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BELIEFS ABOUT RELIGION AND SPIRITUALITY AMONG SOCIAL WORKERS

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California State University - San Bernardino

BELIEFS ABOUT RELIGION AND SPIRITUALITY

AMONG SOCIAL WORKERS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Aida Araceli Pelayo

June 2016

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Approved by:

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ABSTRACT

The present study focused on the social workers perspectives regarding the integration of religion and spirituality in therapy. Understanding these components will expand the knowledge of social workers and it will enhance the therapeutic relationship among clients and clinicians. It also allows social workers to provide a comprehensive service to a multicultural and diverse population. In order to provide a holistic approach, social workers need to address the issues of clients through a biopsychosocial perspective that includes religion and spirituality. For the most part, religious and spiritual people use these components in their daily lives to cope with unanswerable questions of life. Then, social workers may utilize these concepts as coping mechanisms when treating clients.

Eight participants provided their professional experiences regarding the integration of religion and spirituality in therapy and its effectiveness. Participants for this study average 17.6 years of experience. Participants have extensive experience in providing individual counseling and group therapy. Participants are from various educational background, ethnicity, age and gender.

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First and foremost, I give my Lord and savior, Jesus Christ, the glory and the honor for giving me the strength to finish this endeavor. He gave me the wisdom and the knowledge to accomplish the task when I thought I could not make it. He was my greatest support when I thought I was weak. He put the right people in my path to do His will. He placed the words on people's mouth to guide me. He showed me the light when I was in the darkness and He placed in people's heart the love when I felt alone.

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DEDICATION

I dedicate this project to my Lord Jesus Christ who is my pillar, my strength, and my source of inspiration. Psalms 18:2 the Lord is my rock, my fortress, and my savior in whom I take refuge, my shield and the horn of my salvation, my stronghold.

This is dedicated to all those individuals who are religious and spiritual, and they feel isolated due to their beliefs and rituals. I have heard numerous comments from religious and spiritual people who are experiencing mental health problems, and the fear of being judge hinder them to seek help. Each of them inspired me to work diligently and with passion towards this project.

This project is also dedicated to my sunshine and my love. The two of you are my source of my reason to continue each day forwards. I love you guys!!! .

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Over the past two decades there has been an increase in research on religion and spirituality in the helping profession. Although there has been an increased interest in exploring the benefits of religion and spirituality, there is much needed information to understand these terms among social workers and other professions. Beliefs about religion and spirituality among social workers are important to explore for the reason that awareness is needed in the profession. Research has shown that integrating these concepts into mental health treatment clients have a faster recovery, reduced hospital stays and decreased relapse in substance abuse (Svalina & Webb, 2012).

This chapter addresses the scope of the problem, the purpose of the study, and the significance of the study for the social work profession. It also discusses the importance of graduate programs to teach these concepts on a deeper level. This chapter defined the term religion and spirituality, the perception of social workers regarding these concepts and the hypothesis.

Problem Statement

The purpose of the study was to explore the beliefs of religion and spirituality among social workers. Social workers provide mental health services for; substance abuse, family issues, children behavioral problems, natural disasters, divorce, bereavement and many more issues. Client's

experiences are overwhelming and at times daunting. Social workers are strongly encouraged to meet the client's emotional needs, listen to their concerns, pay attention to their attitudes, and as per client's request, and acknowledge client's religious and spiritual beliefs. During assessment, clients are asked about their religion and spirituality beliefs. These two concepts are not explored any further by many therapists due to lack of skill to address these concepts. Therapy itself is not in question. It is the benefits of integrating religion and spirituality that needs more exploration. By doing so, social workers can provide a holistic approach in assessments, interventions, and most of all understanding client's spiritual needs (Richards, Bartz, & O'Grady, 2009). A holistic approach entails engaging the person as a whole, which includes physical, emotional, mental and spiritual (Crisp, 2011).

In the past two decades, there has been a growing interest amongst social work professionals, educators, students and allied professions that have recognized the need to integrate religion and spirituality within therapy as well as the educational system (Miller, 2001; Furman, Benson, & Canda, 2011; Barker, 2007). Social work programs equip students with knowledge and skills to help clients with emotional matters and immediate resources. But, how about the spirit? According to Miller (2001), many social work educators agree upon the need to explore the spiritual dimension. Miller (2001) quotes E. R. Canda, a professor of the social work program at the University of Kansas, and founder of the Society of Spirituality in Social Work who said,

Spirituality is inherent in the human condition, so in whatever setting a

social worker is working, there is often a shaking of the foundation of

one's sense of meaning, who one is, what life is about, and what reality

is about, we cannot escape these questions. It would be malpractice to

avoid it. (Miller, 2001, p. 12)

Religion and spirituality are important concepts that play a significant

role in clients' lives. These attributes shape their attitudes and behaviors.

Phillips, Lakin, and Pargament (2002) explained that participants in a spiritual

issues group for seriously mentally ill welcomed the opportunity to talk about

the role of religion and spirituality in their lives. As a group, they disclosed that

this was the first time they had the opportunity to discuss spiritual matters after

many years of mental health treatment. Pargament, Murray-Swank, and

Tarakeshwar (2005) go on to say that in most cases; clients notice how

therapists quickly change the subject when clients raise the issue of

spirituality.

Spirituality helps people come to terms with reality of one's lack of

control over issues of everyday life and over death itself. Researchers contend

that spirituality can be transformative (Pargament et al., 2005). Pargament et

al. (2005) explained that through spirituality, people find answers to

unanswerable questions and support when other sources or support structures

are not available. Paragament et al. (2005) goes on deeper to say that

spirituality is an answer when life seems unimaginative. By bringing the

spiritual dimension into the helping process, therapists can explore deeper into clients' source of hope for life's most difficult problems (Paragament et al., 2005). Pargament et al. (2005) also points out that some mental health professionals believe that religion and spirituality can be a source of struggle rather than a solution. Many people turn to religion and spirituality in cases of life difficulties. Although there seems to be many benefits to incorporating religion and spirituality in social work, the major hurdle is the definitions of religion and spirituality.

Definition of Religion and Spirituality

For most people the definition of religion and spirituality are interchangeable in so far as it can easily be misunderstood. Religion can be considered as a unique condition or aspects of humanity. Land (2015) explains that religion is a "systematic body of beliefs" that includes a shared-systemized belief of moral values and traditions that shape relationships of humanity (p. 20). Religion embodies "cultural, structural, institutional, and historical elements" which is an external appearance (Land, 2015, p. 30). For the most part, religion is seen as a structure of formal beliefs and doctrines, of rules and regulations of do's and don'ts with the purpose to be "saved" (Krieglstein, 2006, p. 24). In contrast to religion, spirituality has a different connotation.

Spirituality is an inward and personal experience. Land (2015) noted that for some people spirituality can be a form of meditation, while for others

spirituality is an experience proceeding from God that alters "state of consciousness" that is beyond words (p. 30). One philosophical explanation is that spirituality is a profound sense of being wholesome and a feeling of association with a much more prominent entity than oneself (Land, 2015). Spirituality leads to inner peace, and a sense of the miraculous and a supernatural. Spirituality does not have to be connected directly with religion. Spirituality provides a dimension to human experience that has to do with identity, purpose and meaning (Land, 2015). Spirituality may or may not relate to a person's membership in a formal religious group (Furman, Benson, & Canda, 2011). According to Krieglstein (2006), there are different types of spirituality such as meditation, prayer and purpose in life. As one can see, religion and spirituality have different meanings. Yet, while for some people spirituality cannot be set apart from religion, for others spirituality is a completely separate entity.

Social Workers' Perception

There are growing numbers of social workers that agree that spirituality is an important fundamental demeanor of human beings. Furman, Benson, and Canda (2011) conducted a stratified-random sample in 1997 and then again in 2008. In 1997, 91% and in 2008, 86% of social workers agreed that spirituality is an important concept that needs further exploration. In the same study, in 1997 66% social workers agreed that integrating spirituality into practice was empowering for the client. In 2008, 51% of the respondents

agreed that the benefits of integrating spirituality was empowering for clients.

In the perspective of the initial intake of the assessment in 1997, and in 2008,

63% agreed that religious history of the client should be taken into

consideration (Furman, Benson, & Canda, 2011). Many social workers agree

that religion and spiritual dimension are important concepts for the wellbeing of

clients.

Nevertheless, there are social workers that oppose the integration of

religion and spirituality into therapy or in their curriculum. In 2001 an article in

the *Chronicle of Higher Education,* promoted a much-heated debate between

the pros and cons of integrating religion and spirituality among social workers

(Miller, 2001). The main conflict was the definition of the terms and

misunderstanding of the concepts. Another conflict was social workers did not

believe they were competent to address religion and spirituality within therapy;

proselytization from both the social work and the client was another concern

(Miller, 2001).

