

DEVELOPMENT OF SPIRITUAL COMPETENCY IN COUNSELING:
A PILOT RESEARCH STUDY OF GRADUATE STUDENTS AT END OF TRAINING

by

Rebecca Dawn Hill

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

Researchers suggested religious practice and spirituality are multicultural or diversity counseling competencies. Professionals who treat religious and spiritual concerns are sought by a majority of clients. Religious and spiritual training is critical for the ethical treatment of the client, a part of developmental wellness and integrated holistic health theories, and also vital to optimum physical and mental health development. Yet, spiritual and religious competencies are often neglected in graduate studies, leaving counselors fearful and inadequately trained to address spiritual and religious concerns with clients. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires training in graduate education that promotes counselor competence in the area of religion and spirituality, but little research exists exploring systematic religious and spiritual training at a graduate level. This correlational study provides information for researchers, counselor educators, supervisors, and CACREP-accredited programs on graduate students' perceptions regarding having met established religious and spiritual competencies at the end of graduate training. The researcher also explores variables for increased competency including types of curricula, types of institution, and perceived openness of the program to discuss religious and spiritual concepts.

Keywords: CACREP, religious and spiritual competence, diversity, perceived program openness, institutional affiliation

Dedication

This dissertation is dedicated to the two most influential men in my life. Their influence has created the person that I have become and all I will ever do.

First, my father: Daddy, I could never have done all I have in this life if not for your constant belief in and enjoyment of every endeavor. You saw education as a way out of poverty and an opportunity to influence and lead others and showed me how to become a lifelong learner. I owe my determination to learn and complete what I start to you. I wish you could have been here to see the finish, but you went on to heaven three years ago. I am sure you fully expected me to finish, but I wonder, since you are among my “great cloud of witnesses” in faith, if you were given opportunity to see and celebrate with me. When I am with you again, I think you may say, “You did it!” because the veil between heaven and earth was pulled back for you to see this accomplishment. Thank you, Daddy, for being my first and best cheerleader. I know you are proud.

Next, my husband: Monte, you have always seen more in me than I do. You speak life and hope and encouragement, and I have great reward in your vision. I could never have done this if you had not sacrificed these past SEVEN years. You managed four children and their crazy schedules like a pro! (Remember the time you took Tucker to the vet and the dog to the guitar teacher at 8 a.m.?) So many fun and funny moments for you and the family, but also HARD! Your support for this long journey cannot be adequately articulated. But I know—and the family knows—YOU are the reason I have persevered and the teenagers have survived. Thank you for believing and doing and laying down your life for me in this and every single day.

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List of Abbreviations

American Counseling Association (ACA)

Association for Counselor Education and Supervision (ACES)

Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)

Council for Accreditation of Counseling and Related Educational Programs (CACREP)

Counselor in training (CIT)

Multicultural competency (MCC)

Religious and spiritual (R/S)

Revised Spiritual Competency Scale (SCS-R-II)

Spiritual/Religious Training Environment Measure (S/R-TEM)

CHAPTER ONE: INTRODUCTION

Historically, the counseling profession has pursued empirically supported research on methods of client care but largely discounted training and research involving spiritual or religious concerns (Cashwell & Young, 2020; Hage et al., 2006). However, in the past 15 years leading professional counseling organizations started to consider the needs of counseling clients reporting religious and spiritual (R/S) background and interest (Reiner & Dobmeier, 2014). By embracing a more holistic treatment approach, researchers now consider client spirituality an area of interest (Myers & Sweeney, 2008; Stebnicki, 2007). However, research on empirically supported methods for R/S client care remains limited. Therefore, current counselors in training (CITs) face training for R/S care of clients, as a multicultural competency (MCC), with limited skills and training resources. Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited graduate programs provide a reliable setting for instruction and oversight on these emerging R/S training needs in professional counseling.

The American Counseling Association (ACA) includes spirituality in its Code of Ethics as a means of client support, cultural awareness, and sensitivity (ACA, 2014, Standards A.1.d.; E.8; F.7.c.; F.11.). The ACA also recommends the use of spiritual competencies created by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) in treatment options when addressing the R/S needs of clients (ASERVIC, 2009; Cashwell & Watts, 2010). Because of the shift in counselor training, the CACREP endorsed R/S instruction as a critical competency (CACREP, 2016). CACREP standards now address the need for multicultural competencies (MCC) regarding R/S training in the areas of social and cultural diversity, ethical practice, human growth and development, and assessment (CACREP, 2016; Garner et al.,

2017). The ACA Code of Ethics and the current CACREP standards set expectations for R/S competency as a foundational part of counselor training.

In the proposed study, the researcher considers the historical development of R/S integration in counseling, the current models and research that support the need for R/S education and training for counselors, and the R/S competency of counselors in the final semester of training from any secular or religious CACREP accredited program in the United States. To add to the call for research supporting ethical and clinically competent R/S counselor training and client care, the proposed correlational study assesses perceived competency for integrating R/S skills at the end of a graduate training in both secular and Christian master's level graduate programs. Counselor educators, students, professional counselors, and supervisors all stated the need for continued study on R/S training, while also acknowledging the gap in standardized training at a master's level for R/S integration (Adams et al., 2015; Blair, 2015; Dziobz, 2015; Garner et al., 2017; Hull et al., 2016; Lu et al., 2020; Ross et al., 2013). Students continued to discuss inadequate training as a source of concern, creating a need for updated research for those interested in current graduate perceived proficiencies based on the ASERVIC competencies (ASERVIC, 2009; Cashwell & Watts, 2010; Dailey et al., 2015; Hull et al., 2016; Robertson, 2010).

Background of Research Problem

Historical Context for R/S Training

Training lacking a religious or spiritual component is not a new phenomenon. Aten and Hernandez (2004) thought of psychology and religion as opponents, but pathologized religion. Throughout the 1900s, mental health providers moved toward scientific study and began to resist the influence of spirituality and religion (Hage et al., 2006). Training and treatment of the

two concepts became devoid of theory, education, and research until a shift to reconsider them as multicultural and social justice counseling competencies (ACA, 2014; Cashwell & Young, 2020; Hage et al., 2006). Studies demonstrating R/S beliefs and practices improved health and wellness, consumers of counseling started requesting R/S care (Bonelli & Koenig, 2013; Koszycki et al., 2014; Rentala et al., 2017). Counseling literature supported the need for increased training, master's level graduate programs began incorporating R/S training and promoting it as an expected professional competency (Crook-Lyon et al., 2012; Garner et al., 2017; Polanski, 2004; Ross et al., 2013).

Educational Context for R/S Training

Ideally, a master's level counselor education and training program is expected to offer guidance to CITs that encompasses clinical care but also teaches the ethics for R/S competency (Cashwell & Young, 2020). However, graduates reported limited training and feelings of incompetency for handling R/S concerns of clients (Adams et al., 2015; Barto, 2018; Bloomquist, 2016; Dobmeier & Reiner, 2012; Henriksen et al., 2015; Secor, 2019). There is a current need in the field of counseling to produce empirical research to educate, train, and support practicing and supervising clinicians, as well as the emerging counselors, in the area of R/S integration (Blair 2015; Dailey et al., 2015; Garner et al., 2017; Henriksen et al., 2015).

Because CITs report increased levels of stress and anxiety as they begin working in the field, R/S competency training may contribute to personal growth and development for new counselors (Garner et al., 2016). Within counseling literature and research, there is an interest in exploring spirituality as a part of wellness (Cashwell & Young, 2020; Cole-Lewis et al., 2017; Perrone et al., 2006). By examining the R/S competency of a new counselor, counselor

educators and supervisors determine the personal mental health and wellness development needs of CITs (Barto, 2018; Garner et al., 2016; Johns, 2017; Stebnicki, 2007).

Students involved in training through practicum and internship gain the additional support of individual and group supervision. Supervision provides CITs oversight in skill development as they continue learning. Although supervisors have requisite expertise and training, they also report a lack of confidence when attempting to integrate R/S into treatment to clients and supervision to students (Dobmeier & Reiner, 2012; Garner et al., 2016; Gilliam & Armstrong, 2012; Henriksen, 2015).

Evolution of R/S Training

In the past 15 years, researchers contributed helpful information for counseling supervisors, professional counselors, counseling students, and counseling educators to promote theory and practice of R/S competency independent from other multicultural competencies (Sue & Sue, 2013). Professionals clearly defined the terms *religion* and *spirituality* as separate concepts (ASERVIC, n.d., para. 1). Researchers defined *spirituality* broadly as a personal construct including beliefs and connections outside of formal religious practices (Cashwell & Watts, 2010). Religion maintains connection and practices of denominational affiliations and rituals (Cashwell & Watts, 2010; Richards et al., 2009).

The development of the ASERVIC competencies provided a necessary foundation for the structure and teaching of R/S concepts to graduate students (Cashwell & Watts, 2010). Dobmeier and Reiner (2012) conducted a study involving 335 CACREP graduate students. The authors reported only 14% acknowledged prior knowledge of the ASERVIC competencies. Currently, 90% of graduate students continue to express interest in a more specific focus on R/S

competencies, with 50% requesting integration of training in all graduate-level courses (Lu & Woo, 2017).

The Dobmeier and Reiner (2012) study identified the need for continued training during the educational process to address counselor R/S competency (Barto, 2018; Garner et al., 2016; Hull et al., 2016; Ross et al., 2013). There is an ethical expectation for CITs to become skilled and competent with the practice of R/S assessment and treatment (ACA, 2014; ASERVIC, 2009; Cashwell & Young, 2020). Further, practicum and internship supervisors support R/S skill development. Therefore, emerging studies supply the growing need of educators and current supervisors with empirically supported tools to use with CITs (Gill & Freund, 2018; Hull et al., 2016). Systematic training for R/S integration into mental health care is lacking in graduate programs, leaving CITs and also advanced clinicians feeling ill-equipped and even nervous about providing R/S care (Dzioba, 2015; Cornish et al., 2013; Crook-Lyon et al., 2012). Although graduate programs are making strides to adopt the spiritual competencies established by ASERVIC (King, 2000; Robertson & Young, 2011), most are still lacking in the development of competent R/S integrative graduates (Adams et al., 2015; Bohecker et al., 2017; Lu & Woo, 2017; Lu et al., 2020).

Research Problem

Professional counseling organizations and educational standards currently identify the need for counselors to be competent in addressing R/S concerns of the client, yet counselors consistently report a lack of training, comfort, and competency in discussing R/S issues with clients (ACA, 2014; Barto, 2018; CACREP, 2016; Garner et al., 2016; Secor, 2019). In efforts to increase competency, graduate training programs have begun to infuse R/S content as a part of multicultural curriculum coursework (Johnson, 2015). Although CACREP requires that all

accredited programs address these competencies, some programs offer stand-alone R/S courses as elective courses for additional training (Adams, 2012; Briggs & Rayle, 2005; Curtis & Glass, 2002) while others do so through integrating R/S competency training into the overall curricula (Cashwell & Young, 2004; Dobmeier & Reiner, 2012; Hage et al., 2006). In an attempt to address these variations, researchers engage in the development and studies on R/S training methods, supervision models, and R/S assessments (Hull et al., 2016; Ross et al., 2013; Vogel, 2013; Vieten et al., 2013). With the standardization of R/S competencies in 2009, researchers, educators, supervisors, and CITs requested additional information on whether current training meet the requirements (ASERVIC, 2009; Adams, 2015; Barto, 2018; Lu et al., 2020).

