2001

Religion and spirituality in social work practice with older adults: A survey of social workers

Elizabeth Antoinette Fraser

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RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE WITH OLDER ADULTS: A SURVEY OF SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Elizabeth Antoinette Fraser
June 2001
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Approved by:

Dr. Rosemary McCaslin, Faculty Supervisor, Social Work
Date 6/15/01

Dr. Rosemary McCaslin, M.S.W. Research Coordinator
ABSTRACT

The present study explored social workers' attitudes and behaviors concerning the utilization of religious and spiritual interventions in practice settings with older adults. MSW's belonging to one of two professional organizations, the California Chapter of the National Association of Social Workers (NASW) and the Association for Gerontology Education in Social Work (AGE-SW) were surveyed. Questions regarding the appropriateness and utilization of religious and spiritual interventions, and beliefs about the role of religion and spirituality in practice with older adults were contained in the questionnaire. The findings revealed that, overall the respondents indicated religion and spirituality play an important role in social work practice with older adults. The majority of respondents also stated they believe that spirituality is a basic element of being human. Additionally, the findings indicated that, in the absence of formal training on issues of religion and spirituality, the social workers attended workshops or conferences that dealt with some aspect of religion or spirituality to supplement their knowledge.
ACKNOWLEDGMENTS

The present study was made possible through the support of an ASI award, which provided for the funding for the collection of data. I am very appreciative of the generous contribution of the Associated Students, Inc. I would especially like to recognize Dr. Rosemary McCaslin, who spent long and demanding hours in directing me through this project. I was continually amazed by her knowledge and patience! I would also like to extend my gratitude to Dr. Michael Sheridan of Virginia Commonwealth University. Dr. Sheridan generously granted my request to utilize her instrument and questionnaire for this research project, allowed for its adaptation for the purposes of this study, and went to great lengths to make her previous findings on this topic available to me. Without the cooperation of Dr. Sheridan, completion of this project would not have been possible. Finally, I would like to acknowledge the social workers who participated in this study. Their answers to the questions, as well as their personal comments on the topic of religion and spirituality in their work with older clients, added unique insight into this important topic. For their cooperation, I am grateful.
DEDICATION

I most sincerely dedicate this project to my husband Johnny, for the sacrifices you made during these past two years without a complaint. I want to thank you for your compassion, support, and enduring love. You managed to maintain the security and stability of our home and marriage over the past two years. I also want to thank our children, John-son and Jennifer. You gave me the inspiration to continue. Thanks Mom, for your wisdom and support. And Dad, I wish I could share this with you! I do in my heart. I love you all very much.

It is important for me to acknowledge the countless numbers of older adults who have touched my life deeply. You have inspired me with your stories, wisdom, and life experiences. Through you, I learned what is really important in life.

The seed of desire to be a social worker was planted in my heart more than 30 years ago. Thanks to God, it has taken root.
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CHAPTER ONE
INTRODUCTION

Discussion of spirituality and religion is raising many concerns about their place in social work practice. While responsible social work practice involves ongoing evaluation of ways to better serve clients, personal and professional attitudes and behaviors influence the way social workers approach both those clients with a religious commitment and those for whom religion is of no apparent relevance. Frankl stated (as cited in Loewenberg, 1988), "Man lives in three dimensions; the somatic, the mental, and the spiritual. The spiritual dimension cannot be ignored, for it is what makes us human" (p. ix).

Recent findings indicate the need for attention to the issues of client spirituality and religiosity. The majority of Americans say they believe in God (Yntema, 1999) or attend synagogue (Loewenberg, 1988). Religion is regarded as highly important in the lives of older Americans (McFadden, 2000). Additionally, active participation in spirituality and religion has been shown to positively influence overall health (Ellison and Levin, 1998).

It is germane to this paper to define and understand spirituality and religion. For the purposes of this study and based on the assumptions of this researcher,
spirituality is the means by which one finds wholeness, meaning, and purpose in life. It arises from an innate longing for fulfillment through the establishment of loving relationships with self and the community. Spirituality, a broader concept than religion, is harmony with self, other, and the world. It is ultimate reality, the search for meaning making in life (Canda, 1989; Dudley, 1990). Spirituality is also conceptualized as the intrapsychic dimension of human development in which the individual moves toward connectedness and well-being (Derezotes, 1995). It is our way of finding coherence in and giving meaning to the forces and relations that make up our lives. It is a way of seeing self in relation to others against a background of shared meaning and purpose (Fowler, 1981). "All human beings possess spiritual needs for a sense of meaning and purpose in life, including expressions both within and without formal religious institutions" (Canda, 1989, p. 36).

More easily conceptualized than spirituality, religion is defined as "A system of beliefs, rituals, behaviors, usually shared by individuals within an institutionalized structure. It is an external expression of faith" (Derezotes, 1995, p. 1). Additionally, religion is usually within an institutional structure of community, in which people become members and take on religious roles,
identities, and relationships with one another (Siporin, 1985, p. 211). In the lives of most Americans, the "spiritual dimension" is practiced in religion (Loewenberg, 1988).

Problem Statement

Spirituality is a basic dimension of human development but has been given little attention by social work programs (Dudley and Helfgott, 1990). Social workers should be prepared to respond to their client's spiritual needs, just as they do their other needs. "However, social workers cannot respond effectively without professional preparation" (Dudley & Helfgott, 1990, p. 287). The discussion of spirituality has, for the most part, been absent from the social work curriculum. Only recently specialized courses on spirituality and religion have been included in some schools. Others are including related content through infusion in existing programs (Russel, 2000).

A national survey of 1,069 social workers in 1999 revealed over 50% of the respondents utilized spiritually based interventions with their clients, according to Canda and Furman (as cited in Sheridan, 2000). The majority of the respondents also believed integrating religion and spirituality in social work practice was appropriate and consistent with social work values.
Research in medicine and psychology has established that individuals who are involved in spiritual and/or religious practices cope better and experience improved health and quality of life (Ellison and Levin, 1998). For example, religion and faith promote health and fight disease through increasing social support, improving coping skills, and giving people positive views of themselves. Religious involvement may also discourage behavior that increases health risks, such as the use of tobacco and abuse of alcohol and other drugs (Ellison and Levin, 1998).

The issues of spirituality and religion are of particular significance in the lives of older adults. The importance of a developmental perspective translates into better understanding of the complexities of human life (Liebert, 1992). Spirituality, community, and the last stage of life are interrelated. "The last years of life cannot be adequately described without attention to a struggle to keep the human spirit from being overwhelmed by frailty, which is described as a spiritual struggle" (Simmons, 1998, p. 73). Involvement in spiritual and religious practices is particularly helpful in coping with the losses associated with aging.

The literature cited thus far indicates religiosity and spirituality aid in overall coping and healing. However, schools of social work often exclude the religious
and spiritual elements of client care in their curriculum. A report of 53 social work faculty members revealed those opposed to a course on spirituality were concerned with conflict in three areas (Dudley & Helfgott, 1990). First, such a course would conflict with the mission of social workers. Second, it would challenge laws concerning the separation of church and state. Finally, the faculty members stated it would conflict with their own beliefs (Dudley & Helfgott, 1990).

There is concern that all social workers would need to become experts in the major religions and in all spiritual practices if social workers approach treatment from a spiritual perspective (Clark, 1994). Arguments opposed also pertain to the potential violation of ethical standards and the concern that social workers may take a moral focus with clients and their situations (Clark, 1994).

The absence of professional training in spirituality and religion in social work education causes some authors to be critical of the void (Amato-von Hemert, 1994). "Just as we train and evaluate how social workers address issues of class, gender, and race, we must maintain our professionalism by training workers to deal with religious issues" (Amato-von Hemert, 1994, p. 16).
Many social workers recognize the impact of spirituality and religiosity in their client's lives. Clients' spiritual and religious issues are considered in their assessments and interventions. Many believe these issues are associated with most psychosocial problems (Derezotes, 1995). Therefore, it is important to include spiritual and religious intervention techniques to the knowledge base of social workers because of both the positive and the negative impact of spirituality and religion in our lives.

Having established the relationship between spiritual and religious practices and overall health, it is both important and pertinent to have an idea of the number of older clients and clients with diverse beliefs who would benefit by spirituality and religiosity in social work practice. Research conducted by Gallup & Castelli in 1989 (as cited in Sheridan and Wilmer, 1994) revealed that, in the general public, religion and spirituality continue to be important in the lives of most Americans. In 1996, The National Alliance for Caregiving and the American Association of Retired Persons conducted a random dial telephone survey to identify the prevalence, demographics, and needs of family caregivers of the elderly. The survey revealed 74% of the respondents stated their number one mechanism to cope with stress was prayer.
A more recent study reinforces these figures. The majority of Americans believe in God and those aged 55 to 64 have been found to be the most devout (Yntema, 1999). Results revealed 72% of those in this age grouping said they believe in God without a doubt. Of those aged 65 and older, between 64% and 66% stated they believe in God without a doubt (Yntema, 1999).

Research reported even older persons with dementia of various kinds have spiritual needs and can respond to appropriate religious stimuli (McFadden and Gerl, 1990; and Richards, 1990; as cited in Manheimer, 1994, p. 707).

Church membership plays a significant role for ethnic and racial minorities (Manheimer, 1994). Religious participation has been found to be a predictor of happiness among older African Americans. The influx of Asian-Americans due to immigration has significantly increased the membership in the Islamic faith in America (Manheimer, 1994). Research indicates the social activity in religious groups rates high in importance for many elderly and contributes to their life satisfaction and personal adjustment (Manheimer, 1994).

The need for social work education to include religious and spiritual components was indicated by the opinions of both educators and practitioners in two studies. In the first study, educators from 25 schools of
social work were surveyed regarding inclusion of religion and spirituality content in social work programs. Results showed that the majority (82.5%) supported inclusion of a specialized course, primarily as an elective (Sheridan & Wilmer, 1994). However, their opinions were not reflected in the formation of curriculum. Another study of 328 social work practitioners revealed 83% of respondents stated that they received little or no training in the area of religion and spirituality during their graduate studies (Sheridan, Bullis, Adcock, Berlin, & Miller, 1992). These practitioners also reported that, on average, 33% of their clients presented religious or spiritual concerns during the course of their work with them (Sheridan & Wilmer, 1994).

