


4-1997

Sources of Gain in Christian Counseling and Psychotherapy: A National Survey

Barbara M. Houston

Follow this and additional works at: <https://digitalcommons.georgefox.edu/psyd>

 Part of the [Psychology Commons](#)

Sources of Gain in Christian Counseling and Psychotherapy:

A National Survey

by

Barbara M. Houston

Presented to the Faculty of

George Fox University

in partial fulfillment

of the requirements for the degree of

Doctor of Psychology

in Clinical Psychology

Newberg, Oregon

1997

Approval

Sources of Gain in Christian Counseling and Psychotherapy:

A National Survey

by

Barbara M. Houston

Signatures:

W. Brad Johnson Ph.D.

Committee Chair

Duke E. Lane

Vice President for

Academic Affairs

Members:

Rodger K. Buffum Ph.D.

Date: 4-23-97

Chris Fel

Date: April 7, 1997

Sources of Gain in Christian Counseling and Psychotherapy:

A National Survey

Barbara M. Houston

George Fox University

Newberg, Oregon

Abstract

This exploratory survey is an attempt to examine assumptions that shape and direct Christian psychologists' professional thoughts and actions in order to further the research on the efficacy of Christian psychotherapy. Major assumptions about change sustaining Christian counseling have been expounded without much empirical support. The Christian Psychologist Survey, concerning the assumptions about the sources of gain in Christian counseling and psychotherapy, was completed by 164 Christian Association for Psychological Studies (CAPS) members, 112 males and 52 females. This study endeavors to discover practicing therapists' beliefs of what makes Christian therapy effective, and what aspects make counseling "Christian." Regarding critical components, respondents rated "God is primary healer and the counselor is His agent" as the most important and "Ecclesiastical role (i.e. pastoral)" as least important.

Regarding the most significant active ingredients leading to change, respondents agreed that “God, Jesus Christ or the Holy Spirit brings about change,” was the most significant.

Acknowledgments

The faces of friends, family, and professors are before me as I write of my gratitude for their support and prayers. My thoughts go back to the time when Rye Bell commented that counselors whom he spoke to didn't know why their clients changed in therapy. My interest was further piqued upon studying Rodger Bufford's writings on defining Christian counseling. It was while reading Brad Johnson's work on assumptions regarding change undergirding Christian counseling that I chose the idea for this dissertation. My special thanks to Brad, as chairman of my dissertation committee, for his untiring interaction and encouragement with the material I presented to him. Much gratitude to Chris Koch and Paul Williams for rescuing me from drowning in the statistics.

Thanks to friends who have been supportive with their interest and prayers for me during the birthing of this dissertation. My family is one of the main reasons I have finished the course, as they have understood and sacrificed many activities with me in order for the work on this dissertation to be completed. Gratitude to my son Brent, for reading and correcting the first rough draft, which helped pave the way for the finished paper.

Finally, my husband Bill is my steady helmsman. His profound encouragement sustained me through this work, as he willingly gave up time and shared recreational activities with me (not to mention the tuition at George Fox!). Bill, gratefulness to you will never be adequately expressed to thank you for your love.

Table of Contents

| | |
|--|-----|
| Title Page | i |
| Approval | ii |
| Dissertation Abstract | iii |
| Acknowledgments | v |
| Table of Contents | vi |
| List of Tables | ix |
| List of Figures | x |
| Chapter 1 Introduction | 1 |
| Theoretical Perspectives Regarding Change Processes in Psychotherapy | 2 |
| Summary of Earlier Views From History of Psychology | 2 |
| Relationship Factors | 3 |
| Time | 4 |
| Nonspecific Factor Effect | 4 |
| What Makes Counseling And Psychotherapy Effective? | 5 |
| Responses to Eysenck's Evaluation of Psychotherapy | 5 |
| Summary of Outcome Research | 6 |
| Meta-analysis Revelation | 7 |
| Multidimensional Change Process | 8 |

| | |
|---|----|
| Therapeutic Relationships | 9 |
| Client Factors | 9 |
| Sources of Gain in Religious Counseling and Psychotherapy | 10 |
| Religious Approaches and Assumptions..... | 10 |
| Christian Perspectives | 11 |
| Examining Christian Procedures and Belief Systems of Theories | 14 |
| Theories of Christian Counseling | 14 |
| Outcome Research and Religious Psychotherapy | 16 |
| Assumptions of Source of Gain | 18 |
| Assumptions Regarding Sources of Gain in Christian Counseling | 18 |
| Common Assumptions of Leading Christian Therapists | 19 |
| The Accommodation Assumption | 20 |
| The Hope Assumption | 21 |
| The Truth Assumption | 21 |
| The Divine Agent Assumption | 22 |
| Hypotheses | 23 |
| Chapter 2 Method | 25 |
| Participants | 25 |
| Measure | 26 |
| Pilot Study | 26 |

| | |
|--|-----|
| Procedure | 27 |
| Chapter 3 Results | 28 |
| Components of Christian Counseling | 29 |
| Chapter 4 Discussion | 38 |
| Assumed Sources of Gain | 40 |
| Other Findings | 43 |
| References | 48 |
| Appendices | 58 |
| Appendix A Letter to Christian Association for Psychological Studies Members | 58 |
| Appendix B The Christian Psychologist Survey | 60 |
| Appendix C Raw Data of The Christian Psychologist Survey | 63 |
| Appendix D Vita | 124 |

List of Tables

Ratings of Important Components of Christian Counseling in Thematic Categories 31

List of Figures

Figure 1 Ratings of Important Components of Christian Counseling 30

Figure 2 Ratings of Sources of Gain in Christian Therapy 35

Chapter 1

Introduction

Psychotherapy is generally accepted as being effective with most clients who attend at least a few sessions of therapy (Lambert, 1991; Lambert, Shapiro, & Bergin, 1994; Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988; Smith & Glass, 1977). Further, research has indicated that client change or growth is due largely to factors related to the psychotherapeutic process (Lambert et al., 1994). The question for Christian practitioners is whether Christian psychotherapy is more effective than secular psychotherapy (Johnson & Ridley, 1992b). Christian theorists and authors claim it is; however, little empirical support is available (Propst, 1986; Propst, Ostrom, Watkin, Dean, & Mashburn, 1992; Worthington, 1986). This literature review will examine theoretical and outcome research regarding the change processes in psychotherapy and psychotherapy's effectiveness. Further, it will examine the potential sources of gain within religious psychotherapies. The focus of this paper is an examination of the assumptions of Christian therapists regarding change or growth during the process of

psychotherapy. These assumptions are thought to shape or control therapist's thoughts and actions (Jones & Butman, 1991).

Theoretical Perspectives Regarding Change Processes in Psychotherapy

Summary of Earlier Views from History of Psychology

The assumptions a therapist holds concerning how a client grows and changes have always directly and indirectly guided psychotherapeutic practice and techniques. Early on, insight was viewed as the change factor. In psychotherapeutic practice before and during the early 60's, the unfolding of insight by the client was often seen as a major goal and a means of achieving more effective functioning (Hobbs, 1962). This assumption was based upon personal belief and experience, rather than on confirmed data (Paul, 1967). It is the therapist's psychotherapeutic model that determines the therapeutic treatment. The therapist's theoretical assumption of what causes change is the foundation for the mode of treatment used. The major psychological orientations have distinct conceptions and theoretical perspectives regarding change processes in psychotherapy. Through transference and insight, Psychoanalysts expect inner conflicts to be overcome. Behaviorists believe that modification in motor movement through corrective learning experiences brings about change in attitude and affect. Cognitive theorists declare that changes in thinking give rise to

changes in feeling and behavior. Humanists or Experientialists contend emotions propel an individual's thought and action (Mahoney, 1991).

Which, if any, of these theoretical perspectives regarding change processes in psychotherapy have proven effective? Rigorous research began with Eysenck's (1952) challenge to the efficacy of psychotherapy. Eysenck assessed the effectiveness of both psychoanalytic and nonpsychoanalytic psychotherapy and concluded that there was insufficient evidence to support the efficacy of psychotherapy. On the basis of 24 studies, Eysenck stated patients who improved did so with the passage of time, not from the benefit of psychotherapy. Some clients experienced detrimental effects from psychotherapy.

Despite the fact some have negative results from counseling, many patients have positive experiences. Several factors have been proposed as contributing to effective psychotherapy including relationship factors, time, and non-specific factor effect. Each of these will be examined in turn.

Relationship Factors

It is in relationship that creation of a safe atmosphere can occur. This is the secure environment in which an individual can explore new behavior. Relationship tends to be one factor involved in change (Mahoney, 1991). It is the interpersonal interchange between client and therapist on which therapeutic and technical aspects of the therapy session are based. The therapeutic relationship

between client and therapist is crucial to positive outcome (Luborsky et al., 1988). Hobbs (1962) affirmed that the "first source of gain is in the therapeutic relationship itself" (p. 742). It is a unique relationship in which the client can experience intimacy without detriment. "To do no harm" is in theory the therapist's goal (Mahoney, 1991). This relationship encompasses a reciprocal empathy and affirmation (Orlinsky & Howard, 1986). It is in relationship that psychological change is encouraged, ignored, or hampered (Mahoney, 1991).

Time

Eysenck (1952) attempted to show that people with a neurotic disorder improve over time whether they receive psychotherapy or not. It is now believed that psychotherapy is beneficial for most clients who are at least involved for a few sessions (Lambert et al., 1994; Luborsky et al., 1988). The survey by Consumer Reports (1995) found that the longer they stayed in therapy the more improvement clients reported. The sample that was surveyed reported that staying in therapy for more than six months yielded the most improvement.

Non-Specific Factor Effect

Whether or not therapy changes occur because of a placebo effect was an issue initially addressed by Rosenthal and Frank (1956). Placebo effects were later reframed as nonspecific or common factors. Common or nonspecific factors are those qualities in any positive human relationship, such as rapport, expectation of

gain, and sympathetic attention, which arouse the client's hope for healing. These were thought to be the major contributors toward success in psychotherapy (Frank, 1961). These factors are features common to virtually all psychotherapies and may include such therapeutic events as attending psychotherapy sessions in a treatment setting, stating what the problem is, therapeutic activities (Kazdin, 1986), support, reassurance, and expectation for improvement. These and many more similar factors have been found as effective variables across all schools of psychotherapy (Lambert et al., 1994).

What Makes Counseling and Psychotherapy Effective?

Responses to Eysenck's Evaluation of Psychotherapy

Over four decades ago, the pursuit of evidence for psychotherapy's effectiveness began in the defense of psychological treatments for psychological disorders. The value of psychotherapy was questioned with Eysenck's (1952) findings that individuals with a neurotic disorder improve over time, regardless of whether they undergo psychotherapy or not. Either psychotherapy did not accomplish its goals and was not effective, or earlier studies were wrong about their conclusions regarding the efficacy of psychotherapy. Eysenck's study caused therapists and researchers to look beyond case studies and anecdotal material. The need for outcome studies was recognized. Many research efforts were begun and

aimed at proving that therapy was effective or that certain orientations were superior to others. Paul (1967) stated that the question to which outcome research should be directed is, "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances" (p. 111)?

Summary of Outcome Research

Stiles and Shapiro (1989) declared that methodological and conceptual advances in psychotherapy process-outcome research had been disappointing in demonstrating causal links which most treatment models suggest. Despite their critique, Strupp (1963) discovered evidence of the efficacy of psychotherapy and little difference in effectiveness between nonbehavioral and behavioral therapies in almost 400 controlled evaluations. A subsequent meta-analysis of the benefits connected to psychotherapy detected that treated individuals are generally more improved compared with untreated individuals (Smith & Glass, 1977). Smith and Glass combined the results of 400 studies that addressed the question of the effectiveness of psychotherapy. They found that psychoanalytic, transactional analysis, rational-emotive, Gestalt, client-centered, systematic desensitization, and behavior modification approaches were more effective than no treatment-with small differences among the therapies. Bergin and Lambert (1978) found, in a review of the same literature Eysenck used-along with supplementary studies-that

spontaneous recovery, without psychotherapy, occurred in 40 percent of the individuals rather than two-thirds as was originally believed.

Meta-analysis Revelations

Since these early studies, research with improved methodology and meta-analytic techniques, which summarize large compilations of empirical data, have found that psychotherapy is beneficial and that clients can change for the better (Shapiro & Shapiro, 1982). Major research reviews reveal many methods of psychotherapy which are beneficial for a variety of problems (Lambert et al., 1994; Smith & Glass, 1977). These studies report that approximately 65% of clients improve with psychotherapy. According to Lambert (1991), the effectiveness of psychotherapy is no longer an issue. A large survey by Consumer Reports (1995), applauded by Seligman (1995) as an excellent "effectiveness study," found that all modalities of psychotherapy did equally well for all disorders. In comparing psychotherapeutic approaches, outcome research has not been able to identify a specific approach as more favorable in counseling outcome (Garfield & Bergin, 1994). The Consumer Report survey suggested that psychotherapy was beneficial and that long-term treatment was better than short-term treatment. This finding is congruent with Smith and Glass' (1977) earlier conclusion that psychotherapy outcome research data revealed that the average treated client is better off than 80% of those not treated.

The effectiveness of psychotherapy is no longer a primary question (Lambert, 1991). Though some clients improve with time and many nonspecific factors influence treatment, outcome studies have consistently revealed that psychotherapies generate significant gain (Lambert et al., 1994).

Multidimensional Change Process

Mahoney (1991) noted that clients can psychologically change for the better. It is often a slow and laborious process, secondary to the healthy self-protective systemic integrity found in humans. Change can occur during periods of stabilization as the individual follows a complex and dynamic development. This course is difficult to foresee because of the uniqueness of each individual. Change is hard to predict as no single causal event or clinical approach can be expected to fully explain or alter a client's problem (Kanfer & Schefft, 1988). The distinctiveness of each person contributes to different processes that transpire in therapeutic transformation. The change process is multidimensional (Lambert et al., 1994), which can contribute to ambiguity in the results of outcome research which demonstrate change. Further, it is difficult to measure the effectiveness of psychotherapy. Measurement tends to be very obtuse and perhaps ill-suited to the relationship between client and therapist which is so intricate and difficult to observe. Therefore, determination of what is or is not beneficial change, and

whether any change is due to the intended therapeutic intervention, is challenging indeed.

Therapeutic Relationship

The therapeutic relationship has been linked to successful outcomes in psychotherapy (Lambert et al., 1994, Orlinsky & Howard, 1986). From the client's view, the therapist's credibility and engagement have been found to be related to positive outcome (Garfield, 1986; Orlinsky & Howard, 1986).

Therapist personal characteristics are a large factor in effective client change, perhaps even more than technique (Lambert, 1989). The client is encouraged by unconditional acceptance, trust, warmth, and wisdom to be honest as feelings are occurring in the presence of the therapist. It is the experience of intimacy in a safe climate that contributes to a client risking change in thinking and/or behavior. Orlinsky and Howard (1986) believe that the reciprocal bond between client and therapist contributes to efficacy in treatment. A client desiring change may be encouraged by the therapist's attitudes and expectations. Therapist expectation may be a major component in positive outcome as it may indirectly shape client attitude, expectations, and behaviors (Jenner, 1990). The attitude and behavior of the therapist may influence the efficacy of psychotherapy.

Client Factors

Although the therapist-client relationship is essential, research is beginning to support notions that characteristics of the client contribute the most to the relationship and, thereby, the outcome of therapy (Bergin, 1994). Components such as the motivation, education, and intelligence of the client have been consistently among the most substantial factors in promoting good results in therapy. Patients with higher incomes, less pathology, shorter histories of symptoms, greater motivation, and middle or upper class backgrounds are most likely to benefit from treatment (Garfield, 1986). Also, active participation and openness during therapy (Orlinsky & Howard, 1986) appears to facilitate therapy gains. Finally, clients' subjective feeling of change may also be an essential variable. If the patient feels better or sees herself or himself as improving early in therapy, then this early sense of improvement may be indicative of positive outcome at termination (Garfield, 1986).

Sources of Gain in Religious Counseling and Psychotherapy

Religious Approaches and Assumptions

An individual's religion or spirituality can be a valuable tool in the psychotherapy process, and many clients are convinced their faith contributes positively to mental health. Also, the therapist's religion or spirituality, and the

intentional incorporation of spiritual issues in the counseling process, may contribute to successful outcome in counseling. Nonetheless, research is lacking to support these hypotheses (Propst, 1986; Presley, 1992). Reminiscent of the historical conclusions of psychotherapy's efficacy before Eysenck's challenge, Christian counselors and therapists have looked to case studies and anecdotal material to prove Christian psychotherapy is effective.

Christian Perspectives

Believing that a person's faith plays an important part in wholeness, clergy have played a significant role in psychological or emotional healing. Pastoral care and counseling were early links between psychological healing and religion in the Christian faith (Jones & Butman, 1991). Social support from the church was recognized as a positive force in the therapeutic process (Bufford & Buckler, 1987), especially as it promoted discovering meaning and purpose in life (Bufford & Johnston, 1982). Meditation, confession, and faith healing were seen as psychological as well as spiritual techniques (Jaekel & Clebsch, 1964). Ten years after Narramore's book The Psychology of Counseling (1960), Jay Adams' (1970) book, Competent to Counsel began the marketing of Christian psychotherapy approaches to be used by a Christian pastor in counseling hurting Christians.

Several ideas have been put forth as to what makes therapy Christian. Bufford (1995) explored four perspectives in defining Christian counseling: (a) the context or setting of counseling, (b) the intervention techniques or topics approached, (c) the goal of therapy, and (d) characteristics of the counselor. He added a new category of consecrated counseling which puts all of these perspectives together with God's participation. Counseling may be Christian if it is done in a Christian setting, such as a church (Worthington, 1986). Christian intervention techniques may be based on Scripture or on Christian issues (Worthington, Dupont, Berry, & Duncan, 1988). Christian counseling may have goals of helping the client change in the direction of Christlikeness or Christian maturity (Crabb, 1977). The heart of true Christian counseling is the influence of the Holy Spirit and scriptures (Collins, 1988; Bufford, 1995). Lastly, Collins (1988) has suggested that Christian counseling is based on four distinctives including: (a) unique assumptions, (b) unique goals, (c) unique methods, and (d) unique counselor characteristics.

Integrating secular theorist's psychological theories and methods with Christian beliefs has been attempted by some Christian therapists to restore people (e.g., Jones & Butman, 1991). According to Collins (1988), helping individuals with mental and emotional disorders can be done effectively by counselors who follow Jesus Christ, use God's Word, study psychology, and are trained in

counseling and research. Another perspective is the promotion of Christian maturity in helping individuals experience a richer worship and a more effective life of service as the principal goal in counseling (Crabb, 1977). Nevertheless, little research supports these approaches in Christian counseling.

Each Christian theorist tends to believe his or her approach is inspired by Scripture, and that he or she has an understanding of a Christian approach to life's difficulties. Differences in approach among Christian therapists may simply point to the diversity of therapeutic assumptions in general. Certainly, different problems require different responses according to the unique need of the individual. Further, the range of personalities and human problems requires a range of responses from Christian therapists (Jones & Butman, 1991) as the apostle Paul charges in I Thessalonians 5:14¹, "And we urge you, brothers, warn those who are idle, encourage the timid, help the weak, be patient with everyone." The Scriptures provide a variety of interventive and loving responses. Jones and Butman noted that a Christian therapist must be flexible with a good theoretical foundation concerning the complexity of the human condition.

As the best model of an effective counselor, Jesus was able to effectively help people. Depending on the need of the individual, Jesus employed a number of approaches. At times he encouraged and supported. Many times he confronted

¹ New International Version

and challenged. Some times he just listened without giving much overt direction. Often he used divinely guided questioning, and at other times he taught rigorously. His use of counseling technique depended on the circumstance, the nature of the individual, and the particular problem. Jesus' personality, knowledge, and ability provided the means for him to effectively assist individuals needing help (Collins 1988).

Examining Christian Procedures and Belief Systems of Theories

The efficacy of Christian procedures and belief systems must be examined to insure responsible integrative psychotherapy. The question for the Christian counselor is how to approach both secular and uniquely religious theories and methods as an informed believer so as to best care for hurting people (Collins, 1988).

What is the best care? The multitude of Christian approaches to psychotherapy can leave Christian therapists in a dilemma as to which approach to use with specific clients. Despite many articles and books, and numerous published approaches to Christian therapy, techniques are seldom tested for effectiveness (Collins, 1988). There is little evidence to suggest religious psychotherapy is more beneficial than, or even equal to, secular psychotherapy with religious clients (Propst, 1986).

Theories of Christian Counseling

The effectiveness of Christian approaches to counseling must be further examined as studies evaluating Christian procedures are sparse. Caution must be taken in proclaiming the efficacy of these approaches. Jones and Butman (1991) challenged Christian counselors to, "think with Christian clarity about the theoretical approaches to understanding and changing people, which provide the background for all counseling practice" (p. 415). All counseling theories and techniques hold a belief system concerning how to comprehend clients. One question for Christian counselors is how to approach the theories and methods of psychotherapy with consideration to their world view.

Integration is the process of determining how to view and use these theories and methods as a Christian. Christian psychotherapy has gleaned knowledge and techniques from psychology to help Christian people. In order to assess the efficacy of religious and particularly Christian psychotherapy, we must begin by scrutinizing the presuppositions of these perspectives. Whether the counselor acknowledges it, presuppositions shape or control all of the counselor's thoughts and actions in therapy. An explicitly Christian approach would therefore align with the therapist's Christian belief or worldview (Collins, 1988).

Therapist's beliefs and values, especially religious values, are conveyed to clients (Beutler, 1979). In fact, one of the common fears among highly religious

clients is that of having their values changed (Worthington, 1986). Beutler (1981) found in over 50 studies that there was a convergence of clients adopting their therapists' belief systems in successful therapy, and at the start of therapy the more dissimilar the belief systems the more convergence occurred. It is clear that values change whether a value change is intended or not (Goldsmith & Hansen, 1993).

What are the values or beliefs of Christian therapists? Collins (1988) has written, "Despite variations in theology, most counselors who call themselves Christian have (or should have) beliefs about the attributes of God, the nature of human beings, the authority of Scripture, the reality of sin, the forgiveness of God, and hope for the future" (p. 17). These beliefs are the basis of the worldview which the Christian counselor brings into a counseling situation, and influence all that he/she thinks, says, or does.

Outcome Research and Religious Psychotherapy

Giving the best care may be the goal of Christian therapists, but deciding what that is may be difficult if not impossible, without empirical evidence. Locating studies which show the spiritual effects of psychotherapy may be almost impossible. Bufford, Renfro, and Howard (1995) were able to discover only one published research report on religious or spiritual outcomes. A review of the scientific literature for controlled outcome studies on the effectiveness of religious approaches to therapy with religious clients found only five controlled outcome

studies (Johnson, Devries, Ridley, Pettorini, & Peterson 1994; Johnson & Ridley, 1992a; Pecheur & Edwards, 1984; Propst, 1980; Propst et al., 1992).

Beginning in 1980, Propst found that religious imagery reduced depression more than nonreligious imagery, on both self-report and behavioral measures. Propst et al. (1992), utilizing the most comprehensive and controlled religious psychotherapy outcome research design to date, reported that Cognitive-Behavior Therapy (CBT) with religious content was most effective, whether used by religious or nonreligious therapists. Patients were randomly assigned to standard cognitive therapy, a cognitive-behavior therapy with religious content (pastoral counseling), or to a waiting-list control group. This study provides documentation that both accommodated CBT and pastoral counseling are effective, whether they are used by religious or nonreligious therapists.

Of the five psychotherapy outcome studies, only Propst (1980) and Propst et al. (1992) found religious psychotherapy to be more effective than a nonreligious one. Pecheur and Edwards (1984) found that a religious version of Beck's cognitive treatment was no more effective than the secular version of the treatment for depression. Johnson and Ridley (1992b), in comparing Christian Rational-Emotive Therapy (CRET) with a secular RET, found that both reduced evidence of depression and automatic negative thoughts-and the two approaches did not differ in effectiveness. CRET, which was accommodated to a religious

belief system, also reduced the participant's irrational beliefs. In a larger follow up study, also using a comparative outcome design to evaluate the efficacy of a Christian RET and a secular RET with depressed Christian clients, Johnson (Johnson et al., 1994) found that both treatments significantly reduced depression, automatic negative thinking, irrational thinking, and overall pathology. No differences were found between CRET and RET.

Assumptions Regarding Sources of Gain in Christian Counseling

As mentioned earlier, there have been ideas put forth regarding what makes Christian treatment uniquely effective. Summarizing the literature, Bufford (1995) reported that Christian counseling has been claimed to be unique in terms of (a) the context or setting of counseling, (b) the intervention techniques or topics approached, (c) the goal of therapy, and (d) characteristics of the counselor. Gary Collins (1988) suggested that Christian counseling is based on four distinctives including (a) unique counselor characteristics, (b) unique goals, (c) unique methods, and (d) unique assumptions. Since assumptions have such an influence on a Christian's thoughts and actions, it would seem prudent to consider the assumptions regarding change or growth in Christian therapy. Supporters of Christian therapies articulate their assumptions in many manners with varying levels of clarity. Distinguishing the various assumptions regarding change among

Christian authors should help draw distinctions among these theorists in order to clarify their assumed sources of therapeutic gain (Johnson & Ridley 1992a).