The ethical mandate for counselors considers R/S competency a priority (ACA, 2014; Frazier & Hansen, 2009; Walker et al., 2004). The goal for counselor training involves best practices in consideration of client needs (ACA, 2014; Briggs & Rayle, 2005; Lu et al., 2020). A growing number of clients list spiritual and religious treatment as a desire, creating a demand for treating professionals to know the ethics of care regarding assessment and treatment along with the ability to provide this type of care (ACA, 2014; ASERVIC, 2010; Hodge, 2011; Kim et al., 2015). Although counselor training is actively engaged in the discussion of R/S treatment benefits, empirical support for how to accomplish proficiency continues to be lacking (Dzioba, 2015; Lu et al., 2020).

Purpose and Contribution of this Study

The purpose of conducting this study is to examine students' perceived level of competency for R/S competency in treatment and care of clients at the end of a graduate training program. Further, I intend to explore differences in graduate programs using an integrated curriculum model instead of a distinct R/S class model. I will also investigate the

relationship of perceived openness to discuss R/S concepts and competencies (Lu & Woo, 2017). Research examining current graduate R/S competence and related variables can give counselor educators, supervisors, researchers, and students current information they may find useful in improving future graduate R/S training.

Personal Motivation

Having provided care for clients interested in R/S practices and supervised CITs in their developmental journey, my interest is in a standardized method of training and assessing R/S competence. With the limited empirical study given to R/S competency training, this research project may contribute to the ongoing conversation regarding current needs in counselor training and counselor education. Also, since R/S supervision research continues to support a request by students for additional training, my interest is in adding to the R/S competency training needs for future CITs (Garner et al., 2016; Ross et al., 2013; Secor, 2019).

Research Questions and Hypotheses

RQ1: Have students graduating from CACREP-accredited counseling programs achieved a minimum threshold of R/S competencies as measured by the Revised Spiritual Competency Scale (SCS-R-II)?

RQ2: Is there a relationship between R/S competency and institutional affiliation?

RQ3: Is there a relationship between R/S competency and type of training (integrated class versus specific R/S class)?

RQ4: Is there a relationship between R/S competency and CITs perceived program openness?

RQ5: Is there a relationship between program openness and ASERVIC R/S competencies after controlling for Institutional Affiliation?

H₀₁: The average score on the SCS-R-II for students graduating from CACREP-accredited counseling programs will be less than the 105-cutoff score that determines R/S competency.

Since interest and study of R/S competency has become a specific target area for counseling, graduate training programs are making efforts to integrate R/S content in the eight specific CACREP required curriculum areas (Reiner & Dobmeier, 2014). However, without intentional curricular and supervisory tools for R/S development, there remains a disconnect between endorsing R/S competencies and graduate training (Bohecker et al., 2017). Many students continue to report a lack of competence upon graduation from CACREP programs (Dailey et al., 2015).

H₀₂: There is a relationship between R/S competency and institutional affiliation.

An institutional affiliation has not yet emerged as a significant correlate in R/S competency (Adams et al., 2015; Johnson, 2015; Lu et al., 2019; Lu & Woo, 2017). However, there may be some unknown variables differentiating programs. Specifically, examining types of classes offered (integrated course versus stand-alone courses) or program openness to discuss R/S content, may introduce variables, which distinguishes institutional affiliation. Therefore, perceived R/S competencies measured at end of training may be different in secular and Christian programs.

H₀₃: There is a relationship between R/S competency and type of training.

The average attainment level of graduates' R/S competencies, as measured by the SCS-R-II, will be highly correlated to the use of a distinct R/S class rather than integration of R/S concepts in existing courses. There is a statistically significant difference in the correlation of class type and spiritual competency as measured by demographic information and SCS-R-II.

Many variables contribute to R/S competency by graduate students. There is research interest in the type of training a program offers. Most CACREP-accredited programs infuse training for R/S concepts into the eight established core areas (Cashwell & Young, 2004). However, some graduate programs do offer stand-alone courses for students interested in R/S training in counseling. The hypothesis queries whether students taking R/S focused coursework emerge feeling more competent than a student with the infused curriculum.

H₀₄: There is a relationship between R/S competency and CITs perceived program openness.

There is a statistically significant difference in the correlation of perceived program openness and competence as measured by Spiritual/Religious Training Environment Measure (S/R-TEM). The research of variables contributing to graduate counselor students includes the concept of openness of the program to discuss R/S concepts (Lu & Woo, 2017). The scant research available describes a strong correlation between open program discussion and R/S competence. Therefore, I expect a strong positive correlation between program openness and R/S competency.

H₀₅: When controlling for institutional affiliation, there will be a relationship between perceived program openness and competencies.

Significance of Study

With recent trends from the professional organization leadership, ethical considerations, developing R/S competencies, and needs of current society, the empirical study of R/S competency in counseling is on the rise (ACA, 2014; ASERVIC, 2009; CACREP, 2016; Cashwell & Watts, 2010; Cashwell & Young, 2011, 2014, 2020; Gill & Freund, 2018). By utilizing developmental theory, research literature, and R/S assessments, this research continues

to ask questions exploring avenues of current training on R/S competency through graduate education and supervision (Fowler, 1981; Robertson, 2011). Graduate training, professional counseling, supervision, and researchers can all benefit from this study.

Overview of Methodology

This is a correlational study aimed at contributing to emerging research regarding R/S competencies. Specifically, I will explore the relationships of R/S competencies and program type (integrated or specific), institutional affiliation, and programs' openness to discuss R/S concepts. This type of study is useful to gather information about potential associations in elements of research found in R/S competency literature (Levin, 2006). I will collect data using two previously validated survey instruments, the SCS-R-II (Robertson, 2011) and the S/R-TEM (Lu & Woo, 2017) as well as demographic questions unique to this study. Multiple linear regression analysis used IBM SPSS to screen and analyze data examining variables that may influence R/S competency in graduate students at the end of the training. The analysis included cleaning data, evaluating for assumptions, for example, normality of distributions, skewness, and kurtosis (Kazdin, 2017). I employ multiple regression and associated tests of mean differences unless otherwise dictated.

Definitions of Key Terminology

Spirituality

Defining spirituality, particularly within the field of counseling, is as varied as the person who is creating the definition. The original Latin term spiritus means "the breath of life" (Kelly, 1995). Theologians connect this term to a source of life or a divine being who gives meaning and purpose to humanity (Gill & Freund, 2018). Young and Cashwell (2011) conceptualized spirituality as a universal human experience. This experience varies based on

each person's developmental stage. Some consider spirituality as deeply personal and not easily definable or quantifiable (Piedmont et al., 2009).

ASERVIC (2009) defined spirituality as a capacity and tendency, which is innate and unique to all persons. The trait moves the individual toward positive behavior and overall wellness while promoting the development of a value system (ASERVIC, 2009). Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices, and typically expressed through culture, although culture alone does not encompass the concept (ASERVIC, 2009).

A few assessments quantify spirituality as having two dimensions, relating to God and relating to life and purpose (Richards, Bartz, & O'Grady, 2009). According to the definition used on the Spiritual Issues in Supervision Scale (SISS), spirituality is defined, "in the broadest sense as an overarching construct, that includes a personal journey of transcendent beliefs and a sense of connection with other people, experienced either within or outside of formal religious structures" (Miller, 2004, p. 144). Current spirituality literature shares themes of meaning and purpose of life, relational connectedness to God and others (community), personal spiritual practices, values, and transcendence but agree it is separate and not interchangeable with concepts of religion (Gill & Freund, 2018; Howden, 1992; Elkinset al., 1988; Myerset al., 2000).

Religion

Gill and Freund (2018) described religion as the system of practices stemming from the internal spiritual beliefs. Richards et al. (2009) included both public and private behaviors and practices aligning with a personal or corporate belief system and possibly tied to some denominational affiliation. In the religious coping model, a person facing stressful life events

chooses to use a religious system of belief to support and help in the crisis (Pargament, 1997). Understanding a client's religious function or dysfunction is a necessary clinical skill in providing the best therapeutic care. Religious coping is part of the assessment recommended by ASERVIC in the spiritual competencies mandated for professional counselors (2009).

Competency

In counseling terminology, competence is based on multicultural literature where counselors address the attitudes, knowledge, and skills needed to work with diverse populations (Dailey et al., 2015). Miller (1999) applied the term "spiritual competency" when the ASERVIC division of the ACA held meetings to develop spiritual competencies appropriate for counselor education programs. The four areas addressed included: general knowledge of the spiritual, individual awareness of spirituality, openness to clients' spiritual perspective, and spiritual interventions (Young et al., 2002). Over time, these foundational ideas, grounded in empirical research, began to guide ethical practice in addressing R/S issues in counseling (Gill & Freund, 2018; Robertson & Young, 2011). Currently, R/S competency includes six categories: culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment (Robertson, 2010; Dailey et al., 2015). The 14 statements provide counselors guidelines for ongoing development in their professional growth. The degree to which a CIT agrees they are capable of understanding and growing in each of the areas is a picture of perceived competence for this research. For the purpose of this research, I use the terms *spiritual competency* and *spiritual competencies* interchangeably and refer to the counselor's abilities with foundational knowledge and attitude as defined by the 14 guidelines given by ASERVIC (2009).

Counselor(s) in Training (CITs)

Researchers refer to a CIT as an intern, a student, a graduate, and a new clinician. Current research studies concurred current students or recent graduates of a CACREP-approved masters' program continue to receive training to become independent state-licensed clinicians. A CIT is a non-licensed professional, working under current supervision toward graduation or to receive hours and state licensure as a counselor (Sackett, Lawson, & Burge, 2015). However, for this research, the student in a graduate-level CACREP counseling program is the targeted research population and therefore referred to as the CIT.

Supervisor

A state-approved supervisor is one who has received an independent license as a clinician and received additional training in supervisory skills. This professional provides clinical support and training for CITs. Bernard and Goodyear (2014) labelled a supervisor as a "senior member of the profession" (p. 9). Supervisors encourage junior clinicians to acquire professional development continuing education units, ensure the quality of care for clients, and serve as gatekeepers for the profession (Watson, 2018). For this research, the term supervisor refers to the CACREP-accredited program's supervisor over the masters' level clinical work during practicum and internship training.

