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Spiritual Well-Being, Religiosity, and Demographic Variables As Predictors of the Use of Christian Counseling Techniques among Members of CAPS, U.S.A.

Samuel Alexander Adams

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Adams, Samuel Alexander, Psy.D.

George Fox College, 1993

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Spiritual Well Being, Religiosity, and Demographic
Variables as Predictors of the Use of
Christian Counseling Techniques
Among Members of CAPS, U.S.A.

by
Samuel A. Adams

Presented to the Faculty of
George Fox College
in partial fulfillment of the
requirements for the degree of
Doctor of Psychology
in Clinical Psychology

Newberg, Oregon
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Approval

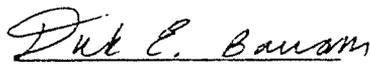
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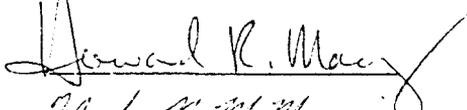
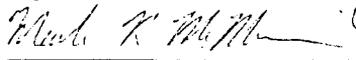
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Spiritual Well Being, Religiosity, and Demographic
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Among Members of CAPS, USA

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Abstract

Despite the increasing attention being given to understanding the relationship between psychology and Christianity, there is little research investigating the actual practices of Christian psychotherapists. This study explored the use of Christian counseling techniques by Christian therapists. Specifically, it identified a set of variables which predicted the use of certain Christian counseling techniques among Christian therapist members of the Christian Association for Psychological Studies (CAPS, USA) and described the range and frequency of their use.

Participants were 450 randomly sampled, clinical members of CAPS. Of the 450 surveyed, 340 responded, resulting in a 76% return rate. The total sample was split in half to produce two sub samples, representing the developmental and cross-validation samples. The criterion (dependent) variable was the use of Christian counseling techniques represented by the global score from the Christian Counseling Techniques Inventory (CCTI). There were eleven predictor (independent) variables measuring Spiritual Well Being, Religiosity, and various demographic variables. Stepwise multiple regression analysis was used to identify the variables which best predicted CCTI scores. A regression analysis was performed on the developmental and cross-validation samples, both of which produced significant predictor equations.

The regression analysis on the developmental sample chose four significant predictor variables: Spiritual Well Being, Counselor Approach, Practice of Personal Religious Disciplines, and Gender, accounting for 22% of the total variance of Christian counseling technique use. The cross-validation procedure also produced a significant regression equation. Spiritual Well Being, Counselor Approach, and Practice of

Personal Devotions entered the equation, accounting for 15% of the total variance.

Although limited information is available on the reliability and validity of the CCTI and the sample was rather homogeneous, these results provide an important step in clarifying the place of Christian counseling techniques in therapy. The study revealed that CAPS therapists profess to be highly religious, report frequent use of Christian counseling techniques in their therapy practice, and are more likely to use these techniques if they have high spiritual well being, tend to be directive in their approach, and have personal devotions more frequently. Limitations of the study and recommendations for future research are included.

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CHAPTER 1

INTRODUCTION

Over the last few decades we have witnessed a renewed interest in religion as a factor in psychotherapeutic process and outcome (Bergin, 1980; Garfield & Bergin, 1986). "Trends have changed and there is now more professional support for addressing values issues in treatment" (Bergin, 1991, p. 394). More and more, people are adopting the notion that "religious and spiritual dimensions are . . . significant constituents of human experience and as such fall within the legitimate purview of psychology" (Shafranske & Malony, 1990).

A related phenomenon is the recent "integration" movement within the Christian mental health community. This movement is committed to the purpose of examining the relationship between psychology and theology. According to Vande Kemp & Houskamp (1986), the integration movement has emerged as a strong specialty,

primarily within the last two decades. As a result, the relationship between psychology and Christianity is becoming more and more clear. Evidence of this can be found in the growing body of "integration" literature by theorists such as Carter & Narramore (1979), Crabb (1981), and Farnsworth (1985). These same theorists have developed models for integration designed to clarify the relationship between psychology and Christianity and give direction to integration efforts (see Foster, Horn, & Watson, 1988).

Also significant has been the founding of professional journals with a psychological and religious orientation (e.g., The Journal of Psychology and Theology; The Journal of Psychology and Christianity). Journals such as these promote understanding of integrative issues and research examining the relationship between these two disciplines.

Another important factor contributing to the integration movement has been the development of Christian graduate programs which offer degrees in counseling and/or psychology. These graduate training programs are specifically designed to teach the integration between psychology and theology.

However, despite the increasing attention being given to the integration of psychology and Christianity, as reported above, many questions still remain regarding the relationship of these two disciplines. Worthington (1986) notes "differences of opinion in how to integrate counseling and faith abound, even among practitioners with similar theologies and similar counseling theories" (p. 423). Moreover, the application of this understanding is still quite unclear. There is very little research to date investigating the actual practices of Christian counselors and psychotherapists.

Purpose

Given the lack of research investigating the actual practices of Christian counselors and psychotherapists, this study explored the practices of Christian therapists. Specifically, this study examined the use of Christian counseling techniques among Christian therapist members of the Christian Association for Psychological Studies by: (a) reporting their use of Christian counseling techniques as measured by the Christian Counseling Techniques

Inventory (CCTI) and (b) examining what variables predict their use of these techniques.

Statement of Problem

This study was designed to find a linear combination of predictor variables which predict the use of Christian counseling techniques among CAPS members. The predictor variables used are: (a) scores on the Spiritual Well Being Scale, (b) various measures of religiosity, and (c) selected demographic variables taken from the demographic questionnaire.

The following procedures were used to answer this question:

1. The Christian Counseling Techniques Inventory was selected to measure the criterion (dependent) variable of "use of Christian counseling techniques" and administered to a random sample of Christian therapist members of CAPS, U.S.A.

2. Scores on the SWB Scale and items from a demographic questionnaire were selected as variables that would potentially serve as predictors of the use of Christian counseling techniques.

3. Data were analyzed through the use of multiple regression analysis.

4. Conclusions were formulated from the results.

An additional emphasis of this study involved a description of the use of these techniques including range and frequency of use.

Rationale

The purpose of this section is to provide a logical basis for the pursuit of the research question by offering an explanation and review of the following: (a) Psychotherapeutic Process, (b) Religious/Christian Clients, (c) Religious/Christian Counseling, (d) Christian Counseling Techniques/Inventory, (e) CAPS Members, (f) Independent Variables, and (g) Multiple Regression Analysis.

Psychotherapeutic Process

In the most general sense, the context of this research falls under the topic of psychotherapeutic process. Garfield and Bergin (1986) define the "process" of psychotherapy as "everything that can be

observed to occur between, and within, the patient and the therapist during their work together" (p. 311). Traditionally, psychotherapeutic processes were studied independently of treatment outcome. Process research primarily emphasizes the transactions between clients and therapists, including type of interactions as well as the interim effects on client and therapist behavior. For example, researchers have examined the perceptions of client and therapist over the course of treatment (Garfield and Bergin, 1986).

More recently, however, psychotherapeutic processes have been studied in relation to therapeutic outcome. It has become clear that an understanding and exploration of the process of therapy can provide very useful information regarding therapeutic change. Furthermore, measures of therapeutic processes are essential to identify critical links between interventions and outcome (see Rosen and Proctor, 1981).

Garfield and Bergin provide a comprehensive summary of research on therapeutic process and outcome. They indicate that process variables can be broken down into five main categories (elements): (a) the therapeutic contract, (b) therapeutic interventions,

(c) the therapeutic bond, (d) patient self relatedness, and (e) therapeutic realization. The primary interest of this study is that of the second category of "therapeutic interventions." Therapeutic interventions are considered the most deliberate or intentional aspects of psychotherapy. They represent the actual techniques or specific procedures used in therapy to promote growth and change. Garfield and Bergin examined three aspects of therapeutic interventions made by therapists: specific techniques, the content focus on interpretation and confrontation, and the therapist's skillfulness.

While there are many studies represented under these categories of therapeutic interventions, there are no studies which address specific Christian techniques (e.g., use of prayer, Scripture, or meditation) in terms of psychotherapeutic process, independently or as related to outcome. After a major review of religious counseling, Worthington (1986) concluded "techniques of religious counseling have not been well researched. This is a crucial need in the field of religious counseling" (p. 429). Thus, based on the clear lack of process research associated with

specific Christian interventions and given the reported value of understanding the process of therapy as it relates to treatment efficacy, this study provides an important step in investigating Christian techniques in psychotherapeutic process.

For this study, it is assumed that Christian interventions are practiced within the context of Christian counseling and are used with Christian clients. As such, the next sections will be devoted to a discussion of religious/Christian clients and religious/Christian counseling.

Religious/Christian Clients

According to Worthington (1986), a religious client is a religious person who has human problems so bothersome that he/she seeks help from a professional. Worthington also states that in order to understand the religious client, "one must understand religious people, especially as their lives relate to psychological problems" (p. 425). He emphasizes the importance of considering a client's values as well as the religious commitment of the individual. More and more, authors are pointing to the importance of considering the religious values of clients in therapy

for practical and ethical reasons (see Bergin, 1980; Gass, 1984; Lovinger, 1984; McMinn, 1984).

Furthermore, empirical research is seeking to clarify the importance of considering religious values in therapy from the perspectives of the religious client. The following summarizes research on these client perspectives.

Dougherty and Worthington (1982) studied 45 conservative Christians in terms of their responses to counseling treatment plans. The results indicated that conservative Christians are reluctant to seek secular counseling and prefer treatment plans which are perceived as similar to their own religious beliefs.

Worthington and Gascoyne (1985) conducted another study of 255 college students' responses to treatment plans of Christian counselors. They found that people preferred treatment plans reflecting an approach to religion similar to their own.

Research conducted by Quackenbos, Privette, and Klentz (1985) concluded that many people want religion to be included in psychotherapy. From a survey of 126 individuals, selected from a Florida telephone listing, they found that the majority distinguish between religious and secular psychotherapy. Specific findings

indicated that 35% seem to prefer some form of religious counseling and 79% think that religious values are an important topic to be discussed in therapy.

Propst, Ostram, Watkins, Dean, and Mashburn (1992) investigated the effects of religious cognitive-behavioral therapy (RCT) and non religious cognitive-behavioral therapy (NRCT) on clinically depressed religious clients. They found that the religious cognitive therapy and pastoral counseling treatment patients reported significantly lower post treatment depression levels than did either the NRCT or the waiting list control condition. Furthermore, the significant difference between the RCT and NRCT was due largely to the superior performance by the non religious therapists.

McMinn (1991) surveyed 115 students from a Christian liberal arts college on their perceptions of therapists who place religious values above clinical skills. Results indicated that those therapists who emphasized religious values above clinical skills were rated as more likable, more approachable, and more trustworthy. Additionally, this study found that those respondents with more religious commitment preferred an

emphasis on religious values and those with less religious commitment preferred an emphasis on clinical skills.

Wyatt and Johnson (1990) studied the effects of pre-therapy information regarding counselors' religious orientation on clients' selection of a counselor. The participants consisted of 250 undergraduate students from two southwestern universities. The results indicate that in general, there was a significant correlation between the religiosity of the student and his/her tendency to select a religious counselor who believes religion to be central to therapy.

Godwyn and Crouch (1989) studied 207 university students regarding perspectives associated with Christian counseling. Among the results was the finding that Christian counselors were expected to exhibit more overt religious behavior than those with an unspecified orientation.

Gass (1984) studied 204 students at Vanderbilt University. He found that orthodox Christians placed a high importance on counselors' religious beliefs. Also significant was the finding that Christians preferred pastors or Christian counselors to "secular service providers". Gass concluded that therapist sensitivity

to client's religious values may be therapeutically valuable in fostering rapport and an effective working alliance.

King (1978) investigated the experiences and opinions of evangelical Christians concerning professional counseling. He found a majority of Christians who were dissatisfied with counseling services expressed a common reason for this dissatisfaction - the concern that their faith would be misunderstood, unappreciated, ridiculed, or eroded. King concludes, "the results of this research show that there is a definite need for professional counselors who are empathic with the spiritual perspective of evangelical Christians" (p. 281).

In sum, the research on Christian client perspectives indicates that Christian clients expect and seek therapists who have values and beliefs similar to their own. Secondly, Christian clients prefer therapists who are willing to consider their values, beliefs, and spirituality within the context of therapy. Third, Christian clients assume that Christian counselors will evidence more overtly religious behavior. Fourth, religious clients feel more comfortable with therapists who emphasize

religious values. Finally, many religious clients may approach therapy with the belief that their religious values will be misunderstood and/or unappreciated.

Based on the above, it seems appropriate to consider the research on Christian counseling. Therefore, the following section will briefly discuss a definition and review of religious/Christian counseling and explain its relation to this study.

Religious/Christian Counseling

According to Worthington (1986), religious counseling is "counseling that primarily involves content associated with an organized religion or counseling done in an explicitly religious context" (p. 421). Historically, religious counseling was performed by clergy, pastoral counselors and/or those associated with the church (see Powell, 1975; Thornton, 1970; Van Wagner, 1983).

However, a new type of religious counselor has recently emerged. Worthington (1986) describes these new counselors as "clinical and counseling psychologists, trained in PhD programs . . . (who) have attempted to integrate religious faith and clinical practice." Unfortunately, there is very little

research that addresses this religious counseling, and specifically that of clinical and counseling psychologists.

One of the difficulties with discussing religious and/or Christian counseling is the fact that there is no single Christian approach to counseling and psychotherapy but rather a variety of approaches and styles. Benner (1987) explains that there are as many ways of being a Christian psychotherapist as there are ways of being a Christian. For example, he notes that some therapists believe that theory and technique of psychotherapy should be derived directly from Scripture while others would suggest that therapy should be guided by major Christian themes and doctrines. As a result, this study will consider the topic of religious/Christian counseling within the context of Worthington's broad classification of approaches listed below.

Worthington, Dupont, Berry, and Duncan (1988) describe three fundamental approaches to religious counseling. In the first approach, the counselor seeks to produce a client who will embrace the ideals of Christianity and will act as a "good" Christian. These counselors generally will not emphasize secular

theories of psychotherapy. They are primarily concerned about the development of the client.

In a second approach, the therapist believes that the techniques for counseling may be derived from Scripture or from spiritual guidance in the church. These counselors will most likely utilize spiritual guidance techniques such as prayer, meditation, and Scripture study as the essence of therapy. Worthington asserts that while many of these counselors are pastoral counselors, there are certainly numerous explicitly Christian psychotherapists who fall into this category as well.

A third approach to religious counseling uses the framework of a secular theory of psychotherapy, such as cognitive therapy, behavior therapy, or a psychodynamically-oriented therapy, and deals explicitly with Christian topics such as forgiveness or concept of God. These counselors may or may not choose to supplement their counseling with Christian counseling techniques.

As outlined above, it seems evident that regardless of one's approach or perspective of "Christian" counseling, inherent within much of what is considered Christian counseling is the potential use of

the Christian disciplines as therapeutic interventions. Accordingly, this study will specifically focus on distinctly Christian therapeutic interventions as a means of investigating the actual practices of Christian counselors and psychotherapists.

