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The Perceived Effectiveness of Christian and Secular Graduate Training Programs in Preparing Christian Psychologists to Deal With Experiences of Sexual Attraction

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Most psychologists experience feelings of sexual attraction toward clients, and for some Christian therapists this situation can be further complicated by their tendency to deny such sexual attraction. How effective are graduate training programs in teaching Christian psychologists to manage feelings of sexual attraction in professional contexts? In this survey, 258 Christian psychologists answered questions regarding their graduate training. A positive training environment was related to healthy coping responses in managing feelings of sexual attraction, and graduates of explicitly Christian training programs reported greater satisfaction with training conditions than graduates of secular programs. Those involved in training professional psychologists should consider the general training environment in addition to specific course work about managing feelings of sexual attraction.

Sexual attraction toward psychotherapy clients is an experience that most psychologists experience at least occasionally (Pope, Sonne, & Holroyd, 1993). Though most manage these feelings appropriately and avoid exploiting or otherwise harming their clients (Pope, Keith-Spiegel, & Tabachnick, 1986; McMinn & Meek, 1996), the few who do not manage their feelings effectively cause damage to their clients and to the profession. It may be that one of the contributing factors is inadequate graduate-level training with regard to managing sexual feelings (Pope & Tabachnick, 1993). The limited data available suggest that most graduate training programs and predoctoral internships leave students unprepared to deal with experiences of sexual attraction when they arise (Holroyd, 1983; Kenworthy, Koufacos, & Sherman, 1976; Pope et al., 1986; Pope & Tabachnick, 1993). The same appears to be true in psychiatry (Gorton & Samuel, 1996). Though the majority of U.S. internship programs certified by the American Psychological Association provide some form of education on psychologist-patient sexual exploitation in their curriculum, fewer than half of the programs providing education on sexual exploitation specifically address the management of sexual feelings toward therapy clients (Samuel & Gorton, 1998).

Pope et al. (1993) suggested 10 necessary conditions for effective training in managing sexual attraction, which are summarized in Table 1. Note that most of these 10 conditions pertain to the training environment more than the training curriculum. To date,

no empirical research has been reported regarding the validity or training effectiveness of these 10 conditions.

The Christian Psychologist's Training Survey

The study reported here is an effectiveness study of graduate training experiences among Christian psychologists with regard to managing sexual attraction in psychotherapy. We limited the study to Christian psychologists because of past survey research suggesting the possibility that Christian therapists are at risk of denying and mismanaging feelings of sexual attraction (Craig, 1991; McMinn & Meek, 1996). Whereas approximately 90% of psychologists report experiencing sexual attraction toward clients at least occasionally (Pope, Tabachnick, & Keith-Spiegel, 1987; Rodolfa et al., 1994), a surprisingly high 41% of Christian counselors report they have never experienced sexual attraction to a client (McMinn & Meek, 1996). However, when Christian licensed psychologists from this sample were looked at in isolation, the percentage was much closer to that reported by other psychologists, with 17% reporting they had never experienced sexual attraction toward a client. To whatever extent religious beliefs and values contribute to denial of sexual feelings among Christian psychologists, it may pose a potential risk for inappropriate sexual behaviors (Pope et al., 1986). With the growing number of explicitly Christian doctoral programs in clinical psychology (e.g., Fuller Theological Seminary, Rosemead School of Psychology, George Fox University, Wheaton College, Asuza Pacific University, Seattle Pacific University, and Regent University), it is important to assess the perceived effects of a Christian training environment on the conditions for effective training outlined in Table 1.

Participants for the study were randomly selected from the membership directory of the Christian Association for Psychological Studies. We mailed survey questionnaires to 200 doctoral graduates from secular graduate training programs and 192 doctoral graduates from distinctively Christian graduate training programs. From the 378 deliverable mailings, 258 participants returned surveys, resulting in a return rate of 68%.

