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Pepperdine University
Graduate School of Education and Psychology

RELIGIOUS AND SPIRITUAL BELIEFS, PRACTICES, PROFESSIONAL
ATTITUDES AND BEHAVIORS OF CLINICAL AND COUNSELING
PSYCHOLOGY INTERNS

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Jeanette Francis

July, 2011

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This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

It is important for clinicians to address religious and spiritual matters in their psychological treatment. Personal religious and spiritual beliefs can have a significant impact on the consideration of religious and spiritual issues in psychotherapy. The religious and spiritual views of clinicians form as a function of general development and may be influenced by graduate education and training. The current study sought to determine the religious and spiritual attitudes, beliefs, and practices of doctoral students in clinical and counseling psychology, their views on religious and spiritual clinical interventions, and the effect of graduate education and training on both of these factors. One hundred forty-four interns completed the 48-item survey, which was developed by Edward Shafranske and Kenneth Pargament, primary investigators of the “Religious and Spiritual Attitudes and Practices of Clinical and Counseling Psychologists and Graduate Students in Clinical and Counseling Psychology Project” (2010). Over 65% of participants in the current study reported that religion is not very important in their life, and over 41% reported that spirituality is very important in their lives. Half of participants stated that they consider themselves to be spiritual, and less than 10% described themselves as religious. However, personal religiosity and spirituality did not appear to affect attitudes towards or usage of religious and spiritual interventions. Graduate education and training did not appear to affect personal religious and spiritual views. It may be that the age cohort in the current study has reached a stage of faith development that is less affected by external factors. Their apparent openness to alternative modes of spirituality other than traditional religion contributes to their awareness of and willingness to consider religious and spiritual interventions.

Introduction

Interest in the religious and spiritual elements of human experience has been recently noted in the applied fields of clinical and counseling psychology (Delaney, Miller, & Bisono, 2007; Shafranske, 2000; Walker, Gorsuch & Tan, 2004). While eminent scholars in psychology have traditionally omitted, marginalized or held negative views on the role of spirituality and religion in forming meaning, and purpose and in human behavior (Bergin, Payne, & Richards, 1996; Delaney et al., 2007), the majority of Americans has consistently reported the importance religion plays in life (Bergin & Jensen, 1990; Delaney, et al., 2007; Newport, 2007). Religious or spiritual beliefs provide the basis for finding meaning in the lives of many people. Religion and spirituality also serve as powerful sources of security, comfort, and direction when individuals face the trials of life and cope with issues of uncertainty, death and loss (Pargament, 1997, 2007). The importance of religion is underscored by the results of a national survey conducted by the Gallup Organization in 2002. In this study 63% of the respondents strongly agreed with the statement, "Because of my faith, I have meaning and purpose in my life" (Winseman, 2002).

The salience of religion and spirituality has also been demonstrated in recent studies in the interface between psychology and health. For example, a growing body of medical and psychological research has generally found a positive relationship between religious participation and health, particularly in respect to coping (Borras et al., 2008; Gall, Kristjansson, Charbonneau, & Florack, 2009; Greeff & Loubser, 2007; Klaassen, Graham & Young, 2009; Lowis, Edwards, & Burton, 2009; Maman, Cathcart, Burkhardt, Omba, & Behets, 2009). Patients report that they desire for health providers to be mindful

of their spirituality (Murray, Kendall, Boyd, Worth, & Benton, 2004). For these individuals, religious or spiritual resources may be useful resources for coping. Clinicians also need to be mindful that for some persons, religion and spirituality can increase anxiety or depression when facing spiritual struggles (Exline & Rose, 2005; Exline, Yali, & Lobel, 1999; Exline, Yali, & Sanderson, 2000). For these and other reasons (to be discussed) it is important to consider the interface of religion and spirituality in psychological treatment. In addition to considerations of the role of religion and spirituality in mental health, coping, and efforts to offer spiritually sensitive forms of psychological treatment, the role of the personal beliefs, attitudes and practices of psychologists are important to study in light of the confluence of personal and professional factors in the conduct of professional practice.

While studies of psychologists' religious backgrounds have been conducted, little is known about the attitudes, beliefs and practices of those in training to become psychologists. This study aimed to examine the religious and spiritual beliefs, attitudes, affiliations, and practices of doctoral students in clinical psychology and their perspectives on the role of religion and spirituality in mental health. In addition, this study explored the religious and spiritual views and activities of graduate students within a developmental context, including the impact of graduate education and training.

Background

A number of professional factors point to the relevance of investigating the attitudes and beliefs of persons training to become psychologists. These include considerations of religion and spirituality as: (1) cultural variables; (2) clinical variables; (3) resources for coping; and (4) personal factors that may influence a clinician's ability

to fully understand and respect the experience of clients and/or to employ or support resources that may be of assistance to clients.

Religion and Spirituality as Cultural Variables

The American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (2002) includes explicit guidelines endorsing the placement of therapy in a multicultural context. In this document, culture was described as the manifestation of views about the world through attitudes and activities learned in a social context (APA, 2002). Psychologists are mandated to consider the multiple cultural identities of the therapist and client and the ways in which areas of cultural differences in the therapeutic dyad impact the therapeutic process. Further, APA's *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (2003) specifies that culture includes religious and spiritual worldviews, and multiculturalism is described as including consideration of religious and spiritual dimensions of human experience.

Psychologists are urged to obtain the necessary training, consultation, and supervision in multicultural issues, such as “age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status” (APA, 2002, p. 5). Therapists therefore have an ethical responsibility to seek spiritual and religious competency (Bergin et al., 1996; Richards & Bergin, 2000; Walker et al., 2004).

Other mental health organizations have also only recently stated in their ethical guidelines that religion and spirituality are forms of diversity that mental health practitioners are required to recognize. For example, the American Psychiatric

Association has established that didactic presentations on religious and spiritual issues be presented during residency training (American Medical Association, 1995; Richards & Bergin, 2000) and the American Board of Psychiatry and Neurology requires that all psychiatric residents must conduct a religious and spiritual assessment during the patient interview as part of their core competencies (Davis, 2003). These policies reflect appreciation for the impact of religion and spirituality as features of multicultural identity and recognition that cultural differences between therapist and client in religious and spiritual aspects, including beliefs, practices, preferences, affiliation, involvement, and activities, may have a significant impact on therapeutic practice. For example, differences in fundamental beliefs about personal meaning, morality or hope (aspects of a spiritual perspective) between client and therapist may compromise the therapeutic alliance and potentially decrease the effectiveness of therapy. Without a deliberate effort on the part of the therapist to consider the impacts of such differences, alliances may be strained and opportunities missed to fully understand the experience of the client and to identify potential resources for coping and adjustment. For example, clients in distress may become more confused about their therapeutic issues or experience a lack of trust or alliance in the relationship, if treated by a therapist who does not acknowledge, understand or respect their fundamental existential beliefs (Bergin et al., 1996). This may be particularly the case, since individuals in distress often use religious and spiritual coping. In addition, clients more generally may have religious concerns but feel disinclined to raise them in the secular setting of psychological treatment. This is particularly the case if the therapist appears to be disinterested in spiritual sources of meaning. The failure to attend to the religious or spiritual dimension poses inherent

limitations, since in a number of cultures, spiritual or religious issues cannot be separated from emotional, mental, and physical health problems (Worthington, 1989, as cited in Fukuyama & Sevig, 1999). It is therefore incumbent for clinicians to develop competence in adapting the biopsychosocial perspective to include religion and spirituality.

Religion and Spirituality as Clinically Relevant Variables

Increased awareness of the importance of religious and spiritual aspects of human experience has been recognized of late in the fields of applied clinical and counseling psychology (Belzen, 2005; Pargament, 1999; Richards & Bergin, 2000; Sue, Bingham, Porche'-Burke, & Vasquez, 1999; Zinnbauer, Pargament, & Scott, 1999). The upsurge in acknowledgment of the relevance of religion and spirituality is significant, largely in the area of psychotherapy and other mental health treatment modalities (Belzen, 2005). The number of published articles and books referenced using keywords "religion/spirituality, religion and health, and spiritual/spirituality and health" in databases like Medline and *PsycInfo* increased fivefold from 1994 to 2001 (Mills, 2002, p. 1, as cited in Benson, Roehlkepartain, & Rude, 2003).

The study of religious and spiritual factors in mental health is currently benefiting from a sharp increase in international interest in the general public, various sciences, and the field of psychology (Pargament, 1999). During the 1990s, many articles on religious and spiritual issues in mental health and psychotherapy were published in mainstream journals (Richards & Bergin, 2000). A number of journals have recently released special issues related to religion and spirituality. Several conferences have been dedicated to religious and spiritual subjects, including spiritual intelligence and the relationship of

spirituality to health (Richards & Bergin, 2000; Pargament, 1999; Zinnbauer et al., 1999). According to Pargament, the main constructs in the field of psychology may currently be changing. The general public interest in religious and spiritual matters has resulted in a strong mandate for psychotherapists to gain greater knowledge of and concern for the religious and spiritual dimension of human existence (Richards & Bergin, 2000). This increased interest is timely given changing population demographics.

The increase in racial and ethnic minority populations in the U.S. has contributed to a rapidly shifting demographic, which may be contributing to the demand for psychotherapists to consider the religious and spiritual element of mental health (Sue et al., 1999). The relevance of the religious and spiritual dimension will continue to follow an upward trajectory as the racial and ethnic minority populations in the U.S. increase from one third of the population to the majority of the population within the next 40 years (Sue et al., 1999). Further, a trend toward “spiritual humanism” has arisen, in which the traditional divide between the secular origins of psychology and a significantly religious American population is being crossed as psychologists increasingly incorporate non-traditional spiritual orientations into their treatment (Bergin & Jensen, 1990; Bilgrave & Deluty, 1998).

Religion and Spirituality as Coping Resources

Increased attention has been given to religious and spiritual coping as they relate to physical and psychological health. Spiritual and religious coping is rooted in societal and interpersonal aspects of human experience, as well as goal-oriented activity (Klaassen et al., 2009). A number of studies have found positive relationships between religious involvement (measured in a variety of ways) and physical health. In a

comprehensive review article, Thoresen, Harris, and Oman (2001) cited a number of studies showing the relationship between spirituality, religion, and health, including lower rates of coronary disease, emphysema, cirrhosis, myocardial infarction, high blood pressure, pain, and functional disability in the elderly. They also cited studies showing an association between religion and spirituality with improved physical functioning, compliance with medical regime, decreased health-related anxiety, decreased mortality, and greater perceptions of health. In another review of the literature, Seybold and Hill (2001) reported that numerous studies show positive effects of religion on health, including lower rates of emphysema, cholesterol levels, stroke, kidney failure, and increased longevity. Religious affiliation has also been associated with decreased smoking rates (Borras et al., 2008) and greater well-being in people with chronic pain (Bush et al., 1999). In addition, mental well-being in various medical conditions (including stroke, cancer, brain injury, cancer, spinal cord injury) is positively associated with positive spiritual experiences and positive support from a religious congregation (Cohen, Yoon, & Johnstone, 2009).

Spirituality has been shown to be an important coping resource worldwide (Greeff & Loubser, 2007; Maman et al., 2009). For example, spiritual and religious beliefs and activities have been linked to family resilience in Xhosa-speaking families in South Africa. In cultures with strong religious roots, it is essential to recognize how individuals use their various belief systems about health so that treatment strategies can be successful (Maman et al., 2009).

Evidence that spiritual and religious coping can have a harmful effect on mental wellbeing exists in certain contexts. Individuals without a history of religious and

spiritual beliefs and activities prior to learning upsetting news about their health who attempt to gain comfort from religious and spiritual involvement may have a negative experience with religious coping (Gall et al., 2009).

Personal Factors in Psychotherapy

According to Bergin et al., (1996), “. . . the therapy relationship inevitably includes the transmission of values” (p. 317). The foremost psychological theories and interventions are founded in belief structures in opposition to religious and spiritual meaning systems, and this has been largely overlooked in the past (Bergin et al., 1996). A client endeavoring to determine how to improve his or her life and distinguish what is significant may be hindered by a therapist who questions or denigrates the client’s belief system.

Research indicates that a strong correlation exists between beliefs regarding a value’s importance in supporting mental health and its influence on the course of psychotherapy among clinicians, including clinical psychologists, marriage and family therapists, social workers, and psychiatrists (Jensen & Bergin, 1988). The influence of the therapist is particularly evident when he or she views elements of his or her personal life-style as significant to the promotion of mental health. Findings suggest that the more religious the therapist is, the greater the probability that the client will come to view religious values as significant to the promotion of mental health (Bergin et al., 1996). Clinicians may also be forced to rely upon personal beliefs and attitudes rather than professional training in psychotherapy, as research indicates that very little education and training is dedicated to religion and spirituality.

Research findings indicate that a majority of psychologists form a personal world view on religion from factors related to a combination of graduate training in psychology and personal experience with religion (Bilgrave & Deluty, 1998). Hayes (2004) found that a majority of students stated that their personal religious and spiritual beliefs influenced their incorporation of religious and spiritual material into their treatment. He also found that despite less endorsement of traditional religious beliefs, students endorsed the importance of addressing religious matters. Most students reported inadequate training on religious and spiritual considerations as they pertain to psychotherapy. In addition, a considerable portion of students reported significant interest in receiving training in graduate school in the intersection of religious and spiritual concerns and psychotherapy. A majority of students reported that they feel more comfortable providing psychotherapy to clients reporting comparable beliefs (Hayes, 2004).

Psychologists report that they have not received adequate graduate training in religious and spiritual matters, in spite of the high levels of religious and spiritual beliefs and practices in the general population (Brawer, Handle, Fabricatore, Roberts, & Wajda-Johnston, 2002; Christiansen, 2002; Hayes, 2004; Schulte, Skinner & Claiborn, 2002; Shafranske & Mahoney, 1990; Young, Cashwell, Wiggins-Frame & Belaire, 2002). Training in religious and spiritual issues is offered on a limited basis in a majority of graduate programs in psychology, but the majority of programs do not have an extensive proscribed curriculum or other organized methods of training. Research indicates that some programs provide no training in religious and spiritual matters (Brawer et al., 2002; Schulte et al., 2002). Research indicates that most graduate students in psychology endorse a lack of satisfaction with the training they received in religious and spiritual

subjects, in addition to a significant desire for training in these matters (Hayes, 2004; Troyano-Vazquez, 2006).

In a recent survey of directors of clinical training, the sole predictor of the extent to which programs cover religious and spiritual subjects was the encouragement and receptivity of faculty to discussing these matters. This finding indicates that the degree to which faculty express interest in religious and spiritual issues correlates with the extent of formal training (Astin, Astin, Lindholm, & Bryant, 2005; Christiansen, 2002; Lindholm, Goldberg, & Calderone, 2006). Researchers recommend that training programs should make a concerted effort to address this topic in a systemic, comprehensive fashion, including integration into the curriculum.

The therapist's private religious and spiritual attitudes and practices may affect the clinician's therapeutic orientation and therefore influence the course of therapy. In particular, the personal views of the clinician may have an effect on the choice of interventions and proscribed behaviors (Shafranske, 1996; Walker, Gorsuch, & Tan, 2005). Particular religious beliefs have been shown to be correlated with specific therapeutic orientations. Christian psychologists are more likely to report a cognitive-behavioral orientation, and psychologists with Eastern and mystical beliefs are more likely to report humanistic and existential orientations (Bilgrave & Deluty, 1998).

Evidence exists that religious beliefs and practices have a greater effect on the choice of interventions and treatment strategies than the therapist's theoretical orientation. In particular, the religious and spiritual beliefs of therapists have been associated with using religious and spiritual techniques and greater openness to discussing these issues in therapy. Clinicians with negative religious experiences may be

unlikely to make use of religious and spiritual treatment modalities (Shafranske, 1996; Walker et al., 2004). There is evidence to suggest that there is a positive correlation between psychologists' attitudes toward religious concerns and their estimate of likelihood for progress in psychotherapy. This suggests that a greater degree of optimism in the therapeutic process is related to religious sensitivity (Shafranske & Malony, 1990). Successful therapeutic outcomes may increase when the client and therapist share similar beliefs (Bergin et al., 1996). Religious beliefs may also have an effect on the clinician's choice of clients and vice versa.

Therapists have reported several factors associated with perceived competency utilizing religious and spiritual interventions, including personal involvement in religion, formal training with clients with religious meaning systems, training in specific religious interventions, and experience with personal therapy. The majority of clinical and counseling psychologists claim that their religious beliefs impact their therapeutic practice. The majority also report that their therapeutic practice influences their religious beliefs (Bilgrave & Deluty, 1998; Walker et al., 2005).

Religious and Spiritual Beliefs, Practices, and Attitudes of Psychologists

In light of the potential impacts of personal religious or spiritual faith commitment of the clinician on his or her conduct of therapy, it is important to understand the faith commitments and orientations of psychologists. In addition, it is important to assess the relative congruence in attitudes and religious/spiritual perspectives between psychologists and the populations they serve.

Former research indicates that therapists are in general less religious than the greater public, but this conclusion has recently proved too simplistic (see Appendix A).

Though psychologists continue to exhibit lower levels of religious membership and practice, considerable levels of religious and spiritual practice have been observed outside of conventional religious customs (Bergin & Jensen, 1990; Delaney et al., 2007; Shafranske, 1996, 2000; Shafranske & Malony, 1990). Psychologists may be more likely to endorse religious and spiritual beliefs than participation in traditional religious practices. Studies indicate that a majority of therapists regard spirituality as relevant in their lives but seldom participate in organized religion or spiritual customs (Walker et al., 2004). In one study, the preponderance of therapists explained their spiritual attitudes and behaviors as an "alternative spiritual path which is not a part of an organized religion" (Shafranske & Malony, 1990).

Recent Gallup polls and data from Bergen and Jensen's 1990 study indicate that 91% of psychologists have believed in God at some point in their lives. Twenty-five percent of psychologists reported that they no longer believe in God, a substantial divergence from the American general population. Clinical and counseling psychologists were more likely to report atheism, agnosticism, or no religion than either marriage and family therapists or social workers (Walker et al., 2004). Research findings also indicate that the majority of psychologists reports that they identify with a Christian religion, are members of a church or synagogue, and attend church at least on an infrequent basis. Approximately half of psychologists attend church frequently and say that religion is very important (Walker et al., 2004).

Psychologists consistently report that they believe religion is important; although, as will be discussed, personal salience of religion of psychologists is significantly lower than that of the U. S. population. The basis for their belief in the importance of religion

(and their worldviews in general) appears to be found in part on their study of psychology and their religious experiences (Bilgrave & Deluty, 1998).

A recent study on psychiatric clinicians indicates that they report significant differences in the salience of religion when compared with the American public. Nine in ten Americans regard religion as very important or fairly important, and less than 12% stated that religion is not very important. Psychiatrists reported significantly lower levels of importance, as 42% stated that religion is not very important (Shafranske, 2000). The divergence in ideology between clinicians and the greater public decreased when participants reported the salience of spirituality instead of religion. Greater than 80% of the psychiatrists in the sample rated spirituality as fairly important or very important. This result indicates that the importance placed on spiritual matters by psychologists may be more similar to that of the American public than was formerly believed (Shafranske, 2000). The results of a 1995 study of psychologists with doctoral degrees in counseling or clinical psychology revealed that 48% of participants stated that religion is fairly to very important, and 73% reported that spirituality was fairly to very important (Shafranske, 1996). Thirty percent of psychologists stated that they believe in the “transcendence of nature;” 26% endorsed the position that “all ideologies are illusion, though meaningful;” and 2% endorsed the attitude that “all ideologies are illusion and are not relevant to real life.” While a body of research exists regarding the religion and spirituality of mental health professionals, little attention has been dedicated to graduate students, who are in the midst of forming attitudes towards the role of religion and spirituality in mental health.

Religious and Spiritual Attitudes of Graduate Psychology Students

A central (and logical) assumption in this research is that values as well as clinical competencies are formed during graduate education and training, which shape future professional practice. With this in mind, it is important to study clinicians during their training and to examine the factors that influence their attitudes and practices specific to appreciation of religion and spirituality as clinical variables. The impact of training on such attitudes, values, and practices is unclear at this point. Most research on graduate training and religious and spiritual beliefs of graduate students in psychology focuses on the extent to which students receive training in these issues, in addition to their satisfaction with the amount of training. Research has also focused on the ways in which students' personal religiosity has affected their choice of careers (Brawer et al., 2002; Christiansen, 2002; Hayes, 2004; Kelly, 1992; Pate & High, 1995; Shafranske & Malony, 1990; Schulte et al., 2002; Troyano-Vazquez, 2006; Young et al., 2002). A relative dearth of descriptive research exists regarding the religious and spiritual beliefs and practices of graduate students in psychology.

In a survey of 281 first-year and last-year graduate students in clinical, counseling, and experimental psychology programs, conducted in 2001, the results indicated that first-year students did not differ significantly from last-year students in levels of religiosity. Though low on religiosity across the board, clinical and counseling students reported higher levels of religiosity than students in experimental psychology programs. Former comparisons between clinical and counseling psychology students and psychologists provide evidence of a decrease in traditional religious affiliation as clinical

experience grows, supporting the necessity of training in religious and spiritual issues for students (Harman, 2001).