In sum, there are a variety of approaches to describing Christian counseling and psychotherapy. Worthington et al. (1985) assert, "there is probably more diversity in counseling style and theory among counselors who are Christians than there is unity of style and theory" (p. 29). Secondly, the empirical research on religious counseling is clearly lacking. Farran, Fitchett, Quiring-Emblen, and Burck (1989) indicate that a review of literature suggests that our empirical knowledge about the spiritual dimension of care remains limited, and much that has been written reflects intuitively and emotionally-based knowledge. As Farran et al. have stated, much of what is written on this subject lacks objective, empirical support. As such, there is a need to pursue investigation of religious counseling from an empirical standpoint. Thirdly and more specifically, the understanding of the practices of Christian counselors and their use of counseling techniques is still unclear at this time.

For example, in a major review of published empirical research on religious and Christian counseling, Worthington (1986) concludes, "regardless of one's definition of religious counseling techniques, research is scant. Techniques are ill-specified and ill-researched . . . more and better research is deperately needed" (p. 428).

Christian Counseling Techniques/Inventory

Definition

There is no single agreed upon definition of "Christian counseling techniques." However, according to Worthington (1986), there are three primary, competing perspectives of what religious/Christian counseling techniques are. From one perspective, a religious counseling technique is any technique, regardless of theory or theology of origin, that is used in (religious) counseling. For example, proponents of this view might use secular counseling techniques and be quite religious about promoting a client's religious view of the world.

A second perspective defines a religious counseling technique as any technique used in

counseling that originated within the practice of formal religion. By this definition, a Christian counselor would use techniques that are distinctly Christian in nature and origin and thus might use techniques different from those of a Buddhist counselor.

A third perspective defines a religious technique as a "counseling technique that originates in secular theories but has religious content and is used to strengthen a client's faith as well as alleviate distress" (p. 427). An example of this perspective would include the use of systematic desensitization using religious imagery.

In view of the three perspectives outlined above, this study will emphasize the second view as a means of defining and clarifying what is meant by "Christian counseling techniques". Thus, religious counseling techniques will be defined here as including those counseling techniques which originate within the practice of Christian religion. As such, the Christian counseling techniques might be understood as any Christian discipline or activity deriving from Christian tradition and used as an intervention in the context of counseling and psychotherapy. This

definition is consistent with the purposes of this study and provides an objective basis for determining which techniques would qualify to be included in the Christian Counseling Techniques Inventory used for this study.

Examples of Christian Counseling Techniques

While there is currently no inclusive list of specific Christian counseling techniques, the following three sources (Adams, Harp, and Stratton, 1991; Moon, Bailey, Kwasny, and Willis, 1991; Worthington et al., 1988) provide examples of possible techniques, and therefore serve to promote a better understanding of what is meant by distinctly Christian counseling interventions. Worthington et al. (1988) investigated the practices of Christian counselors using his self-constructed Spiritual Guidance Techniques Inventory. The inventory included the following 20 techniques: religious homework, quoting of Scripture, interpretation of Scripture, discussion of faith, prayer, teaching 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, relay, laying on of

hands, and anointing with oil. In addition, this list included an "other" category to anticipate any techniques perceived as important which had been excluded. Each of these techniques is drawn from the context of Christian religious practice, Worthington's (1986) second definition of religious counseling techniques.

Moon et al. (1991) surveyed directors of religiously oriented graduate training programs in counseling and psychology regarding Christian counseling techniques. Three sources were used to generate his specific list of Christian disciplines and their subsequent definitions: (a) the hermeneutical examination of Biblical text relating to religious practices, (b) Christian writers and spiritual directors from the time of Christ to the present, and (c) journal articles generated through database search, particularly that of Worthington et al. (1988). Based on the above sources, Moon et al. constructed an inventory of 20 techniques including: concrete meditation, abstract meditation, intercessory prayer, contemplative prayer, listening prayer, praying in the Spirit, use of Scripture (counselor and client pro-active), confession, worship, forgiveness, fasting,

deliverance, solitude, discernment, journal keeping, obedience, simplicity, spiritual history, and healing. These techniques also fit Worthington's (1986) second definition of counseling techniques.

Adams et al. (1991) investigated use of Christian counseling techniques among graduate student/counselors. For the purposes of their study, they adapted the 20 item inventory that was developed by Moon et al. (1991), using all 20 techniques and adding an "other" category as well as four additional techniques including: celebration, rest, service, and fellowship. Again, these techniques fit Worthington's (1986) second definition of Christian counseling techniques as practices originating in Christian religion. See Table 1 for a list comparing and contrasting the various techniques used in these studies.

Table 1

Examples of Christian Counseling Techniques

Worthington et al. (1988)	Moon et al. (1991)
religious homework	concrete meditation
quoting Scripture	abstract meditation
interpretation of Scripture	intercessory prayer
discussion of faith	contemplative prayer
prayer	listening prayer
teaching Scripture	praying in Spirit
promise of prayer	Scripture use (Csl)
forgiveness of others	Scripture use (cli)
Christian reading	confession
confession to counselor	worship
Bible reading	forgiveness
forgiveness of God	fasting
forgiveness of self	deliverance
religious imagery	solitude
rededication	discernment

(table continues)

Table 1--continued

Worthington et al. (1988)	Moon et al. (1991)
meditation confession to God relay laying on of hands anointing with oil	journal keeping obedience simplicity spiritual history healing
	Additions by Adams et al. (1991)
	celebration rest service fellowship

Review of Research of Christian Interventions

For centuries, the Christian disciplines have been practiced by Christians as a means of fostering spiritual growth and cultivating a relationship with God. It is agreed that the practice of these various disciplines is crucial for the Christian believer. They have stood the test of time and remain central to the Christian life. Richard Foster notes, "The Disciplines . . . are central to experiential Christianity. In one form or another all of the devotional masters have affirmed the necessity of the Disciplines" (Foster, 1988, p. 1).

In the past many have viewed the Christian disciplines as methods for spiritual direction but not as techniques appropriate for psychotherapy. For example, some authors have indicated that spiritual direction and psychotherapy are separate processes involving different methods and goals (Conroy, 1987; Edwards, 1980). However, there is support for the notion that Christian counseling techniques are a key element in the psychotherapeutic process (see Ganje-Fling & McCarthy, 1991; Moon et al., 1991; Tan, 1991).

The research on the use of religious/Christian interventions by Christian psychotherapists is sparse.

According to Worthington et al. (1988), "little research has investigated what professing Christian therapists in private practice or mental health agencies actually do when they counsel clients" (p. 282). Worthington went on to say that empirical research on this issue is nonexistent.

As a result, Worthington et al. (1988) initiated an exploratory study designed to investigate several fundamental questions related to the actual practices of Christian therapists. Among these was the question, what are the nature and impact of the use of spiritual guidance techniques during psychotherapy? Worthington defines spiritual guidance techniques as those developed within formal religion (see Griffith, 1983a, 1983b), including such techniques as prayer, Scripture memorization, and confession of sins. In short, Worthington found that the use of spiritual guidance techniques was frequent, varied in use among therapists, related to session helpfulness, and was a factor in client's perception of therapy effectiveness. Since this study, others have recognized the need to pursue investigation of Christian psychotherapy. Moreover, in the last few years, several studies have specifically emphasized the investigation of spiritual

guidance techniques/religious interventions. These are examined below.

Moon et al. (1991) conducted a survey of directors of Christian/religious graduate training programs in counseling and psychology. The study concerned the extent of training provided by their institutions in the use of twenty Christian disciplines as therapeutic techniques. Surveys from twenty programs, 17 of which were accredited, contained usable data. The study was designed to elicit ratings of each of the twenty Christian counseling techniques in four areas including: scriptural support, emphasis in curriculum, therapeutic utility, and subjective value. Results indicated that there was a low emphasis in the curriculum for these techniques. However, results also indicated that the Christian disciplines were viewed as possessing moderate therapeutic potential and high subjective value. From this study, Moon et al. conclude that "Christian counseling can legitimately make more use of explicitly Christian techniques which arise from within the Christian traditions" (p. 163).

In a related study, Jones (1990) conducted a major survey on religious faith and professional practice of 706 graduates from Christian graduate programs in

psychology. Among the findings was that a majority of respondents endorsed the view that their faith shapes their professional practice in a substantive way. Also significant was the finding that personal faith shaped the use of Christian counseling techniques as well as the goals of therapy. Not surprisingly, the respondents reported using Christian counseling techniques more frequently with religious clients than with non-religious clients.

Jones (1990) specifically examined the use of eleven religious techniques. He found that many of the religious techniques were utilized with over 10% of respondents' clients and that these techniques were affirmed as useful and appropriate for the therapeutic process. The following techniques are presented in order of mean (average) percent that each technique was used with clients: teaching implicit Biblical concepts (67.9%), praying for clients (63.1%), instruction in forgiveness (46.3%), confronting sinful patterns (32.3%), instruction in repentance/confession (30.8%), teaching of explicit Biblical concepts (30.5%), teaching religious meditation (14.3%), using religious imagery (13.2%), praying with clients (12.2%), praying for healing (3.7%), and deliverance/exorcism (2.6%).

Pingleton (1989) provides a theoretical explanation of the significant role of forgiveness in the therapeutic process. In his article, Pingleton discussed both theological and psychological perspectives of forgiveness, integrating them to produce application for the psychotherapeutic process. He argues that the psychotherapist is in a unique position to mediate the experience of forgiveness.

Wilson (1974) initiated one of the first studies designed to explore Christian counseling techniques. He referred to these techniques as "Christian maneuvers". In this study, Wilson suggests that the use of basic "Christian maneuvers" facilitates symptom relief.

Morgan (1987) discussed, from a theoretical standpoint, the liberating effects of authentic prayer in the counseling process and specifically how it can influence the healing environment. Among the effects suggested by Morgan was the notion that the use of prayer recognizes God's place in the healing alliance and thus promotes a collaborative process of healing between the counselor, client, and God.

Another recent study on the use of religious interventions was that by Shafranske and Malony (1990).

Subjects consisted of 409 clinical psychologists selected from the 1987 membership of APA Division 12. They conclude from their study that "the evidence of psychologists' endorsement of religious interventions may reflect that a growing number of psychologists hold religious beliefs and that these clinicians are explicitly using religious interventions in their professional practice" (p. 77). Fifty-nine percent of the respondents supported the use of religious language, metaphors, and concepts in psychotherapy. A smaller percentage of respondents acknowledged using religious interventions. However, as the interventions became more explicitly religious in nature, the use of these techniques became less frequent.

In general, they conclude, within the context of previous data (Elkins & Shafranske, 1987; Shafranske & Gorsuch, 1985; Shafranske & Malony, 1985), that clinical psychologists appreciate religious and spiritual concerns, view religious and spiritual issues as relevant to clinical practice, and utilize interventions of a religious nature to varying degrees.

Adams, Harp, and Stratton (1991) surveyed 70 graduate student/counselors of a Christian oriented psychology program. Participants (N=52) responded to a

questionnaire regarding factors related to the use of 24 Christian counseling techniques. Results indicated that counselors in Christian-oriented settings used the techniques significantly more than those in secular settings. Also, use of techniques was significantly related to client's religious beliefs and practices. There was no significant difference for gender regarding use of counseling techniques. Finally, there was a positive correlation found between counselor religiousness (as defined by church attendance and practice of personal devotions) and his/her use of Christian counseling techniques.

The most recent study of therapist's use of religious interventions was that of Ball & Goodyear (1991). The participants consisted of 174 clinical members of the Christian Association for Psychological Studies (CAPS), from 34 states. Each respondent was to list any intervention that (a) they had used in counseling Christian clients and (b) they considered distinct to Christian counseling. From the responses, 436 interventions were generated which were ultimately clustered into 15 separate categories. Prayer was found to be the most frequently reported intervention (26.9% of the total). The next two most frequent

interventions were direct use of Scripture and indirect use of Scripture in teaching the client. Also significant was the finding that 71% of the interventions fell under Worthington's definition for religious techniques as those which originate within the practice of formal religion.

In summary, while studies are still few in number, there seems to be a consensus that many Christian therapists utilize a wide variety of religious interventions, use religious interventions frequently, and use different types of religious interventions to varying degrees. Counseling setting and the religious beliefs and practices of the client are factors which affect use of Christian counseling techniques. Also, personal religious beliefs and practices of the therapist are influential in shaping the use of religious interventions. Finally, there is growing evidence from Christian professionals that they believe religious techniques are valuable, useful, relevant to clinical practice, and effective as therapeutic interventions.

Christian Association for Psychological Studies (CAPS)

As noted above, there is evidence to suggest that Christian counselors and psychotherapists are using distinctly Christian interventions in therapy. Furthermore, there is a clear need to continue studies which describe use of these interventions. This study has chosen members of the Christian Association for Psychological Studies, USA to pursue such investigation.

The Christian Association for Psychological Studies is an international organization, founded in 1957, which currently has approximately 2000 members (Bufford, 1991). Members of CAPS are of two types, regular members and associate members. The criteria for regular membership include: (a) must have earned an approved graduate degree and/or professional certification in a psychologically related field, or an approved Bachelor of Divinity or Master of Divinity Degree (or its equivalent); and (b) must have interest and current ministry in accord with the purposes of CAPS.

studies in a psychologically related field, those holding a Bachelors degree and primarily engaged in such a related field, and persons with active interest or ministry compatible with CAPS but who are unable to meet the criteria for CAPS regular membership.

The stated purposes of CAPS include the following:

(1) to stimulate and provide opportunities for communicating, fellowshiping, and professional networking among evangelical Christians in psychology, counseling, behavioral sciences related fields, and pastoring;

(2) to enhance understanding and optimal functioning of human beings by encouraging theory, research, and both clinical and practical applications which recognize the interrelationships among the psychological, spiritual, and physical dimensions of human experience;

(3) to develop channels for dialogue, education, and professional service with the general Christian community which promote understanding of the relationships between Christianity and psychology; and

(4) to provide a unique, redemptive witness to and dialogue with our professional colleagues and secular community (CAPS, 1990).

In light of the purposes and membership requirements of CAPS, USA, this population is appropriate for this particular study for the following reasons. First, the nature of this study is consistent with the purpose of CAPS: to promote and facilitate a better understanding of the relationship between psychology and Christianity and to encourage an understanding of the clinical application of this relationship. It follows that those surveyed would likely be highly motivated to participate and cooperate in this study, given their interest in promoting research of this nature.

Second, based on the statement of faith, the members of CAPS belong to the Christian community and each is currently involved in a clinical practice, counseling ministry, or other psychologically related field. Given this combination of Christian orientation and professional involvement, CAPS members are distinctly qualified to respond to questions related to the use of techniques which are defined by and rooted in Christian tradition.

Third, CAPS represents an identifiable, finite population of Christian professionals. This allows for random sampling and makes it possible to determine the

appropriate sample size needed (Isaac & Michael, 1981).

Finally, there is little research using CAPS members designed to understand the actual counseling practices of Christian therapists. As such this population seems well suited for studies of this nature.

Independent Variables

The independent variables considered for this study as possible predictors of the use of Christian counseling techniques fall into three primary categories: spiritual well-being, religious belief and practice, and biographical variables.

Spiritual well-being is defined by the Spiritual Well Being Scale (Paloutzian & Ellison, 1979). The religious variables include frequency of church attendance, frequency and duration of personal devotions, and importance of personal faith. The biographical variables include age, gender, years of counseling experience, professional identification, and theoretical orientation.

Spiritual Well Being

Moberg (1971, 1974) developed the concept of "spiritual well-being" during the emergence of the subjective well-being (or quality of life) movement in the early 1970's. According to Moberg, spiritual well-being represents the inner direction of the human and includes two dimensions: a vertical dimension reflecting one's well-being in relation to God and a horizontal dimension reflecting a sense of life purpose and life satisfaction apart from any particular religious references. Based on his studies regarding the concept of spiritual well-being, Moberg (1979) recognized the lack of a standard measure and ultimately called for a valid and reliable index for spiritual well-being.

