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Effects of Graduate Education and Counseling Setting on Counseling Practices among Members of the Christian Association for Psychological Studies

Steven William Stratton

Effects of Graduate Education and Counseling

Setting on Counseling Practices among

Members of the Christian Association

for Psychological Studies

by

Steven William Stratton

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Approval

Effects of Graduate Education and Counseling

Setting on Counseling Practices among

Members of the Christian Association

for Psychological Studies

By

Steven William Stratton

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Academic Affairs

Date: _12-17-92_

Members

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Date: ____12/17/92____

Abstract

Effects of Graduate Education and Counseling

Setting on Counseling Practices among

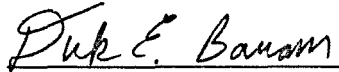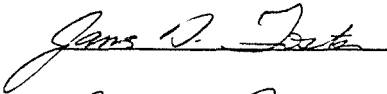Members of the Christian Association

for Psychological Studies

by

Steven William Stratton

This study examined the effects which graduate education, and religious orientation of counseling setting have on Christian counseling technique use among members of the Christian Association for Psychological Studies (CAPS). This research was part of a larger project and was undertaken in conjunction with the research efforts of Samuel Adams (1992).

The sample consisted of 331 regular, clinical CAPS members who were randomly selected from the National Directory of CAPS Members. Each participant responded to a mailed survey which requested they complete a Professional Practice Questionnaire (PPQ), the Christian Counseling Techniques Inventory (CCTI), and the Spiritual Well-Being Scale (SWB). A 3-WAY ANOVA, using a regression approach was conducted for the

statistical analysis. The dependent variable was total
CCTI score. The independent variables and their levels
were: religious orientation of counseling setting,
Christian or non-Christian; religious orientation of
graduate education, Christian or non-Christian; and
level of graduate education, masters or doctorate.

Results indicated there were significant (alpha =
.05) main effects for level of graduate education and
for religious orientation of counseling setting. There
was no significant main effect for religious
orientation of graduate education. There were no
significant interaction effects. After the initial
data analysis, religious orientation of counseling
setting was reclassified as either; strongly Christian,
moderately Christian, or marginally Christian.
Additional statistical analysis was conducted using a
3-WAY ANOVA (2x2x3) via a regression approach. Results
were consistent with the initial analysis.

Among CAPS members sampled, masters level
therapists used Christian counseling techniques with
significantly greater frequency than doctoral level
therapists. Therapists in strongly religious settings
used Christian counseling techniques with significantly
greater frequency than those in less religious

settings. Counselors' and clients' religious values and the amount of psychological education which a counselor receives, are apparently important elements in the decision to use Christian counseling techniques in professional practice. Religious orientation of graduate education appears to have little impact on the frequency of technique use in clincial practice.

   Additional research should investigate the efficacy of specific techniques, establish the CCTI's scale properties as a reliable and valid measure, and investigate other variables such as gender, theoretical orientation, or counseling approach which may affect Christian counseling technique use.

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CHAPTER 1

INTRODUCTION

An increasing number of mental health
professionals have begun to emphasize the important
role which values have in the psychotherapeutic process
(Bergin & Garfield, 1986). Rokeach (1973) has defined
a value as "an enduring belief that a specific mode of
conduct or end-state of existence is personally or
socially preferable to an opposite or converse mode of
conduct or end-state of existence" (p. 5). A value
system is "an enduring organization of beliefs
concerning preferable modes of conduct or end-states of
existence along a continuum of relative importance"
(p. 5).

Several mental health professionals have concluded
that counselors' and clients' values are an inevitable
and pervasive part of psychotherapy. Furthermore, many
suggest counselors' and clients' values should be
openly addressed and integrated into the therapeutic
process (Bergin, 1980; Bufford, 1990; Bergin &

Garfield; McMinn, 1984; Worthington, 1986). Addressing
and integrating values within the psychotherapeutic
process has become a topic of considerable interest to
Christians who are mental health professionals (Carter
& Narramore, 1979; Collins, 1985; Narramore, 1973).
Several authors have attempted to clarify the nature
and task of integrating a Christian values system into
the psychotherapeutic process (Buoma-Prediger, 1990;
Carter & Mohline, 1977; Carter & Narramore, 1979;
Farnsworth, 1982).

Buoma-Prediger (1990) has used the term "faith-
praxis" for this "integration". Faith-praxis concerns
the integration of one's world view and faith
commitment into his or her personal and professional
life. This directly influences the counselor's
professional and vocational life and is not primarily
theoretical but practical in character.

Despite growing interest among Christians in this
area, addressing and integrating a Christian value
system within the psychotherapeutic process remains
problematic. How Christian professionals should
integrate their personal faith/value system into their

counseling profession is an area where consensus is
virtually non-existent (Carter & Narramore, 1979;
Clinton, 1990).

As several authors have observed, examination of
this integrative process may never result in a "right
and only" manner for Christians to integrate their
faith into professional practice as counselors (Benner
& Palmer, 1986; Foster & Bolsinger, 1990). More
specifically, the questions raised by Narramore (1973)
some 19 years ago, have yet to be answered. Namely:

How do we go about this integration? In what way
can the psychologist, minister, physician, or
theologian effectively relate his Christian view
of life to the [psychotherapeutic process]? And
in what ways can the Christian church draw on the
insights of psychology to build a more effective
ministry? (p. 4)

Efforts among Christians towards understanding and
clarifying faith-praxis integration have been
particularly evident in four areas. These areas are
(a) the growth of educational opportunities in
counseling/psychology for Christians, (b) the advent of
publications which address issues related to the

integration of psychology and Christianity, (c) the
advent of professional organizations for Christian
counselors, and (d) a growing interest in empirical
research concerning Christian counselors' professional
practices (Adams, Harp, & Stratton, 1991; Ball &
Goodyear, 1991; Bufford, 1990; Collins, 1985; Jones,
Watson, & Wolfran, in press; Moon, Bailey, Kwasny, &
Willis, 1991; Moon, Willis, Bailey, & Kwasny,in press).

There has been significant growth in opportunities
for Christians who wish to pursue counseling education.
Today, many seminaries and Christian colleges/
universities offer graduate degree programs in
counseling/psychology which emphasize the practical
integration of psychology and Christianity (Collins &
Tournquist, 1981). Several lay counseling programs and
other counselor education approaches are also available
in local churches (Tan, 1990).

Publications for those interested in the
integration of psychology and Christianity are now
available as well. The Journal of Psychology and
Christianity and the Journal of Psychology and Theology
both provide the opportunity for "scholarly interchange
among Christian professionals in the psychological and

pastoral professions" (Christian Association for
Psychological Studies [CAPS], 1990, p. 3).

Professional organizations designed to further the
study of integration now exist. The Christian
Association for Psychological Studies and the American
Psychological Association, Division 36, offer
opportunities for communication and professional
networking among Christians interested in
counseling/psychology.

The Christian Association for Psychological
Studies (CAPS) is an organization comprised of
evangelical Christians who are involved in the
behavioral sciences, counseling, and ministry. CAPS'
purpose is to facilitate exploration of relationships
among the psychological, spiritual, and physical
dimensions of human experience. The organization has a
strong commitment to the integration of psychology and
theology/Christianity. A particular emphasis is the
examination of integrative issues which relate to the
professional practice of Christian counselors (CAPS,
1990).

There is growing interest in empirical research
concerning the actual practices of Christian

counselors. Several researchers have begun to study
the distinctive characteristics of Christian
counselors/counseling (Adams et al., 1991; Ball &
Goodyear, 1991; Bufford, 1990; Jones et al., in press;
Moon et al. 1991; Moon et al., in press).

One area of empirical research has been an
examination of the degree to which Christian
professionals use techniques/therapeutic interventions
in psychotherapy which originate within a Christian
religious tradition. Several investigators have begun
to investigate the nature, application, and utility of
these "Christian counseling techniques" (Adams et al.,
1991; Moon et al., 1991; Moon et al., in press;
Worthington, Dupont, Berry, & Duncan, 1988).

Despite these efforts, there is limited
information available regarding Christian counselors
and their professional practices. What distinguishes
the Christian professional in terms of actual practice
and technique? What effect does educational background
and training have on professional practices? To what
extent are practices/disciplines which originate within
the Christian religious tradition incorporated into
Christian counselors' professional endeavors? These

questions and significant others remain largely
unanswered at this time.

Purpose

This study was undertaken as part of a broad study
of Christian professional counselors' clinical
practices. This research was conducted in conjunction
with that of Samuel Adams (1992). Specifically, this
study sought to discover whether there were significant
differences among professional Christian counselors
regarding Christian counseling techniques used in their
professional practices. More specifically, this study
attempted to answer the following questions:

1. Is there a significant difference in the amount
and frequency of Christian counseling techniques used
in professional practice among professional Christian
counselors who hold the master's degree when compared
with those who have earned the doctoral degree?

2. Is there a significant difference in the amount
and frequency of Christian counseling techniques used
in professional practice among professional Christian
counselors who work in counseling settings which have a

distinctly Christian orientation when compared with those who work in non-Christian counseling settings?

3. Is there a significant difference in the amount and frequency of Christian counseling techniques used in professional practice among professional Christian counselors who have completed graduate education from institutions which have a distinctly Christian orientation when compared to those who completed graduate education in non-Christian institutions?

4. Are there significant interaction effects among professional Christian counselors who have distinctly different educational and professional characteristics with respect to the frequency and amount of Christian counseling techniques used in professional practice.

Definitions and Literature Review

The following is an explanation of key terms and a review of the important empirical and theoretical literature for the major areas examined this study. Definitions and literature review are presented in five sections.

The first section presents definitions for "Christian counseling", "Christian counselor", and "Christian client" and reviews important literature related to (a) counselor and client characteristics, and (b) efficacy/outcome/process issues related to Christian counseling. The second section defines "Christian counseling techniques" and reviews relevant literature concerning (a) the nature of Christian counseling techniques from both theological and psychological perspectives, and (b) the use and utility of Christian counseling techniques in clinical practice.

The third section reviews the historical and current perspectives for graduate education in counseling/psychology for Christians, and distinctions between Christian and non-Christian graduate institutions. Additionally, this section reviews available literature regarding the relationship between graduate education in counseling/psychology and counselors' professional practices.

The fourth section presents definitions for Christian and non-Christian counseling settings and examines the relevant literature regarding the

relationship between counseling setting and counselors'
professional practices. The fifth section reviews
characteristics of the Christian Association for
Psychological Studies.

Christian Counseling, Christian Counselors, and Christian Clients

In this section, the terms Christian counseling,
Christian counselor, and Christian client are reviewed
and defined. Important literature is examined and
tentative conclusions are drawn from research results
regarding (a) counselor and client characteristics, (b)
the relationship between these characteristics and
their effect on the therapeutic process, and (c) the
process and efficacy of Christian counseling.

Definitions

Christian counseling. Foster and Bolsinger
(1990), in a review of integration literature,
indicated there is a strong desire for a standard form
of Christian psychological counseling. Unfortunately,
"it seems apparent from the variety of 'Christian
counseling' techniques, and Christianized versions of

secular counseling, there is no one form of Christian

counseling" (p. 5). Despite the absence of consensus

for the term, Christian counseling, several

descriptions for Christian counseling/therapy have been

espoused.

One definition is posited by Vanderploeg (1981)

who wrote "there is no difference between Christian and

non-Christian therapy. The goals are the same . . .

the means are the same . . . the difference lies not

within therapy but within the therapists themselves.

One group is Christian and the other is not" (p. 303).

Another view of Christian counseling/therapy is one

that asserts the Bible contains a unique and

comprehensive anthropology and theory of psychotherapy.

Proponents of this perspective assert the Bible is the

only textbook necessary for the Christian to learn

about counseling (Adams, 1977). The use or study of

psychological theories is unnecessary and even un-

Christian and should not be a part of Christian

counseling.

Benner and Palmer (1986) present a third

definition for Christian counseling/therapy.

"Christian psychotherapy is best viewed as therapy

offered by a Christian who bases his or her
understanding of persons on the Bible and allows this
understanding to shape all aspects of theory, goals,
and techniques" (p. 176).

On a somewhat broader scope, Worthington (1986)
writes that religious counseling is "counseling that
primarily involves content associated with an organized
religion or counseling done in an explicitly religious
context" (p. 421). Nelson and Wilson (1984) assert
that Christian psychotherapy is:

A helping process in which a trained professional
reaches out to another human being through verbal
and nonverbal communication in an attempt to
alleviate emotional distress, promote self-
expression, and encourage personal insight. This
process involves not only the bio-psychosocial
aspects of humans but also the spiritual
dimensions as well. (p. 322)

There is no consensus for the meaning of the term
Christian counseling/therapy. However, for the purpose
of this study the term Christian counseling/therapy
generally follows Nelson and Wilson's (1984) definition
for Christian counseling, unless otherwise noted. The

use of this definition is due primarily to its comprehensive nature and its ability to include the other views within its broad scope.

Christian counselor. In the broadest sense, a Christian counselor may be any person who addresses Christian religious issues with a client in a counseling relationship (Worthington, 1986). This inclusive classification offers breadth, but fails to make critical distinctions among individuals who are generally considered Christian counselors.

Most authors have offered four broad categories of Christian counselors. Historically, most Christian counseling has been performed by ordained clergy such as ministers, priests, and pastors (Holifield, 1983; Worthington, 1986). However, despite their predominance in the field of Christian counseling, Abramaczyk (1981), in a comprehensive review of 20 years of research, reported that clergy generally feel poorly prepared for their counseling responsibilities.

A second group of Christian counselors are pastoral counselors. These individuals are often certified by the American Association of Pastoral Counselors and the Association of Mental Health Clergy.

These individuals are ordained clergy who often counsel professionally.

A third group of Christian counselors has recently emerged with the advent of training programs in clinical and counseling psychology that provide training in religious content. These Christian counselors have formal graduate training in psychologically related programs of study. Clinical and counseling psychologists, social workers, and counselors with master's degree(s) have begun to absorb an increasing share of the Christian counseling domain (Collins & Tournquist, 1981; Worthington, 1986).

A fourth group of Christian counselors are lay counselors. Lay counselors are often individuals within local churches who have received some limited counseling training and perform counseling within their local church body. These individuals rarely counsel professionally although they perform considerable Christian counseling with their local churches (Collins & Tournquist, 1981; Tan, 1990).

For this study's purposes, the term Christian counselor(s) refers to Christians who are professional counselors and have earned graduate degree(s) in

psychologically related programs of study from
accredited institutions. This definition is used for
the term Christian counselor unless otherwise noted.

Christian client. There is no consensus
definition for the term Christian client. Worthington
(1986) offers a broad description: "Religious clients
are religious people who have human problems so
bothersome that they seek help from a professional" (p.
425). The term Christian client has most often been
determined by either (a) participants' self-reported
religious values or practices, or (b) therapists'
perceptions concerning the clients' religiosity.
For this study, client religious orientation is
determined by therapists' perception of the clients'
religious orientation, either Christian or non-
Christian, unless otherwise noted.

Major Studies

Important literature regarding Christian
counseling, Christian clients, and Christian counselors
is examined. Specific areas of investigation include:
(a) counselor and client characteristics, and effects

these characteristics have on the therapeutic process,
and (b) the process, efficacy, and outcome of Christian
counseling.

Counselor and client characteristics. Much of the
literature concerning Christian counseling has focused
on the influence counselors' and clients' religious
beliefs have on the psychotherapeutic process (Gass,
1984; McMinn, 1984; Worthington et al., 1988). Many of
the studies have significant methodological problems,
not the least of which is the reliance on analogue
designs. Most studies focus on the effects which
client and counselor characteristics have on the
initial, selection phase of psychotherapy. Few
research studies have examined the effects which
counselor and client values have on the process or
efficacy of therapy. Despite these flaws, results from
these investigations do have value for understanding
Christian counseling and more specifically professional
practices of Christian counselors.

King (1978), in a survey of lay persons and
pastors, ($\underline{N}$ = 140), in San Diego, California found that
Christians possess distinctive beliefs and values
related to psychotherapy which affect their willingness

to seek assistance from mental health professionals.
Participants in this study generally sought help from
counselors of similar religious orientation. Personal
religiosity was negatively related to an individual's
willingness to seek professional help from a secular
counselor. Those participants who expressed
reservations about secular counselors, were concerned
their Christian faith would be misunderstood,
unappreciated, or perhaps even ridiculed or eroded by
an agnostic or atheistic counselor.

Dougherty and Worthington (1982) studied adult
volunteers within organized churches in an urban area
in the Southeast, ($\underline{N}$ = 45). Participants completed
questionnaires that investigated the effects moderate
and conservative religious beliefs had on (a)
preferences for Christian versus secular counseling and
(b) preferences among four Christian approaches to
psychotherapy. Results indicated particpants had a
clear preference for counselors with similar religious
beliefs. Christians, whether moderate or conservative,
preferred Christian counselors to non-Christian
counselors. Additionally, Christian clients had
different degrees of preference among the four

Christian approaches to psychotherapy. Results suggested client preference for a Christian counselor might be best predicted by participants' evaluation of the similarity betweeen their religious values and those of the counselor's.

McMinn (1984), in a literature review and theoretical presentation on client-therapist values on guilt orientation, asserted the most therapeutic relationships occurred when therapist and client both share guilt accepting values. This position is consistent with the belief that Christian counselors will be most effective with Christian clients given they share common views regarding guilt accepting values based on their common religious orientation.

Gass (1984) attempted to measure beliefs and values related to psychotherapy and mental health in an analogue study of 204 students at Vanderbilt University. Participants were classified as either (a) orthodox Christians ($\underline{n}$=100), or (b) non-orthodox Christians or non-Christians ($\underline{n}$=104). A values survey was administered to all participants. Results indicated that counselors' religious beliefs were very important to orthodox Christians. Orthodox Christians

preferred a pastor or Christian counselor to a secular service provider. Orthodox Christians preferred the inclusion of religious interventions within the psychotherapeutic context. Orthodox Christians did not differ from non-Christians in their willingness to seek professional help.

Pecnik and Epperson (1985) surveyed 238 student volunteers enrolled in undergraduate psychology courses at a large midwestern university. The Shepherd Scale, an instrument designed to differentiate between Christians and non-Christians, was administered to all participants. Those participants with scores in the upper third (n = 84) were labeled Christian. Those participants with scores in the lower third (n = 83) were labeled non-Christian. Expectations for counseling with a Christian or secular counselor was examined for the 167 subjects in the final sample.

Results from this study indicated the secular counselor was expected to be more effective and have greater expertise than the Christian counselor. These authors write that "historically, religious oriented helpers have been closely associated with clergy and less credentialed than mental health professionals.

Perhaps subjects' expectations resulted from this
association or a perception of a conflict between the
two roles" (p. 129). Participants expected the
Christian counselor to demonstrate more overtly
religious behavior than the secular counselor.
Furthermore, Christians had higher expectations for
treatment success and greater motivation for seeking
counseling than non-Christians.

In an analogue study of 255 students at Virginia
Commonwealth University, Worthington and Gascoyne
(1985) studied preferences among self labeled non-
Christians ($\underline{n}$ = 55) and self-labeled Christians ($\underline{n}$ =
197) for five Christian counselors. Among Christians,
a distinction was made between those who defined their
Christianity as due to their personal relationship with
Jesus Christ, "relationship Christians", and those who
defined their Christianity as due to their love of
their fellow humans, "love Christians".

The following results were reported:

1. Christian clients perceived Christian
counselors as no more effective at producing change
than did non-Christians. Relationship Christians

thought Christian counselors would be more effective at
producing change than did love Christians.

2. Christian clients indicated Christian
counselors were more similar to them in terms of
religious convictions than did non-Christians.
Relationship Christians found Christian counselors more
similar to them in terms of religious values than did
love Christians.

3. Christian counselors' approach to counseling
was more appealing to Christians than non-Christians.
When relationship Christians were compared with love
Christians, they indicated Christian counselors were
more appealing.

4. Christian clients felt religion should be
emphasized more in treatment than did non-Christians.
This was replicated in a comparison of relationship
Christians and love Christians.

5. Irrespective of the way that the Christians
defined their Christianity, they distinguished among
the five counselors on the basis of expected
effectiveness, counseling style, and likelihood of
referral. The authors suggested when counseling was
provided by a Christian counselor "Christian clients

began counseling with a 'head start' on most non-Christian clients, but this was no guarantee for treatment success. . . . In general, all participants liked or were at least neutral about the Christian counselors" (p. 38-39).

Worthington et al. (1988) investigated the work of seven mental health professionals with 27 adult clients using data from 92 sessions. They found Christian counselors were differentiated by clients in terms of effectiveness and their use of Christian counseling techniques with clients. These findings supported earlier research which indicated that Christian counseling is not a unitary process, and that being identified as a Christian counselor does not insure that a Christian client will perceive the therapist as effective (Worthington & Gascoyne, 1985).

Godwyn and Grouch (1989), in a partial replication of earlier research by Pecnik and Epperson (1985), surveyed 207 students at a medium-sized university located in a small town in the Appalachian mountains. The results were both confirming and conflicting with this earlier research.

In support of Pecnik and Epperson (1985),
Christian subjects had more favorable expectations of
counseling than non-Christians. In conflict with this
earlier research, was the finding that counselor
religious orientation was not as important in forming
clients' expectations for counseling. Additionally,
Christian counselors were not viewed as less expert or
less effective; however, Christian counselors were
expected to exhibit more overt religious behaviors than
counselors with an unspecified orientation.
Confirmation of earlier research by Worthington and
Gascoyne (1985) was provided by the finding that "the
label 'Christian counselor' is neutral even for
individuals with lower religious commitments and that
non-Christians may be satisfied with a Christian
counselor's approach to counseling" (p. 291).

Wyatt and Johnson (1990) studied the effect of
pretherapy information on client's perceptions of a
counselors with different religious values.
Participants were 250 undergraduate students enrolled
at two southwestern universities. They were grouped
according to gender and asked to rate five different
counselors, who were differentiated only by their

religious values, with respect to similarity of values, confidence in the counselor's helpfulness, and willingness to see the counselor.

Results indicated there was no difference between groups on confidence in the counselor or willingness to see the counselor. There were significant correlations between clients' religiosity and (a) values similarity, (b) confidence in the counselor, and (c) willingness to see a counselor described as religious and who believes that religion is an important part of therapy. When prospective clients' religious values were controlled across groups, the counselor's religious orientation was not a relevant consideration with respect to the counselor's perceived ability or the client's willingness to see the counselor. Subjects seemed equally willing to see all the counselors described and to believe that the counselors would be equally helpful.

Keating and Fretz (1990), studied a sample of 301 participants drawn from three sources. These sources included: (a) Christian students at a major mid-Atlantic university, (b) Christian students from a small, mid-Atlantic, creedal-based Christian college,

and (c) volunteer participants from four Washington
D.C. area churches. College student and adult
participants completed a religiosity scale, read a
counselor description (Christian, secular, or spiritual
empathic secular), and then completed a measure of five
negative anticipations that Christian clients have
about counselors.

Participants with higher scores on religiosity had
more negative anticipations about counseling. The
strongest negative anticipations were held about
secular counselors, followed by secular empathic
counselor, and least negative anticipations for
Christian counselors.

In general, research concerning the counselor and
client characteristics in Christian counseling would
support the following tentative conclusions:

1. Christian clients generally, but not always,
prefer to seek treatment from Christian counselors.
This is particularly true for strongly religious
persons; these individuals consistently prefer a
Christian counselor to a secular counselor.

2. Christians often possess distinctive beliefs
and values relevant to psychotherapy and the

conceptualization of mental health. These beliefs may have significant impact on the psychotherapeutic process.

3. There are differing degrees of preference among Christians for different Christian counselors. Christian counselors are not equally preferred. Christians as well as non-Christians have preferences for counselors who are generally similar to their own religious orientation. Generally, the higher the religiosity of the client the greater the preference for a highly religious counselor. Within a Christian belief system, individuals generally prefer a Christian counselor whose Christian values are more similar to theirs.

4. Christian counselors are generally perceived as being as helpful as non-Christian counselors, or at least neutral among all groups regardless of client religious orientation. It should be noted, however, that Christian counselors were rated lower in skill and expertise in Pecnik and Epperson's (1985) study, but this finding was not replicated in subsequent studies.

5. Clients expect more overtly religious behavior from Christian counselors. This is consistent with

Worthington et al.'s (1988) assertion that "Christian
clients assume that most therapists who are Christian
will give them Christian counsel" (p. 282).

    Process and efficacy issues in Christian
counseling. In a comprehensive review of empirical
studies on explicitly religious counseling published
between 1974 and 1984, Worthington (1986) reported:

    Almost all researchers have investigated

    Protestant pastors. Nothing is known about the

    religious counseling of professionals who are not

    pastors. How does the clinical or counseling

    psychologist, social worker, or psychiatrist who

    sees religious clients counsel? How does that

    counseling differ from secular counseling? How do

    differences (if any) depend on the characteristics

    of religious counselors, religious clients, or the

    the interaction between them? Are there

    counseling process differences between religious

    counseling and counseling that is not explicitly

    religious? These and other important questions

    remain unanswered. (p. 64)

    Additionally, Worthington (1986) wrote that "no
support has been found that religious counseling has

any more beneficial effects than does secular counseling in working with religious clients. In fact, little is known about what makes religious counseling distinct from secular counseling, although theory abounds" (p. 429).