Furthermore, there was the matter of how to maintain professionalism

while providing evidence-based treatments into practice rather than beliefs

that empirically cannot be proven (Miller, 2001). Social workers have different

views on religion and spirituality. Young, Wiggins-Frame, and Cashwell (2007)

conducted a survey regarding religion and spirituality among counselors: 68%

of the respondents agreed that it was *important or very important* to receive

formal training in addressing religion and spirituality issues. 18% of the

counselors reported not receiving any formal training in this area. 21% of the respondents felt unprepared to integrate religion and spirituality into their frame of work. Other respondents agreed the additional workshops, seminars, and education on various religious and spiritual orientations were needed (Young, Wiggins-Frame, & Cashwell, 2007). On the other hand, 43.5% of the participants indicated a *strong disagreement, agreement, or neutrality* about their ability to incorporate religion and spirituality into their scope of practice (Young, Wiggins-Frame, & Cashwell, 2007). Young, Wiggins-Frame, and Cashwell (2007) explained that due to the subjective meaning of the concepts, many mental health professionals and social workers deserted the idea of incorporating these practices into therapy. Although religion and spirituality are subjective concepts, it is a coping mechanism that clients have used to deal with life's difficulties.

<center>Purpose of the Study</center>

The purpose of the study was to explore the personal beliefs of religion and spirituality amongst practicing social workers. Furthermore, it was to bring awareness to the social work profession of the needs to explore client's religion and spirituality. This particular study benefits social workers, clinicians, clients, agencies, and graduate programs. Being informed and skilled to work with these concepts will benefit clients. Well-rounded clinicians will be able to serve both the religious/spiritual population as well as the secular clients. The

<center>7</center>

study aimed to benefit other sub-disciplines of psychologists as well as broaden the spectrum for social workers.

This study serves to contribute to the body of knowledge and success of social work practices. The proposed study attempted to answer how the integration of religion and spirituality into therapy helps clients. It was also to explore the comfort of the social worker when clients seek counseling services within these parameters. The exploration of this study was conducted in a qualitative method. This researcher conducted interviews with practicing social workers. The expectation was to seek a deeper understanding and to acquire knowledge that will aid the expansion of the profession.

Most of all, this study was to analyze how the main organizations address religion and spirituality into their ethical standards and policies such as graduate programs, the National Association of Social Workers (NASW), the Council of Social Work Education (CSWE) and the Educational Policy and Accreditation Standards (EPAS) (Barker, 2007). In addition, understanding clients' religion and spiritual needs can aid social workers to provide a comprehensive approach in clients' treatment plan.

According to the NASW (1999) code of ethics revision on cultural competence and social diversity on section 1.05 section (c) states "Social workers should obtain education about and seek to understand the nature of social diversity… national origin, political beliefs, and religion" (p. 9). NASW supports the integration of religion and spirituality within the social work

profession. In the NASW code of ethics, there are six basic ethical principles to guide social workers. The six principles are: service, social justice, dignity and worth of the person, importance of human relationship, integrity and competence. Competence means taking into account client's culture, which includes religion and spirituality. Although the NASW does support religion and spirituality within the profession, there seems to be a gap when addressing client's needs.

The Council on Social Work Education (CSWE) accredits social work programs. According to CSWE, educational curriculum schools should include religion and spirituality into their programs (Barker, 2007). Furthermore, Educational Policy and Accreditation Standards (EPAS) is another organization that establishes basic requirements, which all programs must abide. EPAS and CSWE mention "spirituality development" in section 3.0 (objective 7) to understand human development and behavior (Barker, 2007, p. 147). Religion is mentioned in sections 1.2 and 3.0 (objective 3) in the framework of professionalism without discrimination (Barker, 2007). Although, graduate school programs integrate religion and spirituality briefly, there is a gap that needs to be addressed for a deeper understanding of the inclusion of religion and spirituality into therapy.

<center>Significance of the Project for Social Work</center>

The results of this study provided a deeper understanding of the need to acknowledge client's religion and spirituality. Addressing clients' needs

during counseling are priorities for social workers. Being competent in the matter of religion and spirituality will embrace a multicultural diverse population. The profession of social work needs awareness regarding the significance of how religion and spirituality affects clients. By addressing these concepts, social workers will develop religious multicultural competency. The results of this study attempted to provide professionals' understanding of the spiritual component of biopsychosocial perspective. The study attempted to answer if the integration of religion and spirituality into therapy are beneficial for the client. According to Hepworth, Rooney, Rooney and Strom Gottfried (2013), social workers should provide a holistic approach when providing services. A holistic approach implies the inclusion of religion and spirituality, which are important components for clients (Crisp, 2011). Failing to take into account how religion and spirituality affects client's identity and thinking process is considered negligence (Miller, 2001).

Understanding these components will expand the knowledge of social workers in regards to the beliefs of the multicultural and diverse population. It is essential for social worker to provide listening skill without being judgmental. Attentive listening will allow social workers to be more empathic to client's belief (Richards, Bartz, & O'Grady, 2009). The exploration of this study will allow the possibility for the implementation of new strategies during assessment as well as with intervention.

The implementation of new strategies will broaden social workers

spectrum of competence. It will also allow therapy interventions to focus on

client's ability to pray, meditate, worship and other strengths that religion and

spirituality provides. It is about working with client's strengths. On the other

hand, social workers that do not feel comfortable with addressing the issue of

beliefs, they can refer clients to another counselor that has developed

understanding on these matters. This study is to bring awareness of the

importance to address clients' religious and spirituality needs. Most of all, the

study is to bring awareness of social workers personal comprehension and

attitudes about religion and spirituality.

Hypothesis

In order to provide a holistic approach, social workers need to address

the issues of clients through a biopsychosocial perspective includes religion

and spirituality. In the biopsychosocial perspective assessments has two or

three questions regarding client's religion and spirituality. However, this study

was done with the possibility to explore social workers' beliefs. For the most

part, religious and spiritual people use these components in their daily lives to

cope with unanswerable questions of life. Then, social workers may utilize

these concepts as coping mechanisms when treating clients.

It was hypothesized when social workers integrate religion and

spirituality into therapy the results of therapy have a positive outcome. When

social workers are able to identify these components, then social workers can

have a better understanding of the treatment plan for clients. The exploration of these factors aids social workers to be empathetic to client's needs, and clients will feel validated for their beliefs.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This study focused on the beliefs of social workers about religion and spirituality. In order for social workers to provide a holistic service for clients, social workers need to explore clients' religion and spiritual dimensions. This section reports how the American people identify with religion and with some type of spirituality. This review will also focus on the importance for social workers to develop self-awareness. Social workers that develop skills to serve a multicultural and diverse population might be able to conduct in depth assessments and to provide interventions that will aim to help clients reach their goals. This section also explains the limitation, and the conflicting findings and theories that have guided past research. The theory guiding this study will be the sociocultural perspective model.

Americans' Religious Affiliation

In 2008, the National Survey of Religious Identification Survey (NSRIS) conducted a national demographic survey to gather information regarding the United States' population and their religious identity (Kosmin & Keysar, 2009). According to NSRIS, out of 228,182,000 people, 25.1% reported identifying as Catholic, 50.9% identified as Christian, 3.9% reported as being affiliated with other denominations, 15% responded to have no denomination while 5.2%

refuse to answer to which denomination they identified (Kosmin & Keysar, 2009).

As one can see, there is a major influence of religion in the U.S. Almost 90% of Americans describe themselves as religious or spiritual, and only 7% report that spirituality is not important at all (Lake, 2012). In most cases, religious leaders are the ones that provide counseling services to their followers. The problem with religious leaders providing counseling is that leaders tend to be subjective to their beliefs (Kane & Jacobs, 2013). Religious leaders' perceptions include behaviors, skills, attitudes, denominational standards and different expectations that influence during counseling (Kane & Jacobs, 2013). This is not to say that religious leaders are not valued. In contrast, religious leaders are important to oppressed communities and marginalized people (Kane & Jacobs, 2013). Researchers explained that when people experience a personal problem they cannot solve, people are more likely to seek religious and faith communities' leaders for counseling rather than mental health providers (Kane & Jacobs, 2013).