Supervision

Current recommendations for supervision are based on empirically supported models, where a licensed professional counselor acts to continue training a CIT by serving as a teacher, counselor, and consultant all while encouraging developmental growth with each emerging situation (Aten and Hernandez, 2004; Polanski, 2003). Watson (2018) described supervision as both incredibly formative and the "capstone educational experience" (p. 2). Bernard and

Goodyear (2014) suggested this individual clinical guidance and professional development take the form of self-reports, process notes, case notes, live observations, or audio and video recordings. Supervision is therefore a structured, scheduled, individual, or group time where a more experienced clinician teaches, models, confronts, and consults on current clinical work with a practicing counselor (Watson, 2018).

Assumptions and Limitations

In conducting this study, I utilized masters-level students in their final semester of training from CACREP-accredited programs across the United States. The criteria restrictions limited application to stated population and potentially excluded application of the results to students at different stages of their developmental process in masters' level training. This also applies to training in non-accredited universities. I further acknowledge the use of self-report may result in social desirability response bias or support of the research in line with participants desire for research outcomes (Creswell, 2009). An inherent limitation is the personal factors influencing R/S skill sets. Participants providing a self-report of R/S training may not report the effect of personal spiritual beliefs on their competency (Fluellen, 2007; Robertson, 2010).

The assumptions include honesty by participants, and diversity – in that the study surveys an entire population, and validated assessments (Creswell, 2009). Because this study is grounded by counseling standards and professional competencies for R/S training supported by CACREP, ACA, and ASERVIC, there is a framework for continued research that supports the needs of students within CACREP accredited institutions. As a correlational study, there remains the assumption that this research will examine relationships between variables that contribute to R/S training without representing causation (Bordens & Abbott, 2011). Current research supports an assumption that graduate training for R/S competency comes through

supervision and classroom instruction and therefore creates the call for research to explore the variables that will contribute to improved counselor training (Adams et al., 2015; Lu & Woo, 2017; Robertson, 2010).

Scope and Delimitations

The target population for this study is CITs in the last semester of a CACREP accredited program in both secular and Christian institutions. My objective is to examine masters' level student's perceptions of R/S competency that they received by end of training. The scope of the study extends to institutional affiliation, openness of the program to discuss R/S concepts, and the classroom training curriculum all as important factors influencing R/S competency at end of masters' level clinical training. Although there are many other important variables affecting R/S training, I will limit this inquiry to the R/S competency of students and their report on these three factors.

Organization of the Remainder of the Study

In Chapter One, I provide an overview of the need for current research on R/S competency training for graduate level CITs, define terminology, and present the research questions with hypotheses guiding the inquiry. I offer a thorough overview of existing research on R/S competency development along with the researched perspectives from counselor educators, students, and professional counselors in chapter two. Also, I delineate the professional organizations expectations for R/S training in CACREP accredited graduate programs and explore literature focused on the variables of study. They include program openness, institutional affiliation, and types of classroom instruction. In chapter three, I define and describe the methodology I intend to use while identifying the target population, concluding with an explanation and summation of the data collection procedures I expect to employ.

Summary

Growing numbers of researchers identify the need for and benefit of increased research on R/S competency (Adams et al., 2015; Bloomquist, 2016; Cashwell & Young, 2020; Henriksen et al., 2015). The ethical mandate and professional organization's support for counselors to provide care for the R/S needs of clients provide direction for educational programs (ACA, 2014; ASERVIC, 2009; CACREP, 2016; Walker et al., 2004). However, graduate students continue to report deficits in training on R/S issues, both in their education and supervision process, resulting in their feeling unprepared for R/S integration (Barto, 2018; Gilliam & Armstrong, 2012; Henriksen et al., 2015; Johnson, 2015; Reiner & Dobmeier, 2014; Ross et al., 2013; Selby, 2018). Researchers support pursuing the exploration of experiences and variables that build spiritual competence in graduate training and supervision programs (Bloomquist, 2016; Cashwell & Young, 2020; Hull et al., 2016; Lu et al., 2019; Lu & Woo, 2017). In conducting this research, I intend to contribute to the field by exploring types of training and supervision that produces graduates who report higher levels of R/S competence. My efforts will include examining barriers to competency and R/S integration training (Gladding & Crockett, 2019; Johns, 2017; Oxhandler & Pargament, 2018).

CHAPTER TWO: LITERATURE REVIEW

I present a history and examination of current literature pertaining to R/S competency training in counselor education and supervision programs in the following chapter. From the theoretical foundation of faith development theory, I examine religious and non-religious institutional affiliation, the openness of a program to R/S content, types of coursework for training in R/S competency, and the supervisory relationship as factors influencing perceived R/S competency (Adams et al., 2015; Bohecker et al., 2017; Fowler, 1981; Henriksen et al., 2015). Included is a history of professional organizations' leadership and current recommendations regarding standards and competencies in counseling (ACA, 2014; ASERVIC, 2009; CACREP, 2016). The literature I present considers the current mandate to train graduate-level students in R/S competencies separate from other multicultural and diversity competencies. Also, I review research including the perspectives of CITs, counselor educators, and professional counselors. The chapter concludes with a synthesis of current literature and ethical concerns supporting the need for continued research exploring R/S competency.

Search Strategies

I located research articles by electronically searching the Jerry Falwell Library at Liberty University. The electronic databases included: ERIC, Google Scholar, PsycARTICLES, and PsycINFO. Journal articles and dissertations provided literature on R/S competency using keywords: *ASERVIC spiritual competencies, APA Code of Ethics, barriers to R/S training, CACREP standards, competency, counselor education, counselor training, counselor in training, developmental theory, faith development theory, graduate counselor training, infused counseling curriculum, multicultural competencies, religion, religious and spiritual supervision*

models, religious and spiritual training, spiritual competence, stand-alone spiritual courses, spiritual training, spirituality in counseling, supervision models.

Gaps in Current Literature

Building on the suggestions of Young et al. (2002) and Aten and Hernandez (2004), researchers considered the needs of the graduate student in the development of R/S competency education and training. These needs require continued study (Adams, 2015; Garner et al., 2016; Lu et al., 2019; Lu & Woo, 2017). Professional counselors identified a lack of training as the primary reason for not practicing R/S client care (Johns, 2017). The call for integrated or stand-alone graduate training courses, as well as R/S integrated supervision while in training, continues to emerge in the literature as the expected need for CITs to develop R/S competence (ACA, 2014; CACREP, 2016; Dobmeier & Reiner, 2012; Lu et al., 2020).

Continued research of a graduate student involved the study of skill development, educational growth needs, and empirically supported training regarding R/S competency (Dailey et al., 2015; Hage et al., 2006). Recent researchers' findings continued to suggest R/S issues are inconsistently implemented in graduate study, requiring increased attention that would support standardized training of the empirically supported ASERVIC competencies (Adams, 2012; Barto, 2018; Cashwell & Young, 2020; Lu et al., 2020; Reiner & Dobmeier, 2014). The gap between empirically supported R/S competencies and formal integration of R/S training in graduate training leaves the question of whether current students in CACREP-accredited counseling programs meet R/S competency standards after completing their training.

Current Research

ACA Code of Ethics

The ACA not only endorsed the ASERVIC competencies as a standard of practice for R/S care of clients (Young et al., 2007) but addressed standards of ethics in the ACA Code of Ethics (2014). The ACA (2014) mandated professional counselors practice within their competence and refrain from imposing values; this is from Standard A.4.b. ACA's (2014) Standard A.1.d required counseling to involve the client's "religious/spiritual support network" (p. 4). Further, the ACA codes (2014) give guidance on addressing R/S concerns of the client under multicultural and diversity issues, including R/S competence in assessment (Standard E.8), supervision (Standard F.2.b.), counselor educators infusion into training (Standard F.7.c.), and competency in multicultural and diversity issues in counselor education and training programs (Standard F.11.). ACA competence requires counselors to be committed to cultural growth and development (Standards C.2.a., E.5.c., and A.4.b.). By following these ACA Codes for Ethical Care, counselors consider the R/S needs of the client and provide professional services in alignment with them. Therefore, training for R/S competency prepares CITs for the ethical demands of the profession.

CACREP

The ACA established CACREP in 1981 as an accrediting body for counseling programs. As such, CACREP provides the guidelines and oversight for the training of graduate students in master and doctoral programs with a counseling concentration (CACREP, 2016). The current CACREP standards (2016) require students to receive training in R/S competency as a part of MCC. However, CACREP does not require an empirically standardized method of training. The

result continues to be a growth in information about the need for R/S training without implementing practical solutions (Hagedorn & Gutierrez, 2009; Reiner & Dobmeier, 2014).

Bohecker et al. (2017) proposed CACREP consider adding a ninth core curriculum area, titled spirituality and religion, to the already established eight curriculum areas. By creating an expert panel of 11 professional counselors in different specialties (four in the school counseling, four in clinical mental health counseling, one in qualitative research, one in marriage and family counseling, and one in career counseling) to review proposed curriculum standards in this ninth core curriculum area, Bohecker et al., (2017) gained research support for this idea. The Bohecker et al., (2017) proposal addressed the variation of training in both curriculum type and institutional affiliation. Bohecker et al. (2017) noted counseling programs in secular or faith-based schools should train in similar ways to produce competent graduates who can work with the diversity of R/S needs of clients. The curriculum proposal included training in the ASERVIC competencies (ASERVIC, 2009), opportunities for students to explore personal faith development, and specific course work on R/S competence (Bohecker et al., 2017). Bohecker et al.'s (2017) recommendations support this research study, CACREP oversight for R/S training, and the infusion of practical models of R/S training in masters' level counseling programs.

Since CACREP is the leading organization for setting accreditation standards and oversight to ensure counseling programs meet and maintain standardized requirements (CACREP, 2016), their endorsement for R/S training is critical. This organization took note of ASERVIC's work and contribution to the counseling field to develop eight core components for counselor training and professional identity: (a) professional orientation and ethical practice, (b) social and cultural diversity, (c) human growth and development, (d) career development, (e) helping relationships, (f) group work, (g) assessment, and (h) research and program evaluation

(CACREP, 2016). CACREP reviews their counseling standards every seven years. The recent review of these standards focused on R/S competency training under concepts of “wellness” and “human spirit” as well as “multicultural society” and “diversity” (CACREP, 2016).

Initially, CACREP standards considered R/S concepts multicultural counselor competencies (MCC) and addressed R/S concepts under the social and cultural foundations section within the written standards. With the creation of the ASERVIC R/S competencies, the revised 2001 CACREP standards specifically included spirituality as an independent concept for counselor training (CACREP, 2001; Young et al., 2002). The most recent 2016 published standards for CACREP include the spiritual beliefs of client and counselor as a foundational need to study in all counseling programs to maintain awareness of the multicultural society and diverse needs of clients (CACREP, 2016). Though infused with multicultural and diversity standards, CACREP standards lack practical counselor training standards for education on R/S care of the client (Bohecker et al., 2017).