Following this review, Worthington et al. (1988) attempted to investigate several of the questions raised in this article (Worthington, 1986). As a preface to their investigation, the authors asserted that empirical research on questions concerning what actually happens in Christian counseling was non-existent.

The authors sampled seven mental health professionals practicing in Richmond, Virginia who identified themselves as Christian counselors. Clients (N = 27) were treated individually. Ratings of the efficacy and outcome of the therapeutic process from clients' and counselors' perspectives were recorded with the following results:

1. Therapists and clients both estimated that change had occurred in therapy, and they did not disagree concerning the amount of change.

2. Therapists' estimates of client change were related to length of time in therapy; this was not true for clients. Therapists differed in their perceptions regarding their use of techniques and treatment efficacy.

3. "Being identified as explicitly Christian did not insure that a therapist would be rated as effective by Christian clients" (p. 291).

Wilson (1974) reported on the treatment of 18 patients in his private practice at the Duke Medical Center in Durham, North Carolina. These patients were treated psychotherapeutically using Christian counseling techniques to supplement conventional psychiatric treatment. Symptomatic relief was obtained in 16 of 18 patients treated in this manner. Previous therapy in 14 of the patients had been unsuccessful.

Empirical evidence concerning the efficacy, process, and outcome, of Christian counseling is sparse at best. Further research is warranted in order to gain more understanding regarding the efficacy of explicitly Christian therapy.

Christian Counseling Techniques

In this section, the term, "Christian counseling techniques", is defined and important theological and psychological perspectives on the nature of Christian counseling techniques are addressed. Additionally, important literature regarding the use and efficacy of these techniques in psychotherapy is examined.

Definitions

Worthington (1986) asserts that historically, there have been three competing perspectives concerning what constitutes a religious counseling technique. From one perspective, a religious counseling technique is any counseling technique, regardless of theory or theology of origin, that is used in religious counseling (Strong, 1980). A second view defines a religious counseling technique as any practice that originated within the practice of formal religion (Moon et al., 1991). A third view defines a religious counseling technique as a counseling technique that originates in secular theories but has religious content and is used to strengthen clients' faith as well as alleviate their distress.

For purposes of this study, the second view stated above is used for the term Christian counseling technique, unless otherwise noted. More specifically, Christian counseling techniques refer to traditional Christian disciplines which have clinical application in psychotherapy (Moon et al. 1991; Moon et al., in press).

This definition is appropriate for the following reasons. First, it emphasizes the Christian origin of the technique and its subsequent application to psychotherapy. This is consistent with one overarching purpose of this study which is to investigate the extent to which Christian counselors integrate elements of their values system into their professional practice.

Second, the other definitions for Christian counseling techniques found in Worthington (1986) actually emphasize the secular origin of the technique and its subsequent adaptation to be compatible with religious assumptions. This is not an integral emphasis of this study.

Third, the three definitions, while similar in many respects, are distinct in critical areas. The

investigation of all "types" of Christian counseling

techniques is beyond the scope of this study.

Theological Perspectives for Christian

Counseling Techniques

Clinebell (1970) argued that the Christian church

offered an enormous potential for fostering mental

health. Moon et al. (1991), building on Clinebell's

assertion, have written that one potential contribution

of the Christian church that has been overlooked has

been "the wealth of unique Christian counseling

techniques-Christian disciplines-which have been

developed, practiced, and honed over the centuries by

the church's physicians of the soul" (p. 154).

One primary impediment to the clinical application

of Christian disciplines has been the lack of specific

and precise definitions for Christian disciplines.

This lack of precision is found in religious/

theological literature as well as the clinical

literature dealing with these disciplines. Within the

Christian religious tradition, several authors have

written of the difficulty that is inherent in

determining an inclusive list of Christian disciplines.

Willard (1988) writes that:

a discipline for the spiritual life is . . .

nothing but an activity undertaken to bring us

into more effective cooperation with Christ and

His Kingdom. What then are the particular

activities that can serve as disciplines for the

spiritual life? . . . We need not try to come up

with a complete list of disciplines. (p. 157)

Two fairly comprehensive and representative

presentations of Christian disciplines have been

outlined by Dallas Willard (1988), in The Spirit of the

Disciplines, and Richard Foster (1978), in Celebration

of Discipline. Willard (1988) proposes a list of

disciplines that are grouped into two broad categories.

These categories are disciplines of abstinence, and

disciplines of engagement. Within the first category

are solitude, silence, fasting, frugality, chastity,

secrecy, and sacrifice. The second category is

comprised of study, worship, celebration, service,

prayer, fellowship, confession, and submission.

Richard Foster (1978) uses three classifications

to outline the various disciplines. These

classifications are inward, outward, and corporate.

The first classification includes meditation, prayer,

fasting, and study. The second group is comprised of

simplicity, solitude, submission, and service. The

corporate disciplines consist of confession, worship,

guidance, and celebration.

From a theological perspective, it is clear that

significant agreement exists concerning the purpose and

validity of Christian disciplines. However, an

inclusive list for specific disciplines is not

available (Willard, 1988).

Psychological Perspective for

Christian Counseling Techniques

Literature which examines the criteria for

definition and selection of specific Christian

disciplines used in clinical applications is limited

(Moon et al., in press). A limited number of

researchers have sought to include a list of specific

disciplines used as clinical applications in

psychotherapy (Ball & Goodyear, 1991; Jones et al. in

press; Moon et al., 1991; Moon et al., in press;

Worthington et al., 1988).

Wilson (1974), in a study of 18 patients in his

private psychiatric practice, listed salvation or

rededication, confession, repentance, forgiveness, and religious homework, as clinical applications for Christian disciplines. Results are reported in a following section.

Nelson and Wilson (1984) proposed that sharing one's religious faith could be a valuable asset to the therapeutic endeavor. They listed conversion, prayer, confession, repentance, forgiveness, and discipleship, as interventions that were helpful to therapy.

Winger and Hunsberger (1988) investigated the counseling practices of protestant clergy. They included the following as Christian counseling techniques: incorporating prayer into the counseling sessions, incorporating scripture into the counseling sessions, and discussing the spiritual nature of problems.

Worthington et al. (1988) developed a list of 19 Christian counseling techniques. Techniques considered Christian in origin were: religious homework, quoting from scripture, interpretation of scripture, discussion of faith, prayer, teaching with scripture, promise of prayer, forgiveness of others, Christian reading, confession to counselor, Bible reading, forgiveness of

God, forgiveness of self, religious imagery, rededication, meditation, confession to God, relaying the message of the Gospel, laying on of hands, and anointing with oil.

Jones et al. (in press) surveyed graduates of Christian professional psychology programs. They included a list of techniques which they describe as being aspects of a distinctly Christian approach to emotional healing. Their list included: explicitly teaching Biblical concepts, implicitly using Biblical concepts, praying with clients in session, praying for clients outside of session, instructing in forgiveness, using guided religious imagery, claiming/praying for direct divine healing, confrontation over sinful life patterns, teaching religious meditation.

Moon et al. (1991) surveyed religious graduate educational institutions in counseling/professional psychology concerning training in the clinical application of Christian disciplines. They developed their list of Christian counseling techniques from three primary sources: the hermeneutical examination of the Biblical text relating to religious practices, Christian writers and spiritual directors from the time

of Christ to the present, and journal articles
identified through a database search.

Their list included: concrete meditation,
abstract meditation, intercessory prayer, contemplative
prayer, listening prayer, praying in the Spirit,
scripture: counselor pro-active, scripture: client
pro-active, confession, worship, forgiveness, fasting,
deliverance, solitude/silence, discernment, journal
keeping, obedience, simplicity, spiritual history, and
healing. All of the disciplines included on the list
were found in at least two of the sources mentioned
above.

Adams et al. (1991) surveyed students in a
Christian graduate program in clinical psychology.
They added four items to the list identified by Moon et
al. (1991). Sources for these additions included: the
Biblical text, Foster (1978), and Willard (1988). The
four additional techniques were celebration, rest,
fellowship, and service.

Ball and Goodyear (1991) surveyed 174 clinical
CAPS members. Respondents were asked to list any
interventions which they considered distinct to
Christian counseling. Respondents reported 436

interventions which were clustered into 15 categories. These categories were: prayer, teaching of concepts, reference to scripture, relaxation techniques, forgiveness, use of self as technique, homework assignment, use of outside resources, inner healing, secular techniques, integration techniques, scripture memorization, anointing with oil, confrontation/ challenge, and screening/intake.

From a review of the relevant literature on the definition and selection of specific Christian counseling techniques, tentative conclusions can be drawn. First, despite the broad definition provided by Worthington (1986) for Christian counseling techniques, there is no consensus as to what specific interventions should be included or excluded from a list of Christian counseling techniques. Second, "regardless of one's perspective on the definition of (Christian) counseling techniques, research is scant. Techniques are ill-specified and ill-researched" (Worthington, 1986, p. 428). Third, with the exception of the studies by Moon et al. (1991, in press), little rationale is given for the inclusion or exclusion of various techniques as uniquely Christian in origin.

Despite these barriers, a significant number of Christian counseling techniques have been proposed. These initial attempts to delineate Christian counseling techniques provide valuable impetus for future research. As Worthington (1986) has noted, "techniques of religious counseling have not been well researched. More and better research is desperately needed" (p. 428).

Major Studies: Use and/or Efficacy of Christian Counseling Techniques

The empirical literature concerning the use of Christian counseling techniques is small. Few comprehensive and well controlled studies have investigated the use and/or efficacy of Christian counseling techniques as therapeutic interventions (Moon et al., 1991; Worthington et al., 1988).

Wilson (1974) studied 18 patients in his private psychiatric practice. Most patients were diagnosed as having some emotional disorder. All patients were examined through a standard method which included details of psychiatric history, mental status and physical exam, and an examination of the person's

spiritual and religious values. Several Christian
counseling techniques were utilized with the following
results.

First, not all patients needed intervention with
all of the techniques. Second, salvation was viewed as
the most therapeutic event in the patient's life and it
was primary to any other intervention. Third,
improvement identified as symptomatic relief was seen
in 16 of the 18 patients who participated in the
Christian interventions. Previous therapy in 14 of
these patients had been unsuccessful. Fourth, it was
concluded that further investigation of the use of
Christian techniques was warranted.

Atwater and Smith (1982) surveyed members of the
Christian Association for Psychological Studies (CAPS)
regarding their use of bibliotherapeutic resources.
Respondents were asked to list the book or audio-visual
which they considered most helpful to themselves and to
their clients. The 15 categories offered for
participants' responses were: self concept, parenting,
singleness, marriage and family, finances, dating, mid-

life crises, emotional conflict, sex therapy,
homosexuality, divorce, death and dying, assertiveness,
guilt, and counseling theory.

Results indicated there was an absence of
consensus as to what single book was the "most helpful"
in each specific problem area. Additionally, most
respondents were unaware of helpful literature in some
important problem areas. There were very few
recommendations for helpful material on singleness,
dating, mid-life crisis, and finances. No information
was recorded for bibliotherapeutic intervention
frequency.

Griffith (1983a, 1983b) studied a church based
counseling center in Jamaica and reported the following
results. Christian counseling techniques reported to
be used most frequently were prayer, testimony,
singing, and an expectation of God's divine
intervention in healing. Lay counselors used Christian
counseling techniques more frequently than counselors
with psychological or psychiatric training. Most
psychological counselors perceived their practices as
Christian, although their practices consisted largely
of secularly derived techniques.

Worthington and Scott (1983) studied therapeutic goal selection among counselors, ($\underline{N}$ = 96), for potential clients with different religious orientations in explicitly Christian or secular settings. Counselors were divided by work setting, Christian or secular, and by experience, professional or students. Four possible client descriptions were offered randomly to counselors: religion unimportant, religion ignored, religion important, religion unusual. Counselors were asked to respond to a number of statements related to the client's treatment.

Results indicated there were significant value differences for salvation and forgiveness between counselors working in secular settings and those in explicitly Christian settings. Counselors in secular settings were less likely than counselors in Christian settings to define problems in spiritual terms. Additionally, they were less likely to set treatment goals concerning spiritual matters with potentially religious clients. Students compared with professionals in Christian settings liked clients less and predicted less success.

In a study of 127 male clergy from 10 protestant denominations in Ontario, Can., Winger and Hunsberger (1988) investigated counseling practices and problem solving styles and their relationship to religious orthodoxy. Results indicated that graduate education in counseling or psychology was negatively correlated with the use of Christian counseling techniques.

Orthodox clergy employed Christian techniques more often than less orthodox clergy. An orthodox values system was strongly correlated with the use of Christian counseling techniques. Education was related to counseling practices in that clergy who had taken counseling or psychology courses at the graduate level were more likely to view the cause of mental illness as psychological and use a psychological approach to counseling.

Worthington et al. (1988) studied seven clinicians' counseling practices for 27 adult clients using data from 92 sessions. Several measures were employed which assessed the use and efficacy of Christian counseling techniques in psychotherapy.

Results indicated the five Christian counseling techniques used most frequently were: assigning

religious homework, quoting Scripture, interpreting Scripture, discussing the client's faith, and prayer during session. Techniques used least were: Christian meditation, client confession to God, relaying of the gospel message of salvation, laying hands on the client, and anointing with oil.

In over 10% of sessions, at least 10 of the 20 techniques were reported to have been used. Therapists used the techniques with different frequency. Frequency of technique use was related to the client's religious intensity. No technique was reported to be used in more than half the sessions. Additionally, use of a large number of Christian counseling techniques was not related to session helpfulness. Sessions were rated as especially helpful when therapists were perceived as encouraging clients to forgive God, forgive others, and perform religious homework.

Propst (1980) examined the effectiveness of religious imagery techniques in the treatment of depression. Thirty-three females and 11 male university students who were mildly to moderately depressed according to scores on the Beck Depression Inventory were studied. Subjects were assigned to

either a religious imagery treatment, a non-religious imagery treatment, a non-directive placebo treatment, or a wait-list control group.

Results indicated those subjects assigned to the religious imagery treatment showed greater improvement on dependent measures of depression than other treatment groups. This was particularly evident in the positive behavioral changes which subjects in the religious imagery treatment manifested after completion of treatment.

Shafranske and Malony (1990) investigated clinical psychologists' religiosity and spirituality. Clinical psychologists were randomly sampled from the 1987 membership of APA Division 12, Division of Clinical Psychology. Participants (N = 401) responded to a 65 item questionnaire with the following results.

Psychologists in this sample generally valued the religious or spiritual dimension in their life. These psychologists, in general, were sympathetic to spiritual and religious issues in their work. As counseling interventions became more explicitly religious and participatory in nature, the attitudes of

clinicians towards their use became less favorable. As
interventions became more explicitly religious, the
frequency of their use decreased.

"Attitudes and behaviors regarding interventions
of a religious nature were primarily influenced by the
clinician's personal view of religion and spirituality
rather than by his or her theoretical orientation in
psychology" (Shafranske & Malony, 1990, p. 76). There
was a significant correlation between the religiosity
of the clinicians and their use of religious counseling
techniques. These psychologists reported receiving
limited education and training in the area of
psychology and religion. Personal attitudes rather
than education or clinical training appeared to
influence Christian counseling techniques used with
clients.

Jones et al. (in press) surveyed graduates of
training programs in professional psychology with
Christian orientations. Participants ($\underline{N}$ = 706)
responded to a questionnaire that investigated aspects
of professional practice and personal religiosity.
Results indicated the vast majority of respondents
agreed their faith shaped their professional practice

in a substantive manner. Personal faith shaped the use
of Christian counseling techniques and the goals of
therapy in a significant way. Respondents perceived
personal faith as having a greater impact in work
settings that were Christian in orientation.
Counselors used Christian counseling techniques more
frequently with religious clients than with non-
religious clients.

Implicitly teaching Biblical concepts was
reportedly used with an average of 68% of clients.
Praying for clients outside of session was reportedly
used with and average of 61% of clients. Instructing
in forgiveness was reportedly used with an average of
43% of clients. Explicitly teaching Biblical concepts
was reportedly used with an average of 28% of clients.
Confrontation over sinful life patterns was reportedly
used with an average of 28% of clients. Instructing in
repentance/confession was reportedly used with an
average of 22% of clients. Praying with clients in
session was reportedly used with an average of 19% of
clients. Using guided religious imagery was reportedly
used with an average of 13% of clients. Teaching
religious meditation was reportedly used with an

average of 11% of clients. Claiming/praying for direct divine healing was reportedly used with an average of 8% of clients. Deliverance or exorcism from the demonic was reportedly used with an average of 2% of clients.

Counselor religiosity was strongly related to the use of Christian counseling techniques. Respondents reported moderate satisfaction with their training relating concepts in psychology and theology.

Adams et al. (1991) surveyed student counselors in a graduate training program in clinical psychology concerning the use of Christian counseling techniques in counseling practice. Results indicated counselors in settings identified as Christian used Christian counseling techniques more than counselors in secular settings. Use of Christian counseling techniques was significantly related to the religiosity of the client population. Of the 24 techniques included in the survey, the six most frequently used Christian counseling techniques were: forgiveness, rest, fellowship, use of scripture, journal keeping, and confession and repentance. Techniques used least were: deliverance, healing, and praying in the Spirit.

Ball and Goodyear (1991) examined the self-reported practices of clinical members of the Christian Association for Psychological Studies (CAPS), (N = 174). Participants were asked to list interventions which they considered distinct to Christian counseling. Interventions were grouped into 15 clusters with the following results.

Prayer was the most frequently reported intervention category comprising 26.9% of the total. This intervention category was followed by: (a) teaching clients about theological issues, 16.8%; (b) direct use of scripture to teach or instruct clients, 13.2%; (c) use of guided imagery, meditation, or relaxation, 8.0%; (d) instruction in forgiveness, 6.5%; and (e) homework assignment, 5.2%. None of the other categories included more than 5% of the total number of interventions.

Moon et al. (in press) surveyed Christian psychotherapists, pastoral counselors, and spiritual directors concerning their practices and perspectives relative to Christian counseling techniques. Three hundred individuals were randomly selected from national membership directories. Participants'

($\underline{N}$ = 103) ratings of Christian counseling techniques in four areas were obtained. These areas were: use in practice, scriptural support, therapeutic utility, and training received.

Results regarding the use and therapeutic utility of Christian counseling techniques were:

1. Christian psychotherapists ($\underline{n}$ = 32) used forgiveness most frequently, followed by: intercessory prayer, teaching from scripture, journal keeping, and confession. Pastoral counselors ($\underline{n}$ = 28) used confession most frequently, followed by: spiritual history, forgiveness, solitude/silence, and abstract meditation. Spiritual directors ($\underline{n}$ = 43) most frequently employed discernment, followed by: solitude/silence, and spiritual history.

2. Participants, as a group, reported using several techniques with more than 50% of clients. These techniques were: spiritual history, discernment, forgiveness, solitude/silence, intercessory prayer, and teaching from scripture.

3. Across all groups the techniques used least frequently were: healing, deliverance, fasting, and praying in the spirit.

4. Sixteen of the 20 techniques were rated as having strong scriptural support as valuable Christian practices by at least 75% of participants.

5. Overall ratings for the therapeutic utility of techniques indicated that participants generally viewed techniques as having some therapeutic utility.

Conclusions from major studies. From a review of the empirical literature on the use and efficacy of Christian counseling techniques the following tentative conclusions are drawn:

1. The amount of empirical literature is limited. Worthington's (1986) claim that "more and better research is desperately needed" (p. 428) accurately reflects the current climate.

2. In general, results regarding the efficacy of Christian counseling techniques are equivocal. Wilson (1974), Propst (1980), and Worthington et al. (1988) reported Christian counseling technique use as a component of improvement in therapy. However, Worthington (1986), in a comprehensive review of the literature, stated that "the research that does exists indicates that in treating religious clients, [Christian counseling] techniques are either marginally better or no better than secular techniques" (p. 428).

3. In general, there is a negative correlation between the amount of graduate education in counseling/ psychology and the use of Christian counseling techniques. The more graduate education in professional psychology an individual has completed the more likely he or she will view problems as psychological in nature and the less likely he or she will rely on religious interventions (Griffith 1983a, 1983b; Moon et al., in press; Winger & Hunsberger, 1988; Worthington & Scott, 1983).

4. Personal religious conviction is more influential than clinical training or theoretical orientation on the use of religious interventions in counseling (Jones et al., in press).

5. Christian counseling techniques are used differentially and selectively. Work setting, counselor religiosity, and client religiosity are all factors which affect Christian counseling technique use. Clinicians working in secular settings with less religious clients generally use Christian counseling techniques less than those working with highly religious individuals or in explicitly Christian

settings (Adams et al., 1991; Jones et al., in press; Worthington et al., 1988; Worthington & Scott, 1983).

Graduate Training for Christian Counselors
Historical and Current Perspectives

Collins and Tournquist (1981) assert that the advent of World War II was a catalyst for a tremendous period of growth in the discipline of psychology. During World War II, psychologists were used to study the enemy, and to treat their own troops for combat neurosis and other problems. Following World War II, the influence of psychology on American life continued to grow. Soon after the war, a great deal of effort and expense began to be invested in the training of mental health workers. In 1946, Congress passed the National Mental Health Act calling for a national program. By 1959, Blue Cross Health Insurance had expanded coverage to include psychiatric conditions (Holifield, 1983). In growing numbers, Americans began to seek psychological counseling. By 1951, 20% of the members of the American Psychological Association offered psychotherapy.

This growing interest in psychology had a profound effect on the American Church. In 1939, few theological schools offered counseling courses which would introduce students to the newest psychological theories. By the 1950's, over 80% were offering additional courses in counseling or psychology, and 80% could list at least one psychologist on their faculty (Holifield, 1983).

The postwar period produced a number of Christians who were committed to a theistic world view, but also felt that psychology had a legitimate place as a tool for the counselor (Collins & Tournquist, 1981; Narramore, 1973). These Christians made several contributions to the advancement of the Christian community's acceptance of psychology. One of the most significant contributions of these early efforts was to encourage younger Christians to view the discipline of psychology as a potential field for Christian service (Narramore, 1973).

Historically, graduate training in psychology/counseling for Christians has taken three forms. First, many Christians have attended secular colleges and universities to receive graduate training

in the behavioral sciences. Many of these institutions
have no stated religious affiliation; certainly their
psychology curricula have no evidence of concern for
specific training to meet the particular needs of
Christian clients. Second, Christians have pursued
training within Christian seminaries which offered some
graduate courses in counseling/psychology. Third,
Christians have attended graduate degree programs for
psychology/counseling within institutions which have a
specific Christian orientation (Collins & Tournquist,
1981; Holifield, 1983).

This third category of graduate training for
Christians is the most recent and has significant
potential for furthering the integration process. The
American Psychological Association's (1988) APA Guide
to Graduate Studies and a recent national conference on
Christian Graduate Studies in Professional Psychology,
the Rech Conference, have identified several religious
institutions which provide graduate degree programs in
professional psychology/counseling for Christians.

These institutions are: George Fox College,
Rosemead Graduate School of Psychology, Fuller
Theological Seminary, Denver Seminary, Wheaton Graduate

School, Liberty University, Regent University, Psychological Studies Institute, and Geneva College-Professional Psychology.

Jones et al. (in press) reported that only George Fox College, Rosemead Graduate School of Psychology, and Fuller Theological Seminary Graduate School of Psychology offer doctoral programs. The other institutions offer terminal masters degree programs. Each institution has a curriculum in Bible and theology, as well as courses that address practical implications of religious faith in professional practice.

An additional consideration for the training of Christian counselors is the amount of graduate training in professional psychology/counseling which is completed. Within the community of mental health professionals, there are two primary training levels available. Those levels are designated as the masters and the doctoral degree(s) (American Psychological Association [APA], 1988). The criteria for both the masters and doctoral degree are set by regional accrediting associations generally under the guidelines

set forth by the American Psychological Association
(APA, 1988). Many states have licensure for both
masters and doctoral professionals.

Major Studies

There is limited empirical literature regarding
the relationship between graduate education and
Christian counselors' clinical practices. Few studies
have examined the effects graduate education has on
Christian counselors' professional practices,
particularly Christian counseling technique use.

Moon et al. (1991) cited a critical barrier to the
clinical application of Christian disciplines as the
lack of training for counselors who wish to employ them
in treatment. They asserted that "in spite of the
growing number of graduate training programs that teach
the integration of psychology and theology, there is
little empirical evidence that Christian counselors are
receiving training in uniquely Christian interventions,
however these interventions are defined" (p. 155).

These investigators surveyed 87 institutions
concerning the training of Christian counselors in the
use of Christian counseling techniques. These
institutions were listed in Peterson's Graduate

Education Directory (Miers & Goldstein, 1986) as
"religious, and as offering graduate degree programs in
counseling and/or psychology". Twenty-seven
institutions responded to a questionnaire which
assessed counselor training in the use of Christian
counseling techniques. Areas of investigation
included: emphasis in the curriculum, scriptural
support, therapeutic utility, and subjective value.
The list of Christian counseling techniques used was
developed for this survey and has been previously
discussed in this document.

Results indicated the following:

1. Respondents viewed the techniques as having
strong scriptural support and generally perceived them
as valuable for counseling practice. Seventeen of the
20 techniques received strong support in these areas by
over 80% of the respondents.

2. Christian counselor training in the clinical
application of these particular disciplines was poor.
Forgiveness was the only technique that was both
written into a course syllabus and given at least three
hours of lecture time in a specific course by at least
25% of respondents.