Findings in a more recent survey of 281 graduate students in clinical and counseling psychology programs showed that students in psychology graduate programs, in similar fashion to psychologists, endorse lower levels of religiosity than the public in general (Hayes, 2004). Though 85% of students reported that they believe in God, only slightly more than half reported that religion is important in their lives. Eighty-five percent stated that their religious experiences were important in the development of religious and spiritual professional competency. In another study, less than half of the participants reported having had any training in the integration of religious and spiritual matters into treatment, and none were trained within their programs. (Prest, Russell, & D'Souza, 1999). The authors found that increased age, endorsement of belief in a personal God, and frequent attendance of religious services were related to reporting greater emphasis on religiousness and spirituality in their treatment. Participants reported feeling discouraged from discussing religious and spiritual issues with their professional peers, in opposition to their majority report that spiritual issues impacted their career choice, that most psychological problems include spiritual issues, and that spiritual matters and professional values do not need to be in conflict. A significant portion of respondents believed their career to be a 'spiritual path.' A survey of 207 counseling psychology doctoral students found that the majority of students view spirituality as a significant aspect of their lives (Troyano-Vazquez, 2006). Forty-three percent of students considered themselves to be both spiritual and religious, 47% considered themselves to be spiritual but not religious, and 10% considered themselves neither spiritual nor

religious. Results indicated that approximately half of students reporting spirituality as significant in their lives did not express their spirituality within traditional religion.

Developmental Context

The question of factors contributing to the spirituality and religiosity in psychology graduate students as well as to the differences in reported levels of salience compared to the general public can be examined within a developmental framework. Such a perspective allows for more comprehensive understanding of the contribution of concomitant processes occurring within students as a function of other variables outside of graduate training.

Religious and spiritual development in adolescence. The transition from adolescence to young adulthood in religious and spiritual development is an important period for rapid change in religious and spiritual values and convictions. Young adult spirituality emerges out of the religious and spiritual development of adolescence. Though the focus of the current study is on the transition to young adulthood, adolescent development provides a context for the transition.

Benson et al. (2003) stated, “Sustained, rigorous attention to spiritual development during childhood and adolescence in the social and developmental sciences has the potential to significantly enrich and strengthen the understanding of the core processes and dimensions of human development” (p. 205). Albert Bandura proposed the concept of observational spiritual learning, in which individuals learn religious and spiritual practices through observing others. This aspect of social cognitive theory is concerned with the effect of social modeling on the development of spirituality, including values, practices, ideals, and self-worth (Bandura, 2003; Oman & Thoresen, 2003;

Silberman, 2003). Without models, individuals are uncertain how to put concepts into operation. Bandura states that the development of religious and spiritual identity occurs in a social context, in addition to inward experience (Bandura, 2003). Spiritual development is defined as the driving force that underlies the pursuit of connection with others and ways of making meaning in the world, including the reason for existence (Benson et al., 2003). The ecological theory of religious development in adolescence emphasizes the various social contexts in which they operate (Regnerus, Smith, & Smith, 2004). Research indicates that parents, friends, and school have a strong effect on frequency of attendance of religious services and views on the importance of religion.

Psychoanalytic theory posits that an individual's concept of God is influenced by projection, or applying experiences and perceptions with other people to their image of God (Donelson, 1999; Rizzuto, 1979). Attachment style may be correlated with spiritual development in adolescence (Donelson, 1999; Ream & Savin-Williams, 2003). Research suggests that people who are securely attached show a decreased likelihood of significant changes in religious and spiritual convictions. Individuals with an avoidant style of attachment endorse greater levels of abrupt religious conversion during the periods of adolescence and adulthood, regardless of the religious beliefs and practices of their parents. Anxious-attached individuals fear abandonment by others, are fearful of abandonment, crave greater intimacy than the majority are capable of providing, and show greater levels of dependence on others. It may be that attachment to God is a good replacement for the limits of relationships with other people.

In the cognitive developmental framework of religious attitudes, children conceptualize religion in a concrete framework, and adolescents perceive religious issues

with greater abstract abilities. Erik Erikson stated that the formation of identity is the salient task during the period of adolescence, and he specified the importance of religious and spiritual factors on the development of identity (Donelson, 1999).

Faith development theory provides a structure to understand how individuals perceive God and how this perception influences relationships with others and the development of central attitudes about life and interpersonal interactions (Fowler & Dell, 2006). This theory outlines two major stages of religious development during adolescence. Synthetic-Conventional Faith characterizes the stage of adolescence, in which individuals develop convictions that support their relationships within their social network. Individuative-Reflective Faith involves reconsideration of core values to move towards independent beliefs (Fowler & Dell, 2006).

Religious and spiritual development in college. Studies of college students indicate that this is a robust time for the development of general attitudes and beliefs, including those regarding spirituality and religion. Religion and spirituality of college students can provide a marker for the spiritual development of individuals in the transition stage from adolescence to young adulthood.

In 2003, the Higher Education Research Institute (HERI) at UCLA launched a large longitudinal study to uncover student religious and spiritual beliefs and activities for the purpose of determining how training programs can increase competence in aiding the spiritual development of their students. The study was done on freshman across educational institutions nation wide. The authors found that college students currently endorse significant levels of interest in spirituality. Four in five students reported that they believe in the “sacredness of life” and almost two-thirds stated, “My spirituality is a

source of joy.” Almost half of the participants reported that it is “essential” or “very important” to engage in activities that promote spiritual growth (Astin et al., 2005).

Students who identify with minority cultural groups or those with a legacy of mistreatment by the hegemony report greater spiritual struggle (Bryant & Astin, 2008). This is apparent in the finding that women endorse higher levels of spiritual struggle than men. In like fashion, students who identify with religions that are not part of the majority (e.g., Buddhism, Hinduism, Islam, and Unitarian Universalism) exhibit higher levels of spiritual struggle than students affiliated with majority religions. There is a positive correlation between enrollment at a college with a religious affiliation and greater endorsement of spiritual struggle. Religious schools may induce students to question their spiritual beliefs if they encourage spiritual exploration and inquiry.

Of interest is the finding that students who major in psychology report greater levels of spiritual struggle (Bryant & Astin, 2008). While the study did not investigate the reasons for this finding, it may be that these students are more likely to examine their spiritual and religious beliefs and therefore conflict may result from such reappraisal. This may be due to the fact that the field of psychology encourages investigation of the human experience or psychology may posit alternative explanations for human events or offer a difference worldview, which may lead to reexamination of previous beliefs about the mind and spirit.

Research indicates that student consideration of religious and spiritual issues increases the extent to which faculty promotes dialogue regarding issues of a religious or spiritual nature (Bryant & Astin, 2008). Research also suggests that students who converse about religion and spirituality within their peer group are likely to develop

greater acceptance of alternative world views. Spiritual struggle is also associated with novel encounters that cause students to question their formerly held beliefs. In addition, positive predictors of spiritual struggle include students' degree of religious activity, the nature of their conception of God, and a view of themselves as being compassionate (Bryant & Astin, 2008).

The college years are a period when youth are reconsidering the faith traditions and worldviews they have held under the influence of their parents and friends as they are exposed to new peer groups and experiences. It is therefore useful to examine this process of spiritual growth in order to gain insight into parallel processes during the graduate school years. In college, the development of personal spirituality is a component of synthesizing aspects of identity into a cohesive whole and determining an individual trajectory toward contentment and meaning in life (Dalton, Eberhardt, Bracken, & Echols, 2006). Studies on student development in college points to five aspects involved in the process of spiritual growth. These include:

1. Identity: Who am I?
2. Destiny or Calling: Where am I Going?
3. Personal Faith: What Can I Believe in?
4. Wholeness: How Can I be Happy?
5. Mattering: Will My Life Make a Difference?

The formation of identity mirrors the development of personal spiritual and religious values because identity development involves introspection and exploration of currently held convictions, attitudes, and ways of making meaning (Dalton et al., 2006).

The overall formation of a student's identity involves uncovering the purpose of his or her life, which often involves inward inspection of spiritual matters.

Religious and spiritual development in young adulthood. Students often enter graduate school within a few years of completing college, and it is therefore relevant to discuss developmental aspects of this period in order to gain further contextual insight into religious and spiritual development in the graduate school years. According to Levenson, Aldwin, and D'Mello (2005), there are two central developmental models of religious and spiritual identity in scholarly literature: Socialization theories and cognitive theories. Socialization theories generally contend that parents and peers have a significant impact on the emerging religious identity. Oser and Gmunder (1991; as cited in Levenson et al., 2005) propose a cognitive developmental model of religiosity in which individuals undergo five stages of religious growth in judgment motivated by finding the solutions to seven conflicts. These include a) freedom versus independence, b) transcendence versus immanence, c) hope versus despair (of the influence of the divine), d) the hiddenness versus the transparency of divine will, e) faith versus fear, (f) the sacred versus the profane aspects of life circumstances, g) and the eternal versus the ephemeral import of life choices.

Arnett (2000) proposes a developmental theory of "emerging adulthood," the period of time from late adolescence to the early twenties, concentrating primarily on ages 18 – 25. He proposes that emerging adulthood is a discrete stage of development in several respects, including demographics, subjectivity, and the search for identity. This stage is a period in which individuals explore three principle aspects of identity formation, including love, work, and general values and attitudes.

Research indicates that there is a variety of views in reports of the importance of religion, frequency in attending church or other social religious activities, and the nature of the religious values and attitudes of young adults (Arnett & Jensen, 2002). Findings exhibit the general emphasis on forming individual views and living independently, and indicate that the period of emerging adulthood is a significant time for developing and synthesizing personal faith and values from different religious and spiritual traditions. Stolzenberg, Blair-Loy, and Waite (1995) found that religious participation increases with age in the period of young adulthood because individuals at this stage show a greater likelihood of entering into marriage and raising children.

Purpose

The purpose of the current study was to investigate the religious and spiritual beliefs and practices of graduate students studying to become clinical or counseling psychologists as well as their attitudes to the role of religion and spirituality on mental health and treatment provision. Due to the impact of the personal religious and spiritual views of the clinician on therapeutic outcomes, it is important to determine major factors that influence these views within a developmental context, including personal experience and training. If the difference in religious and spiritual beliefs between clinical psychologists and the general public emerges as a result of changes in religious and spiritual beliefs in graduate education, then the current data will inform a reexamination of training to explicitly address religious and spiritual issues.

Method

Research Approach

This study used a survey method to examine the religious and spiritual beliefs and practices of doctoral students in clinical and counseling psychology and their attitudes and practices regarding approaches to address religion and spirituality in psychotherapy. The use of the survey method has a number of advantages. Due to the fact that surveys are comparatively inexpensive to administer, such a method is useful in gaining information about a large number of participants. Another advantage to the method is that several questions can be asked regarding the research topic, which may yield richer information regarding correlations between variables. One possible disadvantage of using a survey to conduct research is that the researcher must ensure that a large number of the selected sample will reply. A further disadvantage is the inability to clarify the exact meaning of participants' responses.

Participants

The sample consisted of 102 female participants (72.9%) and 38 male participants (27.1%). The mean age of participants was 31.10 ($SD=5.91$). The majority of the sample reported White, non-Hispanic for ethnicity ($n=120$, 85.7%), followed by Asian ($n=7$, 5%), Black ($n=5$, 3.6%), Multiracial/Multiethnic ($n=4$, 2.9%), Other (i.e. Jewish, Persian, and Eastern European; $n=3$, 2.1%), White, Hispanic ($n=2$, 1.4%), and American Indian ($n=1$, 0.7%). The greatest proportion of the sample classified themselves as married ($n=62$, 44.3%), followed by single, never married ($n=55$, 39.3%); single, living with partner ($n=15$, 10.7%); and divorced/separated ($n=8$, 5.7%). No participants indicated that they were widows, and one participant endorsed "prefer not to answer." The mean

number of supervised clinical hours of psychotherapy conducted in pre-doctoral practicum reported by participants was 906.71 ($SD=791.71$).

Participant demographic information is presented in Table 1. Participant education information is presented in Table 2. Participant theoretical orientation information is presented in Table 3. Participants consisted of doctoral psychology students completing their pre-doctoral internship from 121 (87.7%) clinical and 16 (11.6%) of counseling graduate programs. One (0.7%) participant was attending a combined clinical/counseling/school programs, and no participants (0%) were attending educational psychology programs. Participants reported they were earning either a Ph.D. ($n=50$, 36%) or Psy.D. ($n=89$, 64%) degree. The mean year in which participants entered their doctoral degree program was 2007 ($SD=1.89$). The largest percentage of the sample in the current study reported that their doctoral program was located in California ($n=35$, 25.93%) followed by Pennsylvania ($n=22$, 16.30%). Remaining program locations are listed in Table 2. The greatest percentage of participants obtained their undergraduate education at a public liberal arts college or university ($n=54$, 38.6%). The majority of participants reported that they majored in a subject other than theology, religious studies, scripture, or psychology of religion, endorsing “not applicable” ($n=99$, 82.5%). The mean year in which participants were awarded their B.A. or B.S. was 2002 ($SD=4.56$).

The participants for this study were interns from clinical psychology and counseling psychology programs working at pre-doctoral internship sites with memberships in the Association of Psychology Postdoctoral and Internship Centers (APPIC). Interns were recruited from a group of training sites that fit the following criteria: (1) the site was located within the 50 U.S. States; (2) the APPIC directory

specified that the site includes training in psychotherapy; (3) the site included a yearly class of two or more interns. Subjects were required to be 18 years of age to give consent to participate in the study; in light of the target population, i.e., psychology interns, it was expected that no one under the age of 18 would be a member of the recruitment group. The total number of completed research surveys was set at 347 (See next section for further explanation), which based on previous recruitment of interns using this recruitment method required recruitment materials to be sent to all APPIC internships.

Interns were recruited to participate in the study through internship sites selected from the APPIC 2010- 2011 Internship and Postdoctoral Programs in Professional Psychology directory. All sites that met the criteria for inclusion in the study yielded a sample size of 823 training sites, with a minimum of 2588 possible participants. To achieve adequate power of .5 at a 95% confidence level a sample size of 347 participants was desired for this study, based upon the following formula used to calculate sample sizes: $n = N / (1 + N(e)^2)$, assuming $p = .5$ and $\pm 5\%$ variability (Israel, 2003). During recruitment, a letter of introduction explaining the nature of the study and a request for participation was sent via e-mail to clinical training directors. Web-based surveys generally yield a response rate of 39.6% ($SD = 19.6$) (Cook, Heath, & Thompson, 2000); however, this recruitment procedure included an addition step, i.e., the recruitment materials were forwarded by the internship director of training, which based on published reports, yields a smaller final rate of return. Nevertheless, an adequate response was expected to yield a representative sample or to a minimally provide data as an exploratory study.

Representativeness of the participants. A claim is not being made as to the representativeness of the sample of interns participating in this study. The return rate, although acceptable for an exploratory study, does not represent a sufficient number of participants to attain adequate power, as discussed above. Also, there is no available data presenting the demographics of the actual population being studied, i.e., psychology interns; therefore, there is no ability to conduct a comparison study of the equivalence of the sample to the universe. That being said, comparison of the demographic data of the participants with the only available demographic data on psychology interns (APPIC, 2010), suggests similarities between participants and psychology doctoral students. For example, 72.9% of the participants were female, which was similar to 78% in graduate students participating in the APPIC Match; the average age was similar (31.4 and 30.2, respectively). However, differences appear as well; about 87% of the subjects reported ethnicity to be White, non-Hispanic compared to 77% of APPIC internship applicants.

Instrumentation

Forty-eight items, drawn from an item pool developed by Edward Shafranske and Kenneth Pargament, primary investigators of the “Religious and Spiritual Attitudes and Practices of Clinical and Counseling Psychologists and Graduate Students in Clinical and Counseling Psychology Project” (2010), were included in the survey: (a) demographics; (b) assessments of various aspects of religiousness and spirituality (including salience, ideology and secularization; religious orientation, preferences, practices, involvement and experiences, and developmental history); (c) education and training; (d) personal beliefs and sanctification; and (e) practice experience. Items were drawn from previous studies of psychologists (e.g., Shafranske, 1996; Shafranske & Maloney, 1990), the U. S.

population (e.g., Kosmin & Keysar, 2009; Newport, 2007; Pew Forum on Religion & Public Life, 2008), and U.S. college students (Astin et al., 2005). This instrument contained items also to be used in the survey of licensed clinicians as part of the aforementioned research project (Shafranske & Pargament, 2010). Items were selected to obtain information on the religious and spiritual beliefs, attitudes and practices of the interns as well as to provide a means to compare with the U. S. population. No identifying information was requested or obtained in the conduct of the survey. The survey took approximately 12 minutes to complete.

Research procedures. A survey administered via the Internet, was utilized to collect the data. Participants were interns completing their doctoral internship recruited from internship sites selected from the APPIC 2010- 2011 Internship and Postdoctoral Programs in Professional Psychology directory. Internship directors were sent a cover letter via email explaining the purpose of the study, its benefits and risks, and information directing participants to an internet website designed to administer surveys.

Human Subjects Protection. Potential participants were forwarded the recruitment e-mail by the director of training of their internship. The recruitment e-mail described the study, procedures, benefits and risks, and consent for participation.

Benefits and risks. There were no direct benefits to all participants in the study; however, potential benefits included satisfaction in knowing that their participation contributed to knowledge in the field of psychology and increased awareness of the role of religion and spirituality in their personal and professional lives. Participants were offered the opportunity to enter a drawing for a \$50 cash reward awarded when the study was completed.

Potential minimal risks included boredom or fatigue in completing the survey or possible emotional discomfort as a result of responding to questions about personal religious and spiritual beliefs, practices, and attitudes. Participants may have been reminded of negative experiences related to their religious and spiritual development.

Diversity or multicultural factors, which include religion and spirituality, are discussed in the graduate education and clinical training of psychologists. “Diversity” constitutes a domain required for accreditation by the American Psychological Association. Also, religion is explicitly included in the “Individual and Cultural Diversity-Awareness” competency in the Competency Benchmarks Document, developed by APA (Fouad et al., 2009). The participants were psychology interns who completed 2-4 years of clinical training at practicum sites, which is necessary for placement at an internship site. They should have also completed coursework in which diversity and multicultural factors, which religious and spiritual diversity contribute, would have been addressed. Psychology graduate students are trained to deal with personal reactions to a host of subjects encountered in their clients, including religious and spiritual beliefs, practices, and attitudes, which may stimulate reactions in the graduate student. As such, it was presumed that questions asking about the participants’ religious and spiritual beliefs, practices, and attitudes constituted no more than minimal risk of discomfort. Additional risks of participating in the survey may have included minor fatigue associated with taking the time to fill out the questionnaire or minor inconvenience, which was divulged in the recruitment e-mail.

Further, the APA ethical code requires understanding of factors associated with religion (Principle 2.01b) (APA, 2002). In addition, psychology doctoral students are

trained in research methods and develop a familiarity of the nature of risks involved in survey research in psychology. Participants may also have stopped responding to the survey at anytime and it was suggested that they consult with a trusted faculty member, clinical supervisor, or mental health professional should they experience negative reactions to the survey. Addressing personal reactions that could influence the conduct of therapy with diverse clients (including religiously or spiritually committed clients) is one aspect of internship training and therefore there are resources available within the setting to address any adverse reactions.

Consent for participation. Participation in the study provided implicit consent, and implied that the participant fully understood the nature, benefits and risks of the study. The participant indicated their understanding and agreement to participate in the survey prior to completing any survey items after reading the following statement:

Introduction to the Survey and Consent to Participate

This survey examines the religious and spiritual beliefs and practices of doctoral students in clinical and counseling psychology and their attitudes and practices regarding approaches to address religion and spirituality in psychotherapy.

I understand that my participation in this study is voluntary and that my anonymity will be ensured because the survey information will be gathered with no related identifying information or IP addresses obtained. While there are no direct benefits to all participants in the study, I understand that I may experience satisfaction in knowing that my participation will contribute to knowledge in the field of psychology as well as I may increase my awareness of the role of religion and spirituality in my personal and professional life. I understand that if I choose, I may enter in a random drawing to win \$50. I understand that the study poses no greater than minimal risk of harm, for example, possible boredom, fatigue, or discomfort in answering questions related to personal religious or spiritual beliefs, practices or attitudes. I understand that I may discontinue participation at any time and that it is recommended that I consult with a

trusted faculty member, clinical supervisor, or mental health professional should I experience negative reactions to the survey.

____ I understand that by checking the box to the left, I have indicated my voluntary consent to participate in the research.