ASERVIC

ASERVIC, is a division of the ACA, and this group has taken the lead in establishing counselor competencies for R/S ethical practices. In the mid-1970s, concerns for the inclusion of spiritual and religious treatment in counseling led this group to formalize the ASERVIC name and later an ACA affiliation (in 1993; Miller, 1999). Two years later, in 1995, work began to establish the original nine R/S competencies, which ASERVIC revised, researched and established the final 14 R/S competencies (Cashwell & Watts, 2010).

ASERVIC R/S Competencies

The ASERVIC represent a group of professionals who understand the need for R/S guidelines, standards of practice, and definitions surrounding the integration of religion and

spirituality into clinical care (Miller, 1999). In 1995, this arm of the ACA gathered representatives for the first summit on spirituality where they created the operational definitions of spirituality and religion, along with nine counselor competencies for clinical practice (Young et al., 2002). In 1996, after extensive revisions, the ASERVIC adopted the nine original R/S competencies for clinical practice (Cashwell & Young, 2011). During the next summit in 2009, they expanded the competencies to 14 and further divided those into six categories based on empirical research (ASERVIC, 2009; Cashwell & Young, 2020; Dailey et al., 2015; Robertson & Young, 2011). The 14 competencies for addressing R/S issues in counseling now stand as guidelines for professional training and research while ensuring ethical treatment considerations for client care (Gill & Freund, 2018).

ASERVIC Study

In an effort to make the ASERVIC R/S competencies applicable for training, researchers continued to study methods of application. Kimbel & Schellenberg (2013) studied the application of the R/S ASERVIC competencies for school counselors and found them appropriate for both secular/religious settings. Hull et al. (2016) instructed supervisors on the practical application of the ASERVIC competencies within supervision. Such competency-based approaches are rooted in emerging research and rest on the strength and development of the supervisor (Barto, 2018). By using each of the ASERVIC six core competencies, supervisors consider R/S discussions and practices with a CIT.

Each area has a corresponding suggestion for application as an ethical and effective suggestion for counselor development (Hull et al., 2016). The six exercises prompt discussions within supervision for R/S competency and are as follows:

Culture and worldview: counselors could attend a spiritual gathering outside of their own faith experience.

Counselor self-awareness: the CITs develop a personal spiritual genogram.

Human and spiritual development: counselors participate in conversations with a personal spiritual mentor.

Communication: the CITs create a professional disclosure statement including R/S communication.

Assessment: using the SISS as a reliable tool to assess the CIT experience of R/S discussions in supervision, provides an opportunity to determine R/S work within the supervision.

Diagnosis and treatment: the CITs make a list of tools used in R/S intervention with clients interested in R/S care (Hull et al., 2016).

A specific type of competency-based approach in counseling is Christian integration (Watson, 2018). Tan (2007) advocated for the developmental growth of the CIT through the use of spiritual disciplines, modeling, and pedagogy within the process of training. With over 10 years since the research and publication of the ASERVIC R/S competencies, the practical integration of training remains lacking. The hope is research projects presenting empirically supported methods will influence training programs more substantially.

Professional Competency Standards

To establish R/S competency standards, the behavioral sciences gave definition and distinction to the terms, religion and spirituality (Zinnbauer & Pargament, 1999). Until recently researchers used the terms interchangeably. However, for purposes of this research, I use them as two separate and distinct constructs (Cashwell & Young, 2020; Cashwell & Young, 2005).

Therefore, I examine religion less, due to the formally institutionalized beliefs surrounding practices and behaviors, but view it as traditional practice of religious orthodoxy (Cashwell & Young, 2011; Plante, 2009).

Ammerman (2013) used a qualitative research sample of 95 participants with a wide range of religious and non-religious affiliations to examine the nature of religion and its empirical stand against spirituality. The implication from these interviews set religion and spirituality as overlapping constructs (Ammerman, 2013). Those who participated in the institutional church membership also acknowledged spirituality to be a part of their lives. However, those who viewed religion and systems of belief as a hindrance to their connection to the Divine, acknowledged spirituality as a separate concept from religion (Swinton, 2001).

Spirituality has become a culturally defined construct that opens an exploration of personal values and connection to the Divine outside of church affiliation and institutional practices (Cashwell & Young, 2011). Spirituality is thought to differ from religion as a more unique individual subjective experience (Grams et al., 2008; Zinnbauer & Pargament, 1999). In studying the construct of spirituality, Ammerman (2013) noted it as more of a moral belief system than a religious one. Many researchers studied spirituality as a search for meaning and purpose, which involved a connection to a higher power (Hage et al., 2006; Zinnbauer et al., 1999). Although confusion of terms continues to be researched, emerging definitions from cultural thought and behavior, particularly in the behavioral science studies, provides researchers with an agreed-upon, high-level, differentiation with spirituality evolving as the positive self-actualizing trait (Zinnbauer et al., 1999).

Graduate training programs combined religion and spirituality as a part of the diverse topics within MCC. These competencies for clinical care of all people include awareness,

knowledge, and skills based on sensitivity to ethnicity, race, age, gender, sexual orientation, religion, physical ability, or disability (Sue & Sue, 2003). The Association of Multicultural Counseling and Development provided leadership to guide the counseling profession in training students through this lens (Arrendondo & Toporek, 2004). The Professional Standards Committee created the 31 principles in 1991, and the 1996 MCC document highlighted respect for clients' R/S beliefs and values as an independent need (Arredondo et al., 1996).

Religion and spirituality became an independent competency due to interest and cultural demand (Cashwell & Young, 2011; Frame, 2003; Hodge, 2011; Kelly, 1995). In response to the need for R/S standards of care, the summit on spirituality took place in 1995 and again in 2008 with a group of ASERVIC members (counselors and counselor educators) who provided R/S competencies for research and clinical use (ASERVIC, 2009; Cashwell & Watts, 2010; Dailey et al., 2015; Robertson, 2010). Since 2009, these professional and competency standards guided R/S clinical competency and training to support ethical practices of professional counselors (Adams et al., 2015; Henriksen et al., 2015; Hull et al., 2016; Sperry, 2011).

The original nine spiritual competencies established the foundation of Robertson's (2010) development of the Spiritual Competency Scale, an assessment tool to measure R/S competence in counselor education students. By establishing an empirical measure of R/S competence, researchers can examine competency skills as well as identify contributing factors for future research (Bloomquist, 2016; Lu et al., 2019; Oxhandler et al., 2018). Researchers define spiritual competence in counseling as both a concept and skill (Hodge, 2013; Peoples, 2013; Vieten, 2013).

Vieten et al. (2013) provided research for psychologists regarding R/S competencies defined as attitudes, knowledge, and skill in religion and spirituality. By polling 184

psychologists, of which 105 met the criteria for “expert” in the intersection of R/S and psychotherapy, Vieten et al. (2013) hoped to establish basic R/S competencies based on the history of MCC and defined these three areas (attitudes, knowledge, and skills) for clinical practice. By extending the MCC skill of (1) becoming aware of one’s assumptions in R/S behavior, values, and biases, and (2) understanding different worldviews without judgment, appropriate R/S intervention strategies were established (Arredondo et al., 1996; Sue, 1998; Vieten et al., 2013).

Foundational Research on R/S Competency Training

Ethical Concerns Guiding R/S Competency

Ethical counseling treatment for a client involves counselor competency (Burke et al., 1999; Myers & Willard, 2003). Competency involves training. However, a lack of standardized training on R/S standards and practices continues. Therefore, it brings into question the ethical care of clients in the clinical setting (Cashwell & Young, 2020; Pargament & Zinnbauer, 2000; Stebnicki, 2006). There remains an on-going conversation because of unclear ethical requirements, limited counselor education programs and ineffective training on R/S competency (ACA, 2014; CACREP, 2015; Cashwell & Young, 2020; Young et al., 2007).

Spirituality is an established construct, supported by researchers as a fundamental aspect of the holistic client care (Bohecker et al., 2017; Fluellen, 2007; Pargament & Mahoney, 2009). Professional counselors may inadvertently provide an unethical type of care if they are not familiar with or pathologize R/S beliefs of clients (Helminiak, 2001). This could lead to a misdiagnosis or poor clinical treatment for a client who desires R/S care based on their worldview (Adams et al., 2015). Counselors must become skilled at providing congruent ethical

care because untrained therapist run the risk of insensitive care at best or imposing values on a client at worst (Cashwell & Young, 2020; Walker et al., 2004).

R/S Competency Defined

Researchers found counselors who felt competent with R/S content demonstrated (1) comfort in asking the client about their R/S background, (2) use of effective R/S treatment with diverse populations, (3) ability to identify negative R/S experience, beliefs and practices effecting the mental health of the client, and (4) exploration with the client in the discovery of R/S resources for support (Cashwell & Young, 2020; Vieten et al., 2013). Very few counselors regularly report all four behaviors with clients (Vieten et al., 2013). Therefore, counselor education, supervision, and research contribute to strengthening the R/S development and competency for emerging professionals.

Previous researchers established the value of graduate students receiving instruction on R/S competencies (Cashwell & Young, 2004, 2020; Hage et al., 2006; Robertson, 2008; Young et al., 2007). Recent researchers identify topics such as personal beliefs and practices, spiritual supervision, the strength of faith comfort level, graduate program factors, types of courses offered, learning environment, training in preparation, institutional affiliation, and social constructivism as critical variables for continued research (Behrens, 2018; Lu & Woo, 2017; Lu et al., 2019; Selby, 2018; Shannon, 2018).

Using hierarchical multiple regression analysis Lu et al. (2017) studied a synthesis of several of these already noted variables contributing to R/S student competence. Lu and Woo (2017) conducted a study of 74 master's level counseling students in a program environment that contributes to R/S competency training. The learning environment survey, emerging from the pilot study, became a potentially useful assessment tool for future researchers (Lu and Woo,

2017). Lu and Woo (2017) also provided research on programs' emphasis on the nine original R/S competencies (Miller, 1999) and the identified variables within learning environments that contribute to student R/S competency training (Lu & Woo, 2017). Lu and Woo (2017) acknowledge institutional affiliation (learning environment) as an important area for continued study.

Following this, Lu et al. (2019) completed a recent published study continuing to examine variables that contributed to R/S competence. A hierarchical multiple regression analysis of 109 CITs examined (a) institutional religious affiliation, (b) training level, (c) counselor self-efficacy and multicultural counseling competence, and (d) program R/S training environment (Lue et al., 2019). Three of the four variables revealed statistically significant correlations (program training environment was less correlated) with spiritual competence in predicting R/S competence (Lu et al., 2019). These two studies continued to call for practical methods of training, as 90% of the students desired more focus on R/S competency training in graduate studies, and over 50% reported interest in infusing R/S training in every course (Lu & Woo, 2017; Lu et al., 2019).

R/S Competency Variables

The 14 ASERVIC revised competencies now cover six domains: culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment. Cashwell and Watts (2010) defined each of the six domains with 14 core competencies as follows:

Culture and Worldview

The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world

religions, agnosticism, and atheism. The professional counselor recognized how the client's beliefs (or absence of beliefs) about spirituality and or religion are central to their worldview and can influence psychosocial functioning.