3. Following forgiveness, the techniques taught most frequently were: contemplative prayer, teaching with scripture, confession, and worship. Praying in the spirit, fasting, deliverance, solitude/silence, obedience, and simplicity were taught least by these institutions.

4. There was no relationship between program accreditation and instruction in the clinical application of the disciplines. Overall, results of this study indicated that instruction in the clinical application of Christian disciplines is a rarity.

Shafranske and Malony (1990), in a study previously reported in this document, found the use of religious counseling techniques was more influenced by the counselor's religious orientation than any education or clinical training received. Respondents rated their education in the area of psychology and religion as generally poor.

Jones et al. (in press), in a survey of graduates from Christian programs in professional psychology, stated that "the responses to the satisfaction rating on training in relating faith and psychology were a bit humbling" (p. 2). Only moderate satisfaction was

reported with the training received in this area. Counselor religiosity had a significant impact on the use of Christian counseling techniques.

Moon et al. (in press) found the following results regarding the effects of graduate training on Christian counselors' clinical practice:

1. Both spiritual directors and pastoral counselors were more likely to receive training in Christian counseling technique use than Christian psychotherapists.

2. Spiritual directors were more likely to use these techniques in their practice than either Christian psychotherapists or pastoral counselors, who did not differ from each other.

3. Practitioners with a doctorate degree were less likely to use the 20 Christian counseling techniques in practice than masters level therapists.

Griffith (1983a), studied counseling practices in a church based counseling program in Jamaica. Results indicated lay counselors relied heavily on Christian counseling techniques while psychologists and psychiatrists generally used more psychologically oriented interventions.

Winger and Hunsberger (1988), in a study previously discussed in this document, found there was a negative relationship between the amount of counselors' graduate education in counseling/psychology and Christian counseling technique use. Clergy with more graduate training were less likely to (a) use prayer in counseling sessions, (b) use scripture in counseling sessions, and (c) show clients that their problems were mainly due to some problems in their spiritual life.

Worthington and Scott (1983) studied counselors in explicitly Christian or secular settings, on professional or student levels ($\underline{N}$ = 96), regarding psychotherapeutic goals for clients. They found significant differences for the value placed on salvation between student counselors and professionals working in Christian settings. There was no significant difference with respect to emphasis on spiritual goals in therapy. However, student counselors viewed clients as more pathological and predicted less success in counseling than professionals.

Ganje-Fling and McCarthy (1991) surveyed spiritual directors (n = 68) and psychotherapists (n = 50), in a large Midwestern state, concerning their goals, techniques, evaluation methods, and concerns discussed by clientele. Spiritual directors differed significantly from psychotherapists with respect to goals, discussion topics, and techniques used in their counseling. Specifically, these differences were:

1. Psychotherapists reported psychological growth as a therapeutic goal more frequently than did spiritual directors. Spiritual directors reported spiritual growth and resolving spiritual issues as goals more frequently than psychotherapists.

2. Spiritual directors reported more discussions of spiritual self-improvement, clients' relationship with God, and religion than did psychotherapists.

3. Spiritual directors used more explicitly religious interventions than did psychotherapists. Spiritual directors reported using more meditation, prayer, and silence as therapeutic techniques.

Conclusions from major studies. From a review of the literature on graduate training in counseling/ psychology for Christian counselors and its effect on

counseling practice, the following conclusions are
drawn:

   1. There has been significant growth in the number
of graduate programs for professional psychology with a
distinct Christian orientation.

   2. Despite calls for specialized training for
mental health professionals in the use of
religious/Christian interventions (Collins &
Tournquist, 1981; Nelson & Wilson, 1984; Worthington et
al., 1988), there is little empirical evidence this is
occurring.

   3. Clinical use of Christian counseling techniques
is generally more strongly related to personal
religious orientation than education or clinical
training.

   4. Although research is limited and somewhat
equivocal, there appears to be a general negative
relationship between the degree of graduate education
in psychology/counseling and the Christian counseling
technique use.

Counseling Settings: Christian or Non-Christian
Historical and Current Perspectives

Prior to 1900, Christian counseling was performed primarily by clergy within the local Church. Most counseling was performed as an adjunct to other pastoral duties (Holifield, 1983). After 1900, several factors influenced a dramatic change in Christian counseling. In the early 1900's, the advent of psychology as a viable discipline, the rise of the liberal church and its "social gospel", the industrial revolution, and the social aftermath of World War I, all played a part in the transformation of Christian counseling. These influences gave rise to the clinical pastoral education movement (Holifield, 1983).

After World War II, pastors with clinical education began to find openings for counseling positions in hospitals, schools, prisons, and other agencies. By the end of the 1950's, there were 117 centers for clinical pastoral education and a clear distinction began to be made between pastoral counseling and pastoral care in general (Holifield, 1983).

The post World War II period in America saw Christian counseling become available outside the boundaries of the local church. Two factors provided additional impetus for the growth of Christian counseling; the National Mental Health Act, and the influence of evangelicals who were committed to the belief that psychology had a legitimate place in Christian counseling. Soon a new type of Christian counselor emerged. Clinical and counseling psychologists, social workers, masters level counselors, and psychiatrists who were Christians began offering Christian counseling within settings that were traditionally the domain of secular practitioners (Collins & Tournquist, 1981; Narramore, 1973). Recently, several graduate programs that offer counseling/psychology programs with a distinctly Christian orientation have become available. Currently, Christian counseling is practiced in a number of forms in mental health services.

Definition

The ambiguity which accompanies the term, Christian counseling, is present in attempts to define Christian and secular counseling settings. For this

study's purposes, Christian counseling setting is
defined as any professional counseling setting that
explicitly labels its philosophy and provision of
services as distinctly Christian in some form. Secular
counseling setting is defined as any professional
setting which makes no assertion concerning the
philosophy and provision of services as a distinctly
Christian enterprise.

Major Studies

Worthington and Scott (1983) found there were
significant value differences between counselors in
secular settings and those in Christian settings.
Additionally, there were significant differences
between counselors in secular and those in Christian
settings for the emphasis placed on spiritual
dimensions of clients' problems. Counselors in
Christian settings generally emphasized spiritual goals
more than those in secular settings.

Adams et al. (1991) surveyed graduate students
(N = 54) at George Fox College concerning the effects
of counseling setting and gender on Christian
counseling technique use. They found significant
differences between counselors' practices in Christian

or secular settings. Counselors in Christian settings used Christian counseling techniques significantly more than counselors in secular settings. Additionally, there was no difference between males and females with respect to Christian counseling technique use. Counseling approach, identified as directive or non-directive was non-significant as a factor in Christian counseling technique use.

In Worthington et al. (1988) and Wilson (1974), Christian counseling techniques were generally used more often with clients who were religious. It would be expected that counselors in settings which had more religious clients would use Christian counseling techniques more than those that did not.

In Jones et al. (in press) respondents were asked the importance personal religious orientation should have on professional practice in particular settings. A seven point Likert scale was constructed. Response choices were: 1 = no impact, 4 = moderate, and 7 = profound. Respondents were given choices for the following settings: pastoral counseling center, Church-supported counseling center, private practice,

Community mental Health Center, Substance Abuse
Program, Private Inpatient, Employee Assistance
Program, and VA/State Hospital.

Mean ratings for the impact that personal
religious orientation should have on professional
practice for each setting were: pastoral counseling
center, m = 6.7, church supported counseling center, m
= 6.4, private practice, m = 5.8, substance abuse
program, m = 5.4, private inpatient, m = 5.2, community
mental health center, m = 5.0, employee assistance
program, m = 4.8, veterans administration/state
hospital, m = 4.8. These results would suggest that
the impact of personal religious faith on professional
practice would be greatest for those settings generally
considered Christian.

Conclusions from major studies. From a review of
the limited literature on the relationship between
counseling setting and counselors' professional
practices, the following conclusions are drawn:

1. There appear to be significant differences in
counselors' Christian counseling technique use
depending on the setting's religious orientation.

2. It appears there are basic value differences among counselors in settings which differ according to their religious orientation.

3. There is more perceived need for the impact of personal faith on professional practice within counseling settings traditionally viewed as Christian.

Christian Association for Psychological Studies

The Christian Association for Psychological Studies (CAPS) is an international organization comprised of individuals who are in agreement with the purpose of CAPS and meet the criteria for membership. CAPS publishes the Journal of Psychology and Christianity, a quarterly periodical, and organizes various symposiums and conventions throughout the calendar year.

CAPS' purposes are: (a) to stimulate and provide opportunities for communicating, fellowshipping, and professional networking between evangelical Christians in psychology, counseling, behavioral sciences related fields, and pastoring; (b) to enhance understanding and optimal functioning of human beings by encouraging theory, research, and both clinical and practical

applications which recognize the interface of
psychological, spiritual, and physical dimensions of
human experience; (c) to develop channels for dialogue,
education, and professional service with the general
Christian community which promote understanding and
relationships between Christianity and psychology; and
(d) to provide a unique redemptive witness to and
dialogue with our professional colleagues and secular
community (CAPS, 1990).

Membership in CAPS has two broad classifications.
The first category is clinical and non-clinical
members. Clinical members are those that engage in
some counseling endeavor as their principal employment
or in some other professional capacity. Non-clinical
members do not engage in counseling.

The other category is regular and associate
membership. Regular membership is open to those
persons who have earned an approved graduate and or
professional certification in a psychologically related
field, or an approved Bachelor of Divinity (B.D.) or
Master of Divinity (M.Div.), with interests in accord
with the CAPS' purposes. Associate membership is open
to those individuals who are either: (a) pursuing full

time graduate or undergraduate studies in a
psychologically related field, (b) hold a Bachelor's
degree and are primarily engaged in a psychologically
related career, or (c) have active interests or
ministry with CAPS but are unable to meet CAPS regular
membership requirement. For this study, CAPS members
are those clinical members, in regular standing, of
CAPS International who reside in the continental United
States.

Summary of Relevant Literature

Prior literature which addresses areas examined in
this study is limited but does offer some tentative
conclusions. Christian counseling technique use in
professional practice appears to be most affected by:
(a) the amount of graduate training completed by the
counselor, (b) the counseling setting's religious
orientation, (c) the client's religiosity, and (d) the
counselor's religiosity.

Several studies have indicated there is a negative
relationship between the amount of graduate training in
counseling/psychology and the use of Christian
counseling techniques in professional practice. In

general, the more graduate training a counselor has completed the less he or she will use Christian counseling techniques (Ganje-Fling & McCarthy, 1991; Griffith, 1983a, 1983b; Moon et al., in press; Winger & Hunsberger, 1988; Worthington & Scott, 1983).

In general, Christian counseling techniques are used with more frequency in Christian counseling settings than secular settings. Counselors in Christian settings are more likely to address spiritual issues in therapy. Additionally, they are more likely to view pathological functioning in terms of spiritual problems than counselors in secular settings (Adams et al., 1991; Jones et al., in press; Worthington et al., 1988; Worthington & Scott, 1983).

Christian counseling technique use in professional practice is related to counselor and client religiosity. In general, Christian counseling techniques are used more frequently by counselors who identify themselves as religious. Additionally, Christian counseling techniques are used more with clients who are identified as religious than clients

who are not (Adams et al., 1991; Jones et al., in press; Nelson & Wilson, 1984; Wilson, 1974; Worthington et al., 1988; Worthington & Scott, 1983).

Hypotheses

In view of the previous literature review and the conclusions gained from it, the following hypotheses are set forth:

1. CAPS members who work in counseling settings identified as Christian use Christian counseling techniques significantly more than CAPS members who work in non-Christian settings.

2. CAPS members who have earned a doctorate degree in a psychologically related program of study use Christian counseling techniques significantly less than CAPS members whose highest degree is a masters.

3. CAPS members who have graduated from institutions with a Christian religious orientation use Christian counseling techniques significantly more than CAPS members who did not.

4. There is a significant interaction effect for religious orientation of setting and level of education on Christian counseling technique use in professional practice among CAPS members.

5. There is a significant interaction effect for religious orientation of education and level of education on Christian counseling technique use in professional practice among CAPS members.

6. There is a significant interaction effect for religious orientation of setting and religious orientation of education on Christian counseling technique use in the professional practice among CAPS members.

7. There is a significant interaction effect for religious orientation of setting, level of education, and religious orientation of education on Christian counseling technique use in professional practice among CAPS members.

CHAPTER 2

METHODS

This chapter deals with the methodology utilized in this study and is presented in five sections. The first section describes the participants. Section two includes the rationale, criteria, and procedures for operationally defining the variables in this study. The third section presents a description and rationale for the instruments used in this study. The fourth section outlines the procedures of this study which were conducted in conjunction with Samuel Adam's (1992) research concerning predictors of Christian counseling technique use among CAPS members. The fifth section discusses the statistical design.

Participants

The 340 participants in this study were clinical members, in regular standing, of the Christian Association for Psychological Studies, U.S.A. (CAPS). CAPS members were used as the population for this study

for the following reasons. First, CAPS membership consists of evangelical Christians interested in the behavioral sciences, counseling, and ministry. This population provided an opportunity to examine counseling practices among Christian counselors. Second, no evaluative research had been performed with this population concerning the effects which graduate education and clinical setting may have on members' professional practices.

Third, this study provided a unique opportunity to examine a fairly homogeneous population with distinct educational and professional characteristics. These distinctions may have a formative effect and long term impact on the use of Christian counseling techniques in professional practice. Fourth, the population had a finite number which allowed random selection and generalizability of results provided a sufficient number of participants were sampled.

Fifth, little empirical research exists concerning Christian professionals' counseling practices. This population provided an opportunity for a broad study of professional Christian therapists and their counseling practices.

King (personal communication, April 5, 1991)
stated the total population of CAPS International
clinical members, in regular standing, was 1181. The
minimum sample needed in order for reliable inferences
to be made with a 95% confidence level for this
population was 285 participants. This sample size was
derived from the criteria established in Isaac and
Michaels (1989) which set forth the needed size of a
randomly chosen sample from a given finite population
of N cases. The minimum sample size of 285 was
calculated using the equation:

$\underline{S} = \underline{X}$ $(\underline{N}(\underline{P}(1-\underline{P}))/\underline{d}$ $(\underline{N}-1) + \underline{X}$ $(\underline{P}(1-\underline{P}))$; in which:
(a) $\underline{S}$ is the required sample size; (b) $\underline{N}$ is the
given population size; (c) $\underline{P}$ = .50, which is the
population proportion that yields the maximum
possible sample size required; (d) d = .05, which
is amount of error that can be tolerated in the
fluctuation of a sample proportion $\underline{p}$ about the
population proportion $\underline{P}$; and (e) $\underline{X}$ = .3841, which
is the table value of chi square for one degree of
freedom relative to the desired .95 level of
confidence. (Krejcie & Morgan, 1970 (cited in
Isaac & Michaels, 1989, p. 192))

Adequate finances and time were available to obtain a sample size that was greater than the minimum necessary. Therefore, a sample size of 450 was targeted; 340 participants returned their questionnaires which represented a 75.6% return rate.

Variable Definitions

Three independent variables and one dependent variable were used for this study. The three independent variables were (a) level of education, (b) religious orientation of education, and (c) religious orientation of setting. The three independent variables were measured by responses to questions on the Professional Practice Questionnaire (PPQ) sent to each participant. The dependent variable was measured by the total score for the Christian Counseling Techniques Inventory (CCTI).

Level of Education: Masters or Doctorate

Level of education was defined as the highest degree a participant had earned in a psychologically related program of study. Participants were classified as either masters or doctoral level therapists according to their response to a question (see Appendix

A, Q-14) on the PPQ. Participants were asked to indicate the degree(s) which they had completed in a psychologically related program of study.

Options listed were: (a) bachelor degree, which included Bachelor of Arts, (B.A.), Bachelor of Science, (B.S.), Bachelor of Science in Education, (B.S.E.), or the equivalent; (b) masters degree, which included Master of Arts, (M.A.), Master of Social Work, (M.S.W.), Master of Science, (M.S.), Master of Education, (M.Ed.), or the equivalent; and (c) doctoral degree, which included Doctor of Philosophy, (Ph.D.), Doctor of Psychology, (Psy.D.), Doctor of Education, (Ed.D.), and Doctor of Medicine, (M.D.).

Religious Orientation of Education:

Christian or Non-Christian

Religious orientation of education was defined as the institution's religious orientation from which participants had completed their graduate degree(s). Participants were classified as either Christian or non-Christian with respect to religious orientation of education according to their responses to questions on the PPQ (see Appendix A, Q-16 to Q-21). This classification was based on participants' perceptions

of the institution(s)' philosophy and statement of purpose and the religious emphasis in the curriculum. If participants had completed either their masters or doctoral degree(s) at an institution with a Christian religious orientation, they were included in the Christian category. Participants who completed all their graduate education at an institution with a non-Christian religious orientation were included in the non-Christian category.

Six statements (see Appendix A, Q-16 through Q-21) were included on the PPQ to ascertain religious orientation of education. Three statements were presented for those who had completed the masters degree (Q-16 to Q-18). These statements were repeated for those who had completed the doctoral degree as well (Q-19 to Q-21). Participants who had completed both masters and doctoral degrees were asked to respond to all six statements, (Q-16 to Q-21).

The statements were: (a) there was an explicit commitment to a Christian world view in the philosophy and statement of purpose of the institution from which I graduated; (b) there was a commitment to the study of the integration of psychology and theology/Christianity

in theory, research, and practice by the institution;

and (c) issues related to the integration of psychology

and theology/Christianity were addressed in the

curriculum of the graduate program of study which I

completed.

Participants were asked to rate the accuracy of

each statement with respect to their graduate

education. The six possible responses for each

statement were (a) 1 = completely accurate, (b) 2 =

mostly accurate, (c) 3 = somewhat accurate, (d) 4 =

somewhat inaccurate, (e) 5 = mostly inaccurate, and (f)

6 = completely inaccurate.

Religious orientation of education was considered

Christian if the participant endorsed all the

statements as either (a) 1 = completely accurate, (b) 2

= mostly accurate, or (c) 3 = somewhat accurate with

respect to their masters or doctoral education.

Religious orientation of education was considered non-

Christian if any of the statements were endorsed as (a)

4 = somewhat inaccurate, (b) 5 = mostly inaccurate, (c)

6 = completely inaccurate.

The rationale for the preceding criteria was as

follows. In order to assert that religious orientation

of education is Christian, three essential characteristics must be present. First, the institution must espouse a Christian world view in its philosophy and statement of purpose. Second, the institution must be committed to the study of the integration of psychology and theology/Christianity in theory, research, and practice. Third, integrative issues must be addressed in some form in the curriculum (Collins 1985; Collins & Tournquist, 1981; Jones, 1985). The statements used to classify religious orientation of education as Christian or non-Christian were representative of several statements presented in the literature describing graduate training programs which are Christian in their religious orientation (Fuller Theological Seminary, 1989; George Fox College, 1991).

Participants' perceptions were used for the following reasons. First, logistical constraints prohibited objective validation of all possible graduate programs as to their compliance with the criteria previously outlined. Second, participants' self-report offered a reasonable, albeit somewhat subjective, alternative to objective validation.

Religious Orientation of Setting:

Christian or Non-Christian

Religious orientation of setting was defined as the religious orientation of the counseling setting at which a participant performed clinical services. A participant was classified as Christian or non-Christian with respect to religious orientation of setting according to their responses to five statements included on the PPQ (see Appendix A, Q-2 through Q-6). Participants were asked to respond to five statements regarding their current counseling setting (Q-2 through Q-6). These statements were:

1. My primary counseling setting would support discussion of religious/spiritual issues during counseling sessions.

2. In general, my primary counseling setting would support the use of interventions which are derived primarily from a Christian religious tradition

3. My primary counseling setting is identified as Christian in its literature or statement of purpose

4. In general, treatment for client problems/difficulties is guided by a Christian world view/values system in my primary counseling setting.

5. My primary counseling setting serves a client population that is predominately Christian.

Responses offered for all statements on a 6 point scale included (a) 1 = strongly agree, (b) 2 = moderately agree, (c) 3 = agree, (d) 4 = disagree, (e) 5 = moderately disagree, and (f) 6 = strongly disagree. For each participant, religious orientation of setting was classified as Christian if their response was (a) 1 = strongly agree, (b) 2 = moderately agree, or (c) 3 = agree, to all five statements. If a participant's response was (a) 4 = disagree, (b) 5 = moderately disagree, or (c) 6 = strongly disagree to any of the five statements, religious orientation of setting was considered non-Christian.

This classification strategy was based on the following assumptions. A Christian setting should:

1. Support the discussion of religious/spiritual issues during counseling sessions.

2. Support the use of interventions which are derived primarily from a Christian religious tradition.

3. Encourage treatment of clients' problems/ difficulties from a Christian world view.

4. Be identified in its literature or statement of purpose as Christian.

5. Serve a population that is predominately made up of Christian clients.

Adams et al. (1991) used a similar strategy for classifying religious orientation of setting as Christian or non-Christian. Results indicated this classification method was accurate in differentiating between Christian and non-Christian settings. In Adams et al.'s study, response sets by participants were consistent with subsequent objective validation of religious orientation of counseling settings.

Participant agreement with statements on the PPQ was the method employed for classifying religious orientation of setting(s) as Christian or non-Christian for the following reasons. First, a participant's agreement or disagreement with statements was preferable to the classification of settings based on a total score for the five statements. A total numeric value for the five statements was unrelated to the presence or absence of essential qualities for a Christian counseling setting.

Second, due to logistical constraints it was impossible to obtain objective validation for religious orientation of setting for every possible counseling setting. A participant's agreement with the statements was a reasonable, albeit somewhat subjective, alternative to objective validation. Third, the five statements used for classifying religious orientation of setting as Christian or non-Christian were representative of Christian counseling settings discussed in the literature (Adams et al., 1991; Worthington and Scott, 1983).

Christian Counseling Technique Use

The dependent variable, Christian counseling technique use, was defined as the total score on the Christian Counseling Techniques Inventory (CCTI) (see Appendix B). A minimum score on the CCTI is 24 and the maximum score possible is 120. The CCTI is discussed further in the next section.

Instruments

There were two instruments used in this study. They were the Christian Counseling Techniques Inventory, (CCTI), and the Professional Practice Questionnaire, (PPQ).

Christian Counseling Techniques Inventory

The CCTI (see Appendix B) is a self-report instrument originally developed by Moon et al. (in press) and identified by these authors as the Spiritual Guidance Technique Inventory (SGTI). This instrument is designed to collect objective information regarding the use of Christian disciplines as therapeutic techniques in clinical practice. Jones et al. (in press) and Worthington et al. (1988) have developed similar inventories based upon traditional Christian counseling techniques.

Moon et al.'s (in press) inventory was superior for the purposes of this study. First, it provided a rationale for the selection and inclusion of Christian counseling techniques. Second, the inclusion and selection of the techniques was based on several sources. These sources included the Biblical text,

Christian authors on spirituality, and previous research. The CCTI, as originally developed by Moon et al. (in press) is composed of 20 items. Participants respond to each item individually. Each item is a Christian counseling technique which is listed and defined for the subject. Participants are asked to respond to each technique according to the percentage of clients with which they use the particular technique. Possible responses include (a) 1 = never use this with clients, (b) 2 = use this with 1-25% of clients, (c) 3 = use this with 26-50% of clients, (d) 4 = use this with 51-75% of clients, and (e) 5 = use this with 76-100% of clients. There is one response for each item.

The CCTI was modified for purposes of this study. First, the name of the instrument was changed from Spiritual Guidance Technique Inventory to Christian Counseling Techniques Inventory. Second, four additional techniques were added to the inventory. Techniques added included Celebration, Service, Rest, and Fellowship. These techniques were added to the inventory due to the high frequency with which they were used by therapists sampled in Adams et al. (1991).

Additionally, these techniques were mentioned as important Christian disciplines in the literature by Foster (1978) and Willard (1988).

Third, some definitions for the techniques were modified slightly to improve the clarity of presentation. Changes in definitions were made to more clearly identify each Christian discipline presented as a counseling technique. No substantive changes were intended by these modifications.

The CCTI was also modified by computing a total score using all individual scored responses. For this study, all individual scored responses were combined to obtain an aggregate score. The range of scores possible was 24 to 120. The total score on the CCTI represents a global measure of the frequency of techniques used.

A total score for the CCTI was the appropriate dependent measure for the present study because this study's overarching purpose concerned global differences among Christian counselors regarding counseling technique use. Additional research should concentrate on individual techniques but this was not the emphasis in the present investigation.

Results from Adams et al.'s (1991) research
supported the use of an aggregate score as a measure
for counselors' use of Christian counseling techniques.
Internal consistency, calculated as coefficient alpha,
was .91. Furthermore, a factor analysis of the CCTI
resulted in a one-factor solution.

The CCTI represents a "hybrid type of measurement
scale in which categories are purposely ordered
quantitatively in terms of an attribute; but these are
spoken of as ordered categories specifically, and they
are not to be confused with the normal use of the term
categories" (Nunnally, 1978, p. 14). The scale
properties of the CCTI include some characteristics of
ordinal scale, interval scale, and ratio scale
(Nunnally, 1978; Bartz, 1981). The CCTI contains the
following scale properties: (a) a rank-order of
persons with respect to an attribute is known; (b) the
intervals between persons are known, but no absolute
differences are known; and (c) the distance from a
rational zero is known.