Soon thereafter, Paloutzian & Ellison (1979) developed the Spiritual Well-Being Scale based on Moberg's work. They defined the construct as the spiritual dimension of human welfare and as that which reflects man's basic need for transcendence. The scale has two subscales, existential well being and religious well being, reflecting Moberg's vertical and horizontal dimensions, respectively.

The Spiritual Well Being Scale consists of 20 self report items which an individual rates using 6 response options in Likert scale format (ranging from Strongly Agree to Strongly Disagree). Included on the scale are two sub-scales of ten items each. The Religious Well Being (RWB) subscale measures an individual's well being in relation to God. The Existential Well Being (EWB) subscale measures an individual's sense of life purpose and life satisfaction.

Bufford, Paloutzian, & Ellison (1991) state, "research with the SWBS shows test-retest reliability above .85 in three samples after one, four, and ten weeks" (p. 57). Ellison (1984) reports coefficient alphas of .89 for SWB, .87 for RWB, and .78 for EWB. Brinkman (1989) reports a coefficient alpha of internal consistency above .84 in seven samples.

In addition to the high reliability and internal consistency noted above, the SWB scale evidences concurrent and construct validity. A factor analysis indicates SWBS items load on two factors with all of the RWB items loading on the first factor and several EWB items clustering around the second factor (Bufford

et al., 1991). Further the SWBS demonstrates correlations in the predicted directions with other related constructs.

Scores on the SWB have been positively correlated with such variables as self esteem, assertiveness, past and present health, intrinsic religiousness, frequency and duration of personal devotions, frequency of church attendance, importance of religion, social skills, marital satisfaction, family togetherness, assertiveness, family income, and financial condition (Bufford, 1984; Bufford & Parker, 1985; Ellison & Economos, 1981; Ellison & Paloutzian, 1978, 1979; Hawkins & Larson, 1984).

On the other hand, scores on the SWB have been negatively correlated with loneliness, mood disturbance, depression, aggression and dependency (Bufford, 1984; Bufford & Parker, 1985; Campbell, 1988; Ellison & Paloutzian, 1978; Ellison & Paloutzian, 1979).

As demonstrated above, scores on the SWB scale correlate in the expected directions with various measures of religion, physical and psychological health, and psychopathology. Brinkman (1989) notes, "there is a lot of evidence supporting the SWB scale in

terms of construct validity. The SWB scale seems to be able to correlate negatively and positively with other measures it theoretically should" (p. 47).

The SWB scale was chosen as a predictor variable based upon its demonstrated reliability and validity as a measure of overall and religious well being (Bufford, Paloutzian, & Ellison, 1991). As mentioned above, the SWB scale seems to reflect one's well being both existentially and in relation to God. It represents the best measure available of one's internal spiritual health. Finally, the SWB scale seems to tap a broader perspective than that achieved from traditional religious measures. Thus, given the "spiritual" nature of distinctly Christian counseling interventions, it seems appropriate to consider this variable as a possible predictor of one's use of these Christian counseling techniques.

Religiosity

Religiosity is a complex, multidimensional construct. To date, there is no agreed definition of religiosity due to the diversity of religious phenomena and expression. However, according to Spilka, Hood, and Gorsuch (1985), despite the lack of a consensus definition it is necessary to operationally define

religiosity when attempting to study religious phenomena from an empirical standpoint. This serves to recognize and define the concept of religion in terms of measurable characteristics. Spilka et al. (1985) provide further clarification by stating:

When we see what the operational meaning is, we know functionally what the nature of the religious phenomenon being studied must be. Then, by relating that operational definition to a host of other variables . . . the character of religion as viewed from this particular operational stance becomes even more explicit. (p. 32)

Parker (1984) states that out of necessity and ethical consideration, the standard form in the study of religious variables has been through descriptive research designs, with primary emphasis on self-report inventories. Spilka et al. (1985) assert that the measurement and operational definition of religion has almost universally been through questionnaires. Most of these measures fall into one of three categories of self-reported beliefs, self-reported behavior, or self-reported attitudes.

Based on the above considerations, this study will operationally define the religiosity of Christian

professionals in terms of: (a) frequency of church attendance, (b) frequency of personal devotions/religious disciplines, (c) duration of personal devotions, and (d) profession of importance of religion. These items were chosen based on precedents. Each of these measures have been used both individually and together to operationally define religiosity in prior studies (see Jones, 1990; Spilka et al., 1985)

According to Shafranske & Maloney (1990), a review of the literature supports the notion that religious variables affect the utilization of psychological services and may influence the process of psychotherapy (see also Hillowe, 1985; Worthington, 1986). They further state:

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. The subject's personal experience of religion significantly correlated with their attitudes and behaviors regarding interventions of a religious nature. (p. 76)

Adams et al. (1991) suggest tentative conclusions regarding counselors' religious practices. Results of

their study indicate a positive correlation between the religious practices of the counselor and his/her subsequent use of Christian counseling techniques.

In his survey of graduates ($N=706$) of Christian oriented graduate psychology programs, Jones (1990) operationalized religiosity in terms of four religious behavior questions: (a) frequency of church attendance, (b) participation in church activities within the last year, (c) frequency of practice of religious disciplines within the last year, and (d) estimation of percentage of financial contribution to the church within the last year. Results were obtained by taking a composite score of these four religious behaviors. The results indicated a strong positive correlation (.426) between personal religiosity and percentage of Christian counseling techniques used.

Biographical Variables

Gender. This variable was included as a possible predictor of use of Christian counseling techniques primarily due to research curiosity and the ready availability of this data. While there are no specific studies investigating gender as a factor in use of counseling techniques, Garfield and Bergin (1986) indicate that studies of the effect of gender on

therapeutic process and outcome are contradictory and thus inconclusive at this time.

Age. This variable was chosen as a result of curiosity and researcher intuition. Research by Roozen (1978) and Spilka et al. (1985) show a positive correlation between age and both church attendance and self-reported importance of religion. This leads one to consider whether or not an increase in therapist's age tends to contribute to an increasing attention to the religious and/or spiritual dimensions of the therapeutic process.

Counselor approach. Counselor approach (directive vs. non-directive) has been investigated primarily as a factor of outcome. Based on the "directive" nature of many Christian counseling techniques, it is hypothesized that directive counselors will be more likely to use Christian disciplines as interventions in therapy. As such, this variable may prove to be a significant predictor of Christian counseling technique use.

Years of experience. While there is no research to date involving the effect of, or relationship between years of experience and use of Christian counseling techniques, it seems possible that years of

experience would be positively correlated with the use of these techniques. This is primarily based on the notion that one's use of these techniques over time may lead to the tendency to become more comfortable with the Christian disciplines as interventions. As a therapist becomes more familiar with using the interventions, he/she may rely on them more often. However, years of counseling experience also increases with age, thus making it difficult to know which of these factors, if any, are responsible for correlations with the use of Christian interventions.

Multiple Linear Regression Analysis

The primary purpose of this study is to identify a set of predictor variables which in linear combination will predict the degree to which a Christian therapist utilizes Christian counseling techniques. The identification of this predictive model would provide important clues in understanding the factors which are associated with the use of Christian counseling techniques. Multiple linear regression analysis is the statistical technique best suited for this purpose (Kachigan, 1982).

Multiple regression analysis is a statistical technique used to examine the relationship among variables. More specifically, it involves two primary objectives:

(1) to determine the degree of relationship between a customarily continuous criterion measure (dependent variable) and an optimally weighted combination of two or more predictor (independent) variables that are usually continuous;

(2) to predict the standing of individuals in a sample on the criterion variable from scores earned in a weighted linear combination of predictor variables (Isaac & Michael, 1981).

Objective of Research

The objective of this research was to derive a formulation of a linear model to predict use of Christian counseling techniques as measured by the CCTI. This was based on specific predictors derived from the following sources: (a) measures of personal religiosity, (b) scores on the SWB scale, and (c) demographic information including gender, age, years of experience, and counselor orientation (directive or non-directive). The research was derived from the

question: "Given certain information concerning CAPS members, can some or all of the variables be used to accurately predict use of Christian counseling techniques among these members, as measured by the Christian Counseling Techniques Inventory?" To complete this objective the following steps were employed:

1. Instruments were administered by a mail survey.
2. Responses were described on each measure.
3. Correlations among various measures were examined.
4. Multiple linear regression was performed, including all the independent variables using stepwise regression.
5. The effect of the independent variables upon scores from the CCTI was examined.
6. The predictive ability for each variable was evaluated.
7. The practical effectiveness of the regression equation was evaluated.
8. The assumptions for multiple regression were tested.

CHAPTER 2

METHOD

Participants

The participants making up the sample in this study were regular, clinical members of the Christian Association for Psychological Studies (CAPS). Regular members of CAPS represent those members who have earned an approved graduate degree and/or professional certification in a psychologically related field (CAPS, 1990).

The sample size needed for this study was based upon the defined population of clinical members of CAPS. According to King (1991) the total population of regular, clinical members is 1181. Isaac and Michael (1981) provide a formula which helps determine how large a sample size is needed to be representative of a finite population with a 95% level of confidence. Based upon their formula, the minimum sample size needed for this to be a representative

sample was 291 participants (Isaac & Michael, 1981). Courtney (1983) indicates a rule of thumb to determine a minimum number of participants needed when performing multiple regression: 14 subjects for the first variable and an additional 10 subjects for each subsequent variable. This study targeted a sample size of 450 respondents, assuming a less than perfect return rate. Furthermore, this larger sample size fulfilled the requirements indicated by Lewis-Beck for a large sample size in studies using regression analysis. According to Lewis-Beck (1980), a large sample size makes it easier to identify the relationship between a set of predictor variables and the criterion variable and allows the researcher to meet the assumption of normal distribution of the error term.

A total of 340 respondents returned the research questionnaire, resulting in a 75.6% return rate. Of the 340 returned questionnaires, 331 were complete and useful for the purposes of this study (73.6%). The total sample of 331 respondents was adequate to perform developmental and cross-validation procedures. For the purpose of this study, the total sample was divided in half. Cohen & Cohen (1983) assert that the original sample may be randomly divided in half and the

two sub samples may be used to represent the developmental and cross-validation samples. Accordingly, the original sample in this study was randomly split in half by the SPSS random selection sub program. More specifically, 168 respondents were randomly selected to represent the developmental sample and the remaining 163 respondents were used for the cross-validation procedure.

Variables Defined

There were eleven independent variables and one dependent variable. The eleven independent variables were: spiritual well being, frequency of church attendance, practice of personal devotions, duration of personal devotions, practice of personal religious disciplines, importance of religion, importance of religious faith to professional practice, age, gender, counselor approach, and years of experience.

Predictor Variables

(1) SPIRITUAL WELL BEING - Spiritual well being scores were operationally defined by the Spiritual Well

Being Scale. A minimum score on this scale is 20 while a maximum score is 120.

(2) FREQUENCY OF CHURCH ATTENDANCE - How frequently do you attend church or church related activities? Eight categories were available: (a) Not applicable, (b) Less than once a year, (c) 1 to 2 times a year, (d) 3 to 12 times a year, (e) 2 to 3 times a month, (f) 1 time a week, (g) 2 to 4 times a week, and (h) 5 to 7 times a week.

(3) PRACTICE OF PERSONAL DEVOTIONS - How often do you practice personal devotions? Six categories were available: (a) Never, (b) Less than once a month, (c) 1 to 3 times a month, (d) 1 time a week, (e) 2 to 4 times a week, and (f) 5 to 7 times a week.

(4) DURATION OF PERSONAL DEVOTIONS - What is the average duration of your personal devotions? This variable was measured in minutes.

(5) PRACTICE OF PERSONAL RELIGIOUS DISCIPLINES - Five categories were available: (a) Never, (b) Daily, (c) Several times per week, (d) Several times per month, (e) Infrequently.

(6) IMPORTANCE OF RELIGION - 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? Respondents rated themselves on a 6 point Likert scale.

(7) IMPORTANCE OF RELIGIOUS FAITH TO PROFESSIONAL PRACTICE - Religious faith plays a very important role in my professional practice. Six categories were available: (a) Strongly agree, (b) Moderately agree, (c) Slightly agree, (d) Slightly disagree, (e) Moderately disagree, and (f) Strongly disagree.

(8) AGE - This variable was determined by the respondent's indication of his/her present age in years, written in the appropriate space provided.

(9) GENDER - This variable was determined by the respondent indicating either male or female.

(10) COUNSELOR APPROACH - Which statement best describes your approach to counseling? The possible responses were: (a) I am generally directive in my approach, (b) I am generally non-directive in my approach, or (c) Other.

(11) YEARS OF EXPERIENCE - Please indicate the number of years of your counseling experience in the space provided.

Criterion Variable

The criterion (dependent) variable of use of Christian counseling techniques was measured by the aggregate score on the Christian Counseling Technique Inventory (Appendix C). A minimum score on the CCTI is 24, while the maximum score is 120.

Instruments

Three instruments were used in this particular study: The Spiritual Well Being Scale, The Christian Counseling Techniques Inventory, and a Demographic Questionnaire.

Spiritual Well Being Scale

The Spiritual Well Being Scale (SWB) (Appendix B) was used to assess a person's self-perception of spiritual well being. The SWB scale (Ellison, 1984) consists of 20 items using six response options in a Likert style format from Strongly Agree to Strongly Disagree. Included on the scale is a 10 item measure of a sense of life purpose and life satisfaction (Existential Well Being) and a 10 item measure of the

sense of well being in relation to God (Religious Well Being). The SWB has a test-retest reliability of .93 and an internal consistency coefficient alpha of .89 (Paloutzian & Ellison, 1979). Furthermore, the SWB scores correlate in the expected direction with other theoretically related constructs (Brinkman, 1989).

The Christian Counseling Techniques Inventory

The CCTI is a self report instrument developed by Moon, Willis, Bailey, & Kwasny, (in press) and adapted for this study. Moon's original inventory, the Spiritual Guidance Techniques Inventory, was modified by this investigator in order to accommodate meeting the objectives of the study. The changes are listed below.

First, the name of the instrument was changed from Spiritual Guidance Technique Inventory to Christian Counseling Techniques Inventory. The name was changed to reflect the fact that various modifications were made, thus creating a new inventory. Second, this investigator added to several of the definitions from Moon's list of techniques in order to clarify the meaning and facilitate a better understanding of each technique listed. It is important to note that there

were no substantive changes made to the definitions. The additions were included to help illuminate and illustrate the meanings for these techniques. Third, this investigator added four additional techniques to Moon's list of twenty spiritual guidance techniques to comprise the CCTI used in this study. These included: celebration, rest, service, and fellowship. Each of these four techniques seemed to meet the criteria provided for Moon's original list. The definitions for these techniques were adapted from Willard (1988) and supported by various Biblical references. The four techniques included in the inventory were tested in the pilot study (Adams et al., 1991). The respondents in the pilot study provided positive feedback regarding the addition of these techniques and therefore justified their inclusion in this present study. Finally, there was a change in the response categories in order to avoid mutually exclusive responses.