Importance of Understanding Religion and Spirituality

Although there are many theories and studies explaining the importance of religion and spiritual dimension in clients' live, the matter of the soul has been overlooked by the profession. Ironically in the word biopsychosocial, psycho entails thoughts, emotion and behavior that are in the mind or soul of the person (Webb, 2005). Maslow theory of self-actualization

14

has a spiritual component to its meaning. Self-actualization is explained as obtaining fulfillment of life's meaning (Zastrow & Kirst-Ashman, 2013). Another theory that omits the spiritual dimension in counseling is Carl Roger person-centered approach (Iberg, 2001). According to Wilkins (2000), person-centered approach has a spiritual implication. Rogers named this unconditional positive regard. Iberg (2001) explained unconditional positive regard as a form of enjoying beauty by "seeing" closely into objects or people. Iberg (2001) goes on to say that when people observe closely, people do not have a need to consume or possess objects. It is the inner experience during observation and the deep appreciation of each detail that eliminates the wants (Iberg, 2001). Many theories, covert or overt, have implied the importance of holistic wellness, which includes the spiritual dimension (Hodge, 2007). Yet, there is still little acknowledgement of the importance of these concepts into therapy (Hodge, 2007).

Self-Awareness

Before social workers can provide services in the dimension of religion and spirituality, social workers need to be aware of their own biases, strengths and weaknesses. According to Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVC, 2015), professional counselors competencies seeks to examine his or her own attitudes, beliefs, and values about spirituality and religion. Another competency for counselors is to act in a professional manner and continuously assess one's own influence of religious beliefs and

15

values into counseling service (ASERVC, 2015). Competency is about evaluating oneself beliefs, attitudes and value standards and to consciously provide services to clients without judgment. For professional growth, it is suggested for social workers to actively request relevant information and inquire advice for unfamiliar or uncomfortable issues (Hodge, 2007). On the other hand, the lack of self-awareness has the potential to lead social workers to be unable to understand clients' behaviors. Social workers who lack the understanding of the clients' cultural beliefs for example, religion and spirituality, they might not understand the reason clients refuse to leave an abusive relationship or why clients refuse to take medicine (Aten & Worthington, 2009).

Assessment

Utilizing religion and spirituality in counseling can be beneficial for clients and it can be considered strengths rather than weakness. In most cases, clients' spiritual sense is not thoroughly assessed during on initial consultation. The biopsychosocial model assesses the genetic, cognitive and socialization pattern of the client, but it lacks the consideration of the spirituality sense of clients (Unterrainer et al., 2014). According to researchers, understanding clients' religion and spirituality may have beneficial effects on treatment outcomes (Unterrainer et al., 2014). Unterrainer et al. (2014) found that people who practice religion were less aggressive and open to new experience. Assessing clients and understanding their religious and spiritual

aspect will improve the relationship between clinician and client (Unterrainer et al., 2014; Lake, 2012). Assessing clients' religion and spiritual dimension would help social workers to gain global understanding of the clients' spiritual worldview, as well as help the social worker to conceptualize the case to the presenting problem and treatment plan (Richards et al., 2009).

Hodge (2015) states there has been several short assessments discussed in past literature with the purpose to explore clients' spiritual beliefs. Short assessments have a fundamental intention that is for counselors to gain deeper understanding of how these concepts may be relevant to client's treatment plan. One short assessment is FICA. The acronym stands for Faith, Importance, Community, and Action (Hodge, 2015). FICA's sample questions are the following:

- Faith: Do you consider yourself spiritual or religious?

- Importance: What importance does your faith or belief have in you life?

- Community: Are you part of a spiritual or religious community?

- Action: How would you like me to use this information to enhance service provision? (Hodge, 2015)

FICA is a short assessment that covers the main points and it allows clients to expand on their beliefs and how religion and spirituality impact their lives (Hodge, 2015)

Integration of religion and spirituality into therapy is a growing arena. The problem is that social workers have difficulty in deciding when these concepts should be integrated into sessions (Meyerstein, 2004). With the majority of social workers valuing the spiritual dimension of their clients, social worker still lack the proper training to address the needs of clients (Canda, Nakashima, & Furman, 2004). There is a significant amount of research indicating that religion and spirituality are associated with higher levels of physical health, mental health, social functioning, and it is also linked to a decreased levels of anxiety and depression. Wiedmeyer (2013) goes on to say that for many clients with mental health problems, spirituality most often is a central role in the recovery process. Clients who have a spiritual connection tend to have a faster recovery when their spiritual needs are met (Wiedmeyer, 2013). Hefti (2011) found that surveys reveal that 70-80% of patients who have some type of psychiatric disorder and use spiritual activities and beliefs to cope with their daily struggles tend to recover successfully. Moreover, Hodge, Baughman, and Cummings (2006) explained that spiritual intervention with modified cognitive therapy could adequately relieve depressive symptoms more so than just psychological interventions alone.

Impediments to Move Forward

Despite the growing numbers of empirical studies done in the past decade, there are still no significant improvement for social workers to move forward when working with clients' religion and spiritual matter (Aten &

Worthington Jr., 2009; Furman, Benson, & Canda, 2011). It has been difficult to move forward because scientifically there is no survey or method developed an empirical investigation of religion and spirituality (Lake, 2012). This impediment has been due to the different understandings and the implications of religion and spirituality (Lake, 2012). Two possible reasons the fields have avoided religion and spirituality are history of mental health treatment and professional avoidance. Professional avoidance has its roots with Sigmund Freud. Freud compared religion's effects to a "neurosis and wishful illusion" of a narcotic (Longo & Peterson, 2002, p. 335). Skinner, Watson, and Ellis viewed religion as a "neurotic conflict" that labeled religion as "pathological in nature" (Longo & Peterson, 2002, p. 335). Longo and Peterson (2002) claim that instead of seeing religion and spirituality in a "pathological" context, as trained professionals one have to explore these concepts by using clinical guidelines.

The Next Step

As explained earlier, the meanings of religion and spirituality can be used interchangeably, and can cause confusion. Aten and Worthington (2009) suggested that there is a need for a consistent clarification of definitions of religion and spirituality among professionals. This is especially for spirituality. Aten and Worthington (2009) confirm that clarifying definitions would most benefit the profession. Researchers agree that it would be helpful for therapist to consider a variety of definition to leave room for the subjectivity experience

of the client. This would help therapist to focus in specific needs of the client's presenting problem (Aten & Worthington, 2009). Clarification of definitions will most aid the therapist to conceptualize the case to client's spirituality by comparing it to other spiritual perspectives or traditions. A common language in regards to the definition would be beneficial for therapist as well as for clients.

<u>Interventions</u>

By exploring clients' beliefs, social workers can provide interventions according to clients' needs. One intervention being used is providing clients with pamphlets that has spiritual thoughts, which have been inspired by wise people from different religious and spiritual background (Richards et al., 2009). These quotes have the potential to inspire people in a positive manner (Richards et al., 2009). Furthermore, assessing client's beliefs, social workers can determine if client has unresolved spiritual issues that need attention. Richards et al. (2009) explains that in most cases, therapists do not have to make significant changes for intervention based on client's religious orientation. Nevertheless, therapists can implement specific religious and spiritual interventions with clients to guide them to solve clients' issues (Richards et al., 2009). Richards et al. (2009) suggest that therapists can help clients recognize motives in their lives that guide clients to obtain social support, by connecting client with church members.

Gaps in Past Literature

Methodological Limitations

Spirituality has been difficult to study because of the highly subjective and naturally idealistic interpretation of beliefs and experience (Lake, 2012). It is difficult to explain religion and spirituality in a scientific matter due to the different interpretations of the terms, and the different beliefs of each denomination (Lake, 2012). Despite the evidence of the importance of religion and spirituality in therapy, clinicians underestimate the importance of these components in mental health. Due to the controversy that exists on whether to integrate religion and spirituality into therapy and the concerns clinicians have "about harmful side effects from supporting religious" groups, it has been difficult to address in studies (Wiedmeyer, 2013, p. 6).

Conflicting Findings

For the most part, professionals maintained a neutral position regarding religion and spirituality. In Zavan and Scuderi (2013) study, the participants reported that it might not always be useful to explore clients' beliefs unless clients introduce the topics (Zavan & Scuderi, 2013). Zavan and Scuderi (2013) noted that talking about spirituality, rather than religion can be of some help. Furthermore, none of the respondents agreed that spirituality and religion were considered to be actual or potential professional tool for treatment (Zavan & Scuderi, 2013). Although respondents view spirituality and religion

as important concepts in client's lives, it was view as any other relevant issue in the client's life (Zavan & Scuderi, 2013).