The CCTI generally fits the assumptions necessary
for interval level data (Allen and Yen, 1979; Brown,
1983). The CCTI's form is similar to other measures in

the behavioral sciences which use a Likert scale to measure some attribute. Brown (1983) and Nunnally (1978) have argued that Likert scales can be used as interval level data and therefore amenable to most statistical procedures. The importance of the scale's properties is related to the statistical analysis performed in the present study, a factorial analysis of variance, which will be discussed in a following section.

Reliability and validity data for the CCTI, as used in this study, is limited. Adams et al. (1991) reported some data which supports the reliability and validity of the CCTI. However, no firm conclusions can be made at this time. The lack of reliability and validity data was problematic for using the CCTI as the dependent measure in this study.

Predictive validity "indicates the effectiveness of the test in predicting an individual's performance in specified activities" (Anastasi, 1988, pg. 145). The CCTI predicts the amount of Christian counseling techniques which will actually be used in the counselor's professional practice. Therefore, according to the criteria set forth by Anastasi (1988),

predictive validity is an issue for the CCTI. No
predictive validity data were available for the CCTI.

Establishing predictive validity would necessitate
either direct or indirect observation of counseling
sessions to determine whether techniques reportedly
used were in fact implemented by the counselor. It was
assumed there would be a high correlation between
scores on the CCTI and actual use of Christian
counseling techniques by counselors, given the CCTI is
a self-report measurement of behavior. However, no
firm conclusions can be made for the predictive
validity of the CCTI.

There is preliminary support for the predictive
validity of instruments designed to measure counselors'
use of Christian counseling techniques. Worthington et
al. (1988) used an inventory similar to the CCTI. They
asked counselors and clients to identify techniques
which had been used in a session. On 18 of 20
techniques, agreement as to whether a technique had
been used was over 70%. Overall agreement with regard
to the use of various techniques ranged from 58% to

100%. This finding supports the predictive validity of self-report measures of Christian counseling technique use.

Construct validity is the "extent to which the test may be said to measure a theoretical construct or trait" (Anastasi, 1988, pg. 152). The CCTI essentially measures reported objective behaviors and not a theoretical construct. However, for this study's purposes all reported objective behaviors were grouped together under the term "Christian counseling techniques".

The term "Christian counseling techniques" is a construct. Therefore, because the total score for the CCTI purports to be an aggregate measure for "Christian counseling techniques", construct validity for this instrument is important. Limited construct validity for this instrument has been established. Generally accepted procedures for establishing the construct validity of an instrument have not been widely performed with the CCTI. "Establishment of construct validity is a gradual process based on the accumulation of various types of evidence, each of which serves to clarify the nature of the construct and indicate how

well the test measures the construct" (Brown, 1983, pg. 147). Establishing the CCTI's construct validity through factor analysis, correlations with other measures, and criterion related studies was beyond the scope of the present study.

Despite these limitations, there is some support for the construct validity of this instrument. First, the construction of the inventory was conducted by using multiple objective criteria for inclusion of items on the inventory. Criteria for inclusion in the inventory included assertions by at least two reputable sources that the technique was a Christian counseling technique (Moon et al., 1991). If all items included in the inventory were in reality "Christian counseling techniques", the construct validity of the instrument should upon further examination prove to be acceptable. Second, research by Moon et al. (1991, in press) has provided some preliminary data which suggests that the techniques included in the inventory are generally perceived as uniquely Christian counseling techniques.

Additionally, Adams et al. (1991) found that participants who responded to items on the CCTI perceived these items to be Christian counseling

techniques. Furthermore, only two additional techniques, bibliotherapy and religious homework, were offered by participants as possible, additional techniques which would be of therapeutic benefit to clients.

Construct validity for the CCTI was supported in Adams et al. (1991) through a factor analysis which resulted in a single factor solution for the CCTI. Furthermore, a single factor solution was also obtained in Adam's (1992) study.

Content validity is a major issue for the CCTI. The validity of the measure rests primarily on the adequacy with which a specific domain of content, "Christian counseling techniques", is sampled (Nunnally, 1978).

The content validity of the scale has not been thoroughly established. However, Moon et al. (1991) received encouraging, albeit preliminary, results concerning the content validity of the scale. Directors of Christian graduate programs (N = 27) were surveyed concerning their perceptions of the individual items on the CCTI. They were asked to rate the

techniques with regard to scriptural support, therapeutic utility, and subjective value for clients.

Possible responses for Scriptural support for each technique were (a) 1 = no support for this practice in scripture, (b) 3 = some indirect support as a valuable Christian practice, and (c) 5 = clearly supported as a valuable Christian practice. Seventeen of the 20 disciplines were rated as either a 4 or 5 on the scriptural support rating scale by at least 80% of the participants. All the techniques, with the exception of praying in the spirit, were perceived to have at least moderate therapeutic utility. All of the techniques were perceived as having subjective value for clients.

Content validity for the CCTI was supported by Moon et al.'s (in press) research concerning Christian counselors professional practices. In a national survey of 103 Christian counselors, 16 of the 20 techniques were awarded a high rating, concerning perceived scriptural support, by over 75% of the participants.

Ball and Goodyear (1991) clustered 386
interventions proposed by Christian counselors (N =
173) as distinct to Christian counseling into 15
categories. Most of the interventions proposed by
these counselors (78.6%) are included on the CCTI.

Furthermore, interventions were clustered
according to the three categories set forth by
Worthington (1986) and previously discussed in this
document. Interventions included in the category
defined as those techniques which originate within the
practice of formal religion represented 71.3% of the
total proposed by counselors as distinct to Christian
counseling. This result would suggest the majority of
interventions proposed as distinct to Christian
counseling converge with the criteria proposed for
inclusion of techniques on the CCTI.

Content validity for the CCTI was also supported
in Adams et al. (1991). These researchers used the
CCTI in their study of graduate students at George Fox
College. They added four techniques to the list which
comprised the original CCTI. Additionally, an "Other"
category was provided for possible addition of
techniques which were excluded from the list. Only 2

of the 54 respondents added techniques to the list.
Additional techniques proposed were bibliotherapy and
religious homework. The limited number of techniques
suggested for addition to the existing inventory would
suggest that the CCTI offers a fairly comprehensive
list of Christian counseling techniques.

Reliability coefficients are limited for the CCTI.
Alternate forms and inter-rater reliability do not
apply to the CCTI given that it is a self-report
measure of behavior which has discrete items and only
one form (Anastasi, 1988). Test-Retest reliability
coefficients are a consideration for the CCTI; however,
no coefficients are available. Adams et al. (1991)
reported internal consistency, calculated as
coefficient alpha, of .91. No split half-reliability
coefficients are available for the CCTI (Brown, 1983).
Professional Practice Questionnaire

The Professional Practice Questionnaire (PPQ)
(see Appendix A) was developed by this researcher to
collect objective demographic information and data
related to the independent variables. The PPQ was
developed according to the standards set forth by
Dillman (1978). Using his Total Design Method, a 31-

item questionnaire was developed with questions related to five major categories which included counseling training and experience, personal religious practices, counseling setting, graduate education, and demographic information.

Procedures

Due to the geographical diversity of the participants in this sample, a mailed survey was used to collect the desired data. Procedures were completed in five successive stages.

First, written permission for the study was granted for the survey by CAPS (see Appendix C). Additionally, a complete directory and mailing list were obtained.

The second procedure involved selection of a sample from the CAPS mailing list. The names of 450 clinical members, in regular standing, were randomly selected using a random numbers table. The following steps were used to select participants:

1. CAPS provided an alphabetized mailing list which contained 1181 members. The list provided each member's name, degree, address, and phone number.

2. Beginning with the first name on the mailing list, members were numbered serially from 0001 to 1181.

3. A page from a random numbers table was arbitrarily selected and the required number of columns of digits (4) was demarcated (Rand Corporation, 1955).

4. Moving vertically downward through the columns, numbers less than 1181 which were encountered were selected.

5. Each number selected from the random numbers table was matched to the corresponding serial number given to a CAPS member in Step 2 above and that member was included in the sample.

6. The selection process proceeded in this manner through successive columns until 450 individuals were selected.

7. Additional participants were randomly selected in the event that an individual was eliminated due to change of address, death, etc. (Hansen, Hummitz, & Maden, 1953; Rand Corporation, 1955).

The third stage involved the preparation and initial mailing of the research packets. The research packets were prepared according to Dillman's (1978) standards for the Total Design Method. Each research

packet included a cover letter explaining the nature and purpose of the study and an appeal for response (see Appendix D), the PPQ, the CCTI, the Spiritual Well Being Scale (SWB) and a self-addressed, stamped envelope. First class postage was affixed and the mailing was sent to the 450 CAPS members who had been randomly selected for the sample.

The SWB was included in the research packet for Adam's (1992) research purposes. Results for the SWB are not reported in this study, but may be found in his study.

The fourth step consisted of a follow-up post card reminder (see Appendix E) sent to all participants. The postcard was sent exactly one week after the first mailing. The postcard served as both a thank you for those who had responded and as a courteous reminder for those who had not.

The fifth step involved a mailing to non-respondents and was sent three weeks after the initial mailing. In this mailing, the original cover letter was replaced with another cover letter (see Appendix F) which informed non-respondents that their questionnaire had not been received and appealed for its return. An

additional PPQ, CCTI, SWB, and self-addressed, stamped
envelope were included in this mailing.

Six weeks after the initial mailing, 325
participants had responded to the survey. This
provided a sample size which was more than the minimum
number (285) needed for the study (Isaac and Michaels,
1989). As a result, further data collection efforts
were not undertaken. Ten weeks after the initial
mailing, there were 340 surveys which had been
returned. This represented a 75.6% return rate and
provided a sample size which was more than adequate for
the study's purposes.

Statistical Design and Analysis

The design chosen for this study was a factorial
Analysis of Variance (ANOVA) with a 2x2x2 design via a
regression approach (Kerlinger, 1986; Norusis, 1986).
ANOVA is "a hypothesis testing procedure used to
determine if mean differences exist for two or more
populations" (Gravetter & Wallnau, 1988, pg. 290).

The overarching purpose of this study was to
answer questions concerning differences among groups of
Christian counselors, therefore the ANOVA was chosen as

the most appropriate statistical procedure. ANOVA was calculated via a regression method because the research design was quasi-experimental and random assignment of subjects and direct manipulation of variables was not possible or practical given the purpose and population of the study (Campbell & Stanley, 1963; Keppel & Zedeck, 1989).

There is a strong possibility that the requirements for ANOVA are violated when a quasi-experimental method is employed. ANOVA generally requires (a) random selection and assignment of subjects to a treatment condition, (b) the distribution of the dependent variable in the population from which the samples are drawn is normal, and (c) the population variances for all treatments should be equal (homogeneity of variance) (Ferguson, 1981; Gravetter & Wallnau, 1988). Keppel and Zedeck (1989) argue that "ANOVA generally requires orthogonality between the independent variables; orthogonality is achieved by design (random selection and assignment) and by having equal sample sizes per condition" (pg. 384).

The ANOVA was completed via a regression approach due to possible violations to the assumptions for

ANOVA. In a natural setting such as the one found in this investigation, randomization of the sample and equal cell sizes was impossible and impractical. The subjects and the treatments were naturally occurring and came, as it were, already assigned to the groups under investigation. Keppel and Zedeck (1989) argue that "if we constrain or force a nonexperimental situation to arrive at equal sample sizes, we will obtain a distorted picture of the influence of the independent variables on the dependent variable" (p. 384).

ANOVA via multiple regression is an approach which several investigators recommend to surmount the problems discussed above (Kerlinger, 1986; Kleinbaum & Kupper, 1978; Norusis, 1986; Papania 1988). Kerlinger (1986) states:

The best analytic situation seems to be to use multiple regression analysis. While the problems do not disappear, many of them cease to be problems in the multiple regression framework. Nonexperimental research that uses a number of nonexperimental attributes or variables is better served with multiple regression analysis. (p. 241)

Analysis of variance using a multiple regression
approach can account for possible nonorthogonality
among independent variables (Keppel and Zedeck, 1989;
Kerlinger, 1986). Multiple regression can effectively
analyze both experimental and nonexperimental data,
with unequal cell sizes and more than one control
variable (Kerlinger, 1986; Norusis, 1986; Papania,
1988).

Norusis (1986) states:

when unequal sample sizes occur in the cells, the
total sum of squares cannot be partitioned into
nice components that sum to the total, A variety
of techniques are available for calculating the
sums of squares in such "non-orthogonal" designs.
ANOVA via regression is one such procedure in
which all effects are assessed simultaneously,
with each effect adjusted for all other effects in
the model. (p. 169)

Statistical analysis was performed on an AST 386
computer system utilizing the Statistical Package for
the Social Sciences/Personal Computer-Plus (SPSS-PC+)
statistical software package (Norusis, 1986). The
factorial ANOVA via regression approach was selected

because it allowed the three independent variables to
be used simultaneously to determine their main and
interactive effects on the dependent variable, total
score for the CCTI (Norusis, 1986).

The factorial ANOVA was used to investigate all
seven hypotheses. First, an examination for
significant main effects among the variables was
conducted. These possible main effects were
(a) religious orientation of setting on CCTI,
(b) level of education on CCTI, and (c) religious
orientation of education on CCTI.

The factorial ANOVA was used to examine possible
significant interaction effects among the three
independent variables on CCTI scores. These possible
interaction effects were: (a) religious orientation of
setting and level of education on CCTI; (b) religious
orientation of education and level of education on
CCTI; (c) religious orientation of setting and
religious orientation of education on CCTI; and (d)
religious orientation of setting, level of education,
and religious orientation of education on CCTI.

This researcher sought to meet the requirements
for ANOVA by (a) using interval level data, (b) random

selection of the sample from the population, and (c)

testing for equal variances by using Cochran's C = Max.

Variance and Bartlett's Box-F tests for homogeneity of

variance. The requirement for homogeneity of variance

and normal distribution of the population were also

addressed by using a large sample. "Ordinarily,

researchers are not overly concerned with the

assumption of normality, especially when large samples

are used" (Gravetter and Wallnau, 1988, pg. 318). An

alpha level of .05 was used in all statistical

procedures. The selected alpha determined the level of

significance for the hypothesis tests and represented

the level at which a conclusion for the evidence of a

treatment effect could be made. Total number of

participants in each cell of the 2x2x2 factorial ANOVA

are presented in Table 1.

Table 1

Cell Sizes for Religious Orientation of Setting,

Religious Orientation of Education, and Level of

Education

ROE	ROS	LOE	
(Factor A)	(Factor B)	(Factor C)	

		Masters	Doctorate
	Christian	n=46	n=59
Christian			
(A1)	Non-Christian	n=58	n=50
	Christian	n=20	n=30
Non-Christian (A1)	Non-Christian	n=35	n=33

(table continues)

Table 1 - Continued

Note. N = 331; n = cell size.

FACTOR A = ROS, Religious Orientation of Setting.

    LEVEL A1 = Christian Setting.

    LEVEL A2 = Non-Christian Setting.

FACTOR B = ROE, Religious Orientation of Education.

    LEVEL B1 = Christian Education.

    LEVEL B2 = Non-Christian Education.

FACTOR C = LOE, Level of Education.

    LEVEL C1 = Masters Degree.

    LEVEL C2 = Doctoral Degree.

CHAPTER 3

RESULTS

This chapter presents results for descriptive
data, tests of hypotheses, and follow-up analyses. The
results are presented in four sections. The first
section presents descriptive data for the total sample
and each independent variable. The second section
presents the results of the factorial ANOVA and is
broken into seven subsections. The subsections present
an examination of hypothesis one through seven,
respectively, based on the statistical analysis.

The third section presents the results of
follow-up analyses conducted after the initial analysis
was performed. This section is broken into two
subsections. The first subsection presents a rationale
for the conducting additional analyses. The second
subsection presents the follow-up analyses' results.
The fourth section presents results for the model
assumptions tests.

Descriptive Statistics

A Professional Practice Questionnaire (PPQ) was completed by all participants (see Appendix A). Demographic information regarding graduate education, professional counseling practices, personal religious practices, age, marital status, and gender was obtained from responses to questions on the PPQ. Demographic variables' frequency distributions and percentages were computed for the total sample and are presented in Table 2 through Table 7.

Univariate descriptive statistics including means, standard deviations, ranges, and minimum and maximum values were computed for the total sample. These descriptive statistics were age, Christian Counseling Techniques Inventory, counseling experience in years, client contact hours per week, and duration of personal devotions. These descriptive statistics are presented in Table 8. Mean scores and standard deviations were computed for each technique on the CCTI for the total sample and are presented in Table 9.

The sample was comprised of 340 clinical members, in regular standing, of the Christian Association for Psychological Studies. Of the 340 surveys which were returned, 331 were complete and therefore usable for statistical analysis.

Most participants practiced in either (a) group private practice (32.3%), (b) independent private practice (35.9%), or (c) church based or religious non-profit clinics (14.8%) (see Table 2). More participants practiced in Christian counseling settings (64.4%) than non-Christian settings (35.6%) (see Table 7). Mean age for participants was 44.6 years (see Table 8). The average for counseling experience was 12.8 years and average hours of client contact per week was 24.4 (see Table 8).

Psychologist (39.0%) was the most frequent professional identification followed by marriage and family therapist (24.5%) and masters level therapist (16.6%) (see Table 3). The three most frequent responses for professional orientation were: eclectic (39.9%), cognitive-behavioral (22.4%), and psychodynamic (18.4%) (see Table 4). A majority of participants indicated their counseling approach was

directive (51.4%) (see Table 7). A large portion of
participants (53.8%) reported they had completed
academic religious education of some kind
(see Table 5).

The vast majority of participants (86.4%) were
married at the time they responded to this survey (see
Table 6). There were more males (59.5%) than females
(40.5%) in the total sample (see Table 6). Doctoral
level therapists (52.0%) comprised more of the total
sample than masters level therapists (48.0%) (see Table
7) and there were more participants who attended non-
Christian institutions than those who attended
Christian institutions, 53.2%:46.8% respectively (see
Table 7).

The five Christian counseling techniques used most
by participants were: forgiveness, journal keeping,
fellowship, rest, and intercessory prayer. The four
techniques with lowest mean frequency use were:
deliverance, praying in the spirit, abstinence/fasting,
and healing. With the exception of deliverance,
praying in the Spirit, abstinence/fasting, and healing,
all techniques were used with a mean frequency of more
than 25% of clients. Forgiveness, journal keeping,

fellowship, rest, intercessory prayer, confession, and scipture: counselor pro-active were used with a mean frequency of more than 50% of clients (see Table 9).

Demographic variables' frequency distributions and percentages computed for each independent variable were (a) level of education, (b) religious orientation of education, (c) counseling approach, (d) religious orientation of setting, and (e) gender (see Appendixes H, I, and J).

Univariate descriptive statistics including means, standard deviations, ranges, and minimum and maximum values were computed for each independent variable (see Appendixes H, I, and J). These descriptive statistics were age, CCTI, personal importance of religion, years of counseling experience, client contact hours per week, and duration of personal devotions for each independent variable. Mean scores and standard deviations for each technique on the CCTI for each independent variable were computed (see Appendix K).

Table 2

Frequency Distributions and % for Type of Professional

Counseling Setting for the Total Sample

Professional Counseling Setting	n	Percent
Church based or Religious		
non-profit Clinic	49	14.8
Independent Private Practice	119	35.9
Health Maintenance Organization	0	0.0
University Counseling Center	6	1.8
Community Mental Health Center	10	3.0
Inpatient Hospital Setting	14	4.2
Group Private Practice	107	32.3
State/County/VA Hospital	2	0.6
School Counselor/Consultant	0	0.0
Other	24	7.3

Note. N = 331; n = frequency.

Table 3

Frequency Distributions and % for Primary Professional

Identification for the Total Sample

Primary Professional Identification	n	Percent
Psychologist	129	39.0
Marriage and Family Therapist	81	24.5
Christian Counselor	26	7.9
Social Worker	15	4.5
Masters Level Therapist	55	16.6
Other	25	7.5

Note. N = 331; n = frequency.

Table 4

Frequency Distributions and % for Primary Professional

Orientation for the Total Sample

Primary Professional Orientation	n	Percent
Cognitive	13	3.9
Cognitive-Behavioral	74	22.4
Psychoanalytic	3	.9
Psychodyanmic	61	18.4
Gestalt/Existential/Humanistic	10	3.0
Rogerian	6	1.8
Eclectic	132	39.9
Other	21	6.3

Note. N = 331; n = frequency.

Table 5

Frequency Distributions and % for Highest Level of

Academic Religious Education for the Total Sample

Highest level of Academic Religious Education	n	Percent
Bachelor Degree	35	10.6
0 to 60 Hours of Graduate Education	59	17.8
Masters Degree	64	19.3
Doctoral Degree	20	6.0
None	149	45.0
Missing	4	1.2

Note. N = 331; n = frequency.

Table 6

Frequency Distributions and % for Marital Status and

Gender for the Total Sample

Demographic Variables	n	Percent
Marital Status		
Never Married	27	8.2
Married	286	86.4
Divorced	14	4.2
Separated	2	0.6
Widowed	2	0.6
Gender		
Male	197	59.5
Female	134	40.5

Note. N = 331; n = frequency.

Table 7

Frequency Distributions and % for the Independent

Variables and Counseling Approach for the Total Sample

Variables	n	Percent
Level of Education		
Masters	159	48.0
Doctorate	172	52.0
Religious Orientation of Education		
Christian	155	46.8
Non-Christian	176	53.2
Religious Orientation of Setting		
Christian	213	64.4
Non-Christian	118	35.6
Counseling Approach		
Directive	170	51.4
Nondirective	99	29.9
Other	62	18.7

Note. N = 331. n = frequency.

Table 8

Descriptive Statistics for Age, CCTI, DPD, IMPREL,

CEYRS, and CCHRS for the Total Sample

Variables	Mean	SD	Range	Min.	Max.
Age	44.6	10.0	56.0	24.0	81.0
CCTI	63.4	17.6	87.0	25.0	112.0
DPD	22.3	14.3	90.0	0.0	90.0
IMPREL	5.6	0.6	3.0	3.0	6.0
CEYRS	12.8	7.6	48.0	2.0	50.0
CCHRS	24.4	8.6	54.0	1.0	55.0

Note. N = 331. CCTI = Christian Counseling Techniques

Inventory. DPD = Duration of Personal Devotions in

minutes. IMPREL = Personal Importance of Religion;

1 = no importance to 6 = extremely important. CEYRS =

Counseling experience in years. CCHRS = Client contact

hours per week.

Table 9

Mean Scores for CCTI Techniques for Total Sample

Technique	Mean	SD
Concrete Meditation	2.51	1.15
Abstract Meditation	2.39	1.14
Intercessory Prayer	3.16	1.28
Contemplative Prayer	2.31	1.18
Listening Prayer	2.31	1.21
Praying in the Spirit	1.44	0.83
Scripture:		
Counselor Pro-Active	3.07	1.22
Scripture:		
Client Pro-Active	2.60	1.12
Confession	3.12	1.27
Worship	2.78	1.25
Forgiveness	3.60	1.17
Fasting/Abstinence	1.80	0.97
Deliverance	1.60	0.81
Solitude/Silence	2.53	1.10

Table 9 - Continued

Technique	Mean	SD
Discernment	2.85	1.51
Journal Keeping	3.38	1.20
Obedience	2.74	1.26
Simplicity	2.31	1.16
Spiritual History	2.71	1.36
Healing	1.61	0.98
Celebration	2.84	1.30
Service	2.79	1.15
Rest	3.42	1.18
Fellowship	3.56	1.20

Note. N = 331. For each technique, scores indicate the % of clients technique is used with (a) 1 = 0%, (b) 2 = 1 to 25%, (c) 3 = 26 to 50%, (d) 4 = 51 to 75%, and (e) 5 = 76 to 100%.

Hypotheses

A factorial ANOVA via a regression approach was computed using CCTI as the dependent variable with (a) religious orientation of setting, (b) religious orientation of education, and (c) level of education as independent variables. This statistical procedure was employed to test hypotheses one through seven at a .05 level of significance. Mean scores and cell sizes are presented in Table 10. ANOVA results are presented in Table 11.

Table 10

Means and Cell Sizes for CCTI by Religious Orientation

of Setting, Religious Orientation of Education, and

Level of Education

Religious Orientation of Setting	Religious Orientation of Education	Level of Education	
		Mast.	Doct.
Christian	CN	$\overline{X} = 75.41$ (46)	$\overline{X} = 64.47$ (59)
	NCN	$\overline{X} = 71.79$ (58)	$\overline{X} = 64.30$ (50)
Non-Christian	CN	$\overline{X} = 55.25$ (20)	$\overline{X} = 49.97$ (30)
	NCN	$\overline{X} = 56.00$ (35)	$\overline{X} = 54.03$ (33)

Table 10 - Continued

Note. N = 331; X = Mean CCTI scores. CCTI = Christian

Counseling Techniques Inventory. Mast. = Masters

Degree; Doct. = Doctorate. CN = Christian; NCN = Non-

Christian.