Counselor Self-Awareness

The professional counselor actively explores their attitudes, beliefs, and values about spirituality and/or religion. They continuously evaluate the influence of their spiritual and or religious beliefs and values on the client and the counseling process. The professional counselor can identify the limits of their understanding of the client's spiritual and/or religious perspective and acquaints themselves with R/S resources, including leaders who are potential referral sources.

Human and Spiritual Development

The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

Communication

The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity. Their use of spiritual and or religious concepts are consistent with the client's spiritual-religious perspectives and acceptable to the client. The professional counselor can recognize spiritual and/or religious themes in client communication and can address these with the client when they are therapeutically relevant.

Assessment

During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

Diagnosis and Treatment

When making a diagnosis, the professional counselor recognizes the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate systems. The professional counselor sets goals with the client consistent with the client's spiritual and or religious perspectives.

The professional counselor a) modifies therapeutic techniques to include the client's spiritual and/or religious perspectives, and b) utilizes spiritual and/or religious practices as techniques when appropriate and acceptable to the client's viewpoint. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client's spiritual and or religious perspectives and practices. The ASERVIC organization is a large and growing group, with over 4000 professionals as members, committed to the R/S practices of professional counseling, offering significant guidance for religious, spiritual, and ethical practices in counseling (Adams et al., 2015; ASERVIC, 2009; Cashwell & Young, 2004). Reiner and Dobmeier (2014) studied 234 professional ACA member counselors, who agreed to the importance of R/S competency in treatment. However, only half (49.8%) were aware of the ASERVIC division and only 16.7% ($n = 37$) reported awareness of the 14 ASERVIC competencies (Reiner & Dobmeier, 2014). There is a need to educate emerging professionals regarding the ASERVIC division and the leadership it offers in R/S competency training.

Cashwell et al.

Interest in R/S training for emerging counselors and other mental health professionals began to increase after the original summit on spirituality in 1995 (Miller, 1999). In 1995, Kelly reported of the 341 counselor education programs studied, only 25% of them reported course

work containing R/S content. In CACREP-accredited programs, the percentage was 50% higher than the original Kelly study (1997), and 60% in the Pate and High (1995) study ($N = 60$). The Kelly (1995) and Pate and Hall (1995) studies both documented the early period of R/S training as insufficient, as 40-50% of the accredited programs did not provide any R/S training.

Young and Cashwell (2014) along with other colleagues carried the baton for counseling research regarding R/S training. Beginning late in the 1990s, Young and Cashwell (2014) and their peers published relevant findings annually on spirituality and counselor competence, which continued for over 15 years (Cashwell & Watts, 2010; Cashwell et al., 2013; Cashwell & Young, 2020). In a survey of 94 CACREP programs, 69 counselor educators reported on readiness and competency in teaching R/S concepts (Young et al., 2002). Less than half of the faculty (46%) agreed they were unlikely to integrate R/S teaching into training and supervision of CITs because they were not adequately prepared (Young et al., 2002). Five years later, Young et al. (2007) assessed actual practices of professional counselors in an inquiry of 505 ACA professional members. In this study, 68% of professionals agreed on the importance of R/S skills formal training, but only half (50%) felt prepared through their program. The colleagues stated the counseling education training programs needed to become the focus for resolving R/S competency (Young et al., 2007).

Cashwell and Young (2004) examined syllabi from 14 CACREP counselor training programs that offered R/S specific training through a distinct course. Although the ASERVIC R/S competencies were present, there was concern about the lack of consistency in addressing the competencies in a uniform and consistent manner. Further, there was concern about the standardization of training to provide specific applications in R/S competencies.

Cashwell led the way for writing, revising, and publishing revised 14 ASERVIC competencies (Cashwell & Young, 2005; Cashwell & Watts, 2010). Based on Robertson's (2008) doctoral factor analysis study of the original nine competencies and the research with the University of Florida ($N = 662$), the competencies changed from the original nine, to the final 14 competencies, which they separated into six major categories (Miller, 1999; Robertson, 2010).

To investigate the ASERVIC competencies further, Young et al. (2011) surveyed 505 ACA professional members to determine the correlation between value and use of the 14 R/S competencies. The research evidenced a shift in the value of R/S training in the field of counseling, as most professionals reported viewing these competencies as important for both training and use (Young et al., 2011). However, professional counselors continued to report a significant discrepancy between the value of the competencies and the use of them in professional practice (Young et al., 2011). In response, Young et al. (2011) called for continued research on the training for R/S competency for the CITs at graduate programs.

In more recent research, Cashwell et al. (2013) conducted a random sample study with 78 ACA experienced professional counselors to assess the value and use of R/S concepts in the field once again. In a survey of 30 target behaviors (correlated to the 14 ASERVIC competencies), the participants continued to report a significantly higher value on the use of R/S competencies than on their frequency of use (Cashwell et al., 2013). The gap in a personal belief system and the explicit use of behaviors in counseling continued to be troubling and an area for educators and researchers to investigate (Cashwell et al., 2013). Cashwell et al. (2013) identified the personal development of the counselor as a significant area of research.

The most recent work by Cashwell and Young (2020) is the publication of the third edition textbook providing current research and practices for the integration of R/S into counseling. The 14 ASERVIC competencies are the foundation of the book, but together with a host of contributing writers, Cashwell and Young (2020) also give current research on the need for continued education of R/S integration, practical application of each competency, and empirical support for spiritual practices of prayer, mindfulness, forgiveness and use of sacred texts.

Pargament et al.

During the time counseling research turned toward the inclusion of R/S integration, Pargament et al. (1990) began studying religious concepts and coping in the field of psychology. Their research added concepts of positive and negative religious coping, creation, research, and validation on a religious coping tool (Pargament et al., 1998, 2000). Also, they made contributions on theory and research and a review of literature on religious coping along with religious coping with life crisis events (Hill & Pargament, 2003; Pargament, 2001). Other researchers documented ethics of integration with religion and psychology and provided multiple studies on the connection between religion and health benefits (Bush et al., 1999; Gonsiorek, 2009; Koenig et al., 1998; Pargament et al., 2004; Pargament & Ano, 2006; Tarakeshwar & Pargament, 2001). Pargament offered leadership with religious definition, empirical research, and connecting religion and well-being (Pargament & Mahoney, 2009). In a 2007 study, Pargament listed four qualities needed for R/S integration in therapy including, (a) knowledge about integration into treatment, (b) openness and tolerance, (c) self-awareness of spiritual attitudes and values, and (d) genuineness in relating to clients. Further, Pargament (2007) synthesized the study of the R/S concept by discussing the neglect of religious care. The

expansive research from Pargament contributed an empirical foundation for counselors studying R/S competency in the helping professions.

Walker et al. (2004)

The significance of the Walker et al. (2004) study rests in its meta-analysis examining professional counselors' religion as a factor affecting R/S integration for interventions in counseling. The wealth of data (26 studies involving 5759 therapists) supported considering several results. Counselor educators (82%) reported never or rarely discussing R/S issues during the training of CITs, with only 4.3% reporting discussing R/S concepts often (Walker et al., 2004). Further, the researchers documented R/S issues and training in spiritual competence as significantly moderated by personal beliefs (Walker et al., 2004).

Hage et al. (2006)

Hage et al. (2006) provided foundational research on R/S training and integration in counselor education programs. By completing a thorough literature review from 1990-2005, the research group gave an overview of the state of counselor education preparation. The researchers listed three reasons for a needed increase in the study of R/S concepts: (a) society's alignment with R/S interest, (b) R/S connection to improved health and well-being in the literature, and (c) the mandate for MCC including R/S training as a part of diversity. Those in the field of counseling showed interest in a more culturally competent professional who meets the needs of many different populations. Therefore, improved counselor education preparation involves R/S integration in general attitudes, coursework, class activity, supervision, and research (Hage et al., 2006). Hage et al. (2006) recommend that counselor education programs need to prepare and adapt to new standards for R/S competency. Their findings revealed minimal inclusion for R/S content. Fortunately, the study demonstrated an openness,

willingness, and sensitivity by faculty members to provide supervision on these issues. Future researchers encouraged improved training methods to incorporate spiritual and religious diversity in interventions within the classroom and supervision. The research led to recommendations including incorporating R/S diversity into the already established MCC training and an increase in appropriate R/S supervision.

Ross et al. (2013)

Ross et al. (2013) contributed a grounded research meta-synthesis of the professional literature on R/S supervision. By examining the themes presented in the current research on how supervisors addressed spirituality, their goal was to present a unified model for supervision on R/S issues within the field of counseling (Ross et al., 2013). The researchers examined published peer reviewed qualitative articles, addressing spirituality in supervision. They analyzed nine articles with similar themes concerning R/S ideology and how it fits in the context of supervision with CITs. The articles for inclusion in the Ross et al. (2013) study emerged from various counseling disciplines. Two articles from social work (Kilpatrick & Holland, 1990; Okundaye et al., 1999), marriage and family therapy (Frame, 2001; Carlson et al., 2002), psychology (Aten & Hernandez, 2004; Isakson, 2001), counseling (Bishop et al., 2003; Polanski, 2003), and the final article focused on the field of rehabilitation counseling (Stebnicki, 2006).

For the CITs, a supervisor who is aware and comfortable with R/S integration supported the developmental needs of the emerging counselor in ways congruent with the research and ethics within the counseling field. The emerging themes from Ross et al.'s (2013) study resulted in a conceptual model for future training of CITs. They are as follows: ethical responsibilities in treatment and care of R/S oriented clients, the development of the supervisory relationship when

viewing spirituality as a diversity issue, client preferences regarding spirituality and religion, developing CIT competence with R/S content, and the process of doing R/S integration within supervision (Aten & Hernandez, 2004; Bishop et al., 2003; Polanski, 2003; Stebnicki, 2006). This summary of qualitative research provides both a model for use, development, and the trajectory of future research regarding counselor education and supervision needs called the SACRED model of supervision.

Supervision

A large percentage of R/S training occurs during internship supervision (Russell & Yarhouse, 2006). Current research on theory, methods, and application for R/S competency integration continues. Four recent studies extended the field in the current study of the need for R/S integrative supervision.

Secor (2019) hypothesized R/S integration into supervision would improve perceived student competence. In a sample of 59 master's level CACREP graduate students, the perception of supervisors' R/S integration practices, predicted student R/S perceived competence at a statistically significant level (Secor, 2019). The study involved students who reported a lack of spiritual and religious integration (SRI). The researchers provided evidence of students who indicated an interest in supervisory experiences to build competency in SRI using the SACRED model of supervision. This would extend the research of Henriksen et al. (2015), which supported dealing with perceptions of students' ability to integrate R/S content within the counseling session (Secor, 2019). Secor's research (2019) identified the perceived competence of the supervisor as being more predictive for a CIT training in R/S integration than training in the classroom. Secor's (2019) study also supported the earlier research of Adams (2012),

Garner et al. (2016), Henriksen (2015), and Hull (2016) who reported benefits to the CIT from R/S integrated supervision.