Theoretical Perspectives of Past Research

In past research, Diversity, Spiritual Development, and Transpersonal theories were used (Wiedmeyer, 2013; Barker, 2007). Wiedmeyer (2013) explains that social workers/clinicians will be exposed to different cultural identities, which are factors that influence clients' behaviors. Diversity can be viewed from different perspectives, for example, cultural pluralism, African American, Latinos, Whites, Asians etc. populations at risk, marginalized people and Trans cultural population (Weidmeyer, 2013). Weidmeyer (2013) explains that diversity with various perspectives has a useful place within the educational system with topics related to religion and spirituality. The spiritual development perspective is the base to attempt to provide a comprehensive approach for human development from a biopsychosocialspiritual framework (Weidmeyer, 2013).

Moreover, transpersonal theory claims that understanding spirituality from a secular point of view is the core for reaching human behavior (Weidmeyer, 2013). On the other hand, Land (2015) used the socio-cultural perspective to understand human behavior. Land (2015) explains that different levels of life experiences influence humanity's performance. The socio cultural perspective is a continuously change caused by the environment as well as by the people within (Zastrow & Kirst-Ashman, 2013). Culture, communication,

institutions, organizations and historical context are examples of the environment influences ones demeanor and mental functioning (Zastrow & Kirst-Ashman, 2013).

<div align="center">Theories Guiding Conceptualization</div>

This research was conducted using the socio cultural perspective model as guidance to conduct this study. The role people participate in such as social interactions and cultural organization activities that influence one's psychological development is the focus of socio cultural perspective. Sociocultural theory was introduced by psychologist Lev Vygotsky a contemporary of Sigmund Freud and B.F. Skinner (Zastrow & Kirst-Ashman, 2013). Vygotsky suggested that cognitive development differs between cultures, and that each person develops their own cognitive perspectives by communication with others that have higher levels functioning (Zastrow & Kirst-Ashman, 2013). This approach works well with the person-in-environment, which is a holistic approach that address social roles in relationship to others, mental health, social environment and physical health (Zastrow & Kirst-Ashman, 2013). Person-in-environment includes the church and the church teachings influence people's attitudes and behaviors. The teachings impact clients' coping skills, which can be both positive and negative.

The literature review reflects how religion and spirituality are important factors in people's lives because of the cultural and the environmental

influences. For the most part, children go through life moving from one group to another group, such as from parents to caregivers, school and organizations. In this matter, children participate unconsciously in functions that later in life become embedded in the mind that eventually are internalized such as religion and spirituality (Rio & Alvarez, 1995). Later in life, children are aided by adults to discover principles and values that will develop into regular behavior (Zastrow & Kirst-Ashman, 2013). The socio cultural model has the potential to influence clients. Everyone develops their own attitudes and behaviors, which shapes each ones' coping skills.

CHAPTER THREE

METHODS

Introduction

There has been an ample interest in the social work profession,

student, educators and other professionals that agree that clients' religion and

spirituality are important concepts that may be used as strengths during

therapy sessions. The present study was designed with the purpose to explore

in depth the opinions of social workers and other helping professions that are

conducting therapy. The following chapter discusses the outline of the study

design, sampling, data collection and instrument used. Also, this chapter

provides an explanation of procedures that includes human protection and

ethical standards and data analysis.

Study Design

This research methodology was an exploratory study that focused on

understanding the integration of religion and spirituality in therapy and the

beliefs among social workers. The present study required current information

from data resources and collecting qualitative information from participants. In

order to understand the benefits of integrating religion and spirituality into

therapy, questions involved for this study were tailored to analyze underlying

factors such as competency and beliefs of social workers. Another underlying

factor explored was the effectiveness of integrating of religion and spirituality into therapy as whether they are beneficial to the client or not.

The implication for this study was to contribute to the body of knowledge and to bring awareness to the profession of social work regarding its effectiveness. Another implication was to bring awareness to graduate programs that cultural competency also includes client's religion and spirituality.

The limitations for the present study were the results cannot be generalized, as responses are subjective to participants. Another limitation was the qualitative nature of the study the sample size was small. Another limitation was the possibility of untruthful responses by participants and the possibility of participants not to answer all questions, which can lead to inadequate data analyses (Grinnell & Unrau, 2014).

To eliminate biases, researcher did not focused on social workers from one particular religion or spiritual dimension. Participation to the study was on volunteer basis. Participants were from diverse demographics and from diverse levels of professionalism such as License Clinical Social Worker and Master in Social Work and psychologist.

This research utilized a qualitative approach in order to obtain responses to gain in depth information in regards to the level of beliefs of religion and spirituality among social workers. By using a qualitative approach, researcher was able to gather a comprehensive understanding of the beliefs of

religion and spirituality among social workers. Researcher gathered responses from participants to understand themes that rose from participant's information. A qualitative approach was used to explore in depth the exclusive experience of each therapist. Each participant was given ample of time to use their own words to express their opinions and the effectiveness of the integration of religion and spirituality in therapy. This approach allowed interviewees to be truthful and allowed them to share their experiences without feeling constrained or inhibited (Grinnell & Unrau, 2014). Interviews were transcribed and analyzed to generate themes. The study attempted to determine the effectiveness of integrating religion and spirituality into therapy whether it had a positive or negative impact for client's therapy. One barrier for this study was the interpretation of religion and spirituality among participants. Therefore, researcher provided definitions of the terms from the present study.

It was hypothesized when social workers integrate clients' religion and spiritual components into therapy the results of therapy are beneficial for the client. For this research study the question was; how effective is the integration of religion and spirituality into counseling effective for the client?

Sampling

Purposive sampling method of 8 participants as sample size was used for this study. Purposive sampling was utilized for this study because it allowed the researcher to choose participant with specific counseling experience who were knowledgeable in their field (Grinnell & Unrau, 2014).

Participants were social workers currently working in the field of mental health, family therapy, and school based counseling who are actively involved in providing individual or group therapy. Due to constraints of time, the number of participants was feasible for data collection. Participants were over the age of 21, from both gender and from diverse ethnic backgrounds. Snowball sample was encouraged after obtaining four participants from the agency.

Researcher utilized a questionnaire formatted with open-ended questions with the intention to explore each area being examined. Following Institutional Review Board regulations an informed consent, data was collected through face-to-face interviews. Participant's interviews were recorded. Participants were informed with clarity for the reasons of data collection and reasons for recording interviews. Researcher was discreet when asking question to participants as not to direct or suggest any personal biases to gear answers toward a particular questions. Interviewer allowed participants to answer each question by their own experiences, perceptions and beliefs.

Data Collection and Instruments

Data was collected from professional social workers with a Master in Social Work, License Clinical Social Workers, and Psychologist. Interviews were conducted face-to-face to allow the nature of narratives of storytelling. The purpose of the instrument was to explore the effects of integrating religion and spirituality into therapy as requested by client.

Researcher used a questionnaire (Appendix A) with open-ended question to allow additional areas of exploration. The instrument was created by this researcher based on overall literature the researcher conducted. The questionnaire contained 12 open-ended questions and one closed-ended question a total of 13 questions. The limitation of the questionnaire is that validity of the questions have not verified by other researchers. Due to the open-ended questions format and with the possibility of many answers available for same question, gathering themes and coding them may increase chance of error. The strengths of the instrument it was composed with open-ended questions which allowed participant the opportunity to express their own experiences. The language of the instrument was formatted in a sensible matter as not to offend any of the participants.

The general topics explored were the comfort level of social worker when religion and spirituality is brought up by the client: Does social workers have enough training to address these concepts, how effective has it been to utilize these concepts into therapy and how does social worker measure the effectiveness of the integration of religion and spirituality.

Each participant was allowed to express their own beliefs, opinions, competencies, expertise and qualification for integrating religion and spirituality into therapy. Participants were also given the opportunity to share the reasons as to why religion and spirituality were not integrated into therapy. Moreover, participants shared how they measure the effectiveness, how

comfortable they are when the client brings up these concepts and if participants use any additional assessment for further exploration.

Procedure

Purposive sampling was the most practical for this study. Participants compromise from different levels of professionalism that have been conducting individual and group therapy. Their level of professionalism practice included, mental health, anger management, domestic violence, sexual abuse and child abuse counseling. Participants were also from a diverse ethnic background from Bilingual Family Counseling Services (BFCS) in Ontario and from random volunteer social workers from diverse agencies. This researcher made appropriate contact with agency administrator to grant researcher permission to interview therapists.

Support from the agency and the participation of volunteered of other therapists were key for the success for this study. After IRB approval, administrator of the agency sent an email to therapists explaining the purpose of the study and a propose invitation was sent out. Participation of therapist was on a voluntarily basis. Administrator allowed private office space for interviews. For the other volunteered social workers outside the BFCS, this researcher met with each one of them in their private office to conduct the interview. Each one the volunteers were provided with a copy of the informed consent (Appendix B), the audio informed consent (Appendix C) and a copy of the debriefing statement (Appendix D).