This research was concerned with the significance of religious and spiritual issues as a basic human element. The religious and spiritual issues were examined within cultural and developmental contexts, with particular focus on the import of religion and spirituality in the lives of older adults.

The purpose of the present study was to examine how social workers approach issues related to religion and spirituality in practice with older adults. The following areas were explored. 1) Social workers' attitudes as they relate to the use of spiritual and religious interventions
in practice with older adults. 2) The content of spiritual and religious issues received in social work education, both in schools of social work and post-graduate training.
CHAPTER TWO
LITERATURE REVIEW

It is widely recognized that there is a positive connection between religiosity and spirituality and one's quality of life, ability to cope, and healing. Studies have reported use of spirituality and religion as therapeutic aids (Mitka, 1998). Research on the relationship between spirituality and physical, mental, and social health suggest a link between spirituality and medicine. One such study conducted at the National Institutes of Health in 1998 found that people who attended religious services and read the Bible regularly had consistently lower blood pressure than those who did so less frequently (Mitka, 1998). Another study reported the more religious patients were, the more quickly they recovered from depression (as cited in Mitka, 1998). Elderly people who regularly attended church were found to have healthier immune systems than those who do not attend on a regular basis (Mitka, 1998). A third study examined religious, existential, and non-spiritual well-being as effective treatments with patients suffering with chronic illness or disability with regard to their health, quality of life, and overall satisfaction of life. Individuals in both the religious and existential groups experienced better quality of life than the non-spiritual groups.
(Riley, Perna, and Tate, 1998). Furthermore, research revealed medically ill older adults who participated in a religious community had lower use of hospital services. Studies have also asserted that spirituality and religion may have a positive public health effect (Mitka, 1998).

It can be said that the overall health benefits of religious and spiritual involvements are indisputable. These findings may also apply to those seeking assistance from social workers. However, there is disparity between the attitudes, experiences, and behaviors of social work practitioners and inclusion of content on spirituality and religion in schools of social work. Research revealed social workers are overwhelmingly in favor of increased attention to the spirituality of clients. Before presenting these findings, a very brief review of the history of social work will serve as a reminder of its roots in religion.

Spirituality and Religion in Social Work Education and Practice

During the eighteenth century, John Wesley launched a religious movement whose purpose was behavioral change, spiritual growth, personal interaction, and community transformation (Henderson, 1980). The accompanying social conditions of the time demanded the need for this inclusive approach to "social work." The Charity Organization
Society (COS) movement of the late 1800's and early 1900's began at a time of economic turmoil, massive unemployment, low wages, and people displaced by war. The primary goal of the COS movement was to "restore the natural order" (Day, 2000, p. 207). In the 1960's, America legislated the separation of church and state. With the advent of welfare reform in the 1990's, the U. S. has experienced a reinvention of faith based-human service organizations, within the confines of the laws mandating separation of church and state.

Social work has separated itself from sectarian institutions and ideologies, but many social workers express a need for a renewal of commitment to the roots of social work (Canda, 1988), namely, an inclusion of spiritual issues in practice.

Discussions of spirituality and social work are generally based upon separate issues of religion or philosophical belief systems, without reference to how one affects the other. Canda (1988) argues, "Despite repeated calls for professionals to focus on spiritual issues in practice, researchers agree that this area has been neglected" (p. 238).

Four phenomena have been outlined as contributive of a new surge of interest among mental health practitioners in spiritual aspects of the client's life (Benningfield,
First, is the alternative medicine movement as a holistic approach to the person. Second, professionals are beginning to write about the significant connections between spirituality and psychotherapy. Third, is the self-help group movement begun in the 1980's. And finally, the growing interest in the Eastern philosophies, with an emphasis on the health of the individual (Benningfield, 1997, p. 26).

An early exploratory study identified the need for the examination of religious and spiritual issues in social work practice (Joseph, 1988). The sample consisted of 53 master's degree field instructors for a church-related school of social work in Washington, D.C. Questions were designed to elicit information about how the respondents felt about the importance of institutional religion as a resource for clients, and how important the respondents felt it was to wait for the client to bring up religious issues. Additional questions determined the types of resources or collaborative efforts combined in handling religious issues with clients.

The respondents were predominately female (81%), aged between 20 to 68 years, with a median age of 41 years. Slightly more than 80% were Caucasian. The clinicians in this survey had considerable experience as supervisors, family therapists, direct practitioners, and
administrators. Nearly two-thirds worked in non-religious-oriented settings and 7% worked in church-related agencies (Joseph, 1988).

The results of this study indicated the respondents' belief that the religious dimension of clients has been ignored. The practitioners in this study view religious and spiritual concerns, particularly as they pertain to life-cycle and ecological concerns, as being important in social work practice. They also expressed the desire for more training in this area. The data clearly reflected the importance of God and religion in times of illness and crises and suggest that this must not be overlooked in social work practice (Joseph, 1988). The homogeneity of the sample likely had an impact on the outcome of this study and, therefore, places limits on its generalizability.

The decision to discuss religion or spirituality with clients is a value decision. To suggest discussion of value-free issues is, in itself, a value-laden position (Perlman, 1976). "Religious beliefs and practices reflect assumptions about the basic nature and purpose of human existence" (Canda, 1989, p. 38). Furthermore, a value-free discussion of religion would reduce it to facts and beliefs, ignoring the more philosophical questions about truth and the meaning of life (Canda, 1989). In addition, Benningfield (1997) stated, "If one desires to facilitate
the growth and health of those with whom one works, then it is impossible to be neutral or value-free in dealing with one's clients" (p. 28).

Methods for teaching general and specific aspects of religion with a value-free approach was suggested in one piece of research (Canda, 1979). Three areas were suggested. "Religion as a Universal Aspect of Experience," "Religious Diversity," and "Meta-Comparison" (Canda, 1979, pp. 39-40). These methods would allow the educator to serve as a facilitator and a model of value accommodation. A continuous shifting between perspectives utilizes a symbolic interactionist approach, whereby the facilitator "takes on the role of the other" (Canda, 1989). It is imperative the educators personally and professionally come to terms with their own religious and spiritual issues in order to be an effective facilitator using the comparative approach (Canda, 1989).

Mixed results were revealed in a small (53) sample of full-time social work faculty of four schools of social work located in the Eastern U. S. (Dudley & Helfgott, 1990). The authors explored the relevance of spirituality to social work practice through the perspectives of the faculty. They supported a better understanding of spirituality for those working with ethnic groups, those working in the mental health field, and those working with
the dying, particularly during terminal illness. The majority of the faculty believed spiritual content should be included in social work education (Dudley & Helfgott, 1990). The very small sample was intended as exploratory research only.

Although there may have been considerable support for introducing spirituality content into social work programs, division existed. The greatest concern expressed by the respondents was the conflict of separation of church and state (Dudley & Helfgott, 1990).

Concerns that the views of one religious group would take precedence or domination over another were also revealed in the Dudley and Helfgott (1990) study. For example, the religious conflict surrounding a woman's right to abortion and prayer in public schools evoke highly emotional responses. Educators were urged to be aware of more volatile issues and emphasize only coursework pertinent to social work. A "focus on practice-related religious and spiritual issues appropriate to understanding the cultural, social, and individual aspects of client groups and field settings with which students will be involved" were recommended (Dudley & Helfgott, 1990, p. 293). To avoid one instructor's views taking precedence over another instructor's, the authors also recommended a team of faculty possessing differing spiritual and
Another study conducted an investigation of 208 students from two schools of social work on their views and experiences with religion and spirituality in education and practice (Sheridan and Amato-von Hemert, 1999). The majority of the sample was composed of Caucasian females (86.4%). The average age of the respondents was 28.19 years. Questions regarding personal religious and/or spiritual affiliation, views of the role of religion and spirituality in social work practice, and previous training on religion and spirituality were asked. The participants informed the researchers which courses presented religious and spiritual content and their opinions about whether such information should be presented. Results revealed the student respondents generally have a strong, personal connection to religion and spirituality, many having a traditional belief system. They indicated a positive stance toward the role of religion and spirituality in social work practice. Although most respondents had very limited exposure to content on religion and spirituality in their graduate courses, over 30% of the respondents indicated four of the specific interventions listed in the questionnaire had already been utilized in their work with clients. The findings suggested students need instruction
in the areas of religion and spirituality, which would warrant inclusion of such content in the social work curriculum. The limited number of males and the predominance of Caucasians are to be considered when analyzing the data.

Social work students, practitioners, and educators were surveyed about spirituality, religiosity, and practice in a study which revealed most social workers considered spiritual and religious issues in their assessments and interventions (Derezotes, 1995). The respondents identified life experiences as the most important influence on their spiritual development. Overall, the research indicated that it is appropriate to ask clients about spiritual and religious issues. Most reported it is inappropriate for social workers to direct clients to change their spirituality or religiosity. Research findings also reported a positive association between workers who attended church and had 30 or more years of experience with their preparation to work with spiritual issues (Derezotes, 1995).

One article outlined the pitfalls of utilizing religious and spiritual issues with clients in social work practice settings (Benningfield, 1997). The specific problem areas were divided into two categories, those dealing with the subject of religion and spirituality.
inappropriately and inappropriately avoiding the subject. The author concluded with a recommendation that schools of social work include the teaching of religion and spirituality in their coursework (Benningfield, 1997).

There is also a need for knowledge of and sensitivity to diverse religious beliefs. Ethical and practical demands require social workers to respond to religious diversity and to understand diversity in all its forms. "Today's multiethnic America encompasses a wide-ranging spiritual orientation that is, if anything, diverse" (Tobias, 1995, p. 1). The treatment of religious and spiritual issues in education are largely ignored and thereby, trivialized. The examination of diverse beliefs and values emanating from these beliefs is vital. The results of the studies presented thus far have indicated that most students and practicing social workers would be receptive to such content. Educators have showed a cautious interest in inclusion.