Table 11

Three Factor ANOVA Using CCTI by ROS, ROE, and LOE

Source of Variation	Sum of Square	DF	Mean Squares	F	Sig. of F
Main Effects	20872.955	3	6957.652	27.943	.000
ROE	4.761	1	4.761	.019	.890
LOE	3024.234	1	3024.234	12.146	.001
ROS	16909.470	1	16909.470	67.911	.000
2-way Interactions	1137.910	3	379.303	1.523	.208
ROE x LOE	209.428	1	209.428	.841	.360
ROE x ROS	339.695	1	339.695	1.364	.244
LOE x ROS	572.849	1	572.849	2.301	.130
3-way interactions	.080	1	.080	.000	.986
ROE x LOE x ROS	.080	1	.080	.000	.986
Explained	22388.034	7	3198.291	12.845	.000
Residual	80425.568	323	248.996		
Total	102813.601	330	311.556		

Table 11 - Continued

_____

Note. N = 331.

ROS = Religious Orientation of Setting.

ROE = Religious Orientation of Education.

LOE = Level of Education.

Hypotheses One

Hypothesis one stated: CAPS members who practice in counseling settings identified as Christian use Christian counseling techniques significantly more than CAPS members who practice in non-Christian settings. It was hypothesized there would be a significant main effect for religious orientation of setting on CCTI.

There was a significant main effect for religious orientation of setting, $F(1, 330) = 67.911$, $p < .001$. Mean CCTI score for counselors in Christian settings was 68.79. Mean score for counselors in non-Christian settings was 53.79. Based on the analysis results, hypothesis one was supported.

Hypothesis Two

Hypothesis two stated: CAPS members who have earned a doctoral degree in a psychologically related program of study use Christian counseling techniques significantly less than CAPS members whose highest degree is a masters. It was hypothesized there would be a significant main effect for level of education on CCTI.

There was a significant main effect for level of education, $F(1, 330) = 12.146$, $p < .01$. Mean CCTI

score for doctoral level CAPS members was 59.89. Mean
score for masters level CAPS members was 67.28. Based
on the analysis results, hypothesis two was supported.

Hypothesis Three

Hypothesis three stated: CAPS members who have
completed graduate education from institutions with
Christian religious orientations use Christian
counseling techniques significantly more than CAPS
members who did not. It was hypothesized there would
be a significant main effect for religious orientation
of education on CCTI.

There was no significant main effect for religious
orientation of education, $F(1, 330) = .019$,
$p > .05$. Mean CCTI score for CAPS members who had
completed graduate education from institutions with a
Christian religious orientation was 63.72. Mean score
for CAPS members who had completed all graduate
education at non-Christian institutions was 63.19.
Based on the analysis results, it was concluded there
was no significant main effect for religious
orientation of education CCTI. Hypothesis three was
not supported.

Hypothesis Four

Hypothesis four suggested there would be a significant interaction effect for religious orientation of setting and level of education on Christian counseling techniques used in professional practice among CAPS members. There was not a significant interaction effect for religious orientation of setting and level of education on CCTI, $F(1, 227) = 2.301$, $p > .05$.

Mean CCTI score for masters level therapists in Christian settings was 74.49. Mean CCTI score for doctoral level therapists in Christian settings was 64.39. Mean CCTI score for masters level therapists in non-Christian settings was 55.73. Mean CCTI score for doctoral level therapists in non-Christian settings was 52.10. Based on the analysis results, hypothesis four was not supported.

Hypotheses Five

Hypothesis five stated there would be a significant interaction effect for religious orientation of education and level of education on the use of Christian counseling techniques in professional practice among CAPS members. There was not a

significant interaction effect for religious orientation of education and level of education, $F(1, 227) = .841$, $p > .05$. Mean CCTI score for masters level therapists with Christian graduate education was 69.30. Mean CCTI score for doctoral level therapists with Christian graduate education was 59.58. Mean CCTI score for masters level therapist with non-Christian education was 65.85. Mean CCTI score for doctoral level therapists with non-Christian education was 60.22. Based on analysis results, hypothesis five was not supported.

Hypotheses Six

Hypothesis six suggested there would be a significant interaction effect for religious orientation of setting and religious orientation of education on the use of Christian counseling techniques in professional practice among CAPS members. There was not a significant interaction effect for religious orientation of setting and religious orientation of education, $F(1, 227) = 1.364$, $p > .05$.

Mean CCTI score for therapists with Christian graduate education in Christian settings was 69.27. Mean CCTI score for therapists with non-Christian

education in Christian settings was 68.32. Mean CCTI
score for therapists with Christian graduate education
in non-Christian settings was 52.08. Mean CCTI score
for therapists with non-Christian education in non-
Christian settings was 55.04. Based on analysis
results, hypothesis six was not supported.

Hypothesis Seven

Hypothesis seven stated: There is a significant
interaction effect for (a) religious orientation of
setting, (b) religious orientation of education, and
(c) level of education on the use of Christian
counseling techniques. There was not a significant
interaction effect for religious orientation of
setting, religious orientation of education, and level
of education on CCTI, $F(1, 225) = .000$, $p > .05$. Based
on analysis results, hypothesis seven was not
supported.

Follow-Up Inquiry

Based on results from the initial analysis,
additional analyses were performed. These additional
analyses were performed to gain a fuller and more
accurate understanding of CAPS members' counseling

practices and to more clearly ascertain differences
among counselor groups within CAPS membership.

Additional analyses involved reclassification of
the independent variable, religious orientation of
setting, and performing additional ANOVA via a
regression approach. A rationale for the additional
analyses and ANOVA results follow in two sections. The
first section presents the rationale for
reclassification of religious orientation of setting.
The second section presents additional analyses results
in two subsections. Each subsection presents ANOVA
results for each reclassification strategy.

Rationale for Reclassification of

Religious Orientation of Setting

The overarching purpose of this study was to
investigate differences among Christian counselor
groups concerning their use of Christian counseling
techniques. One potential difference is the counseling
setting where a professional practices. Other
investigators have examined the effect which counseling
setting has on counselors' professional practices
(Adams et al. 1991; Worthington and Scott, 1983). This
study sought to examine the potential effect which

counseling setting has on Christian counseling

technique use in professional practice.

In the initial analysis, the independent variable,

religious orientation of setting, was defined as either

Christian or non-Christian according to a participant's

self-report. This method of classification had been

accurate and effective in other studies, particularly

in Adams et al. (1991). Survey results obtained for

this study suggested that this classification method

distorted the true nature of CAPS members' counseling

settings. Table 2 presents frequency distributions and

percentages for the types of professional counseling

settings in which CAPS members practice. Table 12

presents frequency distributions for questions on the

PPQ (see Appendix A, Q-2 through Q-6) which assessed a

participant's perceptions regarding the religious

orientation of their setting.

These results suggested CAPS members generally

practice within settings which are to some degree

Christian in their religious orientation. A

distinction between Christian and non-Christian

settings was difficult, if not impossible, for this

study. Therefore, two additional strategies for

classifying religious orientation of setting were
employed and ANOVA via regression approach was computed
for each strategy.

Table 12

Frequency Distributions for Questions 2 through 6 on

the Professional Practice Questionnaire (PPQ)

Response			n		
	Q-2	Q-3	Q-4	Q-5	Q-6
STRONGLY AGREE	243	145	162	237	117
MODERATELY AGREE	49	85	50	54	93
SLIGHTLY AGREE	24	49	49	19	55
SLIGHTLY DISAGREE	5	24	15	4	26
MODERATELY DISAGREE	7	22	22	7	23
STRONGLY DISAGREE	3	6	33	10	17

Note. N = 331; n = frequency.

Q-2 = Question Two on the PPQ: My primary counseling

setting supports the discussion of religious issues

during counseling sessions.

Q-3 = Question Three on the PPQ: In general, my

(table continues)

Table 12 - Continued

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primary counseling setting supports the use of

interventions which are derived primarily from a

Christian religious tradition.

Q-4 = Question Four on the PPQ: My primary counseling

setting is identified as Christian in its literature or

statement of purpose.

Q-5 = Question Five on the PPQ: In general,

counselors' treatment of client problems/difficulties

is guided by a Christian world view/value system in my

primary counseling setting.

Q-6 = Question Six on the PPQ: My primary counseling

setting serves a client population that is

predominantly Christian.

Results for Reclassification of

Religious Orientation of Setting

Two strategies for reclassifying religious orientation of setting were employed. Both strategies reclassified religious orientation of setting as either (a) strongly Christian, (b) moderately Christian, or (c) marginally Christian. Different criteria were used for reclassification decisions in each strategy.

These reclassifications for religious orientation of setting involved the addition of another level to this independent variables. As a result, the statistical design employed was a factorial ANOVA with a 2x2x3 design via a regression approach (Kerlinger, 1986; Kleinbaum & Kupper, 1978). Tables 13 and 14 present the cell means and sizes for the first and second strategies, respectively.

Table 13

Means and Cell Sizes for CCTI by ROS, ROE, and LOE for
First Reclassification Strategy

ROS	ROE	LOE	
		MAST	DOCT
SCN	CN	X = 76.39 (31)	X = 63.19 (32)
	NCN	X = 72.40 (43)	X = 65.34 (35)
MODCN	CN	X = 66.42 (19)	X = 59.24 (38)
	NCN	X = 63.86 (28)	X = 60.69 (26)
MARCN	CN	X = 59.00 (16)	X = 54.21 (19)
	NCN	X = 55.59 (22)	X = 51.50 (22)

Table 13 - Continued

Note. N = 331; X = means.

CCTI = Christian Counseling Techniques Inventory.

ROS = Religious Orientation of Setting.

   SCN = Level 1, Strongly Christian.

   MODCN = Level 2, Moderately Christian.

   MARCN = Level 3, Marginally Christian.

ROE = Religious Orientation of Education.

   CN = Level 1, Christian.

   NCN = Level 2, Non-Christian.

LOE = Level of Education.

   MAST = Level 1, Masters Degree.

   DOCT = Level 2, Doctorate.

Table 14

Means and Cell Sizes for CCTI by ROS, ROE, and LOE for
Second Reclassification Strategy

ROS	ROE	LOE	
		MAST	DOCT
	CN	X = 79.75 (28)	X = 65.36 (25)
SCN	NCN	X = 73.38 (40)	X = 65.58 (31)
	CN	X = 63.86 (21)	X = 59.40 (40)
MODCN	NCN	X = 66.04 (28)	X = 59.93 (27)
	CN	X = 58.82 (17)	X = 53.88 (24)
MARCN	NCN	X = 53.60 (25)	X = 53.88 (25)

(table continues)

Table 14 - Continued

Note. N = 331; X = means.

CCTI = Christian Counseling Techniques Inventory.

ROS = Religious Orientation of Setting.

   SCN = Level 1, Strongly Christian.

   MODCN = Level 2, Moderately Christian.

   MARCN = Level 3, Marginally Christian.

ROE = Religious Orientation of Education.

   CN = Level 1, Christian.

   NCN = Level 2, Non-Christian.

LOE = Level of Education.

   MAST = Level 1, Masters Degree.

   DOCT = Level 2, Doctorate.

Strategy one. The independent variable, religious orientation of setting, was reclassified as (a) strongly Christian, (b) moderately Christian, and (c) marginally Christian according to a participant's response to question seven (Q-7) on the PPQ (see Appendix A).

The question states: Estimate the percentage of clients in your primary counseling setting who would identify themselves as Christian. Responses included (a) 1 = 0 to 25 percent, (b) 2 = 26 to 50 percent, (c) 3 = 51 to 75 percent, or (d) 4 = 76 to 100 percent.

Those participants who indicated more than 75% of their clients were Christians were classified as practicing in a strongly Christian setting. Those participants who indicated 51% to 75% of their clients were Christians were classified as practicing in a moderately Christian setting. Those participants who indicated 50% or less of their clients were Christians were classified as practicing in a marginally Christian setting. This strategy was consistent with the overarching purpose of this study and previous research (Adams et al., 1991; Jones et al., in press; Wilson, 1974; Worthington et al., 1988).

Consistent results with the original analysis were found. There was a significant main effect for religious orientation of setting, $F(2, 329) = 18.992$, $p < .001$, and level of education, $F(1, 330) = 12.105$, $p < .01$. There was not a significant main effect for religious orientation of education, $F(1, 330) = .638$, $p > .05$. There were no significant interaction effects for: (a) religious orientation of setting and level of education, $F(2, 225) = 2.039$, $p > .05$; (b) religious orientation of education and religious orientation of setting, $F(2, 225) = .547$, $p > .05$; (c) level of education and religious orientation of education, $F(1, 330) = .889$, $p > .05$; and (d) religious orientation of setting, level of education, and religious orientation of education, $F(2, 319) = .522$, $p > .05$. Results are presented in Table 15.

A Oneway ANOVA with Scheffe (.05) post hoc test was performed for CCTI by religious orientation of setting. Results indicated all levels of the variable were significantly different from one another. Mean CCTI scores were: (a) Marginally Christian setting, 54.81; (b) Moderately Christian setting, 61.97; and (c) Strongly Christian setting, 69.43 (see Table 16).

Table 15

Three Factor ANOVA Using CCTI by ROS, ROE, and LOE for

First Reclassification Strategy

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
Main Effects	17586.061	4	4396.515	16.950	.000
ROE	163.765	1	163.765	.631	.427
LOE	3051.748	1	3051.748	11.766	.001
ROS	13291.223	2	6645.612	25.622	.000
2-way Interactions	1626.254	5	325.251	1.254	.284
ROE x LOE	225.485	1	225.485	.889	.352
ROE x ROS	325.425	2	162.713	.547	.535
LOE x ROS	1057.755	2	528.877	2.039	.132
3-way Interactions ROE x LOE	270.921	2	135.461	.522	.594
x ROS	270.921	2	135.461	.522	.594
Explained	20072.945	11	1824.813	7.035	.000
Residual	82740.657	319	259.375		
Total	102813.601	330	311.556		

(table continues)

Table 15 - Continued

_____

Note. N = 331.

ROS = Religious Orientation of Setting.

ROE = Religious Orientation of Education.

LOE = Level of Education.

Table 16

Oneway ANOVA for CCTI by ROS, with Scheffe Post Hoc

Test (.05) for First Reclassification Strategy

Oneway Anova for ROS

Source	DF	Sum of Squares	Mean Squares	F Ratio	Sig. of F
B/W Grps	2	11185.921	5592.960	20.021	.000
W/I Grps	328	91627.681	279.353		
Total	330	102813.601			

Scheffe Post Hoc Test (.05)

Religious Orientation of Setting	Mean
Marginally Christian	54.81
Moderately Christian	61.97*
Strongly Christian	69.43*

Note. N = 331. ROS = Religious Orientation of Setting.

* = p < .05.

Strategy two. The second reclassification
strategy was similar to the first but employed an
additional question from the PPQ to classify religious
orientation of setting. In addition to question (Q-7)
from the PPQ, question five (Q-5) was also used in this
reclassification strategy (see Appendix A). This
question states: In general, counselors' treatment of
client problems/difficulties is guided by a Christian
world view/values system in my primary counseling
setting. Responses include (a) 1 = strongly agree,
(b) 2 = moderately agree, (c) 3 = slightly agree, (d) 4
= slightly disagree, (e) 5 = moderately disagree, and
(f) 6 = strongly disagree.

Participants were classified as practicing in a
Strongly Christian setting if their response was (a)
strongly agree to Q-5, and (b) 76 to 100% of clients
were Christians. Participants were classified as
practicing in a Moderately Christian setting if their
response was (a) moderately agree to Q-5 and 76 to 100%
of clients were Christians, or (b) strongly agree to
Q-5 and 51 to 75% of clients were Christians.
Participants were classified as practicing in a
Marginally Christian setting it their responses were:

(a) slightly disagree, moderately disagree, or strongly disagree to Q-5; or (b) 50% or less of clients were Christians. This method of classification was performed in addition to the first strategy because it included the counselor's perspective about the treatment of clients' problems/difficulties.

The results of the ANOVA via a regression approach were consistent with previous analyses. There was a significant main effect for religious orientation of setting, $F(2, 229) = 25.622$, $p < .001$, and level of education, $F(1, 330) = 11.766$, $p < .01$. There was not a significant main effect for religious orientation of education, $F(1, 330) = .631$, $p > .05$. There were no significant interaction effects for: (a) religious orientation of setting and level of education, $F(2, 325) = 2.039$, $p > .05$; (b) religious orientation of education and religious orientation of setting, $F(2, 325) = .547$, $p > .05$; (c) level of education and religious orientation of education, $F(1, 330) = .889$, $p > .05$; and (d) religious orientation of setting, level of education, and religious orientation of education, $F(2, 319) = .522$, $p > .05$. Results are presented in Table 17.

A One-way ANOVA with Scheffe (.05) post hoc test
was performed for religious orientation of setting.
Results indicated all levels of the variable were
significantly different from one another. Mean CCTI
scores were (a) marginally Christian setting, 54.72,
(b) moderately Christian setting, 61.93, and (c)
strongly Christian setting, 71.25 (see Table 18).

Table 17

Three Factor ANOVA Using CCTI by ROS, ROE, and LOE for

Second Reclassification Strategy

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig. of F
Main Effects	17586.061	4	4396.515	16.950	.000
ROE	163.765	1	163.765	.631	.427
LOE	3051.748	1	3051.748	11.766	.001
ROS	13291.223	2	6645.612	25.622	.000
2-way Interactions	1626.254	5	325.251	1.254	.284
ROE x LOE	225.485	1	225.485	.889	.352
ROE x ROS	325.425	2	162.713	.547	.535
LOE x ROS	1057.755	2	528.877	2.039	.132
3-way Interactions ROE x LOE	270.921	2	135.461	.522	.594
x ROS	270.921	2	135.461	.522	.594
Explained	20072.945	11	1824.813	7.035	.000
Residual	82740.657	319	259.375		
Total	102813.601	330	311.556		

(table continues)

Table 17 - Continued

_____

Note. N = 331.

ROS = Religious Orientation of Setting.

ROE = Religious Orientation of Education.

LOE = Level of Education.

Table 18

Oneway ANOVA Using CCTI by ROS with Scheffe Post Hoc

Test (.05) for Second Reclassification Strategy

Oneway Anova for ROS

Source	DF	Sum of Squares	Mean Squares	F Ratio	Sig. of F
B/W Grps	2	14738.771	7369.385	27.444	.000
W/I Grps	328	88074.830	268.520		
Total	330	102813.601			

Scheffe Post Hoc Test (.05)*

Religious Orientation of Setting	Mean
Marginally Christian	54.72
Moderately Christian	61.93*
Strongly Christian	71.25*

Note. N = 331. ROS = Religious Orientation of Setting.

* = p < .05.

Tests for Model Assumptions

There were significant main effects found for religious orientation of setting and level of education on CCTI. As a result, a final analysis of how well the data fit the assumptions for analysis of variance was undertaken. Three major assumptions are generally posited for analysis of variance. First, subjects are randomly selected and assigned to a treatment condition. Second, the population distribution of the dependent variable from which the samples are drawn is normal. Third, there should be homogeneity of within group variances such that the populations from which the groups were drawn have equal variances (Ferguson, 1981; Gravetter & Wallnau, 1988).

The first assumption for the ANOVA was met by the following procedures. Subjects were randomly selected from the population; ANOVA via a regression approach was computed to account for unequal cell sizes.

The second assumption was met by an analysis of the population distribution of the Christian Counseling Techniques Inventory. The population distribution was generally within normal limits. Figure 1 and Table 19 present the CCTI's distribution characteristics.

The third assumption was met by testing for equal variances using Cochran's C = Max. Variance and Bartlett's Box-F tests for homogeneity of variance. None of the tests was significant at the , $p < .05$, level. Table 20 presents tests for homogeneity of variance results.

Figure 1

Distribution for the CCTI

CT   MP

0   10.0 |.

0   17.5 | .

1   25.0 |▪   .

18   32.5|▨▨▨▨▨▨▨▨▨:▨▨▨▨▨

19   40.0|▨▨▨▨▨▨▨▨▨▨▨▨▨▨ .

55   47.5|▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨:▨▨▨▨▨▨▨▨▨▨▨▨

47   55.0|▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨ .

52   62.5|▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨ .

44   70.0|▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨ .

45   77.5|▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨▨:▨▨▨▨

20   85.0|▨▨▨▨▨▨▨▨▨▨▨▨▨ .

17   92.5|▨▨▨▨▨▨▨▨:▨▨

6 100.0|▨▨▨▨.

6 107.5|▪:▨▨▨

1 115.0|:

0 122.5|

0 130.0|
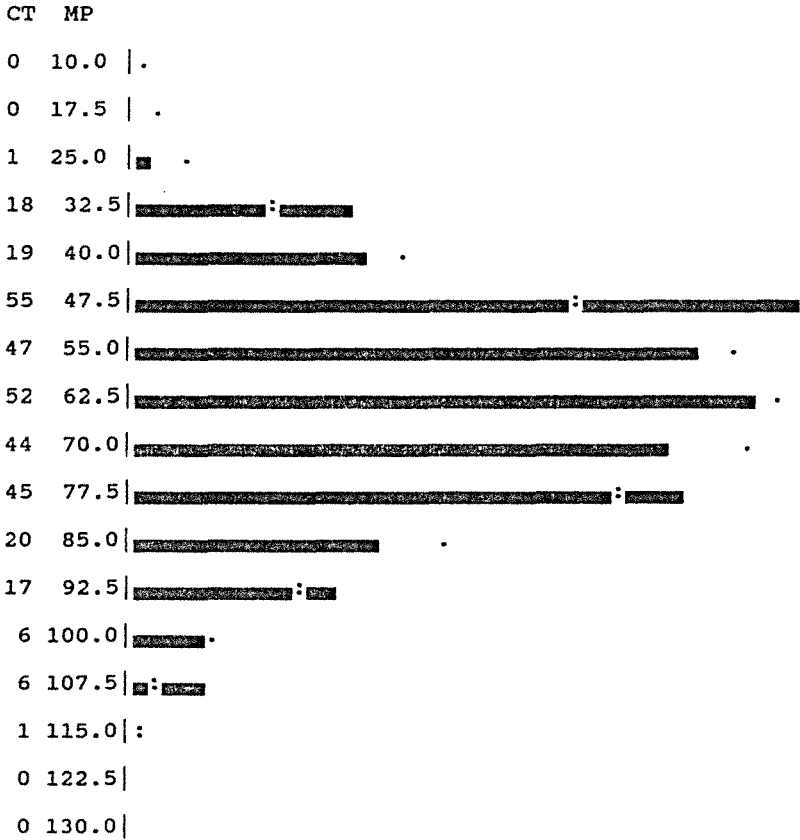
Note. N = 331. CT = Count.   MP = Midpoint.

: = normal curve superimposed.

Table 19

CCTI Distribution Characteristics

Mean	63.441
SD	17.651
Variance	311.556
Kurtosis	-.278
Skewness	.316
Range	87.000

Note. N = 331.

Table 20

Tests for Homogeneity of Variance

Variables	Cochran's C = Max. Variance /Sum(Variances)	Bartlett Box-F	Max./Min. Variance
LOE	.5383, P =.325	.967, P =.325	1.166
ROE	.5119, P =.759	.093, P =.760	1.049
ROS-1	.5545, P =.161	1.758, P =.185	1.245
ROS-2	.3855, P =.242	1.153, P =.316	1.349
ROS-3	.3889, P =.205	1.132, P =.323	1.274

Note. N = 331. P = probability.

LOE = Level of Education.

ROE = Religious Orientation of Education.

ROS-1 = Religious Orientation of Setting; Christian or Non-Christian; ROS-2 = Religious Orientation of Setting, First Strategy used in additional inquiry; Strongly Christian, Moderately Christian, Marginally Christian; ROS-3 = Religious Orientation of Setting; Second Strategy used in additional inquiry; Strongly Christian, Moderately Christian, Marginally Christian.

CHAPTER 4

DISCUSSION

This chapter discusses and interprets the results
of Chapter 3 in four sections. The first section
presents a discussion of the descriptive statistics
results. The second section discusses the factorial
ANOVA results and includes four subsections. The first
three subsections discuss (a) main findings, (b)
implications, (c) weaknesses, and (d) considerations
for future research for hypotheses one through three,
respectively. The fourth subsection discusses (a) main
findings, (b) implications, (c) weaknesses, and (d)
suggestions for future research for hypotheses four
through seven. The third section discusses
considerations for future research for the study as a
whole. The fifth section is a summary of this study.

Results of Descriptive Statistics

For the entire sample there were more males, 197, than females, 134. This difference was more pronounced in doctoral level therapists, where males far outnumbered females; 133:39. At the masters level, this was reversed as females outnumbered males 95:63. Overall, there were roughly equal number of doctoral and masters level therapists within this sample, 172:159, respectively.

There were 155 participants who had completed graduate education at institution(s) with a Christian religious orientation. Conversely, 176 participants completed their entire graduate education at non-Christian institutions. Among those respondents who had completed education at Christian institutions, males far outnumbered females, 103:52. Those who had all their education from non-Christian institutions were roughly equal in terms of gender with 94 males and 82 females.

Descriptive statistics' results indicated there was considerable consistency among CAPS members with respect to several characteristics. In general, CAPS members practiced in clinical settings which were to

some degree Christian in their orientation. The vast
majority of CAPS members, 83.0%, performed clinical
services in either independent private practice, group
private practice, or a church based or religious non-
profit clinic.

Perhaps, as Christians, CAPS members have found
traditional mental health agencies too restrictive in
terms of religious expression in clinical practice.
It would be interesting to examine differences between
types of clinical settings in which non-Christian
therapists practice and those found for CAPS members.