Protection of Human Subjects

The California State University, San Bernardino Institutional Review Board committee, reviewed this study. BFCS provided this researcher a consent letter to have access to agency's therapists (Appendix E). The participating agency reviewed a summary of the content of the study. These procedures were to ensure the utmost ethical standards for the protection and respect of the participants as well as the information that it provided. All participants were informed with clarity of the purpose of this study. Researcher obtained a signed consent from each participant involved in the study. Researcher assured that participants perceived proper comprehension of present study and how data was used. Participant's name or other identifiable sources will remain confidential. Participants were offered the opportunity to review recordings. Recordings were secured in a locked cabinet in a secure and restricted area. Only authorized personnel had access to data. Participants also signed an audio informed consent form prior to recording interviews.

Data Analysis

Procedure for this study was a qualitative research study. Researcher for the present study conducted face-to-face interviews. Interviews were recorded.

At the end of interviews, researcher transcribed each interview and any other data collected. Transcripts were coded through a process of reviewing

each composition to identify common themes and other similarities and differences that might develop. After this process, data was analyzed to conclude or identify common themes that merge with the final purpose to test hypothesis. Themes were refined with the purpose to reveal common perspectives and concepts from participants for this study. Examples of common themes were social workers that are in favor and those who are against integrating religion and spirituality into therapy along with their own perspectives. Another common theme was that assessments might not explore client's level of spirituality with more detail.

Summary

The purpose of this chapter was to outline the structure of this study. Using a qualitative approach allowed for an in depth understanding from social workers and other helping professions perspectives. Their opinions and their valuable experience will benefit the body of knowledge of past, present and future research studies.

CHAPTER FOUR

RESULTS

Introduction

This section presents data that was collected through face-to-face interview with a semi-structured questionnaire. The data gathered was designed to explore participants' beliefs, perspectives and opinions on how the integration of religion and spirituality into therapy is effective for clients. Through the use of self-administered questionnaire, the demographics for each participant were collected. The questionnaire contained five demographic questions that provided basic information of the participants' background. Participants' beliefs and opinions were explored further with qualitative interviews. These responses were transcribed with the purpose of identifying specific themes which will be presented in the following categories: religion and spirituality as strength, client centered approach, self-awareness, comfortability, measuring success, and lack of preparedness during graduate school. Personal quotes from participants were used to support themes and to provide a deeper understanding of the integration of religion and spirituality into therapy and its effectiveness.

Presentation and Findings

Demographics

The sample size was four therapists from Bilingual Family Services and four other therapists from different agencies. Each of the participants filled out

a self-administered questionnaire, which provided the researcher with additional demographics information such as age, gender, race and professional qualification. Participants comprised of 2 males and 6 females a total of 8 participants with an age range from 21 to 50 years old. Participants' level of expertise varied from 5 to 28 years of experience in providing, group, individual, and individual supervision. Ethnicity of participants comprised of (1) Pacific Islander, (3) Latino/as and (4) Caucasian. Participants' qualification varied from (1) Master in Social Work, (6) License Social Workers and (1) Marriage Family therapist. One of the participants acquired education from a private Christian university, (2) from Universities of California (4) from California State Universities and (1) unknown. Participants for this study work at nonprofit and public agencies. Besides their work, participants are engaged in other roles such as (2) participants are professors at a Christian university, (4) participants are professors at public universities, (1) participant has a private setting and (1) is actively involved in the community. Participants were asked their expert opinions regarding the integration of religion and spirituality into therapy, client centered approach, awareness, countertransference, comfortability and skill sets, challenges and difficulties, and how they measure the effectiveness of the integration of religion and spirituality into therapy.

Table 1. Demographic Charts

Participant #	age range	Gender	Ethnicity	Education	Professional Qualification	Years in Service
1	31-40	Female	White	Private	Marriage Family Therapist	over 23
2	41-50	Female	Latina	UC *	License Social Work	over 28
3	41-50	Female	Latina	UC	License Social Work	over 28
4	21-30	Male	Latino	CS**	License Social Work	5
5	31-40	Female	White	CS	License Social Work	10
6	51-older	Male	White	Not specified	Master in Social Work	over 20
7	41-50	Female	Pacific/I	CS	License Social Work	15
8	41-50	Female	White	CS	License Social Work	15

* University of California
**California State University

Qualitative Interview Data

After each participant completed the self-administered questionnaire, this researcher interviewed and asked 13 questions (12 open-ended questions and one close ended question). Each interview varied from 6 minutes to 23 minutes with an average of 14 minutes per interview. The participants were asked open-ended questions with the intention of exploring their opinions and thoughts regarding the integration of religion and spirituality into therapy, countertransference, comfortability, challenges and difficulties, how they measure the effectiveness of the integration of religion and spirituality into

therapy. From these set of questions, the themes that emerged were the following: religion and spirituality as strength, client centered approach, self-awareness, comfortability, measuring success, and lack of preparedness during grad school.

<u>Religion and Spirituality as Strength</u>

From the 8 participants for this study, 7 strongly agree that utilizing religion and spirituality as a strength during therapy was very important, and one participant replied that as long clients wanted to talk about it, the participant did not mind exploring client's beliefs. Participants were asked: What is your opinion regarding utilizing religion and spirituality as one of the client's strength? All the participants for this study agreed they ask basic question regarding religion and spirituality during assessment. Although the questions on the assessment are basic, the answers clients provide guides the therapists on the importance of these concepts in client's lives. Therapists agree they explore these concepts further during therapy. One therapist responded:

> In the assessment I think it starts with an initial question, do you have
> any religious or spiritual belief? I ask that in every assessment that I do
> because again, to me, it sets a road map. If someone says to me no not
> really, I grew up catholic but you know I haven't been to church in a
> long time, and so, if they bring church into it, what I'll say is "okay, aside
> from church though, do you find yourself that you still have a belief

system...If they say no I don't really. Then I leave it alone because

obviously it doesn't have any impact...What I really want to know is how

much does it act as strength. (Participant 2, survey interview, April

2016)

Furthermore, another participant said:

If they have a belief system where they use God as a way of

recovering, then, I see it during the course of the therapy that they will

be more resilient... they will be able to see other alternatives...and their

problems diminishes. I have seen that quite often and that is because of

their faith and having the ability to talk about it. I use their own words or

resources, but I do support that and encourage it. So I have seen

depression, anxiety, or their suicidal or whatever other issues they are

going through decrease. I have seen a decrease. (Participant 3, survey

interview, April 2016).

Another of the participant also expressed the importance of utilizing these

components during therapy.

I think it's essential, I think is one of the most protective factors in the

client's well-being is their spiritual or religious beliefs because research

show that are helpful for individuals. Often times it can be one of the

factors that can stop suicidal or give them a sense of hope...what you

can do is ask and use it as a source of support and strength in terms as

the protective factors that leads them to recover from mental illness or

their own progress in terms of treatment. I think it's one of the aspects

that you have to include. It's as important as a biological factor, social

factor, and spirituality is just as important. It's what the client has.

(Participant 8, survey interview, April 2016)

Client-Centered Approach

      To keep focused on client-centered approach, participants agreed that

as they should keep an open mind and be open to learn from the clients. All

the participants shared that at times when they do not know about their client's

faith, therapists ask clients to educate them. Therapists agree that clients feel

a sense of empowerment when clients are providing education to their

therapists. For the present study, all the participants agree that it was

important to keep therapy sessions client centered, so clients and not the

therapist, guides the therapy regarding religion and spirituality. A participant

said: "I keep in mind this is about the client, and not about me" (Participant 1,

survey interview, April 2016). In the same way, one of the participant

responded: "I tend to be very client centered. Especially in the early phase of

the therapy, it's very important to allow them to lead with things like that"

(Participant 2, survey interview, April 2016).

      One participant pointed out the importance of being open to learn from

the client as stated:

I can just put aside my belief system have them teach me a little bit

about their belief system, and then, I help them to utilize that as a

strength... and... I think where that came from is learning to ask the

client to teach me about something I don't know which is their belief

system. (Participant 4 survey interview, April 2016)

Another participant emphasized the need to allow client take the lead in

therapy sessions. The participant described it in the following manner: "I allow

them to take the lead and just discuss what that means to them in terms of

their strength and support system" (Participant 5, survey interview, April 2016).

