Is there a relationship between the personal importance of spiritual practices and spiritual competence.

The same spiritual and religious frequency and importance questions were used for both studies (see average scores above). Participants produced low spiritual competency scores overall, with an average score of 98.6. The cutoff score for spiritual competence as established by Dailey et al. (2015) is 105. The range of scores varied from 54-126, with 117 participants scoring below the cutoff and 57 at or above the cutoff score. Only 33% of participants were able to demonstrate spiritual competency as measured by the spiritual competency scale.

A Pearson *r* correlation was used to explore the relationships between the scores on the spiritual competency scale (Robertson, 2011) and the self-reported frequency and importance of both spiritual and religious practices. For research question #1, the correlation test produced a coefficient that showed that a significant positive relationship exists between the frequency of religious practices and scores on the spiritual competency scale, meaning that participants who engaged in religious practices more frequently had higher spiritual competency scores. The second question explored the importance of religious practices and scores on the spiritual competency scale, and found that individuals who rated the importance of their religious practices the lowest also had lower spiritual competency scale scores. Research question #3 focused on the frequency of spiritual practices, and results of the correlation test showed a significant positive relationship, indicating that participants who engaged in spiritual practices more frequently also had higher spiritual competency scale scores. Research question #4 explored the relationship between importance of spiritual practices, and found that participants who rate the importance of their spiritual practices the lowest also had lower spiritual competency scale scores.

Discussion of Study #2

The results of this study identified significant relationships between spiritual competence and frequency and importance of both religious and spiritual practices. Despite the advanced experience and age of participants, most were unable to demonstrate spiritual competence as measured by the spiritual competency scale. This finding is consistent with Daily et al. (2015), who found that experience and age did not predict spiritual competency; however, personal interest as shown by ASERVIC membership or having a belief system that was influential in career choice were both predictive of higher spiritual competence.

Based on existing literature, it was predicted that both spiritual and religious practices would have an impact on spiritual competence. The first two research questions focused on the frequency and importance of religious practices. Overall, participants rated their frequency and importance of religious practices as lower than spiritual practices. Some research has pointed to the difficulty with separating the constructs of spirituality and religion (Cashwell & Young, 2011), and lower self-efficacy of counselors to address religion versus spirituality (Curry et. al., 2015). It makes sense given this information that counselors who are able to identify with their own religious practices and value these as important may be more capable of addressing spiritual and religious issues in counseling. The third and fourth questions focused on the frequency and importance of spiritual practices. Overall, participants rated these are more frequent and important than religious practices, which is consistent with literature about counselor attitudes toward religion and spirituality (Post & Wade, 2009). Significant relationships were found between all four aspects of religious and spiritual practices and importance and the ability of participants to demonstrate higher spiritual competency scale scores.

Although participants who rated their personal spiritual and religious practices as more important and frequent did better, it is concerning that overall competence in this area is low. It

is clear that this is an under addressed training area in the counseling field. There is an increased focus in the counseling field on spirituality and religion as an aspect of diversity and required area for counselor competence (American Counseling Association, 2014; CACREP, 2016). Additionally, spirituality and religion are a universally experienced aspect of life, seen by many clients as central to their worldview and a source of strength and positive coping (Cashwell & Young, 2011). The ASERVIC spiritual competencies provide a framework for working with spiritual and religious issues in counseling. ACA (2014) has adopted these competencies, and CACREP is increasingly focused on incorporating spirituality as a diversity issue in counselor education (CACREP, 2016). Counselor educators and supervisors are aware of their lack of training and preparation in this area (Hagedorn & Gutierrez, 2009), and most current supervisors likely did not receive training in this area as part of their initial training. Some of the most significant barriers to implementing the spiritual competencies identified by counselor educators were lack of information and lack of personal interest (Adams et al., 2015). It is clear that the personal nature of spirituality and religion requires self-awareness and personal exploration in order to be prepared to support supervisees or clients in this area. Most supervisees are interested in learning more about the spiritual competencies, yet report that this is an area seldom addressed in their supervision or training (Henriksen et. al., 2015).