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Table 1
Proposed Conditions of Effective Training (Pope et al., 1993)

Condition	Explanation
Acceptance	Students are encouraged to acknowledge and explore in themselves and others areas of human experience that may evoke anxiety, fear, guilt, disgust, outrage, and a variety of other human reactions.
Safe climate	Students feel safe discussing feelings and personal experiences with professors and clinical supervisors.
Encouragement	Students are motivated by professors and supervisors to openly engage in any training experiences related to feelings of sexual attraction.
Openness	Students are encouraged to be open to receiving information and feedback from others as well as encouraged to disclose their own experiences and feelings.
Sensitivity	Students are encouraged to be sensitive, perceptive, and empathetic in their response to others' disclosures.
Frankness	Students are encouraged to be frank and honest about thoughts and feelings that might be difficult to express.
Adequate understanding	Students are presented with information regarding sexual feelings toward clients in many different formats, including didactic presentations, case presentations, vignettes of actual treatment dilemmas, and so on.
Respect	Students are encouraged <i>not</i> to interpret differing opinions, feelings, or experiences as sexual or psychological deviance.
Privacy	Students are made aware that they are not required to share personal information.
Support	Students are supported by professors and supervisors when they choose to share personal opinions and information.

The survey questionnaire was derived from several sources (Berry, 1991; Pope et al., 1987; Rodolfa et al., 1994; Stake & Oliver, 1991) and was divided into four parts. Participants were first asked to supply basic demographic information. On the second part, participants were asked to rate each of nine behaviors related to sexual feelings and behavior in terms of two categories. They first rated how often the behavior occurred in their practice on a 5-point scale ranging from 1 (*never*) to 5 (*very often*). Then they rated the extent to which they considered the practice ethical on a 5-point scale ranging from 1 (*unquestionably not*) to 5 (*unquestionably yes*). In the third part, participants evaluated their graduate training programs with a variety of questions based on Pope et al.'s (1993) optimal conditions for learning. Finally, in the fourth part respondents rated the extent to which they had engaged in several coping responses when experiencing sexual attraction to clients as well as the extent to which they experienced certain negative feelings. We sent the surveys in January 1997 using a multiple envelope system that assured anonymity. Those who had not yet returned the survey after 2 weeks were sent a reminder postcard. After 2 additional weeks, we sent them another questionnaire packet.

Of the 258 respondents, approximately two thirds were men, and most were White, married, and between the ages of 30 and 60 years. Approximately one third of the respondents identified with a dynamic or object relations theoretical perspective, one third identified with cognitive, cognitive-behavioral, and behavioral perspectives, and the remainder endorsed other theoretical perspectives. Approximately one third of the sample held PsyD degrees, and the remaining two thirds held PhD degrees. Eighty percent were licensed clinical psychologists.

The Effectiveness of a Positive Training Environment

Because the conditions of training outlined by Pope et al. (1993) and summarized in Table 1 are related to the training environment

more than curriculum, they cannot be evaluated through traditional efficacy studies that require random assignment, tangible intervention strategies, and standardized outcome assessments. The more subjective ratings of experience, such as those used for this survey research, are appropriate and relevant for assessing training environment.

Participants responded to the 10 conditions as if they were quite homogeneous. Ratings on the 10 items yielded a Cronbach's internal consistency coefficient alpha of .90, and all of the items appeared to contribute similarly to the overall scale reliability. It is possible that respondents reported a general impression of their graduate training program in their responses to the 10 items rather than making critical distinctions between the various conditions. On the other hand, the 10 items may frequently occur simultaneously when they are part of a graduate training environment.

The perceived conditions of training appeared to affect the coping responses used by psychologists when faced with feelings of sexual attraction toward clients. We derived a perceived adequacy-of-training score by summing the responses for each of the 10 conditions of training. This sum was correlated with the likelihood of engaging in healthy coping responses when faced with feelings of sexual attraction. Six healthy coping responses were determined by giving the list of 13 coping responses to five expert judges, all of whom were licensed clinical psychologists. A coping response was considered healthy if four out of five of the expert judges independently agreed on its inclusion. We found a significant positive Pearson product-moment correlation between perceived conditions of training and the use of healthy coping responses when faced with feelings of sexual attraction ($r = .30$; $n = 201$; $p < .001$). No significant relationship was found when perceived conditions of training were correlated with coping responses not deemed as healthy by expert judges ($r = .04$; $n = 219$; $p = .59$). Six of the coping responses were perceived as healthy by four of the five expert judges and therefore met our criteria.