Self-Awareness

Participants for this study agreed that self-awareness was important

and that therapists need to know their weakness, strengths and basically their

own identity in relation to their own religious and spiritual values. One of the

participants described their experience when the client asked the therapist

what was their religious belief:

When I started providing therapy, I remember one client asking me

what was my religious belief? I did not know how to answer. At that

time, I was searching for a spiritual home to land...so I was really

unsettled in my own identity and I really didn't want to answer her and I

just felt these feelings kind of come to the surface and ultimately I did

tell her I was Christian, but then I really questioned why, why did I

answer her that way? For some reason, I didn't want to say I was

catholic, but it really was kind of like a little crisis point in my life about

the guilt of leaving the Catholic church and really looking seriously at

joining this Christian community that I really...was really interested in a

bible based church. So, I was in therapy myself at the time and I talked

about it in therapy. (Participant 1, survey interview, April 2016)

Another participant agreed that self-awareness is important for therapist to

acquire due to the therapeutic relationship with the client.

That's something I have to have is awareness of... and

boundaries...and of course, we are bound by our ethical guidelines not

to impose our own beliefs onto any of our clients…self-awareness if

very important. We have a unique type of role in people's lives that may

be unlike other professionals...being in a therapeutic relationship is

unique in that they share some things that are very personal and

intimate with you and you're not associated with them in any other

capacity. Our own awareness comes into play in not allowing that

relationship to ever get blurred, but boundaries to be secured. So that

they have that opportunity and freedom to process their issues.

(Participant 2, survey interview, April 2016)

Likewise, another participant noted the following:

We bring our personal self to our professional setting, it's there. It's part

of our make...your faith is part of who you are. It's kind of like a fabric.

You can't unweave it. So I think the clinician always has to be very

mindful of not only when it disagrees but also when it agrees because

at that point the therapist needs to be careful not to advise like a

spiritual counselor. Rather stay in the therapy role where you're offering interventions thoughts and ideas, but then you allow the client to determine what its best for them. (Participant #4 with 5 years experience)

Comfortability

Participants were asked: how comfortable are you when the clients talk about religion and spirituality? From the (8) participants, (5) participants reported being *very comfortable* and (3) of the participants reported being *comfortable* addressing religion and spirituality in therapy. Participants did agree that comfortability came with experience, knowing their own identity and being open minded to learn about how others practice spirituality.

I think comfortability came somehow instinctively, and I think that because of my own faith, my own belief system, understanding not to be judgmental, which it goes in accordance with social work's code of ethics. In meeting the client for where the client is and feeling, if I feel comfortable with my belief system then I'm able to use it more with my clients because I know how to use it. So it's kind of like being non judgmental, being accepting and not being imposing, which is very different from wanting to impose it...So maybe it came also because of my own belief system and my own understand of myself and who I am. (Participant 3, survey interview, April 2016)

On of the participants mentioned comfortability in addressing religion and spirituality came forth by accepting the importance of these concepts in client's lives. The participant proceeded on to say:

> I am very comfortable; I have grown to respect religion. I evolved and I realized that you don't have to be "die hard" religion to accept and love religion. Because I know it helps so many people including my family members. I embrace it. I think it's a good thing and that's what I mean. I've accepted it more. I've embraced it more. I view it as a very strong part of people's lives and I don't ever want to let my things interfere with that. So that's how I've grown. I would say that I've learned that people really use it and it's powerful and I'm not going to mess with that. (Participant 5, survey interview, April 2016)

In the same manner, one of the participants reported that comfortability is acknowledging what is important for the client and not to oneself.

> I feel comfortable because it is not about what I believe, I don't necessarily bring up what I believe. What I do is talk to the client about what their beliefs are. If they ask me about my belief, we kind of explore what that means for them because I think there are times when they are looking to see if they are being accepted or your are going to be judging them. (Participant 8, survey interview, April 2016)

<u>Measuring Success</u>

Participants reported they do not have a specific tool to measure success regarding the effectiveness religion and spirituality in therapy. Seven Participants reported they consider success when clients feel they can express their beliefs in a safe place without feeling judge. Another way participants consider success is when clients provide feedback. As one participant reported:

Often times measurement is through the feedback the client provides. It helps me to know whether or not that's been an important aspect of their therapeutic process. If they share with me that they felt comfort and that they could express truly who they are, and they didn't feel like they have to hold back in discussing their relationship with God or being able to talk about their own spiritual practices without fear of judgment, that's success. I have received that feedback very often. (Participant 2, survey interview, April 2016)

Another participant considered success when therapist sees how client's psychological well-being improves during therapy sessions. Participant said:

I have seen it because... if they have a belief system where they use God as a way of recovering then I see it during the course of the therapy. They will be more resilient... they will be able to see other alternatives... their problems will diminish. I have seen that quite often and that's because of their faith and having the ability to talk about it. I

use their own words or resources but I do support that and encourage

it. So I have seen the decrease of their depression, anxiety, or their

suicidal or whatever other issues they are going through. I have seen a

decrease in it. (Participant 3, survey interview, April 2016)

Participant recounts the story of one client who was able to identify certain

religious beliefs that helped the client reconnect with others. As the client's

social support increased it helped the client reduced the sense of isolation.

Participant went on to say:

I had a client that had very, very severe depression; in and out of the

hospital and things like that. She also had pretty strong spiritual beliefs

and values and so working with that part of it, was helping her identify

when things get worse would be when she wasn't going to church or

when she wasn't reading her bible… she liked to listen to it in a Spanish

station and they had some sort of sermons or music and things like

that. So with her how I knew that was successful was that she was

actually getting out more...she was reaching out...she was going to

church...she was making connections with people and it wasn't even so

much about the religion or spirituality. It was more about...her social

support. It was giving her a sense of comfort. It was helping reduce her

isolation; It was helping her feel better about herself. That's how I felt

that it was a good thing and it was successfully integrated. (Participant

6, survey interview, April 2016)

Lack of Preparedness During Graduate School

Of the (8) participants for this study, (7) agreed that during grad school, they had very minimal training or lectures regarding religion and spirituality. Although the majority of the participants did not have much training or lectures on the subject, participants agreed that mentoring, good supervision and colleagues helped them acquire necessary skills to provide therapy with spiritual components. The participant who attended a Christian university felt as the program had provided her with the necessary skills to integrate religion and spirituality. Participant reported:

> I was not. I was not at all. And for many... I struggled with wanting to
> talk about it, but I didn't think it was ethical...because it was nothing I
> was ever trained to do, and I didn't know if it was the right thing to do.
> So I would ask other clinicians, 'how do you do handle this?' you know,
> my supervisor, my mentor and they're the ones that encouraged me to
> be comfortable talking about it. I didn't have to be some biblical scholar
> or even necessarily well-grounded in my own faith, but I needed to be
> willing to hear and ask questions and let them talk about their own
> beliefs. (Participant 1, survey interview, April 2016)

In the same token, another participant noted that programs could be open to teach or prepare students with various beliefs systems. Participant said:

> I would say not super equipped. We touched on it in grad school, but I
> felt like it was something that could've been expanded on a little more...

if you say it overall whatever the faiths are what absence of faith I'm a big proponent of that. It could also understand atheism, understanding agnosticism. Whatever it is, but if we can integrate that and the client wants to then yeah, I say there's nothing wrong with that. But I feel like my program didn't emphasize that a lot. So coming out of grad school, maybe not the most equipped in that area. (Participant 5, survey interview, April 2016)

To further illustrate the point, one participant does not recall grad school professor even mentioned religion and spirituality as a source of client's strength. Participant said:

Not at all, I would say. I mean… I think now at least from what I've seen it's talked about it more. When I went to grad school it was sort of… I don't remember it being talked about even in terms of strength and if it was it was clearly not something that stuck in my head. I remember it was more of this sort of mindset of separation of church and state. We don't touch that. We don't talk about it. We don't go there. So I would say it wasn't until practiced experience and being confronted with the fact that whether we think we should have to deal with it or not, it comes up. It's part of their lives. But after grad school I'd say not at all or very little. (Participant 6, survey interview, April 2016)

Summary

The qualitative approach allowed participants to express their opinions. This approach allowed them to further explained how these concepts are beneficial to use in therapy. All of the participants are open for clients to express their beliefs and utilize these concepts as a source of strength. The open mind and the willingness of the participants have allowed participants to learn about other religious and spiritual practices.

CHAPTER FIVE

DISCUSSION

Introduction

This study was designed with the purpose to explore the perspectives of social workers regarding the integration of religion and spirituality in therapy. Based on the data collected for this study, this section will discuss the findings and the limitations. This section will also discuss recommendations for social workers of the importance of addressing clients' belief system in therapy. Another topic that will be discuss in this section is the recommendations for future research to be conducted. The perspectives and opinions of the participants as well as the current literature available will be presented, which will be the basis of these recommendations.