Few studies address the wide range of issues surrounding religion and spirituality in social work practice including the inclusion of religion and spirituality in schools of social work. One study was found to be particularly attentive to the multiple issues of social workers' personal and professional attitudes, opinions, and behaviors regarding their utilization of
spirituality and religion in practice settings. To better understand how social workers utilized client spirituality and religion in practice, social workers were asked a variety of questions regarding spirituality and religion in the field of social work (Sheridan, 2000). The results indicated generally positive attitude toward religion and spirituality in practice. The questions designed to measure the behaviors of practitioners indicated over one-third of their clients presented religious or spiritual issues and 73.6% of the practitioners considered client's religious and spiritual practices in their assessments (Sheridan, 2000).

On average, 42.69% reported religion plays a beneficial role in the lives of their clients and 62.30% stated spirituality played a beneficial role in the lives of clients. Spirituality was reported to play a detrimental role in their client's lives in 11.98% of the cases, while religion was reported as detrimental to 20.84% (Sheridan, 2000). A majority of the respondents reported they have utilized a number of spirituality and religious based interventions with clients.

Respondents were also asked to answer questions regarding their education and training in the areas of religion and spirituality in practice settings. Respondents as a whole reported being dissatisfied in
regards to their education and clinical training, with 84.3% reporting little or no instruction in this area (Sheridan, 2000). Over half the respondents reported they have attended workshops and conferences that address religion and spirituality.

Sheridan's study showed improvement in terms of how it addressed numerous aspects of the inclusion of religion and spirituality in practice and curriculum. The delineation of attitudes and behaviors of practitioners and the needs of their clients translated the beliefs stated by the practitioners into their actions. Another relevant aspect of this research were the numerous questions regarding personal affiliation and association with religion and spiritual practices, both in the past and in the present. Also of great benefit is the separate consideration of religion and spirituality in the questionnaire. Because it was a cross-sectional study utilizing a systematic random selection, totaling 204 respondents, the sample offered a good representation. The use of vignettes was an effective means to measure the attitudes and behaviors of the practitioners. However, the high percentage of females (79.1%) and Caucasians (93.0%) limits its applicability. Another difficulty with this study is that it measured solely the perceptions of the respondents, making it particularly subject to bias.

Spiritual and Religious Diversity

Social workers possessing various personal philosophical perspectives were interviewed in a study of the diversity of religions. It was discovered that common themes existed in five spiritual perspectives. Social workers with Christian, Existentialist, Jewish, Shamanist, and Zen Buddhist perspectives exhibited common qualities, such as compassionate concern for individual's well-being and justice in the broader society. The interviewees stated of utmost concern are the client's needs and their situation. All of the respondents agreed that a good helping relationship is sensitive to the spiritual needs of
the client (Ganda, 1988). Though the sample was small, with only 18 social workers demonstrating knowledge of spirituality and social work, the results were unanimously in favor of the need to incorporate spirituality in social work practice.

A practitioner must be familiar with religious and spiritual diversity. "Understanding spirituality is essential to understanding the culture of numerous ethnic groups that social workers help" (Dudley & Helfgott, 1990, p. 288). For example, Caribbean's spirituality is distinct from Southeast Asians'. One would not utilize religious healers for medical care for all ethnic populations. Charismatic Christian symbolism can be particularly effective with rural Anglo-Americans (Dudley & Helfgott, 1990, p. 288), and inappropriate for another group, for example, Buddhists.

The experiences of seven African-American HIV-affected grandmothers were examined in one study intended to examine their caregiving experience (Poindexter and Linsk, 1999). These respondents demonstrated remarkable resiliency, spirituality, and a commitment to their kin as caregivers. They voiced their need for support from social service and health care systems. The research recommends practitioners should be prepared to address all the needs, including the spiritual needs, of this population (Poindexter and Linsk,
Research clearly illustrates that, in exploring the issues of spirituality and religion, it must be emphasized that beliefs and practices are unique to the individual. Just as other treatment modalities are tailored to an individual's need, so too is spirituality or religiosity in social work practice.

It was discovered that approximately one-third of adult Puerto Ricans consult spiritist mediums for help at some point in their lives (Berthold, 1989). Mesa Blanca and Santeria provide two examples of spiritist traditions. One involves reincarnated spirits and the other saints. In both, spirits attach themselves to human beings and "exert a profound influence on human affairs" (Berthold, 1989, p. 503). Among Puerto Ricans in New York, these two traditions of spiritism are often blended. It is recommended that practitioners to be aware of "alternative models of healing and criteria of pathology" (Berthold, 1989, p. 502). Thus, social workers' knowledge base should extend beyond the use of spirituality and religiosity in treatment and into awareness of and respect for other's belief systems involving their culturally relevant treatments.

Religion plays a significant part in the lives of many rural people (Meystedt, 1984). The statistics from the Meystedt research reported 75% of the persons in rural
areas profess respect for and confidence in organized religion. At the community, the family, and the individual levels, religion is an important consideration. "Religion is a way of life and understanding one's religion is essential to a full understanding of the person" (Burnett, 1979). Religion and value conflicts have affected the family and the changing role of women. A social worker treating a religious community, family, and individual must accept their beliefs. Religion can serve as a valuable resource to social workers.

Twenty Orthodox Jewish clients of outpatient mental health services were interviewed in a study designed to examine their use of therapy (Wikler, 1986). It was discovered that Jews entered therapy as a last resort, only after all other resources had been exhausted. The Orthodox participants voiced their desire for a practitioner, of no particular faith, who would be sensitive to their reluctance to enter treatment and the cultural risk they took in entering treatment (Wikler, 1986). Though the sample was small, the feelings expressed certainly beg for more research in this area.

The participants in a study analyzing the social service needs of Dominican immigrant elders in the U. S. revealed a strong sense of spirituality as a way of coping with stressful events (Paulino, 1998).
Social workers need to be prepared and willing to deal with the spiritual and religious aspects of clients' experiences, as with any other aspect of their experiences (Canda, 1989). Furthermore, without specific professional preparation, the social worker is ill-prepared to respond effectively (Canda, 1989).

"The spirituality and religiosity of social work clients and practitioners may be one of the most neglected dimensions of social work practice" (Derezotes, 1995, p. 2). An awareness of both the treatment benefits and the psychosocial ill effects of religion and spirituality on the lives of clients need attention.

Religion and Older Adults

A study designed to determine the importance of religion in the lives of older adults revealed the majority of older persons (76% nationwide) regarded religion as highly important in their lives (McFadden, 2000). This same study also revealed 52% of all older persons attend weekly religious services (McFadden, 2000). A generally high level of religious activity among elders suggests that psychotherapists need to begin to understand the dynamics and dimensions of religiosity in later life. The research encouraged therapists to examine issues of religion and spirituality in order to comprehend the concept of "aging well" (McFadden, 2000). An interdisciplinary focus, with
coordination among sociologists, the humanities, medical personnel, and theologians, will assist therapists in their efforts to understand the spiritual sense of meaning and purpose in the lives of older persons (McFadden, 2000).

The relationship of spirituality to mental health among 131 chronically ill elders was the subject of another study (Burke, 1999). The research discovered a very significant correlation between mental health and "closeness to God," distinctions between religiosity and spirituality as they relate to mental health, and the importance of spirituality while coping with pain associated with chronic illness (Burke, 1999). These findings suggested that spirituality is an important component in chronically ill elders coping with disease, disability, and pain. Dying summons basic spiritual questions. Techniques involving rituals, meditation, prayer, or scripture may be appropriate interventions in helping dying clients (Dudley & Helfgott, 1990).

Moberg (1965), cited evidence that religion, when defined in terms of personal feelings and attitudes, means more to people as they age. Additionally, a positive association between religiosity and aspects of personal adjustment and life satisfaction were reported (Moberg, 1965).
Heisel and Faulkner (1982) interviewed 120 urban Black men and women, between the ages of 51 and 90 years of age, about religious practices and beliefs and the relationship between religiosity, church attendance, and life satisfaction. The results indicated a significant positive relationship between the degree of religiosity and personal adjustment. High religiosity scores were related to personal adjustment and happiness. Low religiosity scores were associated with feelings of abandonment and loneliness (Heisel and Faulkner, 1982, p. 357).

Religious commitment among rural elderly was explored in a study conducted by Tellis-Nayak (1982). The findings for the sample of 259 elderly indicated the religiosity of the aged must be accepted and understood in an existential and humanistic context. Religion provided the ability among these older adults to understand that life is full of suffering, and because of their religion, they found meaning in their suffering. The adults in this study adopted their religion and then lived by it. According to Allport (1970), "They serve it [religion], it doesn't serve them" (as cited by Tellis-Nayak, 1982, p. 363). Their cognitive attempt to interpret the world as meaningful through religious commitment can be interpreted as a normative practice among the elderly in this sample (Tellis-Nayak, 1982).
Fry (2001) assessed the psychological well-being of widows and widowers to test the hypothesis that existential factors such as personal meaning, optimism, importance of religion, accessibility to religious support, and spirituality are predictors of psychological well-being. The findings indicated the existential variables are major contributors to psychological well-being of older adults following spousal loss. In order of most influential predictors of psychological well-being among widowers, personal meaning emerged as the most influential existential predictor followed by optimism and importance of religion. Among widows, personal meaning, spiritual beliefs and practices, importance of religion, and optimism were the most notable predictors of psychological well-being. When demographic variables and traditional measures of social resources and contacts, negative life events, and physical health problems were all controlled and taken into account, these existential variables accounted for reliable and unique variance in psychological well-being of both widows and widowers (Fry, 2001. p. 78). The results indicate a connection between older adults' personal meaning, optimism, religiosity, and ability to cope with the stresses of spousal death in late life.

Fry (2001) articulated several implications for social work practitioners. Heightened existential involvement,
integration of more religious involvement, spirituality, and shared interactive experiences into grief work, for men, in particular, was recommended. Additionally, counselors working with bereaved spouses "must find ways to stimulate and reinforce the 'will to live' and stimulate personal meaning or purpose for life. If religious indicators are low, alternative strategies that rely on personal growth and spirituality may be explored to enhance meaning for life" (As cited by Fry, 2001, p. 78; St. John, 1999).

One study examined the relationship between aging and religious participation. Ainlay, Singleton, and Swigert, 1992 reported the following, including a discussion about disengagement theory and activity theory in terms of religious participation.

