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Mark R. McMinn

George Fox University, mmcminn@georgefox.edu

Everett L. Worthington Jr

Jame D. Aten

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SPIRITUALLY ORIENTED INTERVENTIONS: FUTURE DIRECTIONS IN TRAINING AND RESEARCH

MARK R. McMINN, EVERETT L. WORTHINGTON JR.,
AND JAMIE D. ATEN

How little we know, how eager to learn.

—Motto of the John Templeton Foundation

Times change. I (MRM) was trained in an era when diversity conversations included age, ethnicity, culture, sexual orientation, and disabilities but not religion or spirituality. In fact, a peer confronted me on my first day of graduate school, insisting that a good scientist could not be religious. Weeks earlier, a concerned member of my faith community told me that I could not be a true believer and a psychologist. Now, 3 decades later, it is stunning to see how frequently topics of religion and spirituality emerge among professional psychologists and counselors. It is probably not coincidental that those in my faith community also now seem more open to professional psychology.

Today, we understand diversity in counseling and professional psychology to include religion and spirituality as important dimensions of human diversity, and practitioners are expected to attend to religious and spiritual variables when assessing and treating their clients (American Counseling Association, 2005; American Psychological Association, 2010). But in some training programs, religious and spiritual issues are not seen as multicultural issues (Schulte, Skinner, & Claiborn, 2002). Training is not provided. This is unfortunate because, in the United States, most people describe themselves as religious or spiritual or both and engage in prayer, believe in God, and use their religion in their daily lives (Worthington et al., 2003). Just as ignorance

of issues relating to sexual orientation or ethnicity can lead to ineffective or damaging treatment, so also can failing to attend to religion and spirituality compromise the effectiveness of mental health interventions. Thus, in this concluding chapter, we cast a vision for future directions in professional psychology and counseling for training and research.

TRAINING RECOMMENDATIONS

We emphasize training issues because they are among the most important variables in the use of spiritually oriented interventions. In a study of religiously distinctive doctoral programs, Walker, Gorsuch, Tan, and Otis (2008) found that intervention-specific training is one of the most salient predictors of those who use spiritually oriented interventions in their clinical work. This suggests that the growth of spiritual and religious methods in counseling and psychotherapy depends on what training programs teach, both now and in the future.

Regarding general considerations such as meaning making, exploring religious and spiritual history, dealing with value conflicts, and addressing problematic spirituality, it is important for mental health professionals to be aware of the central role that religion plays in the lives of many clients. In considering religious and spiritual assessment guidelines for clinicians, Hathaway and Ripley (2009) proposed that psychologists should be "mindful that religion/spirituality is a vital and important aspect of many clients' lives" (p. 46). Beyond this general awareness, it is also important to have enough basic knowledge of diverse religious and spiritual beliefs to be conversant with clients. This might involve taking a course, seminar, or workshop in world religions, speaking with religious leaders from various faith traditions, or engaging in a personal reading program to become familiar with prominent faith traditions. Finally, a willingness to learn from clients is also helpful.

Beyond reading, other forms of continuing education are important to develop. Given the centrality of religious and spiritual perspective in people's lives, it is striking how few continuing education workshops pertain to religious and spiritual issues. Additional workshops and online resources need to be developed to enhance knowledge and skills in spiritually oriented interventions. Supervision is another way to gain clinical competence in spiritually oriented interventions. This could be accomplished in a multifaith peer supervision group or by hiring a clinical supervisor with expertise in religious and spiritual issues. For clinicians who might have trouble locating a proficient supervisor, it can be useful to contact clergy. Most clergypersons know at least one professional counselor or psychotherapist to whom they refer parishioners. Clergy typically choose these practitioners because of their

advanced sensitivities to religious and spiritual issues (McMinn, Aikins, & Lish, 2003). Many of these same practitioners may be open to supervising or consulting with other clinicians desiring to gain expertise in spiritually oriented interventions.

If we take a cue from multicultural experts, we would see that indeed every interaction with every client is a cross-cultural experience. To develop greater cultural sensitivity, Roysircar (2004) recommended that psychotherapists begin with understanding their own cultural heritages and backgrounds. Leach, Aten, Boyer, and Strain (2009) also argued that it may be helpful to study diverse worldviews, which may lead to greater insights into one's own worldview simultaneously through this comparison. Several additional strategies have also been offered in the multicultural literature that may be helpful to training professional psychologists and counselors to work effectively with religion and spirituality. One approach is to use self-report assessments or inventories (D'Andrea, Daniels, & Heck, 1991). For example, psychotherapists may find it helpful to take a survey, such as a spiritual strivings instrument (Emmons, Cheung, & Tehrani, 1998), to explore their religious or spiritual motivations or the spiritual genogram (Frame, 2001) to garner insight into familial influences on spirituality. Cultural immersion experiences could also prove useful (Wilson, 1982), such as attending a house of worship that is unfamiliar to one's own background or conducting a cross-cultural interview (Fuller, 1995) with someone from a different faith heritage. Cultural diversity exercises (Whittlesey, 2001), such as discussing critical incidents in a religious case vignette, for example, might also increase sensitivity to clients' religious and spiritual experiences by providing opportunities to engage in perspective shifting.