After reviewing the literature, Johnson and Ridley (1992a), discovered four common primary assumptions underlying the major Christian theorists: accommodation, hope, truth, and divine agent. The accommodation perspective (Johnson & Ridley) presupposes that integrating the client's values or schemas into psychotherapy will strengthen the client's faith, lessen distress, and increase therapeutic outcome. Theorists holding the hope assumption as a source of gain believe hopefulness functions to give courage and determination despite obstacles or trouble, as God works everything for good (Collins, 1988). Christian therapists holding the truth perspective believe that biblical truth and standards can lead to emotional wholeness. The last assumption, divine agent (God, Jesus Christ, or the Holy Spirit), suggests that a divine intervention brings about change. The theorists studied do not hold to only one assumption, but often believe in a combination of two or more assumptions causing change and growth (Johnson & Ridley, 1992a).

Common Assumptions of Leading Christian Therapists

In spite of the multitude of Christian therapies, there are few scientifically credible studies that substantiate their effectiveness. Champions of Christian therapies emphasize their assumptions in varying ways to varying degrees of effectiveness, however the primary assumptions among leading Christian

practitioners need to be researched and clarified. In addition to the accommodation assumption, common factors or assumptions regarding the active ingredients of change or growth in religious psychotherapy have been discussed in the literature. Following the direction of Johnson & Ridley (1992a) concerning assumptions of Christian authors found in the literature, this study will briefly explore the hope assumption, the truth assumption, the divine agent assumption, as well as the accommodation assumption. Christian authors have typically stated or implied one, or a combination of these assumptions as “the unique or active ingredient in religious therapy.” Although recognizing some overlap, Johnson & Ridley classified major authors and theorists according to one of these four assumptions in order to operationalize these categories in hopes of furthering research on the efficacy of these approaches.

The Accommodation Assumption. Accommodating popular theories transforms religious content into a means of invigorating an individual’s faith along with lessening distress (Worthington, 1986). Wilson (1974) wrote, “strong religious faith has had therapeutic effects on individuals suffering from a variety of problems. Christian beliefs should be used in therapy rather than ignoring or attacking them” (p. 125). Traditional psychotherapies have been explicitly or implicitly modified to be more in line with Christian client’s beliefs and values to enhance treatment (Wahking, 1984). Many studies reveal it is helpful to integrate

and understand the client's values in the therapeutic process toward change and improvement (Bergin, 1980; Martinez, 1991; Kelley, 1990; Kelley & Strupp, 1992). A number of Christian approaches to therapy were conceived based on perspectives of particular secular systems for which biblical rationale can be found. Many have adopted cognitive or cognitive-behavioral approaches (Collins, 1980; Crabb, 1977; Johnson & Ridley, 1992b; Minirth & Meier, 1978; Pecheur & Edwards, 1984; Propst, 1980; Worthington, 1982), along with transactional analysis (Malony, 1980), logotherapy (Tweedie, 1963), and hypnotic suggestion (Finney & Malony, 1985a, 1985b).

The Hope Assumption. "One hopes with, through and sometimes for someone else. Hoping is basically a shared experience. Hence, also the contagiousness of hoping...the point is that hoping is generated in the relation" (Pruyser, 1963, p.95). It is in relationship that hope is offered as available to the client (Vande Kemp, 1984). Hope, in psychotherapy, is assumed by many to be a unique source of gain (Marcel, 1951; Guntrip, 1957; Pruyser, 1963; Vande Kemp, 1984). Hope for God's healing may be a factor which distinguishes Christian psychotherapy from secular therapy (Vande Kemp, 1984). In other words, it is believed to serve as a specific source of gain.

The Truth Assumption. Proponents of the truth assumption believe that practicing Scriptural truth can help a client in Christian therapy achieve emotional

health (Johnson & Ridley, 1992a). Edwards (1976) attributed change to scriptural truth based on two Bible passages. "All Scripture is given by inspiration of God and is profitable for reproof, for correction, for instruction in righteousness; that the man of God may be perfect, thoroughly furnished unto all good works (2 Timothy 3:16, 17). "The Word of God is living and active and sharper than a two edged sword, piercing as far as the divisions of soul and spirit, of both joints of marrow and able to judge the thoughts and intents of the heart" (Hebrews 4:12).

Christian authors, expounding the truth perspective as a source of change and growth, have asserted that scripture has the power to change attitudes, behavior, and perceptions (Seamands, 1981; Capps, 1984). It has the capacity to change clients as the Bible challenges a client to consider a new perspective of his/her problem (Adams, 1973; Capps, 1984). It is using "the truths of God's perception of reality" in Christian counseling (McAllister, 1983, p. 50) to discover solutions to numerous Christian client's psychological problems.

The Divine Agent Assumption. The source of gain in the divine agent assumption is God, Jesus Christ, or the Holy Spirit intervening to bring about change and growth in the client's life (Adams, 1970; Hart, 1990; Sanford and Sanford, 1982). Johnson and Ridley (1992a) described many of the theorists in this camp as viewing divine intervention as an inner healing of emotional hurts caused by earlier traumas.

Adams (1970) attributed effective counseling to the Holy Spirit, while condemning psychology. Another Christian author, Hart (1990, 1992), viewed humanistic psychotherapy as limited, while suggesting it was God who worked to bring healing to the client. "The job of a Christian psychotherapist is to cooperate or collaborate with God in the healing process" (Hart, 1992, p.131).

Hypotheses

The foregoing common assumptions (accommodation, hope, truth, and divine agent) of leading Christian authors and theorists need to be operationalized and further investigated. Good research cannot occur until assumptions regarding gain or growth are specified. Articulation of the change assumption may further define independent variables in the Christian theoretical model, which could help advance the empirical study of Christian psychotherapy (Johnson & Ridley, 1992a).

Seligman (1995) asserted that his "'effectiveness' study of how patients fare under the actual conditions of treatment in the field, can yield useful and credible 'empirical validation' of psychotherapy" (p. 966). However, as a prelude to careful efficacy or effectiveness of therapeutic gain research, it is essential to articulate and understand one's assumptions concerning how or why Christian interventions are unique and effective with Christian clients. It is a therapist's assumptions regarding change that influence the intervention taken. A survey of

Christian therapist's beliefs regarding specific causes of change and growth in their clients would contribute to our understanding of what is actually being practiced. In order to provide the best service for Christian clients, it is essential to identify and clarify why religious psychotherapy is beneficial. In asking Christian therapists what it is that makes their approach unique when compared to secular psychotherapy, we may begin to establish what works. If Christian psychotherapy is effective, it is essential to strive to understand Christian therapist's beliefs and practices, including their undergirding assumptions, theoretical constructs, and applied methods. The present study is an exploratory survey of Christian therapist's major assumptions regarding the source of change and growth in psychotherapy.

This study grew out of the author's curiosity and concern about the efficacy of Christian counseling and psychotherapy, and a concern regarding whether Christian therapy really is beneficial for clients. I agree with Johnson and Ridley (1992a) that it is time "for the acceleration of the empirical study of Christian psychotherapy" (p.169). The purpose of this survey is to explore what Christian therapists believe or assume undergirds the change process in Christian psychotherapy.

Chapter 2

Method

Participants

The participants in this study were Ph.D. or Psy.D. members of the Christian Association for Psychological Studies (CAPS). Data included in the analysis were obtained from 164 respondents: 112 males and 52 females. Participants' ages ranged from 26 to 80 years ($M = 46$; $SD = 8$) with a mean age of 46 years. From a range of 1 to 46 years ($M = 13.5$; $SD = 9$), the mean number of years of professional employment since completing a professional degree was 13 1/2 years, with an average of 25 1/2 hours per week devoted to direct clinical/therapy services. Respondents' primary employment setting was private practice (58%). More than 90% of the respondents may be represented by the following four of the eleven theoretical orientations they reported: cognitive-behavioral, eclectic, psychodynamic, and systems. One hundred and fifty nine of the 164 respondents were licensed.

Measure

Respondents completed The Christian Psychologist Survey, which was constructed for this study. The second page requested essential demographic information: age, gender, type of graduate program, highest degree earned, years of professional employment, hours per week of therapy, primary theoretical orientation, and other characteristics. The first page contained questions asking how clients change in psychotherapy: what “ingredients” make therapy effective; what components make counseling “Christian”; what aspect of explicitly Christian treatment actually produces gain or growth; and which sources (accommodation, God ordained worldview, hope, truth, or divine agent) of gain, or active ingredients in Christian therapy, contribute to or produce change or growth.

The list of important components of Christian counseling was drawn from “What makes counseling Christian?” (Bufford, 1995), while the list of unique “sources of gain”, or active ingredients in Christian therapy, was drawn from Johnson & Ridley (1992a).

Pilot Study

A pilot study was completed with doctoral student participants at a Northwest clinical psychology graduate program to evaluate a preliminary version of the current survey. The Christian Psychologist Survey was developed from this pilot survey.

Procedure

A Christian Association for Psychological Studies (CAPS) computer search for all psychologists with Ph.D's and Psy. D's was solicited. Of the 410 surveys mailed out, 164 surveys were returned, for a response rate of 40%. Of these, three were excluded from data analysis because the respondents were retired from professional activity or not currently engaged in clinical work.

This study used a survey, a descriptive research technique. Data was collected via a structured survey of CAPS psychologists. It surveyed Christian psychologists concerning their view of how clients change in psychotherapy, what ingredients make therapy effective, what components make counseling Christian, and what characteristics of explicitly Christian treatment are causes for growth and change in their clients. A 7-point Likert scale (from strongly disagree to strongly agree) was used for the respondents to indicate varying intensities of agreement/disagreement concerning important components of Christian counseling. Another 7-point Likert scale (from strongly disagree to strongly agree) was used for the Christian psychologists to rate a list of unique "sources of gain" in Christian therapy in terms of overall contribution to producing change in specifically Christian therapy.

Chapter 3

Results

The first research question concerned how psychologists believe clients change in psychotherapy. These narrative responses were grouped into general categories. The most frequently mentioned change mechanism (by 32% of participants) was the therapeutic relationship between the therapist and the client. One therapist wrote, "Trust of and internalized sense of caring by the therapist on the part of the client; i.e., healing is transmitted by and through the relationship." Another response about relationship was, "The experience of a caring relationship (affectively and cognitively) with God, self, and others (e.g. the therapist initially)." The second most commonly cited change factor was recognition of new options and applying newly learned skills, as evidenced by the comment, "learn how to solve problems, manage stress, express emotions more constructively: increase self-esteem." The third most frequently cited change element was insight. One respondent stated, "Develop insight into dysfunctional patterns in their life."

Components of Christian Counseling

Participants were asked to rate the most important components of Christian counseling on a 7-point Likert scale. Figure 1 shows means and standard deviations, as well as rank order, of each of the 13 components. As noted in Figure 1, most participants agreed that the most salient component was: "God is primary healer and counselor is His agent," with the "personal faith of counselor" as the second most salient component. The "Holy Spirit is present and active" was also rated highly. The "context (church setting, parachurch setting)," however, was rated the lowest, with "Ecclesiastical role (i.e., pastoral)" the next lowest. Respondents rated pursuit of excellence; Christian worldview; Christian values to guide means, ends, motives; Holy Spirit is present and active; personal faith of counselor; and God is primary healer and counselor is His agent all greater than 6; service to God and people and personal calling of counselor between 5 and 6; techniques derived from Scripture (theology); issues/topics of focus involve Christian faith; and conversion, discipleship/spiritual formation between 4 and 5; and context of counseling (church setting, parachurch setting) and ecclesiastical role (i.e., pastoral) both less than 3 on the 7 point scale.

The ratings of the 13 components of Christian counseling, by respondents from CAPS, seem to fall into thematic categories as shown in Table 1. The least endorsed grouping (Church oriented) included the "Context" of counseling and

Ratings of Important Components of Christian Counseling
Participants rating from strongly disagree (1) to strongly agree (7)

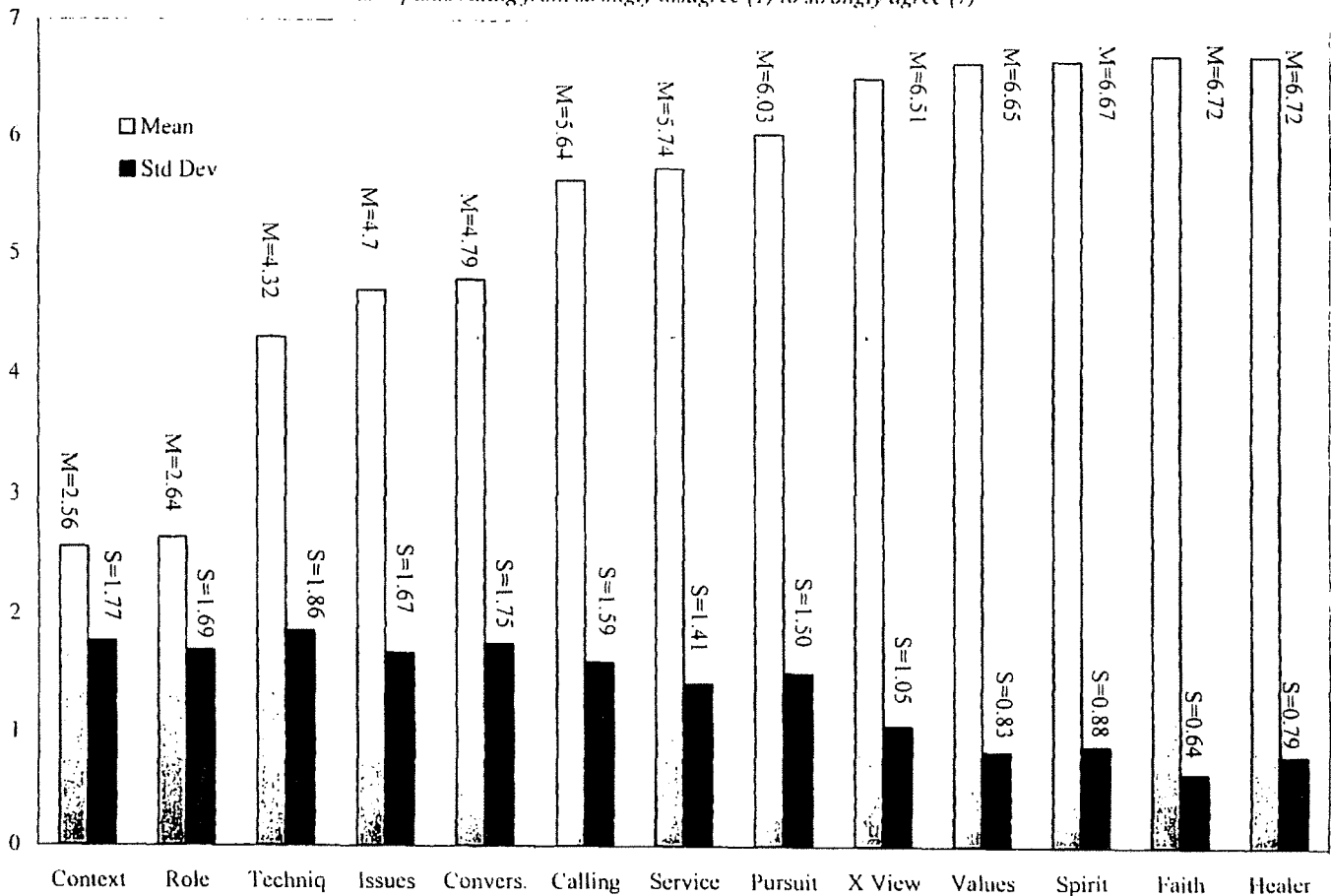


Table 1

Ratings of Important Components of Christian Counseling in Thematic Categories

Consecrated Counseling (Most endorsed; Rating = 6.7 or higher)

God is primary healer and counselor is His agent

Personal faith of counselor

Holy Spirit is present and active

Counselor Characteristics (Rating = 6 - 6.65)

Christian values to guide means, ends, motives

Christian worldview

Pursuit of Excellence

Motivations or Goals of Counseling (Rating = 4.8 - 5.7)

Service to God and people

Personal calling of counselor

Conversion, discipleship/spiritual formation

Interventions (Rating = 4.3 - 4.7)

Issues/topics of focus involve Christian faith

Techniques derived from Scripture (Theology)

Church Oriented (Least endorsed; Rating = 2.56 - 2.6)

Ecclesiastical role (i.e., pastoral)

Context of Counseling (Church setting, Parachurch setting)

Taken from Figure 1, $n = 164$, 7-point Likert scale

“Role” of counselor as pastoral. “Context” and “Role” were positively correlated ($r = .748$). The next endorsed component set (Interventions) included “Technique” and “Issues.” “Techniques” and “Issues” were positively correlated ($r = .607$). The next endorsed grouping (Motivations or goals of counseling) included “Service,” and “Personal calling of counselor” and “Conversion, discipleship/spiritual formation.” The next endorsed cluster grouping (Counselor characteristics) included “Christian values to guide means, ends, motives,” “Christian worldview,” and “pursuit of excellence.” The most endorsed component set (Consecrated counseling) included “the presence of the Holy Spirit,” “the faith of the counselor,” and “God as primary healer and counselor is His agent” (Bufford, 1995). “God as primary healer and counselor is His agent” and “the presence of the Holy Spirit” were positively correlated ($r = .762$). The progression in significance in these clusters appears to be representative of the value Christian psychologists place on the numerous components of Christian counseling.

When the respondents were asked to state what components make counseling explicitly “Christian,” the most frequent component was applying principles from Scripture to a client’s problem or lifestyle, as exemplified by the quote, “Application of Christian world and life view within the therapeutic

context.” Another wrote, “A therapist who is motivated to seek God’s truth and is willing to integrate ‘Christian’ principles when they are evident in the therapy.”

The next most frequently listed component was dependence upon God and His Spirit, as illustrated by the quote, “Acknowledging that it is ultimately God who is the source of good and change.” Another respondent wrote, “The faith and worldview of the therapist and the client which accepts a belief in the presence and work of God through Christ and the Holy Spirit.”

Analyses of variance and t tests were conducted for each of 13 components and all of the demographic factors included in The Christian Psychologist Survey. Given the large number of analyses a more stringent level of significance was established ($p < .01$). There were no significant relationships between ratings of Christian counseling components and the variables of gender, age, training program, secular or Christian program, primary theoretical orientation, years of professional employment, licensure, length of treatment, and primary client population. Those participants from a doctoral program where identity and mission were clearly Christian were more likely to rate the personal faith of counselor, $F(1, 157) = 6.45$, $p < .01$, as an important component of Christian counseling, along with use of God ordained world view, $F(1, 153) = 6.089$, $p < .01$. In addition, the higher the number of hours per week devoted to clinical service

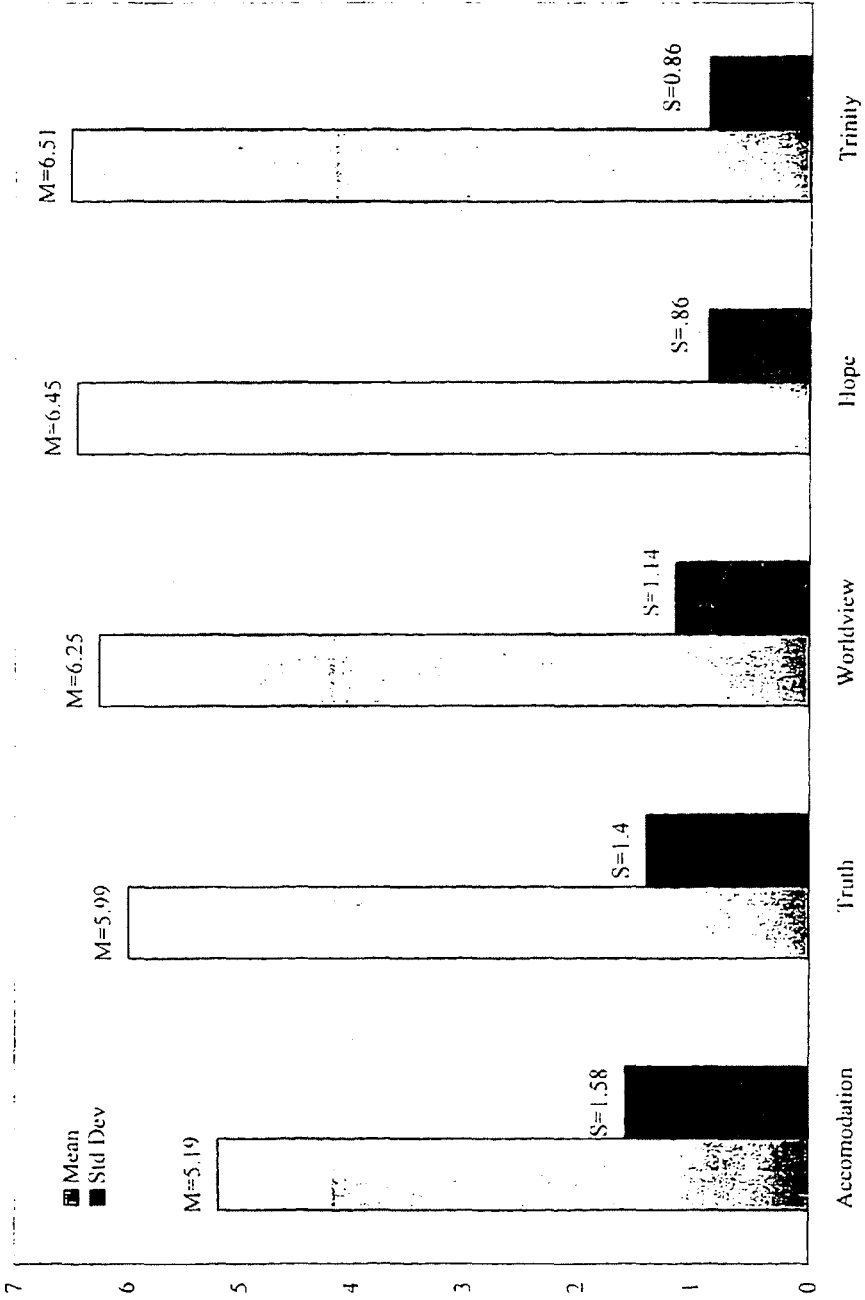
was significantly related to endorsing motivation/goals of service to God and people as a critical component of Christian counseling, $F(30,118) = 1.81, p < .01$.

The second focus of the survey was practicing Christian psychologists' ratings of the unique "sources of gain," or active ingredients in Christian therapy in terms of overall contribution to producing change in specifically Christian therapy. As noted in Figure 2, participants believe the strongest source of gain found was "God, Jesus Christ, or the Holy Spirit brings about change," followed by, "Instilling a sense of hopefulness or hope in God." The lowest rated active ingredient in Christian therapy, was "Accommodating traditional interventions to a client's existing belief system."

Analyses of variance and t tests between sources of gain ratings and demographic data showed no significant relationships between ratings of critical sources of gain and age, gender, type of degree program, identity of degree program, years of professional experience, length of treatment, primary client population, percentage of clients for whom the clinician prays or theoretical orientation.

One hundred twenty nine of 161 respondents (80%) acknowledged praying with clients. Those who prayed with clients were significantly more likely to rate the following components as important: Christian worldview, $t(37.6) = 2.48, p < .02$; Christian values to guide means, ends and motives, $t(35.1) = 1.63, p < .11$;

Ratings of Sources of Gain in Christian Therapy
Participants rating from strongly disagree (1) to strongly agree (7)



personal faith of counselor, $t(35.3) = 1.29$, $p < .204$; motivation/goals of service to God, $t(38.8) = 6.64$, $p < .02$; Holy Spirit is present and active, $t(32.3) = 2.31$, $p < .03$; and God is primary healer and counselor is His agent, $t(34.3) = 2.01$, $p < .05$.

Respondents who prayed with clients gave significantly higher rankings to the following unique 'sources of gain' or active ingredients in Christian therapy in terms of overall contribution to producing change in specifically Christian therapy:

a) Biblical truth offers life-changing standards of conduct and guidelines for cognitive, behavior, attitude, perception, and emotional change, $t(36.7) = 3.30$, $p < .01$; and b) of a God ordained worldview and principles of human functioning $t(32.3) = 2.30$, $p < .03$.

Regarding prayer with clients, most participants ($n = 129$, 80%) reported they pray in session. Those who prayed did so with an average of 32% of their clients. Thirty-two respondents stated that they do not pray with clients. Many who answered no to praying with clients commented that they prayed for their clients. One response indicated, "don't see it as fair to charge insurance companies for praying. I pray for clients, however - 100%." Another participant also answered no, but stated, "I do pray for my clients and God's guidance each morning." Respondents indicated that prayer was a critical component of uniquely "Christian" counseling. Respondents commented that, "Silent intercessory prayer

for each client and for the process” was important, and that seeking the wisdom of God and intervention of the Holy Spirit were important reasons for prayer.