Recommendations from Study #2

The findings of the second study have implications for supervisors, counselor education, and implementation of ASERVIC competencies. Supervisors who are engaging in their own spiritual and religious practices, and place value on these seem to be translating their experiences into appropriate spiritual and religious interventions with clients and supervisees. It is recommended that supervisors focus on increasing self-awareness in this area. Supervisors

should examine their own spiritual and religious practices and reflect on how their personal attitudes and beliefs shape their ability to work with clients and supervisees. Self awareness also serves as a way to prevent working with clients and supervisees in a way that might be damaging, such as imposing values the supervisor may be unaware of, or neglecting to acknowledge the impact of spirituality and religion in the lives of counselors or clients. This study brings to light the importance of improving training methods in the area of spirituality and religion not only to counselors, but also to counselor supervisors and educators. It is clear that advanced clinical experience does not lead to spiritual competency and most supervisors and educators are likely to need to learn to practice competently to fill this critical gap in their training. Continuing education for supervisors should incorporate information about the ASERVIC competencies, and assist supervisors and educators with gaining the foundational knowledge needed to train new counselors in this area.

Limitations

There were several limitations within these studies that should be noted. First, a post-hoc power analysis revealed that both studies were underpowered (N = 174; Power (1-B err prob) = .50), therefore they may not be generalizable to the entire population of clinical supervisors. To address this limitation, late responders were analyzed. The average scores of the participants who responded after the final reminder email (N = 33) were compared to the means of early responders for each variable used in the study. T-tests confirmed that late responders produced mean scores that are statistically similar to the group. As late responders are likely to represent non-responders, the results of this study should be considered valid to adequately represent the population of clinical supervisors (Linder et. al., 2001). Second, the questions related to spiritual and religious practices (frequency and importance) have not been normed on a larger population,

making it difficult to compare supervisors' responses with the general population. Third, true random sampling procedures were not possible in this study due to the limited ability to gain access to state supervisor registries. The fourth limitation is that participants voluntarily participated in the study. We do not have information about non-responders and how their results might differ from the results of this study. For the first study, the Professional Quality of Life Assessment may be inadequate to fully address the construct of supervisor wellness as it relates to spiritual and religious practices. Other factors have been shown to relate to increased ProQOL scores, including social support, clinical experience, and boundaries and it is difficult to sort out which factors influence overall wellness. This is the fist study that specifically measures spiritual and religious practices as predictor variables for ProQOL scores, and the ProQOL has been shown to be a reliable measure of well being for counselors (Lawson & Myers, 2011). Results should be interpreted with caution. Additionally for the second study, it is difficult to measure competence using a self-report questionnaire. Although the spiritual competency scale provides the best available measure of spiritual competence, more practical modes of evaluation such as interviews and observations of clinical work are needed to fully assess competence.

Thematic Link Between the Studies and Contribution to the Knowledge Base

Future research should focus on evaluating new training modalities for supervisors, and should consider pre-test post-test designs using the spiritual competency scale to see if training is effective in increasing spiritual competency. Additionally, it is difficult to measure competency using a self-report questionnaire. It will be important to generate further qualitative research about the perceived competence of supervisors, the experience of counselors in training as they are taught to apply the ASERVIC spiritual competencies, and the client experience of exploring spiritual and religious issues in counseling. ASERVIC should take the lead in providing

educational opportunities for leaders in the counseling field to increase awareness of the spiritual competencies, and to provide mentorship to their peers as they are working to practice competently in this diversity area. Additional research is needed to identify ways non-religious and spiritual supervisors and counselors can develop spiritual competence.

These two research studies provide a foundation in the area of spirituality and religion in supervision. These studies are in response to recent literature in the area of spiritual and religious competence in counseling. Past studies have pointed to the need for increased knowledge about how the personal aspects of spirituality and religion influence the well being of counselors, supervisors, and counselor educators. Research about the spiritual competency scale identifies personal factors as important and establishes the need for research about how personal experience with spirituality and religion may influence spiritual competency. Clinical supervision is an overlooked area in the literature, despite acknowledgement that supervision is a primary training modality in the area of spiritual competence. Results of study one support a focus on how supervisors rate the importance of their own spirituality as a potential strategy to decrease burnout. Similar to what is reported about the benefits of spiritual and religious coping strategies, this research points to the potential positive impact of spiritual and religious practices on clinical supervisors. This impact likely translates to counselors in training and counselor educators, and is an important focus of future research. The results of the second study highlight the training gaps that exist surrounding spirituality and religion in supervision, yet shows promising relationships between supervisors' personal spiritual and religious practices as a predictor of spiritual competence. These studies emphasize the importance of personal factors related to spirituality and religion in their relationship to preventing burnout and promoting spiritual competence.