The vast majority of participants, 95.8%,
indicated that religion was at least very important to
them. This finding was replicated across all groups
examined in this study. Married participants comprised
86% of the sample. This was replicated in all groups
examined in this study. Mean age for all participants
was 44.6 years.

A consistent pattern for professional orientation
occurred as roughly 40% of participants indicated they
were Eclectic. This most frequent choice was followed
by Cognitive-Behavioral and then Psychodynamic
orientations in all groups examined within this study.

More participants indicated they were directive, 51.4%, than nondirective, 29.9%, or other than directive or nondirective, 18.7%, in their counseling approach. This pattern was replicated in all groups examined. Mean years of counseling experience for the total sample was 12.8; doctoral level therapists had more counseling experience than masters level therapists, 15.0:10.2 years. Mean hours of client contact per week was 24.4 for the total sample. Doctoral level therapists had greater mean hours of client contact per week than masters level therapists, 27.0:21.6.

For the total sample, the six Christian counseling techniques with the highest mean scores for use with clients were: (a) forgiveness, M = 3.60; (b) fellowship, M = 3.56; (c) rest, M = 3.42; (d) journal keeping, M = 3.38; (e) intercessory prayer, M = 3.16, and (f)confession/repentance, M = 3.12. The four techniques with lowest mean scores for use with clients were: (a) praying in the Spirit, M = 1.44; (b) deliverance, M = 1.60; (c) healing, M = 1.61; and (d) fasting/abstinence, M = 1.80. These patterns were replicated across all groups.

In summary, this sample of CAPS members indicated CAPS members generally place importance on their religious faith in their personal and professional lives. They generally practice in either, independent or group private practice, or at a church or religiously based clinic. As a whole, they appear to be primarily Eclectic, Cognitive-Behavioral, or Psychodynamic in terms of professional theoretical orientation. They are generally more directive than nondirective in their counseling approach. A large portion of CAPS members have received graduate training at institutions with Christian religious orientations.

It appears Christian counseling techniques are incorporated into CAPS members' professional practice with some frequency. With the exception of deliverance, fasting/abstinence, praying in the Spirit, and healing, all of the Christian counseling techniques were reportedly used with a mean frequency of more than 25% of clients. Furthermore, several techniques were reportedly used with a mean frequency of more than 50% of clients. These techniques were: fellowship, rest, journal keeping, forgiveness, confession, scripture: counselor pro-active, and intercessory prayer.

Discussion of Hypotheses

In this section, the main findings, implications, weaknesses, and suggestions for future research are discussed for hypotheses one through seven. There are four subsections. Hypotheses one through three are discussed in the first three subsections, respectively. Hypotheses four through seven are discussed in a fourth subsection.

Hypotheses One: Religious Orientation of Setting

Hypothesis one suggested there would be significant differences among counselors who practiced in settings which differed in their religious orientation for the use of Christian counseling techniques as measured by the CCTI. This hypothesis was supported in all analyses.

In the initial analysis there was a significant main effect for religious orientation of setting on CCTI when setting was identified as Christian or non-Christian. This result was replicated in subsequent analyses which classified religious orientation of setting as strongly Christian, moderately Christian, or marginally Christian. Additionally, there were

significant differences found between each level of the variable after reclassification and subsequent analyses.

After initial review of results, it was concluded that the initial classification of settings as Christian or non-Christian was inadequate. The homogeneous nature of the sample with respect to professional setting did not permit a distinction between Christian and non-Christian settings. A more accurate distinction was the degree of religiosity for setting within a Christian religious orientation.

Possibly the most important finding with respect to religious orientation of setting was that the more religious the setting the more Christian counseling techniques were used. Specifically, therapists who practiced in highly religious settings used Christian counseling techniques with significantly greater frequency than those who practiced in less religious settings.

Results were consistent with previous research found in the literature. Several investigators have found differences in therapists' counseling practices for different types of treatment settings (Adams et

al., 1991; Jones et al., in press; Worthington et al.,
1988; Worthington & Scott, 1983). Additionally,
Worthington et al. (1988) and Wilson (1974) found that
Christian counseling techniques were used more often
with clients who were perceived as religious.

Several implications may be indicated by the
results. First, this study and previous research
indicates the setting in which a therapist practices
may have a major influence on Christian counseling
technique use. Therapists generally use more Christian
counseling techniques in settings which are more
religious, however this is defined. Additionally,
therapists may tailor interventions according to the
client's needs or wants. Several investigators report
therapists are more likely to use religious
interventions when they perceive their clients as
religious (Adams et al., 1991, Ganje-Fling & McCarthy,
1991; Gass, 1984; Wilson, 1974; Worthington et al.,
1988).

Second, the present data suggest clinicians'
perceptions regarding the setting's religiosity may
effect the use of Christian counseling techniques in
clinical practice. Apparently the use of religious

interventions is not only a function of the client population characteristics but also depends on the therapist's perceptions and perspective as well. A difficulty in interpreting these findings is the possibiility that client characteristics and therapists' perspectives may have significant covariance. Given the strong possibility of this covariance, causal inferences are problematic for this finding.

Third, the use of Christian counseling techniques involves a complex interplay between counselor and client which may affect the process and outcome of therapy and therefore should be discussed explicitly in the early stages of treatment (McMinn, 1984).

Due to the quasi-experimental nature of the study, orthogonality of the variable, religious orientation of setting, was doubtful. Random assignment of therapists to different settings was impossible. Additionally, there were unequal cell sizes for religious orientation of setting. Statistical analysis using ANOVA via regression was employed to overcome the difficulty created by unequal cell sizes; however, random assignment of participants was impossible and

impractical given the nature and purpose of this study. As a result, it could not be inferred that the groups were independent and causal inferences could not be drawn.

Classification of the variable, religious orientation of setting, was somewhat arbitrary. The original classification procedure was subsequently judged to be inadequate for distinguishing between Christian and non-Christian settings. This probably reflected the population's homogeneous nature more than an inherent weakness in the classification procedure implemented (Adams et al., 1991).

Religiosity of clients was not considered. While the number of clients who were Christians within a particular setting was investigated, clients' degree of religiosity was not. It is possible that two clinicians may see religious clients in equal numbers but their respective clients may vary considerably in their religiosity intensity. This may have significant effect on the use of Christian counseling techniques given previous research in this area (Worthington et al., 1988).

The CCTI is a self-report measure of behavior. As such, scores on the CCTI may be biased or inaccurate by therapists' misperceptions. No attempt was made to objectively validate the behavior of therapists to determine if, in fact, these techniques were used.

Other variables such as counseling approach, gender, experience, and professional orientation which may have affect Christian counseling technique use were not controlled for in this study. Additional research should have greater experimental control for possible confounding variables.

Several areas of additional inquiry could be profitable. First, the CCTI, as modified and used in this study, is a global measure of Christian counseling technique use; individual techniques were not a major consideration in this study. A better understanding of which specific techniques are used in settings which differ according to their religious orientation would further our understanding of the integration process. As Worthington et al. (1988) argue "it is not the mere number of spiritual guidance techniques used that is important in influencing clients perceptions of

effective therapy. Rather, the choice of which techniques to use at what time is more important" (p. 292).

Second, additional research which investigates the religiosity of clients within settings would add to our understanding of the integration of Christian disciplines into clinical practice. Rather than mere number of religious clients or clinicians' perceptions regarding their settings' religiosity, exploring client religiosity could further our understanding about how and when Christian counseling techniques are used with different clients in professional practice.

Third, developing studies which investigate differences between Christian and secular settings for use of Christian counseling techniques is warranted. A major finding from this study was there were significant differences for Christian counseling technique use within a homogenous population. Most CAPS members sampled practiced in settings which were Christian in their religious orientation. Additional research could concentrate on differences between strictly Christian and secular settings.

The present data was based on therapist reports and may be affected by therapist bias. Further study could examine clients' reports of such interventions or directly observe their occurrence. Finally, no attempt was made to determine technique efficacy. Mere use of technique does not guarantee efficacy in the therapeutic process. More studies are needed to study which techniques are effective and what type of client they are effective with in order to further the integration process (Worthington et al., 1988).

Hypothesis Two: Level of Education

Hypothesis two stated that CAPS members who have earned a doctoral degree in a psychologically related program of study would use Christian counseling techniques less frequently than CAPS members whose highest degree was a masters. Based on analysis results, this hypothesis was supported. Doctoral level therapists' mean CCTI score was significantly less than masters level therapists.

The results of this study were consistent with previous research found in the literature. Several investigators have found an inverse relationship between the level of graduate education in counseling

or psychology and the use of traditional Christian
disciplines in clinical practice (Adams et al., 1991;
Ganje-Flinge & McCarthy, 1991; Griffith, 1983a; Winger
& Hunsberger, 1988). Additionally, results from
previous research have indicated there are differences
between the clinical practices of masters and doctoral
level clinicians (Worthington & Scott, 1983).

Kleinman (cited in Ganje-Fling & McCarthy, 1991)
has observed that clinicians, having been educated and
socialized in a particular way, will hold to the system
of meaning they have internalized and understood.
Clinicians who have received doctoral level training in
psychology or counseling have been exposed to more
psychological theory, explanation, and technique for
human behavior change than masters level therapists.
As a result they may be more likely to incorporate this
into their clinical practice and rely more on
psychological interventions than traditional Christian
disciplines.

Due to more extensive training, doctoral level
therapists may have a greater number of techniques
available to them. Therefore, they may be less
restricted in the repertoire of therapy interventions

they use. They may use interventions which are similar
to techniques included on the CCTI, but not report
using CCTI items. Additional training may allow
doctoral level therapists to incorporate interventions
not offered on the CCTI into their clinical practice.

Doctoral level therapists traditionally receive
limited education and training in the area of
psychology and religion (Shafranske & Malony, 1990).
They may be reluctant to use religious interventions
with which they are unfamiliar in favor of more
empirically based psychological interventions.

Masters level therapists have less psychological
training than doctoral level therapists; as a result,
they may be more likely to incorporate more diverse
interventions in their clinical practice. They may be
more open to religious interventions which do not
necessarily derive from a particular theoretical
orientation.

This study was able to accurately distinguish
between masters and doctoral level therapists.
However, the specific type of masters or doctoral
degree was not considered and this may have significant

impact on the clinicians' use of Christian counseling techniques. The particular degree earned in a psychologically related program of study may confound effects found for level of education.

In particular, it is possible that a larger proportion of masters level practitioners have been educated in disciplines other than clinical psychology: counseling psychology, marriage and family therapy, social work, and pastoral counseling. This may have substantive effect on clinical practice and make the comparison between masters and doctoral level therapists more complex than the dichotomous method employed in this study.

Masters and doctoral level therapists were evaluated across broad setting classifications. A more accurate assessment of differences between masters and doctoral level therapists could be made if they were studied within the same setting. Studies which randomly assigned masters and doctoral level therapists to a specific setting, could better ascertain differences among these two groups.

Studies investigating differences for CCTI with respect to different types of masters and doctoral

degrees could elicit valuable information concerning the use of Christian counseling techniques in clinical practice. Specific investigation concerning a clinician's graduate training in the use of religious interventions could facilitate understanding of the differences between masters and doctoral level therapists for Christian counseling technique use.

Moon et al. (1991) found there is little training in the clinical application of Christian disciplines within graduate institutions with a Christian religious orientation. Despite this finding, it would be profitable to develop studies which trained both masters and doctoral level therapists in Christian counseling technique use and subsequently examined possible differences in their clinical application.

Hypotheses Three: Religious Orientation of Education

Hypothesis three stated there would be a significant difference for CCTI with respect to the religious orientation of education. Based on analysis results, this hypothesis was not supported. Participants who completed graduate education at an institution which had a Christian religious orientation did not differ significantly from those who had no

graduate training from institutions with a Christian
religious orientation with respect to mean frequency of
Christian counseling technique use.

These results were consistent with previous
literature. Moon et al. (1991) stated that "in spite
of the growing number of graduate training programs
designed to teach the integration of psychology and
theology, there is little empirical evidence that
Christian counselors are receiving training in uniquely
Christian interventions, however these interventions
are defined" (p. 155). Additionally, they asserted
that "the instruction in [the clinical application of]
Christian disciplines is a rarity, [even in graduate
counseling/psychology programs with religious
identification]" (p. 162).

Shafranske and Malony (1990) found less than 5% of
psychologists who responded to their survey indicated
they had received training in religious and spiritual
issues. Jones et al. (in press) surveyed graduates
from religiously oriented institutions; results
indicated respondents were only moderately satisfied
with their training in relating faith and psychology.

It appears the religious orientation of education may not affect the use of Christian counseling techniques in clinical practice. This may be due to several factors. First, graduate training in Christian institutions may not include training in the clinical application of Christian disciplines (Moon et al., 1991). This study's results suggest therapists use Christian counseling techniques with some frequency in their clinical practice. If this is the case as suggested by this study and previous research, the question which could be asked is; why isn't formal training in the use of these techniques taking place?

An additional question which follows this finding is: What makes graduate education in a Christian institution distinct from that received in a non-Christian institution? If part of the distinction is not training in the application of Christian disciplines for clinical practice, what are the distinctions, if any? Perhaps, as suggested by previous research, personal beliefs rather than clinical training shapes the clinician's religious therapeutic interventions with clients (Shafranske & Malony, 1990).

Third, previous research has suggested that clinicians attempt to match therapeutic interventions according to the perceived needs of clients. This overarching principle may override specific training received in graduate education. A clinician who received training in the clinical application of Christian disciplines may not use these if the perceived needs of his/her clients do not warrant such interventions (Worthington et al., 1988).

The classification strategy used in this study was effective in distinguishing between those respondents who had received graduate education from Christian institutions and those who had not. Cross validation of the questions used to determine this distinction with other questions on the PPQ indicated 99% agreement as to the religious orientation of graduate education.

Despite this accuracy, orthogonality of the variable, religious orientation of education, was questionable. The quasi-experimental nature of the research which investigated naturally occurring variables did not permit adequate control of this variable to ensure orthogonality. Unequal cell sizes were controlled for by the statistical procedure

employed but randomization could not be performed. As a result, true independence among groups was impossible and causal inferences could not be made.

Second, if a participant had completed a graduate degree program from a Christian institution at either masters or doctoral level they were included in the Christian category for religious orientation of education. A participant who completed their masters degree from a Christian institution but their doctorate at a non-Christian institution would be placed in the Christian category. This classification procedure may have obscured important differences between those who received their education exclusively at Christian institutions and those who did not.

Third, there was no attempt made to ascertain whether respondents had received formal training for the application of Christian disciplines to clinical practice. Given the purpose of this study, it would have been beneficial to have this information in order to determine whether training in this area actually affects the use of Christian counseling techniques in actual practice.

Further research should investigate the relationship between formal training for the use of Christian counseling techniques and their application in clinical practice. Second, further research could investigate therapists' clinical practices before and after formal training in the clinical use of Christian disciplines. Third, further investigation concerning the distinctives between graduate education in Christian institutions and non-Christian institutions should be undertaken. Several questions remain as to what distinctions exist between these two alternatives and what practical difference it makes for a person to choose graduate education in one type of institution versus another.

Hypotheses Four through Seven: Interaction Effects
Among the Independent Variables

Hypotheses four through seven posited interaction effects among (a) religious orientation of setting, (b) level of education, and (c) religious orientation of education. Based on the results, none of the hypotheses for interaction effects were supported.

Hypothesis four: Religious orientation of setting
and level of education. The amount of Christian
counseling techniques which a masters level therapist
or doctoral level therapist uses does not appear to be
significantly affected by the religious orientation of
setting. Although significant interaction effects for
religious orientation of setting and level of education
were not found, masters level therapists' mean CCTI
score was more affected as religiosity of setting
decreased.

Masters level therapists may face constraints
such as supervision or employment restrictions which
could inhibit their preferred clinical practices. They
may feel more compelled to adhere to the guidelines set
forth by supervisors or employers. Thus, they would be
less likely to use Christian counseling techniques as
the religiosity of the setting decreased. Doctoral
level therapists who generally practice independently,
may be less affected by changes in religiosity of
setting.

Future research should examine masters and
doctoral level therapists professional practices across
settings which have greater variability with respect to

religiosity. There may be interaction effects which
have been obscured in the present study given the high
proportion of the sample which practice in Christian
settings. Additionally, masters and doctoral level
therapists could undergo some formal training for
Christian counseling technique use and then be randomly
assigned to different treatment settings. This could
increase understanding regarding any possible
interactions between religious orientation of setting
and level of education.

Hypothesis five: Religious orientation of
education and level of education. The amount of
Christian counseling techniques which a masters or
doctoral level therapist uses in clinical practice does
not appear to significantly affected by the religious
orientation of education they completed. There was not
a significant interaction effect for religious
orientation of education and level of education.

Previous research by Moon et al. (1991) suggested
little training in the clinical application of
Christian disciplines is taking place in graduate
institutions with a Christian religious orientation.
If little training is taking place, it would be

expected that differences found in the use of Christian counseling techniques would not result from the religious orientation of education. Results from this study are consistent with Moon et al.'s findings; it appears the religious orientation of education has little influence on Christian counseling technique use.

Participants who completed a portion of their graduate training at a Christian institution and a portion at a non-Christian institution were classified as having a Christian religious orientation of education. This classification procedure may have obscured interaction effects which would be found if participants were classified as Christian only if their graduate education was completed entirely at a Christian institution.

No inquiry was made regarding formal training which a respondent had received in the clinical application of Christian disciplines. A therapist could attend a non-Christian institution and under the supervision of a Christian professor be exposed to such applications. This possibility would be lost within the strategy employed in this study.

Future research could examine the differences
between graduates who obtained their education only in
Christian or non-Christian institutions. Second,
inquiry into the formal training for Christian
counseling technique use should be undertaken. Inquiry
should focus not only the amount of training, but which
individual techniques which comprise the CCTI were
emphasized in this training.

Hypothesis six: Religious orientation of setting
and religious orientation of education. Hypothesis six
stated there would be a significant interaction effect
for CCTI between religious orientation of setting and
religious orientation of education. Based on the
results, this hypothesis was not supported. It appears
Christian counseling technique use in clinical settings
is not significantly affected by the religious
orientation of education received by therapists within
those settings.

Future research could be performed which would
randomly assign individuals who had formal training in
the clinical application of Christian disciplines and
those who had not to different treatment settings.
Differences in Christian counseling technique use could

then be examined with more control and better understanding of possible interaction effects.

Regardless of formal training, individuals within the same setting who attended Christian and those who attended non-Christian institutions could be studied with respect to their clinical application of Christian disciplines.

Hypothesis seven: Interaction effects among all three independent variables. Hypothesis seven suggested there would be a significant interaction effect for level of education, religious orientation of education, and religious orientation of setting on CCTI. Based on this study's results, this hypothesis was not supported. None of the analyses produced a significant 3-way interaction effect for these variable on CCTI.

Future Research

Several suggestions for future research have been made throughout discussion of the hypotheses and will not be reiterated. However, there are some avenues for inquiry which are pertinent to the entire study and are mentioned at this time.

First, there are several variables which were not investigated in this study which may have significant effect on Christian counseling technique use. Future research could focus on effects which therapists' gender, counseling approach, religiosity, and/or academic religious education has on CCTI. This could be done through simple analysis of variance, multivariate analysis of variance, or analysis of covariance with these or other variables.

Second, the CCTI is a global scale. It is an aggregate score and thus identifies only the amount of techniques which are used. Future research should focus on particular techniques which comprise the CCTI to further our understanding concerning the popularity and utility of various techniques.

Third, future research should focus on aspects related to efficacy of Christian counseling techniques. Which techniques work, for whom, and when they should be employed in clinical practice, are all questions which remain as yet unanswered. This present study focused on issues related to the process of Christian counseling technique use in clinical practice.

Additional research should focus on outcome and
efficacy issues related to Christian counseling
technique use.

Support for using the aggregate score on the CCTI
as a single measure for frequency of Christian
counseling technique use was reported by Adams (1992).
Factor analysis was conducted on the CCTI with the
sample used for this study ($\underline{N}$ = 331). This analysis of
patterns of intercorrelations among Christian
counseling techniques yielded one main factor. Support
for the internal consistency of the CCTI was indicated
by a coefficient alpha of .93. Despite these
encouraging, albeit preliminary results, further
research should be performed on the CCTI to add to our
understanding regarding its reliability and validity.

Summary of the Study

The major purpose of this study was to examine
effects of graduate education and counseling setting on
Christian Counseling Techniques use among members of
the Christian Association for Psychological Studies.
Specifically, the study sought to examine whether there

were significant differences among counselors on the
dependent measure Christian Counseling Techniques
Inventory (CCTI).

Clinical members of CAPS were grouped according to
level of education, religious orientation of education,
and religious orientation of setting. Major findings
were there were significant differences between
counselor groups regarding Christian counseling
technique use as measured by the CCTI. Specifically,
masters level therapists' mean CCTI score was
significantly greater than doctoral level counselors.
Counselors in Christian settings had a mean CCTI score
which was significantly greater than therapists in non-
Christian settings.

Settings were also classified as strongly
Christian, moderately Christian, or marginally
Christian. Mean CCTI scores for counselors in all
three setting types were significantly different from
one another. Counselors in strongly Christian settings
had the largest mean CCTI score followed in order by
counselors in moderately Christian settings and
counselors in marginally Christian settings. No
significant differences were found among therapists

according to religious orientation of education for
CCTI. Finally, there were no significant interaction
effects among the counselor groups on CCTI.

The nature of the research did not permit adequate
control to infer causality among the independent
variables. However, the sample size, random selection,
and statistical analysis allow some inferences to made
about CAPS members in general as well as their clinical
practices, particularly their use of Christian
counseling techniques.

As a result, valuable information has been gained
concerning the clinical use of traditional Christian
disciplines which may further the integration of
psychology and Christianity, assist in the healing
process for those who currently suffer.

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Appendix A

<u>Professional Practice Questionnaire</u>

Nationwide Survey of CAPS Members

Regarding

Use of Christian Counseling Techniques

Samuel A. Adams, M.A.
Steven W. Stratton, M.A.
Rodger K. Bufford, Ph.D.
Neal F. McBride, Ed.D. Ph.D.
George Fox Graduate School of Clinical Psychology
Newberg, Oregon.

Q-1 Which of the following best describes your primary
     professional counseling setting?
     (Please circle number)

         1   CHURCH BASED OR RELIGIOUS NON-PROFIT CLINIC
         2   INDEPENDENT (SOLO) PRIVATE PRACTICE
         3   HEALTH MAINTENANCE ORGANIZATION
         4   COLLEGE OR UNIVERSITY COUNSELING CENTER
         5   COMMUNITY MENTAL HEALTH CENTER
         6   INPATIENT HOSPITAL SETTING
         7   GROUP PRIVATE PRACTICE
         8   STATE/COUNTY/VA HOSPITAL SETTING
         9   SCHOOL COUNSELOR/ CONSULTANT
        10   OTHER   (PLEASE SPECIFY BELOW)

     _____

For Q-2 through Q-6, please circle the number of the
choice that best describes the extent of your agreement
or disagreement with the following statements.

Q-2 My primary counseling setting supports the
     discussion of religious issues during counseling
     sessions.
     (Please circle number)

         1   STRONGLY AGREE
         2   MODERATELY AGREE
         3   SLIGHTLY AGREE
         4   SLIGHTLY DISAGREE
         5   MODERATELY DISAGREE
         6   STRONGLY DISAGREE

Q-3 In general, my primary counseling setting supports
     the use of interventions which are derived
     primarily from a Christian religious tradition.
     (Please circle number)

         1   STRONGLY AGREE
         2   MODERATELY AGREE
         3   SLIGHTLY AGREE
         4   SLIGHTLTY DISAGREE
         5   MODERATELY DISAGREE
         6   STRONGLY DISAGREE

Q-4 My primary counseling is identified as Christian
     in its literature or statement of purpose.
     (Please circle number)

     1 STRONGLY AGREE
     2 MODERATELY AGREE
     3 SLIGHTLY AGREE
     4 SLIGHTLY DISAGREE
     5 MODERATELY DISAGREE
     6 STRONGLY DISAGREE

Q-5 In general, treatment of client problems/
     difficulties is guided by a Christian world
     view/values system by counselors in my primary
     counseling setting.
     (Please circle number)

     1 STRONGLY AGREE
     2 MODERATELY AGREE
     3 SLIGHTLY AGREE
     4 SLIGHTLY DISAGREE
     5 MODERATELY DISAGREE
     6 STRONGLY DISAGREE

Q-6 My primary counseling setting serves a client
     population that is predominantly Christian.
     (Please circle number)

     1 STRONGLY AGREE
     2 MODERATELY AGREE
     3 SLIGHTLY AGREE
     4 SLIGHTLY DISAGREE
     5 MODERATELY DISAGREE
     6 STRONGLY DISAGREE

Q-7 Estimate the percentage of clients in your primary
     setting who would identify themselves as Christian
     (Please circle number)

     1 0 TO 25 PERCENT
     2 26 TO 50 PERCENT
     3 51 TO 75 PERCENT
     4 76 TO 100 PERCENT

Q-8 My primary professional identification is.
     (Please circle all that apply)

        1 PSYCHOLOGIST
        2 PHYSICIAN
        3 MARRIAGE AND FAMILY THERAPIST
        4 CHRISTIAN COUNSELOR
        5 SOCIAL WORKER
        6 MASTER'S LEVEL THERAPIST
        7 OTHER (PLEASE SPECIFY BELOW

     _____

Q-9 What are your professional credentials and
     licensure(s).
     (Please circle all that apply)

        0 NOT CURRENTLY LICENSED OR CERTIFIED
        1 LICENSED PSYCHOLOGIST
        2 LICENSED MARRIAGE AND FAMILY THERAPIST
        3 LICENSED M.A. PSYCHOTHERAPIST
        4 LICENSED COUNSELOR
        5 LICENSED SOCIAL WORKER
        6 CERTIFIED SUBSTANCE ABUSE COUNSELOR
        7 OTHER (Please specify below)

     _____

Q-10 Which of the following most accurately describes
      your professional orientation? Please circle the
      number of the choice that is the best descriptor
      of your professional practice.