The results of this explorative study indicate that there are many definitions regarding what constitutes Christian counseling. There was general agreement that pursuit of excellence; Christian worldview; Christian values to guide means, ends, motives; Holy Spirit is present and active; personal faith of counselor; and God is primary healer and counselor is His agent were important components of Christian counseling. Techniques derived from Scripture (theology); issues/topics of focus involve Christian faith; conversion, discipleship/spiritual formation; personal calling of counselor; and service to God and people were considered to be somewhat less important. Ecclesiastical role (i.e., pastoral) and context of counseling (church setting, parachurch setting) were generally considered to have little significance. Among assumptions, all were considered important, though the accommodation assumption received lower ratings than Biblical truth, worldview, hope, and trinity.

Chapter 4

Discussion

In response to the question of how clients change in psychotherapy, the results of this explorative study indicate that Christian psychologists tend to view the therapeutic relationship between client and therapist as crucial to change in therapy. Psychologists in this sample, consistent with several theoretical perspectives (Hobbs, 1962; Luborsky et al., 1988; Mahoney, 1991), rated the unique relationship between client and therapist is crucial to growth and change the highest. Exploring new thinking and behavior in this unique relationship is enhanced in a safe and secure environment (Mahoney, 1991). Many respondents suggested that when a client believes that a therapist truly cares healing can begin. It appears that the Christian psychologists surveyed believe the relationship extends beyond the client and therapist to God, self, and others. This study suggests that, congruent with most theoretical perspectives regarding change processes in psychotherapy, CAPS members attribute the most active or powerful component of effective therapy to the therapeutic relationship.

Just as many practicing Christians turn to God, Jesus Christ, or the Holy Spirit, so may Christian psychologists rely on God to empower and guide their treatment of clients. Consistent with previous explorations of Christian counseling, most psychologists in this sample request, acknowledge, and embrace God's presence in the counseling process. The results suggest that Christian psychologists recognize their work as more than a human endeavor. It seems it is their belief that God will use them as His instrument to bring about change in their clients. This finding corresponds with Bufford's (1995) concept that what makes therapy Christian includes characteristics of the counselor (i.e., faith, worldview, etc.). Many respondents indicated they believe another important component of Christian counseling is the presence and action of the Holy Spirit during the counseling session. This corresponds with Bufford (1995) and Collin's (1988) view that the heart of true Christian counseling includes the influence of the Holy Spirit. Other factors rated almost as important by the respondents included Christian values to guide means, ends, motives; Christian worldview, and pursuit of excellence.

The least important components of Christian counseling, according to the respondents, include the context (Church setting, parachurch setting) and the "Ecclesiastical role (i.e., pastoral)." A minority of respondents indicated these elements were significant to Christian counseling whereas Bufford (1995), in his

exploration of past definitions, indicated a couple authors viewed them as essential. One of those authors, Worthington (1986), also reported that counseling was considered by some authors to be Christian if it was done in a Christian setting.

Applying principles from Scripture as a helping method was the most frequently endorsed "explicitly Christian" component. Respondents to this survey, apparently, view integrating Christian principles with their clients as important in promoting growth or change. Application of a Christian worldview or Scripture is a unique method (Collins, 1988) and is supported by Worthington et. al. (1988) as a Christian intervention.

That nearly all the components, except context and role, received high ratings may indicate that the surveyed psychologists believe Christian counseling is a multidimensional change process (Lambert et al., 1994). Since individuals are unique, change or growth is hard to predict. No single approach or component can be expected to alter a client's problem (Kanfer & Schefft, 1988). It seems a number of these components are involved in change or growth for clients in Christian counseling.

Assumed Sources of Gain

The second area of interest in the survey concerned five "sources of gain" in Christian therapy (Figure 2). Pursuing Johnson and Ridley's (1992a) discussion of four common primary assumptions (accommodation, hope, truth, and divine

agent) of major Christian theorists regarding change, this exploratory survey added a new assumption. This was the assumption that a God ordained worldview and principles of human functioning promote change. This assumption was the third most frequently endorsed of the five assumptions.

In this survey "God, Jesus Christ, or the Holy Spirit brings about change," followed closely by "instilling a sense of hopefulness or hope in God" were the mostly highly supported active ingredients in Christian therapy. God ordained worldview and Biblical truth were also rated highly. According to Johnson and Ridley (1992a), four or five of the leading theorists—including J. E. Adams, F. MacNutt, J. L. Sanford, P. Sanford, and R. C. Stapleton—hold to an exclusive divine agent perspective that assumes it is God, Jesus Christ, or the Holy Spirit intervening in and during the counseling session. They also point out that most writers hold overlapping assumptions. According to this survey, the majority of practicing Christian psychologists believe change is brought about by God. The findings from this study on sources of gain seem to indicate reliance on God to bring about change is primary to Christian psychologists, and Christian theorists also seem to presuppose that it is God, along with other interventions that leads to healing or growth. The findings of this study indicate this combination is an important component of Christian counseling.

Growth was also viewed as being promoted by instilling a sense of hopefulness or hope in God. This finding corresponds with Vande Kemp's (1984) belief that hope for God's restoration differentiates Christian therapy. It is in the therapeutic relationship that hope is offered, which supports this survey's findings that the "relationship" is a powerful component of effective therapy. Hope of what God will do, generated in the relationship, may have a more powerful impact in Christian therapy than either factor in isolation.

The least endorsed active ingredient in Christian therapy was accommodating traditional interventions to a client's existing belief system. However, it received a mean rating of 5.19. Respondents seem to give less importance to this factor than the majority of authors and theorists, whose writings endorse incorporating psychotherapy into a client's values and beliefs. It seems likely most respondents believe it is important both to rely on God's intervention and to accommodate popular therapies to the client's Christian values (Johnson & Ridley, 1992a). Perhaps, practicing psychologists view secular orientations or traditional interventions as distinct from what could be considered as Christian therapy. It appears that for the surveyed practitioners, a belief in God's help as a source of gain or growth was more important than accommodating traditional interventions to a client's existing belief system. On the other hand, the findings of this survey indicate Christian counseling's most critical component and source of

gain or growth is attributed by Christian psychologists to their belief that God is involved in the counseling process. This was true regardless of the respondents' gender, age, years in practice, theoretical orientation, or training in a Christian program.

Other Findings

Another identified variable that related significantly to Christian psychologists was prayer. Eighty percent of the respondents stated that they prayed with clients. This finding may be deflated, as many of the respondents were in academic settings or practiced counseling in a public agency (such as a county mental health or state hospital), in which religious practices are politically incorrect. The practice of prayer may depend on the psychologist's work setting, the situation, and the kind of client (Stratton, 1993). Psychologists who pray with their clients report they pray with an average of 32% of their clients. It appears that prayer is not just a routine technique, but is used with discernment depending on the client's presentation.

Prayer, as a technique in Christian counseling, may be understood differently by different Christian psychologists. Those who endorsed praying with clients rated several components, including Christian worldview, values, personal faith, service to God, participation of Holy Spirit, and God's healing through the counselor, more highly than those who did not endorse praying with clients. This

seems to indicate that the Christian psychologist's relationship with God and willingness to allow God to work through the counselor are important components of Christian counseling. As Bufford stated, "the core of consecrated counseling is the person, life, and work of the counselor" (1995; p.11).

Those who prayed with their clients were more likely to endorse Biblical truth and principles of general revelation as unique ingredients in Christian therapy than those who did not endorse praying with clients. This suggests that they endorse examining client's difficulties and treatment solutions from a perspective of applying truth, no matter where it is found. Using truth, along with a wide range of therapy tools, seems to fit with the manner in which Jesus interacted, counseled and healed people.

Another variable surveyed was whether the program the respondent earned a psychology degree from was clearly Christian in identity and mission. Although Moon, Bailey, Kwasny, and Willis (1993) found it rare to find instruction in the Christian disciplines (Jones, Watson, & Wolfram, 1992), participants from doctoral programs which were clearly Christian were more likely, in this survey, to rate the personal faith of the counselor as an important component of Christian counseling. This may point to the importance of the individual's personal Christian faith as an essential indicator of whether they are practicing Christian counseling or not. This,

of course, may have influenced their original decision to attend a clearly Christian doctoral program.

Although the present findings regarding the assumptions of Christian psychologists confirm the belief that Christian psychologists hold unique assumptions regarding change or growth (Bufford, 1995; Collins, 1988; Crabb, 1977; Johnson & Ridley, 1992a; Moon et al., 1993; Worthington, 1986), the degree to which these results can be extrapolated to all Christian psychologists is unclear. A possible problem with the findings in this study is that Christian psychologists may not readily admit they may rely, at times, on their own skills and wisdom rather than on God's empowerment. What a person believes is not always practiced, so the responses may indicate an attempt to appear a "good Christian," even though the respondent's replies were anonymous. Another concern is that how and when Christian psychologists incorporate Christian interventions (prayer, imagery, scripture, etc.) may vary widely and be quite context dependent.

The findings of this study also may be skewed by the modest return rate. Those who did not respond may approach the therapeutic endeavor from a different perspective. Another problem with the sample is its narrowness. As only Christian psychologist members of CAPS were surveyed, generalizing to all Christian psychologists should be done only with caution. Perhaps CAPS

members are more interested in and dedicated to pursuing their calling as a psychologist with a focus on service to God and client.

This survey indicates that Christian psychologists rely on the Deity to empower and guide their treatment. Additional research might investigate and further articulate a Christian psychologist's belief in God as the healer, with a more concerted focus on how this process is understood by respondents. Another important component of Christian therapy appears to be the cluster characteristics or qualities (faith, values, Christian worldview) of the psychologist. Ascertaining the degree of these factors that are present in the Christian psychologist's life may be difficult. Nonetheless, these factors may be critical to understanding how the counselor serves as God's agent in therapy. Additional research is needed to more carefully make clear the specific assumptions and beliefs of Christian psychologists. This may serve to promote excellent psychological service for Christian clients.

In summary, as an attempt to examine what is "Christian" psychotherapy and what assumptions that shape and direct Christian psychologist's thoughts and actions, this study surveyed CAPS members to understand their beliefs and actions. The overall results generally indicate that the respondents believe Christian counseling is a multidimensional change process and no single assumption or component can bring about growth or change. Although there may be a number factors, this explorative study of what ingredients make counseling explicitly

“Christian” suggests most agree that God is primary healer and the Christian psychologist as His agent, despite the many definitions for Christian counseling. In conclusion, the majority of respondents assume that God, Jesus Christ, or the Holy Spirit intercedes in the Christian counseling process to bring about growth or change.

References

- Adams, J. E. (1970). Competent to counsel. Phillipsburg, NJ: Presbyterian & Reformed Publishing.
- Adams, J. E. (1973). The Christian counselor's manual: The practice of nouthetic counseling. Grand Rapids, MI: Zondervan.
- Bergin, A. E. (1980). Psychotherapy and religious values. Journal of Consulting and Clinical Psychology, 48, 95-105.
- Bergin, A. E. (1994). Research on client variables in psychotherapy. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change (3th ed., pp. 213-256). New York: Wiley.
- Bergin, A. E., & Lambert, M. J. (1978). The evaluation of therapeutic outcomes. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change: an empirical analysis. (3rd ed., pp. 3-22). New York: Wiley.
- Beutler, L. E. (1979). Values, beliefs, religion, and the persuasive influence of psychotherapy. Psychotherapy: Theory, Research and Practice, 16, 432-40.
- Beutler, L. E. (1981). Convergence in counseling and psychotherapy: A current look. Clinical Psychology Review, 1, 79-109.

- Bufford, R. K. (1995). What makes counseling Christian? Presented at the Christian Association for Psychological Studies Western Region Annual Convention, Fresno CA.
- Bufford, R. K., & Buckler, R. E. (1987). Counseling in the church: A proposed strategy for ministering to mental health needs in the church. Journal of Psychology and Christianity, 6, 21-29.
- Bufford, R. K., & Johnston, T. B. (1981). The church and community mental health: Unrealized potential. Journal of Psychology and Theology, 10, 355-362.
- Bufford, R. K., Renfro, T. W., & Howard, G. (1995). Spiritual changes as psychotherapy outcomes. Presented at the Annual Meeting of the American Psychological Association, New York.
- Capps, D. (1984). The Bible's role in pastoral care and counseling: Four basic principles. Journal of Psychology and Christianity, 3, 5-14.
- Collins, G. (1980) Christian counseling: A comprehensive guide. Waco, TX: Word Books.
- Collins, G. R. (1988). Christian counseling: A comprehensive guide. (Rev. Ed.). Dallas: Word.
- Consumer Reports. (1995, November). Mental health: Does therapy help? pp. 734-739.

- Crabb, L. J., Jr. (1977). Effective Biblical counseling. Grand Rapids: Zondervan.
- Edwards, K. J. (1976). Effective counseling and psychotherapy: An integrative review of research. Journal of Psychology and Theology, 4, 94-107.
- Eysenck, H. J. (1952). The effects of psychotherapy: An evaluation. Journal of Consulting Psychology, 16, 319-324.
- Finney, J. R., & Malony, H. M. (1985a). Contemplative prayer and its use in psychotherapy: A theoretical model. Journal of Psychology and Theology, 13, 172-181.
- Finney, J. R., & Malony, H. M. (1985b). An empirical study of contemplative prayer as an adjunct to psychotherapy. Journal of Psychology and Theology, 13, 284-290.
- Frank, J. D. (1961). Persuasion and healing. Baltimore, MD: Johns Hopkins Press.
- Garfield, S. L. (1986). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (pp. 213-256). New York: John Wiley & Sons.
- Garfield, S. L., & Bergin, A. E. (1994). Introduction and overview. In A. E. Bergin & S. L. Garfield (Eds.), Handbook of psychotherapy and behavior change (pp. 3-18). New York: Wiley.

- Goldsmith, W. M. & Hansen, B. K. (1993). Boundary areas of religious clients: values: Target for therapy. In E. L. Worthington (Ed.), Psychotherapy and religious values (pp. 145-164). Grand Rapids: Baker Book House.
- Guntrip, H. (1957). Psychotherapy and religion. New York: Harper.
- Hart, A. D. (1990). Healing life's hidden addictions: Overcoming the closet compulsions that waste your time and control your life. Ann Arbor, MI: Servant Publications.
- Hart, A. D. (1992). Me, myself, & I: How far should we go in our search for self-fulfillment? Ann Arbor, MI: Servant Publications.
- Hobbs, N. (1962). Sources of gain in psychotherapy. American Psychologist, 17, 741-747.
- Jaekel, C., & Clebsch, W. (1964). Pastoral care in historical perspective. New York: Jason Aronson.
- Jenner, H. (1990). The Pygmalion effect: The importance of expectancies. Alcoholism Treatment Quarterly, 7, 127-133.
- Johnson, W. B., Devries, R., Ridley, C. R., Pettorini, D., & Peterson, D. R. (1994). The comparative efficacy of Christian and secular rational-emotive therapy with Christian clients. Journal of Psychology and Theology, 22, 130-140.

- Johnson, W. B., & Ridley, C. R. (1992a). Sources of gain in Christian counseling and psychotherapy. The Counseling Psychologist, 20, 159-175.
- Johnson, W. B., & Ridley, C. R. (1992b) Brief Christian and nonChristian rational-emotive therapy with depressed Christian clients: An exploratory study. Counseling and Values, 36, 220-229.
- Jones, S. L., & Butman, R. E. (1991). Modern psycho-therapies: A comprehensive Christian appraisal. Downers Grove, Illinois: InterVarsity Press.
- Jones, S. L., Watson, E. J., & Wolfram, T. J. (1992). Results of the Rech Conference survey on religious faith and professional psychology. Journal of Psychology and Theology, 20, 147-158.
- Kanfer, F. H., & Schefft, B. K. (1988). Guiding the process of therapeutic change. Champaign, Illinois: Research Press.
- Kazdin, A. E. (1986). The evaluation of psychotherapy: Research, design and methodology. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed., pp. 23-68). New York: Wiley
- Kelley, T. A. (1990). The role of values in psychotherapy: A critical review of process and outcome effects. Clinical Psychology Review, 10, 171-186.

- Kelly, T. A., & Strupp, H. H. (1992). Patient and therapist values in psychotherapy: Perceived changes, assimilation, similarity, and outcome. Journal of Consulting and Clinical Psychology, 60, 34-40.
- Lambert, M. J. (1989). The individual therapist's contribution to psychotherapy process and outcome. Clinical Psychology Review, 9, 469-485.
- Lambert, M. J. (1991). Introduction to psychotherapy research. In L. E. Beutler & M. Crago (Eds.), Psychotherapy research: An international review of programmatic studies (pp. 1-23). Washington, DC: American Psychological Association.
- Lambert, M. J., Shapiro, D. A., & Bergin, A. E. (1994). The effectiveness of psychotherapy. In A. E. Bergin & L. Garfield (Eds.), Handbook of psychotherapy and behavior change (4th ed., pp. 157-211). New York: Wiley.
- Luborsky, L., Crits-Christoph, P., Mintz, J., & Auerbach, A. (1988). Who will benefit from psychotherapy? Predicting therapeutic outcomes. New York: Basic Books.
- Mahoney, M. J. (1991). Human change processes: The scientific foundations of psychotherapy. New York: Harper Collins Publishers.
- Malony, H. N. (1980). Transactional analysis. In G. R. Collins (Ed.), Helping people grow (pp. 99-112). Ventura, CA: Vision House

- Marcel, G. (1951). Homo viator: Introduction to a metaphysics of hope. Chicago: Henry Ragnery.
- Martinez, F. I. (1991). Therapist-client convergence and similarity of religious values: Their effect on client improvement. Journal of Psychology and Christianity, 10, 137-143.
- McAllister, E. W. (1983). Christian counseling and human needs. Journal of Psychology and Christianity, 2, 50-60.
- Minrith, F. B., & Meier, P. D. (1978). Happiness is a Choice. Grand Rapids, MI: Baker.
- Moon, G. W., Willis, D., E., Bailey, J. C., & Kwasny, J. C. (1993). Training in the use of Christian disciplines as counseling techniques within Christian graduate training programs. In E. L. Worthington (Ed.), Psychotherapy and religious values (pp. 191-203). Grand Rapids, MI: Baker.
- Narramore, C. (1960). The psychology of counseling. Grand Rapids: Zondervan.
- Orlinsky, D. E., & Howard, K. I. (1986). Process and outcome in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed., pp. 311-381). New York: Wiley.

- Paul, G. L. (1967). Strategy of outcome research in psychotherapy. Journal of Consulting Psychology, 31, 109-118.
- Pecheur, D. & Edwards, K. J. (1984). A comparison of secular and religious versions of cognitive therapy with depressed Christian college students. Journal of Psychology and Theology, 12, 45-54.
- Presley, D. B. (1992). Three approaches to religious issues in counseling. Journal of Psychology and Theology, 20, 39-46.
- Propst, L. R. (1980). Comparative efficacy of religious and non-religious imagery for the treatment of mild depression in religious individuals. Cognitive Therapy and Research, 4, 167-178.
- Propst, L. R. (1986). The psychology of religion and the clinical practitioner. Journal of Psychology and Christianity, 5, 74-78.
- Propst, L. R., Ostrom, R., Watkins, R., Dean, T., & Mashburn, D. (1992). Comparative efficacy of religious and non-religious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. Journal of Consulting and Clinical Psychology, 60, 94-103.
- Pruyser, P. W. (1963). Phenomenology and dynamics of hoping. Journal for the Scientific Study of Religion, 3, 86-96.
- Rosenthal, D., & Frank, J. D. (1956). Psychotherapy and the placebo effect. Psychological Bulletin, 55, 294-302.

- Sanford, J. L., & Sanford, P. (1982). The transformation of the inner man. Plainfield, NJ: Bridge.
- Seamands, D. A. (1981). Healing for damaged emotions. Wheaton, IL: Victor.
- Seligman, M. E. P. (1995). The effectiveness of psychotherapy: The Consumer Reports study. American Psychologist, *50*, 965-974.
- Shapiro, D. A., & Shapiro, D. (1982). Meta-analysis of comparative therapy outcome studies: A replication and refinement. Psychological Bulletin, *92*, 581-604.
- Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. American Psychologist, *32*, 752-760.
- Stiles, W. B., & Shapiro, D. A. (1989). Abuse of the drug metaphor in psychotherapy process-outcome research. Clinical Psychology Review, *9*, 521-543.
- Stratton, S. W. (1993). Effects of graduate education and counselor setting on professional practices among members of the Christian Association for Psychological Studies. Ann Arbor: UMI Dissertation Information Service (9311582).
- Strupp, H. H. (1963). The outcome problem in psychotherapy revisited. Psychotherapy: Theory, Research and Practice, *1*, 1-13.

- Tweedie, D. F. (1963). The Christian and the couch: An introduction to Christian logotherapy. Grand Rapids, MI: Baker.
- Vande Kemp, H. (1984). Hope in psychotherapy. Journal of Psychology and Christianity, 3, 27-34.
- Wahking, H. (1984). Therapy with theological constructs and tactics. Journal of Psychology and Christianity, 3, 36-41.
- Wilson, W. P. (1974). Utilization of Christian beliefs in psychotherapy. Journal of Psychology and Theology, 2, 125-131.
- Worthington, E. L. (1982). When someone asks for help: A practical guide for counseling. Downers Grove, IL: InterVarsity Press.
- Worthington, E. L. (1986). Religious counseling: A review of published empirical research. Journal of Counseling and Development, 64, 421-431.
- Worthington, E. L., Dupont, P. D., Berry, J. T., & Duncan, L. A. (1988). Journal of Psychology and Theology, 16, 282-293.

Appendix A

Letter to Christian Association for Psychological Studies Members

May 10, 1996

Dear CAPS member,

I am a doctoral candidate in clinical psychology at George Fox College. Currently, I am working on my dissertation under the supervision of W. Brad Johnson, Ph.D., and am interested in examining the major assumptions held by Christian Psychologists with respect to the causes of treatment gain or change.

Enclosed you will find a copy of **The Christian Psychologist Survey** which I am asking you to complete and return in the enclosed stamped envelope. Your participation in this research is critical in assisting me to understand the "active" or powerful components of effective therapy. This exploratory study could contribute substantially to our understanding of Christian psychotherapy.

Participation in this survey study is completely voluntary. Completion of the brief 2 page survey should require no more than 10-15 minutes. All responses to this survey will be compiled for group analysis, and all data will be kept confidential. No identifying information is requested. I am very grateful for your participation in my dissertation study. Thank you in advance.

Please make every effort to return the enclosed survey as quickly as possible. Your response is important!

Thank you again for your assistance.

Sincerely,

Barbara Houston, MA
George Fox College
Student P.O. Box 5928
414 N. Meridian St.
Newberg, Oregon 97132

Appendix B

The Christian Psychologist Survey

The Christian Psychologist Survey

1. Please describe how you believe clients change in Psychotherapy?

2. List the most "active" or powerful components of effective therapy.

3. What components make counseling explicitly "Christian?"

4. Please rate the extent to which you agree or disagree that each of the following is an important component of Christian counseling.

SD = Strongly Disagree SA = Strongly Agree

- | | |
|---------------------|---|
| SD 1 2 3 4 5 6 7 SA | 1. Pursuit of Excellence |
| SD 1 2 3 4 5 6 7 SA | 2. Context (Church setting, Parachurch setting) |
| SD 1 2 3 4 5 6 7 SA | 3. Ecclesiastical role (i.e., pastoral) |
| SD 1 2 3 4 5 6 7 SA | 4. Christian worldview |
| SD 1 2 3 4 5 6 7 SA | 5. Christian values to guide means, ends, motives |
| SD 1 2 3 4 5 6 7 SA | 6. Personal faith of counselor |
| SD 1 2 3 4 5 6 7 SA | 7. Personal calling of counselor |
| SD 1 2 3 4 5 6 7 SA | 8. Motivation/goals of conversion, discipleship/spiritual formation |
| SD 1 2 3 4 5 6 7 SA | 9. Motivation/goals of service to God, people |
| SD 1 2 3 4 5 6 7 SA | 10. Issue/topics of focus involve Christian faith |
| SD 1 2 3 4 5 6 7 SA | 11. Techniques derived from Scripture (Theology) |
| SD 1 2 3 4 5 6 7 SA | 12. Holy Spirit is present and active |
| SD 1 2 3 4 5 6 7 SA | 13. God is primary healer and counselor is His agent |

5. What additional qualities of explicitly Christian treatment actually produce gains/growth?

(Over)

6. Please rate the following unique "sources of gain" or active ingredients in Christian therapy in terms of overall contribution to producing change in specifically Christian therapy.

