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# Religious and Spiritual Diversity Training in Professional Psychology: A Case Study

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# Religious and Spiritual Diversity Training in Professional Psychology: A Case Study

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Despite the American Psychological Association's long-standing commitment to training in diversity, legitimate concerns can be raised about the adequacy of spiritual/religious diversity training in professional psychology programs. An example is provided of a doctoral program that intentionally trains students in religious and spiritual diversity from a pluralistic and diverse perspective. Coursework, clinical competencies, clinical training, research, ethical training, and outcome assessment are explored from both faculty and student perspectives. Implications are discussed, including religious and spiritual diversity training in graduate programs and continuing education, research questions regarding how students are trained in this area, clinical practice suggestions to help professional psychologists consider religious and spiritual issues with patients and clients, and policy recommendations.

*Keywords:* religious and spiritual issues, diversity, diversity training

The American Psychological Association (APA) has long-standing, enduring commitments to understanding and respecting human diversity, evidenced by accreditation criteria (APA,

2012a), ethical standards (APA, 2002), published guidelines (e.g., APA, 2012b, 2012c), and management philosophy (APA, n.d.). Despite these commitments, legitimate questions can be

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raised about the adequacy of religious and spiritual diversity training in professional psychology programs. APA ethics guidelines have recognized religion and spirituality as an important form of human diversity for a number of years, and almost two thirds of psychologists recently surveyed agreed that religious and spiritual issues should be a part of graduate training (Crook-Lyon et al., 2012), but most doctoral programs and internships offer little or no training in religious and spiritual diversity (Brawer, Handal, Fabricatore, & Wajda-Johnston, 2002; Russell & Yarhouse, 2006; Schafer, Handal, & Brawer, 2011; Schulte, Skinner, & Claiborn, 2002; Vogel, McMinn, Peterson, & Gathercoal, 2013). What little training occurs tends to be informal and anecdotal, such as one graduate student consulting with another who happens to hold particular faith values or spiritual perspectives (Vogel et al., 2013).

Much as Fouad (2006) provided a compelling example of multicultural training within a particular training program, the purpose of this article is to provide a case example of how religious and spiritual diversity training can be accomplished in professional psychology. We provide both faculty and student perspectives on the opportunities and challenges inherent in training doctoral students in religious and spiritual diversity. In each of the domains that follow—training model, coursework, clinical training, research, and ethics—we provide a brief overview of our training intentions along with a case example or student training experience.

### Training Model

The Graduate Department of Clinical Psychology (GDCP) at (George Fox University) University is a practitioner–scholar PsyD program housed in a religiously affiliated Quaker institution where multiple perspectives on faith and spirituality are considered and respected. Accordingly, the focus of training is pluralistic and diverse, including perspectives on religion and spirituality.

Accredited by the APA’s Commission on Accreditation, the GDCP training model is based on the knowledge, skills, and attitudes (KSA) framework developed by the National Consortium of Schools of Professional Psychology (Peterson, Peterson, Abrams, Sticker, & Ducheny, 2010) and the Competency Benchmarks, developed by the Board of Educational Affairs and summarized by Fouad et al. (2009). Although these documents provide

a strong foundation, they do not address religious and spiritual diversity in detail so we have found that defining competencies and training in religious and spiritual diversity is a work in progress. Though we once identified religious and spiritual issues as a separate domain of training, we have recently integrated it within the diversity objective (see Table 1).

The following example illustrates how a KSA framework can inform supervisors and trainees when working with religious and spiritual diversity. In my role as clinical faculty, I (Peterson) was supervising a 3rd-year student (Wiarda) who was working on a diversity competency while providing services in a primary care medical setting. Working in the KSA model, he had acquired significant *knowledge* through the academic courses of Religious and Spiritual Diversity and Integrative Approaches to Psychotherapy, he demonstrated *skills* in multicultural assessment (using the ADDRESSING model, Hays, 2008), and his attitude was open and respectful as he sought to conceptualize and treat his patients from a multicultural perspective. Thus, I felt comfortable when he began treatment with a geriatric, European American man who had been raised in a Judeo-Christian worldview but reported that Native American spirituality was an important part of his current spiritual practice.