        1 COGNITIVE
        2 COGNITIVE-BEHAVIORAL
        3 PSYCHOANALYTIC
        4 PSYCHODYNAMIC
        5 GESTALT/EXISTENTIAL/HUMANISTIC
        6 ROGERIAN/PERSON CENTERED
        7 ECLECTIC
        8 OTHER (Please specify below)

     _____

Q-11   Which statement best describes your approach to
       counseling?
       (Please circle number)

       1   I AM GENERALLY DIRECTIVE IN MY APPROACH
       2   I AM GENERALLY NON DIRECTIVE IN MY APPROACH
       3   OTHER (PLEASE SPECIFY)

       _____

Q-12   Number of years of counseling experience.

       _____ YEARS

Q-13   What is the approximate number of client contact
       hours per week you have had during your
       counseling experience?

       _____ HOURS

Q-14   Please circle the number(s) that correspond to
       degree(s) you have achieved in psychologically
       related program(s) of study.
       (Please circle all that apply).

       1   BACHELOR'S DEGREE (B.A., B.S, B.S.E OR
           EQUIVALENT)
       2   MASTER'S DEGREE (M.A., M.S.W., M.S., M.Ed.)
       3   DOCTORAL DEGREE (Ph.D., Psy.D., M.D., Ed.D.)

Q-15 Please list the degree(s) and the name(s) of the
      institution(s) from which you completed training
   in a psychologically related program of study.

      BACHELOR'S:

      DEGREE(S);_____

INSTITUTION(S):_____

      MASTER'S:

      DEGREE(S);_____

INSTITUTION(S):_____

      DOCTORAL:

      DEGREE(S);_____

INSTITUTION(S):_____

For Q-16 through Q-21, please circle the number of the
choice that best describes your perception as to the
accuracy of the statements. These statements concern
your graduate training in a psychologically related
program of study.

Q-16 through Q-18 refer to Master's level of graduate
training.

Q-16   There was an explicit commitment to a Christian
        world view in the philosophy or statement of
        purpose of the institution from which I
        graduated.
        (Please circle number)

        1   COMPLETELY ACCURATE
        2   MOSTLY ACCURATE
        3   SOMEWHAT ACCURATE
        4   SOMEWHAT INACCURATE
        5   MOSTLY INACCURATE
        6   COMPLETELY INACCURATE

Q-17   There was a commitment to the study of the
        integration of psychology and
        theology/Christianity in theory, practice,
        and research by the institution from which I
        graduated.
        (Please circle number)

        1   COMPLETELY ACCURATE
        2   MOSTLY ACCURATE
        3   SOMEWHAT ACCURATE
        4   SOMEWHAT INACCURATE
        5   MOSTLY INACCURATE
        6   COMPLETELY INACCURATE

Q-18   Issues related to the integration of psychology
       and theology/Christianity were addressed in the
       curriculum of the graduate program of study from
       which I graduated.

       1   COMPLETELY ACCURATE
       2   MOSTLY ACCURATE
       3   SOMEWHAT ACCURATE
       4   SOMEWHAT INACCURATE
       5   MOSTLY INACCURATE
       6   COMPLETELY INACCURATE

Q-19 through Q-21 apply only to those who have
completed a doctoral degree in a psychologically
related program of study. Others go to Q-22.

Q-19   There was an explicit commitment to a Christian
       world view in the philosophy or statement of
       purpose of the institution from which I
       graduated.
       (Please circle number)

       1   COMPLETELY ACCURATE
       2   MOSTLY ACCURATE
       3   SOMEWHAT ACCURATE
       4   SOMEWHAT INACCURATE
       5   MOSTLY INACCURATE
       6   COMPLETELY INACCURATE

Q-20   There was a commitment to the study of the
       integration of psychology and
       theology/Christianity in theory, practice,
       and research by the institution from which I
       graduated.
       (Please circle number)

       1   COMPLETELY ACCURATE
       2   MOSTLY ACCURATE
       3   SOMEWHAT ACCURATE
       4   SOMEWHAT INACCURATE
       5   MOSTLY INACCURATE
       6   COMPLETELY INACCURATE

Q-21   Issues related to the integration of psychology
       and theology/Christianity were addressed in the
       curriculum of the graduate program of study from
       which I graduated.
       (Please circle number)

       1   COMPLETELY ACCURATE
       2   MOSTLY ACCURATE
       3   SOMEWHAT ACCURATE
       4   SOMEWHAT INACCURATE
       5   MOSTLY INACCURATE
       6   COMPLETELY INACCURATE

Q-22   What is the highest level of academic <u>religious
       education</u> you have completed?
       (Please circle number)

       1   BACHELOR'S DEGREE (B.D., Th.B. OR EQUIVALENT)
       2   0-60 SEMESTER HOURS IN A GRADUATE PROGRAM OF
           STUDY
       3   MASTER'S DEGREE (M.Div., Th.M, M.A., OR
           EQUIVALENT)
       4   DOCTORAL DEGREE (Ph.d., Th.D, OR EQUIVALENT)
       5   NONE

Q-23   How frequently do you attend church or church
       related activities?
       (Please circle number)

       0   NOT APPLICABLE
       1   LESS THAN ONCE A YEAR
       2   ONCE OR TWICE A YEAR
       3   3 TO 12 TIMES A YEAR
       4   2 TO 3 TIMES A MONTH
       5   WEEKLY
       6   2 TO 4 TIMES A WEEK
       7   5 TO 7 TIMES A WEEK

Q-24 How often do you practice personal devotions?
      (Please circle number)

      0 NEVER
      1 LESS THAN ONCE A MONTH
      2 1 TO 3 TIMES A MONTH
      3 WEEKLY
      4 2 TO 4 TIMES A WEEK
      5 5 TO 7 TIMES A WEEK

Q-25 I practice personal religious disciplines
      (Bible study, prayer, meditation, etc.)

      0 NEVER
      1 DAILY
      2 SEVERAL TIMES PER WEEK
      3 SEVERAL TIMES PER MONTH
      4 INFREQUENTLY

Q-26 What is the average duration of your personal
      devotions?

      _____ MINUTES

Q-27 How important would you say religion is to you,
      on a scale of 1 to 6, 1 being of no importance or
      have no religion and 6 being extremely important,
      religious faith is the center of your life ?
      (Circle Number)

      No Importance   Extremely
                                             Important

      1--------2--------3--------4--------5--------6
      Have no Religion   Religious Faith is
                                    the center of my life

Q-28   Religious faith plays a very important role in my
       professional practice.
       (Circle Number)

       0   STRONGLY AGREE
       1   MODERATELY AGREE
       2   SLIGHTLY AGREE
       3   SLIGHTLY DISAGREE
       4   MODERATELY DISAGREE
       5   STRONGLY DISAGREE

Q-29   Your sex   (Circle number)

       1   MALE
       2   FEMALE

Q-30   Your present age: _____ YEARS

Q-31   Your present marital status.   (Circle number)

       1   NEVER MARRIED
       2   MARRIED
       3   DIVORCED
       4   SEPARATED
       5   WIDOWED

Is there anything else you would like to tell us about the use of Christian counseling techniques. If so, please use this space for that purpose.

Also, any comments you wish to make that you think may help us in understanding your responses to this survey will be appreciated, either here or in a separate letter.

Your contribution to this effort is greatly appreciated. If you would like a summary of the results, please print your name and address on the back of the return envelope (NOT on this questionnaire). We will see that you get it.

Appendix B

Christian Counseling Techniques Inventory

PLEASE NOTE

Copyrighted materials in this document have
not been filmed at the request of the author.
They are available for consultation, however,
in the author's university library.

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University Microfilms International

Appendix C

Permission for this Study

Christian Association for Psychological Studies (CAPS)

An association of Christians in the psychological and pastoral professions

February 7, 1991
91-17

Steven Stratton
2343 SE 45th
Portland, OR 97215

Dear Mr. Stratton:

Thank you for writing to inquire about the Christian Association for Psychological Studies, Inc. (CAPS) providing some assistance to you and your colleagues at George Fox College in your doctoral research. Since I was in Corpus Christi, TX at the annual conference of the Religious Conference Management Association when your letter arrived, the CAPS Office Manager attempted to telephone you. Since you were out, the manager talked to your wife and told you I would contact you this week.

Your intended research sounds compatible with the purposes of CAPS, therefore as Executive Secretary (I was kicked upstairs after being President) I would be pleased to cooperate with you and your colleagues. The way your research is described, you would want to survey only our members who provide clinical services. Also, if you are truly going to do a "random sample", I assume you would need name and address information about all our clinical members in the USA, from which you would select your sample by using random number tables or a computer program. If that is the case, at this moment CAPS has 1,130 members who provide clinical services. We could have our computer print the names and addresses (telephone number if needed) of those 1,130 (will be a few more each day as our membership grows) members for you. They would be listed in alphabetical order, by last name. Our non-profit charge would be $12.00, including first-class postage. If you choose that option, please send your request and a check made out to CAPS.

As much as I would like to, it would not be appropriate for me as Executive Secretary of CAPS to be a co-signer on your cover letter. That would imply official CAPS endorsement, which the Board of Directors would not want implied. Perhaps Rodger Bufford, which is well known and respected throughout CAPS, would be willing to be a co-signer.

Best wishes on your research. Just remember two important things about doctoral research: enjoy what you're doing, and keep the scope narrow enough to be manageable!

In His love,

Bob King

Robert R. King, Jr., Ph.D.
Executive Secretary

RRK/cr

Mail address: P.O. Box 628, Blue Jay, CA 92317 Tel. (714) 337-5117
CAPS office located at 289 Massive Rd., Suite A, Lake Arrowhead, CA 92352

Appendix D

Cover Letter for the Initial Mailing

We are conducting research to gain a better understanding of the
actual practices of Christian counselors and psychologists. More
specifically, we hope to learn about the use of therapeutic
interventions that are derived primarily from a Christian
religious orientation. Your opinion as to the extent which you
use these techniques is important to our study.

We are surveying regular, clinical members of the Christian
Association for Psychological Studies. You have been selected
from the CAPS directory as part of a random sample of CAPS
members. Therefore, your participation is vital for providing an
accurate understanding of the actual counseling practices of CAPS
members.
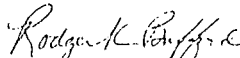
You may be assured that your responses will be held in complete
confidentiality. The questionnaire contains an identification
number that will only be used to check your name off the mailing
list when the questionnaire is returned. Your name will never be
associated with your responses in order to maintain this
confidentiality. Your questionnaire will be destroyed once the
results have been entered into the database.

We anticipate that your input will provide valuable information
regarding your current perceptions about relating religious faith
to the professional practice of psychology. These results will
be used to enhance our understanding of the integration between
psychology and Christianity. If you are interested in the
results of this research, please feel free to contact us.

When you complete the questionnaire, detach it from the cover
letter and return it in the self addressed, stamped envelope
enclosed in this packet. Thank you for your assistance.

Sincerely,

Samuel A. Adams, M.A.   Rodger K. Bufford, Ph.D.

Steve Stratton, M.A.   Neal F. McBride, Ed.D., Ph.D.

Appendix E

Follow-up Postcard after Initial Mailing

George Fox College

Last week a questionnaire seeking your opinion concerning the use of Christian counseling techniques was mailed to you. Your name was chosen in a random sample of regular, clinical members of CAPS.
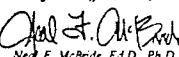
If you have already completed and returned it to us please accept our sincere thanks. If not, please do so today. Because it has been sent out to a small, but representative, sample of CAPS members it is extremely important that your responses be included in the study if the results are to accurately represent the opinions of CAPS members.

If by some chance you did not receive the questionnaire, or it was misplaced, please call us now, collect (512-482-0180) and we will get another questionnaire in the mail to you today.

Sincerely,

Samuel A. Adams, M.A.

Steve Stratton, M.A.

Rodger K. Bufford, Ph.D.

Ned F. McBride, Ed.D., Ph.D.

GEORGE FOX COLLEGE/NEWBERG, OREGON 97132 (503) 535-8383

Appendix F

Cover Letter for Second Mailing

Dear

Three weeks ago on November 3, we wrote to you seeking
your opinion concerning the use of various Christian
counseling techniques in your counseling practice. As
of today we have not received your completed
questionnaire.

We have undertaken this research project because of the
belief that a greater understanding of the clinical
applications of Christian counseling techniques is
valuable for the study of the integration of psychology
and Christianity.

We are writing to you again because of the significance
each questionnaire has to the usefulness of this study.
We are attempting to survey a random sample of CAPS
members. In order for the results of this study to be
truly representative of the opinions of CAPS members,
it is essential that we receive your questionnaire as
soon as possible.

We do not know what has prevented you from responding
to this inquiry thus far. However, we hope that this
reminder will impress upon you the importance we place
on your response to our questionnaire. To facilitate
your response we have attached an additional copy of
the original questionnaire along with another self
addressed stamped envelope. Thank you for your prompt
participation in this endeavor.

Sincerely,

San Adams, M.A.   Rodger K. Bufford, Ph.D.

Steve Stratton, M.A.   Neal F. McBride, Ed.D., Ph.D.

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Appendix G

Spiritual Well-Being Scale

PLEASE NOTE

Copyrighted materials in this document have
not been filmed at the request of the author.
They are available for consultation, however,
in the author's university library.

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Appendix H

Descriptive Statistics for Level of Education

Table H-1

Frequency Distributions and % for ROE, ROS, CA, and

Gender for Level of Education

Variables	Level of Education			
	Masters		Doctorate	
	n	Percent	n	Percent
ROE				
Christian	66	41.5	83	48.3
Non-Christian	93	58.5	89	51.7
ROS				
Christian	104	65.4	109	63.4
Non-Christian	55	34.6	63	36.6
CA				
Directive	91	57.2	79	45.9
Nondirective	47	29.6	52	30.2
Other	21	13.2	41	23.8
Gender				
Male	64	40.3	133	77.3
Female	95	59.7	39	22.7

Table H-1 - Continued

_____

Note. N = 331; n = frequency.

ROE = Religious Orientation of Education, Christian or
      Non-Christian.

ROS = Religious Orientation of Counseling Setting,
      Christian or Non-Christian.

CA = Counseling Approach, Directive, Non-directive,
      Other.

Table H-2

Univariate Descriptive Statistics for Age, CCTI, DPD,

IMPREL, CEYRS, and CCHRS for Level of Education

Variables	Level of Education			
	Masters		Doctorate	
	Mean	SD	Mean	SD
AGE	43.8	9.7	45.2	10.2
CCTI	67.3	16.3	59.9	16.6
DPD	24.4	15.4	20.3	12.9
IMPREL	5.7	0.6	5.6	0.6
CEYRS	10.2	6.6	15.0	7.5
CCHRS	21.6	7.4	27.0	8.9

Note. N = 331.   CCTI = Christian Counseling Techniques

Inventory.   DPD = Duration of Personal Devotions in

minutes.   IMPREL = Personal Importance of Religion;

1-no importance to 6-extremely important.   CEYRS =

Counseling Experience in Years.   CCHRS = Client Contact

Hours per Week.

Appendix I

Descriptive Statistics for Religious

Orientation of Education

Table I-1

Frequency Distributions and % for LOE, ROS, CA, and

Gender for Religious Orientation of Education

Variables	Religious Orientation of Education			
	Christian		Non-Christian	
	n	Percent	n	Percent
LOE				
Masters	66	42.6	93	52.8
Doctorate	89	57.4	83	47.2
ROS				
Christian	105	67.7	108	61.3
Non-Christian	50	32.3	68	38.7
CA				
Directive	74	47.7	96	54.5
Nondirective	55	35.5	44	25.0
Other	26	16.8	36	20.5
Gender				
Male	103	66.5	94	53.4
Female	52	33.5	82	46.6

(table continues)

Table I-1 - Continued

Note. N = 331; n = frequency.

LOE = Level of Education, Masters or Doctorate.

ROS = Religious Orientation of Setting, Christian or

Non-Christian.

CA = Counseling Approach; Directive, Non-directive,

Other.

Table I-2

Univariate Descriptive Statistics for Age, CCTI, DPD, IMPREL, CEYRS, and CCHRS for Religious Orientation of Education

Variables	Religious Orientation of Education			
	Christian		Non-Christian	
	Mean	SD	Mean	SD
AGE	42.7	9.3	46.2	10.3
CCTI	63.7	17.1	63.2	17.5
DPD	22.1	14.5	22.5	14.2
IMPREL	5.7	0.6	5.6	0.6
CEYRS	11.6	6.7	13.8	8.2
CCHRS	25.2	8.6	23.7	8.6

Note. N = 331. CCTI = Christian Counseling Techniques Inventory. DPD = Duration of Personal Devotions in minutes. IMPREL = Personal importance of religion, 1-no importance to 6-extremely important. CEYRS = Counseling experience in years. CCHRS = Client contact hours per week.

Appendix J

Descriptive Statistics for

Religious Orientation of Setting

Table J-1

Frequency Distributions and % for LOE, ROE, CA, and

Gender for Religious Orientation of Setting

Variables	Religious Orientation of Setting			
	Christian		Non-Christian	
	n	Percent	n	Percent
LOE				
Masters	104	48.8	55	46.6
Doctorate	109	51.2	63	53.4
ROE				
Christian	105	49.3	50	42.4
Non-Christian	108	50.7	68	57.6
CA				
Directive	117	54.9	53	44.9
Nondirective	59	27.7	40	33.9
Other	37	17.4	25	21.2
Gender				
Male	128	60.1	69	58.5
Female	85	39.9	49	41.5

Table J-1 - Continued

Note. N = 331; n = frequency.

LOE = Level of Education, Masters or Doctorate.

ROE = Religious Orientation of Education, Christian or Non-Christian.

CA = Counseling Approach, Directive, Non-directive, Other.

Table J-2

Univariate Descriptive Statistics for Age, CCTI, DPD,

IMPREL, CEYRS, and CCHRS for Religious Orientation of

Setting

Variables	Religious Orientation of Setting			
	Christian		Non-Christian	
	Mean	SD	Mean	SD
AGE	45.5	9.7	42.9	10.2
CCTI	68.8	16.7	53.8	15.0
DPD	22.6	14.6	21.7	13.8
IMPREL	5.7	0.5	5.5	0.7
CEYRS	13.5	7.9	11.6	6.9
CCHRS	24.2	8.4	24.9	8.9

Note. N = 331. CCTI = Christian Counseling Techniques

Inventory. DPD = Duration of Personal Devotions in

minutes. IMPREL = Personal Importance of Religion, 1-

no importance to 6-extremely important. CEYRS =

Counseling Experience in Years. CCHRS = Client Contact

Hours per Week.

Appendix K

Mean CCTI Scores for Each Independent Variable

Table K

Mean Scores for CCTI Techniques for LOE, ROE, and ROS

| Technique | Mean Scores for Techniques | | | | | |
| | LOE | | ROE | | ROS | |
	Mast.	Doct.	CN	NCN	CN	NCN
CONMED	2.66	2.36	2.47	2.54	2.76	2.06
ABMED	2.53	2.24	2.35	2.42	2.58	2.03
INTPRAY	3.39	2.95	3.09	3.23	3.53	2.51
CONPRAY	2.42	2.22	2.34	2.28	2.55	1.87
LISPRAY	2.42	2.22	2.29	2.34	2.62	1.77
SPIRPRAY	1.52	1.37	1.42	1.45	1.52	1.30
CONPRO	3.21	2.94	3.02	3.12	3.40	2.48
CLINPRO	2.72	2.49	2.64	2.57	2.87	2.12
CONFESS	3.25	3.01	3.13	3.11	3.41	2.60
WORSHIP	2.93	2.63	2.73	2.82	3.07	2.25
FORGIVE	3.77	3.44	3.60	3.60	3.85	3.16
FASTING	1.89	1.72	1.82	1.79	1.89	1.65
DELIVER	1.68	1.52	1.65	1.55	1.74	1.33
SOLITUDE	2.75	2.34	2.53	2.53	2.73	2.17

(table continues)

Table K - Continued

Technique	Mean Scores for Techniques					
	LOE		ROE		ROS	
	Mast.	Doct.	CN	NCN	CN	NCN
DISCERN	3.21	2.52	2.92	2.78	3.08	2.44
JOURNAL	3.66	3.12	3.36	3.40	3.47	3.22
OBEY	2.92	2.57	2.90	2.60	3.03	2.20
SIMPLE	2.45	2.17	2.35	2.27	2.52	1.94
SPIRHIS	2.84	2.59	2.85	2.59	2.91	2.36
HEALING	1.72	1.52	1.63	1.60	1.79	1.29
CELEBRATE	3.04	2.65	2.81	2.87	3.08	2.41
SERVICE	2.91	2.68	2.86	2.74	2.98	2.46
REST	3.61	3.24	3.40	3.43	3.60	3.08
FELLOW	3.75	3.38	3.58	3.54	3.82	3.08

Note. N = 331. LOE = Level of Education; ROE = Religious Orientation of Education; ROS = Religious Orientation of Setting; CN = Christian; NCN = Non-Christian. Scores indicate % of clients technique used

Table K - Continued

(a) 1 - 0%, (b) 2 - 1 to 25%, (c) 3 - 26 to 50%,

(d) 4- 51 to 75%, and (e) 5 - 76 to 100%. CONMED =

Concrete Meditation; ABMED = Abstract Meditation;

INTPRAY = Intercessory Prayer; CONPRAY = Contemplative

Prayer; LISPRAY = Listening Prayer; SPIRPRAY = Praying

in the Spirit; CONPRO = Counselor Proactive; CLINPRO =

Client Proactive; CONFESS = Confession/ Repentance;

WORSHIP = Worship; FORGIVE = Forgiveness; FASTING =

Abstinence/Fasting. DELIVER = Deliverance; SOLITUDE =

Solitude/Silence; DISCERNMENT = Discernment; JOURNAL =

Journal Keeping; OBEY = Obedience; SIMPLE = Simplicity;

SPIRHIS = Spiritual History; HEALING = Healing;

CELEBRATE = Celebration; SERVICE = Service; REST =Rest;

FELLOW = Fellowship.

Appendix L

Explanation of Raw Data

Explanation of Raw Data

Column 1-3:   Case Number

Column 4-5:   Professional counseling Setting
                1 = Church based or religious non-
                    profit clinic
                2 = Independent Private Practice
                3 = Health maintenance organization
                4 = College or university counseling
                    center
                5 = Community Mental Health Center
                6 = Inpatient hospital setting
                7 = Group private practice
                8 = State/County/VA hospital
                9 = School counselor/consultant
                10 = Other

Column 6-10:   Q-2 through Q-6 on PPQ. Responses are:

                    1 = Strongly Agree
                    2 = Moderately Agree
                    3 = Slightly Agree
                    4 = Slightly Disagree
                    5 = Moderately Disagree
                    6 = Strongly Disagree

        6:      Q-2; Setting supports discussion
                    of religious issues.

        7:      Q-3; Setting supports religious
                    interventions.

        8:      Q-4; Setting identified as
                    Christian.

        9:      Q-5; Treatment guided by Christian
                    values system.

        10:     Q-6; Setting serves Christian clients.

Column   11:   % of clients who are Christian
                      1 = 0 to 25%
                      2 = 26 to 50%
                      3 = 51 to 75%
                      4 = 76 to 100%
Column   12:   Primary professional identification.
                 1 = Psychologist
                 2 = Physician
                 3 = Marriage and family therapist
                 4 = Christian counselor
                 5 = Social Worker
                 6 = Master's level therapist
                 7 = Other
Column   13:   Licensure Status
                 1 = No licensure
                 0 = Licensed

Column   14:   Licensed Psychologist
                 1 = Yes
                 0 = No

Column   15:   Licensed Marriage and Family
                 Therapist
                 1 = Yes
                 0 = No

Column   16:   Licensed M.A. psychotherapist
                 1 = Yes
                 0 = No

Column   17:   Licensed Counselor
                 1 = Yes
                 0 = No

Column   18:   Licensed Social Worker
                 1 = Yes
                 0 = No

Column   19:   Certified Substance Abuse Counselor
                 1 = Yes
                 0 = No

Column   20:   Other Licensure
                 1 = Yes
                 0 = No

Column   21:   Professional orientation
                 1 = Cognitive
                 2 = Cognitive-Behavioral
                 3 = Psychoanalytic
                 4 = Psychodynamic
                 5 = Gestalt/Existential/Humanistic
                 6 = Rogerian/Person Centered
                 7 = Eclectic
                 8 = Other

Column   22:   Counseling Approach
                 1 = Directive
                 2 = Non-Directive
                 3 = Other

Column 23-24:   Years of counseling experience

Column 25-26:   Client contact hours per week

Column   27:   Bachelors Degree in psych./counseling
                 1 = Yes
                 0 = No

Column   28:   Masters Degree in psych./counseling
                 1 = Yes
                 0 = No

Column   29:   Doctoral Degree in psych./counseling
                 1 = Yes
                 0 = No

Column 30-35:   Responses Include:
                 1 = Completely Accurate
                 2 = Mostly Accurate
                 3 = Somewhat Accurate
                 4 = Somewhat Inaccurate
                 5 = Mostly Inaccurate
                 6 = Completely Inaccurate

Column   30:   Q-16; Commitment to integration in
                       philosophy of institution,M.A.