SD = Strongly Disagree SA = Strongly Agree

Accommodating traditional interventions to a client's existing belief system. SD 1 2 3 4 5 6 7 SA

Instilling a sense of hopefulness or hope in God. SD 1 2 3 4 5 6 7 SA

Biblical truth offers life-changing standards of conduct and guidelines for cognitive, behavioral, attitude, perception, and emotional change. SD 1 2 3 4 5 6 7 SA

Use of a God ordained world view and principles of human functioning. SD 1 2 3 4 5 6 7 SA

God, Jesus Christ, or the Holy Spirit brings about change. SD 1 2 3 4 5 6 7 SA

7. Are you?

- (1) Male
- (2) Female

14. Number of years of professional employment since completing professional degree? _____

8. Age at last birthday? _____ years

15. Are you licensed as a Psychologist?
 (1) Yes
 (2) No

9. What is your ethnic/racial background?

- (1) Asian
- (2) Black
- (3) Caucasian
- (4) Hispanic
- (5) Other (please specify):

16. Average number of hours per week devoted to direct clinical/therapy services: _____

10. Highest degree earned?

17. Generally, the length of treatment for clients?
 (1) 1-6 sessions
 (2) 7-18 sessions
 (3) 19-36 sessions
 (4) 37 or more sessions

11. Type of program from which your degree was earned?

- (1) Clinical Psychology
- (2) Counseling Psychology
- (3) Other (please specify):

18. What is your primary client population?

- (1) Adult
- (2) Adolescent
- (3) Families
- (4) Couples
- (5) Children

12. Was the program clearly Christian in identity and mission?

- (1) Yes
- (2) No

19. Please state your primary theoretical orientation?

13. Please describe your primary employment setting.

20. Do you pray with your clients?

- (1) Yes If yes, what % (0-100) of your clients? _____
- (2) No

Appendix C

Raw Data of The Christian Psychologist Survey

| | pursuit | context | role | x_view | values | faith | calling | cnvrision |
|--|---------|---------|------|--------|--------|-------|---------|-----------|
| | 6 | 1 | 1 | 7 | 7 | 7 | 7 | 7 |
| | 6 | 2 | 2 | 5 | 6 | 5 | 4 | 4 |
| | 4 | 6 | 5 | 7 | 7 | 7 | 5 | 5 |
| | 1 | | | 5 | 7 | 6 | 1 | 6 |
| | 7 | 1 | 1 | 7 | 7 | 7 | 6 | 6 |
| | 7 | 2 | 5 | 7 | 4 | 7 | 5 | 4 |
| | 7 | 2 | 2 | 7 | 7 | 7 | 4 | 4 |
| | 6 | 1 | 3 | 6 | 7 | 7 | 6 | 5 |
| | 7 | 1 | 1 | 7 | 7 | 6 | 2 | 6 |
| | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | 7 | 1 | 3 | 6 | 7 | 7 | 7 | 6 |
| | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 7 |
| | 7 | 1 | 1 | 3 | 5 | 7 | 3 | 1 |
| | 7 | 4 | 7 | 7 | 7 | 7 | 7 | 7 |
| | 6 | 2 | 2 | 7 | 7 | 7 | 4 | 4 |
| | 7 | 4 | 4 | 7 | 7 | 7 | | 1 |
| | 5 | 4 | 3 | 6 | 6 | 7 | 6 | 3 |
| | 7 | 1 | 1 | 7 | 7 | 6 | 6 | 7 |
| | 7 | 2 | 1 | 7 | 7 | 7 | 7 | 2 |
| | 7 | 1 | 1 | 5 | 7 | 4 | 5 | 2 |
| | 7 | 5 | 5 | 7 | 7 | 7 | 7 | 7 |
| | 6 | 1 | 1 | 7 | 7 | 7 | 7 | 4 |
| | 7 | 2 | 2 | 7 | 7 | 5 | 7 | 6 |
| | 7 | 1 | 1 | 6 | 7 | 7 | 7 | 1 |
| | 7 | 6 | 3 | 7 | 7 | 7 | 5 | 6 |
| | 4 | 1 | 2 | 7 | 6 | 6 | 6 | 5 |
| | 7 | 3 | 3 | 7 | 7 | 7 | 7 | 7 |
| | 7 | 2 | 1 | 7 | 7 | 7 | 5 | 7 |
| | 7 | 1 | 1 | 7 | 5 | 7 | 7 | 4 |
| | 6 | 2 | 2 | 7 | 7 | 7 | 7 | 6 |
| | 6 | 3 | 2 | 7 | 7 | 7 | 6 | 5 |
| | 7 | 7 | 7 | 6 | 7 | 5 | 3 | 5 |

| | service | issues | techniq | spirit | healer | accomod | hope | truth |
|----|---------|--------|---------|--------|--------|---------|------|-------|
| 1 | 7 | 7 | 7 | 7 | 7 | 1 | 7 | 7 |
| 2 | 4 | 5 | 4 | 4 | 6 | 4 | 6 | 5 |
| 3 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 |
| 4 | 4 | 7 | 4 | 7 | 7 | 1 | 6 | 7 |
| 5 | 6 | 6 | 6 | 7 | 7 | 4 | 7 | 7 |
| 6 | 4 | 5 | 5 | 7 | 7 | 3 | 7 | 5 |
| 7 | 4 | 4 | 2 | 7 | 7 | 6 | 5 | 7 |
| 8 | 7 | 5 | 5 | 7 | 7 | 5 | 7 | 6 |
| 9 | 6 | 4 | 5 | 7 | 7 | 6 | 7 | 7 |
| 10 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 11 | 7 | 7 | 6 | 7 | 7 | 6 | 7 | 7 |
| 12 | 7 | 6 | 5 | 7 | 7 | 5 | 6 | 6 |
| 13 | 6 | 1 | 1 | 3 | 6 | 5 | 7 | 1 |
| 14 | 5 | 7 | 4 | 7 | 7 | 7 | 7 | 7 |
| 15 | 4 | 4 | 5 | 7 | 7 | 7 | 7 | 7 |
| 16 | 6 | 2 | 2 | 6 | 7 | 4 | 5 | 1 |
| 17 | 5 | 5 | 2 | 7 | 6 | 5 | 4 | 2 |
| 18 | 7 | 6 | 1 | 7 | 7 | 6 | 7 | 7 |
| 19 | 7 | 4 | 4 | 7 | 7 | 6 | 6 | 7 |
| 20 | 1 | 6 | | 1 | 1 | 7 | 6 | 2 |
| 21 | 7 | 5 | 5 | 7 | 7 | 2 | 7 | 6 |
| 22 | 7 | 4 | 4 | 7 | 7 | 4 | 7 | 6 |
| 23 | 4 | 4 | 3 | 5 | 7 | 6 | 7 | 5 |
| 24 | 5 | 6 | 5 | 7 | 7 | 7 | 7 | 5 |
| 25 | 6 | 6 | 7 | 7 | 7 | 2 | 6 | 7 |
| 26 | 5 | 5 | 4 | 6 | 7 | 6 | 6 | 5 |
| 27 | 7 | 5 | 4 | 7 | 7 | 4 | 7 | 6 |
| 28 | 7 | 5 | 7 | 7 | 7 | 7 | 7 | 7 |
| 29 | 6 | 2 | 2 | 7 | 7 | 6 | 6 | 4 |
| 30 | 6 | 5 | 4 | 7 | 7 | 6 | 6 | 6 |
| 31 | 5 | 5 | 3 | 6 | 7 | 6 | 6 | 5 |
| 32 | 5 | 7 | 7 | 6 | 7 | 7 | 7 | 7 |

| | wrldview | trinity | sex | age | race | degree | program | identity |
|----|----------|---------|-----|-----|------|----------|---------|----------|
| 1 | 7 | 7 | 2 | 48 | 2 | PhD | 1 | 2 |
| 2 | 5 | 6 | 1 | 47 | 3 | PhD | 1 | 2 |
| 3 | 7 | 7 | 1 | 48 | 3 | PhD | 1 | 1 |
| 4 | 6 | 7 | 1 | 44 | 3 | | 1 | 1 |
| 5 | 7 | 7 | 2 | 58 | 3 | PhD | 2 | 2 |
| 6 | 6 | 7 | 1 | 40 | 3 | PsyD | 1 | 1 |
| 7 | 7 | 7 | 1 | 36 | 3 | PhD | 1 | 1 |
| 8 | 7 | 7 | 1 | 41 | 3 | PhD | 1 | 1 |
| 9 | 6 | 7 | 1 | 41 | 3 | PhD | 3 | 2 |
| 10 | 7 | 7 | 1 | 40 | 3 | PhD | 2 | 1 |
| 11 | 6 | 7 | 2 | 31 | 3 | PhD | 2 | 2 |
| 12 | 7 | 7 | 1 | 60 | 3 | PhD | 1 | 1 |
| 13 | . | 6 | 1 | 37 | 3 | | 1 | 2 |
| 14 | 7 | 4 | 2 | 49 | 3 | PsyD | 1 | 1 |
| 15 | 7 | . | 2 | 56 | 3 | PhD | 1 | 1 |
| 16 | 6 | 4 | 2 | 50 | 3 | PhD | 1 | 2 |
| 17 | 2 | 6 | 2 | 64 | 3 | PhD | 3 | 2 |
| 18 | 7 | 7 | 1 | 70 | 3 | PhD | 1 | 2 |
| 19 | 6 | 7 | 1 | 51 | 3 | PhD | 1 | 2 |
| 20 | 1 | 7 | 1 | 47 | 3 | PhD | 1 | 2 |
| 21 | 6 | 7 | 1 | 46 | 3 | PhD | 2 | 2 |
| 22 | 5 | 7 | 1 | 46 | 3 | PsyD/ABP | 1 | 2 |
| 23 | 5 | 7 | 1 | 48 | 3 | PhD | 1 | 2 |
| 24 | 2 | 7 | 2 | 63 | 3 | PhD | 1 | 2 |
| 25 | 7 | 7 | 1 | 41 | 3 | PhD | 3 | 2 |
| 26 | 7 | 6 | 1 | 56 | 3 | PhD | 1 | 2 |
| 27 | 6 | 6 | 1 | 55 | 3 | PhD | 1 | 1 |
| 28 | 7 | 7 | 1 | 39 | 3 | PsyD | 1 | 1 |
| 29 | 5 | 7 | 1 | 58 | 5 | PhD | 1 | 2 |
| 30 | 6 | 7 | 2 | 41 | 3 | PhD | 2 | 2 |
| 31 | 6 | 6 | 2 | 40 | 3 | PsyD | 1 | 1 |
| 32 | 6 | 7 | 1 | 48 | 3 | PhD | 1 | 2 |

| | setting | yearspro | licensed | hours | length | pop | orient |
|----|------------|----------|----------|-------|--------|-----|----------------------|
| 1 | private | 15 | 1 | 40 | 1 | 3 | cognitive-behavioral |
| 2 | private | 20 | 1 | 25 | 2 | 1 | cognitive |
| 3 | private | 19 | 1 | 20 | 2 | 1 | cognitive-behavioral |
| 4 | private | 4 | 1 | 25 | 2 | 1 | cognitive-behavioral |
| 5 | uni-coun | 5 | 1 | 25 | 1 | 1 | cognitive-behavioral |
| 6 | X-clinic | 9 | 1 | 47 | 3 | 1 | psychodynamic |
| 7 | private | 8 | 1 | 25 | 3 | 1 | cognitive-behavioral |
| 8 | uni-coun | 14 | 1 | 30 | 2 | 1 | eclectic |
| 9 | commMH | 8 | 1 | 35 | 2 | 1 | cognitive-behavioral |
| 10 | private | 5 | 1 | 40 | 3 | 1 | eclectic |
| 11 | private | 3 | 1 | 7 | 2 | 1 | eclectic |
| 12 | | 46 | 1 | 30 | 4 | 1 | |
| 13 | private | 9 | 1 | 30 | 2 | 1 | eclectic |
| 14 | private | 6 | 1 | 35 | 4 | 1 | psychodynamic |
| 15 | private | 10 | 1 | 20 | 2 | 1 | cognitive-behavioral |
| 16 | private | 25 | 1 | 40 | 4 | 1 | psychodynamic |
| 17 | private | 30 | 1 | 9 | | 1 | cognitive-behavioral |
| 18 | private | 29 | 1 | 10 | 2 | 1 | cognitive-behavioral |
| 19 | university | 25 | 1 | 10 | 1 | 1 | behavioral |
| 20 | private | 15 | 1 | 32 | 2 | 1 | family systems |
| 21 | X-clinic | 11 | 1 | 30 | 3 | 1 | cognitive-behavioral |
| 22 | USAF | 14 | 1 | 20 | 2 | 1 | cognitive-behavioral |
| 23 | private | 22 | 1 | 35 | 2 | 1 | cognitive-behavioral |
| 24 | private | 16 | 1 | 30 | 2 | 1 | eclectic |
| 25 | church | 12 | 1 | 30 | 3 | 1 | cognitive |
| 26 | private | 25 | 1 | 30 | 2 | 1 | cognitive |
| 27 | school | 19 | 1 | 3 | 1 | 1 | eclectic |
| 28 | private | 8 | 1 | 27 | 2 | 1 | psychoanalytic |
| 29 | private | 29 | 1 | 40 | 2 | 1 | cognitive |
| 30 | X-clinic | 10 | 1 | 20 | 2 | | eclectic |
| 31 | private | 13 | 1 | | 2 | 1 | psychodynamic |
| 32 | private | 21 | 1 | 10 | 2 | 5 | eclectic |

| | pray | pct_pray |
|---|------|----------|
| 1 | 1 | 30 |
| 2 | 2 | . |
| 3 | 1 | 50 |
| 4 | 1 | 75 |
| 5 | 1 | 20 |
| 6 | 1 | 10 |
| 7 | 1 | 5 |
| 8 | 1 | 22 |
| 9 | 1 | 35 |
| 0 | 1 | 25 |
| 1 | 1 | 100 |
| 2 | 1 | 10 |
| 3 | 2 | . |
| 4 | 1 | 75 |
| 5 | 1 | 1 |
| 6 | 2 | . |
| 7 | 2 | . |
| 8 | 1 | 80 |
| 9 | 1 | 10 |
| 0 | 2 | . |
| 1 | 1 | 100 |
| 2 | 2 | . |
| 3 | 1 | 10 |
| 4 | 1 | 50 |
| 5 | 1 | 10 |
| 6 | 1 | 10 |
| 7 | 1 | 7 |
| 8 | 1 | 15 |
| 9 | 1 | 5 |
| 0 | 1 | 90 |
| 1 | 1 | 1 |
| 2 | 1 | 1 |

| | pursuit | context | role | x_view | values | faith | calling | cnvrision |
|----|---------|---------|------|--------|--------|-------|---------|-----------|
| 33 | 7 | 1 | 2 | 7 | 5 | 5 | 5 | 4 |
| 34 | 5 | 2 | 3 | 4 | 6 | 7 | 7 | 7 |
| 35 | 3 | 1 | 1 | 7 | 7 | 7 | 6 | 4 |
| 36 | 3 | 2 | 2 | 4 | 7 | 7 | 6 | 5 |
| 37 | 6 | 1 | 1 | 7 | 7 | . | . | 3 |
| 38 | 7 | 1 | 4 | 7 | 7 | 7 | 6 | 4 |
| 39 | 7 | 1 | 1 | 7 | 7 | 6 | 6 | 3 |
| 40 | 7 | 1 | 2 | 7 | 7 | 7 | 7 | 5 |
| 41 | 7 | 1 | 1 | 7 | 7 | 7 | 4 | 4 |
| 42 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 |
| 43 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 7 |
| 44 | 5 | 1 | 1 | 6 | 7 | 7 | 7 | 4 |
| 45 | 7 | 4 | 4 | 6 | 7 | 7 | 6 | 5 |
| 46 | 7 | 4 | 2 | 7 | 7 | 7 | 7 | 7 |
| 47 | 7 | 4 | 2 | 7 | 7 | 7 | 7 | 7 |
| 48 | 7 | 4 | 4 | 6 | 6 | 4 | 4 | 4 |
| 49 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 50 | 7 | 7 | 4 | 7 | 7 | 7 | 6 | 7 |
| 51 | 7 | 1 | 2 | 7 | 7 | 7 | 7 | 5 |
| 52 | 6 | 1 | 1 | 7 | 7 | 7 | 7 | 7 |
| 53 | 7 | 2 | 2 | 7 | 7 | 7 | 7 | 7 |
| 54 | 7 | 4 | 1 | 7 | 7 | 7 | 7 | . |
| 55 | 7 | 1 | 1 | 7 | 7 | 7 | 6 | 5 |
| 56 | 7 | 4 | 1 | 7 | 7 | 7 | 7 | 5 |
| 57 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 3 |
| 58 | 7 | 1 | 3 | 7 | 7 | 6 | 7 | 2 |
| 59 | 7 | 4 | 5 | 7 | 7 | 7 | 7 | 7 |
| 60 | 7 | 2 | 4 | 7 | 7 | 7 | 7 | 6 |
| 61 | 6 | 2 | 5 | 7 | 7 | 7 | . | 4 |
| 62 | 7 | 5 | 5 | 7 | 7 | 7 | 7 | 7 |
| 63 | 7 | 5 | 5 | 7 | 7 | 7 | 5 | 5 |
| 64 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 1 |

| service | issues | techniq | spirit | healer | accomod | hope | 70 truth |
|---------|--------|---------|--------|--------|---------|------|-------------|
| 6 | 4 | 5 | 7 | 7 | 7 | 7 | 6 |
| 7 | 4 | 4 | 7 | 7 | 5 | 7 | 7 |
| 7 | 4 | 4 | 7 | 7 | 5 | 6 | 6 |
| 5 | 6 | 5 | 7 | 7 | 4 | 6 | 7 |
| 7 | 3 | 1 | 6 | 6 | 5 | 7 | 5 |
| 7 | 5 | 6 | 7 | 7 | 6 | 6 | 7 |
| 3 | 3 | 3 | 7 | 4 | | 5 | 5 |
| 6 | 5 | 5 | 7 | 7 | 4 | 7 | 7 |
| 5 | 2 | 1 | 6 | 5 | 4 | 5 | 3 |
| 7 | 4 | 4 | 7 | 7 | 7 | 7 | 5 |
| 7 | 3 | 6 | 7 | 7 | 7 | 7 | 7 |
| 6 | 2 | 1 | 7 | 7 | 7 | 7 | 6 |
| 6 | 6 | 5 | 7 | 7 | 5 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 7 | 7 | 3 | 7 | 7 | 2 | 7 | 7 |
| 7 | 4 | 4 | 7 | 7 | 7 | 7 | 6 |
| 7 | 7 | 7 | 7 | 7 | 1 | 7 | 7 |
| 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 |
| 5 | 4 | 7 | 7 | 7 | 4 | 7 | 7 |
| 7 | 7 | 7 | 7 | 7 | | 7 | 7 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 6 | 3 | 3 | 7 | 7 | 3 | 7 | 6 |
| 7 | 7 | 3 | 7 | 7 | 5 | 7 | 7 |
| 7 | 1 | 5 | 7 | 7 | 7 | 7 | 7 |
| 3 | 3 | 3 | 7 | 7 | 6 | 7 | 7 |
| 6 | 5 | 5 | 7 | 5 | 5 | 6 | 6 |
| 7 | 7 | 4 | 7 | 7 | 7 | 7 | 7 |
| 6 | 3 | 5 | 7 | 7 | 4 | 6 | 7 |
| 6 | 3 | 5 | 7 | 7 | 7 | 7 | 5 |
| 7 | 7 | 7 | 7 | 7 | 3 | 7 | 7 |
| 5 | 2 | 5 | 7 | 7 | 5 | 7 | 6 |
| 1 | 1 | 1 | 7 | 7 | 5 | 6 | 4 |

| | wrdview | trinity | sex | age | race | degree | program | 71 Identity |
|----|---------|---------|-----|-----|------|--------|---------|----------------|
| 33 | 6 | 6 | 2 | 54 | 4 | PhD | 2 | 2 |
| 34 | 7 | 7 | 2 | 58 | 3 | PhD | | 1 |
| 35 | 7 | 7 | 1 | 34 | 3 | PhD | 1 | 1 |
| 36 | 6 | 7 | 2 | 57 | 3 | PhD | 2 | 2 |
| 37 | 4 | 6 | 2 | 42 | 3 | PhD | 1 | 2 |
| 38 | 6 | 7 | 2 | 34 | 3 | PhD | 1 | 2 |
| 39 | 6 | 4 | 1 | 53 | 3 | PhD | 2 | 2 |
| 40 | 7 | 7 | 2 | 40 | 3 | PhD | 1 | 2 |
| 41 | 6 | 5 | 1 | 26 | 3 | PhD | 1 | 1 |
| 42 | 7 | 7 | 1 | 30 | 3 | PhD | 1 | 1 |
| 43 | 7 | 7 | 1 | 33 | 3 | PsyD | 1 | 1 |
| 44 | 5 | 5 | 2 | 20 | 3 | PsyD | 1 | 2 |
| 45 | 6 | 6 | 1 | 51 | 3 | PhD | 1 | 1 |
| 46 | 7 | 6 | 1 | 40 | 3 | PhD | 2 | 2 |
| 47 | 7 | 7 | 2 | 38 | 3 | PhD | 2 | 2 |
| 48 | 7 | 7 | 2 | 43 | 3 | PsyD | 1 | 1 |
| 49 | 7 | 7 | 2 | 51 | 3 | PhD | 3 | 1 |
| 50 | 7 | 7 | 2 | 37 | 1 | PsyD | 1 | 1 |
| 51 | 7 | 7 | 1 | 42 | 3 | PhD | 2 | 2 |
| 52 | 7 | 7 | 1 | 63 | 3 | PsyD | 1 | 1 |
| 53 | | 7 | 1 | 55 | 3 | PhD | 1 | 2 |
| 54 | 7 | 7 | 2 | 50 | 3 | PhD | 2 | 2 |
| 55 | 7 | 5 | 2 | 40 | 3 | PhD | 1 | 1 |
| 56 | 7 | 7 | 1 | 50 | 3 | PhD | 1 | 2 |
| 57 | 7 | 7 | 1 | 33 | 3 | PsyD | 1 | 1 |
| 58 | 5 | 6 | 1 | 43 | 3 | PhD | 2 | 2 |
| 59 | 7 | 7 | 1 | 45 | 3 | PhD | 2 | 1 |
| 60 | 7 | 7 | 1 | 35 | 3 | PhD | 1 | 1 |
| 61 | | 4 | 1 | 62 | 3 | PhD | 1 | 1 |
| 62 | 7 | 7 | 1 | 46 | 3 | PhD | 1 | 2 |
| 63 | 6 | 7 | 1 | 47 | 3 | PhD | 1 | 2 |
| 64 | 7 | 7 | 1 | 33 | 4 | PhD | 1 | 1 |

| | setting | yearspro | licensed | hours | length | pop | orient |
|----|----------|----------|----------|-------|--------|-----|----------------------|
| 13 | school | 15 | 1 | 11 | 2 | 1 | existential |
| 14 | private | 27 | 1 | 20 | 2 | 1 | psychodynamic |
| 15 | private | 7 | 1 | 30 | 3 | 1 | gestalt |
| 16 | private | 13 | 1 | 20 | 2 | 1 | cognitive-behavioral |
| 17 | private | 9 | 1 | 35 | 2 | 1 | cognitive |
| 18 | commMH | 7 | 1 | 5 | 2 | | interpersonal |
| 19 | private | 5 | 1 | 32 | 2 | 1 | cognitive-behavioral |
| 10 | private | 5 | 1 | 20 | 4 | 1 | interpersonal |
| 11 | hospital | | 2 | 27 | 2 | 1 | object relations |
| 12 | church | 8 | 1 | 25 | 3 | 1 | psychoanalytic |
| 13 | private | 8 | 1 | 27 | 2 | 1 | object relations |
| 14 | hospital | 2 | 1 | 30 | 1 | 2 | developmental |
| 15 | group co | 21 | 1 | 25 | 3 | 1 | cognitive behavioral |
| 16 | private | 14 | 1 | 40 | 2 | 1 | cognitive behavioral |
| 17 | X-clinic | 8 | 1 | 15 | 2 | 1 | psychodynamic |
| 18 | private | 15 | 1 | | 2 | 1 | psychodynamic |
| 19 | | 23 | 1 | 25 | 2 | | X system-development |
| 20 | | 3 | | | 2 | | eclectic |
| 21 | private | 8 | 1 | 35 | 2 | 1 | cognitive-behavioral |
| 22 | private | 6 | 1 | 17 | 1 | 1 | cognitive-behavioral |
| 23 | private | 15 | 1 | 40 | 3 | 1 | eclectic |
| 24 | church | 19 | 1 | 25 | 2 | 5 | |
| 25 | private | 13 | 1 | 17 | 4 | 1 | psychodynamic |
| 26 | universi | 17 | 1 | 5 | 3 | 1 | cognitive-behavioral |
| 27 | private | 3 | 1 | 44 | 1 | 3 | cognitive-behavioral |
| 28 | hospital | 4 | 1 | 25 | 1 | 1 | cognitive |
| 29 | private | 12 | 1 | 35 | 2 | 1 | cognitive-behavioral |
| 30 | private | 4 | 1 | 40 | 3 | 1 | psychodynamic |
| 31 | private | 13 | 1 | 20 | 2 | 1 | cognitive-behavioral |
| 32 | private | 14 | 1 | 35 | 2 | 1 | eclectic |
| 33 | hospital | 21 | 1 | 25 | 1 | 1 | cognitive-behavioral |
| 34 | universi | 4 | 1 | 7 | 4 | 1 | psychodynamic |