The purpose of the CCTI is to collect data about the use of Christian counseling techniques in professional practice. While others have developed similar inventories based upon spiritually based techniques (Jones, 1990; Worthington et al., 1988), the CCTI was chosen for this study because it was the only

one to provide selection criteria for the inclusion of techniques. Moon et al.(1991) cite three primary sources used to develop the list of techniques and their definitions: (a) the hermeneutical examination of Biblical text relating to religious practices; (b) Christian writers and spiritual directors from the time of Christ to the present (e.g., Collins, 1988, Foster, 1988, Kepler, 1984); and (c) previous research, particularly that of Worthington, et al. (1988).

The CCTI is composed of 24 techniques listed and operationally defined for the respondent. Additionally, an "Other" category is included in the CCTI for the purpose of soliciting other techniques which may have been overlooked as therapeutically important. Responses regarding use of each technique are measured on a five point likert scale. Possible responses include: (a) never use this with clients, (b) use this with 1-25% of clients, (c) use this with 26-50% of clients, (d) use this with 51-75% of clients, (e) use this with 76-100% of clients. Each item or technique allows for one response based upon percentage of use with clients. The overall (global) score was obtained by adding the responses to each item with all

the other items. The scale has a range of scores from 24 to 120.

Due to the introductory nature of this study, there is almost no reliability and validity data available for the CCTI. However, the CCTI is certainly the most appropriate instrument for measuring use of Christian counseling techniques, as there are no other known available inventories of this type. There is some preliminary support for construct validity based on the objective standards associated with choosing the techniques as well as promising results from Moon et al. (1991) and Adams et al. (1991) indicating the list as representative. Furthermore, a factor analysis performed on the CCTI from Adams et al. (1991) revealed a one factor solution and the internal consistency coefficient alpha was .91. These results certainly support and confirm the use of a global score on the CCTI to measure use of Christian counseling techniques.

Demographic Questionnaire

The demographic questionnaire (Appendix A) was developed for this study in order to collect data relating to the independent variables. The questionnaire was developed according to the standards

given by Dillman (1978), using his Total Design Method. The questionnaire was comprised of 31 items, each relating to one of five categories. These categories include: demographics, counseling training and experience, counselor setting, religious orientation of graduate education and training, and personal religious faith and practice. Because this investigation was part of a larger study, many of the items on the questionnaire were not used for this study. Other items were used in a companion study by Stratton (1992) and may be used in future studies. This study only employed 10 items relating to demographics and personal religious faith and practice. Most of the items for this study were adapted from a similar questionnaire used in the pilot study (Adams et al., 1991) and several items were adapted from research by Jones (1990). These included: practice of personal religious disciplines and importance of religious faith to professional practice.

Procedures

In order to study the participants involved, permission to conduct the survey was granted by the

executive secretary of CAPS, Robert R. King, Jr. (Appendix F). Subsequently, CAPS provided a current directory and mailing list for regular, clinical members of CAPS. Once the list was obtained, a random sample of 450 names from the CAPS directory was generated through the use of a table of random numbers. The sampling technique followed the procedures outlined by Hansen, Hurwitz, & Madow (1953).

Data were collected through a mailed survey. Each participant was mailed a research packet which included a cover letter (Appendix D) explaining the nature and purpose of the study, the demographic questionnaire, the CCTI, and SWB Scale. The mailing was structured according to Dillman's standards. The initial mailing began on November 3, 1991. The research packet included a cover letter which provided instructions, discussed confidentiality, and explained the purpose of the study.

One week after the initial mailing, a reminder was sent out in accord with Dillman's guidelines in the form of a follow up post card (Appendix E). The post card simply thanked those participants who had already responded and encouraged those who had not completed and returned their research packet to do so as soon as

possible. The post card also provided a telephone number to call in case the questionnaire had not been received or had somehow been misplaced. Three weeks after the initial mailing, a second research packet was sent to those who had not yet responded. This was identical to the first except for the cover letter, which was replaced with a new cover letter (Appendix G) indicating that the first questionnaire had not been received. Due to the high response rate based on the first three mailings, there was no need for a fourth mailing. The data collection phase was completed after this third mailing.

Statistical Design/Analysis

Research Design

According to Kachigan (1982), the statistical technique that is considered most appropriate for the central purpose of this study is multiple linear regression. Multiple regression analysis is a statistical technique used to examine the relationship among variables. More specifically, it involves two primary objectives: (a) to determine the degree of relationship between a customarily continuous criterion

measure (dependent variable) and an optimally weighted combination of two or more predictor (independent) variables that are usually continuous; and (b) to predict the standing of individuals in a sample on the criterion variable from scores earned in a weighted linear combination of predictor variables (Isaac & Michael, 1981).

According to Gunst & Mason (1984), the ultimate goal is to express the dependent variable (Y) as a function of the predictor variables ($X_1 . . . X_k$). After the relationship has been derived, it can be used to predict values of the criterion variable, determine which variables will most affect the response (criterion) variable, or verify causal models hypothesized about the relationship.

The multiple regression equation is:

$$Y = a + b_1 x_1 + b_2 x_2 \dots + b_k x_k$$

"Y" represents the predicted value of the criterion variable and "x" equals the score of the independent variables. The "a" represents the intercept constant, while the values of "b" represent the regression coefficients. The above equation is somewhat complex

due to the extent of its representation. This equation "does not represent a straight line, as in the case of simple regression where we have only one predictor variable, but rather represent(s) planes in multi-dimensional space, a concept admittedly difficult to conceive and virtually impossible to portray graphically" (Kachigan, 1982).

According to Lewis-Beck (1980), four important assumptions are associated with the use of multiple regression analysis. These include: (a) an absence of specification error - the relationship between X and Y is linear and all relevant independent variables have been included while all irrelevant independent variables have been excluded; (b) an absence of measurement error - the dependent and independent variables are accurately measured; (c) the error term conforms to certain conventions - the expected value for each observation for the error term is zero, the variance of the error term is constant for all values of X (homoscedasticity), the independent variable(s) are uncorrelated with the error term, the error term is normally distributed; and (d) an absence of multicollinearity - none of the predictor variables are perfectly correlated with another predictor

variable or linear combination of other predictor (independent) variables.

The procedure for selecting the variables was the stepwise regression procedure, a combination of procedures in which variables are selected from a group of predictor variables. The selection process is based on correlations with the dependent variable; the first variable considered for entry into the equation is that which has the largest correlation. This process continues, each time selecting the variable which makes the next largest contribution, until there are no more significant correlations suitable for entry.

Data Analysis

The data was analyzed through the Statistical Package for the Social Sciences (SPSS). The SPSS sub program of regression was used to perform a stepwise selection procedure. The purpose was to determine the best linear combination of the eleven predictor variables for predicting the score on the CCTI. According to Draper & Smith (1981) the stepwise selection method is the best variable selection process.

The default entry and removal criterions in the SPSS program were used in the stepwise regression analysis:

1. Minimum F-to-enter (FIN) was set at 3.84.
2. Minimum F-to-remove (FOUT) was set at 2.71.
3. The minimum tolerance level was set at .01.

The level of significance was set at .05.

For the predictive equation, the following statistics were generated based on Kachigan (1982):

1. Multiple R - the correlation between the weighted sum of the predictor variables and the criterion variable.
2. Multiple R Square - indicates what proportion of the variance of the criterion variable is accounted for by the predictor variables combined.
3. Adjusted R square - a downward adjustment to account for possible overinflation of R Square due to sampling error.
4. Standard Error of Estimate - the standard deviation of the predictor variable values about the criterion value.
5. Analysis of Variance - a test of the significance of the predictive equation through an analysis of the proportion of the criterion's variance

attributed to the regression and to other error related sources. The probability level of the resulting F statistic will determine whether or not the equation is significant (Norusis, 1988).

6. Beta Weights/Coefficients - the standardized z score forms of the predictor variables in the regression equation which are used to assess the relative importance of the predictor variables.

In order to check for multicollinearity, a correlation matrix was developed, which included all eleven predictor variables and the scores on CCTI. Multicollinearity occurs when two or more predictor variables are highly correlated with one another. If this occurs, the Beta coefficients are less reliable.

Finally, the regression model assumptions were tested through an examination of the final matrix and residuals. Residuals are the differences of what actually is observed and what is predicted by the regression equation. Residual analysis can assist in providing explanation of why the regression equation is not significant and/or prevent the misapplication of an equation (Norusis, 1988).

Summary

The purpose of this chapter was to describe the methods used to investigate the relationship between spiritual well being, religiosity, and demographic variables, and use of Christian counseling techniques. The sample was made up of 450 randomly sampled, clinical members of CAPS, USA. Of the 450 surveyed, 331 completed and returned the research questionnaire. The total sample ($N=331$) was randomly split in half to produce a developmental sample ($n=168$) and a cross-validation sample ($n=163$). The eleven predictor variables were: spiritual well being, frequency of church attendance, practice of personal devotions, duration of personal devotions, practice of personal religious disciplines, importance of religion, importance of religious faith to professional practice, age, gender, counselor approach, and years of counseling experience. The criterion (dependent) variable was the use of Christian counseling techniques as measured by the CCTI. The data was analyzed by the use of multiple linear regression analysis. A stepwise regression analysis procedure was performed by the SPSS sub program on the developmental and cross-validation

samples. Finally, the assumptions for the multiple linear regression model were tested.

CHAPTER 3

RESULTS

The goal of this chapter is to present the findings of this study. The results are presented in four sections. The first section includes the descriptive statistics for all variables included in the study for the total sample. The second section presents the results of the multiple regression analysis applied to the developmental sample, a cross validation sample, and the total sample. This section also includes the descriptive statistics for each sub sample for comparative purposes. The third section presents the tests for the violation of assumptions of the multiple linear regression model. The final section in this chapter presents the additional findings of the study associated with the Christian Counseling Techniques Inventory, and the individual items within the inventory.

Descriptive Statistics

The participants were represented by 197 males (59.5%) and 134 females (40.5%). Their ages ranged from 24-81 years ($M = 44.5$, $SD = 9.97$) and their reported experience ranged from 2-50 years ($M = 12.8$; $SD = 7.6$). Eighty-six percent of the individuals were married ($n = 286$), 8.2% never married ($n = 27$), 4.2% divorced ($n = 14$), .6% separated ($n = 2$), and .6% widowed ($n = 2$). A majority of the respondents ($n = 224$) identified their professional counseling setting as independent or group private practice. Of the seven categories representing primary professional identification, 129 identified themselves as psychologists (39%), 81 identified themselves as marriage and family therapists (24.5%), 55 were master's level therapists (16.6), 26 were Christian counselors (7.9%), 15 were social workers (4.5%), and 21 identified themselves as "other" (.3%). More than 90% of the respondents were represented by the following professional orientations: eclectic (132; 39.9%), cognitive-behavioral (74; 22.4%), psychodynamic (61; 18.4%), cognitive (13; 4%), gestalt/existential

(10; 3%), Rogerian (6; 2%), and psychoanalytic (3; .9%).

In terms of religious involvement, 88.5% ($n = 293$) of the respondents indicated they attend church as often as once a week or more. Furthermore, 78% ($n = 257$) report practicing personal devotions at least twice a week.

The total score on the CCTI ranged from 25 to 112. The mean score on the CCTI was 63.4 with a standard deviation of 17.6. Frequencies and percentages for all possible scores on the CCTI are presented in Appendix J. The internal consistency coefficient alpha for the CCTI was .93.

The descriptive statistics which characterize the participants within the total sample are presented in Table 2.

Table 2

Descriptive Characteristics of Participants for the
Total Sample

	Frequency	Percent
GENDER		
Males	197	59.5
Females	134	40.5
MARITAL STATUS		
Married	286	86.4
Never Married	27	8.2
Divorced	14	4.2
Separated	2	.6
Widowed	2	.6
ORIENTATION		
Eclectic	132	39.9
Cognitive-Behavioral	74	22.4
Psychodynamic	61	18.4
Cognitive	13	3.9
Gestalt/Existential	10	3.0
Rogerian	6	1.8
Psychoanalytic	3	.9
Other	32	9.7

(table continues)

Table 2--continued

	Frequency	Percent
PROFESSIONAL IDENTITY		
Psychologist	129	39.0
Marriage & Family	81	24.5
MA Therapist	55	16.6
Christian Counselor	26	7.9
Social Worker	15	4.5
Physician	1	.3
Other	21	6.3

The descriptive statistics for the predictor variables collected from the sample of CAPS members (N=331) are presented in Table 3. The means, standard deviations, ranges, minimum, maximum, and number of cases are reported for the interval level data. Frequencies and percentages are presented for the nominal and ordinal level data.

Table 3

Descriptive Statistics of the Predictor and Criterion Variables

Variable	Mean	S.D.	Range	Min.	Max.	N
AGE	44.5	9.9	57	24	81	328
SWB	109.6	9.3	53	67	120	331
EXP	12.8	7.6	48	2	50	330
DUR	22.3	14.3	90	0	90	314
CCTI	63.4	17.6	87	25	112	331

Variable	Frequency	Percentage
ORIENTATION		
Directive	170	51.4
Non Directive	99	29.9
Other	62	18.7

(table continues)

Table 3--continued

Variable	Frequency	Percentage
CHURCH ATTENDANCE		
Not Applicable	5	1.5
Less than once/yr.	1	.3
3-12 times a year	4	1.2
2-3 times a month	27	8.2
Weekly	137	41.4
2-4 times a week	145	43.8
5-7 times a week	11	3.3
PERSONAL DEVOTIONS		
Never	5	1.5
Less than once/mo.	11	3.3
1-3 times a month	22	6.6
Weekly	34	10.3
2-4 times a week	101	30.5
5-7 times a week	156	47.1

(table continues)

Table 3--continued

Variable	Frequency	Percentage
RELIGIOUS DISCIPLINES		
Daily	180	54.4
Sev. times a week	110	33.2
Sev. times a month	28	8.5
Infrequently	12	3.6
Never	1	.3
GENDER		
Male	197	59.5
Female	134	40.5
IMPORTANCE OF RELIGION		
Somewhat Important	2	.6
Important	12	3.6
Very Important	85	25.7
Center of my life	232	70.1

(table continues)

Table 3--continued

Variable	Frequency	Percentage
IMPORTANCE OF RELIGIOUS FAITH TO PROFES. PRACT.		
Strongly Agree	259	78.2
Moderately Agree	58	17.5
Slightly Agree	6	1.8
Slightly Disagree	1	.3
Moderately Disagree	1	.3
Strongly Disagree	6	1.8

Note. AGE = Age in years; SWB = Total score on Spiritual Well Being scale; EXP = Years of counseling experience; DUR = Duration of personal devotions in minutes; CCTI = Christian Counseling Techniques Inventory.

Multiple Regression Analysis Results

The primary objective of this study was to determine which variables, singly or in linear combination, would adequately predict the use of

Christian counseling techniques among CAPS members. Stepwise multiple regression was utilized to determine which of the eleven variables served as predictors of the counseling techniques. The regression procedures were performed utilizing the developmental sample (n=168) and a cross validation sample (n=163). A significance level of .05 was set as the limit for the variable to enter into the equation.