However, of the six coping responses judged to be healthy, only three responses received unanimous agreement from expert judges (discussing the sexual attraction with a personal therapist, a supervisor, or a peer consultant). All three of these coping responses involved discussing the feelings with a trusted advisor. When considered alone, the sum on these three coping responses correlated significantly with perceived conditions of training ($r = .36$; $n = 206$; $p < .001$). The sum of the remaining three coping responses (reflecting on religious beliefs or moral standards that discourage sexual intimacy outside of marriage, focusing on the negative effects sexual intimacy could have on the client, and focusing on the personal and professional consequences that would result from acting on the feelings) did not correlate significantly with perceived conditions of training ($r = .10$, $n = 219$; $p = .13$). Note that these latter three coping responses, though perceived by expert judges as generally healthy, involved internal self-reflection rather than discussing feelings of sexual attraction with an advisor.

An open, trusting training environment may allow students to overcome their anxieties and inhibitions about discussing personal matters, such as sexual attraction to therapy clients. At least some apparently carry this skill with them into their professional careers and are willing to discuss personal feelings of sexual attraction with trusted advisors. Thus, the graduate training environment appears to have at least a modest effect on engendering healthy coping responses among graduates.

One fortunate finding was that most respondents, whether poorly trained or well trained, reported refraining from gross unethical behavior as a way of responding to feelings of sexual attraction. Approximately 97% reported never engaging in sexual activities with clients. This finding suggested that Christian psychologists are not at great risk for sexual misconduct, regardless of level of training in the area of sexual feelings. However, refraining from sexual misconduct is not the same thing as providing ethically and clinically sound care.

Pope et al. (1993) noted several ways that unacknowledged sexual feelings can potentially be detrimental to professional services. They gave the following examples, among others: dehumanization of the patient (i.e., reducing client to labels), avoidance (canceling sessions, arriving late), obsession, undue special treatment, and boredom. All of these reactions potentially detract from effective professional service. However, once these issues are discussed with a trusted advisor, the likelihood that the psychologist will address the underlying issue, and thus improve client care, greatly increases.

The Effectiveness of Training in Distinctively Christian Programs

We were also interested to know if respondents perceived distinctively Christian training programs differently than secular programs in the extent to which they promote the conditions of training outlined by Pope et al. (1993). To evaluate this issue, we used responses on each of the 10 conditions of training as dependent variables in a multivariate analysis of variance, with the independent variable being the type of graduate program attended (Christian vs. secular). Significant differences were found between groups, Wilks' $\lambda = 0.87$, $F(10, 237) = 3.44$, $p < .001$, with graduates of Christian programs reporting higher satisfaction with training conditions regarding handling sexual intimacies than grad-

uates of secular programs. We performed post hoc univariate analyses to test group differences on individual conditions. A stringent alpha level of .01 was chosen because the number of dependent variables significantly inflated the likelihood of committing a Type I error. We found training program differences for 4 of the 10 individual training conditions: acceptance, safe climate, encouragement, and support. In a similar manner, graduates of distinctively Christian training programs reported greater respect for the values of their faculty, $t(252) = 4.53$, $p < .002$, and supervisors, $t(251) = 3.33$, $p < .002$, and were more sure that the experience of sexual attraction toward therapy clients is ethical than were those participants from other programs, $t(236) = 3.22$, $p < .002$. There were no significant difference between groups in their reported frequency of experiencing sexual attraction toward therapy clients.