Discussion

The participants for this study were all from different backgrounds, age, race, gender, educational institutions, and with extensive experience. Participants were able to provide their own perspective on how they seen religion and spirituality positively impact clients' therapeutic sessions. Participants acknowledge the importance to address these concepts during sessions and to allow clients to freely express their beliefs. Interviewees recognized that utilizing religion and spirituality in therapy has positive outcomes for the client. As one participant said, "your faith is part of who you

are. It's kind of like a fabric. You can't unweave it" (Participant 4 survey

interview, April 2016). Religion and spirituality are cultural factors that define

who the clients are and how these concepts shape their worldview. Krieglstein

(2006) argues that assessments are done with an overview of the person and

that is taking into consideration the whole person, which includes

understanding how religion and spirituality impacts their lives. When clients'

religion and spirituality are explored, it can help therapists understand client's'

belief system and how their belief may help or hinder their therapeutic goals

(Longo & Peterson, 2002). As the participants for the present study suggested,

participants ask additional questions besides the basic questions on the

assessments. The additional questions provide the participants a brief idea if

religion and spirituality are concepts that matter to clients. Highfield (2000)

noted that religion and spirituality could serve as a foundation to adequately

meet clients' spiritual needs. According to Mayerstein (2007), therapist would

benefit from exploring clients' religious and spiritual practices and help them

strengthen their coping tools. Therapists who value clients' religious beliefs are

able to better understand clients (Richards, Bartz, & O'Grady, 2009).

Understanding clients' beliefs can be done by, allowing the clients to freely

express their beliefs without feeling judged.

     As Schaub (2013) noted, one of the benefits social workers can acquire

from understand the clients' beliefs is to learn about other coping techniques

that are beneficial for the clients. Schaub (2013) went on to explain the

49

National Center for Complementary and Alternative Medicine advocates for

therapists to teach clients spiritual practices such as "meditation, imagery,

prayer, yoga, and tai chi" as prevention techniques (p. 1175). These

techniques have been recognized as spiritual practices that reduce relapse in

depression, physical pains and trauma reduction amongst other benefits

(Schaub, 2013). As one can see, understanding clients' religion and spirituality

as strengths has the possibility for new coping techniques that will help clients'

therapeutic sessions.

An equally important theme found in the present study was utilizing a

client-centered approach. Participants for this study also reported the

importance of maintaining a client centered-approach when conducting

therapy. Participants agree it is essential to maintain an open mind and

respectfully listen to clients express their religious beliefs. This approach

allows therapists to learn from the client's perspective. Longo and Peterson

(2002) noted that it is critical to keep an open mind and maintain focus on the

clients when conducting therapy with religion and spiritual components. In

client-centered approach, therapists allow the clients to guide the discussion

without the therapist guiding in any specific direction (Rowe, 2011). Therapists

show a genuine interest in clients' issues without judgment and helps clients

gain self-awareness. Once clients gain self-awareness, therapist help the

clients change their behavior via self-direction (Rowe, 2011). For the area of

religion and spirituality, this approach seems to fit best in matters of clients'

problems. Clients are the experts of their lives and they are the ones that will

let the therapists how does these concepts are relevant with their decision

making and problem solving. By allowing them to lead the discussion, one is

able to discover if religion and spirituality is strength or a weakness.

Furthermore, the next important themes found in the present study

were self-awareness and comfortability. According to Pompeo and Levitt

(2014), self-awareness is an ethical and a professional obligation within the

counseling profession. Self-awareness is a process of analyzing one's own

actions and honesty, which leads to observation and analyzing one's own

behaviors and attitudes (Pompeo & Levitt, 2014). All of the participants agree

on the importance for the social workers to be self-aware of their own biases,

strengths, weakness and religious values. The lack of self-awareness may

hinder the relationship between the client and the therapist. Since religion and

spirituality are intimate factors that have a significant role in clients' lives, the

therapist self-awareness is vital for an ethical client/therapist relationship. As

social workers increase their self-awareness, one can control attitude

behaviors that clients can perceive as judgmental actions. The self-awareness

of the social workers give the opportunity to the clients to express freely

whether religion and spirituality are strengths or weakness without them

feeling judged by the therapist. As social workers become aware of their own

values and beliefs, they become comfortable when the clients express the

importance of religion and spirituality. In this matter, there is no need for social

workers to be believers of a particular religious practice, but rather, be open to understand how these concepts matter in the clients' lives.

As social workers' self-awareness increases, so does their comfort level to address issues that might have been uncomfortable. Pompeo and Levitt (2014) noted that self-awareness allows therapist to develop new behaviors and responses. Then, therapists are able to guide, encourage and motivate clients to be open and share their issues (Pompeo & Levitt, 2014). Self-awareness brings forth counselor's responsibility towards the profession as well as for the clients. Responsibility to the profession plays an important ethical practice that is central to therapists' personal values and perspectives. Clients may be able to perceive the therapist's uncomfortness, which can be another impediment for clients to be open to discuss their beliefs. As participant 5 stated: "I have grown to respect religion. I evolved and I realized that you don't have to be 'die hard' religious to accept and love religion…I would say that I've learned that people really use it and it's powerful and I'm not going to mess with that" (10 years of experience). Another relevant theme found in the present study was measuring success regarding the effectiveness of religion and spirituality in therapy. The participants agreed they do not have a specific tool such as an evidence-based survey to measure the success of these concepts. However, the expertise of the participants and the common positive feedback from clients can be added to other similar studies that provide similar responses. As participant #3 said:

if they have a belief system where they use God as a way of

recovering, then I see it during the course of the therapy. They will be

more resilient... they will be able to see other alternatives... their

problems will diminish. I have seen that quite often and that's because

of their faith and having the ability to talk about (over 28 years of

experience). (Participant 3, survey interview, April 2016)

Since participants have built a strong rapport with clients, participants have

seen how clients implement the religious and spiritual techniques in their lives.

Participants reported when clients have religious and spiritual values they tend

to increase their support system, resilience, sense of comfort and self-esteem.

Unterrainer et al. (2014) found that highly religious individuals reported less,

aggressive behaviors, anxiety and suicidal ideation, yet report an increase in

hopefulness and being open to new experiences. Religion and spirituality are

subjective experiences that can mean different things for each individual.

However, individuals who have a positive connection with their religious and

spiritual beliefs tend to comprehend and use their faith as a coping tool and find

meaning to their stressful situations (Unterrainer et al., 2014). Clients who

utilize these concepts in their lives tend to have positive therapeutic outcomes.

Another theme found in this study is that participants agreed there was

a lack of preparedness in grad school on the theme of religion and spirituality.

Participants acknowledged that during grad school there were minimal

lectures addressing these concepts. Participants agreed that in the beginning

of their career, they were reluctant to address these concepts because of the lack of appropriate skills. This theme is accordance with the findings in Dura-Vila, Hagger, Dein, and Leavey (2011). Dura-Vila et al. (2011) conducted a qualitative study in the United Kingdom with 20 psychiatrists from various religious affiliations, gender, age and cultural backgrounds. The study found that participants agreed they lacked training in their school program regarding religion and spirituality. For the same reason, the participants for Dura-Vila study hesitated to include religion and spirituality during therapy sessions. Dura-Vila et al. (2011) discussed another Canadian qualitative study that pointed out similar responses. The authors from the Canadian study emphasized on the importance on the need for grad programs to provide learning material to address clients' cultural differences, which includes religion and spirituality. Dura-Vita et al. (2011) findings are similar to the findings with the present study. Most of the grad school programs lack teaching techniques to integrate these concepts in therapeutic sessions.

Associations such as the NASW, CSWE and EPAS have guidelines for grad school to follow regarding the inclusion on courses on matters of religion and spirituality. There is still a need for improvements in grad school programs to integrated courses and materials that can enhance the learning experience. Gilham (2012) noted that schools of social work shows a slow and limited effort to incorporate formal trainings in practice regarding religion and spirituality. These findings point out the importance for grad schools programs

to be willing to provide learning material such as seminar, pamphlets, and information regarding religious and spiritual associations for students to become members. Teaching these concepts will enhance the learning experience of social workers as well as equip competent social workers.

Even though the participants for the present study agreed on the lack of preparedness during grad school, the participants were open in learning how to address these concepts. The participants sought guidance from their mentors and supervisors to become comfortable when clients bring forth these concepts. Gilham (2012) suggests that supervisors play a significant role in guiding supervisees in learning and professional growth. Supervisors and supervisees work collectively to explore material and make ethical decisions that are beneficial for the clients (Gilham, 2012). An important suggestion Gilham (2012) makes, is that supervisors need to be self-aware because it is an important factor that impacts professional decision making especially in religion and spirituality.