Regression Using Developmental Sample

Overall, four predictor variables were found to be statistically significant in predicting use of Christian counseling techniques. Total score on Spiritual Well Being (SWB) was the first predictor variable to enter into the regression equation and demonstrate some predictive attribute ($R^2 = .11$). That is, one's score on the Spiritual Well Being scale accounts for 11% of the variance associated with the degree of use of Christian counseling techniques. The next predictor variable to enter the equation was Counseling Approach ($R^2 = .16$), followed by Practice of Personal Religious Disciplines ($R^2 = .20$) and Gender ($R^2 = .22$). With the addition of variables, the total variance accounted for was 16%, 20%, and 22%,

respectively. The data indicate that 22% of the variance can be accounted for by these four variables in predicting use of Christian counseling techniques. The resulting multiple regression equation was:

$$Y = 18.2 + .49 (\text{SWB}) - 4.96 (\text{APR}) - 4.69 (\text{PPRD}) + 5.40 (\text{Gender}).$$

Information obtained from the stepwise regression procedure is summarized in Table 4. The descriptive statistics for the predictor variables collected from the developmental sample are listed in Table 5.

The following independent variables did not enter the regression equation and therefore appear to be irrelevant in predicting use of Christian counseling techniques for this sample: age, counselor experience, frequency of church attendance, duration of personal devotions, importance of religion, importance of religious faith to professional practice, and practice of personal devotions.

Table 4

Stepwise Regression of Predictors on Use of Christian
Counseling Techniques: Developmental Sample (N=168)

Predictor	R	R ²	Sig.F	Beta
SWB	.33	.11	18.57	.33
COUNSELING APPROACH	.40	.16	14.88	-.24
RELIGIOUS DISC.	.44	.19	12.43	-.19
GENDER	.47	.22	10.64	.15

Table 5

Descriptive Statistics of Variables: Developmental
Sample (N = 168)

Variable	Mean	<u>S.D.</u>	Min.	Max.
APR	1.68	.78	1	3
EXP	12.87	7.36	2	41
FCA	5.35	.98	0	7
PPD	4.13	1.17	0	5
PRD	1.51	.71	0	4
DUR	23.08	14.44	3	60
IMP	5.63	.57	3	6
IPP	.30	.71	0	5
SEX	1.46	.50	1	2
AGE	45.25	8.88	29	70
SWB	110.26	8.71	77	120
CCTI	64.56	17.98	25	112

Note. APR = counselor approach; EXP = years of experience; FCA = frequency of church attendance; PPD = practice of personal devotions; PRD = practice of personal religious disciplines; DUR = duration of personal devotions; IMP = importance of religion; IPP =

importance of religious faith to professional practice; SEX = gender; AGE = age in years; SWB = spiritual well being; CCTI = Christian counseling techniques inventory.

Regression Using Cross Validation Sample

Multiple regression analysis was also applied to a cross validation sample ($N=163$) to assess the predictive ability of the equation when applied to a fresh sample. Overall, three predictor variables entered the equation. Again, Spiritual Well Being was the first variable to enter the equation ($R^2=.09$), accounting for 9% of the variance associated with the degree of use of Christian counseling techniques. The next variable to enter the equation was Counselor Approach ($R^2=.12$), followed by Practice of Personal Devotions ($R^2=.15$). Total variance accounted for was 9-15%. The resulting multiple regression equation was:

$$Y = 17.43 + .37(\text{SWB}) - 3.96(\text{APR}) + 2.69(\text{PPD}).$$

Information obtained from the stepwise regression procedure is summarized in Table 6. The descriptive statistics for the predictor variables collected from the cross validation sample are listed in Table 7.

Table 6

Stepwise Regression of Predictors on Use of Christian
Counseling Techniques: Cross Validation Sample (N=163)

Predictor	R	R ²	Sig.F	Beta
SWB	.30	.09	14.3	.30
COUNSELING APPROACH	.35	.12	10.32	-.19
PERSONAL DEVOTIONS	.39	.15	8.6	.17

Table 7

Descriptive Statistics of Variables: Cross Validation
Sample (N = 163)

Variables	Mean	S.D.	Min.	Max.
APR	1.67	.77	1	3
EXP	12.71	7.85	2	50
FCA	5.27	1.05	0	7
PPD	4.02	1.09	0	5

(table continues)

Table 7--continued

Variables	Mean	<u>S.D.</u>	Min.	Max.
PRD	1.71	.87	1	4
DUR	21.47	14.14	0	90
IMP	5.68	.60	3	6
IPP	.35	.93	0	5
SEX	1.35	.48	1	2
AGE	43.83	10.96	0	81
SWB	109.06	9.90	67	120
CCTI	62.29	17.29	29	109

Note. APR = counselor approach; EXP = experience in years; FCA = frequency of church attendance; PPD = practice of personal devotions; PRD = practice of personal religious disciplines; DUR = duration of personal devotions; IMP = importance of religion; IPP = importance of religious faith to professional practice; SEX = gender; AGE = age in years; SWB = spiritual well being; CCTI = Christian counseling techniques inventory.

Regression Using Total Sample

Due to conflicting results from the regression analyses on the developmental and cross-validation samples, a third regression analysis was conducted on the total sample ($N = 331$) to help clarify the importance and stability of certain predictor variables. According to Lewis-Beck (1980), as the sample size increases, it becomes easier to identify the relationship between predictor and criterion variables. As such, this investigator combined the two sub samples and performed a regression analysis on the larger, total sample.

The regression analysis on the total sample produced a significant regression equation with Spiritual Well Being ($R^2=.10$), Counselor Approach ($R^2=.14$), Practice of Personal Religious Disciplines ($R^2=.17$), and Gender ($R^2=.19$) entering as the predictor variables, respectively. These four variables, combined, accounted for 19% of the total variance. The resulting multiple regression equation was:

$$Y = 21.5 + .45(\text{SWB}) - 4.68(\text{APR}) - 3.66(\text{PPRD})$$

+4.65(GENDER). The statistics for the predictor variables collected from the total sample are listed in Table 8.

TABLE 8

Stepwise Regression of Predictors on Use of Christian
Counseling Techniques: Total Sample (N=331)

Predictor	R	R ²	F	Beta
SWB	.31	.10	33.4	.31
COUNSELING APPROACH	.38	.14	25.4	-.21
RELIGIOUS DISC.	.41	.17	20.6	-.17
GENDER	.43	.19	17.3	.13

Tests for the Violation of Assumptions

The assumptions for multiple linear regression were tested as part of the analysis procedure in light of the statistically significant results obtained from this study. The four assumptions are: absence of specification error, absence of measurement error, conformity of error term and absence of multicollinearity.

First, the absence of specification error was not violated. Stepwise multiple regression analysis was run for the total sample and the two sub samples,

representing the developmental and cross validation samples. Each of these analyses revealed statistically significant regression equations.

Second, the absence of measurement error was tested by examining the residuals for the significant regression equation. The analysis revealed that the residuals fell in an acceptable range between +3 and -3. There were no outliers to skew the results of the analysis.

Third, the assumption of error term conformity was tested by the examination of the standardized residuals. The residual analysis revealed that the assumptions of linearity and normality were met. However, there was a slight "funnel shape" of the scatterplot which may suggest a partial violation of homoscedasticity. It is believed that the skewness is related to this distinct sample. As such, some heteroscedasticity would be expected. Overall, the scatterplot did not provide sufficient evidence to warrant transformation of the variables (Tabachnik and Fidell, 1983).

Finally, the assumption of absence of multicollinearity was also met. During the computation of the stepwise regression analysis, no default warning

was issued to indicate multicollinearity. Furthermore, the correlation matrix was examined by this researcher to confirm absence of multicollinearity. The highest correlation between independent variables was .51 (see appendix H).

Additional Findings

The final section of this chapter describes results associated with the CCTI. Descriptive statistics of the CCTI are presented in Table 9 for the total sample ($N = 331$). Mean and standard deviation is included for each technique. Value, frequency, and percent for all responses associated with each technique are also included. Finally, this section presents the significant correlations with the CCTI as well as the results of a factor analysis conducted on the CCTI.

The total score on the CCTI ranged from 25 to 112. The mean score on the CCTI was 63.4 with a standard deviation of 17.6. Frequencies and percentages for all possible scores on the CCTI are presented in Appendix I. Results also indicate there was a normal distribution for the dependent variable (CCTI), despite

Table 9

Descriptive Statistics for the individual items of
the CCTI for the Total Sample

Variable	Value	n	%	Mean	S.D.
Forgiveness				3.60	1.17
Never Use	1	11	3.3		
Use with 1-25%	2	60	18.1		
Use with 26-50%	3	71	21.5		
Use with 51-75%	4	97	29.3		
Use with 76-100%	5	92	27.8		
Fellowship				3.56	1.20
Never Use	1	17	5.1		
Use with 1-25%	2	55	16.6		
Use with 26-50%	3	76	23.0		
Use with 51-75%	4	92	27.8		
Use with 76-100%	5	91	27.5		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Rest				3.42	1.18
Never Use	1	14	4.2		
Use with 1-25%	2	77	23.2		
Use with 26-50%	3	66	19.9		
Use with 51-75%	4	105	31.7		
Use with 76-100%	5	69	20.8		
Journal Keeping				3.38	1.19
Never Use	1	19	5.7		
Use with 1-25%	2	69	20.8		
Use with 26-50%	3	81	24.5		
Use with 51-75%	4	91	27.5		
Use with 76-100%	5	71	21.5		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Intercessory Prayer				3.16	1.28
Never Use	1	27	8.2		
Use with 1-25%	2	97	29.3		
Use with 26-50%	3	71	21.5		
Use with 51-75%	4	67	20.2		
Use with 76-100%	5	69	20.8		
Confession				3.12	1.27
Never Use	1	24	7.3		
Use with 1-25%	2	110	33.1		
Use with 26-50%	3	66	19.9		
Use with 51-75%	4	64	19.3		
Use with 76-100%	5	67	20.2		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	S.D.
Scripture Use (coun.)				3.07	1.22
Never Use	1	27	8.2		
Use with 1-25%	2	103	31.1		
Use with 26-50%	3	71	21.5		
Use with 51-75%	4	79	23.9		
Use with 76-100%	5	51	15.4		
Discernment				2.85	1.51
Never Use	1	87	26.3		
Use with 1-25%	2	71	21.5		
Use with 26-50%	3	52	15.7		
Use with 51-75%	4	47	14.2		
Use with 76-100%	5	74	22.4		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Celebration				2.84	1.30
Never Use	1	54	16.3		
Use with 1-25%	2	99	29.9		
Use with 26-50%	3	72	21.8		
Use with 51-75%	4	57	17.2		
Use with 76-100%	5	49	14.8		
Service				2.79	1.15
Never Use	1	38	11.5		
Use with 1-25%	2	116	35.0		
Use with 26-50%	3	84	25.4		
Use with 51-75%	4	62	18.7		
Use with 76-100%	5	31	9.4		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Worship				2.78	1.25
Never Use	1	47	14.2		
Use with 1-25%	2	122	36.9		
Use with 26-50%	3	60	18.1		
Use with 51-75%	4	62	18.7		
Use with 76-100%	5	40	12.1		
Obedience				2.74	1.26
Never Use	1	57	17.2		
Use with 1-25%	2	108	32.6		
Use with 26-50%	3	70	21.1		
Use with 51-75%	4	57	17.2		
Use with 76-100%	5	39	11.8		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Spiritual History				2.71	1.36
Never Use	1	69	20.8		
Use with 1-25%	2	109	32.9		
Use with 26-50%	3	55	16.6		
Use with 51-75%	4	45	13.6		
Use with 76-100%	5	53	16.0		
Scripture Use (Client)				2.60	1.11
Never Use	1	44	13.3		
Use with 1-25%	2	144	43.5		
Use with 26-50%	3	63	19.0		
Use with 51-75%	4	59	17.8		
Use with 76-100%	5	21	6.3		

(table continues)

Table 9---continued

Variable	Value	n	%	Mean	S.D.
Solitude				2.53	1.10
Never Use	1	55	16.6		
Use with 1-25%	2	133	40.2		
Use with 26-50%	3	71	21.5		
Use with 51-75%	4	56	16.9		
Use with 76-100%	5	16	4.8		
Concrete Meditation				2.51	1.15
Never Use	1	61	18.4		
Use with 1-25%	2	132	39.9		
Use with 26-50%	3	72	21.8		
Use with 51-75%	4	41	12.4		
Use with 76-100%	5	25	7.6		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Abstract Meditation				2.38	1.14
Never Use	1	80	24.2		
Use with 1-25%	2	121	36.6		
Use with 26-50%	3	71	21.5		
Use with 51-75%	4	40	12.1		
Use with 76-100%	5	19	5.7		
Simplicity				2.31	1.15
Never Use	1	84	25.4		
Use with 1-25%	2	139	42.0		
Use with 26-50%	3	51	15.4		
Use with 51-75%	4	35	10.6		
Use with 76-100%	5	22	6.6		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Contemplative Prayer				2.31	1.18
Never Use	1	95	28.7		
Use with 1-25%	2	118	35.6		
Use with 26-50%	3	58	17.5		
Use with 51-75%	4	40	12.1		
Use with 76-100%	5	20	6.0		
Listening Prayer				2.31	1.21
Never Use	1	93	28.1		
Use with 1-25%	2	128	38.7		
Use with 26-50%	3	48	14.5		
Use with 51-75%	4	37	11.2		
Use with 76-100%	5	25	7.6		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Fasting				1.80	.97
Never Use	1	151	45.6		
Use with 1-25%	2	129	39.0		
Use with 26-50%	3	25	7.6		
Use with 51-75%	4	17	5.1		
Use with 76-100%	5	9	2.7		
Healing				1.61	.97
Never Use	1	205	61.9		
Use with 1-25%	2	80	24.2		
Use with 26-50%	3	25	7.6		
Use with 51-75%	4	11	3.3		
Use with 76-100%	5	10	3.0		

(table continues)

Table 9--continued

Variable	Value	n	%	Mean	<u>S.D.</u>
Deliverance				1.59	.81
Never Use	1	182	55.0		
Use with 1-25%	2	117	35.3		
Use with 26-50%	3	21	6.3		
Use with 51-75%	4	6	1.8		
Use with 76-100%	5	5	1.5		
Prayer in Spirit				1.44	.83
Never Use	1	234	70.7		
Use with 1-25%	2	67	20.2		
Use with 26-50%	3	19	5.7		
Use with 51-75%	4	4	1.2		
Use with 76-100%	5	7	2.1		

the restricted nature of this particular sample. An examination of the histogram frequency for the dependent variable revealed minimal skewness (Z value = .31) (Appendix Y).

Each of the twenty-four Christian counseling techniques was used by at least 30% of the respondents. The most frequently used techniques (all with mean scores above 3.0) include: forgiveness, fellowship, rest, journal keeping, intercessory prayer, confession, and scripture use/counselor pro active. The least frequently used techniques (all with mean scores below 2.0) include: praying in the spirit, deliverance, healing, and fasting.

The following techniques from the CCTI are presented in order of mean score for each technique: forgiveness, 3.60; fellowship, 3.56; rest, 3.41; journal keeping, 3.38; intercessory prayer, 3.16; confession, 3.12; scripture use/counselor pro-active, 3.07; discernment, 2.85; celebration, 2.84; service, 2.79; worship, 2.77; obedience, 2.73; spiritual history, 2.71; scripture use/client pro-active, 2.60; solitude, 2.53; concrete meditation, 2.50; abstract meditation, 2.38; simplicity, 2.31; listening prayer, 2.31; contemplative prayer, 2.31; fasting, 1.80;

healing, 1.61; deliverance, 1.59; and praying in spirit, 1.43.

The CCTI was significantly correlated with the following variables: counseling approach ($r=-.26$, $p < .05$); practice of personal devotions ($r=.21$, $p < .001$); practice of personal religious disciplines ($r=-.24$, $p < .001$); duration of personal devotions ($r=.18$, $p < .001$); gender ($r=.14$, $p < .01$); and spiritual well being ($r=.31$, $p < .001$).