An application for waiver of informed consent was obtained from the Institutional Review Board and an implied consent statement (i.e., ‘Your completion of this survey, implies your consent to participate in this study’) was included in the invitation letter and in the introduction to the survey instrument (presented on-line) to which the participant indicated agreement. In addition, a waiver of documentation of permission to recruit subjects from cooperating institutions, i.e., internships, was requested. The individual Director of Training clearly provided implied consent by forwarding the materials; this was stated in the recruitment statement to the Director of Training. This is a commonly used procedure in research aimed at psychology trainees and interns, since mailing lists of psychology interns are not available; therefore, recruitment through the implicit consent and cooperation of the internship training director was required. Requiring the additional step of Directors of Training to confirm permission to recruit potential subjects (by forwarding the recruitment e-mail) is not only burdensome, it also eliminates one level of anonymity in respect to potential participants as well as is inconsistent with practices of recruitment of graduate students.

Data Collection and Analysis

Data collection was conducted from February 3, 2011 to March 16, 2011. All data was collected by a company that provides Internet-based survey administration, i.e., SurveyMonkey. All data was collected in an anonymous manner, and IP addresses were not collected by the company. The company entered data into an Excel spreadsheet

electronic file, which was downloaded by the investigator and dissertation chair and copied to a compact disk. Following downloading of all data the survey instrument and data stored on the SurveyMonkey website was deleted. The downloaded Excel file was imported into an SPSS-compatible spreadsheet file. All data will be stored for 3 years on electronic media, stored in a locked file cabinet; after 3 years the media storing the data will be destroyed.

The current study addressed a void in the scientific literature on the religious and spiritual beliefs and practices of doctoral students in clinical and counseling psychology as well as attitudes and practices related to how religious and spiritual factors might be addressed in clinical practice. The study examined and described the survey results taking into consideration a developmental framework.

No specific hypotheses were tested in this study; rather, descriptions of the religious and spiritual beliefs, practices and attitudes of the participants were examined with the intent of gaining possible insights into (1) factors that influence their professional maturation as psychologists; (2) similarities between the participants and the general population (in respect to religion and spirituality), and (3) attitudes and practices related to dealing with religious and spiritual factors in psychotherapy.

Descriptive research is useful for generating substantial information and identifying further areas of interest. Of particular interest were items on the survey which addressed the developmental line of participants' spirituality, including beliefs, practices, and influences throughout adolescence, emerging adulthood, and adulthood, which may impact attitudes and practices in respect to clinical practice with religious or spiritual clients. Secondary analyses examined the possible relationships between gender, training

model (i.e., PhD or PsyD), theoretical orientation, ethnicity, religious and spiritual attitudes and usage of religious and spiritual interventions. Ultimately, by obtaining descriptions of existing religious and spiritual components of human experience within the current cohort, educators and supervisors can posit possible factors that influence this developmental trajectory and influence the clinical training of psychologists.

Results

Participants completed 144 surveys. This response rate is comparable to previous Internet-based surveys of current pre-doctoral interns in psychology, in which samples consisted of 119 participants (Yozwiak, Robiner, Victor, and Durmusoglu, 2010); 129 respondents (Prupas, 2007); and 86 participants (Riggs, 2006). This section presents results from the survey in several areas, including religious and spiritual a) salience, b) ideology (including beliefs regarding the existence of God) and secularization, c) general orientation, d) preferences, practices, involvement and experiences; e) development; f) graduate education and training; g) personal beliefs and sanctification; h) practice experiences; and i) clinical interventions. Where available comparisons will be drawn between doctoral students in the current study and findings from a national college study (Astin et al., 2005), other studies on graduate students (Harman, 2001; Hayes, 2004; Prest et al., 1999), and the U.S. population (Gallup, 2010; Newport, 2007; Pew Forum on Religion & Public Life, 2008).

R/S: Salience – Importance of Religion and Spirituality

Table 4 shows the levels of importance of religion and spirituality endorsed by the respondents. The majority of respondents reported that religion is not very important in

their life ($n=91$, 65.5%). In contrast, the greatest percentage of participants reported that spirituality is very important in their life ($n=58$, 41.7%). The level of religiosity reported in the current study is less than other studies on graduate students, though these students also endorse lower levels of religiosity than the general public, consistent with studies on psychologists (Hayes, 2004). Hayes' study found that 56% of participants agreed or strongly agreed that religion is important in their lives and 56% of participants thought of themselves as religious. Prest et al., (1999) found that all of the graduate students in psychology in their pool of participants thought of themselves as spiritual, and 72.6% reported feeling strongly about their spirituality. Consistent with the current study, research suggests that most therapists consider spirituality to be relevant in their lives but rarely participate in traditional religious or spiritual practices (Bergin & Jensen, 1990; Delaney et al., 2007; Shafranske, 1996, 2000; Shafranske & Malony, 1990, Walker et al., 2004).

R/S: Ideology/Secularization - Existence of God

Regarding the existence of God, Table 5 shows that the largest number of respondents reported that there is "definitely a personal god" ($n=56$, 40.3%). This is much less than another study showing that 85% of graduate students in psychology agreed or strongly agreed with the statement "I believe in God" (Hayes, 2004). This result is also consistent with a 1995 study on psychologists with doctoral degrees in counseling or clinical psychology which found that only 40% of psychologists stated that they believe in a personal God (Shafranske, 1996). The majority of current participants also stated that their current views about spiritual/religious matters are secure ($n=89$, 64%).

R/S: General Orientation

In terms of religious and spiritual identity Table 6 shows that half of participants reported that they consider themselves to be spiritual ($n=70$, 50.4%). In contrast, 7.2 % ($n=10$) of respondents stated that they are religious. Finally, 25.9% of the sample stated that they were religious and spiritual ($n=36$). The majority of participants reported that they are not “born again” or evangelical Christian in orientation ($n=121$, 87.7%) and stated that they have no involvement in religion ($n=67$, 51.1%). In contrast to these results, 56% of psychology graduate students in one study stated that they considered themselves to be religious (Hayes, 2004). Also in contrast to the current study, a 2006 study showed that 43% of psychology graduate students considered themselves to be both spiritual and religious (Troyano-Vasquez, 2006). Similar to the current study, 47% of the participants in that study considered themselves spiritual but not religious, and 10% neither spiritual nor religious. Research on psychologists suggests that they report much higher levels of religiosity than the current participants. In a 2007 study, 84% of psychologists reported having a religious preference (Delaney et al., 2007).

Regarding religious preference, most respondents classified themselves as having no preference, followed by Christian. The majority of participants in the current study reported a Christian affiliation, and the greatest proportion of the sample indicated that they ascribe to a cognitive-behavioral orientation. This is consistent with research showing that Christian psychologists are more likely to report a cognitive-behavioral orientation, and psychologists with Eastern and mystical beliefs are more likely to report humanistic and existential orientations (Bilgrave & Deluty, 1998). These authors point

out that the clinician's private religious and spiritual attitudes and practices may affect the clinician's therapeutic orientation.

R/S: Preference/Practices, Involvement and Experiences

Table 7 shows that the greatest proportion of the sample reported that they never attend religious services ($n=43$, 30.9%). The majority of participants indicated that they pray at least once a week ($n=65$, 47.2%), and 26% stated that they never pray ($n=36$).

The greatest number of participants reported that they experience a deep sense of spiritual peace and well being at least once a week ($n=60$, 43.2%), and the majority stated that they have had a moment of sudden religious or spiritual insight or awakening ($n=78$, 56.1%). These results are consistent with research showing that graduate students (Hayes, 2004) and psychologists report infrequent involvement in organized religious activities and higher levels of involvement in personal spiritual practices (Bergen & Jensen, 1990; Delaney et al., 2007).

R/S: Development

Examination of spiritual development through items on the survey which addressed the developmental line of participants' spirituality, including beliefs, practices, and influences throughout childhood, college, and adulthood, showed that traditional religious participation decreased steadily from childhood through college to adulthood. This is consistent with a 2007 study in which 91% of psychologists stated that they had believed in God during some period of their lives, but 25% of psychologists stated that they no longer believe in God (Delaney et al., 2007).

Tables 8 and 9 discuss the beliefs and experiences of participants across the lifespan. Table 8 shows that the majority of respondents identified with their parents'

religious identifications, when the respondent was growing up ($n=89$, 65.4%). The greatest percentage of participants indicated that their family of origin had some involvement with and regular participation in religious activities when they were children ($n=44$, 32.4%). Equal numbers of respondents reported that they were active participants with a high level of involvement at the age of 12 ($n=43$, 31.6%) and had regular participation and some involvement in religious activities at the age of 12 ($n=43$, 31.6%). Regarding their level of religious involvement when a senior in college, the greatest percentage of respondents stated that they identified with religion but had very limited or no involvement ($n=47$, 34.8%). The greatest percentage of participants reported that they currently do not identify with any religion, and have no participation or involvement in religion. ($n=36$, 26.5%). The majority of participants also stated that in response to dealing with major problems in life they try to make sense of the situation and decide what to do without God ($n=90$, 67.2%). However, the greatest proportion of respondents indicated that religion or spirituality is “very involved” in coping with stress ($n=47$, 34.6%).

Tables 10 and 11 show that the majority of participants stated that the experiences listed in the survey had little or no effect on their religious or spiritual beliefs. This included new ideas encountered in psychology classes, attitudes and opinions of professors in psychology and other disciplines, their own experience working as a psychology trainee and personal psychotherapy. Personally stressful events also appeared to have little effect on the religious and spiritual views of the majority of participants, including personal injury or illness, parental separation or divorce, or death of a close friend or family member. Most respondents also indicated that larger-scale negative

events like natural disasters, the terrorist attacks of September 11, 2001, and the Iraqi war did not affect their religious or spiritual views. Finally, personal events like having children or a romantic relationship appeared to have little effect on religious or spiritual beliefs.

Comparison of Participant Demographics to the U.S. Population

Table 12 shows the demographic information for the current participants as compared to those of the general U.S. population. The current sample was composed of a significantly higher percentage of females (72.9%) than the general population in the United States (51.8%) and had a much lower percentage of males (27.1) than the general population (48.2%). There were a greater percentage of Caucasian participants in the current study (85.7%) than represented in the general population (70.8%). African-American participants were underrepresented in the current pool of participants (3.6%) compared to their percentage in the general population (10.9%).

R/S: Comparison of Current Sample to U.S. Population

Table 13 shows comparisons of religious and spiritual salience, orientation, and ideology for the current participants as compared to those of the general U.S. population. Compared to the U.S. population, in which 54% of survey respondents stated that religion is very important, the current participants reported much lower levels of religious salience, with only 24% reporting that religion is very important. These findings are consistent with other surveys of mental health professionals (Shafranske, 2000). A much lower percentage of current participants reported that they consider themselves to be “born again” or evangelical Christians (11%) than participants in the U.S. population (42%). also reported a much lower percentage of identification of themselves of

Psychology interns and psychologists report similarly low rates of traditional religious affiliation compared to the general population. Findings in a survey of graduate students in clinical and counseling psychology programs indicated that students in psychology graduate programs, like psychologists, report lower levels of religiosity than the general public (Hayes, 2004).

R/S: Comparison of Current Sample to HERI Sample

Table 14 compares responses from participants in the current study to college students' responses in a large scale study conducted on freshman at UCLA in 2003 (Astin et al., 2005; Bryant, Choi, & Yasuno, 2003; Lindholm, 2004). In general, psychology graduate students in this study endorsed lower levels of religious participation and interest than the college students in the HERI study. However, individuals in the current study reported similar levels of interest and participation in spirituality. Belief in God was much more common in the HERI sample, as was frequency of prayer, attendance of religious services, and reliance on religious beliefs for coping and guidance. The level of security in religious and spiritual beliefs was much higher in the current sample than the HERI sample. The majority of participants in the current study reported that they are secure in their religious and spiritual views (64%) compared to only 42% of participants in the HERI study.

In the HERI study, 58% of participants indicated that integrating spirituality into their lives is "very important" or "essential" (Lindholm, 2004). Four in ten students considered it "essential" or "very important" to "follow religious teachings in my everyday life." Nearly half reported that they consider it "essential" or "very important" to seek opportunities to help them grow spiritually. The majority of college students

perceived significant differences between spirituality and religion and perceived the relationship between them as substantially variable; however, descriptive analyses conveyed that most individuals endorsing high levels of religiosity also reported high levels of spirituality. In like fashion, highly spiritual students also reported that they were highly religious, though to a lesser extent (Bryant et al., 2003).

Finally, while the highest percentage of participants in the HERI study identified as Protestant (45%), the greatest proportion of respondents in the current sample identified with no religion (39%). Only 14% of the HERI sample stated that they did not have a religious preference (Astin et al., 2005).

Regarding religious and spiritual practices, involvement, and experiences, the greatest proportion of the current sample reported that they never attend religious services, have no involvement in religion, and never pray. In contrast, four in five college students reported that they attended religious services in the past year (Astin et al., 2005). The majority of participants reported that they experience a deep sense of spiritual peace and well-being at least once a week, and have had a moment of sudden religious or spiritual insight or awakening. In like fashion, 84% of college students reported a spiritual experience.

Regarding their level of religious involvement they were seniors in college, most respondents reported that they identified with religion but had very limited or no involvement, which contrasted with the report of the college students in the HERI study. The greatest percentage of individuals in the sample stated that they do not currently identify with any religion, and have no involvement or participation in religion. In contrast, the majority of respondents stated that religion or spirituality is “very involved”

in coping with stress; however, they also related that they try to make sense of the situation and decide what to do without God in response to dealing with major problems in life. In contrast, 71% of HERI college students stated that they “gain spiritual strength by trusting in a higher power.” Two in three students stated that their religious/spiritual beliefs “provide me with strength, support, and guidance” (Astin et al., 2005).

R/S: Graduate Education and Training

Table 15 shows that the majority of participants reported that religious or spiritual issues were rarely presented and discussed ($n=61$, 45.2%). On a scale of 1 to 7, 1 being “not all” and 7 being “very,” the mean scores of various statements related to graduate education and training in religious and spiritual issues are listed in Table 10. Respondents reported low levels of overall adequacy of graduate education and clinical training in dealing with R/S issues in psychotherapy ($M=3.38$, $SD=2.06$) and degree of preparedness to integrate religious or spiritual resources in psychotherapy ($M=3.75$, $SD=1.85$).

Participants reported relatively higher levels of receptivity of graduate school faculty discussing R/S issues ($M=4.54$, $SD=1.87$), degree of preparedness to assess religion and spirituality in psychotherapy ($M=4.66$, $SD=1.85$), comfort with discussing R/S issues at graduate school ($M=4.63$, $SD=2.01$), and belief that psychologists should recommend and offer R/S interventions if demonstrated to be effective ($M=4.00$, $SD=1.97$).

The majority of participants in the current study reported that religious or spiritual issues were rarely presented and discussed in education and training. Participants’ reports on presentation and discussion of religious and spiritual issues were consistent with other studies of graduate education. In one study, less than half of the respondents endorsed having had any training in the religious and spiritual aspect of treatment, and none

reported being trained in their programs (Prest et al., 1999). In another study, the majority of students reported that their graduate programs failed to adequately train them to address religious issues in the context of psychotherapy (Hayes, 2004). In that study, only 31.5% of participants agreed or strongly agreed with the statement, “I believe my graduate program adequately prepared me to work effectively with religiously diverse populations.” Research shows that psychologists also report that they have not received adequate graduate training in religious and spiritual matters (Brawer et al., 2002; Christiansen, 2003; Hayes, 2004; Schulte et al., 2002; Shafranske & Mahoney, 1990, 1996; Young et al., 2002).

Respondents reported low levels of overall adequacy of graduate education and clinical training in dealing with religious and spiritual issues in psychotherapy, but higher levels of preparedness to assess these issues. This is somewhat inconsistent with a recent study in which 89 directors of clinical training were surveyed to ascertain the nature and extent of coverage of religion and spirituality through course work, supervision, and research (Schafer, Handal, Brawer & Ubinger, 2009). Directors reported that these issues are likely to be covered to some extent in supervision (84.3%), a course dedicated to multicultural issues (68.5%), and in a course dedicated to religion/spirituality as it relates to psychology (24.7%).

Participants also reported that psychologists should recommend and offer religious and spiritual interventions if their efficacy was demonstrated. This is consistent with another study in which 88% of participants agreed or strongly agreed that religious issues should be discussed in psychotherapy (Hayes, 2004). In that study, 36% reported

integrating clients' religious beliefs into assessment and case conceptualization, and 23% reported incorporating clients' religious beliefs into treatment planning.

Personal Belief/Sanctification

Table 16 shows the frequencies for two statements regarding influences on participants' reported career choices. Participants were asked to respond according to the degree to which they agreed or disagreed with each statement. The choices were presented in a Likert scale ranging from 1 to 9, in which 1 represented Strongly Disagree and 9 represented Strongly Agree. Regarding whether their choice in pursuing a career in psychology is an expression of their spirituality or religiousness, the majority of participants endorsed Strongly Disagree ($n=59$, 44%). In regards to the statement "my choice to work as a psychologist is sacred to me," the majority of participants responded that they Strongly Disagree ($n=25$, 18.8%). The next most frequent response was a 5 ($n=24$, 18%). In contrast with the current study, a majority of graduate students reported in one study that their religious and spiritual beliefs affected their career choice and they thought of their career as a 'spiritual path' (Prest et al., 1999).

Practice Experience

Table 17 shows that the majority of respondents indicated that religious or spiritual issues were "sometimes" ($n=50$, 44.2%) or "rarely" ($n=49$, 43.4%) involved in treatment during their pre-doctoral experience. Most participants reported that "the loss of purpose or meaning in life" has been a focus of treatment during pre-doctoral experience "sometimes" ($n=44$, 38.9%). The majority of individuals in the sample stated that clients attribute a religious meaning to life events or emotional difficulties "sometimes" ($n=57$, 50.4%). The most common responses to the statement "helping

professionals may receive inspiration, divine guidance or influence during work with clients” were split between “disagree,” ($n=34$, 30.1%), “uncertain,” ($n=33$, 29.2%), and “agree” ($n=31$, 27.4%).

R/S: Clinical Interventions

Table 18 shows participants’ responses regarding whether or not they Disapprove (D), Approve (A), Recommend (R), or Perform (P) various religious and spiritual clinical interventions. The majority of participants indicated that they perform the following: explore client religious backgrounds ($n=75$, 68.2%), examine the impact of client religious beliefs on their psychological functioning ($n=65$, 58%), use mindfulness approaches ($n=78$, 70.3%), and use acceptance and commitment approaches ($n=61$, 55.5%). The greatest percentage of participants reported that they incorporate virtues such as honesty, integrity, gratitude, kindness, and justice into their clinical work ($n=50$, 45.5%); recommend formal meditation practice ($n=42$, 38.5%); and incorporate values such as forgiveness, gratitude, kindness, and justice ($n=53$, 47.7%). These results are somewhat higher than Hayes’ 2004 study of doctoral students in psychology, in which 30.3% of respondents reported inquiring into client’s religious beliefs during the initial interview, 36% reported integrating clients’ religious beliefs into assessment and case conceptualization, and 23% reported incorporating clients’ religious beliefs into treatment planning.

The majority of participants reported that they approve of the following clinical interventions: using religious language or concepts ($n=58$, 51.8%), recommending religious journal writing ($n=64$, 59.3%), incorporating spirituality to address forgiveness ($n=62$, 56.4%), seeking consultation with religious professionals ($n=61$, 55%), referring

clients to religious professionals ($n=61$, 55.5%), and discussing the potential health benefits associated with religious involvement ($n=58$, 53.7%). The greatest percentage of clinicians reported that they recommend the following: recommending religious books ($n=50$, 46.7%) examining the impact a disorder might have on a client's religious or spiritual functioning ($n=51$, 45.9%), using religious imagery ($n=54$, 50%), praying privately for a client ($n=48$, 44.9%), and incorporating appreciation for the sacredness of life ($n=51$, 47.7%). These results are consistent with those of a 1990 study on psychologists, in which 59% of participants supported using religious language, metaphors and concepts in psychotherapy (Shafranske & Malony, 1990). Results are also consistent with a more recent study in which 48% of the participants reported having consulted with religious professionals in regard to their clients (Sorenson & Hales, 2002). Approximately 36% of that sample stated that they had collaborated with religious professionals during the course of their clinical work. Current results are inconsistent with a 1990 study in which 55% of psychologists agreed that it was inappropriate for a psychologist to integrate religious texts or scripture in psychotherapy (Shafranske & Maloney, 1990).

Most individuals in the sample stated that they disapprove of the following clinical interventions: recommending leaving religion ($n=90$, 82.6%), encouraging client confession to seek repentance ($n=73$, 66.4%), and praying with a client ($n=65$, 59.6%). The greatest percentage of participants stated they disapprove of recommending religious practices ($n=47$, 43.9%), and clinician religious or spiritual self-disclosure ($n=49$, 45%). In a 1990 study, 68% of participants agreed that it was inappropriate for a psychologist to pray with a client (Shafranske & Maloney, 1990). Results in the 1990 study indicate

therapists were less likely to support explicit religious activity within the therapeutic setting (Shafranske & Maloney, 1990).