Supervisors have an ethical obligation to oversee supervisees' willingness to accept client's perspective. As one can see, supervisors and mentors have an important role when guiding supervisees. As social workers, learning is an ongoing process that will only enhance one's skills. Even if graduate schools do not address or provide additional trainings, it is an ethical obligation for social workers to keep an open mind to learn new material.

Limitations and Strengths

One of the limitations for this study was the sample size. The sample size was only 8 participants. For this study, the researcher contacted Bilingual Family Services with the purpose to obtain participation from their therapists, but not all therapists were able to participate. This researcher had to seek therapist outside the agency who were able to participate. Another limitation was the time frame. There were only 60 days to complete the study.

The strength for this study is the qualitative approach allowed participants to openly share their perspectives. This approach provides a better understanding on the integration of religion and spirituality in clients' lives. This approach allowed participants to answer as truthfully on how they perceive the benefits or impediments of these concepts. Participants were able to provide insightful responses that would have not been possible through quantitative approach.

Recommendations for Social Work
Practice, Policy and Research

In parallel with the literature and the recent study, social workers do not have to be biblical scholars or have a strong spiritual belief to be willing to step out of their comfort zone. In fact, one has to be open to learn and be accepting of how these concepts are part of the client's cultural and their environment that one cannot ignore. Even though religion and spiritual factors are subjective concepts, these components are significant for the clients'

psychological wellbeing. It is an ethical obligation for social workers to provide a professional service to a diverse cultural population. Social workers self-awareness will only enhance one's professional level and it will also enhance client's therapeutic experience.

The ethical responsibility of the social work profession is to provide holistic and competent services. The social work profession is not confined to one specific culture, population or age group. For those reasons, one has to be open to explore clients' belief system and if possible, utilize clients' beliefs as strengths.

In matters of policy, the NASW, CSWE and EPAS have already recognized the importance of social workers to be cultural competent with respect to clients' religious or spiritual beliefs. It is important to bring awareness to social work programs on the importance of integrating spiritual elements in the classroom that may serve as a treatment tool for the clients social workers serve. Graduate school programs can link students who are interested in this subjects with information regarding seminar, symposiums and other learning material that has the potential to increase students' competency.

It is imperative for continuation of further research on religion and spirituality to understand clients' version on how these concepts are important elements in their lives. It is also important to explore the perceptions of clients on how they understand religion and spirituality as a treatment. As this study

demonstrated, religion and spirituality are important concepts when utilized as clients' strength.

Conclusion

Overall, listening how participants passionately expressed their experiences was an honor. Each one of them expressed their insightful experience and provided their professional perspectives on the benefits of utilizing religion and spirituality into therapy. Participants believed that it was important to share their experiences with others. This study provided participants with the opportunity for them to share their unique experiences and bring forth their professional approaches.

APPENDIX A

INTERVIEW QUESTIONNAIRE GUIDE

Interview Guide
Your Personal Experience in Providing Counseling Services
With or Without Religion and Spiritual Dimension

Thank you for volunteering for this study. Your identity will not be used in any part of it. Your participation is an important process for the success of this project. Please answer questions as honestly as you can. You can abstain to answer any question. Should you become uncomfortable during the interview, we can stop at any time. **As mentioned earlier, interview will be recorder. Do you still want to continue with the interview**?

Participant Code Number: _____

Date _____

Demographic:

Ethnicity: Asian__ Pacific Islander __ White __ Native American __ African American __ Latino/a Hispanic __ Other/specify _____

Age group (circle one)   21-31   32-42   43 and older

Gender (Circle one)   M   F

What is your title? _____

How long have you been conducting counseling services? _____

1. How comfortable are you when clients talk about their religion or spiritual dimension? _____

2. When conducting an assessment, how much do you explore regarding religion and spirituality? _____

3. What is your opinion regarding utilizing religion or spirituality as one of the client's strength? _____

4. To what extent do you think that integrating these concepts into therapy is beneficial for the client? _____

5. Do you integrate spirituality into therapy?

    _____

6. If so, what has motivated you to integrate spirituality into sessions?

    _____

7. If not, what hinders you from integrating spirituality into sessions?

    _____

8. How does counter transference of religious belief or sense of spirituality between the client and you affect therapy sessions?

9. How do you keep your own beliefs apart from the clients?

10. What are the challenges or difficulties that you have when spirituality is integrated?

11. How well equip were you to integrate religion/spirituality to clients after grad school?

12. How do you measure success of the integration of spirituality into therapy sessions?

13. Is there any other issue that you might think is relevant to religion and spirituality?

Created by Aida A. Pelayo

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED _2/_ /2016 VOID AFTER _/_3/_=:'7
IRB# SW16SP CHAIR _____

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the beliefs of religion and spirituality among social workers, psychologists and marriage family therapists. This study is being conducted by Aida A. Pelayo, an MSW student at California State University, San Bernardino (CSUB) under the supervision of Dr. Armando Barragán, Assistant Professor at CSUSB. The School of Social Work Sub-Committee of the CSUSB has approved this study.

DESCRIPTION: In taking part in this study, you will be asked questions regarding the extent of your belief of integrating religion and spirituality into therapy.

PURPOSE: The purpose of the study is to explore beliefs of religion and spirituality among social workers, and how the integration of religion and spirituality into therapy is helpful for clients.

DURATION: Participation for this study should take no longer than 30 minutes.

CONFIDENTIALITY: This researcher will protect participants' anonymity. The information provided will remain confidential and data will be reported in group form.

PARTICIPATION: Participation is completely voluntary and you are welcome to discontinue your participation at any time without consequences.

RISKS: Your participation for this study does not have foreseeable risks, and there are no personal benefits involved

BENEFITS: There will not be any direct benefits to the participants. Your experiences and observations with respect of incorporating religion and spirituality into therapy will add to the body of knowledge and the achievement of the social work profession.

CONTACT: If you have any questions or concerns regarding this study, you may contact Dr. Armando Barragán at (909) 537-3510

RESULTS: The results of this study will be made available after September 2016 at the Pfau Library scholar works database of California State University, San Bernardino.

SIGNATURE: By denoting the mark underneath, you recognize that you have been informed of the nature and purpose of this study and consent to be a volunteer for this research. Kindly, do not sign your name.

_____   _____
Place an X mark here   Date

APPENDIX C

AUDIO INFORMED CONSENT

AUDIO USE
INFORMED CONSENT FORM
FOR NON-MEDICAL HUMAN SUBJECTS

As part of this research project, we will be making an audiotape recording of you during your participation in the study. Please indicate what uses of this audiotape you are willing to consent to by initialing below. You are free to initial any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. We will only use the audiotape in ways that you agree to. In any use of this audiotape, your name would *not* be identified. If you do not initial any of the spaces below, audiotape will be destroyed.

Please indicate the type of informed consent

☐Audiotape
(*AS APPLICABLE*)

- • The audiotape can be studied by the research team for use in the research project.

Please initial: _____

- • The audiotape can be used for scientific publications.

Please initial: _____

I have read the above description and give my consent for the use of the photograph/videotape/audiotape as indicated above.

The extra copy of this consent form is for your records.

Signature_____ Date_____

APPENDIX D

DEBRIEFING STATEMENT

Debriefing Statement

The study you are partaking is with the purpose to explore the beliefs about religion and spirituality among social workers, psychologists and marriage family therapists. This study hopes to contribute to the social work profession in the therapy process and how these concepts may benefit clients.

If you have any questions or concerns regarding this study, please feel free to contact supervisor Dr. Armando Barragán, Assistant Professor at CSUSB at (909) 537-3501 or you may contact via email abarragan@csusb.edu. Your participation is greatly appreciated. Thank you for volunteering in this research. Results for this study will be available after September 2016. To request a copy of this study, you may contact the Pfau Library at CSUSB or access on line.

Thank you for your support and participation.

APPENDIX E

AGENCY LETTER
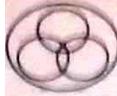
Bilingual Family Counseling Service, Inc.

Strengthening and Empowering Individuals, Families, and Diverse Communities

November 6, 2015

To Whom It May Concern:

The purpose of this letter is to confirm that Aida Pelayo, MSW candidate, has permission to conduct interviews with Master-level clinical staff at Bilingual Family Counseling Service, Inc. It is understood that the purpose of the interviews is to gather data for Master thesis research.

Sincerely,

Olivia Sevilla, LCSW
Executive Director

A Non-Profit Community Based Organization
317 West "F" Street · Ontario, California 91762 · (909) 986-7111· Fax (909) 986-0941
Established 1976

69

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