Subjective health was positively and significantly related to formal religious activity and church attendance and overall physical condition was significantly related to private religious activities. Major health problems were related to church attendance and functional impairment was related to formal religious activity and church attendance (p. 182). In connecting these results with the disengagement theory of aging, the findings indicated that the decline in religious participation among older adults is not due to "mutually agreeable disengagement" (Ainlay,
Singleton, and Swigert, 1992, p. 184). Instead, although the older persons' participation decreases, it does not reflect the desire on the part of individuals to distance themselves from the church, as disengagement theory purports. On the other hand, the findings indicated those with the lower rates of church attendance wished they could be more active, indicating the importance they attach to religious activity. Those most active were determined to be most satisfied with their level of involvement (Ainlay, Singleton, and Swigert, 1992, p. 185).

The Ainlay, Singleton, and Swigert study (1992) suggested that health is an important mediating factor in people's late-life religious participation. Forty-six percent of the 229 respondents stated they would like to attend religious services more often and health accounted for 33.7% of the reasons they do not attend more frequently; therefore, activity theory was supported by this research (Ainlay, Singleton, and Swigert, 1992, p. 185).

For many, religious involvement becomes a source of continuity, something they feel they can count on in which they feel safe believing; an object of faith. The values inherent in living a religious or spiritual life provides a reassuring foundation as older adults struggle to make sense of their lives (Erikson, Erikson, and Kivnick, 1986).
The relationship of spirituality in the last stage of life is a critical part of aging with dignity. "The last years of life are adequately described only when we admit their essentially spiritual nature" (Simmons, 1998).
CHAPTER THREE
RESEARCH DESIGN AND METHODS

Subjects

This research employed a survey design using self-administered questionnaires. The participants were selected on the basis of their clientelle, being primarily the age, and their membership in one of two professional organizations, the National Association of Social Workers (NASW) and the Association for Gerontology Education in Social Work (AGE-SW). AGE-SW and NASW permit the use of their directories for student use in mailing surveys. A minimum level of a Master's degree in social work was the educational criteria for the sample. The questionnaire was mailed to 200 gerontological social workers registered with the two organizations.

AGE-SW and NASW were contacted in November, 2000 to access their directories for mailing addresses of social workers who have designated they work with older adults. The sample was drawn from the two directories. Questionnaires were mailed to 54 social workers residing all over the United States and 146 social workers residing specifically in California, for a total sample of 200. Systematic sampling was employed, choosing every other member from the AGE-SW list and every third member from the list of members in the California Chapter of NASW. An
informed consent (Appendix A), a debriefing statement (Appendix B), and a stamped pre-addressed envelope were included in the mailing.

Before the questionnaire was mailed out, it was pre-tested with a small number of Licensed Clinical Social Workers, MSW Interns, and Marriage and Family Therapists employed by an agency whose client population is composed exclusively of individuals 55 years old and older. The pre-tests were used as a means of clarifying any structural problems with the questionnaire, to determine more precisely the length of time it took to complete it, and to identify any confusing or problematic areas.

Data Collection and Instrument

The instrument utilized in this study was designed by Sheridan (2000). This researcher was granted permission to use the instrument by its author (Appendix A). Some minor alterations to better suit the purposes of this project were also approved. The original questionnaire was designed for more general use. For the purposes of this study, the questionnaire was modified to measure attitudes and behaviors of geriatric social workers (Appendix B).

The instrument was divided into four sections. The first section examined social workers' attitudes towards religion and spirituality as measured by the "Role of Religion and Spirituality in Practice" (RRSP) Scale
(Sheridan, 2000). The scale has previously been used to measure attitudes of practitioners, faculty, and students toward the role of religion and spirituality in social work practice. Approval was granted with the understanding that this research would be measuring the attitudes of social workers working with older adults.

According to Sheridan (2000), evidence suggests that the RRSP is a reliable and valid research instrument, suitable for measuring attitudes regarding spirituality and religion and social work practice. In one study utilizing the questionnaire, the RRSP scale demonstrated alpha=.88, a relatively high internal consistency. In a second study, Chronbach's alpha revealed high internal consistency with alpha=.82.

The second section of Sheridan's (2000) instrument listed 25 interventions that could be performed in providing services to older clients. The respondents were asked to indicate by circling "yes" or "no," whether or not they have personally done each of the interventions with their older clients and whether or not they believe the interventions were appropriate for social work practice with older adults. Additionally, this section allowed respondents to include any other religious or spiritually based interventions that they considered to be appropriate or have personally done with clients.
The next section of the instrument contained 19 questions designed to gather personal and professional demographic information. The final section, an open-ended question, invited the respondents to express any additional comments regarding the topic of religion or spirituality, especially related to social work practice with older adults.

There were three dependent variables. 1) The social workers' attitudes and beliefs about the role of religion and spirituality in social work practice, as measured by the RRSP scale. 2) The appropriateness of the use of the listed religious and spiritual interventions. And, 3) Whether the respondents have personally utilized the listed interventions with their older clients.

The relationship between each of these variables was measured with the following independent variables. The respondents' age, their number of years in practice, their religious affiliation or spiritual orientation, their education and training in spiritual and religious interventions with clients, and their satisfaction with such training. Additional information gathered from the questionnaire, such as the respondents' gender, ethnicity, and past and current participation in communal religious or spiritual services, and ideological positions regarding God were considered intervening variables that moderate the
relationship between the dependent and independent variables.

The independent variables of the respondents' age, ethnicity, gender, past and current religious affiliation or spiritual orientation, number of years in practice, and the inclusion of content concerning the religion and spirituality of clients in social work education, as well as the respondents' satisfaction with their education regarding these issues were all nominal/ordinal variables.

The dependent variable questions pertaining to the interventions used and the appropriateness of use of religious and spiritual interventions, were also nominal levels of measurements. The Likert-scale items in the RRSP scale were also transformed into a total score, creating an interval level of measurement.

The RRSP questionnaire provided operational definitions of spirituality and religion. The Likert-scale was composed of 18 questions pertaining to the attitudes and perceptions of gerontological social workers regarding the appropriate role of spirituality and religion in social work practice with older adults. Sixteen statements asked the social workers' to express their views about the appropriate role of religion or spirituality in social work practice. The remaining two statements in the first section concerned the content of spirituality and religion
in social work education. The respondents were asked to rate on a scale of one to five (1=strongly disagree, 5=strongly agree) their level of agreement to each of the statements.

The length of the questionnaire presented a potential for a low response rate, as it is rather long, with 89 questions. Based upon the pre-test, it was estimated that the questionnaire would take approximately 15-20 minutes to complete.

Every effort was made to encourage response. An explanation was included of the importance of such a study to enhance the knowledge base of social work with older adults. A stamped pre-addressed envelope was included to encourage the return of the completed questionnaire. Additionally, the sample size limited the generalizability of the findings of this study; however, the results will be used to support the existing research on this topic. The results will also serve for exploratory purposes to generate further inquiry.

A pre-test was conducted in late December and early January. Approval for research involving human participation by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino was granted in early January, 2001. At that time, the questionnaires were
mailed out to 200 MSW's listed in two directories of professionals working with older adults. All data were collected by April 5, 2001, at which time data entry into SPSS began. Data analysis followed during the months of April and May, 2001. The findings and results were then calculated and interpreted.

Protection of Human Subjects

A statement of informed consent and a debriefing statement were included with the mailed questionnaires. The participants were asked to enter the date and indicate with a check mark their understanding of the purpose of the study, their voluntary participation, and acknowledgement of the minimum age requirement of 18 on the informed consent and return it with the completed questionnaire. The informed consent described the general purpose of the study, gave the name of the researcher, the name of the research advisor, the research advisor's office telephone number, and the name of the university in the event the participants had any questions or concerns about the study. Participation posed minimal to no risk to the participants. Furthermore, participation in the study was voluntary.

The debriefing statement described the purpose of the study in detail, including the particular interests of this researcher on the topic of religion and spirituality in social work practice with older adults. Once again, the
The confidentiality and anonymity of the participants were assured and protected. Confidentiality was maintained by the use of numbered surveys, resulting in the identification by case number only. The returned and completed questionnaires were kept in a safe place by this researcher. All mailing envelopes and other identifying marks were destroyed upon receipt of the returned completed questionnaire in the mail. Participants in the study were referred to by an identification number only. Results have been reported in group form only.
CHAPTER FOUR

RESULTS

Demographics

A total of 80 questionnaires were returned, for an overall response rate of 40%. Of the original sample, 38.5% returned valid questionnaires (N=77). Three returned questionnaires were unusable. Two were returned with no responses. The other one was completed by an MSW student, making it unusable for the purposes of this research.

Descriptive analyses were utilized in analysis of the data, including univariate statistics such as frequency distribution, measures of central tendency, and measures of dispersion. Some of the variables were transformed and recoded into new sets of variables to assist in further data analysis.

The sample consisted of 77 social workers, 77.9% women (n=60) and 22.1% men (n=17). The participants ranged in age from 30 to 82 years, with an average age of 51.36 (SD=10.72). The sample was predominately Caucasian/Euro-American (87%, n=67), followed by Asian-American/Pacific Islander (6.5%, n=5), Latino(a)/Hispanic/American (2.6%, n=2), African American (1.3%, n=1), and "other" (2.6%, n=2). The respondents were asked to identify their current religious affiliation or spiritual orientation from a list of twenty-three possible traditions. The results were:
Jewish (18.2%, n=14), Christian (16.9%, n=13), Catholic (15.6%, n=12), Protestant (9.1%, n=7), Agnostic (6.5%, n=5), Non-denominational (5.2%, n=4), Christian mixture (5.2%, n=4), Non-affiliated (3.9%, n=3), Atheist (2.6%, n=2), Buddhist (2.6%, n=2), Eastern Orthodox (2.6%, n=2), Existentialist (1.3%, n=1), Goddess/Feminist spirituality (1.3%, n=1), Hindu (1.3%, n=1), Reform (1.3%, n=1), Spiritism (1.3%, n=1), and Unitarian (1.3%, n=1). These categories were condensed into two categories, "faith," which was comprised of the 89.6% who indicated a particular religious or spiritual affiliation, and "non-faith," which was composed of those who identified "agnostic" or "atheist" as their affiliation.