As a student, I (Wiarda) have learned to explore my spiritual identities as they relate to clinical work, use spirituality as a means of coping and self-care for clients, and incorporate clients’ spiritual religious values into treatment with those who have asked me to consider their spiritual influences or practices in our work together. I formed a particularly strong therapeutic relationship with this client as he explored his seemingly diverse, even contradictory beliefs. My understanding of his beliefs facilitated trust in the relationship, which led to his willingness to share concerns, and vulnerabilities that he hadn’t revealed to others. The client was so appreciative that he offered me a blessing-of-sorts, including the promise that his spirit-animals (the wolf and the eagle) would watch over me as his life comes to an end and he leaves this earth. Competency-directed training in religious and spiritual diversity allowed me to understand this man’s multiple identities much as I have processed my own, to engage his spirituality as it allowed for his generativity, and to offer a treatment plan that facilitated his bio-psycho-social-spiritual growth.

Table 1  
GDCP Diversity Objective and Competencies

Objective
Knowledge of the importance of diversity and an attitude of cultural humility and respect when working with people from diverse groups, including specific training in the integration of religion and spirituality within the practice of professional psychology.
Diversity competencies
1. Self-awareness, to include understanding one’s own cultural and faith background, and how this may affect clinical work.
2. Attend to diversity issues in psychotherapy and psychological assessment.
3. Demonstrates knowledge and application of diversity literature. Able to establish relationships with diverse people. Demonstrates awareness of the role of religion and spirituality in multicultural community.
4. Demonstrates an introductory knowledge of various faith systems, and an intermediate knowledge of Christian thought.
5. Demonstrates awareness of impact of power and privilege on human experience. Demonstrates ability to modify interventions based on diversity issues.
6. Ongoing evidence of self-awareness and eagerness to learn about diversity, suitable to sustain competence throughout one’s career.

*Note.* Each of the competencies listed here are accompanied by specific program requirements and assessment strategies. All students are required to meet these competencies.

## Coursework

Students in the GDCP take a variety of courses to enhance religious and spiritual awareness, including spiritual formation courses, core content courses that teach fundamental doctrines of Christian belief, and seminars at the beginning and ending of training that focus on religious and spiritual issues in psychological assessment and intervention. In all of these, our desire is to foster self-awareness and appreciation for both the complexity and diversity of faith-related experiences and worldviews. In addition to these courses, we require students to take a course explicitly devoted to religious and spiritual diversity.

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

The format for the class involves coteachers that include a world religions professor who presents the major elements of the religions and a clinical psychology professor who makes clinical applications from the content presented. For each religion, the areas covered include history, beliefs and practices, sacred writings, relationships, and ethics. Clinical skills and competence are obtained through discussions and applications of aspects of the religions, personal exposure to other religions through interviews, and visits to religious meeting places, responses to case studies, and simulated psychotherapy vignettes.

As a student in the GDCP, this course provided me (Block) with not only religious insight, but also awareness of the role culture plays in religion. This course was particularly relevant for my practicum placement at a University Health and Counseling Center. For example, a Japanese client recently sought treatment for dysthymia. The client's mother converted to Christianity and moved her family to the United States during the client's teenage years. Although my client identified with the Christian religion, my training in religious diversity taught me that Shintoism as a religion pervades most Japanese homes, even having a profound cultural influence on Christian homes. Thus, I considered both religions while working with this client. The course also helped me recognize that, culturally, Japanese clients may be quiet at the beginning of treatment as a sign of respect. This cultural insight allowed me to discuss my recognition of her respect while inviting her to share her presenting problem and history.