Secondary Analyses

When interpreting the findings it is important to consider possible self-selection bias in those choosing to participate in the study. For example, Shafranske (1996) found that there was a difference in salience of religion, in those choosing to complete such surveys. While selection bias was not able to be investigated in the current study, it is likely that such bias influenced participation and therefore the findings should be assessed with the likelihood that a positive religion, positive spirituality bias may influence the results. Simply put, there may be a significant respondent bias in which those who elected to complete the survey had a greater interest in religious and spiritual issues than those who did not respond. The current sample appears to be skewed in regards to gender and ethnicity. There is a higher percentage of female and White (non-Hispanic) participants. As stated previously, a claim of representativeness of the data cannot be asserted therefore additional analyses were not performed.

However, it is useful to consider interactions between the current religious involvement and usage of religious and spiritual interventions within the current sample. In the current study several analyses of variance indicated that importance of spirituality (Table 19), importance of religion (Table 20), gender (Table 21), whether one is secure or not in religious and spiritual views (Table 22), type of degree (Table 23), or type of program (Table 24) does not appear to significantly affect the global use or attitudes towards religious and spiritual issues.

Discussion

The current study sought to investigate the religious and spiritual beliefs and practices of doctoral students training to become psychologists. This study also explored their professional attitudes and practice behaviors concerning the role of religion and spirituality in mental health and integration of spiritual interventions and resources in psychotherapy. Descriptions of the religious and spiritual beliefs, attitudes and practices of the participants were examined with the intent of gaining possible insights into factors that influence interns' professional maturation as psychologists, similarities and differences between psychology interns and the general population (in respect to religion and spirituality), and attitudes and practices related to dealing with religious and spiritual factors in psychotherapy. Consideration of these factors within a developmental context can provide insight into the nature and extent of the influences of these factors.

Factors Affecting Psychology Graduate Students' Professional Growth

Factors affecting graduate students' professional growth include personal religious and spiritual beliefs, personal experiences, graduate education and training, and practice experiences. Findings in the current study regarding these areas and their possible impact on the development of graduate students as psychologists are considered here.

Personal religious & spiritual beliefs. Personal religious and spiritual attitudes have been shown to affect clinical practice. Bergen and Jensen (1988) contend that the greater the reported religiosity of the clinician, the greater the likelihood that he or she will endorse religious values as important to the promotion of mental well-being. In one study on psychologists, 72% of participants reported that their personal religious beliefs

impacted the course of their work in psychotherapy (Bilgrave & Deluty, 1998). Though over 65% of participants in the current study reported that religion is not very important in their life, over 41% reported that spirituality is very important in their lives. Half of participants stated that they consider themselves to be spiritual, and less than 10% described themselves as religious. Over half of participants reported that they have no involvement in religion and are secure in their views. Furthermore, almost 90% of participants stated that they are not “born again” or evangelical in their Christian orientation. Yet, approximately 40% of participants reported that they believe in a personal god and most respondents subscribing to a religion stated that they are Christian. It may be participants believe in a Christian God based on their early experiences with religion but don’t ascribe to other religious beliefs or rituals.

Previous studies have shown that level of reported spirituality is correlated with the incorporation of beliefs into clinical practice (Bergin et al., 1996). Subsequently, these findings suggest that respondents in the current study would report higher levels of inclusion of spiritually-based interventions in clinical work than those based on religious ideology. However, personal religiosity and spirituality did not appear to have a significant effect on the usage of or attitude towards religious and spiritual interventions in psychotherapy in this study.

Personal experiences. Personal experiences are another factor affecting the professional growth of students training to become psychologists. Experiences listed in the current survey, drawn primarily from the HERI study (Astin et al., 2005), were not predictive of changes in religiousness or spirituality, as the majority of participants stated that they neither weakened nor strengthened them. These experiences included training

and education, stressful events in their personal lives, larger-scale traumatic events, and experiences having a profound effect on their lives like having children. It appears that direct questions regarding the effect of training and education, including the impact of professor attitudes toward religious and spiritual issues, did not have a significant effect on participant's subjective experience of religion and spirituality. It appears that education and clinical training, including direct discourse with psychology faculty or exposure to attitudes in courses, do not have a large effect on personal religious and spiritual development.

Comparison of current sample to U.S. population. The current sample contrasted with participants in surveys of the U.S. population in several respects, lending further support for the finding that trainees in the field of psychology and psychologists report differences in religiosity and spirituality from the general population. Participants in the current study reported that they did not consider religion to be as important as respondents from a representative sample of the U.S. population.

Graduate education and training. Graduate education and training is another area affecting the professional growth of graduate students training to become psychologists. Most students in the current study reported inadequate training on religious and spiritual considerations as they pertain to psychotherapy. However, participants endorsed high levels of comfort with discussing religious and spiritual issues in graduate school and indicated that school faculty were relatively receptive to discussing religious and spiritual issues. This is interesting in light of research that found that the only significant predictor of inclusion of religious and spiritual issues in graduate programs was faculty openness to addressing these issues with students (Christiansen,

2003). This finding is consistent with a recent survey of 89 directors of clinical training who reported a general increase in supervision in religious and spiritual issues between 2002 and 2009 from (77–84.3%) but no increase in systematic education and training, which was defined as the combination of a dedicated course, supervision, and research (Schafer et al., 2011).

Research shows that therapists have reported several factors associated with perceived competency utilizing religious and spiritual interventions, including personal involvement in religion, formal training with clients with religious meaning systems, training in specific religious interventions, and experience with personal therapy. The majority of clinical and counseling psychologists claim that their religious beliefs impact their therapeutic practice. The majority also reports that their therapeutic practice influences their religious beliefs (Bilgrave & Deluty, 1998; Walker et al., 2005).

Practice experience. Practice experience is another factor affecting professional growth of graduate students training to become psychologists. In one study of clinical and counseling psychologists, 66% indicated that their practice of therapy impacted their religious beliefs (Bilgrave & Deluty, 1998). In the current study, levels of reported experience with religious and spiritual issues were moderate, as the greatest proportion of participants indicated that religious or spiritual issues were sometimes or rarely involved in treatment during their pre-doctoral practice experience. This lack of practice experience during training may impact their ability to address these issues in future clinical work.

Attitudes and Practices Towards Religious and Spiritual Issues in Psychotherapy

The current sample's responses indicated that participants show significant support for the inclusion of religious and spiritual issues in psychotherapeutic practice. Most respondents indicated that psychologists should recommend and offer religious and spiritual interventions if their efficacy was demonstrated. Approximately equal numbers of respondents reported that they either agreed, disagreed, or were uncertain about whether "helping professionals may receive inspiration, divine guidance or influence during work with clients." In like fashion, most participants reported that they disagree that they chose to pursue a career in psychology as an expression of their spirituality or religiousness and equal numbers indicated that they either disagreed with or felt somewhat neutral about the statement, "My choice to work as a psychologist is sacred to me." This suggests that therapists in the current study report conflicting beliefs about the direct role of spirituality in their work as psychologists.

Limitations

There were several limitations in the current study. One of the limitations concerns the use of language in the items employed in the survey. People use language in different ways and so there is likely variance in meaning, particularly when using terms like "religion" and "spirituality." Since specific definitions of the terms were not offered in the survey, assumptions about the participants' use of the terms had to be made. The investigator was cognizant of the limitations posed by this approach; however, in order to derive comparisons to population data obtained in other studies, e.g., U. S. Religious Landscape Survey (Pew Forum on Religion & Public Life, 2008), exact

replication of the item was required. Another limitation is related to the potential presence of a non-respondent bias. It may be that the individuals who did not respond were from programs that do not encourage interest in religious or spiritual matters in comparison to individuals who participated in the current study. In addition, the current sample appeared to over-represent female and White pre-doctoral interns. It also appeared older than the age distribution of pre-doctoral interns, as it was composed of adults ranging from mid-twenties to mid-fifties. Also, there was a relatively low response rate (although it cannot be determined how many interns actually received forwarded invitations from their Directors of Clinical Training to participate in the study); however, relatively low response rates in Internet surveys have been reported in studies that have directly compared them with paper methods (Braithwaite, Emery, de Lusignana, & Sutton, 2003). Based on the aforementioned factors, generalization of current results cannot be asserted; however, the results do point to trends that may be further examined in future research with a more representative sample.

Implications for Clinical Training

There were several implications of results in the current study for training and professional practice. Current participants appeared less religious than the general population, and endorsed similar religious and spiritual beliefs to psychologists. Participants also reported progressively less religious involvement across their lifespan, from relatively high involvement to low or no involvement, and stated that religion is not very important in their life. However, most participants reported that they viewed spiritual matters as very important. Research suggests that the therapist religious and spiritual beliefs have been correlated with their use of religious and spiritual interventions

and greater receptivity to discussing these matters in psychotherapy (Shafranske, 1996; Walker et al., 2004, 2005). However, contrasting students in clinical and counseling psychology graduate programs with studies on psychologists indicates that there is a steady reduction of traditional religious beliefs as these individuals gain greater experience as clinicians, which suggests that religious training in graduate school is important (Harman, 2001). This reduction may also be a function of entering into higher levels of faith development as these adults grow older. Bryant and Astin (2008) found that college students who major in psychology reported higher levels of spiritual struggle. It may be that these students have a greater likelihood of scrutinizing and investigating their religious and spiritual attitudes and beliefs because they are involved in a field that promotes examination of the human condition. This precocious religious and spiritual development may continue to be accelerated beyond the general population across the lifespan as the clinician gains greater breadth and depth of experience in the field of psychology. Fowler & Dell (2006) contend that adults first go through Synthetic-Conventional Faith, during which they become attached to religious and spiritual beliefs that help them to form relationships with other people. The next adult stage of faith development is Individuative-Reflective Faith, in which adults reexamine former strong beliefs as their stronger sense of identity enables them to do so independent of former anchors (i.e. people, ideologies). Adults then enter the Conjunctive Faith stage, which involves an appreciation of multiple sources of truth via dialectical thinking, in which differing viewpoints are reconciled. The final stage is Universalizing Faith, in which the adult becomes interested in the unity of all components of creation, including differences in religious traditions. If pre-doctoral interns are entering into the stage of Individuative-

Reflective Faith, they may be less affected by faculty attitudes and concrete experiences and traditions, and may be more interested in abstract conceptualization of religious and spiritual concepts. Of note was the finding that, while psychology faculty were seen to be receptive to discussions of R/S, these interactions appeared to not have a significant impact in swaying students' R/S commitments. However, further study is needed to fully understand the nature of such interactions; also, it may be possible that both faculty and students are cautious and respectful about entering into dialogue of a personal nature regarding R/S commitments in contrast to discussions focused on professional issues.

Recommendations for Future Research

Future research should consider in greater detail the direct effect of faculty opinions and attitudes on the religious and spiritual attitudes and beliefs of graduate students. Qualitative studies might be particularly useful in better understanding the nature of faculty student interactions as well as attitudes towards discussion of personal matters of faith and beliefs. Future inquiry should also be made into differences related to different age cohorts of psychology interns to further determine the extent to which the development of religious and spiritual worldview is influenced by stages outlined in developmental theory. Future research might also take further steps to ensure that a representative sample of doctoral students in psychology is obtained.

Conclusion

The current study sought to investigate the religious and spiritual beliefs, attitudes and practices of doctoral students training to become psychologists. This study also explored the role of religion and spirituality in mental health as perceived by graduate students. Findings were discussed within a developmental context to determine possible

factors influencing the religious and spiritual orientation of graduate students. The purpose of this study was to generate information regarding the impact of graduate education on the formation of the religious and spiritual ideologies of students in training to become psychologists in order to determine the ways in which graduate training should address religion and spirituality as salient aspects of client worldview and mental health treatment. Findings indicated that graduate training should continue to evolve the nature and extent to which it addresses preparation to address religious and spiritual issues in clinical practice.

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TABLES

Table 1

<i>Demographics</i>		
	<i>n</i>	%
Sex		
Female	102	72.9
Male	38	27.1
Race/Ethnicity		
White, non-Hispanic	120	85.7
White, Hispanic	2	1.4
Black	5	3.6
Asian	7	5
American Indian	1	0.7
Multiracial/Multiethnic	4	2.9
Other (i.e. Jewish, Persian, Eastern European)	3	2.1
Marital Status		
Single, never married	55	39.3
Single, living with partner	15	10.7
Married	62	44.3
Divorced/Separated	8	5.7
Widowed	0	0
Prefer not to answer	1	0.7
	<i>M</i>	<i>SD</i>
Age	31.10	5.91

Table 2

<i>Education</i>		
	<i>n</i>	%
Type of undergraduate college		
Public/Liberal Arts	54	38.6
Public/Research-Oriented	32	22.9
Private/Liberal Arts	32	22.9
Private/Research-Oriented	9	6.4
Private Religious-affiliated /Liberal Arts	16	11.4
Private/Religious-affiliated/Research-Oriented	0	0

(continued)

	<i>n</i>	%
Undergraduate major or minor		
Philosophy	8	6.7
Theology	1	0.8
Religious studies	8	6.7
Scripture	0	0
Psychology of religion	8	6.7
Not applicable	99	82.5
Degree awarded by doctoral program		
Ph.D.	50	36
Psy.D.	89	64
Ed.D.	0	0
Other	0	0
Nature of doctoral program		
Clinical Psychology	121	87.7
Counseling Psychology	16	11.6
Combined (Clinical/Counseling/School)	1	0.7
Educational Psychology	0	0
Other (i.e. Forensic)	1	0.7
State/provence of doctoral program		
Arizona	1	0.74
British Columbia	1	0.74
California	35	25.93
Georgia	6	4.44
Idaho	1	0.74
Illinois	12	8.89
Indiana	1	0.74
Iowa	4	2.96
Kansas	1	0.74
Maryland	2	1.48
Michigan	2	1.48
Missouri	4	2.96
Nevada	3	2.22
New York	9	6.67
New Hampshire	2	1.48
New Jersey	1	0.74
Ohio	6	4.44

(continued)

	n	%
Oregon	5	3.70
Pennsylvania	22	16.30
Texas	2	1.48
Utah	2	1.48
Virginia	3	2.22
Washington DC	2	1.48
West Virginia	3	2.22
Wisconsin	5	3.70
	<i>M</i>	<i>SD</i>
Year awarded B.A. or B.S. degree	2002	4.56
Year entered doctoral degree program	2007	1.89

Table 3

Theoretical Orientation

	Primary		Secondary	
	<i>n</i>	%	<i>n</i>	%
Behavioral	34	53.1	30	46.9
Cognitive	50	58.8	35	41.2
Constructivist	3	33.3	6	66.7
Eclectic/Integrative	29	69	13	31
Existential/Humanistic	13	43.3	17	56.7
Gestalt/Experiential	2	20	8	80
Interpersonal	12	35.3	22	64.7
Multicultural	4	30.8	9	69.2
Psychoanalytic	7	38.9	11	61.1
Psychodynamic	25	48.1	27	51.9
Rogerian/Person-Centered	6	35.3	11	64.7
Systems	8	34.8	15	65.2

Table 4

R/S: Salience

	<i>n</i>	%
Importance of religion in your life		
Very Important	33	23.7
Fairly important	17	12.2
Not very important	91	65.5
No Opinion	0	0
Importance of spirituality in your life		
Very Important	58	41.7
Fairly important	45	32.4
Not very important	35	25.2
No Opinion	0	0

Table 5

R/S: Ideology/Secularization

	<i>n</i>	%
Existence of God		
There is no such thing	24	17.3
There is no way to know	22	15.8
I'm not sure	17	12.2
There is a higher power but no personal God	21	15.1
There is definitely a personal God	56	40.3
There are multiple personal Gods	9	6.5
No opinion	1	0.7
Prefer not to answer	2	1.4
Current views about spiritual/religious matters		
Conflicted	29	20.9
Secure	89	64
Doubting	12	8.6
Seeking	36	25.9
Not Interested	9	6.5

Note. Some participants endorsed more than one response.

Table 6

R/S: General Orientation

	<i>n</i>	%
Identity		
Religious	10	7.2
Spiritual	70	50.4
Religious and spiritual	36	25.9
Neither religious or spiritual	29	20.9
Prefer not to answer	0	0
Religious Preference		
A.M.E.	1	0.70
Agnostic	2	1.41
Atheist	4	2.82
Baptist	1	0.70
Buddhist	4	2.82
Catholic	14	9.86
Christian	15	10.56
Episcopalian	3	2.11
Evangelical Christian	3	2.11
Follower of Christ teachings	1	0.70
Grace Brethren	1	0.70
Greek Orthodox	1	0.70
Church of Jesus Christ of Latter Day Saints	3	2.11
Jewish	10	7.04
Lutheran	4	2.82
Malankara Syrian Orthodox	1	0.70
Methodist	1	0.70
Nature	1	0.70
Non-denominational Christian	7	4.93
None	51	35.92
Orthodox Jewish	2	1.41
Pagan	1	0.70
Protestant	2	1.41
Reformed Jewish	2	1.41
Russian Christian Eastern European Orthodox	1	0.70
Spiritualist	1	0.70
Taoist	1	0.70
Unitarian Universalist	2	1.41

(continued)

	<i>n</i>	%
Multiple (Christian, Buddhist, Taoist)	1	0.70
Open-ended response	1	0.70
"Born again" or evangelical Christian		
Yes	15	10.9
No	121	87.7
Prefer not to answer	2	1.4
Orientation to religion		
Whole approach to life based upon religion	33	25.2
Religion offers most comfort in times of trouble/sorrow	26	19.8
Attend religious services mainly to see people	11	8.4
No involvement with religion	67	51.1

Table 7

R/S: Preference/Practices, Involvement & Experiences

	<i>n</i>	%
Frequency of religious service attendance		
More than once a week	9	6.5
Once a week	19	13.7
Once or twice a month	14	10.1
A few times a year	21	15.1
Seldom	33	23.7
Never	43	30.9
Frequency of prayer		
Several times a day	31	22.5
Once a day	11	8
A few times a week	19	13.8
Once a week	4	2.9
A few times a month	12	8.7
Seldom	27	19.6
Never	36	26.1
Frequency of deep sense of spiritual peace and well-being		
At least once a week	60	43.2
Once or twice a month	28	20.1
Several times a year	25	18
Seldom	16	11.5

(continued)

	<i>n</i>	%
Never	10	7.2
Had a moment of sudden religious or spiritual insight or awakening		
Yes	78	56.1
No	46	33.1
Don't Know	13	9.4
Prefer not to answer	2	1.4

Table 8

Religious Involvement Across the Lifespan

Involvement	% _____			
	Childhood	Age 12	College	Current
Active or regular participation	61.8	63.2	28.1	30.1
Identification, little or no involvement	26.5	17.6	34.8	23.5
No identification or involvement	6.6	14	17.8	26.5
Negative, very negative or disdainful reaction	8	5.1	18.5	20.6

Note. Some participants endorsed more than one response.

Table 9

R/S: Development

	<i>n</i>	%
Parental religious identification when you were growing up		
Identify with the same religion	89	65.4
Identify with different religions	15	11
One identify with one religion and the other not	16	11.8
Neither identify with a religion	18	13.2
Family of origin's religious involvement, when you were a child		
Active participation, high level of involvement	40	29.4
Regular participation, some involvement	44	32.4
Identification with religion, very limited or no involvement	36	26.5

(continued)

	<i>n</i>	%
No identification, participation, or involvement in religion	9	6.6
Somewhat negative reaction to religion	4	2.9
Disdain or very negative reaction to religion	7	5.1
Family of origin's religious involvement, when you were age 12		
Active participation, high level of involvement	43	31.6
Regular participation, some involvement	43	31.6
Identification with religion, very limited or no involvement	24	17.6
No identification, participation, or involvement in religion	19	14
Somewhat negative reaction to religion	4	2.9
Disdain or very negative reaction to religion	3	2.2
Level of religious involvement as a senior in college		
Active participation, high level of involvement	18	13.3
Regular participation, some involvement	20	14.8
Identification with religion, very limited or no involvement	47	34.8
No identification, participation, or involvement in religion	24	17.8
Somewhat negative reaction to religion	15	11.1
Disdain or very negative reaction to religion	10	7.4
Level of current religious involvement		
Active participation, high level of involvement	17	12.5
Regular participation, some involvement	24	17.6
Identification with religion, very limited or no involvement	32	23.5
No identification, participation, or involvement in religion	36	26.5
Somewhat negative reaction to religion	19	14
Disdain or very negative reaction to religion	9	6.6
Involvement of religion or spirituality in coping with stress		
Very involved	47	34.6
Somewhat involved	33	24.3
Not very involved	23	16.9
Not involved at all	34	25
Personal approach to dealing with major problems in life		
Try to make decision without relying on God	90	67.2
Look to God for strength, support and guidance	47	35.1

Table 10

Effect of Graduate Education & Training Experiences on R/S

Experiences	%			
	Weakened	No change	Strengthened	N/A
New ideas in psychology classes	12.6	63.7	22.2	3
Attitudes/opinions of psychology professors	6	70.9	14.9	9
Attitudes/opinions of non-psychology professors	6	70.9	11.9	11.9
Experience working as psychology trainee	10.4	60.7	24.4	5.9

Table 11

Experiences That Have Changed R/S Beliefs

	n (%)			
	Weakened	No Change	Strengthened	N/A
New ideas in psychology classes	17 (12.6)	86 (63.7)	30 (22.2)	4 (3)
Personal injury or illness	6 (4.5)	63 (47)	38 (28.4)	28 (20.9)
Parents' divorce or separation	4 (3)	42 (31.6)	11 (8.3)	76 (57.1)
Death of a close friend/family	15 (11.2)	54 (40.3)	44 (32.8)	21 (15.7)
Natural disaster	6 (4.5)	55 (41)	14 (10.4)	59 (44)
Having children	2 (1.5)	29 (21.6)	21 (15.7)	83 (61.9)
The events of 9/11	11 (8.1)	90 (66.7)	21 (15.6)	16 (11.9)
The war in Iraq	11 (8.2)	98 (73.1)	6 (4.5)	20 (14.9)
Romantic relationship	17 (12.6)	62 (45.9)	50 (37)	7 (5.2)
Working as a psychology trainee	14 (10.4)	82 (60.7)	33 (24.4)	8 (5.9)
Personal psychotherapy	4 (3)	73 (54.1)	33 (24.4)	27 (5.9)
Psychology professor attitudes	8 (6)	95 (70.9)	20 (14.9)	12 (9)
Non-psychology prof attitudes	8 (6)	95 (70.9)	16 (11.9)	16 (11.9)

Table 12

Demographics of Current Sample & U.S. Population

	%	
	Current	U.S.*
Sex		
Female	72.9	51.8
Male	27.1	48.2
Race/Ethnicity		
White, non-Hispanic	85.7	70.8
White, Hispanic	1.4	12.4
Black	3.6	10.9
Other	10.7	5.9

Note. U.S. data taken from Pew Forum on Religion & Public Life (2008).