Recommendations for Future Research

Based on the results from the first study, future research should focus on understanding how supervisors experience their spiritual and religious practices from a qualitative perspective to gain a deeper understanding of how this aspect of their lives may contribute to their overall wellness. Additionally, research should explore the perspectives of supervisors who do not identify their spiritual beliefs as important to better understand what coping skills they find helpful, and understand their perspective on spiritual and religious issues in their own lives. This study points to the need to understand how personal spiritual and religious factors impact the ability to apply spiritual and religious competencies to clinical practice. Research should also focus on exploring the impact of spirituality and religion on younger counselors and supervisors who have less experience.

Results from the second study suggest that future research should focus on evaluating new training modalities for supervisors, and should consider pre-test post-test designs using the spiritual competency scale to see if training is effective in increasing spiritual competency. Additionally, it is difficult to measure competency using a self-report questionnaire. It will be important to generate further qualitative research about the perceived competence of supervisors, the experience of counselors in training as they are taught to apply the ASERVIC spiritual competencies, and the client experience of exploring spiritual and religious issues in counseling. ASERVIC should take the lead in providing educational opportunities for leaders in the counseling field to increase awareness of the spiritual competencies, and to provide mentorship to their peers as they are working to practice competently in this diversity area. Additional research is needed to identify ways non-religious and spiritual supervisors and counselors can develop spiritual competence.

This chapter summarized the research findings of the previous two studies about spirituality in supervision. The first study found that there was a significant relationship between burnout and low importance of spiritual practices of clinical supervisors. The second study found that personal spiritual and religious practices and importance are positively related to spiritual competency scores on the Spiritual Competency Scale. These studies provided foundational information for future studies about spirituality in supervision. Specifically, supervisors who value their spiritual practices are less likely to experience burnout, and overall spiritual competency requires exploration of personal spiritual and religious practices. Future studies should explore the specific ways that spirituality might help to prevent burnout in supervisors and counselors. Teaching techniques are needed to help supervisors and counselor educators develop spiritual competency as outlined by the ASERVIC spiritual competencies. Personal spiritual and religious self-awareness should be encouraged and future research should explore the attitudes and knowledge of both supervisors and counselors toward developing competence in this area.

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Tables

Table 1

Simple Correlation Coefficients Between Spiritual and Religious Practices and ProQOL Scores (N = 174)

Measure	*M*(SD)	1	2	3	4	5	6	7	8	9
1. Frequency of Religious Practices (1-6) (1 = infrequent; 6 = frequent)	3.57(1.8)	(1)								
2. Importance of Religious Practices (reverse scale 1-5) (1 = high importance; 5 = not important)	2.59(1.6)	-.828*	(1)							
3. Frequency of Spiritual Practices (1-6) (1 = infrequent; 6 = frequent)	5.24(1.2)	.378*	-.329	(1)						
4. Importance of Spiritual Practices (reverse scale 1-5) (1 = high importance; 5 = not important)	1.54(.97)	-382*	.447*	-.798*	(1)					
5. ProQOL Compassion Satisfaction	43.05(4.9)	.076	-.035	.080	-.131	(1)				
6. ProQOL Burnout	18.04(4.2)	-.143	.114	-.106	.186*	.655*	(1)			
7. ProQOL Secondary Traumatic Stress	17.48(3.4)	-.096	.109	.063	.067	.233*	.464*	(1)		
8. Years in Practice	17.76(4.2)	-.007	.069	.005	.022	.179*	-.223*	.159*	(1)	
9. Age	53.74(11.4)	.070	-.042	.083	-.089	.205*	-.298*	.152*	.633	(1)

*$p < .05$; $r = .1488$

Table 2

Simple Correlation Coefficients Between Spiritual and Religious Practices and Spiritual Competency Scale (N = 174)