## Clinical Training

Psychologists have limited evidence for effective models of clinical training in religious and spiritual diversity (Worthington et

al., 2009). Some models of supervision to support student development in working with religiously diverse clients have been proposed (Aten & Hernandez, 2004; Gingrich & Worthington, 2007), but these presume a degree of openness and competence from the supervisor to address spiritual and religious concerns. Given the diversity of practicum sites available to students, this is not always the case. Some practicum sites address religious and spiritual issues only when the need arises, whereas other sites routinely gather information about spirituality and religion in intake forms. The variability among practicum sites leaves much of the responsibility to faculty to provide adequate clinical training in religious and spiritual issues. We attempt to accomplish this through colloquium training and on-campus clinical teams. In both cases we strive to promote students' identity awareness and integration by facilitating the successful resolution of challenges experienced when a clinician's religious or spiritual identity comes into contact with her or his role as a mental health professional (Hays, 2008).

Each year students attend a total of four half-day Grand Rounds and full-day colloquia, with at least one of these dedicated to how clinical services can be enhanced by attending to religious and spiritual issues. Topics in recent years have included interpersonal forgiveness, a Christian appraisal of mindfulness, religious issues in primary psychology, and gratitude.

Clinical teams comprised of 5–7 students and a faculty mentor meet weekly, providing an on-campus training context for exploring identity formation in relation to various clinical experiences, including spiritual and religious issues. The group provides the context for the development of trust, differentiation, and appreciation of diversity. Though self-study data suggest that clinical teams work well overall, we face challenges when students foreclose in clinical team, drawing on their own religious and spiritual values without seeing the diversity issues involved. At other times, the focus of clinical teams may not address religious and spiritual issues because other practical and conceptual treatment considerations legitimately focus attention away from these issues. Finally, students may experience more or less openness to discussions of religious and spiritual diversity in their on-site practicum supervision because supervisors vary in their agreement and attunement with the GDCP emphasis in this area.

As a student, I (Goetsch) find the clinical training in religious and spiritual diversity an opportunity for identity formation. Although coursework provides a theoretical foundation, the movement from theory to practice can be challenging for at least two reasons. First, religious and spiritual interventions often lack the specificity and direction that other forms of intervention, such as cognitive-behavioral therapy, are given. Thus it is often left to students to initiate questions of religious and spiritual diversity and to hope that well-informed faculty and supervisors can help facilitate growth. Second, this process of identity exploration is not always easy in that it requires risk in relating with peers, mentors, and supervisors. Here it is often difficult to move past simple answers to a genuine place of engagement. Students may fear "getting it wrong" when they engage religious and spiritual issues from a place of genuineness. Creating a clinical training environment of acceptance that facilitates the process of identity exploration and growth is essential when addressing these issues (Gingrich & Worthington, 2007).

## Research

Each faculty member in the GDCP directs a research team involving students at different years of training, known as a Research Vertical Team (RVT; Gathercoal & Adams, 2004; Murray, 1999; Ward, Johnson, & Campbell, 2004). Approximately 35% of the dissertation projects produced by our students in the past decade have emphasized themes of human diversity, with 14% focused on issues of religion and spirituality (e.g., Snow, McMinn, Bufford, & Brendlinger, 2011; Vasiliauskas & McMinn, 2013; Vogel et al., 2013).

As a student soon to enter the workforce, I (Vogel) am encouraged by a growing openness to religious and spiritual diversity, evidenced by a growing number of APA publications in this area. I have been fortunate to see faculty model these sorts of scholarly activities, and invite me to participate, during the course of my graduate training. There are relatively few studies on training in religion and spirituality at APA-accredited programs, but what has been done suggests that research is underutilized. Brawer and colleagues (2002) reported that many programs (43%) have at least one student whose major area of research interest is related to religious and spiritual diversity, although few (22%) have a member of their faculty who identify this as a major area of scholarly interest. In a recent follow-up study, Schafer et al. (2011) reported that the number of APA-accredited programs with students whose primary research interests were religious and spiritual diversity had increased (50.6%) during the past decade. A number of programs (29.2%) even had students who approached faculty with a desire to conduct research these areas. It is important for faculty with research interests related to religious and spiritual diversity to clearly identify themselves within their programs (Brawer et al., 2002; Schafer et al., 2011). As students seek out these faculty members to serve as their research mentors, faculty can play a formative role in students' training as scholars and professionals.