**Social Work Practice Experience**

The number of years in practice ranged from zero to 41 years, with an average of 20.62 years of experience (SD=10.97). The number of years the participants have worked with older adults ranged from zero to 38 years, with the average number of years at 15.70 (SD=12.78). The average number of clients seen per week was 11.14 (SD=13.11) and slightly more than half of the percentage of the clients seen per week were 55 years and older (50.60%, SD=44.02).

The majority of the respondents indicated their current role in the field of social work was a practitioner
(70.1%, n=54), followed by educator (16.9%, n=13), retired practitioner (6.5%, n=5), administrator (3.9%, n=3), and researcher (1.3%, n=1).

The primary location of the practice setting of the sample was urban (49.4%, n=38), while 15.6% work in mixed locations of urban, rural, and suburban (n=12), followed by rural (14.3%, n=11) and suburban (10.4%, n=8). A little over half stated their primary work setting as private (54.5%, n=42), with 36.4% (n=28) in a public setting and 2.6% (n=2) in a mixture of public and private settings.

Religious and Spiritual Participation

The questionnaire also included three questions about respondents' past and current participation in and involvement with communal and personal or private religious or spiritual practices. The questionnaire presented nine degrees of involvement from which to choose. In reporting the results, the responses to these three questions have been condensed into four categories of "often," "sometimes," "infrequently," and "hardly ever."

Slightly over three-fourths (75.3%, n=53) indicated they "often" participated in communal services during their elementary school years, 13% (n=10) indicated they "sometimes" participated, followed by 6.5% (n=5) "infrequently," and 5.2% (n=4) indicated they "hardly ever" participated during their elementary school years.
Responses concerning current participation in communal services indicated slightly more than 33% (n=26) participate "often," 16.9% (n=13) "sometimes" participate, 27.3% (n=21) "infrequently" participate, and 20.8% (n=16) indicated they "hardly ever" currently participate in communal religious or spiritual services. The responses to current participation in personal or private religious or spiritual practices revealed 67.5% (n=52) "often" participate, followed by 11.7% (n=9) indicating they participate "sometimes," 6.5% (n=5) "infrequently," and 14.3% (n=11) "hardly ever" participate in private or personal religious or spiritual practices. When the categories of "often" and "sometimes" were combined, 79.2% indicated they participate in private or personal practice.

With regards to current relationship with an organized religion or spiritual group, 18.2% (n=14) indicated a "high level of involvement," with 26% (n=20) indicating "some involvement," 37.7% (n=29) "limited involvement," and finally, 18.2% (n=14) with "no participation or involvement."

Four responses predominated in the question presenting six types of ideological positions people take in relation to religious or spiritual beliefs. The responses revealed 39% (n=30) chose the statement, "There is a personal God or transcendent existence and power whose purpose will
ultimately be worked out in history." The second most popular position was, "There is a transcendent or divine dimension found in all manifestations of nature" (31.2%, n=24). Nine percent (n=7) indicated, "There is a transcendent aspect of human experience that some persons call God, but who is not immanently involved in the events of the world and human history." And, finally, 2.6% (n=2) indicated their position, "There is a transcendent or divine dimension found in all manifestations of nature."

None of the respondents chose the position, "Notions of God or the transcendent are illusionary products of human imagination; however they are irrelevant to the real world." Because of a typographical error on the questionnaire, one response was disqualified. However, only two responded to this ideological position and theirs were classified as "missing" responses.

Religious and Spiritual Education

Religious or spiritual content or issues in social work training had been presented "often" in 3.9% (n=3) of the cases, with 22.1% (n=17) indicating they sometimes received religious or spiritual training. Nearly one half of the respondents indicated religious or spiritual issues were "rarely" presented and discussed in their social work training, and nearly one-fourth (n=18) stated the subjects were "never" presented or discussed, revealing a total of
74% stating content was "rarely" or "never" presented or discussed. The question addressing the sample's satisfaction with their social work education and training in terms of religious and spiritual issues revealed 36.4% (n=28) were "neutral," 20.8% (n=16) "somewhat dissatisfied," 11.7% (n=9) "very dissatisfied." From the positive perspective, 24.7% (n=19) indicated they were "somewhat satisfied" and 6.5% (5) were "very satisfied." These categories were combined into three categories where 31.2% indicated they were "satisfied," 36.4% "neutral," and 32.5% "dissatisfied." The large majority received no graduate training in theology or religion (93.5%, n=72).

Over half of the sample (54.5%, n=42) indicated they had attended workshops in the last five years that dealt with some aspect of religion or spirituality. The most common focus of the workshops was policy issues and faith-based organizations (26% attending, n=20), followed by topics concerning death and dying and integration to one's life experiences (10.4% attending, n=8). Additional topics included ways to integrate spirituality into social work practice (7.8%, n=6); aging, spirituality, affirmative aging, grief, and loss (6.5%, n=5); anonymous/"higher power" support groups (6.5%, n=5); the use of spirituality in medicine (2.6%, n=2); the discovery of life's meaning (2.6%, n=2); the discovery of personal nature and
transcendence (2.6%, n=2); personal transformation (1.3%, n=1); Latino spirituality and mental health (1.3%, n=1); ethnic diversity and religious and spiritual practices (1.3%, n=1); and meditation (1.3%, n=1).

Social Workers' Attitudes and Behaviors

The questionnaire contained two scales. The first was an instrument to measure the Role of Religion and Spirituality in Social Work Practice (RRSP). The RRSP scale asked respondents to rate their level of agreement or disagreement with 18 statements, worded both positively and negatively. The negatively worded statements were transformed into positive statements, and responses were totaled to determine the positive attitudes of the respondents towards the role of religion and spirituality in practice with older adults. A total score was computed by adding up the scores on the 18-item RRSP scale, thereby converting it into an interval measurement. The alpha coefficient on the RRSP for the present sample was .62.

The possible range in RRSP scores was 18 through 90. The higher the score, the more positive the overall attitude towards the role of religion and spirituality in social work practice with older adults. More than two-thirds responded with a generally positive attitude toward
religion and spirituality in practice (M=65.84, SD=6.32) (Appendix C).

For the purposes of this study, each of the 18 statements in the RRSP scale was also categorized and divided into four general themes for analysis. The positive responses, "strongly agree" and "agree" were combined. The negative responses, "strongly disagree" and "disagree," were also combined. The following noteworthy findings were extrapolated when the statements were thematically examined.

The first identified theme was composed of five statements, each involving the effectiveness of social work practice utilizing religious or spiritually based interventions. The findings revealed over 50% responded positively to the effectiveness of religious or spiritual interventions in social work practice.

The second set of statements determined the necessity for social workers to have some level of training in religious or spiritual issues. The responses were strongly positive, with five of the six indicating well over an 80% agreement level, and the sixth statement indicating 75% agreed.

Three statements concerned the social workers' belief about the importance of gathering information concerning client religiosity or spirituality in the assessment
process. This third category also reflected positive views, all exceeding 85%.

And finally, three statements determined the respondents' general philosophical perspective regarding religion and spirituality in our lives. Slightly higher than 70% responded positively.

The second instrument examined the attitudes and behaviors of the sample as they pertain to religion and spirituality in practice with older adults. The respondents were asked to respond to a list of 24 religious and/or spiritually based interventions that could be performed in providing services to older clients. The respondents indicated their belief in the appropriateness of the interventions and whether they have personally done the interventions with clients. The interventions were reported individually, as well as in a total score of positive responses (total positive score was labeled as "INTAD").

When responses to each intervention were examined individually, 97.4% (n=75) of the sample indicated it was appropriate social work practice to "Help clients reflect on their beliefs about loss or other difficult life situations." Over 84% (n=65) indicated they have personally "Gathered information on clients' religious or
spiritual background" and "Helped clients consider ways their religious and spiritual support systems are helpful."

Many findings of the combined categories of interventions both personally done and appropriate for social work practice with older adults were strongly positive. The highest percentages when examined together were discovered in the following intervention, "Help clients reflect on their beliefs about loss or other difficult life situations" (have personally done: 89.6%, n=69; is appropriate: 97.4%, n=75). This was followed by, "Help clients consider ways their religious or spiritual support systems are helpful" (have personally done: 84.4%, n=65; is appropriate: 94.8%, n=73). The third revealed the respondents "Help clients consider ways their religious or spiritual beliefs or practices are helpful" (have personally done: 76.6%, n=59; is appropriate: 90.9%, n=70), and "Gather information on clients' religious or spiritual backgrounds" (have personally done: 84.4%, n=65; is appropriate: 94.8%, n=73). Of notable significance in these particular interventions was the high percentage of positive responses to "is appropriate social work intervention."

The next group of positive responses to the combined categories were as follows. "Refer clients to others for religious or spiritual counseling" (have personally done:
74%, n=57; is appropriate: 96.1%, n=74), "Recommend participation in a religious or spiritual support system, program, or activity" (have personally done: 72.7%, n=56; is appropriate: 90.9%, n=70), "Discuss the role of religious or spiritual beliefs in relation to significant others" (have personally done: 58.4%, n=45; is appropriate: 88.3%, n=68), and "Help clients reflect on their beliefs about what happens after death (have personally done: 67.5%, n=52; is appropriate: 87%, n=67). As was previously noted, the respondents indicated a higher positive responses to the appropriateness of interventions than to whether they have personally done the interventions.

The statement eliciting the most negative response was, "Participate in clients' religious or spiritual rituals as practice intervention." Only 9.1% (n=7) indicated they have utilized the intervention and 24.7% (n=19) indicated it is an appropriate social work intervention.

The next three interventions with the highest negative responses were as follows: "Help clients assess the religious or spiritual meaning of dreams" (have personally done: 19.5%, n=15; is appropriate: 44.2%, n=34), "Recommend regular religious or spiritual forgiveness, penance, or amends," (have personally done: 26%, n=20; is appropriate: 44.2%, n=34), and "Touch for 'healing' purposes" (have
personally done: 24.7%, n=19; is appropriate: 32.5%, n=25). Again, appropriateness received more positive responses.

The largest disparity between what the respondents viewed as an appropriate social work intervention and what they have personally done with clients was noted in the following statement: "Recommend regular religious or spiritual self-reflective diary or journal-keeping." Over 70% (n=56) indicated this is an appropriate intervention. However, only 32.5% (n=25) have personally done this with clients.