Measure	*M*(SD)	1	2	3	4	5	6
1. Frequency of Religious Practices (1-6) (1 = infrequent; 6 = frequent)	3.57(1.8)	(1)					
2. Importance of Religious Practices (reverse scale 1-5) (1 = high importance; 5 = not important)	2.59(1.6)	-.828*	(1)				
3. Frequency of Spiritual Practices (1-6) (1 = infrequent; 6 = frequent)	5.24(1.2)	.378*	-.329*	(1)			
4. Importance of Spiritual Practices (reverse scale 1-5) (1 = high importance; 5 = not important)	1.54(.97)	-382*	.447*	-.798*	(1)		
5. Spiritual Competency Scale Score	43.05(4.9)	.286*	-.229*	.197*	-.238*	(1)	
6. Years in Practice	17.76(4.2)	-.007	.069	.005	.022	.042	(1)
7. Age	53.74(11.4)	.070	-.042	.083	-.089	.001	.633

*$p < .05$; $r = .1488$

Appendix A:

Copy of IRB approval

Human Research Protection Program
Institutional Review Board
Office of Research Integrity
B308 Kerr Administration Building, Corvallis, Oregon 97331-2140
(541) 737-8008
IRB@oregonstate.edu | http://research.oregonstate.edu/irb

EXEMPT DETERMINATION

Date of Notification	08/10/2016	Date Acknowledged	08/10/2016
Principal Investigator	Amy Ford	Study ID	7601
Study Title	Spirituality and Supervision		
Study Team Members	Laurie Bloomquist		
Review Level	Exempt	Category(ies)	2
Submission Type	Initial Application		
Funding Source	None	PI on Funding	N/A
Proposal #	N/A	Cayuse #	N/A

The above referenced study was reviewed by the OSU Human Research Protection Program (HRPP) office and determined to be exempt from full board review.

EXPIRATION DATE: 08/09/2021
The exemption is valid for 5 years from the date of approval.

Annual renewals are not required. If the research extends beyond the expiration date, the investigator must request a new exemption. Investigators should submit a final report to the HRPP office if the project is completed prior to the 5 year term.

Comments:

Principal Investigator responsibilities:

- Certain amendments to this study must be submitted to the HRPP office for review prior to initiating the change. These amendments may include, but are not limited to, changes in funding, study population, study instruments, consent documents, recruitment material, sites of research, etc. For more information about the types of changes that require submission of a project revision to the HRPP office, please see: http://oregonstate.edu/research/irb/sites/default/files/website_guidancedocuments.pdf
- All study team members should be kept informed of the status of the research. The Principal Investigator is responsible for ensuring that all study team members have completed the online ethics training requirement, even if they do not need to be added to the study team via project revision.
- Reports of unanticipated problems involving risks to participants or others must be submitted to the HRPP office within three calendar days.
- The Principal Investigator is required to securely store all study related documents on the OSU campus for a minimum of three years post study termination.

Appendix B: IRB Explanation of Research Study

EXPLANATION OF RESEARCH STUDY

Project Title:	Spirituality in Supervision
Principal Investigator:	Amy Ford, Ph.D.
Student Researcher:	Laurie Bloomquist, Ph.D. Candidate
Version Date:	7/13/2016

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1. WHAT IS THE PURPOSE OF THIS FORM?

This form contains information you will need to help you decide whether to be in this research study or not. Please read the form carefully and ask the study team member(s) questions about anything that is not clear.

2. WHY IS THIS RESEARCH STUDY BEING DONE?

The purpose of this research study is to better understand the topics of spirituality and religion in the supervision process. This research is being completed by a doctoral student for the completion of a dissertation.

3. WHY AM I BEING INVITED TO TAKE PART IN THIS STUDY?

You are being asked to take part in this study because you are a board recognized clinical supervisor. You have been randomly selected from a larger group of supervisors representing various ACA regions.

4. WHAT WILL HAPPEN IF I TAKE PART IN THIS RESEARCH STUDY?

This is a research study. To participate, you will answer the following survey questions. Your responses will be anonymous and will not link to any personal information. Once the survey is completed, results of all surveys will be analyzed and used in two research articles. These articles will be made available to participants and will be submitted for publication. Participants will be entered in a drawing to win a 1 year ACA membership in appreciation for participation. All identified participants will receive the results of this research study within 6 months of completion and be entered into the drawing regardless of their choice to participate or not participate in the study.