Garner et al. (2016) provided a three-year study that reported positive results from their study of paired supervisors with CITs. All participants were affiliates of a master's level CACREP-accredited counselor education program at a private, Nazarene-affiliated university. The subjects provided information regarding the limited supervision on R/S content, which they reported more frequently than the supervisee. This type of research encourages current supervisors to note the discrepancy and to use supervision to explore the spirituality of the supervisee using the time to examine CIT spirituality (Garner et al., 2016). These findings prompted supervisors toward continued training and professional development to aid in the competency of the supervisee in areas of personal as well as professional spiritual competence.

Barto (2018) provided information from 29 faculty supervisors and 54 master's level students from five different CACREP-accredited Christian colleges and universities. All supervisor participants and 89% of student participants identified as Christian (Barto, 2018). By providing a self-report, which included the spiritually integrated supervisory scale (SISS), the analysis provided discrepancies between supervisor and supervisee, but both reported discussing R/S issues occasionally (Barto, 2018). Findings highlighted an agreement reached by researchers on the absence of R/S supervision on a systematic level remaining unaddressed of occurs infrequently (even in a highly religious system; Barto, 2018). The developing counselor needs ongoing training for building competency in R/S practice (Adams, 2015; Gilliam & Anderson, 2012; Hull, 2016; Johns, 2017).

Johns (2017) used a narrative methodology to give voice to counselor educators 'lived experiences' with R/S integration in supervision. This study (with nine subjects) contributes to

the on-going conversation on building competence in emerging counselors through supervision, given the limited amount of literature on the topic (Johns, 2017). By connecting lived experience with teaching, counseling, and supervision, six current themes, (1) R/S journeys, (2) R/S practices, (3) relationships, (4) marginalization, (5) modeling, and (6) risk and taboo, lead the way for researchers to assist training CITs for perceived competency in R/S (Johns, 2017). Johns (2017) labeled obstacles (fear, lack of awareness and training, confusion, etc.), as well as benefits (confidence, spiritual exposure and practice, belief systems, etc.), through narrative expressions (Johns, 2017). The author gave recommendations for growth within the field, suggesting continuing education for counselor educators in this area of professional development.

Related Mental Health Fields and R/S Integration Research

Psychology

Following the work of Pargament, other psychologists have added significant research to the study of R/S training needs and clinical practices. Shafranske's (1996) writings on the religious beliefs and practices of clinical psychologists noted inadequate research and training for R/S integration, resulting in clinicians who are both unaware of the value and ways to practice. Thirteen years later, the Frazier and Hansen (2009) study on 96 psychologists confirmed very little development in R/S integration of care. Frazier and Hansen (2009) matched the findings on counselors by Young et al. (2011) where clinicians admit to the high importance of R/S competency, but also the low use of them in clinical settings.

In studying competencies for psychologists, Vieten et al. (2013) put the idea of spiritual competencies together with religious competencies while using 184 psychologists and mental health professionals to take a survey and give quantitative and qualitative feedback on the

proposed R/S competencies for psychologists. The proposed psychologist competencies fall in the three main areas provided by MCC literature: attitudes, knowledge, and skills (Arredondo & Toporek, 2004). The work of establishing empirical support and professional organizational support for R/S competencies in psychology is ongoing (Vieten et al., 2013).

Marriage and Family Therapy and Social Work

Research on marriage and family therapists concurred with counseling research. Clinicians value spirituality in their clinical training and education, yet 70% of participants report R/S competency their graduate programs did not include this in their training (Carlson et al., 2002; Prest et al., 1999). When studying faculty, Grams et al. (2007) examined 81 accredited marriage and family therapy programs where 93 faculty members completed a survey reporting high levels of importance on their spiritual development. This self-report connects to the value they also place on spirituality's role in their professional life, clinical work, and the value placed on graduate training. Marriage and family therapy educators rank spirituality as a high priority in all places and seek to use R/S training in both personal and professional development (Grams et al., 2007).

Research from the fields of marriage and family therapy and social work also contributed to the growing body of information supporting R/S competency. As an example of using spirituality in treatment, Hodge (2007) produced research for social work by treating alcoholics with spiritually modified cognitive behavioral therapy, adding evidence-based practice research to R/S competency research literature. By clinically being able to attend to client preferences with R/S integration, there were four documented potential outcomes: speed in recovery, enhanced treatment compliance, prevention of relapse, and reduced treatment disparities by providing more culturally congruent services (Hodge, 2007). R/S sensitive

treatment such as this demonstrates a positive outcome in the clinical setting for clients seeking R/S care. R/S evidenced-based treatment provides training for CITs in graduate-level internship, supervision, and research.

Counselor Educators' Perspectives

Counselor educators provide a window into why there is such a discrepancy between the theory of R/S training and the practice of it in the classroom. Adams et al. (2015) used qualitative research (Delphi method) from ten expert counselor educators to gain insight into why R/S competency training lags behind the need. The author identified barriers falling into two categories, lack of information and lack of personal interest or relevance (Adams et al., 2015). Researchers continued to announce the outstanding problem of inconsistent training (Hage et al., 2006; Walker et al., 2004; Young et al., 2007). In the list of strategies, CIT self-exploration is one of the specific recommendations (Adams et al., 2015).

Hagedorn and Gutierrez (2009) wrote a conceptual article for counselor educators to have practical illustrations on how to incorporate the ASERVIC R/S competencies in training CITs. These researchers cited possible reasons for counselor educators' reluctance to address topics as their lack of training, discomfort with content, or a lack of clarity on how to implement R/S training (Hagedorn & Gutierrez, 2009). Since counselor educators acknowledged feeling uncomfortable discussing spiritual issues, the skills needed to deliver consistent training at a graduate level require continued research and development (Cashwell & Young, 2004; Souza, 2002).

Bohecker et al. (2017) used 11 counselor educators as an expert panel to review standards submitted for a CACREP revision and addition to the eight-core competencies expected in graduate training. This recommendation would develop a more formal and

standardized training for spirituality and religion as a critical part of human development, bringing consistency to counselor education programs for R/S competency training. These expert graduate educators agreed to the recommendation of a ninth core curriculum area of spirituality and religion for purposes of training students to become competent in R/S counseling (Bohecker et al., 2017).

Sauerheber et al. (2014) surveyed 44 program directors or department heads of CACREP-accredited counseling programs to assess knowledge, skills, and attitudes within the programs. Four concerns resulted:

1. Because the R/S competencies are new, educators remain untrained in skill and knowledge of them. Sauerheber et al. (2014) recommended counselor educators with more experience become a resource for counselor educators who have not received training in R/S competencies. The researcher recommended secular schools begin conversations with Christian schools for additional training and support; the attitudes section received significantly higher ratings than areas of skill and knowledge (Sauerheber et al., 2014).

2. Adding R/S specific curriculum will be difficult for a program experiencing difficulties covering the eight core components of counseling education through coursework and internships. Non-accredited institutions may have more flexibility with class offerings to address theology and R/S integration practices than CACREP-accredited programs (Sauerheber et al., 2014).

3. There is an unrealistic expectation of having a full range of education with world religions. Therefore, the recommendation is educators develop working relationships with religious leaders in the community to help when education requires more information (Sauerheber et al., 2014).

4. Counselor educators have a large task in creating safe learning environments where students of all heritages can explore the push and pull required to struggle with R/S integration while developing R/S competencies. Within the supervision training piece, half of the educators reported feeling incompetent when working with R/S issues different from their own (Sauerheber et al., 2014).

Future researchers should consider these four concerns when developing practical methods for R/S integration into graduate programs. These counseling educators agree with other research by acknowledging the discrepancy between perceived importance and the skill and knowledge required to train the emerging professional counselors (Adams et al., 2015; Hage et al., 2006; Hagedorn & Gutierrez, 2009; Johnson, 2015).

Professional Counselors' Perspectives

Professionals currently working agree with the voices of counselor educators and students who speak to the deficits in counselor training. Dailey et al. (2015) conducted a research study with 246 ASERVIC professional counselors to provide on-going validation for ASERVIC R/S competencies and the assessment tool developed as a measure of R/S competency, but also to gather information about current R/S training in graduate programs. Only 6% of this population felt their training program had adequately prepared them with R/S competencies for clinical practice; 21% of participants acknowledge instruction in R/S competencies through infused curriculum or a stand-alone class (Dailey et al, 2015). Ninety-nine percent of this group agreed R/S beliefs intersected with mental health wellness; with almost 60% willing to address R/S concepts in treatment with clients (Dailey et al., 2015). This research continues to address insufficient graduate training as a concern, even for professional counselors.

Reiner and Dobmeier (2014) performed a national survey of professional ACA members to better understand counselor education and professional counselors perceived ability to practice with R/S competencies. Only 49.8% ($n = 111$) of these participants have any awareness of ASERVIC with 16.7% ($n = 37$) also acknowledging awareness of 14 competencies (Reiner & Dobmeier, 2014). Researchers agreed limited knowledge and training existed in counselor training programs, however R/S development needed program attention (Dailey et al., 2015). Of interest are the personal beliefs of the counselor because they influence training and competency. The meta-analysis work of Walker et al. (2004) presented professional counselors who expressed how the personal beliefs of the counselor affected training and R/S competency. The professional counselor researchers agreed R/S competency training at a graduate level continued to fall behind on R/S competency development (Dailey et al., 2005; Reiner & Dobmeier, 2014; Walker et al., 2004).

Types of R/S Training in Counselor Education

Myers and Williard (2003) offered a conceptual research of current literature to define spirituality and religion, consider developmental theory, and connect the two to developmental wellness. With this developmental wellness foundation, seven recommendations support future counselor training in R/S competencies: (1) A developmentally based wellness perspective has religion and spirituality as a core human element and considered in models, theories and research for counselor preparation. (2) The definition of spirituality and religious orientation should be clear and inclusive (Myers & Williard 2003). (3) The educational process should include CIT exploration, understanding, and personal meaning-making of the counselors' R/S heritage (Myers & Williard 2003). (4) Counselor education should include exposure to diverse spiritual and religious beliefs as well as values as a part of counselor preparation. R/S learning

and development should be an expected part of studying faith traditions during class and supervision (Myers & Williard 2003). (5) CITs should have exposure to assessment and intervention techniques, which match R/S competency training and holistic wellness (Myers & Williard 2003). (6) Research on R/S topics and development should be part of the coursework and dissertation opportunity in counselor education programs (Myers & Williard 2003). (7) Faculty, as expected leaders, can help students with their spiritual growth and development, emphasizing R/S training as a part of the entire program. Counselor educators are aware of their own R/S background and identity, can connect to wellness across the lifespan (Myers & Williard 2003). These early recommendations by Myers and Willard (2003) exploring counseling and wellness that include definition of R/S concepts, diversity training, self-exploration of the counselor, R/S assessment and intervention techniques, research opportunity and leadership by faculty lay a research foundation for counselor training in line with the current studies.