| | pray | pct_pray |
|----|------|----------|
| 33 | 1 | 10 |
| 34 | 2 | |
| 35 | 1 | 5 |
| 36 | 1 | 30 |
| 37 | 1 | 35 |
| 38 | 1 | |
| 39 | 1 | 5 |
| 40 | 1 | |
| 41 | 2 | |
| 42 | 1 | 10 |
| 43 | 1 | 10 |
| 44 | 2 | |
| 45 | 1 | 12 |
| 46 | 1 | 80 |
| 47 | 1 | 98 |
| 48 | 2 | |
| 49 | 1 | 80 |
| 50 | 1 | 20 |
| 51 | 1 | 50 |
| 52 | 1 | 100 |
| 53 | 1 | |
| 54 | 1 | 10 |
| 55 | 1 | 90 |
| 56 | 1 | 20 |
| 57 | 1 | 30 |
| 58 | 1 | 7 |
| 59 | 1 | |
| 60 | 1 | 5 |
| 61 | 2 | |
| 62 | 1 | 25 |
| 63 | 1 | 100 |
| 64 | 2 | |

| | pursuit | context | role | x_view | values | faith | calling | cnvrision |
|----|---------|---------|------|--------|--------|-------|---------|-----------|
| 5 | 7 | 3 | 3 | 6 | 6 | 6 | 6 | 6 |
| 3 | 7 | 1 | 1 | 7 | 7 | 7 | 1 | 1 |
| 7 | 7 | 4 | 5 | 7 | 5 | 7 | 7 | 6 |
| 8 | 7 | 2 | 2 | 7 | 7 | 7 | 7 | . |
| 9 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 7 |
| 0 | 7 | 1 | 1 | 1 | 7 | 7 | 7 | 7 |
| 1 | 7 | 7 | 4 | 7 | 7 | 7 | 7 | 4 |
| 2 | 7 | 3 | 2 | 6 | 7 | 7 | 6 | . |
| 3 | 1 | 1 | 1 | 7 | 7 | 7 | 4 | 1 |
| 4 | 4 | 3 | 4 | 5 | . | 7 | 7 | 4 |
| 5 | 5 | 5 | 5 | 7 | 7 | 6 | 6 | 4 |
| 6 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 1 |
| 7 | 7 | 1 | 1 | 7 | 4 | 7 | 2 | 1 |
| 8 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 9 | 7 | 1 | 1 | 7 | 7 | 7 | 4 | 4 |
| 10 | 7 | 3 | 3 | 7 | 7 | 7 | 7 | 4 |
| 11 | 7 | 4 | 4 | 7 | 7 | 7 | 6 | 6 |
| 12 | 5 | 2 | 2 | 5 | 6 | 6 | 7 | 5 |
| 13 | 7 | 6 | 4 | 7 | 7 | 7 | 7 | 7 |
| 14 | 7 | 4 | 4 | 7 | 7 | 7 | 6 | 7 |
| 15 | 7 | 1 | . | 7 | 7 | 7 | 7 | 7 |
| 36 | 3 | 2 | 3 | 7 | 7 | 7 | 3 | 6 |
| 37 | . | 2 | 2 | 5 | 7 | 7 | 2 | 4 |
| 38 | 5 | 4 | 4 | 6 | 6 | 6 | 6 | 6 |
| 39 | 6 | 1 | 1 | 7 | 6 | 7 | 6 | 2 |
| 90 | 5 | 5 | 6 | 6 | 7 | 5 | 5 | 3 |
| 91 | 7 | 2 | 3 | 6 | 7 | 7 | 7 | 6 |
| 92 | 7 | 1 | 1 | 7 | 7 | 7 | 6 | 4 |
| 93 | 7 | 6 | 5 | 7 | 7 | 7 | 7 | 7 |
| 94 | 7 | 2 | 2 | 7 | 7 | 7 | 4 | 7 |
| 95 | 6 | 3 | 3 | 7 | 7 | 6 | 5 | 4 |
| 96 | 7 | 1 | 2 | 7 | 7 | 7 | 4 | 4 |

| | service | issues | techniq | spirit | healer | accomod | hope | truth |
|----|---------|--------|---------|--------|--------|---------|------|-------|
| 65 | 6 | 3 | 4 | 5 | 6 | 6 | 6 | 6 |
| 66 | 7 | 1 | 1 | 7 | 7 | 5 | 6 | 7 |
| 67 | 7 | . | 4 | 6 | 7 | 7 | 7 | 7 |
| 68 | 5 | 5 | 4 | 7 | 7 | 6 | 6 | 5 |
| 69 | 7 | 2 | 2 | 7 | 7 | 1 | 2 | 2 |
| 70 | 7 | 6 | 4 | 7 | 7 | 1 | 7 | 7 |
| 71 | 7 | 4 | 4 | 7 | 7 | 7 | 7 | 7 |
| 72 | . | 6 | 7 | 7 | 7 | 5 | 7 | 6 |
| 73 | 1 | 3 | 3 | 7 | 7 | 7 | 7 | 7 |
| 74 | 6 | 5 | 6 | 6 | 7 | 5 | 5 | 7 |
| 75 | 5 | 5 | 6 | 7 | 7 | 5 | 7 | 7 |
| 76 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 7 |
| 77 | 3 | 1 | 1 | 7 | 7 | . | 7 | 6 |
| 78 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 |
| 79 | 4 | 3 | 3 | 7 | 7 | 5 | 7 | 7 |
| 80 | 5 | 5 | 3 | 7 | 7 | 3 | 6 | 7 |
| 81 | 7 | 7 | 5 | 6 | 7 | 6 | 7 | 7 |
| 82 | 5 | 6 | 6 | 7 | 7 | 5 | 6 | 7 |
| 83 | 7 | 5 | 7 | 7 | 7 | 3 | 7 | 7 |
| 84 | 6 | 5 | 2 | 7 | 7 | 7 | 7 | 7 |
| 85 | 7 | 7 | 7 | 7 | 7 | 1 | 7 | 1 |
| 86 | 4 | 3 | 5 | 7 | 7 | 4 | 4 | 6 |
| 87 | 6 | 3 | 2 | 5 | 7 | 6 | 7 | 7 |
| 88 | 6 | 5 | 5 | 7 | 7 | 4 | 6 | 6 |
| 89 | 2 | 2 | 2 | 7 | 7 | 5 | 5 | 5 |
| 90 | 6 | 3 | 2 | 6 | 6 | 5 | 5 | 3 |
| 91 | 6 | 5 | 6 | 7 | 7 | 6 | 7 | 6 |
| 92 | 6 | 5 | 2 | 7 | 7 | 6 | 6 | 6 |
| 93 | 6 | 7 | 6 | 7 | 7 | 7 | 7 | 6 |
| 94 | 7 | 5 | 5 | 7 | 7 | 4 | 7 | 7 |
| 95 | 7 | 6 | 3 | 4 | 4 | 6 | 5 | 5 |
| 96 | 4 | 6 | 5 | 7 | 7 | 6 | 7 | 7 |

| | wrldview | trinity | sex | age | race | degree | program | identity |
|--|----------|---------|-----|-----|------|--------|---------|----------|
| | 6 | 5 | 1 | 49 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 1 | 39 | 3 | PhD | 3 | 2 |
| | 7 | 7 | 1 | 57 | 3 | PhD | 2 | 2 |
| | 6 | 6 | 1 | 43 | 3 | PhD | 1 | 1 |
| | 3 | 7 | 1 | 44 | 5 | | 1 | 2 |
| | 7 | 7 | 2 | 55 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 1 | 66 | 3 | PhD | 2 | 2 |
| | 7 | 7 | 1 | 52 | 3 | PhD | 1 | 1 |
| | 7 | 7 | 1 | 49 | 3 | PsyD | 1 | 2 |
| | 5 | 6 | 1 | 46 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 1 | 49 | 2 | PhD | 2 | 2 |
| | 7 | 7 | 1 | 26 | 3 | PhD | 2 | 2 |
| | 7 | 5 | 2 | 31 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 2 | 59 | 3 | PhD | 2 | 1 |
| | 7 | 7 | 2 | 63 | 3 | PhD | 1 | 2 |
| | 4 | 6 | 2 | 38 | 3 | PhD | 1 | 2 |
| | 6 | 7 | 1 | 38 | 3 | PhD | 1 | 1 |
| | 6 | 7 | 1 | 44 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 1 | 49 | 3 | PhD | 1 | 1 |
| | 7 | 7 | 2 | 40 | 3 | PhD | 2 | 2 |
| | 7 | 7 | 2 | 50 | 3 | PhD | 3 | 2 |
| | 6 | 6 | 1 | 49 | 3 | PhD | 3 | 2 |
| | 4 | 6 | 2 | 34 | 3 | PhD | 2 | 2 |
| | 6 | 6 | 1 | 50 | 3 | PsyD | 1 | 2 |
| | 7 | 6 | 1 | 49 | 3 | PsyD | 1 | 1 |
| | 3 | 6 | 2 | 41 | 3 | PhD | 1 | 1 |
| | 6 | 7 | 2 | 44 | 3 | PsyD | 1 | 1 |
| | 5 | 7 | 1 | 44 | 3 | PhD | 1 | 1 |
| | 7 | 7 | 2 | 37 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 2 | 53 | 3 | PhD | 3 | 2 |
| | 6 | 5 | 1 | 62 | 3 | PhD | 1 | 2 |
| | 7 | 7 | 1 | 45 | 3 | PhD | 2 | 2 |

| | setting | yearspro | licensed | hours | length | pop | orient |
|----|----------|----------|----------|-------|--------|-----|----------------------|
| 65 | X-clinic | 18 | 1 | 35 | 2 | . | eclectic |
| 66 | private | 12 | 1 | 30 | 3 | 1 | psychodynamic |
| 67 | private | 24 | 1 | 30 | 2 | 3 | eclectic |
| 68 | private | 13 | 1 | 27 | 4 | 1 | psychoanalytic |
| 69 | private | 5 | 1 | 24 | 2 | . | systemic |
| 70 | private | 2 | 2 | 9 | 2 | . | |
| 71 | church | 30 | 1 | 10 | 1 | 3 | cognitive-behavioral |
| 72 | X-clinic | 20 | 1 | 40 | 2 | 1 | existential |
| 73 | private | 8 | 1 | 30 | 3 | 1 | psychodynamic |
| 74 | USAF | 16 | 1 | 27 | 2 | 3 | eclectic |
| 75 | hospital | 18 | 1 | 30 | 2 | 1 | cognitive-behavioral |
| 76 | seminary | 15 | 1 | 8 | 2 | 1 | cognitive-behavioral |
| 77 | private | 2 | 1 | 15 | 3 | 1 | psychodynamic |
| 78 | private | 4 | 1 | 30 | 2 | 1 | eclectic |
| 79 | seminary | 10 | 1 | 4 | 3 | 1 | interpersonal |
| 80 | private | 5 | 1 | 15 | 1 | . | systems |
| 81 | X-clinic | 10 | 1 | 25 | 2 | 1 | psychodynamic |
| 82 | private | 8 | 1 | 40 | 3 | 1 | cognitive-behavioral |
| 83 | clinic | 8 | 1 | 30 | 2 | 1 | cognitive-Biblical |
| 84 | church | 13 | 1 | 8 | 4 | 1 | psychodynamic |
| 85 | private | 15 | 1 | 22 | 2 | 1 | cognitive-Biblical |
| 86 | universi | 25 | 1 | 15 | 2 | . | cognitive-behavioral |
| 87 | universi | 4 | 2 | 30 | 2 | . | psychodynamic |
| 88 | private | 20 | 1 | 30 | 2 | 1 | developmental |
| 89 | clinic | 13 | 1 | 30 | 2 | . | psychodynamic |
| 90 | private | 5 | 1 | 12 | 3 | 1 | psychodynamic |
| 91 | private | 3 | 1 | 25 | 3 | 5 | X-cognitive-behavior |
| 92 | private | 19 | 1 | 38 | 3 | 1 | humanistic |
| 93 | private | 13 | 1 | 6 | 2 | . | eclectic |
| 94 | private | 16 | 1 | 17 | 3 | . | psychodynamic |
| 95 | private | 35 | 1 | 40 | 2 | 1 | |
| 96 | private | 14 | 1 | 35 | 2 | 1 | cognitive |

| pray | pct_pray |
|------|----------|
| 1 | 10 |
| 1 | 98 |
| 1 | 12 |
| 2 | . |
| 1 | 1 |
| 1 | 10 |
| 2 | . |
| 1 | . |
| 1 | 40 |
| 2 | . |
| 1 | 10 |
| 1 | 50 |
| 2 | . |
| 1 | 50 |
| 1 | 100 |
| 1 | 25 |
| 1 | 5 |
| 1 | 10 |
| 1 | 15 |
| 1 | . |
| 1 | 85 |
| 1 | 5 |
| 1 | 2 |
| 1 | . |
| 1 | 2 |
| 2 | . |
| 1 | 50 |
| 2 | 3 |
| 3 | 98 |
| 4 | 2 |
| 5 | . |
| 5 | 60 |

| | pursuit | context | role | x_view | values | faith | calling | cnvrsion |
|-----|---------|---------|------|--------|--------|-------|---------|----------|
| 97 | 4 | 4 | 4 | 4 | 7 | 7 | 7 | 7 |
| 98 | 5 | 1 | 2 | 7 | 7 | 7 | 6 | 3 |
| 99 | 5 | 2 | 2 | 6 | 6 | 6 | 4 | . |
| 100 | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 4 |
| 101 | 4 | 2 | 1 | 7 | 7 | 7 | 5 | 5 |
| 102 | 4 | 1 | 1 | 7 | 7 | 7 | 4 | 5 |
| 103 | 4 | 1 | 1 | 7 | 4 | 7 | 4 | 3 |
| 104 | 7 | 4 | 3 | 7 | 7 | 7 | 5 | 4 |
| 105 | 4 | 2 | 4 | 6 | 6 | 4 | 2 | 4 |
| 106 | 6 | 6 | 4 | 4 | 2 | 7 | 6 | 4 |
| 107 | 7 | 1 | 1 | 7 | 7 | 7 | 4 | 6 |
| 108 | 1 | 1 | 1 | 7 | 6 | 7 | 7 | 5 |
| 109 | 7 | 2 | 2 | 7 | 6 | 6 | 6 | 7 |
| 110 | 4 | 1 | 1 | 7 | 7 | 7 | 7 | 2 |
| 111 | 7 | 2 | 2 | 7 | 7 | 7 | 5 | 3 |
| 112 | 7 | 5 | 4 | 7 | 6 | 7 | 6 | 6 |
| 113 | 5 | 1 | 1 | 7 | 7 | 7 | 8 | 5 |
| 114 | 7 | 4 | 4 | 6 | 7 | 7 | 7 | 5 |
| 115 | 7 | 1 | 1 | 7 | 7 | 7 | 5 | 6 |
| 116 | 7 | 1 | 1 | 7 | 7 | 7 | 4 | 2 |
| 117 | 4 | 1 | 1 | 7 | 7 | 7 | 2 | 7 |
| 118 | 1 | 1 | 1 | 1 | 7 | 7 | 7 | 4 |
| 119 | 7 | 4 | 4 | 7 | 7 | 7 | 7 | 5 |
| 120 | 5 | 3 | 1 | 7 | 7 | 7 | 6 | 3 |
| 121 | 7 | 4 | 4 | 6 | 6 | 6 | 4 | 4 |
| 122 | 7 | 4 | 6 | 7 | 7 | 7 | 7 | 5 |
| 123 | 4 | 1 | 4 | 5 | 5 | 7 | 4 | 2 |
| 124 | 7 | 3 | 2 | 7 | 7 | 7 | 6 | 7 |
| 125 | 4 | 1 | 1 | 3 | 3 | 6 | 7 | 3 |
| 126 | 7 | 3 | 3 | 7 | 7 | 7 | 4 | 6 |
| 127 | 7 | 1 | 1 | 7 | 7 | 6 | 6 | 6 |
| 128 | 5 | 1 | 2 | 6 | 7 | 7 | 7 | 4 |

| | service | issues | techniq | spirit | healer | accomod | hope | truth |
|----|---------|--------|---------|--------|--------|---------|------|-------|
| 7 | 7 | 4 | 7 | 7 | 7 | 4 | 7 | 7 |
| 8 | 7 | 3 | 3 | 7 | 7 | 7 | 7 | 7 |
| 9 | 6 | 5 | 5 | 7 | 6 | 6 | 7 | 6 |
| 10 | 5 | 5 | 4 | 7 | 7 | 4 | 6 | 6 |
| 11 | 6 | 4 | 5 | 7 | 7 | 4 | 6 | 7 |
| 12 | 7 | 3 | 2 | 7 | 7 | 6 | 5 | 6 |
| 13 | 7 | 3 | 1 | 7 | 6 | 4 | 6 | 2 |
| 14 | 6 | 5 | 4 | 7 | 7 | 4 | 5 | 6 |
| 15 | 4 | 4 | 3 | 5 | 6 | 7 | 6 | 3 |
| 16 | 5 | 3 | 1 | 7 | 7 | 6 | 6 | 4 |
| 17 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 |
| 18 | 3 | 7 | 5 | 7 | 7 | 5 | 6 | 6 |
| 19 | 7 | 6 | 5 | 7 | 7 | 4 | 7 | 7 |
| 10 | 5 | 5 | 5 | 7 | 7 | 7 | 7 | 5 |
| 11 | 3 | 5 | 5 | 7 | 7 | 5 | 6 | 7 |
| 12 | 6 | 6 | . | 7 | 7 | 6 | 6 | 7 |
| 13 | 5 | 5 | 4 | 7 | 7 | 6 | 7 | 5 |
| 14 | 7 | 6 | 6 | 7 | 7 | 6 | 7 | 7 |
| 15 | 6 | 5 | 6 | 7 | 7 | 5 | 7 | 5 |
| 16 | 7 | 6 | 1 | 7 | 7 | 5 | 7 | 5 |
| 17 | 7 | 2 | 4 | 7 | 7 | 7 | 4 | 7 |
| 18 | 7 | 6 | 6 | 7 | 7 | 7 | 6 | 6 |
| 19 | 7 | 7 | 7 | 7 | 7 | 4 | 7 | 7 |
| 20 | 5 | 4 | 4 | 7 | 7 | 5 | 7 | 5 |
| 21 | 6 | 4 | 3 | 6 | 5 | 6 | 7 | 6 |
| 22 | 6 | 5 | 7 | 7 | 7 | 5 | 6 | 6 |
| 23 | 6 | 6 | 3 | 6 | 6 | 1 | 5 | 3 |
| 24 | 7 | 5 | 4 | 7 | 7 | 6 | 6 | 7 |
| 25 | 5 | 3 | 6 | 4 | 4 | 5 | 7 | 5 |
| 26 | 6 | 6 | 3 | 7 | 7 | 4 | 7 | 7 |
| 27 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 28 | 7 | 4 | 4 | 7 | 7 | . | 7 | 7 |

| | wridview | trinity | sex | age | race | degree | program | identity |
|-----|----------|---------|-----|-----|------|--------|---------|----------|
| 97 | 7 | 7 | 2 | 62 | 3 | PhD | 1 | 2 |
| 98 | 7 | 7 | 2 | 37 | 3 | PhD | 1 | 2 |
| 99 | 6 | 7 | 1 | 61 | 3 | PhD | 3 | 2 |
| 100 | 6 | 6 | 1 | 34 | 3 | PsyD | 1 | 2 |
| 101 | 7 | 7 | 2 | 33 | 3 | PhD | 1 | 1 |
| 102 | 7 | 5 | 2 | 32 | 3 | PsyD | 1 | 1 |
| 103 | 5 | 4 | 1 | 37 | 3 | PhD | 1 | 2 |
| 104 | 6 | 7 | 1 | 53 | 3 | PhD | 2 | 2 |
| 105 | 3 | 4 | 2 | 45 | 3 | PhD | 2 | 2 |
| 106 | 4 | 6 | 1 | 32 | 3 | PsyD | 1 | 1 |
| 107 | 7 | 7 | 1 | 63 | 3 | PhD | 1 | 2 |
| 108 | 7 | 7 | 2 | 54 | 3 | PhD | 1 | 1 |
| 109 | 7 | 7 | 1 | 61 | 3 | PhD | 1 | 2 |
| 110 | 7 | 7 | 2 | 42 | 3 | PhD | 3 | 2 |
| 111 | 7 | 7 | 1 | 40 | 3 | PhD | 1 | 1 |
| 112 | 7 | 7 | 1 | 37 | 3 | PhD | 2 | 2 |
| 113 | 6 | 7 | 1 | 42 | 3 | PhD | 2 | 2 |
| 114 | 7 | 7 | 2 | 38 | 3 | PsyD | 1 | 2 |
| 115 | 7 | 7 | 1 | 38 | 3 | PsyD | 1 | 1 |
| 116 | 7 | 7 | 1 | 30 | 3 | PsyD | 1 | 2 |
| 117 | 7 | 7 | 1 | 45 | 3 | PhD | 1 | 1 |
| 118 | 6 | 7 | 2 | 49 | 3 | PhD | 1 | 2 |
| 119 | 7 | 7 | 2 | 40 | 3 | PhD | 1 | 2 |
| 120 | 7 | 7 | 1 | 47 | 3 | PhD | 1 | 2 |
| 121 | 6 | 6 | 1 | 48 | 3 | PhD | 1 | 2 |
| 122 | 6 | 7 | 1 | 44 | 3 | PhD | 1 | 1 |
| 123 | 5 | 6 | 1 | 34 | 3 | PsyD | 1 | 1 |
| 124 | 7 | 6 | 1 | 39 | 3 | PsyD | 1 | 1 |
| 125 | 4 | 2 | 1 | 48 | 3 | PhD | 1 | 2 |
| 126 | 7 | 7 | 1 | | 3 | PhD | 1 | 2 |
| 127 | 7 | 7 | 1 | 42 | 3 | PhD | 2 | 2 |
| 128 | 7 | 7 | 1 | 54 | 3 | PhD | 1 | 2 |

| setting | yearspro | licensed | hours | length | pop | orient |
|----------|----------|----------|-------|--------|-----|----------------------|
| private | 8 | 1 | 15 | 2 | 1 | cognitive-behavioral |
| seminary | 8 | 1 | 0 | . | 1 | cognitive-behavioral |
| private | 30 | 1 | . | 2 | 4 | cognitive-behavioral |
| commMH | 4 | 1 | 5 | 2 | 1 | problem-solution foc |
| | 3 | 1 | . | 3 | 1 | psychodynamic |
| commMH | 3 | 1 | 6 | 2 | 1 | object relations |
| universi | 13 | 1 | 8 | 2 | 1 | cognitive |
| private | 25 | 1 | 28 | 2 | 5 | cognitive-behavioral |
| private | 25 | 1 | 40 | 1 | 5 | cognitive-behavioral |
| hospital | 2 | 1 | 25 | 2 | 3 | cognitive-behavioral |
| X-clinic | 25 | 1 | 30 | 2 | 1 | eclectic |
| private | 18 | 1 | 45 | 3 | 1 | psychodynamic |
| private | 33 | 1 | 30 | 2 | 1 | eclectic |
| private | 10 | 1 | 10 | . | 1 | psychodynamic |
| church | 11 | 1 | 21 | 2 | 5 | cognitive-behavioral |
| church | 10 | 1 | 25 | 2 | 1 | Adlerian |
| private | 12 | 1 | 40 | 2 | 1 | developmental family |
| private | 12 | 1 | 30 | 4 | 1 | psychodynamic |
| private | 7 | 1 | 35 | 2 | 1 | psychodynamic |
| private | 5 | 11 | 30 | 2 | 1 | psychodynamic |
| hospital | 3 | 1 | 30 | 2 | 1 | psychodynamic |
| commMH | 15 | 1 | 55 | 2 | . | cognitive |
| federal | 15 | 1 | 40 | 1 | 1 | cognitive-behavioral |
| private | 20 | 1 | 32 | 2 | 1 | cognitive-behavioral |
| hospital | 22 | 1 | 20 | 2 | 1 | cognitive |
| private | 18 | 1 | 35 | 2 | 1 | neanalytic/cog-beha |
| private | 3 | 1 | 40 | 4 | . | psychoanalytic |
| X-clinic | 12 | 1 | 40 | 4 | 1 | object relations |
| private | 16 | 1 | . | 3 | 1 | behavioral |
| private | 10 | 1 | 35 | 2 | . | cognitive-behavioral |
| private | 14 | 1 | 38 | 2 | 1 | cognitive |
| private | 26 | 1 | 40 | 4 | 1 | psychodynamic |