The study activities include completing a brief online survey (59 multiple option questions) related to spirituality and religion and well-being.

Study duration: The survey will take about 12 minutes to complete.

Because it is not possible for us to know what studies may be a part of our future work, we ask that you give permission now for us to use data that we collect about you as part of this study without being contacted about each future study. Future use of this data will be limited to studies about supervision, spirituality and religion, counseling, and well-being. Identifying information will not be linked to your data.

5. WHAT ARE THE BENEFITS OF THIS STUDY?

We do not know if you will benefit from being in this study. However, by participating, you are helping to develop a research base about supervision and spirituality and religion.

6. WILL I BE PAID FOR BEING IN THIS STUDY?

You will not be paid for being in this research study. We will enter your email address into a drawing for a 1-year ACA membership. The chance of winning is about 1 in 800. We cannot guarantee that you will win a prize. We will enter you into the drawing even if you choose not to be in the study or if you choose not to finish the activities.

7. WHAT OTHER CHOICES DO I HAVE IF I DO NOT TAKE PART IN THIS STUDY?

Participation in this study is voluntary. If you decide to participate, you are free to withdraw at any time without penalty. If you choose to withdraw from this project before it ends, the researchers may keep information collected about you and this information may be included in study reports.

8. WHO DO I CONTACT IF I HAVE QUESTIONS?

If you have any questions about this research project, please contact: Amy Ford, Ph.D. Amy.Ford@osucascades.edu

If you have questions about your rights or welfare as a participant, please contact the Oregon State University Human Research Protection Program (HRPP) office, at (541) 737-8008 or by email at IRB@oregonstate.edu

Your participation in the survey indicates that this study has been explained to you, that your questions have been answered, and that you agree to take part in this study.

Appendix C: Copy of Demographic Section of Measures

Copy of Demographic Section of Measures

Age (21-30) (31-40) (41-50) (51-60) (61-70) (over 70)
Years in clinical practice (1-5) (6-8) (9-11) (12-15) (15-17) (over 18 years)
ACA region (Midwest) (North Atlantic) (Southern) (Western)

For the purposes of this study, the following definitions are used:

Religion: A social context within which a set of beliefs, practices, and experiences occur; "Provides a structure for human spirituality, including narratives, symbols, beliefs, and practices, which are embedded in ancestral traditions, cultural traditions, or both" (Cashwell & Young, p. 9). Denominational, external, cognitive, behavioral, ritualistic, and public (Richards & Bergin, 1997). Examples: Attending a religious service, reading sacred texts.

Spirituality: "The universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love" (Cashwell & Young, 2011 p. 7). Internal, affective, spontaneous, and private (Richards & Bergin, 1997). Examples: Praying, meditating, reflecting.

Religious orientation: (Christianity- protestant) (Christianity- Catholic) (Islam) (Buddhism) (Atheism) (Agnosticism) (Judiasm) (Christian-other) (Hindu) (New age spirituality) (Other affiliation)

How often do you participate in religious practices?
(never) (1-3 times per year) (4-12 times per year) (1-3 times per month) (more than once a week) (daily)

How important are your religious practices to you?
(extremely important) (very important) (moderately important) (a little important) (not very important)

How often do you engage in spiritual practices?
(never) (1-3 times per year) (4-12 times per year) (1-3 times per month) (more than once a week) (daily)

How important are your spiritual practices to you?
(extremely important) (very important) (moderately important) (a little important) (not very important)

Appendix D: Sample Items from Measures

Professional Quality of Life Assessment (Stamm, 2009)

When you supervise or counsel people you have direct contact with their lives. As you may have found, your compassion for those you supervise or counsel can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a supervisor and counselor. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.

Spiritual Comptency Scale (Robertson, 2011).

SCS-R-II

INSTRUCTIONS: ***Please familiarize yourself with the unique response format before you begin.***

Indicate your level of agreement or disagreement with the following by selecting *ONE* response for each item.

Begin Here

	Agreement Low_____High			Disagreement Low_____High		
	☐	☐	☐	☐	☐	☐
EXAMPLE:						
I am ready to begin this questionnaire. (*High Agreement*)	☐	☐	**X**	☐	☐	☐