Along with the increased attention being given to religious issues in clinical psychology (Richards & Bergin, 1997; Shafranske, 1996), more religious institutions have become involved in the training of doctoral-level psychologists. There are now seven explicitly Christian programs offering doctoral degrees in clinical psychology, as compared with three such programs in 1992. Because these institutions are creedal institutions with explicitly religious admissions and hiring policies, and because these creeds typically involve relatively homogeneous beliefs regarding sexual behavior, it was important to assess quality of training regarding issues of sexuality. If, for example, an explicitly religious training environment fostered denial and repression of sexual experiences, and thereby interfered with the conditions outlined by Pope et al. (1993), it could put graduates of these programs at risk for sexual exploitation once they left the sheltered confines of their training institution. This situation does not appear to be happening, at least among the graduates of the three explicitly Christian programs producing the graduates who responded to this survey (Fuller Theological Seminary, Rosemead School of Psychology, George Fox University). Indeed, the evidence pointed in the opposite direction. Graduates of these programs were even more satisfied that the conditions outlined by Pope et al. (1993) were present in their training programs than were Christian graduates of secular programs.

Christian Psychologists and the Risk of Denying Sexual Feelings

Christian psychologists responding to this survey generally acknowledged experiencing sexual feelings in therapy and reported a very low incidence of sexual exploitation of clients, regardless of how they perceived the adequacy of their graduate training. As indicated in Table 2, these findings were consistent with previous research with psychologists in that 11% of respondents reported never having feelings of sexual attraction toward therapy clients (Pope et al., 1987, reported 9% of psychologists in this category). The present results were somewhat different than those reported of a more general sample of Christian therapists. McMinn and Meek (1996) found that 51% of Christian therapists believed the experience of sexual attraction toward clients is always unethical, as compared with 12% of psychologists selected without regard to religious values (Pope et al., 1987). In the present study, 19% of respondents reported that the experience of sexual attraction toward a client is always unethical. Thus, it appeared that well-

Table 2
Beliefs and Behaviors Regarding Sexual Attraction Toward Therapy Clients

Group	Source	% reporting sexual attraction toward therapy clients is always unethical	% reporting they have never been sexually attracted to a therapy client
Christian lay counselors	Case et al., 1997	75	59
Christian nonlicensed counselors	Case et al., 1997	57	44
Christian licensed counselors	Case et al., 1997	44	32
Psychologists	Pope et al., 1987	12	9
Christian psychologists (overall)	Present research	19	11
Christian psychologists (well trained)	Present research	11	8

Note. The well-trained group in the present research consisted of those respondents in the overall sample who perceived their graduate training most favorably in relation to the 10 conditions in Table 1.

trained Christian psychologists are more similar to other psychologists than to Christian counselors in this regard.

Case, McMinn, and Meek (1997) suggested that the moral standards to which many Christian therapists subscribe may make it more difficult for them to distinguish between sexual attraction and sexual exploitation, and therefore they may be less likely to identify and admit to sexual feelings when they occur. Although this situation may be true for some groups of Christian therapists, it appears that as practitioners obtain extensive and effective graduate-level training, they are more likely to recognize and accept sexual feelings and experiences. Among Christian counselors with no graduate degree, 75% reported believing that sexual attraction to clients is always unethical. This percentage dropped to 57% among unlicensed Christian counselors with graduate training, 44% among licensed Christian counselors with master's degrees, and 26% among Christian psychologists (Case et al., 1997). Among those Christian psychologists in the present study who rated the conditions of graduate training most favorably, the percentage dropped even further to 14%. The quality and extent of training for Christian therapists is an issue that deserves careful attention and subsequent research.

Is there a legitimate fear that Christian therapists deny their sexual feelings and thereby put themselves at risk for sexual misconduct and therapeutic errors? Perhaps, but this phenomenon appears to be occurring among those Christian therapists with the least amount of graduate training. Well-trained, doctoral-level Christian psychologists appear similar to general samples of doctoral psychologists in their acknowledgement of sexual attraction to clients and their likelihood of labeling attraction as unethical.