More training is also needed to prepare practitioners and researchers to study religion and spirituality in psychotherapy. First, we must train graduate students to value and perform empirical clinical research. This is best done by those who are actively incorporating religious variables in their own research protocols or by those whose major interests are topics within religion and spirituality. Second, we must take the varieties of religion and spirituality seriously. The time is long past when we can ask whether psychotherapy is effective. Instead, we must ask what kind of psychotherapy is efficacious for whom with what problems under what conditions. Similarly, we must move closer to asking what kind of religious or spiritual treatment combines best with what kind of psychotherapy for what kind of religious or spiritual client (i.e., what specific variant) with what kind of psychological disorder under what conditions. Training, then, must be geared toward matching on these many religious and spiritual (and psychotherapeutic) variables. Third, continuing education also must become available in a variety of forms: on the web, at talks at conferences or conventions, through reading materials, and through supervision from face-to-face, online (e-mail), or webcam supervisors.

RESEARCH RECOMMENDATIONS

We are encouraged that the research, in both quality and quantity, is moving toward increasing client and psychotherapist choice and is taking accountability seriously. However, the status of research on religiously and spiritually accommodated interventions is not at the level of research on secular treatments (for a review, see Hook et al., 2010; for a meta-analysis, see Smith, Bartz, & Richards, 2007). We believe that, as a field, we can do better. We say this not to shame (we do a lot of this research ourselves, so any shame that anyone might perceive probably applies to us as much as to anyone). Rather, we wish to inspire the field to do better. We therefore offer the following research recommendations.

Much of our research base is not derived from clinical studies at all. Rather, it involves use of spiritual or religious methods with people who are basically "normal," which is, of course, to say that there is a continuum of mental-health disruption. We treat this research as meaningful; indeed, it is. But it might not be generalizable to people who are clinically troubled and who also have sought psychotherapeutic help. In choosing our samples, we can do better.

Even when we study psychotherapeutic interventions, few studies in the entire field of accommodating religion and spirituality to psychotherapeutic interventions have actually involved real clients. Instead, many students with an amount or type of psychological disturbance that might place them in the clinical range have participated in what essentially is analog (to psychotherapy) research. A number of interventions have recruited participants from the community but use nonclients and enrichment or prevention protocols rather than psychotherapy protocols. Those enrichment or prevention interventions are important in their own right, but they do not always tell us whether similar interventions would work with actual clients. In choosing interventions to study, we can do better.

The degree of standardization, manualization, and widespread distribution of spiritually and religiously adapted treatments is not close to approaching the same level of standard (secular) psychotherapy treatments. Just think of emotionally focused therapy (EFT; Greenberg & Johnson, 1988; Johnson, 2004). Anyone interested in EFT can have access to books, manuals, training (see <http://www.iceeft.com/training.htm>), summaries of research, therapist resources that include DVD and CD training tapes, and a list of over 50 certified EFT supervisors. Is there anything involving spiritually or religiously accommodated psychotherapies that approaches this? In our standardization of spiritual and religious treatments, we can do better.

Psychotherapists bear as much responsibility for increasing the quality and quantity of clinical research as do researchers. Clinicians must responsi-

bly look for treatments that have some sort of strong evidential support for their use. Thus, clinicians must become increasingly available to researchers as participants in efficacy or effectiveness research. I (ELW) am encouraged that this seems to be occurring. I am heading a funded study of the clinical effectiveness of Christian marriage counseling in which I have solicited participation from psychotherapists throughout the country, and a surprising number have volunteered. Psychotherapists had to complete forms about their religious and spiritual beliefs and values and other aspects of their practice. They then had to identify one or more couples beginning counseling in the following few weeks after the psychotherapists had submitted their data. The clients are contacted, and participants agree to complete a number of measures of outcome and use of religious material and discussion in their most recent session. They complete the material at sessions 1, 4, 8, and 12. It is important that this study requires participation of therapists and clients who are doing active couple counseling, and their mutual collaboration with a research team.

CONCLUSION

We foresee greater training opportunities and stronger research designs, which together will move our field forward. The publication of this volume causes us to reflect favorably on the changes evident in today's mental health professions. Religion and spirituality are being considered in new and fresh ways, bringing together research and clinical practice. Today's interest in spirituality and religion is diverse and includes those of various religious faiths and those who identify with no formal religion. And, of course, the present volume is not the only collection of writings on spiritual and religious interventions. Still, the journey stretches before us. This challenge keeps us pressing forward in our scholarly and clinical efforts, and we hope these pages may have a similar effect on those who read them.

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