A factor analysis was conducted on the CCTI to analyze patterns of intercorrelations among Christian counseling techniques. Results of the analysis yield one main factor. There were no significant multiple clusters of items within the CCTI (Appendix K).

CHAPTER 4

DISCUSSION

The purpose of this chapter is to discuss the results of the study and present the major findings in light of the research question. Additionally, this chapter examines the implications of the results as they relate to the larger context of understanding the practices of Christian therapists. This chapter will also discuss recommendations for future research and end with conclusions of the research.

Discussion of Regression Results

The purpose of this study was to ascertain which of the eleven independent variables could be used to predict use of Christian counseling techniques among CAPS members, as measured by the CCTI. Three stepwise multiple regression analyses were performed on the developmental sample, cross-validation sample, and the total sample, respectively. Results indicate that 5 of

the 11 independent variables had predictive qualities associated with the use of Christian counseling techniques among CAPS members who counsel.

The regression analysis performed on the developmental sample ($N=168$) produced an equation with 4 predictor variables: Spiritual Well Being, Counselor Approach, Practice of Personal Religious Disciplines, and Gender. These variables, in combination, accounted for 22% of the variance in Christian counseling technique use.

The regression analysis performed on the cross-validation sample ($N=163$) also produced an equation with significant predictor variables. These included Spiritual Well Being, Counselor Approach, and Practice of Personal Devotions. These predictor variables, in combination, accounted for 15% of the variance in Christian counseling technique use.

A regression analysis was also performed on the total sample ($N=331$). Results were identical to the results for the developmental sample. Four significant predictor variables were found: Spiritual Well Being, Counselor Approach, Practice of Personal Religious Disciplines, and Gender. These four variables, in

combination, accounted for 19% of the variance in use of Christian counseling techniques.

One of the standards for determining the strength or effect size of the predictor equation is that used by Cohen and Cohen (1983). They classify the effect size of the predictor equation based on R squared values into three groups: low, medium, and high. An R squared value below 10% represents a low effect size. An R squared value between 10% and 24% represents a medium effect size. Finally, an R squared value of 25% and over would be considered a large effect size. According to this classification, all of the predictor equations in this study had medium effect sizes, with variances between 10% and 24%.

The most stable predictors were Spiritual Well Being and Counselor Approach, the first and second predictor variables to enter an equation for the total sample and both sub samples. These consistent findings demonstrate the stability of these variables as predictors of Christian counseling technique use. Based on the large, representative sample size used in this study, these results can be generalized to the entire population of CAPS members who counsel, but

cannot necessarily be externalized to other therapist populations.

The relationship between spiritual well being and use of Christian counseling techniques in therapy is an important finding. In general, the results indicate that use of Christian interventions increases as one's self-reported level of spiritual well being increases. This strong positive correlation speaks to the possible influence of the therapist's relationship to God. While this is the first study of this kind, prior research has demonstrated that spiritual well being correlates positively with other religiosity variables. As such, it is not surprising that SWB (a measure of one's internal spiritual health) also correlates positively with the tendency to utilize distinctly Christian interventions.

As with SWB, it was expected that counselor approach would prove to be an important predictor. The results indicate that counselors who view themselves as "directive" in approach are more prone to rely on Christian counseling techniques in therapy. This finding seems rather logical as the use of religious interventions is more compatible with a directive approach in therapy. It may be more difficult for a

non-directive therapist to incorporate religious disciplines in professional practice. A non-directive theoretical orientation tends to be less structured and usually allows the client to choose the direction or agenda for therapy. As such, the use of specific Christian counseling techniques may depend more on the client's initiative; it is understandable that their use is therefore less predictable on the basis of counselor attributes.

However, despite the apparent predictive ability of counselor approach, this investigator believes that one potential limitation of this study involves this particular variable. The response options for counselor approach were presented as: (a) directive, (b) non directive, and (c) other. These options force the respondents to place themselves in one of three non-defined, artificial categories. As such, it is possible that a likert style format would be more appropriate in identifying counselor approach and therefore, provide an even more powerful capability in predicting Christian counseling technique use.

The third predictor variable, practice of personal devotions, entered the regression equation for the developmental sample but was not replicated in the

cross-validation procedure. Instead, practice of personal religious disciplines entered the equation as a significant predictor in the cross validation procedure. As such, the stability of either one as a predictor is questionable. However, it is worth consideration that these variables are significantly, positively correlated with each other ($r=-.45$), as well as quite similar in nature. Operationally, these two variables define similar aspects of religiosity and measure the same type of religious behavior. As such, there may be a third, unknown, variable which incorporates and measures both practice of personal devotions and practice of personal religious disciplines, predicting use of Christian counseling techniques. On the other hand, it is possible that minor differences in the sub samples may account for which variable entered the regression equation.

Gender did not prove to be a significant predictor in the cross validation procedure. However, there seems to be an important relationship between gender and use of Christian counseling techniques. A stepwise regression analysis using the total sample ($N=331$) included gender as a significant predictor variable. Further exploration revealed a statistically

significant difference between males and females regarding use of these interventions. An ANOVA revealed that females scored significantly higher than males on the CCTI ($F_{1,329}=4.99, p<.05$). This finding is inconsistent with research by Adams et al. (1991) which found no significant difference for gender in a smaller sample. The difference in these findings might be explained by the restricted nature of the sample in this later study. Adams et al. (1991) investigated a very small sample of graduate student/therapists with limited experience from a distinct part of the United States.

According to Stratton (1992), level of education is related to CCTI and gender and level of education co-vary. Therefore, it is difficult to determine which of these variables influences the score on CCTI given that they co-vary. Furthermore, Stratton (1992) reports that there were significantly more males with doctoral degrees and that those with doctoral degrees generally had lower CCTI scores. It is possible that this may account for gender effect. Nonetheless, the fact that gender was not replicated as a significant predictor in the smaller, cross validation sample suggests it is not totally reliable in this sample.

Garfield and Bergin (1986) indicate that studies of the effect of gender on therapeutic process are contradictory and thus inconclusive at this time. In order to clarify the importance and stability of gender as a predictor of CCTI scores, research using another sample would be appropriate.

Another interesting finding was the lack of predictive ability for many of the "religiosity" variables. The study found that the following variables were not significant predictors: Frequency of Church Attendance, Duration of Personal Devotions, Importance of Religion, and Importance of Religious Faith to Professional Practice. This investigator intuitively expected practice of religion and sense of religiosity to demonstrate a significant and stable relationship to the use of the spiritual interventions. Moreover, Jones (1990) concluded that personal faith shapes professional practice in a substantive way. The lack of sensitivity among these variables to predict use of Christian counseling techniques is surprising. Possible reasons for this lack of predictive ability might include the following: (a) "halo" effect, (b) poor internal validity of the CCTI, and (c) the homogeneity of the sample.

The halo effect simply suggests that subjects tend to represent themselves in an overly favorable light when responding to emotionally laden questions such as those related to one's personal faith. It is possible that therapists who are supposedly interested in integration issues exaggerated or overestimated their religious and spiritual involvement.

A second possible explanation might include the validity of the CCTI. The validity of an instrument concerns the degree to which it measures what it claims to measure. Because it is a self constructed inventory with little prior usage, the validity of the CCTI is largely untested. Apart from content validity consideration in constructing the CCTI, there is little evidence to support the view that we are truly measuring what is intended. However, there is preliminary support for internal consistency as revealed by a coefficient alpha of .93 found in this study and a coefficient alpha of .91 found in Adams et al. (1991). There is also strong support for face validity in light of the positive feedback from respondents as well as construct validity due to the factor structure of one main factor.

Finally, the restricted nature and homogeneity of the present sample may have contributed to the lack of predictive sensitivity for these religious variables. This sample was comprised of a very distinct group of Christian therapists who adhere to an evangelical, conservative statement of faith. High scores on frequency of church attendance, importance of religion, and importance of religious faith to professional practice may accurately reflect this sample's religious beliefs and practices. Examination shows that many of the religious variables in this study were skewed in the direction of the higher extreme and may have been influenced by a ceiling effect. Skewness and attenuated range may account for the lack of predictive value for these variables. On the other hand, it is possible that the lack of sensitivity among certain religiosity variables is valid. In this case, it would be concluded that church attendance, duration of personal devotions, and professed importance of religious faith have no significant relationship to Christian counseling technique use. It may be that these variables have no effect on one's tendency to use the Christian disciplines in therapy.

Age and experience of the therapist also proved to be non-significant variables in this study. It appears that these two variables do not serve as useful predictors of Christian counseling techniques. This is consistent with previous research by Adams et al. (1991) which found no significant correlation between age or counselor experience and use of Christian counseling techniques. Based on these results, this investigator concludes that there is no evidence that either age or counseling experience have any relationship to CAPS members' tendency to utilize religious disciplines in therapy. Again, this finding must be limited to CAPS members and cannot be generalized to other Christian therapists.

Discussion of CCTI Results

The results of this study regarding the CCTI and specific techniques were quite interesting. First, the results support the perceived importance and usefulness of the Christian counseling techniques. A large percentage of clinical members of CAPS report use of distinctly religious interventions. Although similar findings were reported for APA, Division 12 members

(Shafranske & Malony, 1990), the extent to which the present findings can be generalized beyond CAPS members remains questionable. CAPS members represent a very distinct group of evangelical Christian therapists who are highly interested in integrating religious faith with professional practice.

Second, the most frequently used techniques of (a) prayer, (b) use of scripture, (c) forgiveness, and (d) journal keeping are supported by the literature. The six most frequently employed techniques found in research conducted by Adams et al. (1991) included: forgiveness, rest, journal keeping, fellowship, use of scripture, and confession/repentance. Jones (1990) found use of scripture, instruction in forgiveness, and prayer for clients as the three most frequently reported Christian techniques used by the 706 graduates who were surveyed from Christian graduate programs in psychology. Similarly, Ball and Goodyear (1991) found prayer and teaching the client through use of scripture to be the most frequently employed Christian counseling interventions. The consistency among these findings suggests that Christian therapists view these techniques as an important element in their counseling and psychotherapy practices.

Third, the least used techniques, praying in the Spirit, deliverance, healing, and fasting, might be considered extreme forms of spiritual interventions. More than likely, mainstream evangelical Christians do not personally utilize these techniques, as they tend to be associated more with the charismatic groups. We cannot conclude that these techniques are not important, valuable, or effective. Even these techniques are used by at least 29% of the sample. However, many of the therapists may consider these less acceptable. Christian therapists of CAPS may be less familiar with the personal use of these disciplines, even opposed to them, and may be less prone to rely on them as a result.

Fourth, the addition of celebration, service, rest, and fellowship to the Moon et al. (1990) list of techniques was confirmed as appropriate. Most surprising was the fact that rest and fellowship appeared among the most frequently used techniques. It is possible there may be other techniques that have been overlooked as appropriate for inclusion. Many of the respondents from this study provided their view of other techniques which might be useful for inclusion in the Christian Counseling Techniques Inventory. Most

of the techniques proposed by the respondents were either represented by or closely related to the following: prayer (for and/or with the client), grieving, teaching and application of Biblical principles, modelling Biblical attributes (i.e., grace), inner healing through imagery/hypnosis, use of religious support/therapy groups, cognitive restructuring using Biblical truths, appropriation of an identity with Christ, bibliotherapy, confrontation, and healing through touch. In light of the above suggestions and given the lack of research associated with the CCTI, more investigation may be warranted to capture a complete and comprehensive inventory.

Fifth, results of a factor analysis on the CCTI indicate that all the individual techniques within the CCTI load on one main factor. That is to say, there is evidence that each of the 24 items measures the same construct. Moreover, the internal consistency coefficient alpha of .93 suggests the 24 items are highly intercorrelated. Therefore, the results support the use of the 24 CCTI items as a measurement scale and confirm its use of an aggregate scoring system.

Implications

The results of this study hold several implications for Christian therapists as well as future investigators interested in the study of integrating psychology and Christianity.

First, this exploratory study indicates that spiritual well being is a significant and stable predictor of the use of Christian counseling techniques among this population. Furthermore, it appears that one's practice of personal devotions/religious disciplines may also serve as useful predictors. As a result, there is support for the notion that a therapist's personal faith may influence his/her use of Christian counseling techniques. It is possible that one's relationship to God has some affect on the tendency to rely on Christian counseling techniques. It may be that as a therapist uses the disciplines in his/her own personal life and experiences positive results or increasing spiritual/emotional well being, there may be a tendency to incorporate these disciplines in the therapeutic approach.

It is important to acknowledge that the significantly positive relationships found in this

study are consistent with, but do not confirm, causation. It cannot be asserted that any of these variables cause use of Christian interventions in therapy. However, the results do lead us to the question: Is one's ability or willingness to integrate personal faith, including use of Christian counseling techniques, with professional practice in part a function of growth and maturity as a Christian? Hopefully, future research can address this important question.

Second, this study offers important information about therapists who use Christian counseling techniques. The study supports other research in clarifying which techniques are considered valuable and useful by Christian therapists who seek to integrate Christian faith with professional practice. For example, a high percentage of therapists (97%) claim to use the technique of forgiveness with clients. Given such a significantly high percentage, it is apparent that CAPS therapists place a high value on forgiveness and perceive the technique of forgiveness as important for therapy. Therapists who are interested in improving their efforts toward integrating Christianity

and psychology are encouraged to consider having forgiveness in their repertoire of techniques.

Several other Christian counseling techniques were used by a high percentage of CAPS therapists and with a correspondingly high percentage of their clients. Given the importance of considering client's values in therapy (McMinn, 1991), Christian therapists who do not currently use such techniques are encouraged to consider incorporating various Christian counseling techniques in therapy.

Christian graduate programs seeking to offer training in the integration of psychology and theology may also benefit from these results. Most specifically, graduate programs are encouraged to address specific Christian counseling techniques in their curriculum. In light of the perceived importance of many of these techniques, Christian graduate programs might offer both theoretical and practical training in specific techniques.

Third, the results have important implications for the Christian Counseling Techniques Inventory (CCTI). Results confirm the usefulness of this inventory as a tool for measuring the use of Christian counseling techniques. The CCTI appears to be a solid and

comprehensive inventory with objective criteria for inclusion of specific techniques. The high percentage of positive feedback from the respondents supports face validity. More significantly, a factor analysis of all the techniques included in the CCTI revealed one main factor. Internal consistency coefficient alpha further supports the internal consistency of the instrument and thus provides support for construct validity. These results support the decision to use a global score with this inventory. Finally, scores on the CCTI were normally distributed among this rather large, representative sample of Christian therapists. While these preliminary results show promise, one of the major limitations of this study is the lack of reliability and validity data for the CCTI. As with any new measuring instrument, the lack of research to support reliability and validity creates serious limitations. Consequently, the results of this study are limited and remain tentative.

Recommendations

The purpose of this exploratory study was to provide a foundation for future research in

investigating the actual practices of Christian therapists. As Worthington (1986) noted, more research of religious counseling techniques is desperately needed. The results of this study are encouraging and offer a better understanding of therapists' use of Christian counseling techniques. The study was able to produce a regression equation which predicted use of Christian counseling techniques among CAPS members. In general, the results suggest a strong relationship between a therapist's SWB scores, counselor approach, and use of Christian counseling techniques in therapy. In light of the results, the following recommendations are offered for future research:

1. This study should be replicated. A replication would provide stronger support for the results obtained in this study. Specifically, more research is needed to clarify the predictive stability of the variables found to predict Christian counseling technique use. When replicating, the following modifications are suggested: (a) decrease the length of the questionnaire, (b) include more independent variables as possible predictors, (c) increase the sample size, and (d) change the question regarding counselor approach to a likert style response format.