INTAD, the total score of positive responses to listed religious and/or spiritually based social work interventions, ranged from 0 through 48. The larger the number, the more interventions considered appropriate and have been personally done with older clients. The average score of INTAD was 28.18 (SD=10.26), revealing more than half of the interventions received a positive response as done or appropriate.

INTAD was also categorized into three ranges, creating a new variable labeled INTAD-1 (Appendix D). Range one indicated a score of 32 through 48, range two 17 through 31, and range three from zero through 16. Only 14.3% responded negatively to more than 16 of the combined listed interventions, both done and appropriate, with 46% (n=36) responding positively to between 17 and 31 interventions,
and 39% (n=30) indicating positive responses to 32 to 48 of the listed interventions.

Bivariate Analysis

The following variables were significantly correlated. The age of the respondents was significantly correlated with the following: percent of older clients seen per week ($r=.290$, $p=.012$), the number of years working with older clients ($r=.235$, $p=.041$), and communal participation in religious or spiritual services during elementary school years ($r=.227$, $p=.048$).

There was also a positive correlation between current participation in communal religious or spiritual services and the current relationship to an organized religion or spiritual group ($r=.226$, $r=.048$).

The location of the respondents' practice was positively correlated with their current role in social work ($r=.259$, $p=.023$) and negatively correlated with the percentage of older clients seen per week ($r=-.292$, $p=.011$).

The frequency of religious or spiritual content or issues presented and discussed in training as a social worker was negatively correlated with the number of years in practice ($r=-.276$, $p=.015$).

The number of clients seen per week and the RRSP score were also negatively correlated ($r=-.238$, $p=.045$).
INTAD was negatively correlated with the current participation in communal religious or spiritual services (r=-.284, p=.012), as well as with satisfaction with social work education in terms of attention paid to religious or spiritual issues (r=-.340, p=.003). However, there was a positive correlation between INTAD and the percent of older clients seen per week (r=.280, p=.015).

Independent-sample t tests showed no significant difference between those who participated more and less frequently in communal religious or spiritual services during elementary school years and those who responded positively (M=3.02, SD=1.41) and negatively (M=3.59, SD=2.05) to attendance at workshops that dealt with some aspect of religion or spirituality (t=-1.42, p=.159). The t test also showed that the mean RRSP scores of those whose religious orientation was characterized as "faith" (M=61.80, SD=5.13) and "non-faith" (M=62.71, SD=3.77) did not differ significantly (t=-.459, p=.647).

A t test did, however, reveal a significant difference between genders and the percentage of older clients seen per week (t=2.63, p=.01). On average, the women reported seeing a higher percentage of older clients per week (M=57.57, SD=43.39) than did the men (M=26.82, SD=38.45) in this study.
Open-ended Responses

The responses to the open-ended questions were analyzed separately and general themes were categorized for analysis.

Twenty-nine of the seventy-seven respondents made general comments in the open-ended question regarding the topic of religion and spirituality. The following general themes emerged in the open-ended responses.

The responses revealed 21 of those responding to the open-ended question stated there is a need for attention to religion and spirituality in social work practice with older adults. Of these 21 respondents, 12 cautioned social workers against imposition of their own values, opinions, and beliefs on their clients.

Fifteen emphasized the importance of religiosity and spirituality in the lives of older adults as they confront issues of death and dying, losses, and bereavement. Additionally, they stated religion and spirituality impacts the thinking and choices of older adults, for example, the religious or spiritual meaning of life, existential questions regarding their purpose in life, the nature of life, what happens after death, and generally "Who am I" sorts of thoughts. They also commented on the openness and comfort level of older adults on the subject of religion and spirituality.
Five of the 29 stated they believed their training was inadequate because they have felt ill-equipped to utilize quality religious and spiritual interventions and believe they may do harm without proper training. The concern that social workers fail to address clients holistically if no attention is given to religion or spirituality was expressed by 4 of the 29 respondents.

Other themes that emerged from a small number of comments are as follows. Social workers were cautioned to recognize their limits in utilizing religious and spiritual interventions and referrals to ministers, priests, or rabbis were recommended in certain situations. Some respondents stated the assessment should specifically include the religious and spiritual dimensions of clients. One respondent profoundly stated, "The knowledge of the client on the inside leads to knowledge of the client on the outside and this knowledge enhances the best professional self to benefit client care." Another social worker stated the emerging knowledge regarding the benefits of spirituality and its acceptance into the field has given this respondent more freedom in a practice setting.

Overall, the findings indicated the gerontological social workers in this sample believed the role of religion and spirituality in social work practice with older adults
is important, appropriate, and they have utilized a large number of interventions in their practice settings.
CHAPTER FIVE
DISCUSSION/CONCLUSION

This research was an exploration of social workers' views, attitudes, and behaviors regarding religion and spirituality in practice settings with older adults. Through a series of questions concerning the education of the respondents on issues of religion and spirituality, it also provided insight into the need to include religious and spiritual content in schools of social work. The literature review provided support for such inclusion, as well as the importance of the role of religion and spirituality in the lives of older adults. However, the findings of this study were interpreted cautiously, and were reported with the limitations of the sample size and its characteristics in mind.

The generally positive attitude towards the role of religion and spirituality in social work practice with older adults and the strong positive responses to interventions personally done and appropriate in social work practice reported in this study, direct us to examine more fully the place of client religiosity and spirituality. These become increasingly important aspects of our lives as we age.

Certainly the results reported here indicated the study participants' general recognition of the need for and
willingness to incorporate religion or spirituality into social work practice. When the religious and spiritual interventions were examined separately, the percentage of positive responses for appropriate interventions was significantly higher for each specific intervention than were the percentages of interventions actually done in practice. This finding must be examined juxtaposed with the responses to the question regarding the absence of formal training in religious and spiritual issues in schools of social work. Additionally, the INTAD scores were negatively correlated with religious and spiritual content addressed in social work education. This can lead us to the supposition that because of the lack of formal training, overall, the respondents felt less prepared to address religious and spiritual issues in practice, although they believed the interventions were appropriate.

A puzzling discovery was made in examining satisfaction with social work education and INTAD and RRSP scores. How was it that the sample indicated only a minimally negative response to satisfaction with their social work education in terms of religious or spiritual issues, yet on average, they overwhelmingly believed in the importance of a religious or spiritual component in practice with older adults, as indicated by the average
positive responses on INTAD at 28.18 out of possible 48, and an average RRSP score of 65.84 out of possible 90?

The answer to this query may lie in the data indicating over half of the respondents of this study have attended workshops on a variety of topics related to aging and spirituality in the last five years. This finding, when examined with the large percentage of respondents indicating issues of religion and spirituality were "rarely" or "never" addressed in graduate training (74%), leads to the conjecture that the social workers who participated in this study may have compensated for the lack of formal training by attendance at workshops and training seminars. This assumption perhaps accounts for the small percentage who stated they were dissatisfied with social work education and training.

Another possible explanation to this question is that social workers draw from their personal experience, private belief systems, or independent learning through reading and conversations with others on particular topics. This point may be supported further by the high percentage of participants who reported they frequently participated in religious or spiritual practices personally and privately (79.2%). This conclusion can have detrimental effects for clients, as social workers may treat clients' religious or spiritual issues without formal training or direction.
The majority of respondents identified with a "faith" (89.6%), as opposed to "non-faith," in response to religious affiliation or spiritual orientation. However, the frequency of current involvement in and relationship to their religion or spiritual orientation were markedly lower than those with an identified religion. As previously noted, participation in private or personal religious or spiritual practices was high. These findings point to the personal aspect of religiosity and spirituality of the respondents. These findings, when examined with the high positive scores on the INTAD and RRSP, can be interpreted as the respondents' personal belief system having some influence on their social work practice.

The age of the respondents was negatively correlated with content of religion and spirituality in schools of social work. The conclusion can be made that the older the social worker, the less attention paid to the topic in their educational experience. This finding may be explained by the recent emergence of attention to religion and spirituality in the field of social work, as indicated by the increasing number of workshops and seminars on the topic, increasing numbers of research studies on the subject, and the moderate acceptance of religious and spiritual content into schools of social work. The younger
social workers have had more exposure in both formal and informal settings than their older colleagues. The older respondents may also have more closely identified with the spirituality of their older clients than did the younger respondents. The average age was slightly older than 51 years, with an average of more than 20 years experience in social work practice. The average age of the sample placed many individuals in Erikson's developmental stage of life known as Generativity versus Stagnation. This phase of life is characterized by a need to nurture, to "take care" of what has been generated. The resolution of this stage involves the spiritual/existential component of seeking a sense of meaning in life. Many older clients have moved onto the next stage of development, Integrity versus Despair. However, Erikson's developmental life stages overlap. So it is feasible that the respondents and their clients were in similar stages of life. Those social workers in the middle and older age categories might closely identify with their older clients' needs and understand the spiritual, more introspective component to these resolutions. Therefore, they might understand the religious and spiritual interventions to be more appropriate and feel more accustomed to and comfortable with them.
The negative correlation between the number of clients seen per week and the low RRSP score may be accounted for by the fact that the more clients seen, the more diverse the interventions used. However, the positive correlation between the percentage of specifically older clients seen per week and positive scores on the INTAD reinforces the importance of the role of religion and spirituality in the lives of older adults.

When categorized thematically, the statements on the RRSP indicated the most positive combined response categories were to the importance of gathering information regarding client religiosity and spirituality (in excess of 85%). The next highest was the category indicating a need for some training in religion or spirituality (75-80%). These findings further reinforce the need for increased attention to instruction on religion and spirituality in schools of social work. Identification of the role of religion or spirituality in the lives of clients can be gathered in an ongoing assessment, with appropriate interventions following. In the absence of formal training, there is significant danger of misdiagnosis, misinterpreted information, and harmful treatment.

Perhaps the two most noteworthy findings in terms of working with older adults, were the high percentage of those who believed it is appropriate to social work and
have "Helped clients reflect on their beliefs about loss or other life situations" (97.4%) and that "Spirituality is a fundamental aspect of being human" (94.5%, with zero indicating disagreement). In the lives of older adults, loss is often a central issue. As social workers, we must be adequately prepared to assist them in their life review process and to resolve troubling issues, in a developmental context. And, if spirituality is indeed a fundamental aspect of our human experience as the majority of the respondents believed, social workers must be prepared to address the spiritual aspect of clients' lives.