| | pray | pct_pray |
|-----|------|----------|
| 97 | 1 | 80 |
| 98 | 1 | 5 |
| 99 | 1 | 10 |
| 00 | 2 | . |
| 01 | 1 | 25 |
| 02 | 2 | . |
| 03 | 1 | 5 |
| 04 | 1 | 33 |
| 05 | 2 | . |
| 06 | 2 | . |
| 07 | 1 | 5 |
| 08 | 1 | 5 |
| 09 | 1 | 30 |
| 110 | 1 | 10 |
| 111 | 2 | . |
| 112 | 1 | 95 |
| 113 | 1 | 35 |
| 114 | 1 | 30 |
| 115 | 1 | 10 |
| 116 | 2 | . |
| 117 | 1 | 30 |
| 118 | 2 | . |
| 119 | 1 | 10 |
| 120 | 1 | 15 |
| 121 | 1 | 10 |
| 122 | 1 | 90 |
| 123 | 2 | . |
| 124 | 1 | 5 |
| 125 | 1 | . |
| 126 | 1 | 10 |
| 127 | 1 | 10 |
| 128 | 2 | . |

| pursuit | context | role | x_view | values | faith | calling | cnvrsion |
|---------|---------|------|--------|--------|-------|---------|----------|
| 6 | 1 | 2 | 7 | 7 | 7 | 2 | 6 |
| 7 | 3 | 3 | 6 | 6 | 6 | 6 | 3 |
| 4 | 2 | 2 | 7 | 7 | 7 | 3 | 3 |
| 6 | 4 | 4 | 4 | 6 | 5 | 4 | 6 |
| 6 | 2 | 2 | 7 | 6 | 6 | 5 | 6 |
| 6 | 2 | 2 | 6 | 7 | 7 | 4 | 6 |
| 7 | 2 | 1 | 7 | 7 | 7 | 7 | . |
| 6 | 1 | 1 | 7 | 7 | 7 | 7 | 4 |
| 7 | 1 | 4 | 7 | 7 | 7 | 5 | 5 |
| 6 | . | 3 | 5 | 6 | 6 | 5 | 4 |
| 7 | 1 | 1 | 7 | 7 | 7 | 7 | 5 |
| 6 | 2 | . | 6 | 6 | 6 | 6 | . |
| 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 |
| 7 | 1 | 1 | 7 | 7 | 7 | 7 | 2 |
| 7 | 2 | 3 | 7 | 7 | 7 | 5 | 2 |
| 6 | 4 | 1 | 7 | 7 | 7 | 5 | 5 |
| 7 | 5 | 3 | 7 | 7 | 7 | 7 | 5 |
| 4 | 1 | 1 | 6 | 4 | 6 | 1 | 4 |
| 7 | 1 | . | 7 | 7 | 7 | 1 | 1 |
| 1 | 2 | 3 | 6 | 6 | 7 | 7 | 4 |
| 6 | 4 | 3 | 7 | 7 | 7 | 7 | 5 |
| 7 | 2 | 2 | 6 | 7 | 6 | 3 | 6 |
| . | . | . | . | . | . | . | . |
| 3 | 1 | 7 | 7 | 7 | 7 | 5 | 7 |
| 7 | 1 | 2 | 7 | 7 | 7 | . | 3 |
| 3 | 3 | 4 | 6 | 7 | 7 | 6 | 5 |
| . | 1 | 1 | 7 | 7 | 7 | 7 | 3 |
| 4 | 4 | 4 | 7 | 7 | 7 | 7 | 5 |
| 7 | 2 | 1 | 7 | 7 | 7 | 5 | 4 |
| 6 | 5 | 5 | 7 | 7 | 7 | 7 | 7 |
| 7 | 6 | 7 | 7 | 7 | 7 | 5 | 7 |
| 3 | 3 | 3 | 7 | 6 | 7 | 3 | 5 |

| | service | issues | techniq | spirit | healer | accomod | hope | 85 truth |
|----|---------|--------|---------|--------|--------|---------|------|-------------|
| 9 | 4 | 5 | 6 | 6 | 6 | . | . | 6 |
| 10 | 6 | 4 | 6 | 6 | 6 | 5 | 4 | 6 |
| 11 | 7 | 6 | 5 | 7 | 7 | 5 | 7 | 5 |
| 12 | 4 | 4 | 6 | 7 | 7 | 4 | 6 | 7 |
| 13 | 6 | 5 | 6 | 7 | 7 | 4 | 6 | 6 |
| 14 | 5 | 7 | 6 | 7 | 6 | 5 | 7 | 7 |
| 15 | . | . | 4 | 4 | 5 | 4 | 7 | 7 |
| 16 | 5 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 17 | 5 | 3 | 5 | 7 | 7 | 7 | 7 | 7 |
| 18 | 4 | 5 | 4 | 6 | 7 | 6 | 7 | 6 |
| 19 | 5 | 5 | 1 | 7 | 7 | 7 | 7 | 5 |
| 20 | 7 | 6 | 5 | 6 | 6 | 6 | 6 | 6 |
| 21 | 6 | 5 | 4 | 7 | 7 | 7 | 4 | 2 |
| 22 | 6 | 2 | 3 | 7 | 7 | 1 | 5 | 7 |
| 23 | 4 | 4 | 4 | 7 | 7 | 5 | 7 | 6 |
| 24 | 5 | 3 | 1 | 4 | 4 | 5 | 7 | 4 |
| 25 | 7 | 4 | 5 | 7 | 7 | 6 | 7 | 7 |
| 26 | 4 | 6 | 4 | 4 | 4 | 6 | 7 | 6 |
| 27 | 1 | . | 1 | . | 7 | . | 7 | 7 |
| 28 | 4 | 5 | 4 | 7 | 7 | 4 | 5 | 5 |
| 29 | 7 | 5 | 5 | 7 | 7 | 5 | 5 | 5 |
| 30 | 6 | . | 7 | 7 | 7 | 7 | 7 | 7 |
| 31 | . | . | . | . | . | . | . | . |
| 32 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |
| 33 | 3 | 3 | 2 | 7 | 7 | 6 | 6 | 6 |
| 34 | 6 | 5 | 2 | 7 | 6 | 6 | 7 | 6 |
| 35 | 7 | 1 | 1 | 7 | 7 | 7 | 7 | 7 |
| 36 | 5 | 5 | 2 | 7 | 7 | 5 | 7 | 6 |
| 37 | 5 | 2 | 3 | 7 | 6 | 4 | 7 | 7 |
| 38 | 7 | 5 | 4 | 6 | 7 | 5 | 7 | 6 |
| 39 | 6 | 7 | 7 | 7 | 7 | 4 | 7 | 7 |
| 40 | 5 | 3 | 2 | 7 | 7 | 4 | 6 | 5 |

| wrldview | trinity | sex | age | race | degree | program | identity |
|----------|---------|-----|-----|------|--------|---------|----------|
| 6 | 6 | 1 | 49 | 3 | PhD | 1 | 1 |
| 6 | 6 | 1 | 47 | 3 | PhD | 1 | 2 |
| 7 | 7 | 1 | 43 | 3 | PsyD | 1 | 1 |
| 4 | 7 | 1 | 50 | 3 | PhD | 1 | 2 |
| 6 | 6 | 2 | 49 | 3 | PhD | 1 | 2 |
| 7 | 6 | 2 | 38 | 3 | PsyD | 1 | 2 |
| 7 | 7 | 2 | 32 | 3 | PsyD | 1 | 1 |
| 7 | 7 | 1 | 48 | 3 | PhD | 1 | 2 |
| 7 | 7 | 1 | 54 | 3 | PhD | 1 | 2 |
| . | 6 | 1 | 42 | 5 | PhD | 1 | 2 |
| 7 | 7 | 1 | 43 | 3 | PhD | 1 | 1 |
| 5 | 6 | 1 | 45 | 3 | PhD | 1 | 2 |
| 4 | 7 | 2 | 47 | 3 | PhD | 1 | 2 |
| 7 | 5 | 1 | 34 | 3 | PhD | 1 | 1 |
| 6 | 6 | 1 | 37 | 3 | PhD | 2 | 2 |
| 6 | 7 | 1 | 53 | 3 | PhD | 1 | 2 |
| 7 | 7 | 1 | 50 | 3 | PhD | 3 | 2 |
| 6 | 6 | 1 | 41 | 3 | PsyD | 1 | 1 |
| . | . | 1 | 42 | 3 | | 1 | 1 |
| 6 | 7 | 1 | 33 | 3 | PsyD | 1 | 1 |
| 7 | 7 | 1 | 47 | 3 | PhD | 1 | 1 |
| 7 | 7 | 1 | 44 | 3 | PhD | 1 | 2 |
| . | . | 1 | 45 | 3 | PhD | 1 | 2 |
| 7 | 7 | 2 | 47 | 3 | PhD | 3 | 2 |
| 6 | 6 | 1 | 47 | 3 | PhD | 1 | 1 |
| 5 | 5 | 1 | 56 | 3 | PhD | 3 | 2 |
| 7 | 7 | 1 | 43 | 3 | PhD | 1 | 1 |
| 7 | 7 | 1 | 53 | 3 | PsyD | 1 | 2 |
| 7 | 5 | 1 | 38 | 3 | PhD | 1 | 2 |
| 7 | 6 | 1 | 46 | 3 | PhD | 2 | 2 |
| 7 | 7 | 1 | 47 | 3 | PhD | 2 | 2 |
| 6 | 7 | 1 | 48 | 3 | PhD | 1 | 2 |

| | setting | yearspro | licensed | hours | length | pop | orient |
|-----|----------|----------|----------|-------|--------|-----|----------------------|
| 129 | private | 20 | 1 | 30 | 2 | 1 | cognitive |
| 130 | private | 4 | 1 | 30 | 2 | | |
| 131 | private | 4 | 1 | 27 | 4 | 1 | object relations |
| 132 | private | 25 | 1 | 40 | 2 | 1 | cognitive |
| 133 | private | 15 | 1 | 16 | 4 | 1 | self /relational |
| 134 | universi | 10 | 1 | 2 | 3 | 1 | psychodynamic |
| 135 | school | 2 | 2 | 30 | 2 | 2 | psychodynamic |
| 136 | private | 18 | 1 | 35 | 2 | 1 | cognitive |
| 137 | hospital | 25 | 1 | 30 | 2 | 1 | cognitive-behavioral |
| 138 | private | 19 | 1 | 32 | 2 | 1 | cognitive-behavioral |
| 139 | universi | 10 | 1 | 6 | 3 | 1 | cognitive |
| 140 | universi | 17 | 1 | 12 | 1 | 1 | cognitive-behavioral |
| 141 | private | 22 | 1 | 20 | 2 | 1 | cognitive-behavioral |
| 142 | hospital | 4 | 1 | 30 | | 1 | interpersonal |
| 143 | private | 5 | 1 | 10 | 2 | | cognitive-behavioral |
| 144 | private | 22 | 1 | 30 | 2 | 1 | cognitive-behavioral |
| 145 | X-clinic | 21 | 1 | 30 | 2 | 3 | solution-focused |
| 146 | Int.civi | 11 | 1 | 15 | 2 | 1 | cognitive-behavioral |
| 147 | private | 15 | 1 | | 4 | | psychoanalytic |
| 148 | private | 7 | 1 | 40 | 3 | 2 | psychodynamic |
| 149 | X-clinic | 15 | 1 | 30 | 3 | 1 | eclectic |
| 150 | private | 5 | 1 | 22 | 2 | | cognitive |
| 151 | X-clinic | 11 | 1 | 20 | 3 | 1 | interpersonal |
| 152 | private | 16 | 1 | 40 | 3 | | eclectic |
| 153 | clinic | 17 | 1 | 45 | 3 | 1 | psychodynamic |
| 154 | | 20 | 1 | 1 | 1 | | cognitive-behavioral |
| 155 | hospital | 11 | 1 | 10 | 2 | 3 | systems |
| 156 | private | 13 | 1 | 23 | 4 | 1 | eclectic |
| 157 | private | 10 | 1 | 1 | 35 | 2 | cognitive-behavioral |
| 158 | universi | 20 | 1 | 15 | 3 | 1 | systems |
| 159 | private | 17 | 1 | 40 | 3 | 1 | cognitive-behavioral |
| 160 | private | 19 | 1 | 35 | 2 | 1 | cognitive |

| pray | pct_pray |
|------|----------|
| 1 | 30 |
| 1 | 40 |
| 1 | 15 |
| 1 | 100 |
| 1 | 50 |
| 2 | . |
| 1 | 5 |
| 1 | . |
| 1 | 35 |
| 1 | 10 |
| 1 | 2 |
| 1 | 30 |
| 1 | 10 |
| 2 | . |
| 1 | 30 |
| 1 | 7 |
| 1 | 10 |
| 2 | . |
| 2 | . |
| 1 | 10 |
| 1 | 75 |
| 1 | 5 |
| 1 | 20 |
| 1 | 10 |
| 1 | 10 |
| 1 | 50 |
| 1 | 5 |
| 1 | 20 |
| 1 | 20 |
| 1 | 25 |
| 1 | 75 |
| 1 | 40 |

| | pursuit | context | role | x_view | values | faith | calling | cnvrsion |
|-----|---------|---------|------|--------|--------|-------|---------|----------|
| 161 | 5 | 1 | 1 | 7 | 7 | 7 | 6 | 5 |

| service | issues | techniq | spirit | healer | accomod | hope | truth |
|---------|--------|---------|--------|--------|---------|------|-------|
| 6 | 5 | 6 | 7 | 7 | 5 | 7 | 5 |

| | wrldview | trinity | sex | age | race | degree | program | identity |
|-----|----------|---------|-----|-----|------|--------|---------|----------|
| 161 | 6 | 7 | 1 | 41 | 3 | PhD | 1 | 1 |

| setting | yearspro | licensed | hours | length | pop | orient |
|----------|----------|----------|-------|--------|-----|----------|
| X-clinic | 9 | 1 | 30 | 4 | 1 | eclectic |

| | pray | pct_pray |
|-----|------|----------|
| 161 | 1 | 75 |

THE CHRISTIAN PSYCHOLOGIST SURVEY

(Answers given by CAPS participants)

1. Please describe how you believe clients change in psychotherapy.

1. Through active listening (being attentive and focused while thinking about what is being said) / Applying counseling approaches to presenting problems.
2. Some insult to a person's balance/equilibrium allows them to access input from respected others to change their thinking, feeling, and behaving, without feeling wounded and continuing their typical ways.
3. Pain drives a person to request change or initiate change. Develops openness to resolve pain by new feelings, thoughts, and behavior. Inner resolve of person to make a difference. New patterns sustained long enough to be incorporated into style of life.
4. By making better choices
5. The client desires change, and the therapist provides the necessary tools, skills, resources which the client may choose to employ.
6. Clients change through gaining awareness, insight, and adapting these differences in their view of God, self, and others.
7. Clients change secondary to a confluence of several factors including: 1. feeling understood. 2. gaining a more effective cognitive framework in which to think and choose. 3. catharsis and understanding of emotions and 4. enlightenment via Holy Spirit in their heart/soul.
8. "Broken" enough emotionally and spiritually that they are motivated to learn better coping skills, healthier views of self, relationships and God.
9. Accepting responsibility to change what they can, do their "homework," and seek God (leads to more effective and quicker change) for help in the process.
10. By intervening on spiritual, psychological, physical, and social levels.
11. First, I think they have to want to change. Then once trust is built, there's the need to seek insight into the cause of the problem. Finally the client is to choose to change beliefs,, behaviors and/or find peace with their feelings.
12. Primary source of psychopathology: fixation in childhood due to familial and environmental trauma, poor parenting, crisis in family of source, increasingly choices of good and evil, normal/abnormal yielding to temptation to violate God's laws and rules.
13. They become more aware and free to act, think, feel for themselves. They become more free to be themselves.
14. Combination of clients will, therapist education and guidance, both receiving direction and power from Holy Spirit.
15. When the "truths" they know or come to learn are put into action, so they have a changed behavior pattern. Behavior change precedes feeling change.

16. In the presence of the Lord and a psychologically well-trained and healthy Christian Psychologist the individual can come to terms with those areas in their life (wounds, beliefs, behaviors, emotions) which interfere with growth, health, and change.
17. Learn how to solve problems, manage stress, express emotions more constructively; increase self-esteem.
18. Various change agents: Exposure and R.P./ Work toward truthful cognitive change; Positive relationship with therapist. Strong spiritual motivation — leading to repentance (changed mind).
19. It is a complex process which involves human commitment and disciplines in the context of a relationship. Ideally the relationship involves participation of two persons and God, especially God The Holy Spirit.
20. Through increasing their level of “differentiation” (Bowen) i.e., reducing their blame of others, working on themselves and connecting less anxiously with significant others.
21. Clients change positively when they open (act of will) their “heart” (inner most self) to God and His people (C/R, pastors, laity) to embrace God’s truth (Scripture and personal truth) and reject, renounce, & repent of the embracing and acting upon untruth of all types. God (H.S.) changes “hearts.”
22. They shift (with repeated, small steps practice) from alarming, maladaptive, unproductive thinking to reassuring adaptive productive thinking.
23. Corrective emotional experiences, insight, instruction, inspiration of the Holy Spirit.
24. Through giving up control to the Lord and asking Him to show the way through a problem and into insight as revealed by recognition of the repetition compulsion.
25. Clients change as they recognize the failure of their lifelong strategies to cover over and compensate for the pain of their past, and instead rely more fervently upon God.
26. By being willing to 1. learn new ways of thinking about self and their situation (reframing) 2. applying new thinking and behavior and finding that it works better (in some important way).
27. Perspectives develop, attitudes change, plans and actions change.
28. Insight, behavior, cognition, spiritual renewal.
29. Covenant agreement to meet each other, exchange perspective information, clarify issues, apply alternatives, persuasion, and a large helping of actual grace—
30. They decide they need to. Usually they are in some degree of pain/discomfort. The psychologist facilitates change. The must relearn thinking patterns and emotional issue need attention in various ways.
31. It hurts more to stay the way you are than to take the ... and steps to change. Also, corrective emotional experiences (Yalom) with therapist, modeling.
32. By changing attitude, gripes, and behaviors which lead to changes in relationship and healing of past hurt.
33. By the release and cognitive binding of emotions within a safe nonjudgmental relationship. By translating feelings into words the person has the opportunity to examine, choose and master themselves with God’s help, rather than acting destructively.
34. Through faith and hard work, persistence, and willingness to learn.

35. Increased insight/awareness; work of the Holy Spirit; maturing process.
36. Assuming a therapeutic relationship - and prayer - clients who change are those who "behave" in a different way. Through actions, attitudes, or whatever.
37. Personal insight and motivation.
38. Various motivating factors including discomfort/pain with the way things are; setting clear goals and steps toward them; the therapeutic value of the relationship; and cognitive restructuring.
39. Gradually!
40. In the safety of an empathic connection. They gain insight into historical sources of pain and they learn new strategies for responding to current life issues.
41. Primarily through the relationship with the therapist - i.e. through having a new and positive relational experience with an emotionally significant person (therapist).
42. Unconscious becomes conscious allowing for informed choices.
43. The therapeutic relationship.
44. Relationship > Nondefensiveness > Awareness of problem > Desire to change > Guidance/encouragement to change > "Practicing" change > Feedback > Actual change with feedback.
45. Cognitive shifts, Behavioral skills learned, Could include spiritual insights, learn to relax, physically it could be the use of medications to help.
46. Develop new constructs - skills for living.
47. They begin by understanding themselves & what contributes to their issues. Then learn how to better deal with the issues in a more Biblical way.
48. I believe a person changes because of their hope/motivation to be different and their openness to risk trying different ways of acting or thinking which is practiced in the therapeutic relationship and then other places.
49. Stronger sense of purpose. Less reliance on world for feelings of worth and self esteem. More active in community in giving and receiving from others.
50. Change happens through: Their level of motivation (internal &/or external). Degree to which person feels "safe" & accepted by therapist. Equipped with new skills, etc. to be empowered & effective in life.
51. Discontent > awareness > Discontent > Exploratory Change behavior > Increased awareness > Positive change (Consolidation of change) or Non-productive change > Discontent.
52. Clients modify their behavior permanently only as the Holy Spirit of God brings connection to their lives and they, in turn, yield to the Holy Spirit's bidding.
53. Felt need, information, conviction by Holy Spirit, desire to be obedient.
54. Through acceptance of their real selves, their best selves, but no tolerance for "bad" behavior. Through information about how God built humans to function.
55. Insight; acceptance; application.
56. Through development of an effective relationship and application of appropriate clinical techniques, as well as the healing ministry of the Holy Spirit for Christians.
57. Through persuasion, teaching, insight.

58. Mainly, when their need for relief or effectiveness outweighs their need for "control" via maintaining status quo practices or beliefs. Also, feeling secure enough in acceptance of friends &/or therapist to face risks & exploring untried paths.
59. By overcoming their inner woundedness and taking steps towards holiness and active behavior change.
60. Change toward the positive is authored by God and is possible only through distinct effort to seek after truth and reality and incorporate them into one's life.
61. Through new understanding of self defenses and how they can be different. Making a decision and trying out new behavior or beliefs.
62. Through focusing on God's truths rather than their own beliefs, folks begin to see how their own beliefs are false and make efforts to live as if what God says is true for them personally.
63. Holy Spirit works through hearts/behavior practice to effect change.
64. By having a healthy relationship with therapist. By increasing self-awareness. By taking risks to try out new ways of relating to others.
65. I could write forever!
66. In the context of a supportive relationship clients can examine their thoughts and feelings and measure them against accurate perceptions and truth. The Holy Spirit is the author and inspiration of the truth.
67. As cognition changes, each client can make rational choices about their behavior.
68. I believe that change occurs primarily through the medium of the therapist-patient relationship. The focus may be on behavior, relationship or inner change, the Holy Spirit may ultimately be the change agent, but the relationship is a necessary condition.
69. This is much to complex a question to answer (except glibly) in 10 - 15 minutes.
70. The change depends on the client and the problem (goals). The Holy Spirit brings needs to the individual's attention provides resources as tools, and gives the power. Change on one's own without God, is usually not possible.
71. Client must accept problem - be motivated to resolve problem. Therapist must build a caring - trusting - professional relationship. Awareness of facets of problem - awareness of alternative responses.
72. People change as they find themselves doing the same unhealthy behavior and use a healthier response. As a person learns to accept their humanity without condemnation it is possible to act differently (Rom. 8:1).
73. By taking responsibility for their own issues and choosing to make different choices in their lives.
74. Client's motivation to change.
75. Clients change as a function of their will to change, their willingness to work with the therapist and their allowing God to work with them.
76. Depending on the client, some change with the passage of time (would have changed without therapy), some because they are supported, some because they learn new options, some because they develop new insight and/or find wounds healed. Most are some combination.

77. Insight, expressing verbally what seems too horrifying to express, to have a witness to their experience who is empathic, the work of the Holy Spirit & grace of God.
78. As they give verbalization to their problems and answer are sought and support given in a Biblical perspective - the Holy Spirit can bring healing. >Action>Feelings>Thoughts>.
79. I'm not sure.
80. Clients change many ways. Sometimes insight leads to clients making new choices. Sometimes they learn new skills so they can change their behavior. Sometimes they gain a new perspective and are OK where they're at.
81. The experience of a caring relationship (affectively and cognitively) with God, self, and others (e.g. the therapist initially).
82. Develop insight into dysfunctional patterns in their life & alternate healthy coping strategies to effectively handle them.
83. God does it, primarily "from the inside>out." Psychospiritual seed-planting, ground-breaking, watering with encouragement. Being with others in their pain, providing wise counsel as appropriate.
84. Multi-faceted reasons. Some of most common: (1) high self motivation (vs. coercion) (2) well-trained psychologist who is flexible in approach (3) Client-therapist "fit" (i.e. all my clients specifically seek me out as a Christian. (4) God's grace.
85. People are transformed to the degree that they perceive that the shed blood of Jesus Christ is the total payment for sin, freeing them therefore from the anticipation of hell and into fellowship with God.
86. Slowly: As basic thinking and reactive patterns to life change.
87. Relationship between client & therapist providing environment for change - trust & helping sort out options & feelings being worked through.
88. They change the way they see themselves & the way they see the world & then how they act or react in the world.
89. They see or feel a need to change and then actively try to change once they decide to change and commit to change.
90. Through engaging in a therapeutic relationship that provides corrective experiences to past hurtful relationships and in the context of the therapeutic relationship to reframe distortion thinking about themselves and the world.
91. Through the grace of God primarily through the Holy Spirit & working through with counselor, through changes in thinking/behavior after illumination of problems, confession, repentance, forgiveness.
92. People find that it is safe to change their definition of self to include new beliefs, attitudes, and behavior.
93. Accept responsibility for change - Seek God and walk with Him - Do homework, be involved in process - Work on issues outside of therapy, practice with therapist.
94. Partial Recovery = symptoms remission & return to pre-morbid level of functioning (secular pts. still unresponsive to the message). Full Recovery = relationship with God through Jesus restored or established.
95. Self-discovery with attendant change of what is undesirable & growth of self.