First, it is suggested that the questionnaire be reduced in length. This investigation was part of a larger study and many of the items on the questionnaire were not used for this study. Respondents may be more attentive and thus provide more accurate responses if given a shorter questionnaire.

Second, inclusion of other possible predictor variables is recommended to discover whether other factors are related to use of Christian disciplines in therapy. There may be other biographical variables and/or other religiosity variables which account for use of these disciplines. One of the major limitations of this study is the inability to account for other variables which may affect the total score on the CCTI. We do not know, for example, to what extent counselor setting, number of clients seen, or type of client effect CCTI scores.

Third, a replication of this study should seek to investigate a larger sample size. While the total sample of this study was fairly large ($N=331$), the result of splitting the sample into sub samples for the cross-validation procedure most likely weakened the results. A larger sample may be able to clarify the

conflicting results regarding the influence of gender on use of Christian counseling techniques.

Fourth, the response options for the independent variable regarding counselor approach were somewhat restrictive and forced the respondent into one of three non-defined, artificial categories. It is believed that a likert style format would be more appropriate and provide a more accurate representation of counselor approach.

2. It is recommended that research of this nature be applied to other populations to help clarify the generalizability of these results. Obviously, the research would want to target individuals who are interested in religious values in psychotherapy. Given the nature and content of this study, an investigation of a non-religious group of therapists would likely be of little value.

3. Initial findings related to the Christian counseling techniques inventory (CCTI) are quite promising. The inventory appears to be comprehensive and useful as a means of measuring the use of Christian interventions in therapy. However, as with any new instrument, there is room for refinement in order to enhance and maximize its capability as an assessment

tool. More research using the CCTI is necessary to gain a better understanding of its reliability and validity as a measure of Christian counseling technique use. Furthermore, research is needed to address specific psychometric qualities of the CCTI.

4. The overwhelming interest of the respondents in a study of this nature attests to the need for more research associated with the integration of personal faith with professional practice. The response rate of 75%, the positive feedback, and the high percentage of respondents who requested a copy of the results of this research clearly indicates that any study which seeks to clarify integrative issues would be valuable in contributing to the overall, yet limited, body of knowledge in this area. As such, this study, and hopefully others of this nature, might ultimately lead to future research on efficacy of specific techniques and integrative approaches in therapy.

Conclusions

The relationship between psychology and Christianity has been the subject of much attention within the last two decades, both theoretically and

clinically. However, despite the efforts to understand this relationship, there is very little empirical research which investigates what Christian therapists and psychologists actually do in therapy. As such, this study set out to add to the limited body of knowledge concerning the practices of Christian therapists by exploring their use of distinctly Christian counseling techniques. Specifically, this study sought to identify a set of variables which could predict the use of Christian counseling techniques among clinical members of CAPS. Additionally, it described the range and frequency of the use of these counseling techniques.

A demographic questionnaire, the Spiritual Well Being Scale, and the Christian Counseling Techniques Inventory was administered to 450 randomly sampled members of CAPS, USA. Of the 450 sampled, 340 responded, yielding 331 usable protocols (73.6%). Due to the high response rate, the total sample was split in half to provide a developmental sample and a cross-validation sample. Multiple linear regression analysis was performed on both sub samples to determine if any or all of the eleven independent variables could be used to predict the use of Christian counseling

techniques, as measured by the Christian Counseling Techniques Inventory.

Results of the multiple regression analyses revealed significant predictor equations for both the developmental and cross-validation samples. Four predictor variables entered the equation for the developmental sample: spiritual well being, counselor approach, practice of personal religious disciplines, and gender, accounting for 22% of the total variance of Christian counseling technique use. The cross-validation sample produced an equation with three predictor variables: spiritual well being, counselor approach, and practice of personal devotions, accounting for 15% of the total variance. These consistent results indicate that one's reported spiritual well being, counselor approach, and practice of personal devotions/religious disciplines are strong predictors of Christian counseling technique use among this very representative sample of Christian therapist members of CAPS. Moreover, the results indicate that gender may be a significant predictor, although the strength of this predictive ability is uncertain and gender was confounded with education, a known factor in CCTI scores. On the other hand, this study found that

the following variables were not able to predict the use of Christian counseling techniques: age, years of experience, frequency of church attendance, duration of personal devotions, importance of religion, and importance of religion to professional practice. The highly religious nature of this sample may have attenuated the relationship of some of these religious variables.

In general, the results of this study seem to suggest that one's relationship with God, as manifested by reported spiritual well being and practice of personal devotions, may have some effect on the tendency to rely on Christian counseling techniques in therapy. Further research is certainly needed to clarify the relationship between religiosity and Christian counseling technique use.

Additionally, this study revealed important information about the CCTI and the specific counseling techniques. The total score on the CCTI ranged from 25 to 112, with a mean score of 63 and a standard deviation of 17.6. The most frequently used techniques (all with mean scores above 3.0) included: forgiveness, fellowship, rest, journal keeping, intercessory prayer, confession, and use of

scripture/counselor pro-active. Results concerning the most frequently used techniques are consistent with prior research and confirm their importance as perceived by Christian therapists. The high return rate and positive feedback from the respondents support face validity for the CCTI. Furthermore, the normal distribution of scores and the internal consistency coefficient alpha of .93 give support to the CCTI as an appropriate instrument for measuring Christian counseling technique use. Finally, results of a factor analysis revealed a one factor solution for the CCTI, supporting the use of a global score with this inventory.

This study was limited by the lack of reliability and validity data associated with the CCTI. There was no solid reliability and validity data available prior to this study and therefore, the results are tentative. Also, this study was limited by the fact that this was the first of its kind. A foundational study of this nature lacks the theoretical and empirical research necessary to guide and direct specific aspects of the investigation. Lastly, the study was limited by the make up of the sample. This rather homogeneous group of Christian therapists could have significantly

restricted the predictive ability for many of the religiosity variables. Also, a sample of this nature could certainly restrict the generalizability of these results.

In conclusion, the results of this research provide an important step in clarifying the place of Christian counseling techniques in therapy. It shows that CAPS therapists profess to be highly religious, report frequent use of Christian counseling techniques in their therapy practice, and are more likely to use those techniques if they have high spiritual well being, tend to be directive in their approach, and have personal devotions more frequently. Hopefully, this study will promote and facilitate further research in this much needed area of study. Research of this nature could prove to be valuable in understanding the process of Christian therapy, and may lead to the study of process as it relates to treatment efficacy.

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Appendix A
Professional Practice Questionnaire

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 SLIGHTLY 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 religious education 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-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.

Appendix B
Spiritual Well Being Scale

5WB

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree A = Agree MD = Moderately Disagree
 MA = Moderately Agree D = Disagree SD = Strongly Disagree

1. I don't find much satisfaction in private prayer with God. SA MA A D MD SD
2. I don't know who I am, where I came from, or where I'm going. SA MA A D MD SD
3. I believe that God loves me and cares about me. SA MA A D MD SD
4. I feel that life is a positive experience. SA MA A D MD SD
5. I believe that God is impersonal and not interested in my daily situations. SA MA A D MD SD
6. I feel unsettled about my future. SA MA A D MD SD
7. I have a personally meaningful relationship with God. SA MA A D MD SD
8. I feel very fulfilled and satisfied with life. SA MA A D MD SD
9. I don't get much personal strength and support from my God. SA MA A D MD SD
10. I feel a sense of well-being about the direction my life is headed in. SA MA A D MD SD
11. I believe that God is concerned about my problems. SA MA A D MD SD
12. I don't enjoy much about life. SA MA A D MD SD
13. I don't have a personally satisfying relationship with God. SA MA A D MD SD
14. I feel good about my future. SA MA A D MD SD
15. My relationship with God helps me not to feel lonely. SA MA A D MD SD
16. I feel that life is full of conflict and unhappiness. SA MA A D MD SD
17. I feel most fulfilled when I'm in close communion with God. SA MA A D MD SD
18. Life doesn't have much meaning. SA MA A D MD SD
19. My relation with God contributes to my sense of well being. SA MA A D MD SD
20. I believe there is some real purpose for my life. SA MA A D MD SD

© Paloutzian and Ellison (1979).

Appendix C

Christian Counseling Techniques Inventory

CHRISTIAN COUNSELING TECHNIQUES INVENTORY

Please circle the number that corresponds most accurately with your actual practice. For explanation of terms please see the definitions on the opposite page.

- 1 = I never use this as a therapeutic technique
- 2 = I use this with 1% to 25% of clients
- 3 = I use this with 26% to 50 % of clients
- 4 = I use this with 51% to 75% of clients
- 5 = I use this with 76% to 100% of clients

TECHNIQUE

1. Concrete Meditation	1	2	3	4	5
2. Abstract Meditation	1	2	3	4	5
3. Intercessory Prayer	1	2	3	4	5
4. Contemplative Prayer	1	2	3	4	5
5. Listening Prayer	1	2	3	4	5
6. Praying in the Spirit	1	2	3	4	5
7. Scripture: Counselor Pro-Active	1	2	3	4	5
8. Scripture: Client Pro-Active	1	2	3	4	5
9. Confession/Repentance	1	2	3	4	5
10. Worship	1	2	3	4	5
11. Forgiveness	1	2	3	4	5
12. Abstinence/Fasting	1	2	3	4	5
13. Deliverance	1	2	3	4	5
14. Solitude/Silence	1	2	3	4	5
15. Discernment	1	2	3	4	5

Please circle the number that corresponds most accurately with your actual practice. For explanation of terms please see the definitions on the opposite page.

- 1 = I never use this as a therapeutic technique
- 2 = I use this with 1% to 25% of clients
- 3 = I use this with 26% to 50 % of clients
- 4 = I use this with 51% to 75% of clients
- 5 = I use this with 76% to 100% of clients

16. Journal Keeping	1	2	3	4	5
17. Obedience	1	2	3	4	5
18. Simplicity	1	2	3	4	5
19. Spiritual History	1	2	3	4	5
20. Healing	1	2	3	4	5
21. Celebration	1	2	3	4	5
22. Service	1	2	3	4	5
23. Rest	1	2	3	4	5
24. Fellowship	1	2	3	4	5
25. Other (Specify Below)					

DEFINITIONS

The following list contains descriptions of the disciplines we are positing to have utility in the context of Christian Counseling. We are not proposing these definitions to be exhaustive, but to provide some clarity concerning our intended connotations.

MEDITATION: "...to engage in contemplation or reflection... to focus one's thoughts on: reflect on or ponder over"(Webster)

- (1) **CONCRETE MEDITATION** - encouraging or instructing the client to focus their thoughts on Scripture (individual words or phrases). This may include concrete objects of God's Creation. Ps 119:15, 99, 148.
- (2) **ABSTRACT MEDITATION** - An activity closely related to (1), which encourages more active use of the imagination, such as a passive focus on one or more of the attributes of God. Ps 63:6; 143:5.

PRAYER: Communion and/or conversation with God.

- (3) **INTERCESSORY PRAYER** - encouraging the client to engage in a form of prayer that involves making our requests known to God, either as they relate to ourselves or others. Eph 6:18, Phil 4:6.
- (4) **CONTEMPLATIVE PRAYER** - encouraging the client to engage in a particular type of interpersonal response to God which seeks to create a passive openness to the experience of God through non-analytical focus of attention (Finney, 1984). Often contemplative prayer transcends words and images due to the inadequacy of these vehicles to capture God. Ps. 46:10; 27:4.
- (5) **LISTENING PRAYER** - A process similar to contemplative prayer, but with the exception that the primary focus is upon receptivity to communication (words/images) from God. Ps. 130: 5-6; 1 Sam.3:9,10.

- (6) **PRAYING IN THE SPIRIT** - encouraging the client to engage in a type of verbal prayer, a specific experience which often involves the presence of verbal utterances usually not recognizable speech (Finney, 1984); as "prayer of interior surrender", and ongoing process of awareness of God's presence. Rom. 8:26; 1 Thess 5:17; 1 Cor. 12:10.

SCRIPTURE: God's written revelations contained in the Scriptural Canon.

- (7) **COUNSELOR: PRO-ACTIVE** - Didactic use of Scripture involving teaching, discussion, exhortation and encouragement. 2 Tim. 3:14-17; Col. 3:16.
- (8) **CLIENT: PRO-ACTIVE** - Encouragement of Scripture study, memorization, and application as a structured homework technique. Ps 119: 9-16; 2 Tim 2:15.
- (9) **CONFESSION/ REPENTENCE** - Encouraging or instructing the client in the process of "taking personal responsibility for" transgressions of thought or deed and entering into a process of metanoia (turning away, repentance) that involves admitting to God and/or others our sin (Foster, 1988, p.148). Ps. 51: 1-3; James 5:16.
- (10) **WORSHIP** - Encouraging or instructing the client in the process of giving to God their praise, thanksgiving, allegiance, honor, adoration, both individually and in fellowship with other believers. Rom. 12:1; Ps 9: 1-2; Heb. 10:25.
- (11) **FORGIVENESS** - Encouraging or instructing the client in the process of a complete canceling of a debt or penalty for an offense, which generally involves cleansing and freedom from sin and its effects. 1 John 1:9; Matt. 6:14,15.
- (12) **ABSTINENCE/ FASTING** - Encouraging or instructing the client to abstain to some degree and for some period of time from activities that the client engages. Matt. 16:24, Col. 3:5, 1 Cor. 9:27.

- (13) DELIVERANCE - Releasing a person from oppression or possession by evil spirits or demons. Matt. 10:8; Micah 6:31.
- (14) SOLITUDE/SILENCE - Encouraging or instructing the client to draw away from the crowds or distractions in order to meet with God alone (Foster, 1978). It further involves the attitude of inner stillness as one brings the heart and mind into focus on the Lord. Ps. 131:2; Micah 6:31; Mark 1:35, Matt. 14:23.
- (15) DISCERNMENT - A Spiritual Gift of divine insight which the counselor possesses and uses for the purpose of rightly distinguishing between good and evil, truth and error. 1 John 4:1,6; 1 Cor. 12:10; Heb. 5:14.
- (16) JOURNAL KEEPING - Encouraging the client to keep a written expression of emotions, thoughts, experiences, and or dreams which serves as an outpouring of the soul as well as an encouragement for self or others. Psalms, 2 Peter.
- (17) OBEDIENCE - Encouraging or instructing the client in the process of giving up of personal autonomy, entering into a "life of freely accepted servanthood to God" (Foster, 1978). Phil 2:5-8; 1 John 5:3; 1 Cor. 12: 1-31.
- (18) SIMPLICITY - Encouraging or instructing the client in the process of developing a life lived with singleness of desire as expressed in Matthew 6:33, which involves the freedom of being detached from the worldly concern. Matt. 6:22-34; Col. 3:1-5.
- (19) SPIRITUAL HISTORY - A type of case history which involves the structured discussion of one's religious background, spiritual journey, and other specific events that relates to relationship with God. 1 Thes. 3:5-6; 2 Tim. 1:5-6.