Graduate Program Openness

In studying the educational environment, Peoples (2013) studied programs that partially predict R/S competence. By using the SCS-R-II and a pilot research measure, program and personal openness showed significant correlations to R/S competence (Peoples, 2013). Building on the work of Olson (2007), Peoples (2013) identified program factors (openness to discuss R/S content and clinically relevant content in supervision) as research variables with 38 counseling students and professional counselors. Peoples (2013) hypothesized an openness of spiritual counselor educators connected to student R/S competence.

Lindholm and Astin (2008) provided research for this student-centered pedagogy in their wide range study of 40,670 faculty members from 414 higher education institutions. The

regression analysis identified a strong correlation between the spirituality of faculty and student-centered teaching (Lindholm & Astin, 2008). This research was not specific to counselor education, but all higher education. Therefore, counselor educator specific research would need further investigation. For counselor specific research, Schulte et al. (2002) paved the way for future studies and defined program openness as (1) R/S addressed as a diversity issue, (2) knowledge in teaching, supervision, and therapy, (3) Inclusion of R/S instruction and practicum training, and (4) openness to R/S concepts in research. The mixed methods research provided qualitative and quantitative data on program directors. The authors reported classes, faculty, and students lacked specificity in their openness and generally reported few faculty members and students openly requested religious/spiritual instruction (Schulte et al. 2002). While faculty generally acknowledge willingness to discuss and teach, program directors reported a lack of expertise and distinct courses in R/S concentration, while students reported deficits in learning regarding R/S competencies (Schulte et al., 2002).

Henriksen et al.'s (2015) study also spoke to openness. In this qualitative data, over 50% of the 88 students reported a lack of training in their counselor education program (Henriksen et al, 2015). As in other studies, examination of the lack of training continues and it is not yet clear the degree to which a program factor of openness affects R/S competency (Adams, 2012; Conley, 2012, Johnson, 2014, Peoples, 2013; Stillwell, 2015).

Graduate Training Needs

Graduate Students' Perspectives

Historically, the counseling profession has not provided adequate training and supervision for CITs regarding the R/S diversity issues of clients (Bishop et al., 2003; Captari et al., 2019; Jufari, 2016; Polanski, 2003). Virtually every researcher from the last 20 years

included comments regarding the need for increased training at a graduate level for CITs (Bloomquist, 2016; Bohecker et al., 2017; Dobmeier & Reiner, 2012; Oxhandler & Pargament, 2018; Tillman et al., 2013; Vieten et al., 2013). Graduate students are often the subjects of research, offering insight into current training efforts. Twenty-five years ago, during the creation of R/S competencies, CIT research demonstrated the paucity of R/S training (Kelly, 1995; Pate & High, 1995). Though there have been advances in research and competency standards, students continued to request increased training for R/S competences (Cashwell et al., 2013; Johns, 2017; Lu & Woo, 2017; Oxhandler & Pargament, 2018).

Adams (2012) performed a survey with 118 CITs. The results showed a discrepancy between personal reports of high religious involvement, but inconsistent training and unclear messages of how to practice R/S care of the client. This report of inadequate training showed an effect on the reluctance to address and utilize R/S concepts in treatment (Adams, 2012). By examining messages students receive in training, counselor educators understood the need to improve CIT R/S instruction to increase feelings of R/S clinical competency (Adams, 2012). The person of the counselor and the influence of personal belief on client care became the subject of focus for Adam's (2012) research. The researcher demonstrated highly religious people did not feel clinically competent to ethically treat R/S concerns.

In the Dobmeier and Reiner (2012) study of 335 graduate students (masters and doctoral interns) in 36 CACREP-accredited programs, 56% reported feeling somewhat or very unprepared with R/S competencies and only 16.2% reported addressing R/S topics in training. Only 14% of the students surveyed reported familiarity with the ASERVIC R/S competencies.

A few years later, Henriksen et al. (2015) contributed phenomenological research on R/S graduate training (113 masters & doctoral students). Students reported the need for additional

education and training as well as supervision. These emerged as two of the five themes. The other themes were personal development, self-discovery, and the role of the clinician (Henriksen et al., 2015). Only 50% of these students felt their graduate training did not significantly cover R/S beliefs (in the life of their client; Henriksen et al., 2015). Students continued to report a lack of training and desire for curricular experiences and supervisory training with R/S concepts to prepare them to treat clients' R/S concerns (Lu & Woo, 2017).

Students appear to be leading the way for R/S infused learning. Saunders et al. (2014) investigated 543 students in clinical doctoral and counseling psychology programs concerning personal R/S beliefs and practices and their training experiences regarding the R/S beliefs and practices of clients. Despite a universal affirmation of the need to explore R/S beliefs and practices with clients, one-fourth of the CITs reported receiving no training on the subjects (Saunders et al., 2014). Students continued to promote study and research on effective formalized training for both the classroom and the supervisory experience.

Graduate Course Work

Limited research is available on the effectiveness of a specific type of graduate training in counselor education programs through course work. Recommendations include both curricula infused with R/S content and stand-alone classes offering R/S specific content (Briggs & Rayle, 2005; Burke et al., 1999; Cashwell & Young, 2011; Dobmeier and Reiner, 2012). Stillwell (2015) surveyed 445 licensed marriage and family therapists to assess R/S competence as affected by training programs and personal strength of faith. In totality, Stillwell (2015) documented any training was better than no training when assessing the level of competence.

Curriculum-Infused Model

In response to the CACREP (2016) recommendations for training students in MCC and the ASERVIC (2009) R/S competencies, most graduate counseling programs (78%) have attempted to use an infused model of training (Young et al., 2002). Burke et al. (1999) conducted a conceptual study to each of the eight CACREP (1994) core areas and recommended practical consideration for R/S integration in training students. Two other researchers followed this model of infusing the current curriculum with R/S training, to add practical literature to the training needs for improved R/S competency in counselor education programs (Briggs & Rayle, 2005; Hagedorn & Gutierrez, 2009).

Briggs and Rayle (2005) incorporated ethical and MCC competency guidelines with course activities. An example of building R/S competency as a part of a professional counselor identity included allowing students to examine their own spiritual beliefs and practices (Briggs & Rayle, 2005). Hagedorn and Gutierrez (2009) used both inputs from expert R/S counselor educators' and R/S supervisors' experiences together with the ASERVIC R/S competencies as the foundation for examples and methods given for counselor education training. This type of infusion model for training is most common in meeting CACREP (2016) standards with current counselor education programs and ensures exposure to all students on R/S training across all coursework. However, since current students, counselor educators, supervisors, and graduates continue to request an increase in R/S training for competency, this model requires more standardization and consistent implementation (Barto, 2018; Bohecker et al., 2017; Lu & Woo, 2017; Selby, 2018).

Curriculum-Distinct Model

The other recommendation for training programs is a course specifically geared to train CITs in R/S competency (Bohecker, 2017; Curtis & Glass, 2002; Pate & Hall, 2005; Robertson, 2010). Early research showed only 22% of graduate training programs offer this type of course (Young et al., 2002). Curtis & Glass (2002) developed, implemented, and evaluated the effectiveness of a semester-long class as a pilot study. With the small class size of 14, the research did not turn out to be statistically significant but gained insight on ways to change future classes for more effect. Students did recognize an increase in confidence when integrating religious and spiritual content into counseling and saw a decrease in judgmental attitudes about people with different values (Curtis & Glass, 2002). Recommendations, based on this pilot study and the feedback from students on how to improve future classes, are as follows: use role-play scenarios, study the world's major religions and major Christian denominations, to include practiced beliefs and customs give adequate time for self-awareness study and writing, and provide continuous evaluation so meet the student needs (Curtis & Glass, 2002).

Pate and Hall (2005) also designed and implemented a distinct course on R/S training to 19 students at a secular university as an elective for counselor training. The blended class combined in-person and online meeting/content. End of class (anonymous) responses to this course were positive for both the content and the method (Pate & Hall, 2005). The most common suggestion was more time in the classroom to discuss issues raised through Internet postings (Pate & Hall, 2005). Although there are a few concerns with a semester-long course (impractical and educator competency concerns), the available research supports program

development for R/S (distinct) coursework to affect CITs R/S competence (Bohecker, 2017; Henriksen et al., 2015; Ingersoll, 1997; Manderino, 2013).

R/S Supervision Training

The ACA ethical code requires counselors address R/S concerns of the client competently (ACA, 2014). Since clinical supervision is the expected place for ethical training and increased skill development, guidance for supervisors (with standardized training) supported the need for increased competency in line with the ASERVIC (2009) R/S competency recommendations (Bernard & Goodyear, 2009). By studying the current standards of practice and examining supervision best practices for meeting ethical standards, supervisors should increase professional R/S competency and the use of R/S interventions within supervision (Garner et al., 2016; Gilliam & Anderson, 2012; Hage, 2006; Hull, 2016).

Emerging counselors hope for supervisors skilled in ASERVIC R/S competency training (Barto, 2018). Also, CITs can benefit from the training of supervisors following these ACA endorsed guidelines for R/S based competency in the counseling field (Secor, 2019).

The Association for Counselor Education and Supervision (ACES; 2011) provided a statement of best practices in clinical supervision, appropriating one section to diversity. A taskforce compiled a statement concerning a comprehensive review of qualitative and quantitative literature findings on supervision and supervision training (Borders et al., 2014). It incorporated professional organizational standards and ethical documents (Borders et al., 2014). Therefore, each section incorporated feedback from counseling supervisors and counseling supervision educators working in the field as well as the best practices from professional literature (Borders et al., 2014).

Of the 12 areas identified for a supervisor, the first 10 have implications for R/S supervision: (1) initiating supervision, (2) goal setting, (3) conducting supervision sessions, (4) providing feedback, (5) choosing a supervision format, (6) conducting evaluations, (7) dynamics of the supervisory relationship - particularly resistance, (8) conflict, (9) boundaries, and (10) power - diversity and advocacy considerations, ethical considerations and documentation (ACES, 2011). The final two sections addressed the competency of the supervisor to specific behaviors (ACES, 2011). Therefore, in the ACES (2011) best practices statement, supervisors implementing R/S supervisory skills determined inclusion of all twelve sections. Borders et al. (2014) recommended implementing these recommendations for all future counselors and counselor educators by using the ACES (2011) supervision best practices document as a foundation for competent supervision.

R/S supervision offers the counseling field a holistic transformative experience demonstrating the benefit for CITs. CITs reported interest in R/S supervision to provide the best care for the client (Gilliam & Armstrong, 2012). The ethical care of clients includes R/S care (ASERVIC, 2011). Therefore, supervisors who comply with best practices for supervision should consider professional and personal competencies regarding R/S needs. Multicultural supervision also included R/S competency (Berkel et al., 2007).