Column   31:   Q-17; Commitment to study of
                       integration, M.A.

Column   32:   Q-18; Integration issues addressed in
                        curriculum of institution, M.A.

Column   33:   Q-19; Commitment to integration in
                        philosophy of institution,
                        Ph.D.

Column   34:   Q-20; Commitment to study of
                        integration, Ph.D.

Column   35:   Q-21; Integration issues addressed in
                        curriculum of institution,
                        Ph.D.

Column   36:   Highest level of religious education
                        1 = Bachelors Degree
                        2 = 0 to 60 graduate hours
                        3 = Masters degree
                        4 = Doctoral Degree
                        5 = None

Column   37:   Frequency of Church Attendance
                        0 = Not applicable
                        1 = Less than once a year
                        2 = Once or twice a year
                        3 = 3 to 12 times a year
                        4 = 2 to 3 times a month
                        5 = Weekly
                        6 = 2 to 4 times a week
                        7 = 5 to 7 times a week

Column   38:   Frequency of personal devotions
                        0 = Never
                        1 = Less than once a month
                        2 = 1 to 3 times a month
                        3 = Weekly
                        4 = 2 to 4 times a week
                        5 = 5 to 7 times a week

Column   39:   Frequency of personal religious
                   disciplines
                        0 = Never
                        1 = Daily
                        2 = Several times per week
                        3 = Several times per month
                        4 = Infrequently

Column 40-41:   Average duration of devotions;
                   in minutes

Column   42:   Personal Importance of Religion
                   1 = No importance to 6 = Extremely
                   important

Column   43:   Importance of religion in profession
                        1 = Strongly agree
                        2 = Moderately agre
                        3 = Slightly agree
                        4 = Slightly disagree
                        5 = Moderately disagree
                        6 = Strongly Diagree

Column   44:   Gender
                        1 = Male
                        2 = Female

Column 45-46:   Age

Column   47:   Marital Status
                        1 = Never married
                        2 = Married
                        3 = Divorced
                        4 = Separated
                        5 = Widowed
Column   48:   SWB1; No satisfaction in prayer
                        6 = Strongly Disagree
                        5 = Moderately Disagree
                        4 = Disagree
                        3 = Agree
                        2 = Moderately Agree
                        1 = Strongly Agree

```
Column    49:        SWB2; Don't know self, past, future
                           1 = Strongly Agree
                           2 = Moderately Agree
                           3 = Agree
                           4 = Disagree
                           5 = Moderately Disagree
                           6 = Strongly Disagree

Column    50:        SWB3; God loves and cares about me
                           1 = Strongly Disagree
                           2 = Moderately Disagree
                           3 = Disagree
                           4 = Agree
                           5 = Moderately Agree
                           6 = Strongly Agree

Column    51:        SWB4; Life is a positive experience
                           6 = Strongly Agree
                           5 = Moderately Agree
                           4 = Agree
                           3 = Disagree
                           2 = Moderately Disagree
                           1 = Strongly Disagree

Column    52:        SWB5; God is impersonal
                           1 = Strongly Agree
                           2 = Moderately Agree
                           3 = Agree
                           4 = Disagree
                           5 = Moderately Disagree
                           6 = Strongly Disagree


Column    53:        SWB6; Unsettled about future
                           1 = Strongly Agree
                           2 = Moderately Agree
                           3 = Agree
                           4 = Disagree
                           5 = Moderately Disagree
                           6 = Strongly Disagree
```

```
Column    54:      SWB7; Meaningful relationship w/God
                         6 = Strongly Agree
                         5 = Moderately Agree
                         4 = Agree
                         3 = Disagree
                         2 = Moderately Disagree
                         1 = Strongly Disagree

Column    55:      SWB8; Feel fulfilled and satisfied
                         6 = Strongly Agree
                         5 = Moderately Agree
                         4 = Agree
                         3 = Disagree
                         2 = Moderately Disagree
                         1 = Strongly Disagree

Column    56:      SWB9; Don't get support from God
                         1 = Strongly Agree
                         2 = Moderately Agree
                         3 = Agree
                         4 = Disagree
                         5 = Moderately Disagree
                         6 = Strongly Disagree

Column    57:      SWB10; Sense of well-being for life
                         6 = Strongly Agree
                         5 = Moderately Agree
                         4 = Agree
                         3 = Disagree
                         2 = Moderately Disagree
                         1 = Strongly Disagree


Column    58:      SWB11; God is concerned about me
                         6 = Strongly Agree
                         5 = Moderately Agree
                         4 = Agree
                         3 = Disagree
                         2 = Moderately Disagree
                         1 = Strongly Disagree
```

Column   59:   SWB12; Don't enjoy much about life
                            1 = Strongly Agree
                            2 = Moderately Agree
                            3 = Agree
                            4 = Disagree
                            5 = Moderately Disagree
                            6 = Strongly Disagree

Column   60:   SWB13; No meaningful relationship
                              with God
                            1 = Strongly Agree
                            2 = Moderately Agree
                            3 = Agree
                            4 = Disagree
                            5 = Moderately Disagree
                            6 = Strongly Disagree

Column   61:   SWB14; Feel good about future
                            6 = Strongly Agree
                            5 = Moderately Agree
                            4 = Agree
                            3 = Disagree
                            2 = Moderately Disagree
                            1 = Strongly Disagree

Column   62:   SWB15; Relationship with God helps
                              with loneliness
                            6 = Strongly Agree
                            5 = Moderately Agree
                            4 = Agree
                            3 = Disagree
                            2 = Moderately Disagree
                            1 = Strongly Disagree

Column   63:   SWB16; Life is full of conflict
                            1 = Strongly Agree
                            2 = Moderately Agree
                            3 = Agree
                            4 = Disagree
                            5 = Moderately Disagree
                            6 = Strongly Disagree

Column   64:   SWB17; Most fulfilled when in close
                            communion with God
                            6 = Strongly Agree
                            5 = Moderately Agree
                            4 = Agree
                            3 = Disagree
                            2 = Moderately Disagree
                            1 = Strongly Disagree

Column   65:   SWB18; Life doesn't have meaning
                            1 = Strongly Agree
                            2 = Moderately Agree
                            3 = Agree
                            4 = Disagree
                            5 = Moderately Disagree
                            6 = Strongly Disagree

Column   66:   SWB19; Relationship with God
                            contributes to well-being
                            6 = Strongly Agree
                            5 = Moderately Agree
                            4 = Agree
                            3 = Disagree
                            2 = Moderately Disagree
                            1 = Strongly Agree

Column   67:   SWB20; There is real purpose in
                            life
                            6 = Strongly Agree
                            5 = Moderately Agree
                            4 = Agree
                            3 = Disagree
                            2 = Moderately Disagree
                            1 = Strongly Disagree

Column 68-91:   Christian Counseling Techniques
                     Responses Include:
                     1 = Never use this as technique
                     2 = Use with 1% to 25% of clients
                     3 = Use with 26% to 50% of clients
                     4 = Use with 51% to 75% of clients
                     5 = Use with 76% to 100% of clients
Column   68:   Concrete Meditation

Column   69:   Abstract Meditation

Column	70:	Intercessory Prayer
Column	71:	Contemplative Prayer
Column	72:	Listening Prayer
Column	73:	Praying in the Spirit
Column	74:	Scripture: Counselor Pro-Active
Column	75:	Scripture: Client Pro-Active
Column	76:	Confession/Repentence
Column	77:	Worship
Column	78:	Forgiveness
Column	79:	Abstinence/Fasting
Column	80:	Deliverance
Column	81:	Solitude/Silence
Column	82:	Journal Keeping
Column	83:	Obedience
Column	84:	Simplicity
Column	85:	Spiritual History
Column	86:	Healing
Column	87:	Celebration
Column	88:	Service
Column	89:	Rest
Column	90:	Fellowship
Column	91:	Other
Column	92:	Discernment

Appendix M

Raw Data Table

Raw Data

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Appendix N

Statistical Calculations

Statistical Calculations
DATA LIST FILE 'c:dissert\mcbride.dat' FIXED / $CASENUM
1-3 Q1 4-5 Q2 6 Q3 7 Q4 8 Q5 9 Q6 10 Q7 11 Q8 12 NL 13
PSYCH 14 MFT 15 MAPSYCH 16 LICCOUNS 17 SOCWORK 18
SUBABUSE 19 OTHCOUNS 20 Q10 21 Q11 22 Q12 23-24 Q13
25-26 BACHELOR 27 MASTERS 28 DOCTORAL 29 Q16 30 Q17 31
Q18 32 Q19 33 Q20 34 Q21 35 Q22 36 Q23 37 Q24 38 Q25 39
Q26 40-41 Q27 42 Q28 43 Q29 44 Q30 45-46 Q31 47 SWB1 48
SWB2 49 SWB3 50 SWB4 51 SWB5 52 SWB6 53 SWB7 54 SWB8 55
SWB9 56 SWB10 57 SWB11 58 SWB12 59 SWB13 60 SWB14 61
SWB15 62 SWB16 63 SWB17 64 SWB18 65 SWB19 66 SWB20 67
CONMED 68 ABMED 69 INTPRAY 70 CONPRAY 71 LISPRAY 72
SPIRPRAY 73 CONPRO 74 CLINPRO 75 CONFESS 76 WORSHIP 77
FORGIVE 78 FASTING 79 DELIVER 80 SOLITUDE 81 JOURNAL
82 OBEY 83 SIMPLE 84 SPIRHIS 85 HEALING 86 CELEBRAT 87
SERVICE 88 REST 89 FELLOW 90 OTHER 91 DISCERN 92.
VARIABLE LABELS $CASENUM Q1 'Type of Professional
Counseling Setting'q2 'Setting Supports discussion of
Rel. Issues'Q3 'Setting Supports Christian
Interventions'Q4 'Setting Identified as Christian'
Q5 'Counselor Approach Guided By Christianity'
Q6 'Setting serves Primarily Christian Population'
Q7 'Percentage of Clients Identified as Christian'
Q8 'Primary Professional Identification'
NL 'No Licensure' PSYCH 'Licensed Psychologist'
MFT 'licensed Marriage & Family Therapist' MAPSYCH
'Lic. M.A. Psychotherapist'
LICCOUNS 'Licensed Counselor' SOCWORK 'Licensed Social
Worker'SUBABUSE 'Licensed Substance Abuse Counselor'
OTHCOUNS 'Other licensure' Q10 'Professional
Orientation' Q11 'Counseling Approach'
Q12 'Counseling Experience: Years' Q13 'Client Hours
per Week'
BACHELOR 'Bachelor Degree in Psychology'
MASTERS 'Masters Degree in Psychology'
DOCTORAL 'Doctoral degree in Psychology'
Q16 'Masters Degree: Institution was Christian
Q17 'Masters Degree: Commitment to Integration'
Q18 'Masters Degree: Integration in Curriculum'
Q19 'Doctoral Degree: Institution was Christian'
Q20 'Doctoral Degree: Commitment to Integration'
Q21 'Doctoral Degree: Integration in Curriculum'
Q22 'Highest Level of Academic Religious Education'
Q23 'Frequency of Church Attendance' Q24 'Practice of
Personal Devotions'
Q25 'Practice of Personal Religious Disciplines'

Q26 'Average Duration of Devotions'
Q27 'Importance of Religion'
Q28 'Importance of Faith in Professional Practice'
Q29 'Gender' Q30 'Age' Q31 'Marital Status'
SWB1 'Satisfaction with Prayer'SWB2 'Knowledge of Self'
SWB3 'Belief in God's Love' SWB4 'Life is a Positive
Experience'
SWB5 'Impersonal God' SWB6 'Future Unsettled'
SWB7 'Meaningful Relationship with God' SWB8 'Satisfied
with Life'
SWB9 'No Personal Strength from God' SWB10 'Well-Being
about Direction in Life'
SWB11 'God is Concerned About My Problems'
SWB12 'Don't Enjoy Much about Life' SWB13 'No Personal
Relationship with God'
SWB14 'Feel Good about Future' SWB15 'Relationship with
God Helps Loneliness'
SWB16 'Life is Full of Conflict and Unhappiness'
SWB17 'Fulfilled when Close to God'
SWB18 'Life Doesn't have much Meaning'
SWB19 'Relationship with God increases Well-Being'
SWB20 'Believe there is Real Purpose to Life'
CONMED 'Concrete Meditation' ABMED 'Abstract
Meditation' INTPRAY 'Intercessory Prayer' CONPRAY
'Contemplative Prayer'LISPRAY 'Listening Prayer'
SPIRPRAY 'Praying in the Spirit' CONPRO 'Scripture:
Counselor Pro-Active' CLINPRO 'Scripture: Client
Pro-Active' CONFESS 'Confession/Repentence'
WORSHIP 'Worship' FORGIVE 'Forgiveness' FASTING
 'Abstinence/Fasting' DELIVER 'Deliverance' SOLITUDE
'Solitude/Silence' JOURNAL 'Journal Keeping' OBEY
'Obedience' SIMPLE 'Simplicity' SPIRHIS 'Spiritual
History' HEALING 'Healing' CELEBRAT 'Celbration'
SERVICE 'Service' REST 'Rest' FELLOW 'Fellowship'
OTHER 'Other Technique' DISCERN 'Discernment'.
VALUE LABELS CONMED ABMED INTPRAY CONPRAY LISPRAY
SPIRPRAY CONPRO CLINPRO CONFESS WORSHIP FORGIVE FASTING
DELIVER SOLITUDE JOURNAL OBEY SIMPLE SPIRHIS HEALING
CELEBRAT SERVICE REST FELLOW OTHER DISCERN 1 'Never
Use'2 '0-25%' 3 '26-50%' 4 '51-75%' 5 '76-100%'.
VALUE LABELS SWB1 SWB2 SWB5 SWB6 SWB9 SWB12 SWB13 SWB16
SWB18 1 'Strongly Agree' 2 'Moderately Agree' 3 'Agree'
4 'Disagree' 5 'Moderately Disagree' 6 'Strongly
Disagree'.

VALUE LABELS SWB3 SWB4 SWB7 SWB8 SWB10 SWB11 SWB14
SWB15 SWB17 SWB19 SWB20 6 'Strongly Agree' 5
'Moderately Agree' 4 'Agree' 3 'Disagree'
2 'Moderately Disagree' 1 'Strongly Disagree'.
VALUE LABELS q2 q3 q4 q5 q6 1 'Strongly Agree' 2
'Moderately Agree' 3 'Slightly Agree' 4 'Slightly
Disagree' 5 'Moderately Disagree' 6 'Strongly Disagree'.
VALUE LABELS q16 q17 q18 q19 q20 q21 1 'Completely
Accurate' 2 'Mostly Accurate' 3 'Somewhat Accurate' 4
'Somewhat Inaccurate' 5 'Mostly Inaccurate' 6
'Completely Inaccurate'.
VALUE LABELS BACHELORS MASTERS DOCTORAL 1 'yes' 0 'no'.
VALUE LABELS q1 1 'Church based or Religious Clinic' 2
'Independent Private Practice' 3 'Health Maintenance
Organization' 4 'College or University Counseling
Center' 5 'Community Mental Health Center' 6 'Inpatient
Hospital Setting' 7 'Group Private Practice' 8
'State/County Hospital' 9 'School Counselor/Consultant'
10 'Other'.
VALUE LABELS q7 1 '0-25%' 2 '26-50%' 3 '51-75%' 4
'76-100%'.
VALUE LABELS q8 1 'Psychologist' 2 'Physician' 3
'Marriage & Family Therapist' 4 'Christian Counselor' 5
'Social Worker' 6 'Masters level Therapist' 7 'Other'.
VALUE LABELS NL 1 'No Licensure' 0 'Licensed'.
VALUE LABELS PSYCH MFT MAPSYCH LICCOUNS SOCWORK
SUBABUSE OTHCOUNS 1 'Yes' 0 'no'.
VALUE LABELS q10 1 'Cognitive' 2 'Cognitive-Behavioral'
3 'Psychoanalytic' 4 'Psychodynamic' 5
'Gestalt/Humanistic' 6 'Rogerian' 7 'Eclectic' 8
 'Other'.
VALUE LABELS q11 1 'Directive' 2 'Non-Directive' 3
'Other'.
VALUE LABELS q22 1 'Bachelors Degree' 2 '0-60 hours:
Graduate' 3 'Masters' 4 'Doctoral' 5 'None'.
VALUE LABELS q23 0 'Not Applicable' 1 'Less than once a
Year' 2 'Once or twice a year' 3 '3 to 12 times a year'
4 '2 to 3 times a month' 5 'weekly' 6 '2 to 4 times a
week' 7 '5 to 7 times a week'.
VALUE LABELS q24 0 'never' 1 'less than once a month' 2
'1 to 3 times a month' 3 'weekly' 4 '2 to 4 times a
week' 5 '5 to 7 times a week'.
VALUE LABELS q25 0 'never' 1 'daily' 2 'several times
per week' 3 'several times per week' 4 'infrequently'.

```
VALUE LABELS q28 0 'strongly agree' 1 'moderately
agree' 2 'slightly agree' 3 'slightly disagree' 4
'moderately disagree' 5 'strongly disagree'.
VALUE LABELS q29 1 'male' 2 'female'.
VALUE LABELS q31 1 'never married' 2 'married' 3
'divorced' 4 'separated' 5 'widowed'.
Get file 'c:\dissert\mcbride.dat'.
set printer on.
set more off.
compute ccti = CONMED + ABMED + INTPRAY + CONPRAY +
LISPRAY + SPIRPRAY +
CONPRO + CLINPRO + CONFESS + WORSHIP + FORGIVE +
FASTING + DELIVER + SOLITUDE
+ JOURNAL + OBEY + SIMPLE + SPIRHIS + HEALING +
CELEBRAT + SERVICE
+ REST + FELLOW + DISCERN.
IF (q2 lt 4 and q3 lt 4 and q4 lt 4 and q5 lt 4 and q6
lt 4) ros1 = 1.
IF (q2 gt 3 or q3 gt 3 or q4 gt 3 or  q5 gt 3 or  q6 gt
3) ros1 = 2.
freq var ros1.
if (MASTERS eq 1 and DOCTORAL eq 0) loe = 1.
if (doctoral eq 1) loe = 2.
freq var loe.
if (loe eq 1 and q16 lt 4 and q17 lt 4 and q18 lt 4)
roe = 1.
if (loe eq 1 and q16 gt 3 or q17 gt 3 or q18 gt 3) roe
= 2.
if (loe eq 2 and ((q16 lt 4 and q17 lt 4 and q18 lt 4)
or (q19 lt 4 and
q20 lt 4 and q21 lt 4))) roe = 1.
if (loe eq 2 and ((q16 gt 3 or q17 gt 3 or q18 gt 3)
and (q19 gt 3 or
q20 gt 3 or q21 gt 3))) roe = 2.
fre var roe.
if (q7 eq 4) ros2 = 1.
if (q7 eq 3) ros2 = 2.
if (q7 lt 3) ros2 = 3.
freq var ros2.
if (q5 eq 1 and q7 eq 4) ros3 = 1.
if (((q5 eq 2 and q7 eq 3) or (q5 eq 2
and q7 eq 4)) or (q5 eq 1 and q7 eq 3)) ros3 = 2.
if ((q5 gt 3) or (q7 lt 3)) ros3 = 3.
freq var ros3.
freq var all.
process if (ros1 = 1).
```

```
freq var all.
process if (ros1 = 2).
freq var all.
process if (loe = 1).
freq var all.
process if (loe = 2).
freq var all.
process if (roe = 1).
freq var all.
process if (roe = 2).
freq var all.
descriptive var all.
process if (ros1 = 1).
descriptive var all.
process if (ros1 = 2).
descriptive var all.
process if (loe = 1).
descriptive var all.
process if (loe = 2).
descriptive var all.
process if (roe = 1).
descriptive var all.
process if (roe = 2).
descriptive var all.
FREQUENCIES /var ccti /HISTOGRAM NORMAL.
DESCRIPTIVES /VARIABLES CCTI /STATISTICS 1 5 6 7 8 9.
ANOVA /VARIABLES CCTI BY loe roe ros1 (1,2)/OPTIONS 9.
ANOVA /VARIABLES CCTI BY loe roe ros1 (1,2)/statistics
3.
ANOVA /VARIABLES CCTI BY loe roe (1,2) ros2
(1,3)/OPTIONS 9.
ANOVA /VARIABLES CCTI BY loe roe (1,2) ros2
(1,3)/statistics 3.
ANOVA /VARIABLES CCTI BY loe roe (1,2) ros3
(1,3)/OPTIONS 9.
ANOVA /VARIABLES CCTI BY loe roe (1,2) ros3
(1,3)/statistics 3.
ONEWAY /VARIABLES CCTI BY ros2 (1,3) /RANGES SCHEFFE
(.05).
ONEWAY /VARIABLES CCTI BY ros3 (1,3) /RANGES SCHEFFE
(.05).
ONEWAY /VARIABLES ccti by loe (1,2) /STATISTICS 3.
ONEWAY /VARIABLES ccti by roe (1,2) /STATISTICS 3.
ONEWAY /VARIABLES ccti by ros1 (1,2) /STATISTICS 3.
ONEWAY /VARIABLES ccti by ros2 (1,3) /STATISTICS 3.
ONEWAY /VARIABLES ccti by ros3 (1,3) /STATISTICS 3.
```

Appendix O

Vita

VITA   Steven William Stratton
                                  2414B Hartford Rd.
                                  Austin, Texas 78703
                                  (512) 482-0180

Personal
Information   Age: 30
                   Married to Clare D. five years, one
                   child, William Frank.

Education   University of Texas/ Austin, Texas
                       B.A. 1983 Finance/ Real Estate.

                    Dallas Theological Seminary/ Dallas,Tx.
                       M.A. 1988 Biblical Studies.

                    Western Conservative Baptist Seminary/
                    Portland, Oregon.
                       M.A. 1990 Clinical Psychology
                       with Highest Honors.

                    George Fox College/ Newberg, Oregon
                       Anticipated Graduation
                       December 1992, Degree: Psy.D.
                       Clinical Psychology.

Counseling
Experience   Internship Site:
                    Minirth-Meier Tunnell & Wilson, Clinic
                    Austin, Texas. This is a Full-time
                    internship. Responsibilities include;
                    evaluation, developing diagnoses and
                    treatment plans, facilitating group
                    psychotherapy, and individual therapy
                    for adolescents and adults in
                    outpatient and inpatient settings.
                    Additional responsibilities include:
                    administration and interpretation of
                    psychological tests; attending various
                    administrative and training workshops.

VITA   Steven William Stratton

Practicum Sites
January 1990-August 1990. Pacific
Gateway Hospital, Portland, Ore.
Responsibilities included;
developing treatment plans,
facilitating group psychotherapy, and
individual therapy for adolescents and
adults in an inpatient setting.

September 1989-August 1990. William
Temple House, Portland, Ore.
Adult outpatient therapy, with numerous
clients. Administration and
interpretation of psychological tests.

Pacific Gateway Hospital, Portland, Or.
August 1990-May 1991 Mental Health
Therapist. Responsibilities included;
developing treatment plans,
facilitating group psychotherapy, and
individual therapy for adolescents in
an inpatient setting.

Vocational
Experience   George Fox College, Newberg, Or.
August 1990-May 1991. Graduate
Assistant for the Psychology
Department. Responsibilities included
supervision of five to six practicum
level students in their therapeutic
training and teaching to a larger group
to develop their diagnostic and
counseling skills.

Western Conservative Baptist Seminary,
Portland, Or.. September 1989-August
1990 Graduate Assistant for the
Psychology Department.
Responsibilities included installation,
development, and maintenance of
computer facilities for psychological
research. Additional responsibilities
included training and supervision of
graduate students in the use of these
facilities.

Vita   Steven William Stratton

                    Young Life, Dallas, Texas.
                    1986-1988 Staff Director for two high
                    schools. Responsibilities included
                    counseling, speaking, program
                    organization, and management of
                    volunteer team.

                    Cullen Bank, Houston, Texas.
                    1983-1986 Loan Officer Trainee and
                    Credit Department Manager.
                    Responsibilities included employee
                    selection, and review, supervision of
                    credit analysts, financial analysis of
                    new and existing customers.

Psychometric
Experience   Minnesota Multiphasic Personality
                        Inventory I and II
                    Thematic Apperception Test
                    Rorschach Inkblot Test
                    Millon Clinical Multiaxial Inventory II
                    The Bender Gestalt Test
                    Stanford-Binet Intelligence Scale
                    Wechsler Adult Intelligence Scale-
                        Revised
                    Wechsler Intelligence Scale for
                        Children-Revised
                    The Wide Range Achievement Test
                    Gray Oral Reading Test
                    Test of Written Language

Dissertation   "Effects of Graduate Education and
                    Counseling Setting on Professional
                    Practice among Members of the
                    Christian Association for Psychological
                    Studies."

References   Available on request.