## Ethics Training

A review of the APA *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002) is provided in the first-semester course on Psychological Ethics, offering students a beginning point for becoming aware of the ethical implications of religious/spiritual concerns. The *Code* explicitly calls for psychologists to "practice only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA, 2002; 2.01, p. 2). Ethics conversations recur as religious/spiritual concerns are encountered in many courses and in practical training, case conceptualization, intervention planning, assessment, and outcome evaluation. In assessment, students are encouraged to ask questions about the client's religious experiences and history and his or her current religious attitudes, beliefs, practices, and affiliation. Sometimes the patient/client expresses no interest in religious and spiritual matters or considers them irrelevant to the client's current concerns and treatment. Other times major aspects of the treatment are shaped by the religious and spiritual concerns and related resources.

As a student, I (Gerdin) have learned that ethics requires me to attend to the cultural context of my clients. Many ethnic and racial groups cannot be understood without serious attention given to the group's spiritual and religious beliefs and practices (Leong, Wag-

ner, & Tata, 1995; Vogel, Gerdin, & McMinn, 2012). For example, many African Americans are Christian; however, African Americans also comprise 35% of all Muslims in America (Gallup, 2011). This distinction leads to substantial cultural and identity differences among African Americans. Psychologists without careful training in ethics and diversity may overlook their clients' spiritual resources and religious or spiritual practices that may be therapeutically helpful (e.g., Wachholtz & Sambamoorthi, 2011) or harmful (e.g., Ward, 2011).

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

## Outcome Assessment

As is true of all doctoral programs accredited by the APA's Commission on Accreditation, the GDCP engages in regular and extensive outcome evaluation. This is accomplished through various processes, including semiannual clinical mentor evaluations, semiannual practicum supervisor evaluations, annual self-evaluations, and periodic alumni assessments. Recent data from clinical mentor and supervisor evaluations suggest that competency ratings for religious and spiritual issues are similar to ratings for other competency areas.

A potential concern is that emphasizing religious and spiritual diversity training to the extent we do may compromise other dimensions of diversity training. As part of a larger study to be reported elsewhere (McMinn, Birch, Galuza, Rodriguez, & Vogel, 2013), we recently assessed satisfaction with religious and spiritual diversity training among GDCP students using the same instrument that Vogel et al. (2013) used to evaluate diversity training in 50 APA-accredited doctoral programs. Vogel et al. collected information from various informants on the diversity training offered at various programs (students, faculty, training directors, interns, internship training directors). In Table 2, we report the student perspectives reported by Vogel et al. alongside the data collected from GDCP students regarding their training. Findings suggest that GDCP training is stronger than programs in Vogel et al.'s sample with regard to religious and spiritual diversity training (with a large effect size of  $d = 0.96$ ), but lagging behind other programs in regard to ethnic and racial diversity training and socioeconomic diversity (moderate effect sizes of  $d = .57$  and  $d = .62$ , respectively). These areas of relative deficit are a concern that GDCP administration, faculty, and students are addressing even as we celebrate our accomplishments in religious and spiritual diversity training.

Table 2  
*Diversity Training at GDCP Compared With Other APA-Accredited Programs*

	Vogel ( <i>N</i> = 129)		GDCP ( <i>N</i> = 80)		Differences
	Mean	Std Dev	Mean	Std Dev	
Issues related to ethnic and racial diversity	4.32	0.63	3.89	0.86	$t(207) = 4.2, p < .001,$ Cohen's $d = .57$
Issues related to sexual orientation diversity	3.66	0.94	3.84	0.88	No differences
Issues related to age diversity	3.32	0.95	3.23	0.94	No differences
Issues related to diversity pertaining to disabilities	3.36	0.93	3.05	0.97	No differences
Issues related to socioeconomic diversity	4.03	0.87	3.44	1.02	$t(207) = 4.6, p < .001,$ Cohen's $d = .62$
Issues related to religious/spiritual diversity	3.26	0.99	4.16	0.89	$t(207) = 6.6, p < .001,$ Cohen's $d = .96$

*Note.* The Vogel et al. (2013) study involves student, faculty, training director, intern, and internship director perspectives on diversity training, but only student perspectives are reported here. The GDCP study involves student perspectives, using the same scale used in the Vogel et al. study. Each item began with the phrase, "My doctoral program has equipped me with knowledge and skills for . . ." Responses are reported on a 5-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*).