Effects of Sexual Mistreatment in Graduate School

We had also hoped the survey results would help us determine if graduates who were sexually mistreated by an educator would be less likely than others to engage in healthy coping responses and more likely to sexually exploit their clients and students. We could not complete these analyses because of the low frequency of sexual mistreatment reported. Only 10 respondents (4%) reported sexual harassment by a professor, 3 (1%) reported actual sexual contact with a professor, 4 (2%) reported sexual harassment by a clinical supervisor, and 2 (1%) indicated that they had sexual contact with a clinical supervisor during their graduate training. These findings were in contrast to previous research in which 15%

of female respondents and 2% of male respondents reporting sexual liaisons with educators during their doctoral training (Hammel, Olkin, & Taube, 1996). The only known difference between the two samples was the religious values of the respondents. It was interesting that of the 14 people who reported sexual mistreatment by an educator (some respondents experienced more than one form of mistreatment), only 3 were from distinctively Christian graduate training programs.

Reflections on the Survey

The 68% response rate was quite good for national survey research, and the results appeared generally consistent with similar surveys of psychologists. The usual limitations of survey research, however, still apply. The time lapse that applied for some respondents raised the possibility that events may not be remembered correctly.

Implications

Although this was initial research regarding the benefits of a positive training environment on perceived quality of training with regard to sexual feelings toward therapy clients, we believe it provides valuable information for educators. First, the graduate training environment appears to be related to psychologists' willingness to disclose feelings of sexual attraction with a personal therapist or supervisor or to seek out peer consultation. These are healthy coping responses in which the affected psychologist brings another into the experience and effectively refrains from isolation. This issue is extremely important because previous research indicated that one of the common errors in clinical judgment that places therapists at a high risk for enacting boundary violations is the decision to withhold information from supervisors or consultants (Gabbard, 1997). Although consultation may not be necessary in more mild cases of sexual attraction, it seems to be a response that is always wise in that it "provide[s] a safety net, helping therapists to ensure that their work does not fall into needless errors, unintentional malpractice, or harmful actions that are due to lack of knowledge, guidance, perspective, challenge, or support" (Pope et al., 1993, p. 190).

Second, these findings challenge previous assertions that the potential sources of stigma facing Christian professionals make it more difficult for them to openly discuss sexual issues in graduate

school (Case et al., 1997). Distinctively Christian doctoral programs in clinical psychology appear to be facilitating effective management of sexual feelings as effectively as their secular counterparts, at least for Christian students. Though it is good news that doctoral-level Christian training programs appear to be addressing sexual feelings in their curriculum and supervision, there are vast discrepancies in therapists with and without extensive graduate training. This finding is disturbing, as it is not uncommon for churches to make use of lay counselors to minister to people in need of psychological services. These counselors with relatively modest training may be in a vulnerable position for violating ethical guidelines, as self-awareness is crucial for ethical care. The quality and extent of training received by therapists with less-than-doctoral-level training to manage sexual feelings is an issue that deserves careful attention and subsequent research.

Third, those involved in training professional psychologists would be wise to consider the general training environment in addition to specific curricular matters. We do not mean, however, to discount the importance of specific curricula for training students about sexual exploitation. Some promising training materials to prevent sexual exploitation have been developed and reported (e.g., Gorton, Samuel, & Zebrowski, 1996; Steres, 1992). Moreover, the Maryland Task Force to Study Health Professional-Client Sexual Exploitation (Nugent, Gill, & Plaut, 1996) suggests that students best learn about clinical boundaries by studying three areas: the nature of professional boundaries, the nature of boundary violations and their prevention, and how to respond when a boundary violation is reported. These curricular matters are important. In addition to curricula, the training atmosphere is important. By way of analogy, consider the issue of multicultural training. It is essential that competent psychologists receive formal training in areas of human diversity, but the best training will occur in programs that extend diversity training beyond the classroom by consistently showing respect for people, values, art, and ideas from various cultures. In a similar manner, students receiving the best training in preventing sexual exploitation will have both formal instruction and a training environment conducive to high levels of insight and personal growth. The 10 conditions outlined by Pope et al. (1993) have less to do with specific course offerings and training programs than with creating a safe community for learning. Pope et al. (1993) asserted that "a significant portion of the process of exploration and discovery is best done with others in a safe, nonjudgmental, and supportive context" (p. 9). The perceived safety of the graduate school environment may be related, at least in part, to the degree of respect for the values and behaviors of faculty and supervisors. When trustworthy educators with clear values promote ethical thinking and behavior—and encourage students to authentically explore their own experiences and values—students are likely to experience an effective learning environment for managing feelings of sexual attraction.