Many of the findings of this study were simply consistent with good social work and are taught in schools of social work generally rather than specifically, for example, the high percentage responding positively to the importance of identification of religious and spiritual support systems as helpful or harmful, the reflection of personal beliefs, and obtaining religious or spiritual background information. However, these interventions might be more successfully and thoroughly accomplished with specific training.

The comments contained in the open-ended section reinforced the core social work values of client self-determination and autonomy. The responses contained cautions against imposition of personal values and beliefs
in therapeutic interactions. In terms of older adults, a strong identification for the need to attend to client religiosity or spirituality as they confront issues of death and loss was repeatedly expressed as important. On the part of the social worker, the interaction must begin with a willingness to attend to such issues. Preparation through instruction lays the foundational groundwork for readiness.

The disparity between the appropriateness of recommendation of religious or spiritual self-reflective diary or journal-keeping (over 70%) and the number of respondents who have personally done this with clients (32.5%) was perplexing. Journal-keeping is a commonly utilized cognitive-behavioral intervention (a "homework assignment"). Perhaps the intervention is more typically done with a less-specific directive, in which religious or spiritual issues might emerge. Then, attention to the emergent themes may be attended to. This interpretation of the results would account for the disparity.

Finally, the low number of positive responses to four interventions was remarkable. Participation in religious or spiritual rituals as interventions, religious or spiritual assessment of the meaning of dreams, the recommendation for forgiveness, penance, and amends, and use of "touch" for healing indicated a cautious approach is
necessary for these interventions. Some are very specific concepts to particular religions. They also may challenge therapeutic boundaries. Many responded in the margins regarding these interventions with comments like, "Should be referred out to minister, rabbi, or priest."

The findings of this study were consistent with previous research (Sheridan, 2000; Sheridan and Amato-von Hemert, 1999; Sheridan, Bullis, Adcock, Berlin, and Miller, 1992; and Sheridan, Wilmer, and Atcheson, 1994) regarding the views of students, educators, and social workers related to the importance of religion and spirituality in social work practice in general. The specific needs of older adults discussed in the literature review were also exemplified in the findings of this study of social work practitioners who work with older adults.

Study Limitations

Some limitations of this study include the imbalance of the gender and ethnicity of the sample. There were significantly more female than male respondents and an absence of representative ethnic and religious diversity in the sample. The number of educators and researchers in the sample, as well as practitioners whose client population was composed of mixed ages also influenced the outcome.

The low reliability of the RRSP (.62) in this study also limits the generalization of the findings. The wide
age, experiential, and geographical mix of the sample may account for the low alpha score.

Those who responded may have more interest in the subject of religion and spirituality in social work practice with older adults than the non-respondents, increasing the positive responses of those with a particular interest. Additionally, the small sample of this research limits the generalizability of its findings. As was stated earlier, the length of the questionnaire may have influenced the response rate. Geographically, the high number of respondents from one state, California, may influence opinions, behavior, and attitudes.

These limitations of the sample disallow for generalization of the findings. This study was intended for exploratory purposes on the topic of religion and spirituality in social work practice with older adults. Therefore, the interpretation of many of the findings was based upon conjecture.

Future Research/Implications for Social Work

Additional information that might assist researchers in better understanding social workers' attitudes and views regarding spiritual and religious interventions with older adults include knowledge about where and when the respondents attended graduate school. A suggested area of
study to assist in understanding the emergence of interest on the topic of religion and spirituality in practice would be an examination of the history of social work, with a parallel examination of the age of the respondents and their attitudes and opinions regarding religion and spirituality in social work practice. Separate studies, one with an examination of religion and the other spirituality, might further refine findings.

The respondents' overwhelming positive response to the statement that "spirituality is a fundamental aspect of being human" points to the need for exploration of the role of religion and spirituality in our own lives and in social work practice in general, not exclusively in social work with older adult clients.

As the exploration into client religiosity and spirituality expands in schools of social work, the lives of the students, social workers, and educators will be enhanced and enriched through self-discovery and self-awareness.

Robert Wicks (1995) addressed the importance of sensitivity to self when he said the following:

A sensitive attitude is a seamless garment which begins with an ability to be more sensitive to ourselves. Not realizing this can prevent us from being a fully helpful presence to others.
A lack of self-awareness may be dangerous to our own emotional and spiritual well-being. (p. 9)

Questions regarding informal training sessions as a substitute for formal classroom instruction must be examined. Can informal training on specific topics, set in day-long workshops or seminars fully prepare the social worker for the range of issues involving client religiosity or spirituality? For example, can adequate attention be paid to culturally-sensitive interventions in a workshop setting? Or, are social workers able to fully explore the helpful and harmful aspects of client religiosity and spirituality in short workshops? Would the social work profession even consider attendance at a workshop a fair substitute for classroom training in any of the mandatory core classes in the social work curriculum? The tidbits of information from a seminar are helpful as a "jumping off" point, to heighten awareness. However, they are not adequate to cover the range of client issues that classroom training in formal education can attend to through formal teaching, exchange of ideas, and discussion in a diverse classroom environment. Dudley & Helfgott (1990) and Russel (2000) have made recommendations regarding the design of curriculum related to religion and spirituality, including course focus and instructional methods, either for specialized courses or to be integrated into the existing
classes. Such instruction from a developmental perspective would be advisable.

Additionally, an exploration of the ethical decision-making process in the utilization of religion and spirituality in social work practice is needed. Social work education including religious and spiritual content will guide effective ethical social work practice.

To increase the effectiveness of service delivery to older adults, further inquiry should be directed at the consumers, as to what they believe to be helpful, appropriate, and effective interventions.

The NASW code directs us to be prepared to meet our clients' diverse needs. The surge of interest in religiosity and spirituality demand their inclusion in the future of social work.
APPENDIX A:

INFORMED CONSENT
Study of the Role of Religion and Spirituality in Social Work Practice With Older Adults

The study in which you are about to participate is designed to explore religious and spiritual issues in social work practice with older adults. This study is being conducted by Elizabeth Fraser, an MSW student, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board at California State University, San Bernardino. The university requires that you give your consent before participating in this study.

In this study you will be asked to respond to several questions regarding your opinions and attitudes about the use of spiritually and religious based interventions in social work practice with older adults. The task should take you about 15-20 minutes to complete. All of your responses will be held in the strictest confidence by this researcher. Your name will not be reported with your responses. All data will be reported in group form only.

Your participation in this study is totally voluntary. You are free to withdraw at any time during this study. Please keep the enclosed debriefing statement describing the study in more detail. In order to ensure the validity of the study, I ask that you do not discuss this study with other participants.

If you have any questions about the study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and freely consent to participate. I also acknowledge that I am at least 18 years of age.
Please return this completed informed consent with your completed questionnaire in the enclosed stamped envelope by March 19, 2001.

Thank you.

Place a check mark here □

Today's date:
APPENDIX B:

DEBRIEFING STATEMENT
The questionnaire you have just completed was designed to explore social work practitioners' attitudes and behaviors regarding the role of religion and spirituality in social work practice with older adults. Recent findings have reported the concern that social workers are not adequately prepared to deal with the spiritual and religious issues of clients, particularly older adult clients. The investigator is particularly interested in the attitudes of social workers regarding the appropriateness of spiritually and religious based interventions in practice settings. The education received in the use of these interventions in schools of social work and post-graduate training is also of interest. The findings of this study will be used to further examine the usefulness of spirituality and religion in practice with older adults, as well as to explore the need for the inclusion of content on religion and spirituality in schools of social work.

Thank you for your participation and for not discussing the contents of the questions with other participants. If you have any questions about the study, please feel free to contact Dr. Rosemary McCaslin at the Department of Social Work, (909) 880-5507. You may obtain a copy of the study by contacting the circulation department of the library at California State University, San Bernardino at (909) 880-5090. If you would like a copy of the group results of this study, please contact the Department of Social Work (909) 880-5501 after June, 2001.

Approval was granted for the use of the RRSP Scale by its author:
Michael J. Sheridan
School of Social Work
Virginia Commonwealth University
APPENDIX C:

LETTER OF CONSENT TO USE QUESTIONNAIRE
Lisa Fraser  
35765 Avenue "H"  
Yucaipa, CA 92399  

July 12, 2000  

Dear Ms. Frazer:  

As requested, I am sending you the following materials:  

1. A copy of the questionnaire utilized in my study of social work practitioners.  
2. A copy of a paper based on findings from the practitioner questionnaire that I presented at the CSWE Conference in February of this year.  
3. A copy of a manual on the "Role of Religion and Spirituality in Practice" (RRSP) Scale, which provides psychometric and scoring information on this scale. You will note that I am currently recommending the use of the 18-item version of this scale found at the back of this manual versus the 19-item version utilized in the practitioner survey.  

The practitioner questionnaire is quite lengthy and you may not want to utilize all of it. I’m thinking in particular of the clinical vignettes, which were designed to investigate practitioners’ possible use of ethical guidelines in making decisions about the use of prayer-related activities with clients. This section is also somewhat complex in terms of analysis. It would probably be best for you to review the questionnaire and then contact me regarding what parts of it are most suitable for the purposes of your study.  

Sincerely,  

Michael J. Sheridan, Ph.D.  
Associate Professor  
msherl@atlas.vcu.edu.
APPENDIX D:

QUESTIONNAIRE
The Role of Religion and Spirituality in Social Work Practice

This survey is being conducted to explore social work practitioners' attitudes and behaviors regarding the role of religion and spirituality in practice with older adults, including the use of spiritually-based interventions. Please answer all the questions. If you wish to comment on any question, feel free to use the space in the margins. Your comments will be read and taken into account.

Thank you for your help.

Elizabeth Fraser, MSW student
California State University, San Bernardino

Use of this questionnaire approved by its author:

Michael J. Sheridan, Ph.D.
School of Social Work
Virginia Commonwealth University
The following questions ask your views about the appropriate role of religion and spirituality in social work practice with older adults. To aid you in responding to these questions, the following definitions are provided below. You will note that, for the purposes of this study, spirituality is more broadly defined than religion.

Spirituality is defined as "the human search for meaning, purpose and connection with self, others, the universe, and ultimate reality, however one understands it. This may or may not be expressed through religious forms or institutions".