Table 13

R/S: Comparison of Current Sample to U.S. Population

	%	
	Current	U.S.
Importance of religion in your life		
Very Important	24	54
Fairly important	12	26
Not very important	66	20
No Opinion	0	1
Religious Preference*		
Protestant	1	45
Christian (non-specific)	16	8
Catholic	10	21
Jewish	10	2
Mormon	2	2
None	39	14
"Born again" or evangelical Christian		
Yes	11	42
No	88	53
Prefer not to answer	1	4

Note. U.S. data taken from Gallup (2010).

Table 14

R:S Comparison of Current Sample to HERI Sample

	%	
	Survey***	HERI
Believe in God	40	79
Pray	76	69
Attend religious services	45	81*
Religious beliefs provide strength, support, and guidance	59	69**
Current Views about R/S		
Doubting	9	10
Not Interested	7	15
Seeking	26	23
Secure	64	42
Conflicted	21	15
Religious Preference		
Roman Catholic	10	28
None	39	17
Baptist	1	13
Other Christian	14	11
Methodist	1	6
Lutheran	3	5
Presbyterian	0	4
Church of Christ	1	3
Other Religion	10	3
Episcopalian	2	2
Jewish	9	2
Buddhist	3	1
Eastern Orthodox	0	1
Hindu	0	1
Islamic	0	1
United Church of Christ	0	1
Latter-Day Saints (Mormon)	2	4
7th Day Adventist	0	4
Unitarian	0	4
Quaker	0	2
Personal approach to dealing with major problems in life		
I look to God for strength, support and guidance	35	58

Note. *Occasionally or frequently; **Agree strongly or somewhat; ***. Some participants endorsed more than one response.

Table 15

R/S: Graduate Education & Training

	<i>n</i>	%
R/S issues presented and discussed		
A great deal of the time	6	4.4
Often	17	12.6
Sometimes	44	32.6
Rarely	61	45.2
Never	7	5.2
	<i>M</i>	<i>SD</i>
Adequacy of graduate education and clinical training in dealing with R/S issues in psychotherapy	3.38	2.06
Receptivity of graduate school faculty discussing R/S issues	4.54	1.87
Comfort with discussing R/S issues at your graduate school	4.63	2.01
Degree of preparedness to assess R/S in psychotherapy	4.66	1.57
Degree of preparedness to integrate R/S resources in psychotherapy	3.75	1.85
Psychologists should recommend and offer R/S interventions if demonstrated to be effective	4.00	1.97

Table 16

Personal Belief/Sanctification

	<i>M</i>	<i>SD</i>
Choice in pursuing psychology career an expression of my R/S	4.88	2.80
Choice to work as a psychologist is sacred to me	3.43	2.85

Table 17

Practice Experience

	<i>n</i>	%
Religious or spiritual issues involved in treatment during pre-doctoral experience		
A great deal of the time	3	2.7
Often	6	5.3
Sometimes	50	44.2
Rarely	49	43.4
Never	7	6.2
“The loss of purpose or meaning in life” a focus of treatment during pre-doctoral experience		
A great deal of the time	7	6.2
Often	19	16.8
Sometimes	44	38.9
Rarely	35	31
Never	8	7.1
Clients attribute a religious meaning to life events or emotional difficulties		
A great deal of the time	2	1.8
Often	26	23
Sometimes	57	50.4
Rarely	23	20.4
Never	5	4.4
Helping professionals may receive inspiration, divine guidance or influence during work with clients		
Disagree	34	30.1
Uncertain	33	29.2
Agree	31	27.4
Agree, I have personally experienced this	15	13.3

Table 18

R/S: Clinical Interventions

	<i>n (%)</i>			
	D	A	R	P
Explore client religious backgrounds	0 (0)	25 (23)	10 (9)	75 (68)
Examine impact of client religious beliefs	0 (0)	29 (26)	18 (16)	65 (58)
Use religious language or concepts	6 (5)	58 (52)	9 (8)	39 (35)
Recommend religious practices	47 (44)	31 (29)	9 (8)	20 (19)
Recommend religious books	42 (39)	50 (47)	6 (6)	9 (8)
Recommend religious journal writing	30 (28)	64 (59)	6(6)	7 (8)
Examine impact of a disorder on R/S	6 (7)	51 (46)	20 (18)	33 (30)
Use mindfulness approaches	4 (4)	16 (14)	13 (12)	78 (70)
Use acceptance/commitment approaches	6 (7)	23 (21)	19 (17)	61 (56)
Encourage confession to seek repentance	73 (66)	32 (29)	4 (4)	1 (1)
Use spirituality to address forgiveness	18 (16)	62 (56)	10 (9)	20 (18)
Incorporate virtues (i.e honesty, integrity)	5 (5)	39 (36)	16 (15)	50 (46)
Recommend meditation practice	11 (10)	35 (32)	21 (19)	42 (39)
Use religious imagery	35 (32)	54 (50)	7 (7)	12 (11)
Pray with a client	65 (60)	31 (28)	3 (3)	25 (9)
Pray privately for a client	31 (29)	48 (45)	3 (3)	25 (23)
Clinician R/S self-disclosure	49 (45)	40 (37)	2 (2)	18 (17)
Consult with religious professionals	15 (14)	61 (55)	24 (22)	11 (10)
Refer client to a religious professional	9 (8)	61 (56)	22 (20)	18 (16)
Recommend leaving a religion	90 (83)	18 (17)	1 (1)	0 (0)
Discuss potential health benefits of R/S	28 (26)	58 (54)	10 (9)	12 (11)
Incorporate values (e.g.. forgiveness)	5 (6)	32 (29)	20 (18)	53 (48)
Incorporate appreciation for sacred	18 (17)	51 (48)	10 (9)	28 (26)

Note. D= disapprove, A=approve, R=recommend, P=perform.

Table 19

Analysis of Variance Between Clinician Spirituality & Clinical Interventions

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	247.87	2	123.94	0.44
Within Groups	38468.62	135	284.95	
Total	38716.49	137		

Note. *SS* = sum of squares; *MS* = mean squares; *F* = Fisher's ratio; **p* < 0.65

Table 20

Analysis of Variance Between Clinician Religiosity & Clinical Interventions

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	188.56	2	94.28	0.33
Within Groups	39308.83	137	286.93	
Total	39497.39	139		

Note. *SS* = sum of squares; *MS* = mean squares; *F* = Fisher's ratio; **p* < 0.72

Table 21

Analysis of Variance Between Gender & Clinical Interventions

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	634.35	1	634.35	2.24
Within Groups	38821.88	137	283.37	
Total	39456.23	138		

Note. *SS* = sum of squares; *MS* = mean squares; *F* = Fisher's ratio; **p* < 0.14

Table 22

Relationship Between Current R/S Views and R/S Clinical Interventions

	<i>n</i>	<i>M</i>	<i>SD</i>
Secure	63	24.68	16.15
Not secure	75	26.49	17.4

Note. *F* = 1.16; *df* = (74,62); *p* = .27.

Table 23

Analysis of Variance Between Degree (Phd/PsyD) & Clinical Interventions

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	39.23	1	39.23	0.14
Within Groups	38445.49	135	284.78	
Total	38484.72	136		

Note. *SS* = sum of squares; *MS* = mean squares; *F* = Fisher's ratio; **p* < 0.71

Table 24

Analysis of Variance Between Program Type & Clinical Interventions

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Between Groups	209.71	1	209.71	0.74
Within Groups	38347.75	135	284.06	
Total	38557.46	136		

Note. *SS* = sum of squares; *MS* = mean squares; *F* = Fisher's ratio; * $p < 0.39$

FIGURES

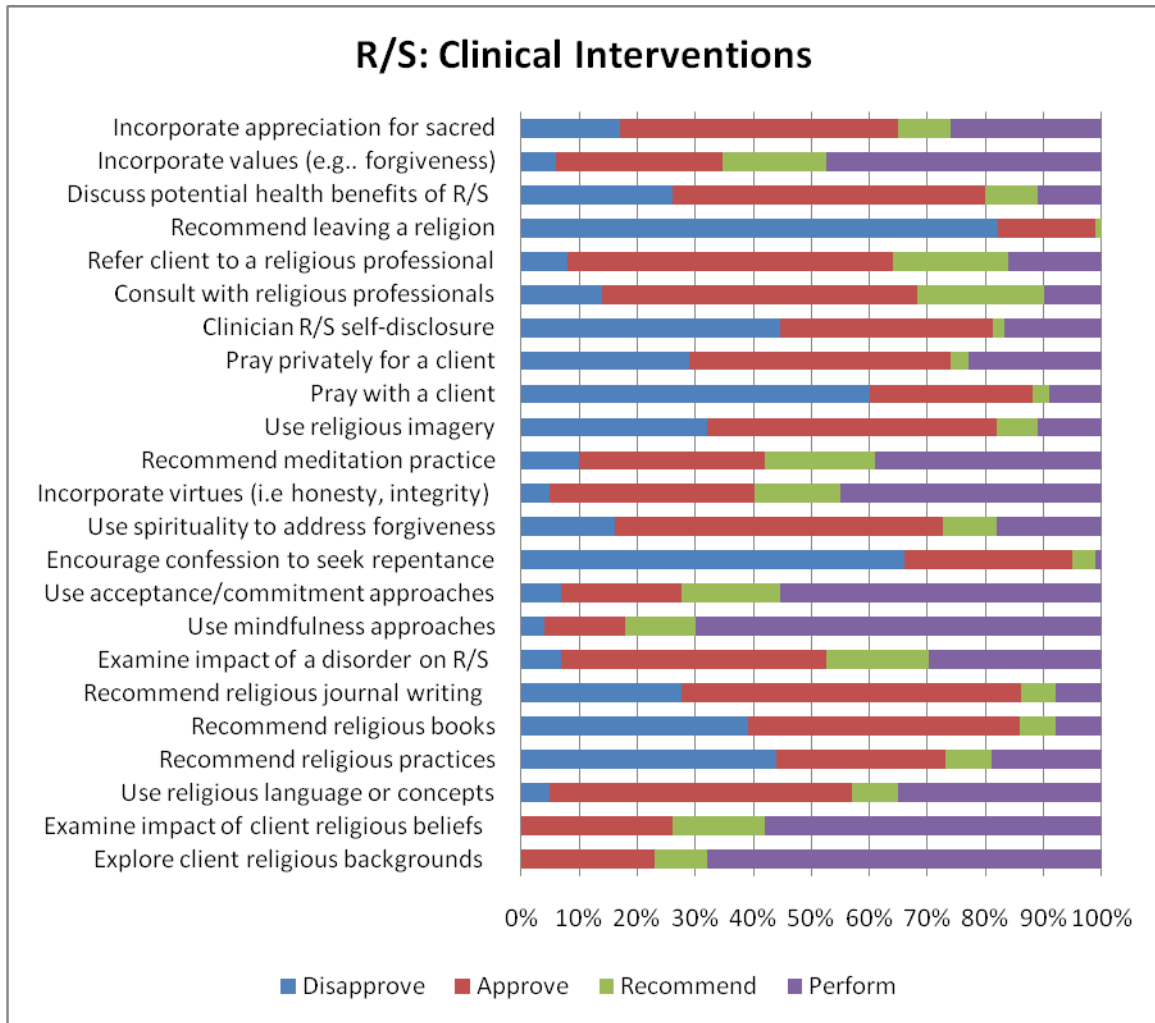


Figure 1. R/S: Clinical interventions.

APPENDIX A

The Religious and Spiritual Beliefs, Practices and Attitudes of Psychologists and Psychology Graduate Students: The Empirical Literature

It is necessary to study mental health practitioners during graduate training when their religious and spiritual values are evolving. Little is known about the effect of graduate training on religious and spiritual development or factors that influence attitudes towards religious and spiritual variables in clients. Most empirical studies on graduate training and religious and spiritual beliefs of graduate students in psychology centers on the amount of and satisfaction with training in these matters, as well as the effect of personal spirituality on career choice. Research findings indicate that graduate students in clinical and counseling psychology programs are similar to psychologists in their report of less religious involvement than the general public. Table 1 presents the empirical literature examining the religious and spiritual backgrounds of psychologists and their attitudes towards addressing religion and spirituality in psychotherapy. Research findings generally indicate that a majority of psychologists exhibit low levels of endorsement of traditional religious ideology and activities. Approximately half of psychologists attend church frequently and say that religion is very important. The majority of psychologists report that they identify with a Christian religion, are members of a church or synagogue, and attend church at least on an infrequent basis. A majority of therapists regard spirituality as relevant in their lives but seldom participate in organized religion or spiritual customs. When psychologists are asked to describe their spirituality instead of their religiosity, they endorse higher levels of the salience of and participation

in spiritual activities. Research findings also indicate that there is a major disparity between levels of religiousness in the general American population and mental health practitioners, particularly psychologists. This finding is interesting in light of the fact that the majority of psychologists highly endorse the importance of considering religious and spiritual issues in psychological treatment. Table 2 presents the empirical literature examining the religious and spiritual backgrounds of psychology graduate students and their attitudes towards addressing religion and spirituality in psychotherapy.

Table 1

Religious and Spiritual Beliefs, Practices, and Attitudes of Psychologists

Author / Year	Research Objective/ Question	Sample (Size, source)	Variables & Measures	Research Design	Findings, Results, and Limitations
Bergin & Jensen (1990)	A brief review of previous results on studies of therapist religious values is provided and compared with a new national survey.	<ul style="list-style-type: none"> • N=425 • Clinical psychologists, marriage and family therapists, social workers and psychiatrists 	<ul style="list-style-type: none"> • 69-item questionnaire: The Mentally Healthy Life Style Scale, • The Guiding and Evaluating Psychotherapy Scale • Feagin's (1964) brief form of the Allport Religious Orientation scale 	<ul style="list-style-type: none"> • Survey • Literature review 	<ul style="list-style-type: none"> • Psychologists show low rates of traditional religious affiliation and participation. • Researchers have recently discovered a significant amount of nontraditional religious and spiritual participation among all groups of therapists. • Therapists may not express their spirituality because the education and practice in the field of psychology are based on a secular background. • A significant number of individuals report that they desire help that is congruent with their spiritual beliefs. • 65% of the psychologists and 77% of the total psychotherapist

					<p>sample agreed or strongly agreed with the statement “I try hard to live my life according to my religious beliefs” (Shafranske, 1996, p. 153).</p> <ul style="list-style-type: none"> • 68% endorsed the item “Seek a spiritual understanding of the universe and one’s place in it.” According to Gallup surveys, religious affiliation is endorsed by one-third of America’s population as being the most important aspect of their lives (p. 153). • 29% of therapists expressed a belief that religious issues are important for treatment with all or many of their clients (p. 153). • The difference between clinician report of the high value placed on personal spirituality and active religious participation and their low endorsement of the importance of
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					addressing these issues in therapy indicates that these issues may be overlooked in training and education.
Shafra nske & Malon y (1990)	The nature of clinical psychologists' religiousness and spirituality, their attitudes toward religiousness, their use of interventions of a religious nature in psychotherapy , and their training regarding religious and spiritual issues.	<ul style="list-style-type: none"> • <i>N</i>=409 APA Clinical Psycholo gists 	<ul style="list-style-type: none"> • 65-item question naire • The subjects were asked to select the spiritual orientati on most similar to their own from six ideologic al positions . These span from beliefs that God or the transcen dent are illusions to a belief in a personal God. 	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • Religiousness was defined as “adherence to the beliefs and practices of an organized church or religious institution.” Spirituality was defined as “those more personal practices of a religious nature which may or may not emanate from a particular religious institution” (p. 72). • Results may overestimate the degree to which psychologists address religious or spiritual issues into their treatment because those with interest in religious and spiritual matters may have a higher likelihood of responding to the survey. • 65% of subjects stated that spirituality is

					<p>personally relevant.</p> <ul style="list-style-type: none"> • 97% of participants reported being raised within a specific religion regardless of their degree of involvement. • 71% reported current religious affiliation regardless of involvement and 41% reported religious involvement. • 18% agreed that organized religion was the primary source of their spirituality. • The majority of participants described their spiritual beliefs and practices as being alternative approaches to spirituality outside of institutionalized religion. • Less than one in five participants stated that institutional religion is their chief spiritual framework. • Approximately one-fourth reported negative feelings regarding
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					<p>religious experiences in the past.</p> <ul style="list-style-type: none"> • The majority of psychologists reported that they received limited education and training in the area of psychology and religion.
Shafra nske (1996)	Discuss research findings of spiritual and religious beliefs and behaviors of psychologists.	•	•	• Literature review	<ul style="list-style-type: none"> • Psychologists consistently report that they believe religion is important. • The results of a 1995 study of psychologists with doctoral degrees in counseling or clinical psychology showed that 48% reported that religion is fairly to very important, and 73% reported that spirituality was fairly to very important. • Institutional religious affiliation is reported at decreased rates among psychologists, but they endorse a variety of religious attitudes. • Forty percent of psychologists

					<p>reported belief in a personal God; 30% reported a belief in the transcendence of nature; 26% reported a belief that all ideologies are illusion, though meaningful; and 2% reported a belief that all ideologies are illusion and are not relevant to real life.</p> <ul style="list-style-type: none"> • Fifty-percent of psychologists reported having no religious preferences. • The relative disinterest in religious affiliation among psychologists is noteworthy given that the majority of psychologists report having come from religious backgrounds similar to the general U.S. population.
Shafra nske (2000)	Determine how the concept of religiosity is addressed in clinical practice, and	<ul style="list-style-type: none"> • $N = 111$ psychiatrists • Random sample listed in 1997- 	•	• Survey	<ul style="list-style-type: none"> • Almost 50% of the psychiatrists reported cognizance of patients' religious backgrounds and beliefs, and more