## Implications and Recommendations

### Training Implications

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

Much of what we have discussed in this article pertains to doctoral training, but what can be offered for those who already have their doctoral degree and are licensed to practice psychology? One area for ongoing training is found in continuing education (CE) offerings. It is heartening to see increasing CE offerings related to religious and spiritual issues at recent APA annual conventions. Reading can also provide helpful background in religious and spiritual issues for psychologists. The APA continues to publish a variety of resources on religious and spiritual issues in treatment, including approximately 15 books and a video series. For those interested in studying religion at a deeper level, taking a course at a local university or seminary can provide additional important background.

### Research Implications

Though research is progressing nicely in this area of diversity, we question the extent to which students are being exposed to this research in their graduate training (Vogel et al., 2013). Doctoral students in psychology would benefit from exploring research findings on religious and spiritual processes and outcomes in

treatment, links between mental health and religious values (including both protective and risk factors), developmental issues in religious and spiritual beliefs, and so on. Perhaps most relevant to this article is the need for research on psychological training in areas of religious and spiritual diversity. We know from recent studies that students are not receiving much training in this area (Schafer et al., 2011; Vogel et al., 2013), but what are the causes and implications of this? Research from several decades ago showed an antireligious bias for graduate school admissions (Gartner, 1986). Does this bias still exist? After admission, what sort of biases might exist in training? Do psychologists with antireligious perspectives demonstrate different outcomes when working with religious and spiritual clients than psychologists with more positive perspectives toward faith? These and many more questions warrant additional research attention.

### Practice Implications

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

Including religious and spiritual values in clinical practice forms and procedures can also be useful. For example, knowing something about a client's ethnic background is important on an intake form. It is also useful to know something about a client's religious and spiritual beliefs and whether the client wants to consider those beliefs as part of treatment. Exploring religious and spiritual beliefs and practices in an intake interview may be important both by giving the psychologist information about the client and by letting the client know that it is acceptable to discuss these matters in psychotherapy. Considering religious and spiritual beliefs may be particularly important in certain treatment contexts, such as palliative care and older adult populations where considerations of death and dying are important treatment considerations.

Assessment practices should also include some consideration of religious and spiritual diversity. Richards and Bergin (2005) suggest a two-level assessment strategy beginning with an ecumenical assessment of all clients to see if religion and spiritual values are

relevant. If they are, the psychologist then moves toward a more detailed assessment of these values and related beliefs and practices.

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

## Policy Implications

Although not yet articulated as an area of specialty within the APA guidelines, we agree with Hathaway (2008, 2011) that dealing competently with religious and spiritual diversity requires distinct training. Hathaway calls this practice area a “niche,” but advocates developing a specialty. We concur and appreciate the efforts of Hathaway and Ripley (2009) to develop practice guidelines for working with religious and spiritual clients.

Although the Guidelines and Principles (APA, 2012a) note the importance of religion in human diversity, it is not clear to what extent the Commission on Accreditation considers these factors in accreditation decisions. Anecdotally, it appears more likely for a training program to be questioned about being “too religious” (and thus negligent of other forms of diversity) than about failing to train students in religious and spiritual diversity. When programs with religious identities are up for accreditation, it is routine to receive public comments from constituencies within APA objecting to their accreditation bid, but we have never heard of a program being questioned because it does not pay adequate attention to religion or spirituality in training.

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

## Conclusion

Developing competence in addressing religious and spiritual concerns is a multidimensional task that requires a coherent set of strategies implemented over time. We have described here one training program’s effort to accomplish this task, both from faculty and student perspectives and offered additional suggestions for research, practice, and policy. In many ways the development of knowledge, skills, and attitudes for addressing religious and spiritual concerns parallels that for multicultural concerns, of which religion and spirituality are subdomains.

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