96. Change happens in different ways. Typically it involves, at the human level, a combination of awareness & planful action toward behavior change. At the spiritual level, God's spirit empowers change.
97. A caring empathic therapist, talking (The C.) working on changing. A directive therapist, a willingness to see what the problem is, prayer and desiring to have a closer walk with God and doing what is said scripturally to do so.
98. I help them change both their beliefs and behaviors to be more effective. We question assumptions about the world that keep them stuck.
99. Mostly in small steps as clients gain progressive understanding of the effects of their own attitude & behavior - on self, others & God.
100. Given adequate motivation, clarification of problems and options, a professional in the role of helper, and through the grace of God, clients can change.
101. Exploration > insight > taking responsibility > grieving > practicing new behavior. Developing new skills. Enabled by the Holy Spirit.
102. People change as they are given acceptance for who they are now which takes place by active listening with empathic responses, once given freedom to be who they are then they have ego strength to choose to be different.
103. By gaining new understanding of past and present beliefs through exploring emotions, relationships, and thinking patterns.
104. Awareness of their faulty thinking patterns - perceptions, interpretations, assumptions followed by development of more healthy appropriate ways of thinking.
105. -
106. Some change via learning new thoughts and behaviors. Others learn via insight. Others change via the healing power of God in the relationship.
107. By better understanding of themselves, life, and God.
108. -
109. Changing behavior, changing beliefs, assumptions, attitude.
110. By God's grace. Through positive regard (empathy). Through understanding the dynamics (contributing factors) of their situation/problem.
111. Change in thinking/feelings lead to behavior change. Change more possible for Christians via Holy Spirit whose fruit includes self-control.
112. Thoughts challenged & emotions reframed = Preparation for repentance a changed mind/hear that issues reconciling behavior
113. The Holy Spirit's work on hearts as actuated by the therapeutic relationship, and stabilized/concretized by relational & lifestyle changes indicated as necessary through the counseling process.
114. As they surrender themselves to accept the truth in what can their problems may be.
115. Getting developmental needs met which had previously gone unmet. Deeper understanding of God's friendship and love & mercy.
116. Primarily due to the therapeutic relationship irrespective of the therapist's paradigm. Secondarily due to insight.
117. Face the truth. Conformity to Biblical principles.

118. Clients change when they can believe an alternative thought to the one that controls their dysfunction at the time they are entering Tx.
119. Change beliefs which change emotions and behaviors.
120. The healing power of God as experienced in a caring relationship which may impart specific knowledge, teach skills, or help in self-awareness.
121. By making decision to change with the active participation of an involved therapist.
122. The therapeutic relationship provides a bridge of hope, offering new perspective from which to examine beliefs (often learned early-on) and change behavior/ emotional response.
123. Clients generally change, in my opinion, via a 2-step process: a.) Recognition of schemas contributing to hiding. b) an acceptance of their humanness, i.e. their "badness."
124. By dealing with "root" (causative sources-origins of psychopathology, accepting their own "good" and "bad" in an integrative way, by receiving and appropriating God's forgiveness to themselves and others in a transformation.
125. Chip away at things.
126. They identify the need to change, are motivated to pursue change, initiate action to change in consultation with a competent counselor, comply with a healthy treatment plan and recognize change, building in changes to their lifestyles.
127. Changes in cognition, correction of distorted beliefs.
128. They develop relationships with others - with God involving their real self.
129. Changing cognitive structure.
130. Cognitive Behavioral perspective - Change in belief systems and appropriate behavioral adaptations.
131. In the context of an accepting relationship, clients are better able to begin accepting the reality of, understanding, & beginning to change their ineffective attempts to control & manipulate others.
132. Gaining increased insight into themselves, their relationship to others & the interaction of the two.
133. Therapy provides a safe, supportive space for self-examinations. As a therapist, I believe that I minister the love of a God in a way that is psychologically and spiritually meaningful to the client, allowing healing in the areas which have blocked their full response to God's grace. It is led by the Spirit. Cognitively, through a shift in perspective. Affectively, through becoming free from old emotional hooks. Spiritually, through experiencing the Self as precious in relationship.
134. Through a safe, meaningful containing relationship which allows transferences to surface & be worked through.
135. Through increased self-awareness, through self-disclosure with a trustworthy, and consistent therapist, through increased ability to make choices, through healing of emotional wounds.
136. Change of perceptions re; Reality & subsequent changes of cognitions.
137. Client motivation facilitated by empathic therapist using specific techniques empowered by the Holy Spirit.

138. By understanding the psychological (including spiritual) forces that influence them negatively, then developing personalized remediation skills to change in the manner they choose.
139. Change comes from the clients changing their internal belief systems either through insight or direct experience in the world.
140. Context of safety and cognitive change. Clarify goals & values and experience with living differently.
141. Three primary ways: 1)"finishing" traumatic experience so that it can be stored in normal memory 2)becoming aware of and integrating "disowned" material 3)experiencing shifts in cognitive belief system that facilitate congruent experience.
142. Clients change when they are graciously exposed to God's truths regarding psychological function, and are sufficiently motivated by pain to conform their lives to that truth.
143. Big Question! Clients change for better by the grace of God within the context of a trusting relationship. Clients can change by learning skills or simply experiencing increased security and encouragement to take risks. Change is somewhat of a mystery and is ultimately the result of the blessing of God.
144. Through re understanding themselves and their lives, through changing their attributions and attitudes and through refocusing their thinking and emotions (through relaxation & cognitive changes directing emotions).
145. By mobilizing their resources & helping them to use their strengths to modify maladaptive behavior patterns; by changing their thinking.
146. They change and/or discovery of new beliefs and behaviors.
147. Insight/understanding and the relationship.
148. Through exploring themselves in the context of a safe supportive relationship.
149. New understanding of self & others, safe environment with affirmation, work of Holy Spirit, taking risks.
150. A combination of things: Holy Spirit, gaining awareness as to why we get the way we do. Empowering cl. to change. Empathy.
151. Through the effects of a disciplined, loving relationship.
152. Motivation to change. Take discomfort for God for healing.
153. Clients change the same way children grow - by God's design and natural process. Psychotherapy aids in correcting processes in their lives - physical, emotional, cognitive, relational, and spiritual - that may impede growth.
154. Growth of insight, change of habits, modify behavior.
155. Skilled therapists help clients discover what they're excluding from awareness & support strengthening of their ability to handle it.
156. Through the power of the Holy Spirit working through a loving therapist.
157. They are able to perceive situation from another angle which releases. Hope which energizes them toward action. Cathartic value of shared emotions is encouraging & helps client grasp problem in way that is empowering to formulate solutions.
158. When alternate solutions are found to be better. When the rule structure of lives is changed.

159. **Motivation for change; condition amenable to psychotherapy, acceptance of diagnosis and hope/expectation condition can be ameliorated.**
160. **Cognitively, through modifying thinking process, affective through corrective emotional experiences, internally through a healthy relationship with therapist, spiritual through intervention of the Holy Spirit.**
161. **When a person or persons feel deeply understood and valued and I draw on my experience and training, we will be able to understand or find solutions together for the problem at hand and directions for further growth.**

2. List the most “active” or powerful components of effective therapy.

1. Client’s openness to counseling (genuine willingness to examine his or her problems in a counseling context)/Therapist’s ability to “connect” with or relate directly to the client’s way of reasoning and problem-solving/Therapist’s ability to motivate client to alter perspective and take steps to change.
2. Therapist who actively communicates interest, hope and involvement / Client who is seeking direction for change and willingness to change to interaction of mutual respect.
3. Relationship with therapist/Perceptual or belief system changes/Pain/Empowering client to move from victim role/ Skills taught (developmental) that were missed.
4. Relationship with God/ Capacity for insight/ Courage to make tough choices.
5. The relationship between client and therapist which recognizes the spiritual bond between believers.
6. Building a vibrant, healthy relational alliance that will encourage trust and commitment to change. Also, a therapist who is willing to monitor oneself and address the dynamic aspects of a therapeutic relationship.
7. Active listening/ Rapport/ Compassion.
8. Healing power of relationship — between therapist and client and between client and the Lord.
9. Love (feeling accepted and care about and not judged, enables the client to examine themselves and take responsibility for their choices? and the Holy Spirit’s help (via prayer)/ Clients openness to receive God’s help are key factors. The truth is also quite powerful and critical to effective therapy, including Biblical truth and principles.
10. Spiritual wholeness.
11. The alliance between the therapist and client fostered by the therapist listening and accepting the client. Honesty. Good boundaries. Safe environment.
12. The relationship (transference/countertransference) with the therapist; training and skills of therapist; therapeutic contract fits needs of patient, power of healing Holy Spirit in the transaction.
13. Accurate listening/ Accurate diagnosis/ The ability to track and stay with the client.
14. The maturity (object constancy) of the therapist and the quality of the therapeutic relationship from the therapist side.
15. Openness to change on client’s part.
16. The interactive presence of a psychol. well-trained and psych. healthy Christian therapist.
17. Empowering clients by listening to the, providing feedback, suggesting alternatives.
18. The Holy Spirit leading to repentance and renewal.
19. Common factors/ Therapeutic interventions/ Divine action through the Holy Spirit and means.
20. Client motivation/ Level of differentiation of the therapist/ Experience and expertise of the therapist.

21. Coming along side client (empathy, mercy, long suffering). Cognitive restructuring when client as opened his/her "heart" to change. Leading to repentance and faith with action. All in context of prayer. Both the c/g process in constant prayer.
22. Practice, practice, practice.
23. Individuation, clear understanding
24. Intuitiveness of the counselor/ The counselor' listening to directions from the Holy Spirit (this is not apparent to the client).
25. The therapist-client relationship is the main component in which the client learns to apply Biblical truth to their lives, and through which the Holy Spirit provides wisdom and power.
26. 1. Pt motivation and openness to change. 2. Personal/Professional characteristics and skill of therapist.
27. The quality of the relationship between therapist and pt. the willingness to act "as if."
28. Therapist / patient relationship toward correct interpersonal/emotional experience.
29. Therapist existential availability to the client. Objective, professional and compassionate therapist truths/ Shared worldview, slated with seeking.
30. Listening, paraphrasing, pulling out/ identifying the proper feeling. The client experiencing, giving cognitive feedback, teaching boundaries.
31. Insight, seeing things a new way, seeing new possibilities, practicing healthier relating.
32. Therapist/client relating/ God - client relating.
33. The relationship between client and therapist/ The ability to release and analyze emotions/ The commitment and faith of the client and therapist in the process.
34. Calling mission to heal/help others, faith and patience, caring, authenticity - of therapist. Patient following biblical paths.
35. Awareness and the Holy Spirit.
36. Unconditional positive regard (loving as Christ commands). Exploration of all possible hindrances to change. Empowerment of the client through Holy Spirit.
37. Compassionate therapist, Holy Spirit, practical wisdom
38. The therapeutic relationship - interpersonal dynamics.
39. Client's motivation to change. Client's ability to face themselves. Client's ability to persist and work at it. Therapists empathy, knowledge and skills.
40. Factors in me: Close fellowship with God sensitivity to His voice. Falling into step empathically. Being open to a heart to heart connection. Factors in client: Seeking wisdom, guidance, insight from God, more motivated to grow/ heal than to avoid pain, Open and honest in therapy.
41. Empathy. Understanding experienced by client. Therapist "containing" disturbing affect.
42. The analytic relationship to therapist
43. The transference within the therapeutic relationship.
44. Unconditional acceptance, the strength of the relationship between therapist and patient.
45. A patient that is capable and ready to learn; a competent therapist who can use a model to assist a person.
46. Rapport and effective confrontation

47. Caring relationship with a Christian counselor/ Biblical direction
48. Relationship which is perceived as accepting and affirming. Cognitive restructuring - helps the patient make sense of their experience. Appropriate emotional expression.
49. Prayer - for those who are comfortable. Acceptance and listening. Encouragement.
50. The quality of the therapeutic relationship. Empowering the client to make needed changes.
51. Therapeutic relationship, personal spiritual resources of client (i.e. Relationship to God, Maturity of faith, Grasp of Scripture, support/fellowship, etc.).
52. An openness to the Spirit of God's bidding by both therapist and client. This usually involves conviction of sin within the client, followed by repentance.
53. Clear identification of the problem(s). Problem solving tools, client motivation.
54. Love in the sense of Christ's love flowing through the therapist.
55. -
56. The actual presence of the Holy Spirit; a good, mutually developed therapeutic alliance; good healing ability and style are the part of the service provider; appropriate and effectively applied clinical procedures/techniques.
57. Teaching of healthy coping skills which assist clients in dealing with the stressors that exist in their life.
58. Jerome Frank's "common factors" of all therapies: Trust & comfort in relationship with therapist. Also, therapist's ability to "join with" clients' worldview & language to make sense for client. Don't rule out factors external to the therapy, too.
59. The Holy Spirit; a skilled, sensitive therapist.
60. Relationship is the most important element; motivation is the next important; insight; openness (non-defensiveness); and clear goals are also important.
61. Relationship. Trust and openness. The therapist-client relationship with a commitment to honest, non exploitive dialogue.
62. Having a close, intimate relationship with Jesus Christ, a body of believers, Christian mentors. Knowledge of the Word, Active prayer life, Focus on God's truth as it relates to the individual's pain and hurt.
63. Motivation, faith, self-efficiency, practice of new skills and ways of coping, "insight."
64. Interpretation - Properly timed and meaningful to client. Psychologically healthy therapist. Willingness of client to risk changing.
65. I could write forever!
66. The therapeutic relationship.
67. Beliefs and values. Reliable scientific information. Positive choices for future behavior
68. Genuineness, honesty & truth. Confronting in love. A therapist containing the split-off aspects of the patient's mind so they can be re-integrated.
69. Unconditional positive regard, accurate empathy, congruence, & the grace of God.
70. The therapeutic alliance in which the therapist acts as God's spokesperson.
71. Client-therapist relationship must provide "trust" and confidence in the procedure. problem awareness & problem resolution strategies must be specific - do-able - rehearsable and provide immediate feedback to client of results.

72. The most active component is the relationship between therapist and patient - change occurs within this process - a theory is more clear cut than a science.
73. The therapeutic relationship; internal or external locus of control (internal bring more significant toward a positive result in therapy.)
74. Therapeutic alliance or relationship, working through and understanding transference issues.
75. The relationship with the therapist, God, others, etc. Techniques, application of theory, etc.
76. The "person" of the therapist. Active listening. Therapeutic approaches/methods/interventions.
77. Empathic listening, thoughtful feedback, therapist nondisclosure, trust.
78. God is primary leader & counselor is his agent. Techniques are Biblical
79. Respect, empathy, warmth, shared values
80. Therapeutic alliance - the relationship. Client's positive expectations for outcome. Client's motivation for change.
81. Empathy, awareness, safety, trust.
82. Mobilization of impact of the problems on their everyday living - instilling of Hope - internalization of processes (variables) contributing - behavior Cognition adjustments to take back control of their life.
83. Required >(1) Trust by client in therapist &/or process (esp. that God is in it). (2) Unconditional acceptance/love from therapist to client. (3) Shared values & beliefs. (4) Application of truth to false ideas.
84. (1)Therapist pays attention to clinical research for specific issues (2) Client be self (vs. "other") motivated, & therapist confront resistance.
85. Conveying the simplicity of the gospel message that relieves the guilt that causes psycho pathology. Clients can perceive themselves as forgiven, pardoned at the deepest level and will eventually love God and neighbors.
86. A caring & healthy relationship in which the most important life qualities can be examined.
87. Client/therapist relationship.
88. The work of the Spirit of God. A relationship & trust that with the therapist. A model of energy that understands how to help people mature.
89. The client desire and willingness to change. The client feeling genuinely liked, affirmed, accepted by the therapist.
90. Warmth, genuine caring, support, challenge of distortions, an emotional holding environment, active engaging with client.
91. Presence of Holy Spirit ability of client to forgive in truly Biblical sense, ability of counselor to convey acceptance / unique value & identity of client founded in the Lord.
92. A relationship of mutual respect. Quality of contact.
93. Working together to determine direction of the Holy Spirit. Client journals, reads - seeks God's will for each step. Client faces issues and their part in dysfunction.
94. Healthy "balanced" faith of therapist. Good mental health of the therapist. Adequate & broad training.

95. Loving, accepting atmosphere. Therapist skill. The will of the client to change.
96. Insight; cognitive confrontation & change; emotional recapitulation; prayer.
97. The empathetic, but directive therapist combined with a client willing to see the problem and work on it.
98. Instilling hope that change is possible and worth the risk; Reframing how they see things in their world; supporting them through the pain of current or past hurts.
99. Hope, a "death" change plan, insight, The Spirit's prayers & guidance.
100. Change, the relationship, the client's motivation.
101. Empathy, good listening, acceptance, confrontation, providing information & education & training, prayer.
102. Relationship is key. Truthfulness, empathy, & congruence of the therapist words and interventions.
103. (1) Relationship (2) Affective expressions leading to changes in cognitive schema. (3) Positive expectancies.
104. Relationship with therapist. spiritual, as well as human understanding, directed by Holy Spirit.
105. -
106. 1. New skills acquisition. 2. Listening - freedom of letting go/venting, leading to sense of freedom. 3. Removal of barriers to the Holy Spirit.
107. Being hear/listened to carefully & well. Being accepted/loved. In-put about one's personality, life, and God.
108. -
109. Motivation, desire to change, pain, hope.
110. Cognitive restructuring. Understanding of the dynamics of their situation - insight
111. Listening. Relationship. Changing thinking patterns.
112. Written word, spoken word, lived out word.
113. The therapeutic relationship. The therapist's self-awareness. The therapist's communication with God, both generally & specifically in a given counseling encounter. Effective repertoire of counseling techniques.
114. The relationship. Humor. Prayer with those who do believe.
115. Therapist's own person. Therapist's relationship.
116. Being attended to (listened to, heard, valued, etc.)
117. Holy Spirit. Safety. Motivation
118. Holy Spirit. Therapeutic alliance.
119. Most - when clients open to Word of God & power of God to change & heal. When limited non-Christian - cognition.
120. Caring relationship: listening exploring & understanding, teaching, expecting change.
121. 1. Instilling hope. 2. Conveying to the client you believe in them.
122. Therapist integration, as a vehicle for the Holy Spirit to work through. Installation and maintenance of hope. Patient-therapist bond in relationship.
123. 1. Grace of therapist. 2. Transparent relationship. 3. Empathic understanding.

124. Trust of and internalized sense of caring by the therapist on the part of the client; i.e., healing is transmitted by and through the relationship.
125. Focus.
126. Elimination of defensiveness, fostering of humility & forgiveness, building Hope for initiate and sustaining change.
127. Cognitive changes
128. Patience, acceptance, accountability, transference relationship, long term stability.
129. Caring - teaching - developing strategy for
130. Relationship with therapist.
131. Acceptance ("unconditional positive regard"). Confrontation.
132. Recognition of their position in Christ & integrating the knowledge to their daily lives.
133. To mirror the client through the eyes of Jesus - that they may begin to see themselves and their lives as meaningfully connected to the essentials of life - that out of that they may freely explore their values and relationships and come to new choices.
134. The accessing and catharsis of "stuffed" feelings; a safe place to experiment with new ways of being & relating to others.
135. The client/therapist relationship, consistency in the therapists' approach or theoretical orientation, installation of hope, a sense of God's unconditional love and acceptance.
136. Experiencing Holy Spirit seeing God (Christ) for who they are.
137. 1) +Collaborative relationship 2) Client motivation & openness to transformation/change 3) active therapist 4) use of client's beliefs, values, and attitudes.
138. Receptivity to change, willingness to risk, cognitive understanding, desire for improvement.
139. Self-awareness, self-understanding of belief framework, Experience with changed actions which lead to changed beliefs.
140. Love, encouragement, challenge.
141. A clear, non-reactive (or perhaps "non-critical") awareness of the various components of a person's situation ("Being seen").
142. Expression of grace. Expression of Truth. Character of Treatment relationship.
143. Trusting relationship with therapist. Hope - belief in therapist's knowledge & experience.
144. The relationship, cognitive & attitudinal changes and learning coping skills, all of which the Holy Spirit can affect and impact.
145. The client-therapist relationship; reframing the problem.
146. Insight and self-confrontation.
147. Insight/understanding Relationship.
148. Relationship.
149. True empathy, unconditional love, intimacy, all guided by the H.S. & therefore the faith of the therapist.
150. Empathy, reestablishing relationship w/ Christ. Challenging cl's neg. thoughts/acting. Using Socratic questioning. Supporting client in process of change.
151. (1) The person of the therapist. (2) Client's expectations (3) Therapeutic frame.
152. Hopeful faith in God. Ability to see the truth.

153. Can't be answered - like asking which leg of a chair is most important. Effective therapy required spiritual empowerment, caring, wisdom, and ethical commitment by the therapist.
154. Insight, empathetic support, altered reinforcement, structure, connecting meaning to behavior and feeling.
155. Skill of therapist, safe environment.
156. The therapist's capacity to understand love and convey love through personality.
157. Relationship w/ therapist, helping clients clearly identify goals & what change would look like, helps them understand realistic expectations for change / helping client redefine situation & events from Godly perspective.
158. Empathy - Specificity of goals - Understanding - Commonalities between client & therapist.
159. Rapport / therapeutic alliance; instillation of hope.
160. Cognitive reappraisal, corrective emotional experiences, a healing relationship, & the work of the Holy Spirit.
161. Being in relationship, experiencing oneself and others differently, developing insights and thinking differently, experimenting with new behaviors.

3. What components make counseling explicitly “Christian?”

1. Assessment of client’s relationship with Jesus Christ and client’s development in this relationship through prayer, Bible study, scriptural application to life’s challenges and trials, trust and belief in God through Christ and Christian worship and fellowship.
2. The interaction between therapist and client acknowledges truth is from God and that His grace allows change to occur.
3. Prayer/ Truth really sets the person free/ Interpretation of Biblical/Psychological concepts/ Vision for self and world that goes beyond this world/ Principles of counseling founded in Biblical principles.
4. -
5. Use of Scriptural foundations for intervention, recognition of authority of the Word/ Therapist as a vessel used by God to enable the client to break free of any bondage.
6. A therapist who is motivated to seek God’s truth and is willing to integrate “Christian” principles when they are evident in the therapy.
7. Colossians 3:17 says “Whatever you do, do it for God’s Glory.” Christian therapy is at heart therapy that honors God, regardless of the style/school. As a rule it would necessarily include good work ethics/business practice, professionalism, responsibility, self-sacrifice, etc. “Face value ‘Christian’ Therapy” would include as necessary prayer and scripture out right.
8. Christ-centered focus in the conceptualization and empowering process.
9. Based on Christian values and principles --- The Word of God, etc./ The work of the Holy Spirit more evident ---invitation through prayer/ The character of the counselor --- compassion and love shown.
10. Scripture and prayer
11. First that both the counselor and client are Christian (Share Christian assumptions about God, people, forgiveness, etc.). Then both seek the wisdom of God and intervention of the Holy Spirit through prayer. In addition, Scripture and its’ principles are used for healthy change.
12. While the therapist has skills of Freudian, Rogerian, Skinnerian psychological abilities, the Christian concern for the patient; plus the bases of therapists world-view based on Scriptural Christian TRUTHS.
13. No component makes counseling Christian. The Christian The Christian element of Christian counseling is the faith, things unseen, present in the people together in treatment.
14. Christian worldview and assumptions as to goals and “means’ (maturity and integrity to get there) Godly and biblical goals, and godly & biblical means to reach those goals.
15. Using Biblical principles (may be consistent with secular research) and acknowledging Source of the principles.
16. The acknowledgment, implicit or explicit, that ultimately all gifts & healing & Growth comes from the Lord through the interactive process of therapy.
17. Recognizing and promoting role of faith and religious practice in everyday life and in recovery.