	<p>how often religious and spiritual resources are utilized, contemplated, and encouraged in psychiatric treatment.</p>	<p>1998 American Psychiatric Association (APA) Membership Directory</p>			<p>than 50% endorsed these practices.</p> <ul style="list-style-type: none"> • Seventy-four percent disapproved of praying with a patient and 56% disapproved of personal religious self-disclosure by the clinician. • There is a discrepancy between the frequency and relevance of religious matters in treatment and the consideration given to this element. • The majority of psychiatrists reported that the training they received in religious and spiritual matters was insufficient. • This difference means that practitioners may rely on personal religious and spiritual ideology rather than education and training. • Psychiatric treatment rarely considers religious activities that have been shown to
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					<p>contribute to coping.</p> <ul style="list-style-type: none"> • Findings may be affected because religious participants may be more likely to respond and the sample is therefore not a representation of all psychiatrists. • Belief in God might be the foundation of religious ideology in Western society. • Seventy-three percent of psychiatrists in this study endorsed belief in God. • 73% of psychiatrists reported belief in God or a Universal Spirit, compared to 96% of the general public. • 48% of psychiatrists endorsed a belief in life after death, compared to 71% of the general population. • 26% of psychiatrists reported recent attendance at church or synagogue,
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					<p>compared to 43% of the general population.</p> <ul style="list-style-type: none"> • Almost 9 in 10 Americans consider religion to be very important or fairly important, with fewer than 12% indicating religion to be not very important. • Psychiatrists had significantly lower ratings for religious salience, with 42% reporting that religion is not very important. This reflects a disparity between the American general population and psychiatrists with respect to the importance of religion in everyday affairs. • 57% of psychiatrists affirmed that religious convictions were incorporated in their conceptualization of stressful situations and related coping and 43% indicated little or no consideration of these matters.
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					<ul style="list-style-type: none"> • The disparity between the religious beliefs of mental health practitioners and the general public decreased when participants reported salience of spirituality rather than religion. • More than 80% of the psychiatrists rated spirituality as fairly important or very important. • This finding indicates that psychiatrists' may consider spiritual matters at a rate closer to that of the general public than has formerly been believed. • Religiosity and spirituality may be distinct from one another in certain respects, though associated. • Although a mental health practitioner and a client may both consider spirituality to be important, differences exist in levels of institutional religious participation. • The personal religious
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					orientation of the clinician was not found to contribute to the perception of the frequency of religious or spiritual issues in treatment.
Hathaway, Scott, & Garver (2004)	Determine whether religious or spiritual functioning is adequately attended to in clinical practice of psychology	<ul style="list-style-type: none"> • Survey A • $N = 25$ clinicians • $n=15$ psychologists, $n=6$ psychiatrists, • $n=1$ master's-level therapist, • $n=1$ social worker • $n=2$ interns/residents. • Survey B • $N = 333$ clinicians 	<ul style="list-style-type: none"> • Spiritual and Religious Functioning in Clients With Psychological Disorders • National Survey of American Psychological Association Members- Likert revision of 11 of the 12 items used in the exemplar clinic survey 	• Survey	<ul style="list-style-type: none"> • 56% of participants' stated that they ask about the client's religiosity. • 36% asked about client spirituality • 48% of the sample reported addressing the effect of their patients' disorders on religious participation and activities. • 48% reported consulting with religious professionals about their clients. • 36% reported doing clinical work using religious professionals. • 72% endorsed a belief that their clients' religious and spiritual functioning is an important area of functioning. • 84% reported that they were familiar with the religious

					<p>and spiritual beliefs of their clients.</p> <ul style="list-style-type: none"> • 92% reported that they could differentiate between unhealthy and healthy religious and spiritual client functioning. • 56% stated that treatment impacts their clients' religious and spiritual functioning. • 60% spontaneously related that their clients have reported religious and spiritual problems developing from their disorders. • Over half of the respondents reported asking about client religiousness or spirituality 50% of the time or less during assessment. • About 12% and 18%, respectively, reported never inquiring about client religiousness or spirituality during assessment. • Over half of the respondents
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					<p>indicated that they rarely or never examined the impact a disorder might have on the client's religious or spiritual functioning.</p> <ul style="list-style-type: none"> • The majority of clinicians reported that they have never or only rarely made religious or spiritual goals a part of treatment plans. • Over 80% of the subjects reported never or rarely consulting or collaborating with religious professionals in treatment.
<p>Walker, Gorsuch, & Tan (2004)</p>	<ul style="list-style-type: none"> • Determine how therapists practice their religion and spirituality and the extent to which the personal religiosity of therapists is related to incorporating 	<ul style="list-style-type: none"> • $N = 5,759$ therapists 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 26-study meta-analysis 	<ul style="list-style-type: none"> • The majority of clinicians report that spirituality is pertinent to their lives but rarely engage in spiritual or religious practices. • Marriage and family therapists consider spirituality more relevant and participate in organized religion to a greater extent than therapists from other professional

	religious and spiritual matters into counseling .				<p>fields.</p> <ul style="list-style-type: none"> • 80% of therapists across professions reported rarely discussing spiritual or religious matters during training. • Therapists' religious faith was related to frequently using religious and spiritual techniques in counseling, greater willingness to discuss religion in therapy, and theoretical orientation. • The majority of therapists from mixed samples were associated with a religious institution but remained predominantly inactive. • The majority of psychotherapists reported that spirituality is relevant to them but they participate in spiritual activities on an infrequent basis. • Clinical and counseling psychologists reported greater
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					<p>levels of atheism, agnosticism, or no religion than marriage and family therapists or social workers.</p> <ul style="list-style-type: none"> • Most incorporation of religion and spirituality into therapy is a consequence of the therapists' personal religious or spiritual encounters. • A possible limitation of the meta-analysis of correlations is that it usually results in a slightly downward bias in the estimation of population correlations. • Another possible limitation in a meta-analysis is the heterogeneity of method across studies. • A final limitation was the use of small subsamples of the data to perform analyses.
Walke r, Gorsu ch, & Tan (2005)	Examine the issues impacting therapists' use of religious and spiritual interventions in Christian	<ul style="list-style-type: none"> • <i>N</i>=100 Christian therapists 	<ul style="list-style-type: none"> • 7 Likert scale checklists • Therapists' use of religious and 	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • Although personal religiosity is associated with therapists' use of religious and spiritual interventions in counseling,

	counseling.		<p>spiritual interventions</p> <ul style="list-style-type: none"> • Therapists' personal religiousness • Professional variables • Clinical training with religious clients • Theology and integration course work • Intervention-specific training • Personal counseling experience 		<p>clinical training with religious clients and specific interventions also have an impact.</p> <ul style="list-style-type: none"> • Self-reported competency in using religious and spiritual interventions is related to personal religiosity; clinical training with religious clients; intervention-specific training; personal counseling experience; and professional beliefs, attitudes, and values. • In contrast to former research, master's-level clinicians did not use religious and spiritual interventions in counseling more than doctoral-level clinicians. • Course work involving psychology or theology did not correlate with use of or self-reported competency in using religious and spiritual interventions.
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					<ul style="list-style-type: none"> • Training programs should integrate clinical rotations, workshops, and supervision involving religious clients and religious and spiritual interventions. • Professional beliefs, attitudes and values were not significant predictors of the use of religious and spiritual interventions in therapy.
Delaney, Miller, & Bisono (2007)	Determine spiritual and religious beliefs and behaviors of clinical and counseling psychologists.	<ul style="list-style-type: none"> • $N = 258$ APA members 	<ul style="list-style-type: none"> • 24-item survey 	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • According to Gallup polls and data from Bergen and Jensen's 1990 study, the religious and spiritual ideologies and practices of psychologists are still considerably discrepant from those of the American public in general. • 94% percent of Americans endorsed having a religious preference, a significant difference from the percentage of psychologist who endorsed having a religious

					<p>preference (84%).</p> <ul style="list-style-type: none"> • 95% of Americans reported belief in God, a rate that has remained unchanged for decades (Gallup & Lindsay, 1999). • 91% of psychologists reported that they had believed in God at some point in their lives. • 25% of psychologists reported that they no longer believe in God, a significant difference from the American public. • Psychologists in this survey were considerably less likely to have attended a religious service within the last week when compared to the general American public (33% vs. 41%). • 81% indicated that they had prayed within the last year, a noteworthy difference from the general public (90%). • 48% of psychologists reported that
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					<p>religion is not salient in their lives, compared with 15% of the American public.</p> <ul style="list-style-type: none"> • 55% of the American population reported that religion is “very important” in their lives (Gallup, 2002), a sizeable difference from psychologists (21%). • 35% of psychologists reported that religion is the foundation for their entire outlook on life, a considerable difference from the American public (72%). • Psychologists were more than twice as likely to report no religion, three times more likely to report that religion is unimportant in their lives, and five times more likely to deny belief in God. • Psychologists showed lower rates of praying, membership in a religious congregation, and
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					<p>attendance of religious services.</p> <ul style="list-style-type: none"> • More than 8 in 10 psychologists stated that religion is good for mental health, and that they have asked clients to talk about their religious and spiritual beliefs and practices.
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Table 2

Religion and Spirituality of Graduate Students

Author/ Year	Research Objective/ Question	Sample	Variables & Measures	Research Design	Findings, Results, and Limitations
Prest, Russell, & D'Souza (1999)	<ul style="list-style-type: none"> • The purpose of this study was to explore the outlook of graduate students in US marriage and family therapy programs towards the intersection between religion, spirituality, professional training and clinical practice. 	<ul style="list-style-type: none"> • $N = 52$ US MFT graduate students 	<ul style="list-style-type: none"> • The instrument surveyed the respondents about their spiritual and religious attitudes and practices in their personal and professional lives. 	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • Older participants, those who reported a belief in a personal God, and those who attended worship services frequently endorsed the importance of religion in their professional and personal lives. • Participants reported feeling discouraged from discussing religious and spiritual matters within their professional community. • The majority of participants reported that their religious and spiritual beliefs affected their choice of careers. • The majority of participants also reported that most psychosocial problems contain a spiritual aspect, and that there is not an inherent conflict between spirituality and treatment or professional values and ethics. • The majority identified their work

					<p>as a ‘spiritual path.’</p> <ul style="list-style-type: none"> • All respondents considered themselves to be spiritual people, with 73% endorsing strong feelings about their spirituality. • 67% reported that they regularly participate in spiritual practices. • 10% said they were not raised to believe in a certain religion. • 88% agreed or strongly agreed that their spirituality is affected by factors outside of institutional religion. • 58% stated that important life experiences had the most influence on spiritual development. • 42% stated that spiritual experiences of God had the greatest effect on current spirituality • 38% reported that parents were the most influential factor on faith development. • 77% stated their spiritual beliefs guided them towards their career. 55% strongly
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					<p>agreed with this statement.</p> <ul style="list-style-type: none"> • The majority of students endorsed a belief that a relationship exists between spirituality and individual health, both physical and psychological (86%). 90% stated that spirituality affects community health. • 86% stated that it is essential to consider the client's spirituality for effective treatment. • 92% stated that they had not received training in graduate school on incorporating spiritual matters into treatment.
Harman (2001)	<ul style="list-style-type: none"> • This study is an exploration of religiosity of clinical and counseling psychology graduate students and their training programs. 	<ul style="list-style-type: none"> • $N = 281$ first-year and last-year graduate students in clinical, counseling, and experi 	<ul style="list-style-type: none"> • Quest Scale • Religiosity Questionnaire 	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • First-year graduate students were not significantly higher than last-year students in levels of religiosity. • Clinical/counseling students endorsed greater levels of religiosity than experimental students, though all cohorts were low. • Clinical/counseling students reported greater endorsement of the following

		mental psycho logy progra ms			<p>beliefs: high salience of religion and spirituality in their lives, high levels of perceived religiosity of professors, religion is important in coping with stress, religious matters should be addressed in psychology, religion is capable of solving the world's problems, life after death, the existence of God or a Universal Spirit, and no misgivings about their belief in God.</p> <ul style="list-style-type: none"> • 50% of first-year students and 47% of last-year students reported belief that religion is not very important. • The majority of students (clinical/counseling and experimental) reported that religion is fairly or very important to both of their parents. • The majority of students reported that religion was unimportant to their graduate psychology professors. • 14% of clinical/counseling
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					<p>first-year students and 20% of last-years stated that they believed their professors were religious.</p> <ul style="list-style-type: none"> • Few students reported that they are religious only. • The majority of students described their beliefs as “spiritual.” • A limitation was that a low <i>n</i> for experimental students made comparisons difficult • Contrasting clinical/counseling students with formerly surveyed psychologists provides support for the progressive decrease in traditional religious beliefs as they gain greater experience in treating patients, which underscores the importance of graduate training in religious matters.
Hayes (2004)	<ul style="list-style-type: none"> • This study examined the religious and spiritual thoughts, beliefs, and expectatio 	<ul style="list-style-type: none"> • <i>N</i> = 281 graduate student s in clinical or counse ling 	<ul style="list-style-type: none"> • 78-item 5-point Likert scale question naire about the participa nts’ religious 	<ul style="list-style-type: none"> • Survey 	<ul style="list-style-type: none"> • Results suggested that students in graduate psychology programs are less religious than the general population. This outcome is similar to lower levels of religiosity

	ns of clinical or counseling graduate psychology students.	psychology programs	beliefs and behaviors, attitudes towards religion and psychotherapy, and their feelings about their own training in the area of religious diversity.		<p>endorsed by psychologists.</p> <ul style="list-style-type: none"> • Though students affirmed lower levels of religiosity, 88% agreed or strongly agreed that religious matters should be addressed in therapy. • Participants reported a strong desire to be trained in religious issues as an aspect of multicultural competence. • Students reported feeling more competent and secure doing psychotherapy with individuals who have similar religious beliefs. • 85% of the participants either agreed or strongly agreed with the statement "I believe in God." • 56% of respondents agreed or strongly agreed that religion is important in their lives. • 56% of respondents considered themselves to be religious. • 30% of respondents reported inquiring into client's religious beliefs during the initial
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					<p>interview.</p> <ul style="list-style-type: none"> • 36% reported integrating clients' religious beliefs into assessment and case conceptualization. • 23% reported incorporating clients' religious beliefs into treatment planning. • The majority of students reported that their programs did not train them sufficiently in addressing religious matters in psychotherapy. • Results indicated that students rely more on their personal experience than on formal training in attending to religious issues. • 48% strongly agreed that they would like to receive training in religious diversity issues. • 98% reported that learning about the effect of religious ideologies on the lives of individuals is important in psychology training. • 53% felt that a dedicated course in religious diversity was not necessary. • 85% felt that the
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					<p>topic should be addressed as an element of one or more courses.</p> <ul style="list-style-type: none"> • 32% agreed or strongly agreed with the statement, “I believe my graduate program adequately prepared me to work effectively with religiously diverse populations.” • 72% reported gaining significant knowledge from their own literature review. • 85% reported that their personal experiences with religious matters gave them “significant knowledge” of religious issues.
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APPENDIX B

Internet Survey Instrument

This survey examines the religious and spiritual beliefs and practices of doctoral students in clinical and counseling psychology and their attitudes and practices regarding approaches to address religion and spirituality in psychotherapy.

I understand that my participation in this study is voluntary and that my anonymity will be ensured because the survey information will be gathered with no related identifying information or IP addresses obtained. While there are no direct benefits to all participants in the study, I understand that I may experience satisfaction in knowing that my participation will contribute to knowledge in the field of psychology as well as I may increase my awareness of the role of religion and spirituality in my personal and professional life. I understand that if I choose, I may enter in a random drawing to win \$50. I understand that the study poses no greater than minimal risk of harm, for example, possible boredom, fatigue, or discomfort in answering questions related to personal religious or spiritual beliefs, practices or attitudes. I understand that I may discontinue participation at any time and that it is recommended that I consult with a trusted faculty member, clinical supervisor, or mental health professional should I experience negative reactions to the survey.

____ I understand that by checking the box to the left, I have indicated my voluntary consent to participate in the research.

Graduate Student Questionnaire: Religious and Spiritual Beliefs, Practices, and Attitudes

Demographics (12 items)

1. Sex: ____Female ____Male
2. Age: ____
3. Race/Ethnicity
 ____White, non-Hispanic
 ____White, Hispanic
 ____Black
 ____Asian
 ____American Indian
 ____Multiracial/Multiethnic
 ____Other, _____
4. Marital Status

 ____Single, never married
 ____Single, Living with partner
 ____Married
 ____Divorced/Separated
 ____Widowed
 ____Prefer not to answer
5. Year in which you were awarded your BA or BS degree: ____

6. Type of undergraduate college from which you graduated
- ☐ Public/Liberal Arts College or University
☐ Public/Research-Oriented University
☐ Private/Liberal Arts College or University
☐ Private/Research-Oriented University
☐ Private Religious-affiliated /Liberal Arts College or University
☐ Private/Religious-affiliated/Research-Oriented University
7. As an undergraduate indicate if you majored or minored in any of the following academic subjects:
- ☐ philosophy
☐ theology
☐ religious studies
☐ scripture
☐ psychology of religion
8. Year in which you entered your doctoral degree program: _____
9. Degree that is awarded in your doctoral program
- ☐ Ph.D.
☐ Psy.D.
☐ Ed.D.
☐ Other _____
10. Nature of your doctoral program (Clinical, Counseling, Combined, Other)
- ☐ Clinical Psychology
☐ Counseling Psychology
☐ Other, _____
- ☐ Combined (Clinical/Counseling/School)
☐ Educational Psychology
11. State/Province in which your doctoral program is located: _____
12. Indicate your Primary (P) and Secondary (S) theoretical orientation.
- ☐ Behavioral
☐ Cognitive
☐ Constructivist
☐ Eclectic/Integrative
☐ Existential/Humanistic
☐ Gestalt/Experiential
☐ Interpersonal
☐ Multicultural
☐ Psychoanalytic
☐ Psychodynamic
☐ Rogerian/Person-Centered
☐ Systems
☐ No secondary orientation
☐ Other, _____

Assessment of R/S: Salience (2 items)

1. How important would you say religion is in your own life?
☐ Very Important ☐ Fairly important ☐ Not very important ☐ No Opinion
2. How important would you say spirituality is in your own life?
☐ Very Important ☐ Fairly important ☐ Not very important ☐ No Opinion

Assessment of R/S: Ideology/Secularization (2 items)

1. Regarding the existence of God, do you think . . .
☐ There is no such thing
☐ There is no way to know
☐ I'm not sure
☐ There is a higher power but no personal God
☐ There is definitely a personal God
☐ There are multiple personal Gods
☐ No opinion
☐ Prefer not to answer
2. How would you describe your current views about spiritual/religious matters? (Mark all that apply)
☐ Conflicted
☐ Secure
☐ Doubting
☐ Seeking
☐ Not Interested

Assessment of R/S: General Orientation (5 items)

1. Do you consider yourself:
☐ Religious
☐ Spiritual
☐ Religious and spiritual
☐ Neither religious or spiritual
2. What is your current religious preference (e.g., Buddhist, Evangelical Christian, Catholic, Reformed Judaism, etc.) or indicate NONE?
3. What was your current religious preference at age 12 (e.g., Buddhist, Evangelical Christian, Catholic, Reformed Judaism, etc.) or indicate NONE?
4. Would you define yourself currently as a "born again" or evangelical Christian, or not?
☐ Yes
☐ No
☐ Prefer not to answer
5. Which of the following statements best reflects your orientation to religion?

- ☐ My whole approach to life is based upon my religion.
- ☐ What religion offers me most is comfort in times of trouble and sorrow.
- ☐ I go to church, synagogue, or temple mainly because I enjoy seeing people I know there.
- ☐ I have no involvement with religion in my life.

Assessment of R/S: Preference/Practices, Involvement and Experiences (4 items)

1. Aside from weddings and funerals, how often do you attend religious services?
 - ☐ More than once a week
 - ☐ Once a week
 - ☐ Once or twice a month
 - ☐ A few times a year
 - ☐ Seldom
 - ☐ Never
2. People practice their religion or spirituality in different ways. Outside of attending religious services, do you pray?
 - ☐ Several times a day
 - ☐ Once a day
 - ☐ A few times a week
 - ☐ Once a week
 - ☐ A few times a month
 - ☐ Seldom
 - ☐ Never
3. Thinking about different kinds of experience, how often do you feel a deep sense of spiritual peace and well-being?
 - ☐ At least once a week
 - ☐ Once or twice a month
 - ☐ Several times a year
 - ☐ Seldom
 - ☐ Never
4. Would you say that you have ever had a 'religious or spiritual experience' – that is a moment of sudden religious or spiritual insight or awakening?
 - ☐ Yes
 - ☐ No
 - ☐ Don't Know
 - ☐ Prefer not to answer

Assessment of R/S: Developmental (8 items)

1. When you were growing up did your parents . . .
 - ☐ Identify with the same religion
 - ☐ Identify with different religions
 - ☐ One identify with one religion and the other not
 - ☐ Neither identify with a religion
2. Indicate your family of origin's religious involvement, when you were a child.

- ☐ Active participation, high level of involvement
- ☐ Regular participation, some involvement
- ☐ Identification with religion, very limited or no involvement
- ☐ No identification, participation, or involvement in religion
- ☐ Somewhat negative reaction to religion
- ☐ Disdain or very negative reaction to religion

3. Indicate your level of religious involvement at age 12.

- ☐ Active participation, high level of involvement
- ☐ Regular participation, some involvement
- ☐ Identification with religion, very limited or no involvement
- ☐ No identification, participation, or involvement in religion
- ☐ Somewhat negative reaction to religion
- ☐ Disdain or very negative reaction to religion

4. Indicate your level of religious involvement as a senior in college.

- ☐ Active participation, high level of involvement
- ☐ Regular participation, some involvement
- ☐ Identification with religion, very limited or no involvement
- ☐ No identification, participation, or involvement in religion
- ☐ Somewhat negative reaction to religion
- ☐ Disdain or very negative reaction to religion

5. Indicate your current involvement in religion.

- ☐ Active participation, high level of involvement
- ☐ Regular participation, some involvement
- ☐ Identification with religion, very limited or no involvement
- ☐ No identification, participation, or involvement in religion
- ☐ Somewhat negative reaction to religion
- ☐ Disdain or very negative reaction to religion

6. To what extent is religion or spirituality involved in your coping with stressful situations?

- ☐ Very involved
- ☐ Somewhat involved
- ☐ Not very involved
- ☐ Not involved at all

7. Which of the following best reflects your personal approach to dealing with major problems in life?

- ☐ I try to make sense of the situation and decide what to do without relying on God.
- ☐ I look to God for strength, support and guidance.