References

- Berry, J. T. (1991). *Coping with sexual attraction at work: A study of psychotherapists, ministers, and personnel managers*. Unpublished doctoral dissertation, Virginia Commonwealth University.
- Case, P. W., McMinn, M. R., & Meek, K. R. (1997). Sexual attraction and religious therapists: Survey findings and implications. *Counseling and Values, 41*, 141–154.
- Craig, J. D. (1991). Preventing dual relationships in pastoral counseling. *Counseling and Values, 36*, 49–54.
- Gabbard, G. O. (1997). Lessons to be learned from the study of sexual boundary violations. *Australian and New Zealand Journal of Psychiatry, 31*, 321–327.
- Gorton, G. E., & Samuel, S. E. (1996). A national survey of training directors about education for prevention of psychiatrist-patient sexual exploitation. *Academic Psychiatry, 20*, 92–98.
- Gorton, G. E., Samuel, S. E., & Zebrowski, S. M. (1996). A pilot course for residents on sexual feelings and boundary maintenance in treatment. *Academic Psychiatry, 20*, 43–55.
- Hammel, G. A., Olkin, R., & Taube, D. O. (1996). Student-educator sex in clinical and counseling psychology doctoral training. *Professional Psychology: Research and Practice, 27*, 93–97.
- Holroyd, J. C. (1983). Erotic contact as an instance of sex-biased therapy. In J. Murray & P. R. Abramson (Eds.), *The handbook of bias in psychotherapy* (pp. 285–308). New York: Praeger.
- Kenworthy, T. A., Koufacos, C., & Sherman, J. (1976). Women and therapy: A survey on internship programs. *Psychology of Women Quarterly, 1*, 125–137.
- McMinn, M. R., & Meek, K. R. (1996). Ethics among Christian counselors: A survey of beliefs and behaviors. *Journal of Psychology and Theology, 24*, 26–37.
- Nugent, C. D., Gill, J. P., & Plaut, S. M. (Eds.). (1996). *Sexual exploitation: Strategies for prevention and intervention—Report of the Maryland Task Force to Study Health Professional-Client Sexual Exploitation*. Baltimore: Maryland Department of Health and Mental Hygiene.
- Pope, K. S., Keith-Spiegel, P., & Tabachnick, B. G. (1986). Sexual attraction to clients: The human therapists and the (sometimes) inhuman training system. *American Psychologist, 41*, 147–158.
- Pope, K. S., Sonne, J. L., & Holroyd, J. (1993). *Sexual feelings in psychotherapy: Explorations for therapists and therapists-in-training*. Washington, DC: American Psychological Association.
- Pope, K. S., & Tabachnick, B. G. (1993). Therapists' anger, hate, fear, and sexual feelings: National survey of therapist responses, client characteristics, critical events, formal complaints, and training. *Professional Psychology: Research and Practice, 24*, 142–152.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist, 42*, 993–1006.
- Richards, P. S., & Bergin, A. E. (1997). *A spiritual strategy for counseling and psychotherapy*. Washington, DC: American Psychological Association.
- Rodolfa, E. R., Hall, T., Holms, V., Davena, A., Komatz, D., Antunez, M., & Hall, A. (1994). The management of sexual feelings in therapy. *Professional Psychology: Research and Practice, 25*, 168–172.
- Samuel, S. E., & Gorton, G. E. (1998). National survey of psychology internship directors regarding education for prevention of psychologist-patient sexual exploitation. *Professional Psychology: Research and Practice, 29*, 86–90.
- Shafranske, E. P. (Ed.). (1996). *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association.
- Stake, J. E., & Oliver, J. (1991). Sexual contact and touching between therapist and client: A survey of psychologists' attitudes and behavior. *Professional Psychology: Research and Practice, 22*, 297–307.
- Steres, L. M. (1992). *Sexual attraction in psychotherapy: A professional training intervention for clinical psychology graduate students*. Unpublished doctoral dissertation, California School of Professional Psychology, San Diego.

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