Religion is defined as "an organized structured set of beliefs and practices shared by a community that is related to spirituality".

Please rate your level of agreement or disagreement with each statement by circling the one number that best reflects your opinion on the 5-point scale.

1=Strongly 2=Disagree 3=Disagree 4=Neutral
5=Agree 6=Strongly Agree

1. Spirituality is a fundamental aspect of being human.

2. Social workers should become more sophisticated than they are now in spiritual matters.

3. It is important for social workers to have knowledge about different religious faiths and traditions.
4. Religious concerns are outside of the scope of social work practice.
   1  2  3  4  5

5. Spiritual concerns are outside of the scope of social work practice.
   1  2  3  4  5

6. Social work practice with a spiritual component has a better chance to empower clients than practice without such a component.
   1  2  3  4  5

7. Knowledge of clients' religious or spiritual belief systems is important for effective social work practice.
   1  2  3  4  5

8. Social workers should be able to assess the positive or beneficial role of religious or spiritual beliefs and practices in clients' lives.
   1  2  3  4  5

9. Social workers should be able to assess the negative or harmful role of religious or spiritual beliefs and practices in clients' lives.
   1  2  3  4  5

10. The use of religious language, metaphors and concepts in social work practice is inappropriate.
    1  2  3  4  5

11. The religious backgrounds of clients do not particularly influence the course or outcome of social work practice.
    1  2  3  4  5

12. A social worker's use of scripture or other religious texts in practice is appropriate.
    1  2  3  4  5

13. It is against social work ethics to ever pray with a client.
    1  2  3  4  5

14. The use of spiritual language, metaphors and concepts in social work language is inappropriate.
    1  2  3  4  5
15. It is sometimes appropriate for a social worker to share his or her own religious or spiritual beliefs with a client.

16. Addressing a client's religious or spiritual beliefs is necessary for holistic social work practice.

17. Social work education should include content on religious and spiritual diversity.

18. Social work education should include content on how to effectively deal with religious or spiritual issues in practice.

© Michael J. Sheridan, Ph.D., 1990; revised 2000
The following lists various interventions that could be performed in providing services to older clients. Please indicate (by circling "yes" or "no"), for each behavior listed: 1) the interventions that you yourself have done with older clients; and 2) whether or not you believe the intervention to be appropriate for social work practice with older adults. Please feel free to use the space in the margins if you wish to comment on any question. Your comments will be read and taken into account.

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<thead>
<tr>
<th>Have Personally Done w/Clients?</th>
<th>Is Appropriate S.W. Intervention?</th>
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</thead>
<tbody>
<tr>
<td>1. Gather information on clients' religious or spiritual backgrounds</td>
<td>Yes</td>
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<tr>
<td>2. Use or recommend religious or spiritual books or writings</td>
<td>Yes</td>
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<tr>
<td>3. Pray privately for a client</td>
<td>Yes</td>
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<tr>
<td>4. Pray or meditate with a client</td>
<td>Yes</td>
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<tr>
<td>5. Use religious or spiritual language or concepts</td>
<td>Yes</td>
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<td>6. Help clients clarify their religious or spiritual values</td>
<td>Yes</td>
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<td>7. Recommend participation in a religious or spiritual support system, program or activity.</td>
<td>Yes</td>
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<td>Have Personally Done w/Clients?</td>
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<td>8.</td>
<td>Refer clients to others for religious or spiritual counseling or direction (e.g., minister, rabbi, spiritual director)</td>
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<td>9.</td>
<td>Recommend regular religious/spiritual self-reflective diary or journal keeping</td>
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<td>10.</td>
<td>Recommend religious or spiritual forgiveness, penance, or amends</td>
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<td>11.</td>
<td>Discuss role of religious or spiritual beliefs in relation to significant others.</td>
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<td>12.</td>
<td>Assist clients to reflect critically on religious or spiritual beliefs or practices</td>
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<tr>
<td>13.</td>
<td>Help clients assess the religious or spiritual meaning of dreams</td>
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<td>14.</td>
<td>Help clients consider the spiritual meaning of his/her current life situation</td>
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<tr>
<td>15.</td>
<td>Help clients reflect on their beliefs about what happens after death</td>
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<td>16.</td>
<td>Help clients reflect on their beliefs about loss or other difficult life situations</td>
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<tr>
<td>17.</td>
<td>Touch client for healing purposes</td>
</tr>
</tbody>
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18. Help clients develop religious/spiritual rituals as a practice intervention (e.g., house blessings, visiting graves of relatives, celebrating life transitions) | Yes | No | Yes | No

19. Participate in client's religious/spiritual rituals as a practice intervention | Yes | No | Yes | No

20. Help clients consider ways their religious/spiritual beliefs or practices are helpful | Yes | No | Yes | No

21. Help clients consider ways their religious/spiritual beliefs or practices are harmful | Yes | No | Yes | No

22. Help clients consider ways their religious/spiritual support systems are helpful | Yes | No | Yes | No

23. Help clients consider ways their religious/spiritual support systems are harmful | Yes | No | Yes | No

24. Share your own religious or spiritual beliefs or views | Yes | No | Yes | No

25. Are there other religious or spiritually-based interventions that you consider to be appropriate social work interventions that you personally have done with clients? | Yes | No

If yes, what are these interventions?

_________________________________________________________

_________________________________________________________

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The final section includes questions on demographic and various personal and professional background variables. Please circle the appropriate number, check the appropriate response, or fill in the blank.

1. What is your present age? ______ (years)

2. What is your gender?

   (please circle one number)
   1. Male  2. Female

3. What is your race/ethnic group? (please circle one number)
   1. African-American
   2. Latino(a)/ Hispanic-American
   3. Asian-American/Pacific Islander
   4. Native-American/First Nations/Alaskan Native
   5. Caucasian/Euro-American
   6. Bi-racial/ Multi-racial
   7. Other
      (specify: _________________________)

4. What is your current religious affiliation or spiritual orientation?
   (Please check your primary affiliation/orientation.)

   ______ Agnostic
   ______ Atheist  ---- Jewish
   ______ Buddhist ---- Reform
   ______ Conservative ---- Orthodox
   ______ Christian ---- Muslim
   ______ Catholic ---- Shamanism
   ______ Protestant ---- Spiritism
   ______ Non-affiliated ---- Wiccan
   ______ Confucianism
   ______ Traditional Native American
   ______ Eastern Orthodox
   ______ Non-denominational
   ______ Existentialism
   ______ Goddess/Feminist spirituality
   ______ First Nations Spirituality
   ______ Other (specify: ________________)

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5. How frequently do you **currently** participate in communal religious or spiritual services (e.g., attending church, temple, worship group or other situations of communal activity)?
(please check one response)

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<th>2-3 times/month</th>
<th>several times/week</th>
<th>once/year</th>
<th>5-6 times/year</th>
<th>not at all</th>
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6. During your **elementary school years**, how often did you participate in communal religious or spiritual services (e.g., attending church, temple, worship group or other situations of communal activity)?
(please check one response)

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<th>several times/week</th>
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7. How frequently do you **currently** participate in private or personal religious or spiritual practices (e.g., meditation, prayer, visualization, reading scriptural texts, etc.) (please check one response)

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<th>daily</th>
<th>2-3 times/month</th>
<th>several times/week</th>
<th>once/year</th>
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8. Indicate your current relationship to an organized religion or spiritual group.
(please check one response)

____ active participation, high level of involvement
____ regular participation/ some involvement
____ identification with religion or spiritual group, very limited or no involvement
____ no identification, participation or involvement with religious or spiritual group
____ disdain and negative reaction to religion or spiritual tradition

9. Listed below are 6 types of ideological positions that people may take in relation to religious or spiritual beliefs. After you have read all 6, please check the one statement that comes closest to your own ideological position.

____ There is a personal God or transcendent existence and power whose purpose will ultimately be worked out in history.
____ There is a transcendent aspect of human experience that some persons call God, but who is not immanently involved in the events of the world and human history.
____ There is a transcendent or divine dimension which is unique and specific to the human self.
____ There is a transcendent or divine dimension found in all manifestations of nature.
____ Notions of God or the transcendent are illusionary products of human imagination; however, they are meaningful aspects of human existence.
____ Notions of God or the transcendent are illusionary products of human imagination; however, they are irrelevant to the real world.

10. Have you had any graduate level training in religion or theology?  ____ Yes  ____ No;

   If yes, how many years? _____
   Was a degree awarded?   ____Yes  ____No
11. In your training as a social worker, how often were religious or spiritual content or issues presented and discussed? (please circle one response)


12. How satisfied were you with your social work education and training in terms of attention paid to religious and spiritual issues?
(please circle one response)

Dissatisfied   Dissatisfied   Satisfied   Satisfied

13. Have you attended any workshops or conferences in the past 5 years that dealt with some aspect of religion or spirituality?

_____ Yes   _____ No

If yes, what was the major focus of these events?


14. How long have you been in social work practice? _____ (years) _____ (months)

15. Are you currently a social work practitioner? _____ Yes   _____ No
If no, please describe your current role in social work.


16. How long have you worked with older clients? _____ (years)

17. What is the average number of clients that you see per week? _____

18. What percentage of your clients seen per week are 55 years and older? _____%

19. What is your primary work setting?
_____ Private   _____ Public
20. Is the location of your practice primarily: (please check one response)
   _____ Rural
   _____ Urban
   _____ Suburban
   _____ Mixed (combination of rural, urban, and/or suburban)

21. Please use the space below to make any additional comments you would like about the topic of religion or spirituality, especially as it relates to social work practice with older adults. These remarks will be read and taken into account (Please use the back if you need more space.)

Thank you for your time and effort in completing this questionnaire! It is greatly appreciated!
APPENDIX E:

POSITIVE RESPONSES TO THE ROLE OF RELIGION AND SPIRITUALITY IN SOCIAL WORK PRACTICE WITH OLDER ADULTS
APPENDIX F:

POSITIVE RESPONSES TO RELIGIOUS AND SPIRITUAL  
INTERVENTIONS DONE AND APPROPRIATE  
IN THREE CATEGORIES
Bar Chart

INTAD1
REFERENCES


Russel, R. (2000). The development of social work courses with spiritual or religious focus. Unpublished manuscript.