8. In what ways have the following experiences changed your religious/spiritual beliefs?

New ideas encountered in psychology classes	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Personal injury or illness	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Parents' divorce or separation	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Death of a close friend or family member	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable

Natural disaster	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Having children	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
The events of September 11, 2001	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
The war in Iraq	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Romantic relationship	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Working as a psychology trainee	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
My own personal psychotherapy	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Attitudes and opinions of psychology professors	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable
Attitudes and opinions of professors (outside of psychology)	<input type="checkbox"/> Weakened	<input type="checkbox"/> No Change	<input type="checkbox"/> Strengthened	<input type="checkbox"/> Not applicable

Education and Training (7 items)

- In your graduate education and training, were religious and spiritual issues presented and discussed:

☐ A great deal of the time
☐ Often
☐ Sometimes
☐ Rarely
☐ Never
- How adequate do you consider your graduate education and clinical training respective of dealing with religious or spiritual issues in psychotherapy?

Not at all adequate 1 2 3 4 5 6 7 Very adequate
- How receptive were your psychology graduate school faculty members to discussing issues of religion and spirituality?

Not at all receptive 1 2 3 4 5 6 7 Very receptive
- How comfortable would you feel in discussing issues of religion and spirituality at your graduate school?

Not at all comfortable 1 2 3 4 5 6 7 Very comfortable
- How prepared are you to assess the role of religion and spirituality in psychotherapy (e.g., in diagnosis, assessing healthy and unhealthy aspects of religious/spiritual experience).

Not prepared 1 2 3 4 5 6 7 Very prepared
- How prepared are you to integrate religious or spiritual resources in psychotherapy (e.g., religiously-accommodative forms of psychotherapy)?

Not prepared 1 2 3 4 5 6 7 Very prepared
- If it were demonstrated that a specific religious or spiritual intervention was effective at promoting health, such as prayer, then psychologists should recommend and offer that intervention.

Strongly disagree 1 2 3 4 5 6 7 Strongly agree

Personal Belief/Sanctification (2 items)

1. My choice in pursuing a career in psychology is an expression of my spirituality or religiousness.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

2. My choice to work as a psychologist is sacred to me.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

[Please complete the following section if you have completed at least one year of supervised experience in psychotherapy.]

Practice Experience (6 items)

1. Estimate the number of supervised clinical hours of psychotherapy you conducted in pre-doctoral practicum (i.e., prior to your internship). ____

2. In your experience providing treatment during your pre-doctoral experience, excluding internship, how often were religious or spiritual issues involved in treatment?

___ A great deal of the time
___ Often
___ Sometimes
___ Rarely
___ Never

3. In your experience providing psychological treatment during your pre-doctoral experience, excluding internship, how often was “the loss of purpose or meaning in life” a focus of treatment?

___ A great deal of the time
___ Often
___ Sometimes
___ Rarely
___ Never

4. In your experience, how often do clients attribute a religious meaning to life events or emotional difficulties, e.g., “God is punishing me for my sins” or “This circumstance happened so that I could learn a lesson from it?”

___ A great deal of the time
___ Often
___ Sometimes
___ Rarely
___ Never

5. I believe that helping professionals may receive inspiration, that being divine guidance or influence, as they work with their clients.

___ Disagree
___ Uncertain
___ Agree
___ Agree, I have personally experienced such “inspiration”

6. Indicate whether you disapprove, approve, recommend or have performed the following clinical interventions. (In this section “religious” is used generically to describe both religiosity, i.e., participation in an organized religion, and personal spirituality.)

		Disapprove	Approve	Recommend	Perform
a.	Explore client religious backgrounds	___	___	___	___
b.	Examine the impact of client religious beliefs on their psychological functioning	___	___	___	___
c.	Use religious language or concepts	___	___	___	___
d.	Recommend religious practices	___	___	___	___
e.	Recommend religious books	___	___	___	___
f.	Recommend religious journal writing	___	___	___	___
g.	Examine the impact a disorder might have on a client’s religious or spiritual functioning	___	___	___	___
h.	Use mindfulness approaches	___	___	___	___
i.	Use acceptance and commitment approaches	___	___	___	___
j.	Encourage client confession to seek repentance	___	___	___	___
k.	Incorporate spirituality to address forgiveness	___	___	___	___
l.	Incorporate virtues, such as honesty, integrity, gratitude, kindness, justice	___	___	___	___
m.	Recommend formal meditation practice	___	___	___	___
n.	Use religious imagery	___	___	___	___
o.	Pray with a client	___	___	___	___
p.	Pray privately for a client	___	___	___	___
q.	Clinician religious or spiritual self-disclosure	___	___	___	___
r.	Seek consultation with religious professionals	___	___	___	___
s.	Refer client to a religious professional	___	___	___	___
t.	Recommend leaving a religion	___	___	___	___
u.	Discuss the potential health benefits associated with religious involvement	___	___	___	___
v.	Incorporate values, such as forgiveness, gratitude, kindness, justice	___	___	___	___
w.	Incorporate appreciation for the sacredness of life	___	___	___	___

APPENDIX C

PEPPERDINE IRB

APPLICATION FOR APPROVAL OF RESEARCH PROJECT

Date: 11/28/10

IRB Application/Protocol #: **P1010D10**

Principal Investigator: Jeanette Francis

School/Unit: ☐ Faculty ☐ Staff ☐ Student ☐ Other
☐ GSBM ☒ GSEP ☐ Seaver ☐ SOL ☐ SPP
☐ Administration ☐ Other:

Street Address:

City: State: Zip Code:

Telephone (work): Telephone (home):

Email Address: Jeanette.Francis@pepperdine.edu

Faculty Supervisor: **Edward Shafranske, Ph.D., ABPP** (if applicable)

School/Unit: ☐ GSBM ☒ GSEP ☐ Seaver ☐ SOL ☐ SPP
☐ Administration ☐ Other:

Telephone (work):

Email Address: eshafran@pepperdine.edu

Project Title: The Religious and Spiritual Beliefs, Practices, and Attitudes of Doctoral Students in Clinical and Counseling Psychology

Type of Project (Check all that apply):

☒ Dissertation ☐ Thesis
☐ Undergraduate Research ☐ Independent Study
☐ Classroom Project ☐ Faculty Research
☐ Other:

Is the Faculty Supervisor Review Form attached? ☒ Yes ☐ No ☐ N/A

Has the investigator(s) completed education on research with human subjects? ☒ Yes ☐ No
Please attach certification form(s) to this application.

Is this an application for expedited review? ☒ Yes ☐ No

If so, please explain briefly, with reference to Appendix C of the Investigator's Manual.

This research meets the requirements for expedited review because it presents no more than minimal risk to human subjects and a survey method is utilized in the study. No personally identifiable data will be gathered; as such, the anonymity of the participants will be maintained. A waiver of documentation of informed consent has been requested such that implicit consent may be obtained. A participant's choice to complete the on-line survey and stated acknowledgement of serves as confirmation that the participant is fully cognizant of the

nature, risks, and benefits of the study and is providing voluntary consent to participate.

1. Briefly summarize your proposed research project, and describe your research goals and objectives:

The purpose of the study is to investigate the religious and spiritual beliefs of doctoral students studying to become clinical or counseling psychologists. Due to the impact of the personal religious and spiritual views of the clinician on therapeutic outcomes, it is important to determine major factors that influence these views, including personal experience and training. Previous research has not considered these issues within a developmental context. If the difference in religious and spiritual beliefs between clinical or counseling psychologists and the general public emerges as a result of changes in religious and spiritual beliefs in graduate education, then the current data will inform a reexamination of training to explicitly address religious and spiritual issues. The effects of demographic characteristics, such as gender, ethnicity, and theoretical orientation, will also be studied.

2. Estimated Dates of Project:

From: 12/15/2010

To: 1/7/2011

3. Cooperating Institutions and Funded Research. Circle and explain below; provide address, telephone, supervisor as applicable.

3.1 ☐ Yes ☒ No *This project is part of a research project involving investigators from other institutions.*

3.2 ☐ Yes ☒ No *Has this application been submitted to any other Institutional Review Board? If yes, provide name of committee, date, and decision. Attach a copy of the approval letter.*

3.3 ☐ Yes ☒ No *This project is funded by or cosponsored by an organization or institution other than Pepperdine University.*

Internal Funding (indicate source): No

External funding (indicate source): No

Funding Status: ☐ Funded ☐ Pending Explain, if needed:

4. Subjects

4.1 *Number of Subjects: 347 Ages: Over the age of 18*
Discuss rationale for subject selection.

The participants for this study will be interns from clinical and counseling psychology and counseling psychology programs working at pre-doctoral internship sites with memberships in the Association of Psychology Postdoctoral and Internship Centers (APPIC). Interns will be recruited from a group of training sites that fit the following criteria: (1) the site is located within the 50 U.S. States; (2) the APPIC directory specifies that the site places an emphasis on training in psychotherapy; (3) the site includes a yearly class of two or more interns. Subjects must be 18 years of age to give consent to participate in the study; in light of the target population, i.e., psychology interns, it is expected that no one under the age of 18 would be a member of the recruitment group. The total number of completed research surveys was set at 347 (See next section for further explanation), which based on previous recruitment of interns using this recruitment method will require recruitment materials to be sent to all APPIC internships.

4.2 *Settings from which subjects will be recruited. Attach copies of all materials used to recruit subjects (e.g., flyers, advertisements, scripts, email messages):*

Interns will be recruited to participate in the study through internship sites selected from the APPIC 2010- 2011 Internship and Postdoctoral Programs in Professional Psychology directory. All sites that meet the criteria for inclusion in the study yield a sample size of 823 training sites, with a minimum of 2588 possible participants. To achieve adequate power of .5 at a 95% confidence level a sample size of 347 participants is desired for this study, based upon the following formula used to calculate sample sizes: $n = N / (1 + N(e)^2)$, assuming $p = .5$ and $\pm 5\%$ variability (Israel, 2003). During recruitment, a letter of introduction explaining the nature of the study and a request for participation will be sent via e-mail to clinical training directors. Web-based surveys have been shown to yield a response rate of 61.7% (Greenlaw1 & Brown-Welty, 2009); however, this recruitment procedure includes an addition step, i.e., the recruitment materials are forwarded by the internship direct of training, which based on published reports, yields a smaller final rate of return. Nevertheless, an adequate sample size is expected to be obtained during recruitment.

4.3 *Criteria for inclusion and exclusion of subjects:*

Participants must be pre-doctoral interns in clinical or counseling psychology who are currently training at an APPIC internship training site.

4.4 ☒ Yes ☐ No Will access to subjects be gained through cooperating institutions? If so, discuss your procedures for gaining permission for cooperating individuals and/or institutions, and attach documentation of permission. **You must obtain and document permission to recruit subjects from each site.**

Directors of Training will be contacted with a request to forward the recruitment materials to the intern class. A waiver of documentation of consent has been requested to allow for implied consent. The Director of Training demonstrates implied consent by forwarding the materials; this is stated in the recruitment statement to the Director of Training. This is a commonly used procedure in research aimed at psychology trainees and interns, since mailing lists of psychology interns are not available.

Note: Internship directors will implicitly grant permission to recruit participants for the current study by forwarding the e-mail request to participate in the study to their interns.

4.5 ☒ Yes ☐ No *Will subjects receive compensation for participation?
If so, discuss your procedures.*

Participants will be offered the opportunity to enter a drawing for a \$50 cash reward awarded when the study is completed. The final page of the survey will include the following directions for entry into the drawing: "If you would like to be entered into the drawing for \$50 cash, please enter your email address into the box below. The researcher will randomly select one email address and will inform that individual via email that they have won the drawing. Your responses to the measures in this study will not be linked to your email address. Payment will be sent electronically through PayPal or the researcher will mail the winner the prize in the form of a \$50 Visa gift card if the winner does not have, or wish to obtain, a PayPal account. Entry into the drawing indicates that you are aware that your identity may potentially become known to the researcher." When the study is concluded, the researcher will randomly select one email address as the prizewinner. The researcher will contact that individual via email to inform the participant that they have won. The prize will be sent via PayPal or through U.S. mail, with delivery confirmation. The winner will have the option of selecting either payment method. The following email will be sent to the winner:

"Congratulations! You have won the \$50 prize from the drawing you entered after you completed the measures in my study on your religious and spiritual beliefs, practices, and attitudes. If you would like me to send the \$50 to you via PayPal, please reply to this email with your PayPal email address. If you prefer for me to send it via U.S. mail, please provide me with your mailing address. I will send you a \$50 Visa gift card. By accepting this prize, you are aware that your anonymity as a participant in my study will be compromised. I will be deleting and destroying your contact information following payment of the prize, and your identity as the winner of this drawing and as a participant in my study will remain confidential. Thank you for your participation in my research study, and I look forward to hearing from you! Please contact me via email or at (310) 927-8283 if you have any questions or concerns."

4.6 Describe the method by which subjects will be selected and for assuring that their participation is voluntary.

Internship training directors will be contacted by e-mail to ask their cooperation in forwarding recruit materials to recruit intern participants. Internship site contact information is available on the Internet on publicly accessible websites. The training directors will be asked to forward the email invitation to their current internship class. Training directors will not be informed as to whether or not their interns have decided to participate in the study, but will be offered a copy of the study abstract when the study is completed. Participants will be directed to a link to the website containing the introduction and survey. The e-mail invitation will clearly state that participation in the study is voluntary. Participants will voluntarily decide whether or not to participate in the study and answer the on-line survey. Participation in the drawing for \$50 will also be voluntary. The website being used for this study provides the researcher with an option of randomly drawing participants' email addresses, without linking them to their responses on the measures. After the drawing is completed, all email addresses, which had been voluntarily submitted, will be deleted from the study

data to assure the continued confidentiality of the participants.

5. Interventions and Procedures to Which the Subject May Be Exposed

- 5.1 Describe specific procedures, instruments, tests, measures, and interventions to which the subjects may be exposed through participation in the research project. Attach copies of all surveys, questionnaires, or tests being administered.

Graduate Student Questionnaire: Religious and Spiritual Beliefs, practices, and attitudes

The survey instrument, developed in consultation with Drs. Edward Shafranske and Kenneth Pargament, primary investigators of the “Religious and Spiritual Attitudes and Practices of Clinical and Counseling Psychologists and Graduate Students in Clinical and Counseling Psychology Project” (2010), consists of 48 items which survey: (a) demographics; (b) assessments of various aspects of religiousness and spirituality (including salience, ideology and secularization; religious orientation, preferences, practices, involvement and experiences, and developmental history); (c) education and training, (d) personal beliefs and sanctification, and (e) practice experience. Items were drawn from previous studies of psychologists (e.g., Shafranske, 1996; Shafranske & Maloney, 1990) the U. S. population (e.g., Kosmin & Keysar, 2009; Newport, 2007; Pew Forum on Religion & Public Life, 2008), and U.S. college students (Astin, Astin, Lindholm, & Bryant, 2005). This instrument contained items also used in the survey of licensed clinicians, performed as part of the aforementioned research project. The Graduate Student Questionnaire on Religious and Spiritual Beliefs, practices, and attitudes can be found in Appendix B.

- 5.2 ☐Yes ☒No Are any drugs, medical devices or procedures involved in this study? Explain below.
- 5.3 ☐Yes ☒No No Are the drugs, medical devices or procedures to be used approved by the FDA for the same purpose for which they will be used in this study? Explain below.
- 5.4 ☐Yes ☒No Does your study fall under HIPAA? Explain below.

6. Describe all possible risks to the subject, whether or not you consider them to be risks of ordinary life, and describe the precautions that will be taken to minimize risks. The concept of risk goes beyond physical risk and includes risks to the subject's dignity and self-respect, as well as psychological, emotional, and behavioral risk. Discuss the procedures you plan to follow in the case of adverse or unexpected events.

Participation in this study involves no more than minimal risk. Potential minimal risks include boredom or fatigue in completing the survey or possible emotional unrest as a result of responding to questions about personal religious and spiritual beliefs, practices, and attitudes. Participants may be reminded of negative experiences related to their religious and spiritual development. Note: Diversity or multicultural factors, which include religion and spirituality, are discussed in the graduate education and clinical training of psychologists. “Diversity” constitutes a domain required for accreditation by the American Psychological Association. Also, religion is explicitly included in the “Individual and Cultural Diversity-Awareness” competency in the

Competency Benchmarks Document, developed by APA (Fouad et al., 2009).

The participants will be psychology interns who will have completed 2-4 years of clinical training at practicum sites, which is necessary for placement at an internship site. They will also have completed coursework in which diversity and multicultural factors, which religious and spiritual diversity contribute, will have been addressed. Psychology graduate students are trained to deal with personal reactions to a host of subjects encountered in their clients, including religious and spiritual beliefs, practices, and attitudes, which may stimulate reactions in the graduate student. As such, it is presumed that questions asking about the participants' religious and spiritual beliefs, practices, and attitudes constitute no more than minimal risk of discomfort.

Further, the APA ethical code requires understanding of factors associated with religion (Principle 2.01b) (APA, 2002). In addition, psychology doctoral students are trained in research methods and develop a familiarity of the nature of risks involved in survey research in psychology. Participants may stop responding to the survey at anytime and it is suggested that they consult with a trusted faculty member, clinical supervisor, or mental health professional should they experience negative reactions to the survey. Addressing personal reactions that could influence the conduct of therapy with diverse clients (including religiously or spiritually committed clients) is one aspect of internship training and therefore there are resources available within the setting to any adverse reactions.

7. Describe the potential benefits to the subject and society.

Though participants will not receive any direct benefits from their involvement in the current study, they may gain satisfaction from the knowledge that their participation will engender information that will benefit the field of psychology. They may also benefit from increased self-knowledge gleaned from examining their religious and spiritual beliefs, practices, and attitudes. In addition, participants are eligible to be entered in a drawing for \$50 cash as an incentive for their involvement in the study. Participants will also be informed that they may choose to receive a copy of the study's abstract after the study is completed.

Due to the impact religious and spiritual attitudes of therapist on the process of psychotherapy when working with religious clients, facilitating further introspection regarding the participant's (or subject's) faith traditions and transcendent worldviews will enhance their training process and benefit society by potentially increasing trainees' awareness of religious and spiritual issues in their clients. In light of the high percentage of Americans, who report the salience of religion in their personal lives, greater understanding of the role of personal religiousness and spirituality of therapists and the role of graduate education in providing a context for the discussion of religion and spirituality is required. The study has potential impacts on graduate education in providing the "first glimpse" at the role of education in addressing religious and spiritual issues in doctoral education of clinical and counseling psychologists.

8. Informed Consent and Confidentiality and Security of the Data

- 8.1 ☒ Yes ☐ No Is a waiver of or alteration to the informed consent process being sought? If yes, please attach the **Application for Waiver or Alteration of Informed Consent Procedures form**. If not, describe the ability of the subject to give informed consent. Explain through what procedures will informed consent be assured. Attached

- 8.2 Attach a copy of the consent form. Review the *Instructions for Documentation of Informed Consent* in Section VII.A of the Investigator Manual.
- 8.3 ☐Yes ☒No Is the subject a child? If yes, describe the procedures and attach the form for assent to participate.
- 8.4 ☐Yes ☒No Is the subject a member of another vulnerable population? (i.e., individuals with mental or cognitive disabilities, educationally or economically disadvantaged persons, pregnant women, and prisoners). If yes, describe the procedures involved with obtaining informed consent from individuals in this population.
- 8.5 If HIPAA applies to your study, attach a copy of the certification that the investigator(s) has completed the HIPAA educational component. Describe your procedures for obtaining Authorization from participants. Attach a copy of the Covered Entity's HIPAA Authorization and Revocation of Authorization forms to be used in your study (see Section XI. of the Investigator Manual for forms to use if the CE does not provide such forms). If you are seeking to use or disclose PHI without Authorization, please attach the **Application for Use or Disclosure of PHI Without Authorization** form (see Section XI). Review the HIPAA procedures in Section X. of the Investigator Manual.
- 8.6 Describe the procedures through which anonymity or confidentiality of the subjects will be maintained during and after the data collection and in the reporting of the findings. Confidentiality or anonymity is required unless subjects give written permission that their data may be identified.

The Internet service company (i.e., Survey Monkey) to be utilized by the investigator to administer the survey does not request any personal information from participants, including IP addresses, which ensures that participation will be anonymous. To make certain that full compliance with the mandated guidelines on Internet research is upheld, the online survey website used will automatically make research data anonymous, as there will be no identifying information obtained, including names or email addresses. After the study is completed, all files will be stored on the investigator's personal computer and on electronic media for five years, after which time the data will be deleted.

- 8.7 Describe the procedures through which the security of the data will be maintained.

All materials involved in the study will be stored on the researcher's personal computer, access to which is protected by a private password, for a period of 3 years. Materials will also be stored in a locked file, with sole access available to the researcher, for a period of 3 years.