18. Understanding and dealing with the impact of a renewed spirit and mind on mood, thoughts, and behavior.
19. Christian worldview, values, faith, and calling of counselor and goal of service to God and persons are primary. Using spiritual techniques and addressing religious/spiritual topics as secondary.
20. The extent to which the therapist is non-judgmentally empathetic, and wise
21. The desired goals are purely in line with God's stated purposes as found in His Word for man and His assessment of man's condition.
22. The Christ in my heart that allows me to bracket (set aside) my own needs, wants, desires and serve my client and the client in movement toward health (Christ).
23. Content and dignity with which client is treated.
24. The belief of the counselor/Not the setting.
25. The recognition of our dependence upon God and His Spirit to overcome our attempts to "heal ourselves" independent of Him.
26. The worldview of the therapist and pt. being Christian. Use of Biblical teachings, allegories, metaphors to assist growth.
27. A developing grasp of what it means to "be Christian" and imitate Christ on the part of the therapist and client.
28. Prayer and scripture
29. Christian world view, perception of Jesus as the model for mental health, true wholistic integrity of mind, body and spirit, with goal to please God.
30. the viewpoint and values portrayed by the therapist/ prayer, use of Scripture/ God (H.S.) are present in the process.
31. One of the 2 are Christian and goal is openly to be more Christlike. Foundational belief that being more Christlike is being more healthy, integrating and supporting psychological principles that are found in God's word. Openness to discuss psychological experience of Christian issues.
32. Christ centered world view/ Therapist and client.
33. Counselor attributes: Belief and dependence in Jesus Christ as counselor and Savior. Silent intercessory prayer for each client & for the process. Exploring client's spiritual thoughts and feelings. Helping client focus on the still small voice within, & their response to it.
34. Belief in healing partnership between Christ/ Holy Spirit and therapist, faith in possibilities of healing, spiritual concerns, prayer life.
35. The integration of the Spirit into all aspects of the therapists life including the therapy process.
36. Use of the Bible as guidelines. Prayer as intercessory and personal. Believing God has a plan for your life and will lead you in it if you trust Him.
37. Use of Biblical principles.
38. Interventions are consistent with Scripture; Client's Christian beliefs are value and incorporated; use of prayer.
39. Values, underlying prayer, hope.

40. Inclusion of spiritual and Biblical issues in conversation, exploration of client's relationship with God, praying together.
41. Discussion of all aspects of client's life in the context of relationship with God. Discussion of spiritual aspects; God image, conflict in religion with God. Discussion of client's faith from a psychological perspective.
42. For me: Context, I work at a church based center.
43. One's own values - "Who" the Therapist is!
44. I feel the only essential element is the therapists' awareness of and commitment to his/her own values (Christian), and how they impact one's counseling.
45. A Christian frame of reference by the therapist.
46. Understanding the language, constructs, personal discipline and world view of the client - utilizing a shared belief.
47. Focus of therapy being God's will in the client's life counselor/psychotherapists own relationship with God & keeping in God's will for his/her life.
48. I don't think of counseling as being "Christian" but rather spiritual - God answers an individual's request for help regardless of the name they use for Him or what their spiritual frame work is. Part of the therapist's job is to help the patient to hear and interpret the response.
49. Holy Spirit. Christ.
50. View of human condition consistent with Scripture. Centrality of God's grace to humanity in person of Christ and work of the Spirit. Utilization of the Bible, prayer, and one's faith in the therapy sessions.
51. World-life view of therapist. Reliance of Therapist upon spiritual truth/resources. Pre-eminence of Scripture as basis for understanding truth.
52. A therapist who employs the principles of Holy Scripture, prays with and for the client, and allows the Holy Spirit to operate. The juxtaposition of the client's natural inclinations with God's truth.
53. True view of the individual, Adequate model of treatment, model of therapy.
54. The therapist seeing the world and people as Jesus sees, and reacting to clients as Jesus would react.
55. Positions therapist takes on issues, Recognition of the importance of God and Holy Spirit in the healing process; willingness to discuss spiritual issues when appropriate.
56. Ultimately, I believe it should be a Spirit-filled Christian using relational and clinical procedures that flow from/are consistent with a biblical worldview and good general revelation application/knowledge.
57. The therapists' relationship with Jesus Christ. Christian living/therapy is about relationship, not a list of procedures
58. (Explicitly "Christian") Adverb implies openly acknowledged value system where 1) authority of Scripture is recognized & used in some way & 2) persons are encouraged by witness or modeling to consciously exercise some kind of faith in God's help.
59. God centered foundation.

60. Addressing spiritual issues, incorporating scripture into therapy, prayer (before, during, and after session) Recognition of the power & presence of God in session.
61. An underlying belief that Christ died for our sins and we can experience forgiveness and the power of new hope.
62. Focus specifically with a counselor upon God's truths and to correct their false beliefs with these truths (Christ-centered cognitive restructuring).
63. Operation of Holy Spirit with outward manifestation re: prayer, scripture reference, absolute values or guidelines.
64. Theoretical thinking is consistent with Scripture. Therapist is a Christian. Interventions are consistent with Scripture.
65. I could write forever!
66. The basis upon which the therapist and client established their truth, perceptions and realities. A Christian basis would be a biblical basis
67. Beliefs & values - "all truth is God's truth" and the role of faith in Jesus Christ as the author of the therapeutic process.
68. Acknowledging that it is ultimately God who is the source of good and change.
69. I don't know - certainly epistemology, techniques, and theory which reflect Christianity but again this is a very complex question.
70. While all counseling should (ideally) not reflect the counselor's value system, Christian counseling should reflect God's values - communicating eternal truths and God's Word as given us in Scripture. We have a model & framework.
71. Therapist values - guide selection of client strategies recommended.
72. Be able to quote scripture does not lead to change - rather the ability to reflect Christ in your life and integrate the practical approach of God's Word to life's everyday struggles.
73. The world view & commitment of therapist, use of scriptural principles.
74. Intrinsic "Christian" nature of therapist: God uses us, the therapist as a simple instrument and out of this compassion, empathy, kindness, an understanding posture is enhanced/possible.
75. Keeping the Lord's will for clients in mind, His absolute will (don't steal) and his permissive will (You choose your own wife, she should be a Christian).
76. See article by Roger Bufford. Mindset/faith of therapist, focus on specific biblical texts, prayer (with client if amenable & outside session if not).
77. Belief that God is a component of healing. Belief that true healing only comes when we turn to the state for which we were created - communion with God.
78. -
79. Assumptions based on scripture & specific Christian - based goals.
80. Use of prayer. Use of Biblical metaphors & use of Jesus Christ as role model. Use of client's relationship with God as leverage for change.
81. A Christian understanding of human nature, acknowledgment and active inclusion of spiritual resources such as prayer, Scripture, power of the Holy Spirit, etc.
82. Integration of biblical principles related to the areas of concern that motivated tx.

83. (1) (Shared) belief that it is God who does the healing/growth. (2) (Shared) belief in authority of the Bible as source of truth. (3) Agreement to share in issues related to (1) & (2), faith issues. (4) Focus on repentance > change, forgiveness > healing, trust in God
84. Faith of therapist and client. Holy spirits action.
85. Existential guilt is only cured by grasping God's gift of the atoning blood of Christ - as evidenced by the law, the prophets, and the gospels. Perception of being forgiven is key - "That is, forgiven at the existential level.
86. Full recognition of God's work in one's personal life and our response to that reality.
87. Prayer, inclusion of Christ working in their lives.
88. The work of the Spirit of God. Using Biblical principles. Understanding true maturity.
89. Openness to the spiritual rather than viewing it as a crutch or defense, The therapist knowing Christ personally and seeking his guidance and wisdom in the counseling.
90. Framework from which one works - belief in the power of God to change & to transcend human circumstances - patterns, and to offer forgiveness and mercy.
91. Prayer, counselor's openness to / reliance on presence of Holy Spirit, Scripture meditation / study, healing of memories.
92. Commitment to seeing God work through the Holy Spirit in the process of psychotherapy as defined above.
93. Seeking God's direction , prayer , God's Word used - Seeking to be led in session by the Holy Spirit.
94. Personal faith of therapist. Commitment to Christian principle in therapist's life & practice.
95. Use of Christian terms/values/goals. Prayer.
96. Reliance on God & acknowledgment of his working; use of prayer & Biblical principles in some way; operating from Christian assumptions.
97. First a Christian - born again - Christian who does not do what is not biblical, prayer with your client - Both Therapist & client listening to the leading of the Holy Spirit.
98. The therapist comes from a Christian world view and is known by the client to be Christian; If appropriate the counselor weaves Christian principles into treatment.
99. None - except God & the therapist's & viewing the client together - and caring. All "techniques" components can be found in secular methods. (Ethics are often better.)
100. Belief in Christian spirituality, faith, grace, Christian therapist.
101. Christian worldview, helping counselors develops relationship with church, prayer.
102. Therapy done by a Christian therapist working towards goals articulated by the Bible.
103. (1) Beliefs of the therapist re: spiritual matters and the redemptive nature of healthy relationships. (2) Freedom to discuss matters related to faith. (3) Counselor's personal use of spiritual disciplines.
104. Desire by participants to bring spiritual issues to the therapy context. prayer. Discernment by therapist and client to spiritual issues.
105. -
106. Verbal discussion of God and prayer. (Most therapy is implicitly Christian.)

107. Counselor: avoiding doing and/or advising what is antichristian, Doing what is Christian and consistent with Christianity, and praying for one's counselee.
108. -
109. Involvement with spiritual issues i.e. daily walk with God. He gives us reasons for living, living for Him, dedicating our lives to Him, accepting the givens and asking for grace & blessing.
110. Prayer for &/or with client. Reference to the Word.
111. Underlying philosophy & goals of counseling. Use of biblical principles, whether or not quoted from Scripture.
112. 1. Specific challenges to worldview 2. My relationship with Christ, my submission 3. Praying in Jesus name.
113. 1. A Christian world-view and lifestyle/practice by the therapist 2. Problem formulation that includes a Christian view of the spiritual nature of human beings. 3. Solutions that move a client closer to God. 4. Appropriate use of the Christian disciplines - Scripture, prayer, fellowship, meditation, solitude, etc.
114. Discussion of the pt.'s relationship with Christ and how that connection can empower them and soothe them.
115. Integration of psychological theory with Biblical assumptions/data. Therapist's own level of "integration" within his/her own life.
116. When the person's faith/spiritual life is involved in the treatment by a therapist operating within a Christian worldview.
117. Spiritual health of therapist.
118. Use of Christian approach to relating to a client and his/her problem.
119. Christian worldview, use of Word of God & prayer.
120. Our Biblical value system. Reliance on God to change through our own weaknesses. Explicit openness to discussion. Christian perspective. Use of prayer & Bible as appropriate to client. Caring that goes the "extra mile" as needed.
121. This world is not the final place for us.
122. Use of Scriptural references (verses or stories). Invitation of Holy Spirits intervention via prayer. Recognition of the adversary's role, where appropriate in compounding the problem.
123. Christian assurance, e.g. God and the Word. Christian values.
124. Attributing all "good" (i.e., love, truth, healing - growth) to God, as result of being his agent-emissary.
125. Using theological ideas sometimes.
126. Counselor's worldview/ Christian with commitment — Client's Christian worldview/Christian with commitment
127. Biblical worldview; Use of scripture; Recognition of role of Holy Spirit.
128. Faith in the saving grace of Christ. Obedience to the dictates of the Holy Spirit.
129. View of nature of man. Power of Holy Spirit in change. Operating from Biblical values
130. Value system from which one operates.

131. Prayer & Biblical references are 2 “objective” components. I believe on a more fundamental level that when the therapist has a personal relationship with God she/he will be better able to provide the client with the optimal balance of acceptance and confrontation.
132. Adherence to a Biblical position
133. The eternal perspective; relationship with the members of the Trinity as a basic focus; prayer; upbuilding of faith and hope; repentance & forgiveness as core action toward healing; moving into a fuller incorporation of how we are set free through the Atonement.
134. The mutual faith of client & therapist in the saving grace of Christ & mutual commitment to the teachings of the Bible.
135. A Christian worldview, a biblical understanding of humans and their behavior, a biblical understanding or conception of God, the mindset that God heals and restores lives.
136. Experiencing Holy Spirit. Seeing God (Christ) for who they are.
137. Overt use of Christian beliefs, concepts & strategies.
138. Realization that psychological health includes strong spiritual components in order to be at peace in our stressed world.
139. The faith & worldview of the therapist & the client which accepts a belief in the presence and work of God through Christ & the Holy Spirit.
140. Faith tradition, seeking God’s presence together, use of religious texts, devotional practices, encouragement of Christian community.
141. Being able to have the duality of both “seeing” and being “non-rejecting.” I believe this is the Christ in a counseling session.
142. Presence of Holy spirit in therapist & process . Presence of Biblical truth in content.
143. Application of Christian world & life view within the therapeutic context.
144. The focus on Christian beliefs, attitudes, attributions and behaviors. Values & faith of practitioner are overtly but also intrinsically Christian.
145. A therapist orientation which considers the spiritual aspects of the client’s life; framing the problem in theological terms; use of one’s Christianity as a resource.
146. Values underlying Christ’s teaching that place importance on transformation.
147. The therapists conscious & unconscious worldview - the extent to which it is biblical.
148. The Christian belief system & worldview of the counselor.
149. Characterized by mercy & compassion, explicit or implicit application of truth as revealed in Scripture, a sense of the redemptive process already at work.
150. Exploring one’s relationship w/ Christ. Surrender to God’s will.
151. I don’t know. I am a Christian and a psychologist who does psychotherapy. I do not do “Christian counseling,” although others may say I do.
152. Discussion of Biblical principles. History of faith. Importance of prayer in person’s life.
153. Submission in the heart of the therapist to Jesus Christ.
154. Introducing Christian ethics. Christian hope. Trust in God.
155. Drawing on Spirit as resource for change in explicit ways.
156. I’m not sure I could answer that.

157. Use of Biblical value system when value issues come into play/ integration of spiritual/ faith elements into problem resolution.
158. -
159. Bible-based treatment approach; irrational thoughts identified/challenged and replaced with rational, healthy thoughts motivated by Christian values & principles.
160. To be explicitly Christian, it must be announced as such or must contain components consensually recognized as Christian, such as prayer or use of Scripture (it is more important to be implicitly Christian than explicitly Christian, in my belief)
161. The provider has an abiding faith in and relationship with Jesus Christ, the counseling is consistent with that outlook and relationship and Christ's own pattern of relating to others.

4. What additional qualities of explicitly Christian treatment actually produce gains/growth?

1. Scriptural reference, within the counseling context, per se, including reading and giving citations for home study; praying in the session, reviewing the sovereignty of God and His power over problems and circumstances, emphasizing trust and faith in God and not in people nor circumstances.
2. Prayer, scripture reading, support from Christian brothers/sisters.
3. -
4. Deep personal understanding of one's own sinfulness
5. -
6. When God is integrated into the process such that an individual can connect both to their inherent limitations and accept their personal relationship with a loving God.
7. -
8. Spiritual disciplines and accountability — when appropriate.
9. Prayer with clients
10. -
11. Prayer. Prayer. More prayer./ Insights from the Bible/ When the client is stimulated for spiritual growth.
12. -
13. Assumes there are explicitly Christian treatment modalities.
14. Not put in leadership if not ready (therapist worked through own stuff before leading others).
15. If the client is a Christian, then the power of the Spirit within.
16. -
17. Depends on client: prayer may be appropriate, as may exploration of Scripture for guidance.
18. Much intercessory prayer for clients.
19. Common factors/ Psychological techniques.
20. Non-judgmentally empathetic and wise therapist.
21. Prayer
22. -
23. -
24. The faith of the counselor (spoken or unspoken) and the counselor's "association" with the Holy Spirit during the session.
25. Clients who at heart profess faith in Christ fare better than those who do not; They are open to working harder towards relational reconciliation (e.g. in a marriage) and the understanding their deep longing for God, rather than simple relief from symptoms and problems.
26. -
27. Knowledge and understanding of Scripture. Ability to employ scripture as parable, metaphor, and analogy.

28. Therapist as Godly role model.
29. Connecting client with church body, pastor, Rabbi/ Personal prayer for the client/ Flexible fee structure to encourage non HMO utilization.
30. Good therapeutic rapport - common goals - processing problems in the therapeutic relationship.
31. Prayer on part of counselee for God's guidance and openness— does not have to be done in session. Attributing all growth and truth to God. "All truth is God's truth" (Carter & Narramore).
32. Holy Spirit.
33. Guided imagery which lead to an encounter with Jesus Christ. Occasional prayer and Bible texts that the client can accept. Altruistic love for the client. Evidence of God's love for client. Hope and insight that we are not alone.
34. Not writing off females in a chauvinistic approach to theology/ faith/ spirituality.
35. Submission to God, prayer.
36. I have found that it is sometimes necessary for a client to denounce or reject their personal/historical view of religion to make their faith "Their own" rather than simply following their religion's doctrine.
37. Scriptural truths.
38. -
39. Client/therapist relationship - this is not explicitly Christian but pertains to all therapy situations. Underlying awareness of both client and therapist that God is part of the treatment. Hope seems more evident in Christian clients.
40. -
41. -
42. -
43. -
44. Christ-like compassion and acceptance.
45. A healthy understanding of human growth and development.
46. Capacity to help develop new construct within a lasting and established social framework.
47. Prayer
48. Forgiveness, instilling identify as a child of God. Application - some form of service in home or community.
49. Community
50. Willingness to leave "results" or "outcome" to God's grace & sovereignty & not trust in our "performance" as a counselor.
51. Prayer, Scripture, Relationships (with helper, spouse, pastor, & support sources).
52. Rapport with client. Employment of actual biblical text & truths. Prayer with the client.
53. Bible study, prayer, church attendance.
54. Christ's love in and through therapist.
55. -

56. Good application of general revelation psychological principles; role of psychology in our society as authority; relational dynamic between counselor and counselee, auxiliary options such as reading material, support groups, etc.
57. As I said before, I believe that the therapist's relationship with God is the most important element in Christian treatment.
58. Actual behavioral responses by clients.
59. Understanding of ultimate woundedness and knowledge of ultimate Healer.
60. Prayer.
61. Noncondemnation, but honest personal reflection on subject presented with questions about how to correctly reconcile apparent conflicts.
62. Christian counselor must remain prayed up, fed and nurtured in the Word, connected with believers.
63. -
64. Techniques do not need to be derived from Scripture. They just need to be consistent with Scripture. We can look to quite a bit of good theoretical thinking and empirical research which is not included in the Bible and yet not inconsistent with Biblical principles. The training and skill of the therapist.
65. The training and skill of the therapist.
66. -
67. ?
68. -
69. -
70. Genuine love for the client/true caring as nearly as possible like Jesus cared. Non judgmental acceptance. Encouragement.
71. Christian treatment can offer the powerful force of a caring community to the client.
72. Helping someone to understand the love of God. The acceptance of God and the sovereignty of God - The ability to integrate the .. & .. - physical and spiritual into a whole.
73. ?
74. Behavior change based on change to more Christian attitude/values.
75. When God is involved in the process there is true success. Our pursuit of excellence, the perfect religious faith, and use of the Bible as a tool of avoidance hinders true growth.
76. Perspective - time, justice, forgiveness (Rom. 8: 18-25).
77. ?
78. -
79. Christian treatment points client & counselor in the right direction regarding goals; i.e. it defines health & dysfunction appropriately.
80. Hold client accountable to agreed upon standards & evoke Holy Spirit to empower them to attain excellence/God's calling.
81. -
82. -
83. Love; speaking the truth in love.

84. I am straight-forward with clients about my bias of a Judeo-Christian value system, & I encourage client to seek referrals elsewhere if they view things differently.
85. Bible study using the "pictures" in the O.T. Authenticity in the counselor - who identifies as a forgiven sinner.
86. My personal view: Techniques, "new tricks" have very little to do with anything important.
87. -
88. -
89. Openness to spirit's leading by both client and therapist.
90. -
91. Ability of counselor to convey Christ-like-ness to client. Openness of client to ministry of Holy Spirit.
92. Calling on the client to look at her relationship with God.
93. Prayer - of counselor for counselee, of counselee for sessions and healing.
94. Ethical behavior of Christians (commitment to ---) Practice/pts. covered by prayer.
95. The willingness to see the worth of the individual.
96. ?
97. -
98. I can rely on the Holy Spirit working with the person. The bond we have as fellow believers, and a similar world view with fairly similar priorities.
99. Bible meditation.
100. The therapeutic relationship with the incarnation of Christ as a metaphor (See Benner's article from 1980's).
101. Prayer, Use of Scripture to renew the mind.
102. -
103. Reframing of suffering and pain.
104. -
105. -
106. -
107. Encouraging counsees (Those who are sympathetic with Christianity) to read Bible, meditate on truth re; God, be involved significantly with other believers.
108. -
109. Change of behavior, beliefs, assumptions - attitude.
110. Prayer counseling.
111. Prayer for patient.
112. 1. Nurture of body of Christ 2. Regular teaching of Word 3. Discipline of the body 4. Sacrament of communion --- all form backdrop for my work.
113. Bibliotherapy, b/c change/expansion of world-view is so vital, and because God's word hidden in one's hear serves as a moral compass. Guided imagery with the presence of Christ, because neither change nor Christian commitment is exclusively cognitive
114. Use of the blend of psychological techniques along with prayer, etc.
115. None.

- 116. The relationship combined with means of grace (word & sacrament) as appropriate.
- 117. -
- 118. Forgiveness, Repentance, Unconditional Acceptance.
- 119. Work of the Holy Spirit. Bible as ultimate authority.
- 120. Fear/knowledge of God is beginning of wisdom - evaluate the worlds "wisdom." Open about our own journey, weakness, forgiveness. Proper place of sin.
- 121. -
- 122. -
- 123. -
- 124. Understanding deeply the theology of suffering/question of evil as it relates to their problem, and how God feels about it.
- 125. Using theological principles.
- 126. -
- 127. -
- 128. -
- 129. -
- 130. Attitude of counselor
- 131. -
- 132. Prayer, daily time in the scripture
- 133. Referring to Scripture as our guide; sharing stories of faith where appropriate; inner haling prayer; anointing with oil; recommendation of reading & other aspects of spiritual direction.
- 134. The instillation of a profound sense of hope that comes from an experience of Christ's forgiveness & His promise of an eternal comforting, loving relationship with Him.
- 135. Prayer, allowing the client to struggle, doubt, ask questions about God, use of scripture (if the client is open to this).
- 136. If client can experience Jesus in their therapist.
- 137. -
- 138. The pts. realization that by letting go and allowing the Lord to accept many problems then individual pressure/causes is reduced.
- 139. Greater insight awareness of God in one's life in the world. Expecting the presence of God in one's life.
- 140. -
- 141. -
- 142. -
- 143. -
- 144. Strength of faith of clients, outside supports including family & church.
- 145. Prayer by client and/or as active part of therapy; Active involvement by client in Bible study, church attendance.
- 146. -
- 147. -
- 148. Training, experience of the counselor.

149. 1.) Understanding the complexity & duality of the heart including the reality of sin at work in us like a cancer. 2.) The fact that it is the love & mercy of God that wins us over.
150. -
151. -
152. -
153. The love of Christ as mirrored by the therapist.
154. -
155. -
156. ?
157. Shared faith / hope/ spiritual encouragement / application of Biblical wisdom to problems.
158. Critiquing beliefs, attitudes & repositions from God's perspective.
159. -
160. -
161. Prayer before, after, during (with the client or silently unknown to the client) treatment. A sense of God's calling, vocationally, of the counselor, perception of the therapeutic encounter as a "divine appointment" whether verbalized or not.

Appendix D

Vita

Vita

Barbara M. Houston

ADDRESS

2690 NW Strath Way
Bend, OR 97701
(541) 388-6807

D. O. B.: 4-19-48
Age: 48 Sex: Female
Health: Excellent

CAREER OBJECTIVE

Licensed Clinical Psychologist

EDUCATION

- 1997: Psy.D. (Anticipated), Clinical Psychology
George Fox University, Newberg, OR
- 1994: M. A., Clinical Psychology
George Fox University, Newberg, OR
- 1991: B. A., Psychology,
Memphis State University, Memphis, TN

EMPLOYMENT

- 1990-1991: Biblical Counseling Center, Memphis, TN
Position: Therapist. Work included
individual adult/adolescent/child therapy and group
for sex abuse. Provided marriage and teen parent
counseling.
Supervision: Rye Bell, Ph.D.

INTERNSHIP

- 1996-97: Deschutes County Mental Health
Bend, OR
Supervisors: Bruce Bundy, Psy.D., Marlene Morrison,
Ph. D.

PRACTICUMS

- 1994-95: Salem Hospital Psychiatric Unit, Salem, OR
Work included group and individual therapy, intelligence and cognitive assessment on locked unit
- 1994: Salem Serenity Lane, Salem, OR
Work included individual adult and group therapy and diagnostic evaluations
Supervisors: Phil Bettin, CADC, NCAC II; Cheryl Mohr-Manhire, CADC, NCAC II
- 1993: Salem Hospital Regional Rehabilitation Center, Salem, OR
Work included therapy with adults with stroke, depression, and head injury and neuropsychological diagnostic evaluations. Supervisor: Peter Le Bray, Ph.D.

DISSERTATION

“Sources of Gain in Christian Counseling and Psychotherapy: A National Survey”

REFERENCES

Available upon request