- (20) **HEALING** - A dynamic, miraculous process of being made whole (physically and/or emotionally) which often involves laying on of hands or anointing with oil. Micah 6:13; James 5:14-15.
- (21) **CELEBRATION** - Encouraging the client to engage in joyous festivity to enjoy themselves, their life, and their world, in conjunction with their faith and confidence in God's greatness, beauty, and goodness (Willard, 1988). Eph. 5:19,20; Phil. 4:4; Ecclesiastes.
- (22) **SERVICE** - Instructing the client to engage their goods and strength in the active promotion of the good of others and the causes of God and the world (Willard, 1988). Mark 10:43-44; Gal. 6:10; Col. 3:22, John 13:14.
- (23) **REST**- Encouraging the client to engage in relaxation and ease after a period of activity, or relief and freedom from troubles or exertion (Willard, 1988). Ps 4:8; Mark 6:31.
- (24) **FELLOWSHIP** - Directing the client to assemble with other individuals, either in a large group or meeting with only a few for the purpose of engaging in common activities of worship, study, prayer, celebration, and service (Willard, 1988). Heb 10:25, Rom 1:12, Acts 2:42.

Moon G. W., Bailey, J. W., Kwasny, J. C., & Willis, D. E. (1991). Training in the use of Christian disciplines as counseling technique within religiously oriented graduate training programs. Journal of Psychology and Christianity, 10(2), 154-165.

Moon, G. W., Willis, D. E., Bailey, J. W., & Kwasny J. C. (in press). Self-reported use of Christian spiritual guidance techniques by Christian psychotherapists, pastoral counselors, and spiritual directors. Journal of Psychology and Christianity.

Appendix D
Mailing Cover Letter and Instructions



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.

A handwritten signature in cursive script that reads "Rodger K. Bufford".

Rodger K. Bufford, Ph.D.

Steve Stratton, M.A.

A handwritten signature in cursive script that reads "Neal F. McBride".

Neal F. McBride, Ed.D., Ph.D.

Appendix E
Follow up Post Card



November 10, 1991

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.

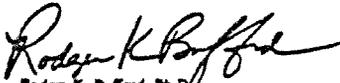
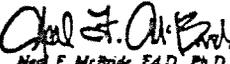
If you have already completed and returned it to us please accept our sincere thanks. If not, please do so today. Because it has been sent out to a small, but representative, sample of CAPS members it is extremely important that your responses be included in the study if the results are to accurately 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 (512-462-0180) and we will get another questionnaire in the mail to you today.

Sincerely,

Samuel A. Adams, M.A.

Sue Strason, M.A.


Roger E. Bufford, Ph.D.

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

Appendix F

Permission to Conduct Study on CAPS



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 Roger 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

ERI/cr

Mail address P.O. Box 628, Blue Jay CA 92317 Tel (714) 337-5117
CAPS office located at 2899 Passaic Rd., Suite A, Lake Arrowhead, CA 92352

Appendix G
Second Follow up Letter



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 questionnaires.

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.

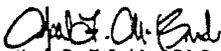
Sincerely,

San Adams, M.A.



Roger K. Bufford, Ph.D.

Steve Stratton, M.A.



Neal F. McBride, Ed.D., Ph.D.

Appendix H
Correlation Matrix

Correlation Matrix
 Predictor & Criterion Variables

	APR	EXP	FCA	PPD	PRD	DUR
APR	1	.08	-.05	-.08	.05	-.13
EXP	.08	1	.04	.08	-.06	-.07
FCA	-.05	.04	1	.29	-.21	.13
PPD	-.08	.08	.29	1	-.45	.16
PRD	.05	-.06	-.21	-.45	1	-.15
DUR	-.13	-.07	.13	.16	-.15	1
IMP	.11	.09	.23	.21	-.26	.23
IRP	.01	-.04	-.10	-.06	.14	-.06
SEX	-.03	-.27	-.01	.12	-.05	.20
AGE	-.01	.51	.13	.21	-.03	.07
SWB	-.17	.17	.21	.29	-.26	.16
CCTI	-.26	.05	.07	.21	-.24	.18

Note. APR = counselor approach; EXP = years of experience; FCA = frequency of church attendance; PPD = practice of personal devotions; PRD = practice of personal religious disciplines; DUR = duration of personal devotions; IMP = importance of religious; IPP = importance of religious faith to professional practice; SEX = gender; AGE = age in years; SWB = spiritual well being; CCTI = christian counseling techniques inventory.

Correlation Matrix
(continued)

	IMP	IRP	SEX	AGE	SWB	CCTI
APR	.11	.01	-.03	-.01	-.17	-.26
EXP	.09	-.04	-.27	.51	.17	.05
FCA	.23	-.10	-.01	.13	.21	.07
PPD	.21	-.06	.12	.21	.29	.21
PRD	-.26	.14	-.05	-.03	-.26	-.24
DUR	.23	-.06	.20	.07	.16	.18
IMP	1	-.20	.01	.06	.29	.13
IRF	-.20	1	.01	-.06	-.16	-.10
SEX	.01	.01	1	.04	-.03	.14
AGE	.06	-.06	.04	1	.19	.09
SWB	.29	-.16	-.03	.19	1	.31
CCTI	.13	-.10	.14	.09	.31	1

Note. APR = counselor approach; EXP = years of experience; FCA = frequency of church attendance; PPD = practice of personal devotions; PRD = practice of personal religious disciplines; DUR = duration of personal devotions; IMP = importance of religious; IRP = importance of religious faith to professional practice; SEX = gender; AGE = age in years; SWB = spiritual well being; CCTI = christian counseling techniques inventory.

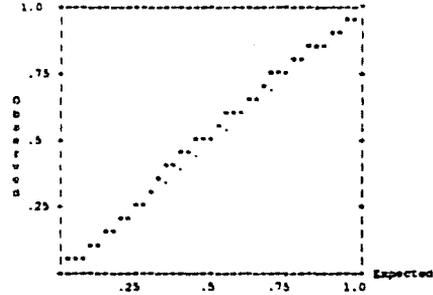
Appendix I
Residual Matrices

Histogram - Standardized Residual

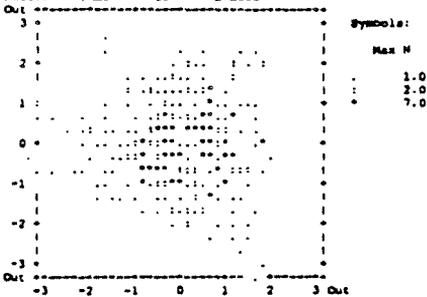
```

M Exp =          (* = 1 Cases.      . : = Normal Curve)
0  .26 Out
0  .51 3.00 .
1  1.29 2.67 :
4  2.95 2.33 ***
9  6.04 2.00 *****
11 11.07 1.67 *****
19 16.16 1.33 *****
19 26.70 1.00 *****
29 35.14 .67 *****
44 41.47 .33 *****
43 43.81 .00 *****
46 41.47 -.33 *****
43 35.14 -.67 *****
27 26.70 -1.00 *****
15 18.16 -1.33 *****
11 11.07 -1.67 *****
6  6.04 -2.00 *****
3  2.95 -2.33 ***
0  1.29 -2.67 .
2  .51 -3.00 :
1  .26 Out *
    
```

Normal Probability (P-P) Plot
Standardized Residual



Standardized Scatterplot
Across - *PREL Down - *PRE110



Q28 IMPORTANCE OF RELIGIOUS FAITH IN PROFES:

COUNT	VALUE
258	1.00
54	2.00
6	3.00
1	4.00
1	5.00

I.....I.....I.....I.....I
 0 80 160 240 320 400
 Histogram Frequency

Valid cases 331 Missing cases 0

Q29 GENDER

COUNT	VALUE
187	1.00
134	2.00

I.....I.....I.....I.....I
 0 80 120 160 200
 Histogram Frequency

Valid cases 331 Missing cases 0

Q30 AGE IN YEARS

Count	Midpoint
1	0
0	5
0	10
0	15
0	20
1	25
23	30
45	35
61	40
65	45
48	50
25	55
27	60
6	65
3	70
2	75
1	80

I.....I.....I.....I.....I
 0 15 30 45 60 75
 Histogram Frequency

Appendix J
Scores on CCTI

Predictors - 180

0071

Value Label

Value	Frequency	Percent	Valid Percent	Cum Percent					
25.00	1	.3	.3	.3	46.00	8	1.8	1.8	13.3
29.00	3	.9	.9	1.2	46.00	4	1.2	1.2	14.5
30.00	1	.3	.3	1.5	46.00	4	1.8	1.8	16.3
31.00	1	.3	.3	1.8	47.00	9	2.7	2.7	19.0
32.00	3	.9	.9	2.7	48.00	11	3.3	3.3	22.4
33.00	3	.9	.9	3.6	49.00	3	.9	.9	23.3
34.00	3	.9	.9	4.5	50.00	9	2.7	2.7	26.0
35.00	2	.6	.6	5.1	51.00	7	2.1	2.1	28.1
36.00	2	.6	.6	5.7	52.00	9	2.7	2.7	30.8
37.00	3	.9	.9	6.6	53.00	6	1.8	1.8	32.6
38.00	1	.3	.3	6.9	54.00	4	1.2	1.2	33.9
39.00	1	.3	.3	7.3	55.00	7	2.1	2.1	36.0
40.00	7	2.1	2.1	9.4	56.00	9	2.7	2.7	38.7
41.00	3	.9	.9	10.3	57.00	4	1.8	1.8	40.5
42.00	1	.3	.3	10.6	58.00	6	1.8	1.8	42.3
43.00	3	.9	.9	11.5	59.00	7	2.1	2.1	44.4
					60.00	4	1.2	1.2	45.6
					61.00	8	1.8	1.8	47.1
					62.00	8	2.4	2.4	49.5
					63.00	11	3.3	3.3	52.8
					64.00	9	1.8	1.8	54.4
					65.00	9	2.7	2.7	57.1
					66.00	3	.9	.9	58.0
					67.00	12	3.6	3.6	61.6
					68.00	4	1.5	1.5	63.1
					69.00	4	1.2	1.2	64.4
					70.00	4	1.2	1.2	65.6
					71.00	9	1.8	1.8	67.1
					72.00	9	2.7	2.7	69.3
					73.00	9	1.8	1.8	71.3
					74.00	9	1.8	1.8	72.8
					75.00	9	1.8	1.8	74.3
					76.00	9	1.8	1.8	75.9
					77.00	4	1.2	1.2	77.0
					78.00	9	2.7	2.7	79.9
					79.00	6	1.8	1.8	81.6
					80.00	4	1.8	1.8	83.4
					81.00	9	1.8	1.8	84.9
					82.00	3	.9	.9	85.8
					83.00	2	.6	.6	86.4
					84.00	4	1.2	1.2	87.6
					85.00	9	1.8	1.8	89.1
					86.00	4	1.2	1.2	90.3
					87.00	1	.3	.3	90.6
					88.00	1	.3	.3	90.9
					89.00	4	1.2	1.2	92.1
					90.00	1	.3	.3	92.4
					91.00	4	1.2	1.2	93.7
					92.00	2	.6	.6	94.3
					93.00	1	.3	.3	94.4
					93.00	9	1.8	1.8	96.1
					97.00	3	.9	.9	97.0
					98.00	2	.6	.6	97.6
					103.00	1	.3	.3	97.9
					104.00	2	.6	.6	98.5
					109.00	2	.6	.6	99.1
					110.00	1	.3	.3	99.4
					111.00	1	.3	.3	99.7
					112.00	1	.3	.3	100.0
					Total	331	100.0	100.0	
Mean		63.441		Std dev	17.451		Minimum	29.000	
Maximum		112.000							
Valid cases	331		Missing cases	0					

Appendix K
Factor Analysis on CCTI

Predictors - 182

factor variables = conmed to fellow discern
 / criteria= factors (1) iterate (50)/
 /extraction =ml/ rotation = oblimin/ plot=eigen/ format = sort
 blank (,3).

ML Extracted 1 factors. 5 Iterations required.

Chi-square Statistic: 935.9182, D.F.: 252, Significance: .0000

Factor Matrix:

	FACTOR 1
WORSHIP	.72666
OBEY	.71816
FORGIVE	.71623
FELLOW	.70197
LISPRAY	.69782
CONFESS	.67667
SERVICE	.67534
SIMPLE	.67375
INTPRAY	.67097
CELEBRAT	.66445
CONPRAY	.63640
CONPRO	.60005
CONMED	.59577
DISCERN	.58280
REST	.57806
SPIRMS	.57791
SOLITUDE	.56519
ARMED	.53799
DELIVER	.48791
JOURNAL	.47135
FASTING	.44756
HEALING	.41960
SPIRPRAY	.36882

Final Statistics:

Variable	Communality	Factor	Eigenvalue	Pct of Var	Cum Pct
CONMED	.35495	1	0.90036	37.1	37.1
ARMED	.28944				
INTPRAY	.45020				
CONPRAY	.40500				
LISPRAY	.48696				
SPIRPRAY	.13603				
CONPRO	.36006				
CLINPRO	.39497				
CONFESS	.45788				
WORSHIP	.52803				
FORGIVE	.51298				
FASTING	.20031				
DELIVER	.23805				
SOLITUDE	.31944				
JOURNAL	.22217				
OBEY	.51575				
SIMPLE	.45394				
SPIRMS	.33398				
HEALING	.17607				
CELEBRAT	.44150				
SERVICE	.45608				
REST	.33415				
FELLOW	.49276				
DISCERN	.33966				

Oblimin Rotation 1, Extraction 1, Analysis 1 - Kaiser Normalization.

Appendix L
Key to Raw Data

Key to 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 agree
 3 = Slightly agree
 4 = Slightly disagree
 5 = Moderately disagree
 6 = Strongly Disagree
- 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/Repentance
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 Y
Distribution of Scores on CCTI

Appendix Z

Vita

Vita

Samuel Adams
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Austin, TX. 78703
(512) 477-8756
Age: 28

CAREER OBJECTIVE

Licensed Clinical Psychologist

EDUCATION

- 1993: Psy. D., Clinical Psychology
George Fox College, Newberg, OR
- 1990: M. A., Clinical Psychology
Western Conservative Baptist Seminary,
Portland, OR
- 1986: B. A., Business
Baylor University, Waco, TX

EMPLOYMENT HISTORY

- 1991: Minirth-Meier, Tunnell, & Wilson Medical
Clinic, San Antonio, TX
Position: MA Therapist. Work included
psychological testing, individual and group
therapy for adolescents and adults.
- 1991: Pacific Gateway Hospital, Portland, OR
Position: Mental Health Therapist. Work
included individual and group therapy on
adult unit.
- 1986: Adams & Porter, Inc.
New York, NY
Position: Insurance Broker.

INTERNSHIP

1991-92: Minirth-Meier, Tunnell, & Wilson
Austin, TX
Supervisors: Daniel Grangaard,
Ed.D., Karen Taylor, Psy.D.

PRACTICUMS

1988-89: Mt. Hood Drug & Alcohol Treatment
Center, Gresham, OR
Work included intake and case
management, individual and group
therapy.

1989-90: Elahan Mental Health Center,
Vancouver, WA. Work included
individual therapy for adolescents
and adults. Supervisor: Chuck
Weisser, Ph.D.

1991: William Temple House, Portland, OR
Work included individual/couples
therapy.

DISSERTATION

"Spiritual Well Being, Religiosity, and
Demographic Variables as Predictors of the
Use of Christian Counseling Techniques Among
Members of CAPS, U.S.A."

REFERENCES

Available upon request