I hereby certify that I am familiar with federal and professional standards for conducting research with human subjects and that I will comply with these standards. The above information is correct to the best of my knowledge, and I shall adhere to the procedure as described. If a change in procedures becomes necessary I

shall submit an amended application to the IRB and await approval prior to implementing any new procedures. If any problems involving human subjects occur, I shall immediately notify the IRB Chairperson. I understand that research protocols can be approved for no longer than 1 year. I understand that my protocol will undergo continuing review by the IRB until the study is completed, and that it is my responsibility to submit for an extension of this protocol if my study extends beyond the initial authorization period.

Principal Investigator's Signature

Date

Faculty Supervisor's Signature
(if applicable)

Date

Appendices/Supplemental Material

Use the space below (or additional pages and/or files) to attach appendices or any supplemental materials to this application.

Appendix D: Recruitment Letter: Training Directors

Appendix E: Recruitment Letter: Participants

Appendix F: Pepperdine IRB Application for Waiver or Alteration of Informed Consent Procedures

Appendix G: Consent Form Used with a Waiver or Alteration of Informed Consent

Appendix H: Human Participant Protections Education for Research Teams Completion Certificate

APPENDIX D

Recruitment Letter: Training Directors

Dear Director of Training:

I am a student in the Doctor of Clinical Psychology Program at Pepperdine University. I have chosen to study the religious and spiritual beliefs, practices, and attitudes of doctoral students in clinical and counseling psychology, who are currently completing their pre-doctoral internships for my dissertation. I would like to know how comfortable psychology interns are discussing religious and spiritual issues with their psychotherapy clients, whether they feel they have received adequate training in graduate school regarding these issues, and whether their education and training has impacted their personal beliefs and practices. Psychology interns at your training site have been selected for participation in this study as part of a national sample of psychology interns. Their **pre-internship graduate education and clinical training experiences** are being investigated – **not their experiences during internship**.

I would really appreciate your help in forwarding this email to your interns.

Their participation will consist of completing a survey that inquires into their religious and spiritual beliefs, practices, and attitudes, as well as their degree of ease in discussing these issues in psychotherapy with their clients. The survey will take about 12 minutes to complete. If there is someone else at your institution from whom I must obtain permission before my invitation to participate in this study can be forwarded to psychology interns, please send me that person's name and contact information and I will follow up with him or her. I am required to submit site approvals from any sites that require additional approvals (e.g. if the site requires their own IRB approval) to the GPS IRB before distributing any surveys/questionnaires at the site.

To assure anonymity, I am utilizing an online survey company that does not procure any identifying information for the participants, including their contact information and IP addresses. No information about which internship programs did or did not participate will be recorded in any fashion. Participation in this study is voluntary and poses no more than minimal risk. Such risks include possible boredom, fatigue, or discomfort in answering questions related to personal religious or spiritual beliefs, practices, or attitudes. Participants are free to not answer any questions they do not want to answer and they may discontinue their involvement in the study at any time. This study has been approved by the Pepperdine University Graduate and Professional Schools Institutional Review Board (GPSIRB).

If you have any questions about this study or desire an abstract of this study, please reply to this email at: Jeanette.Francis@pepperdine.edu. You may also contact Dr. Edward Shafranske, Dissertation Chairperson, or Dr. Douglas Leigh, Chairperson of the GPSIRB at Pepperdine University (310) 568-5600. Thank you so much for your help in assisting in the recruitment of participants for this dissertation research study.

Sincerely,
Jeanette Francis, MA
Psy.D. Student
Pepperdine University

APPENDIX E

Recruitment Letter: Participants

Dear Psychology Student:

I am a student in the Doctor of Psychology (Psy.D.) Program at Pepperdine University. For my dissertation I have chosen to study the religious and spiritual beliefs, practices, and attitudes of doctoral students in clinical and counseling psychology, who are currently completing their pre-doctoral internships for my dissertation. You have been selected for participation in this study as part of a sample of current psychology interns. I would really appreciate your help in completing the attached surveys, which ask about your religious and spiritual beliefs, practices, and attitudes as well as the impacts of graduate education and pre-internship clinical training in respect to religion and spirituality. This survey will take about 12 minutes to complete.

Your participation in this study is voluntary. Your anonymity will be ensured because the survey information will be gathered with no related identifying information or IP addresses obtained. While there are no direct benefits to all participants in the study, some participants may experience a sense of satisfaction in knowing that their participation will contribute to knowledge in the field of psychology as well as increased awareness of the role of religion and spirituality in their personal and professional lives. Another benefit of participating in this study is the possibility of winning a \$50 prize that will be awarded to one person in a random drawing.

Participation in this study poses no more than minimal risk. Such risks include possible boredom, fatigue, or discomfort in answering questions related to personal religious or spiritual beliefs, practices, or attitudes. Participants are free to not answer any questions they do not want to answer and they may discontinue their involvement in the study at any time. Please understand that completing the survey will serve as an acknowledgement that the nature of this study, including potential benefits and risks, has been disclosed to you and you have agreed voluntarily to participate in the study. This study has been approved by the Pepperdine University Graduate and Professional Schools Institutional Review Board (GPSIRB).

If you would like an abstract of this study or have any questions about the study, please email me at Jeanette.Francis@pepperdine.edu. You do not need to participate in this study to obtain a copy of the abstract. Should you wish to inquire or make comments about this study, please contact Dr. Edward Shafranske, Dissertation Chairperson, or Dr. Douglas Leigh, Chairperson of the GPSIRB at Pepperdine University (310) 568-5600. Thank you so much for your help completing this dissertation research project. Completion of the online survey by November 30 will be very much appreciated.

Sincerely,

Jeanette Francis, MA
Psy.D. Student
Pepperdine University

APPENDIX F

Pepperdine IRB

Application for Waiver or Alteration of Informed Consent Procedures

Date: 11/28/10

IRB Application/Protocol #: **P1010D10**

Principal Investigator: Jeanette Francis

School/Unit: ☐ Faculty ☐ Staff ☒ Student ☐ Other
☐ GSBM ☐ GSEP ☐ Seaver ☐ SOL ☐ SPP
☐ Administration ☐ Other:

Street Address:

City:

State:

Zip Code:

Telephone (work):

Telephone:

Email Address: Jeanette.Francis@pepperdine.edu

Faculty Supervisor: **Edward Shafranske, Ph.D., ABPP** (*if applicable*)

School/Unit: ☐ GSBM ☒ GSEP ☐ Seaver ☐ SOL ☐ SPP
☐ Administration ☐ Other:

Telephone (work):

Email Address: eshafran@pepperdine.edu

Is the Faculty Supervisor Review Form Attached? ☒ Yes ☐ No ☐ N/A

Project Title: The Religious and Spiritual Beliefs, Practices, and Attitudes of Doctoral Students in Clinical and Counseling Psychology

Type of Project (Check all that apply):

☒ Dissertation ☐ Thesis
☐ Undergraduate Research ☐ Independent Study
☐ Classroom Project ☐ Faculty Research
☐ Other:

Has the investigator completed education on research with human subjects?

☒ Yes ☐ No ☐ N/A

If applicable, attach certification forms to this application.

See attached

Informed consent of the subject is one of the fundamental principles of ethical research for human subjects. Informed consent also is mandated by Federal regulations (45 CFR 46) and University policy for research with human subjects. An investigator should seek a waiver of written or verbal informed consent, or required elements thereof, only under compelling circumstances.

SECTION A

Check the appropriate boxes regarding your application for waiver or alteration of informed consent procedures.

Requesting Waiver or Alteration of the Informed Consent Process

Requesting Waiver of Documentation of Informed Consent

If you are requesting a waiver or alteration of the informed consent process, complete Section B of the application.

If you are requesting a waiver of documentation of informed consent, complete Section C of the application.

SECTION B

Request for Waiver or Alteration of the Informed Consent Process - 45 CFR 46.116(c) & 45 CFR 46.111(d)

Under certain circumstances, the IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent, or the IRB may waive the requirements to obtain informed consent. The following questions are designed to guide the decision making of the investigator and the IRB. Check your answer to each question.

YES NO B.1. Will the proposed research or demonstration project be conducted by or subject to the approval of state or local government officials. **{45 CFR 46.116(c)(1)}**

Comments:

If you answered no to question B.1, skip to question B.3.

YES NO B.2. Is the proposed project designed to study, evaluate, or otherwise examine:

(i) public benefit or service programs;

(ii) procedures for obtaining benefits or services under those programs; (iii)

possible changes in or alternatives to those programs or procedures; or (iv)

possible changes in methods or levels of payment for benefits or services

under those programs **{45 CFR 46.116(c)(1)}**

Comments:

If you answered yes to questions B.1 and B.2, skip to question B.6.

YES NO B.3. Will the proposed research involve greater than minimal risk? *(Minimal risk is defined as the probability and magnitude of harm or discomfort anticipated in the research which are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.)*

{45 CFR 46.116(d)(1)}

Comments:

YES NO B.4. Will waiving or altering the informed consent process adversely affect the rights and welfare of the subjects? **{45 CFR 46.116(d)(2)}**

Comments:

YES NO B.5. Will pertinent information regarding the research be provided to the subjects later, if appropriate? **{45 CFR 46.116(d)(4)}**

Comments:

YES NO B.6. Is it practicable to conduct the research without the waiver or alteration? (*"Practicable" is not an inconvenience or increase in time or expense to the investigator or investigation, rather it is for instances in which the additional cost would make the research prohibitively expensive or where the identification and contact of thousands of potential subjects, while not impossible, may not be feasible for the anticipated results of the study.*) {45 CFR 46.116(d)(3)}

Comments:

Waiver or alteration of the informed consent process is only allowable if:

- ***The answer to questions B.1 and B.2 are yes and the answer to question B.6 is no, OR***
- ***The answers to question B.1 is no, B.3 is no, B.4 is no, B.5 is yes, and B.6 is no.***

If your application meets the conditions for waiver or alteration of the informed consent process, provide the following information for IRB review.

- A brief explanation of your experimental protocol in support of your answers to questions B.1 - B.6.
- Identify which elements of consent will be altered or omitted, and provide justification for the alteration.
- The risks involved in the proposed research and why the research presents no more than minimal risk to the subject.
- Describe how the waiver or alteration of consent will not adversely affect the rights, including the privacy rights, and the welfare of the individual.
- Define the plan, where appropriate, to provide individuals with additional pertinent information after participation.
- Explain why the research could not practicably be conducted without the waiver or alteration.
- Other information, as required, in support of your answers to questions B.1 - B.6.

SECTION C

Request for Waiver of Documentation of Informed Consent - 45 CFR 46.117(c)

An IRB may waive the requirement for the investigator to obtain a signed consent form for some or all of the subjects. The following questions are designed to guide the decision making of the investigator and the IRB regarding this topic. Circle your answer to each question.

YES NO C.1. Was informed consent waived in Section B of this application? If yes, skip Section C, documentation of informed consent if not applicable.

YES NO C.2. Does the proposed research project qualify for alteration of the informed consent process under Section B of this application?

Comments:

YES NO C.3. The consent document is the only record linking the subject and the research, and the principal risk is potential harm resulting from a breach of confidentiality. **{45 CFR 46.117(c)(1)}**

Comments:

YES NO C.4. The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside the research context. **{45 CFR 46.117(c)(2)}** *(Minimal risk is defined as the probability and magnitude of harm or discomfort anticipated in the research which are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.)*

Comments:

Waiver of documentation of the informed consent is only allowable if:

- ***The answer to question C.1 is yes, OR***
- ***The answer to questions C.1 is no and the answer to either question C.3 or C.4 is yes.***

If your application meets the conditions for waiver of documentation of informed consent, provide the following additional information, supplementing the material provided in Part B of this application, for IRB review.

- How the consent document is the only record linking the subject to the research.
- How the principal risk to the subject is the potential harm from a breach of confidentiality.
- Why, if performed outside the research context, written consent is not normally required for the proposed experimental procedures.

If the IRB approves a Waiver of Documentation of Informed Consent, the investigator must:

- Ask each participant if he or she wants documentation linking the participant with the research (i.e., wishes to complete an informed consent form). The participant's wishes will govern whether informed consent is documented. **{45 CFR 46.117(c)(1)}**

AND

- At the direction of the IRB, provide participants with a written statement regarding the research. **{45 CFR 46.117(c)}**

Application for Waiver or Alteration of Informed Consent

Investigator: Jeanette Francis

Title: Religious and spiritual beliefs, practices, and attitudes of doctoral clinical and counseling psychology students.

The elements of informed consent that will be altered or waived.

(a) informed consent of research participants and

(b) document of agreement to provide institutional cooperation by the internship Directors of Clinical Training, who will be requested to forward the recruitment e-mail to potential participants, i.e., interns.

An alteration of the documentation of informed consent of research participants has been requested such that implicit consent may be obtained because a participant's choice to complete the on-line survey serves as confirmation, in addition to the participant's agreement with the following statement:

Introduction to the Survey and Consent to Participate

This survey examines the religious and spiritual beliefs and practices of doctoral students in clinical and counseling psychology and their attitudes and practices regarding approaches to address religion and spirituality in psychotherapy. The survey includes questions regarding the development of your religious beliefs, practices, and attitudes, as well as your method of handling these issues in clinical practice. The survey should take you no more than 12 minutes to complete.

I understand that my participation in this study is voluntary and that my anonymity will be ensured because the survey information will be gathered with no related identifying information or IP addresses obtained. While there are no direct benefits to all participants in the study, I understand that I may experience satisfaction in knowing that my participation will contribute to knowledge in the field of psychology as well as I may increase my awareness of the role of religion and spirituality in my personal and professional life. I understand that if I choose, I may enter in a random drawing to win \$50. I understand that participation in the study poses no more than minimal risk. Possible risks include boredom, fatigue, or discomfort in answering questions related to personal religious or spiritual beliefs, practices, or attitudes. I understand that I may discontinue participation at any time and that it is recommended that I consult with a trusted faculty member, clinical supervisor, or mental health professional should I experience negative reactions to the survey.

____I understand that by checking the box to the left, I have indicated my voluntary consent to participate in the research.

Risks involved and why the research poses no more than minimal risks to the subject.

A survey will be administered to examine the religious and spiritual beliefs and practices of doctoral students in clinical and counseling psychology and their attitudes and practices regarding approaches to address religion and spirituality in psychotherapy. The survey items drawn from published studies of the general U.S.

population, college students, and psychologists and ask for information about past and current religious and spiritual beliefs and practices, graduate education related to religion and spirituality, and attitudes towards addressing client religiousness and spirituality. The nature of the items (and the history of no reported adverse effects in major national studies in which the items have been used, e.g., Gallup, Higher Education and Research Institute, Pew Forum on Religion and Public Life) suggests that no greater than minimal risk, such as boredom or fatigue in completing the survey or possible emotional discomfort as a result of responding to questions about religious and spiritual beliefs, practices, and attitudes. These minimal risks are fully disclosed before the participant begins the survey.

These participants in contrast with the general population have experience in psychological research and are likely aware of the potential risks in participating in survey research. Also, the participants are psychology interns who will have completed 2-4 years of clinical training at practicum sites, which is necessary for placement at an internship site. They will also have completed coursework in which diversity and multicultural factors, which religious and spiritual diversity contribute, will have been addressed. Diversity or multicultural factors, which include religion and spirituality, are discussed in the graduate education and clinical training of psychologists. “Diversity” constitutes a domain required for accreditation by the American Psychological Association. Also, religion is explicitly included in the “Individual and Cultural Diversity-Awareness” competency in the Competency Benchmarks Document, developed by APA (Fouad et al., 2009).

Psychology graduate students are trained to deal with personal reactions to a host of subjects encountered in their clients, including religious and spiritual beliefs, practices, and attitudes, which may stimulate reactions in the graduate student. As such, it is presumed that questions asking about the participants’ religious and spiritual beliefs, practices, and attitudes constitute no more than minimal risk of discomfort.

Describe how the waiver or alteration of consent will not adversely affect the rights, including privacy rights, and the welfare of the individual.

Participation is voluntary and the subject is informed that they can discontinue participation at any time. The nature of the study and benefits and risks are disclosed prior to accessing the research website and an acknowledgement of consent is provided at the beginning of the survey. All data is obtained ensuring anonymity; no identifying information is obtained. Directors of Training will have no knowledge of whether or not the interns in their training program have responded or participated in the research.

The Internet service company (i.e., Survey Monkey) to be utilized by the investigator to administer the survey does not request any personal information from participants, which ensures that participation will be anonymous. To make certain that full compliance with the mandated guidelines on Internet research is upheld, the online survey website used will automatically make research data anonymous, as there will be no identifying information obtained, including names or email addresses. After the study is completed, all files will be stored on the investigator's personal computer for five years, after which time it will be deleted.

Define the plan, where appropriate, to provide individuals with additional pertinent information after participation.

Participants will be offered the opportunity to receive an abstract of the study by request by sending an email to the primary investigator at Jeanette.Francis@pepperdine.edu, even if they choose not to participate in the study. They will also be told that they can contact the primary investigator via email if they would like to inquire or make comments about the study. In addition they will be told that they can contact Dr. Edward Shafranske, Dissertation Chairperson, or Dr. Douglas Leigh, Chairperson of the Human Subjects Review Committee (HSRC) at Pepperdine University (310) 568-5600.

Explain why the research could not practicably be conducted without the waiver or alteration.

Due to the need to obtain data from a national sample of doctoral students in clinical or counseling psychology, it is impractical to conduct a "face to face" informed consent procedure with potential subjects from internships from throughout the United States. Also, names and addresses of interns are not available; therefore, the only means of accessing and recruiting interns is by requesting Directors of Training to forward the recruitment materials (by forwarding an e-mail letter with a link to the survey website). Therefore, the alteration in documentation of informed consent of the research participants is necessary to practicably conduct the current research because the data will be collected using the Internet.

APPENDIX G

Consent Form Used with a Waiver or Alteration of Informed Consent

Dear Participant:

My name is Jeanette Francis, and I am a student in the doctoral program in clinical psychology at Pepperdine University, who is currently in the process of recruiting individuals for my study entitled, "The Religious and Spiritual Beliefs, Practices, and Attitudes of Graduate Students in Clinical Psychology." The professor supervising my work is Dr. Edward Shafranske. The study is designed to investigate the religious and spiritual beliefs, practices, and attitudes of graduate students in clinical psychology, so I am inviting individuals who are currently completing their doctoral internship in clinical psychology to participate in my study. Please understand that your participation in my study is strictly voluntary. The following is a description of what your study participation entails, the terms for participating in the study, and a discussion of your rights as a study participant. Please read this information carefully before deciding whether or not you wish to participate.

If you should decide to participate in the study, you will be asked to complete a survey regarding your religious and spiritual ideology and experiences. It should take approximately 12 minutes to complete the survey you have been asked to complete.

Although minimal, there are potential risks that you should consider before deciding to participate in this study. These risks include a risk of possible emotional discomfort as a result of responding to questions about your religious and spiritual beliefs, practices, and attitudes. You may be reminded of negative experiences related to your religious and spiritual development.

In the event you do experience emotional discomfort, you may contact me at my email address, which is Jeanette.Francis@pepperdine.edu. You may also contact Dr. Edward Shafranske, Dissertation Chairperson, or Dr. Douglas Leigh, Chairperson of the HumanSubjects Review Committee (HSRC) at Pepperdine University (310) 568-5600.

The potential benefits to you for participating in the study include increased self-knowledge gleaned from examining your religious and spiritual beliefs, practices, and attitudes. In addition, you will be eligible to be entered in a drawing for \$50 cash as an incentive for your involvement in the study. Due to the effect of religious and spiritual attitudes of therapist and client on the process of psychotherapy, facilitating introspection regarding your faith traditions and transcendent worldviews will enhance your training process. You may also gain satisfaction from the knowledge that your participation will engender information that will benefit the field of psychology.

If you should decide to participate and find you are not interested in completing the survey in its entirety, you have the right to discontinue at any point without being questioned about your decision. You also do not have to answer any of the questions on the survey that you prefer not to answer--just leave such items blank. If you have requested to be entered into the drawing for \$50, you may keep this gift regardless of whether you decide to complete the entire survey or not.

If the findings of the study are presented to professional audiences or published, no information that identifies you personally will be released. The data will be kept in a secure manner for at least 5 years, at which time the data will be destroyed.

If you have any questions regarding the information that I have provided above, please do not hesitate to contact me at the address and phone number provided below. If you have further questions or do not feel I have adequately addressed your concerns, please contact me at the e-mail address listed above. If you have questions about your rights as a research participant, contact Dr. Edward Shafranske, Dissertation Chairperson, or Dr. Douglas Leigh, Chairperson of the Human Subjects Review Committee (HSRC) at Pepperdine University (310) 568-5600.

By completing the survey on the website, you are acknowledging that you have read and understand what your study participation entails, and are consenting to participate in the study.

Thank you for taking the time to read this information, and I hope you decide to complete the survey. You are welcome to a brief summary of the study findings in about 1 year. If you decide you are interested in receiving the summary, please contact me at the e-mail address listed above.

Sincerely,

Jeanette Francis, M.A.
Doctoral Student in Clinical Psychology
Jeanette.Francis@pepperdine.edu