Counselor education has not historically provided adequate training and supervision for CITs regarding the R/S diversity issues of clients (Bishop et al., 2003; Captari et al., 2019; Jufari, 2016; Polanski, 2003). To examine how successful R/S training is equipping the CIT within accredited training programs, Jafari (2016) used thematic analysis and found six studies with five main themes: training modalities, specialized training, systematic implementation, perception of religion and spirituality, and research support. Interesting findings included R/S

conversations as not formalized but instead reactionary (Jafari, 2016). These classroom experiences offer virtually no formal curriculum-based training, with the topics brought up by the CIT instead of the supervisor (Jafari, 2016). Although programs are increasing in interest and efforts for R/S training and are more welcoming to students' pursuits in this area, from the Jafari study (2016) it seems formalized training and supervision are still lacking.

Aside from training with the ASERVIC (2009) spiritual competencies, a developing clinician needs resources to use in practice. Hull et al. (2016) gave a conceptual article with practical helps to integrate the R/S competencies within the supervisory relationship. Each of the six standards contained corresponding suggestions for counselor development (Hull et al., 2016). Some of the recommended activities included: participating in a cultural immersion experience at a faith gathering, writing a spiritual autobiography, receiving spiritual mentoring, reviewing intake paperwork for spiritual content, developing an R/S disclosure statement, taking the SISS, and/or compiling a spiritual intervention toolkit (Hull, 2016). Supervisors will find the recommendations for persistent exposure to R/S integration useful while reviewing the spiritual competencies.

Researchers supported using supervision as an avenue for R/S competency training. The individualized instruction and the practical application of conceptual research could be useful for supervisors and researchers moving forward with R/S training. CITs remain open and interest is high for R/S integration and conversation. Therefore, this diversity issue will need to continue to proactive advocacy addressed by the supervisor, regarding the established research with the ASERVIC R/S competencies (Cashwell & Watts, 2010).

Personal R/S Development

One of the constructs that continues to emerge in the study of R/S competency, is the personal development of the counselor (Barto 2018; Cashwell & Young, 2020; Garner et al., 2016; Henriksen 2015; Lu et al., 2019; Selby, 2018). Different names for an individual's spiritual journey referred in the literature include the strength of faith, personal spirituality, personal spiritual development, personal spiritual journey, trainee spiritual beliefs, spirituality, spiritual development, and faith development (Cashwell & Young, 2004; Henriksen et al., 2015; Johnson, 2015; Ross et al., 2013). Regardless of the label, researchers concur that the personal development of the counselor is critical to counselor development for R/S integration (Cashwell & Young, 2020).

Souza (2002) published student reactions to four different one-hour seminars on R/S in counseling. Based on these reactions, Souza (2002) made recommendations for future counselor educators to attend to personal development through an examination of beliefs in a safe learning environment. This research also gave counselor educators ethical reason to address the CIT's personal development including eliminating counter-transference issues that interrupt the therapeutic process or cause harm to a client. They found the need to eliminate unethical treatment of a client if a student imposes personal beliefs or R/S values on them, and not use a client's personal coping to promote health (Souza, 2002).

Although the R/S experiential classroom, practicum, and internship are ideal for the CIT to develop a personal R/S perspective of their faith development, other methods of self-exploration could include workshops and seminars. Hagedorn and Moorhead (2011) wrote specifically on the R/S competencies three, four, and five (ASERVIC, 2009), which are the self-awareness competencies. By studying these competencies, a CIT is aware of personal beliefs

and the influence of those beliefs on counseling relationships. Hagedorn and Moorhead (2011) provided clinicians a case example to learn the practical application of these three competencies involving self-exploration and awareness. Cashwell and Young (2020) provide case study and clinical examples of counselor development.

Tillman et al. (2013) provided a qualitative study with 12 counseling students to develop a grounded theory of counseling confidence in addressing R/S concerns with clients. Five themes emerged that contributed to this theory, including the strongest theme of the personal spiritual journey (Tillman et al., 2013). This theme was present in all 12 subjects, who affirmed R/S development as a lifelong journey and a part of not only counselor development, but fundamental to the personal identity brought to the profession (Tillman et al., 2013). This personal spiritual development of the counselor is significant and recommended as a part of training and research for future study (Barto, 2018; Garner et al., 2016; Henriksen et al., 2015; Johnson, 2015).

Personal spiritual growth continues to emerge in the literature as an important factor of exploration in a developing clinician. This spiritual insight and development are both an essential R/S competency, and a research factor contributing to clinical care. Therefore, the classroom experience and supervisory training should include not only the professional R/S development but also the personal exploration recommended in the literature.

Research Variables

Institutional Affiliation (Secular/Christian)

With this study on R/S competency development, it is appropriate to focus on the type of institutions who conducted the training. Although all CACREP-accredited programs required provision of R/S competency training, most institutions incorporate the training into established

curriculum. Though this might provide a type of exposure and learning, researchers view graduate students reports on a need for improved and thorough training for them to become comfortable and capable of addressing client R/S needs (Dobmeier & Reiner, 2012; Myers & Willard; Peoples, 2013; Souza, 2002). Therefore, it warranted continued examination of institutional affiliation.

In the Robertson study (2010), there was no statistical difference in religious and non-religious affiliated institutions. However, Lu et al. (2019) found institutions mattered. If factors of R/S competence influence teaching strategy and if personal R/S beliefs and value matter in both counselor educators and students, it would be reasonable to expect a Christian institution to report higher levels of competence and R/S competency training (Barto, 2018; Peoples, 2013; Selby, 2018; Stillwell, 2015). There is a need for continued studies to assess institutional affiliation as a significant variable in becoming R/S competent.

Theoretical Framework: R/S Training Theory

Faith Development Theory

The ASERVIC competencies together with the CACREP standards present educators with the opportunity to build on the rich heritage of research from a human growth and development perspective. Piaget's (1970) stages of cognitive development, Kohlberg's (1976) stages of moral reasoning, and Erikson's (1963) stages of psychosocial development all contributed to the developmental learning that occurs across a lifespan. Many researchers suggested placing the study of R/S competency in clinical training in a developmental context (Gill & Freund, 2018; Parker, 2009; Tillman et al., 2013). Fowler's faith stages (1981) base these theories as part of human development as they prove useful for studying R/S growth and development.

Fowler's (1981) six stages of faith considered both capabilities and limitations of a person's spiritual development. Stage 0 (Infancy and Undifferentiated Faith) is an initial connection with concepts of divinity based solely upon primary caretakers' safety and connection. This foundational concept can provide an opportunity for positive spiritual growth in development or may also impair a person's journey. Stage 1 (Intuitive-Projective Faith) begins at age two when a child's imagination creates and explores concepts of spirituality and the Divine based on familial or cultural messages. Feelings more than logic rule this stage of development and can create a warm or cold, loving, or hostile, magical, and egocentric God concept, influencing personality development. Stage 2 (Mythic-Literal Faith) begins around age eight when logic and reason mark development. Rituals, religious activity, moral guidance, rules, and consequence begin to dictate the spiritual journey. In this stage, inflexibility in belief systems and maladaptive responses to personal challenges can affect faith development. Stage 3 (Synthetic-Conventional Faith) is an adolescent abstract thinking stage. Relational intimacy marks the growth of the individual in this stage. However, many people maintain a socially constructed faith marked by faith community relationships and church leadership more than a personal connection to the Divine. Disruption marks Stage 4 (Individuate-Reflective Faith in Young Adulthood – Early Forties). Answering faith questions and developing faith identity that is personal comes with conflicts, crisis, and difficulty. Scrutiny and personal autonomy allow an evaluation of belief and commitment to mark this period of growth. Stage 5 (Conjunctive Faith – Midlife) permits an exploration of faith elements and deeper commitment to experience sacred and divine in complex, personal ways. Stage 6 (Universalizing Faith) is a stage where individuals become socially unifying, giving up self for a cause. The unifying ideology often

goes against religious and even social culture where the individual is a representative of what faith was meant to become to all people.

Researchers supported the need for CITs to examine a personal spiritual journey as a part of an educational growth process (Garner et al., 2017; Souza, 2002; Tillman, 2011). CITs who examined their spiritual journey from a developmental perspective in graduate training have the benefit of creating a socially constructed competence, where a personal spiritual journey connects to skills needed to provide ethical treatment for clients seeking R/S care (Tillman et al., 2013). Self-exploration of R/S concepts continues to emerge as a primary defining variable in relation to competence (Behrens, 2018; Johnson, 2015; Selby, 2018; Lu et al., 2019). Programs that create an open opportunity for spiritual examination about Fowler's stages of faith (or other faith development theories) may produce more competent and willing professionals capable of responding to R/S client needs.

Current Academic Models of R/S Training

Infused Curriculum Courses

To reconcile the current need for improved R/S graduate training with current research recommendations, studying models of R/S training for graduate programs continued. Researchers supported the infusion of R/S specific content into the eight-core CACREP-areas of graduate training (Adams et al., 2015; Cashwell & Young, 2004; Hagedorn & Gutierrez, 2009; Young et al., 2007). Over the past few years, with competency-based educational training as an option, students continued to report a lack of infused R/S specific training using this graduate course training method (Dobmeier & Reiner, 2012; Hagedorn & Gutierrez, 2009; Johnson 2015; Lu et al., 2020).

Distinct R/S Specific Course

As a response to insufficient R/S training, some researchers advocated for a specific course targeting R/S competency training (Bohecker et al., 2017; Johnson, 2014; Reiner & Dobmeier, 2014; Robertson, 2010). Although some graduate programs do offer this type of class, the effect on the graduate remains unclear because it is primarily an elective offering (Cashwell & Young, 2004; Curtis & Glass, 2002). Bohecker et al. (2017) recommended the addition of a ninth core curriculum area and suggested what a stand-alone course would offer graduate students. Some suggestions included the history of religious cultures, contemporary spirituality, a study of benefits of spirituality and its connection to holistic wellness, ASERVIC competencies, case conceptualization, personal exploration of R/S background, experiential training, and spiritual developmental theory (Bohecker et al., 2017). The benefit of a distinct class to address R/S competency for a graduate student remains unknown.

R/S Supervision

Another avenue for training is the practicum and internship experience under supervision. Supervisors have multiple empirically supported models to choose from when training supervisees. However, there are only a few, and those with scant research, providing R/S infused supervision. Polanski (2003) conceptualized the use of each part of the discrimination model for purposes of R/S integration in supervision. The author's work described both the roles of the supervisor and the three areas of focus for consideration in the area of R/S beliefs and practices. Polanski (2003) reported this would allow for supervisees and supervisors to consider developmental needs together. Gilliam and Armstrong (2012) provided research suggesting the discrimination model as a useful model to improve this overlooked gap in addressing R/S concerns in supervision.

Ross et al. (2013) documented a meta-synthesis of the professional literature on spirituality in supervision, nine articles informed counselor training programs on the essential elements in providing R/S supervision. Using a grounded theory research method, Ross et al. (2013) added a theoretical model for R/S integrated supervision to the existing models already in use for CITs. Research into counselor supervision highlighted useful models. Aten and Hernandez (2004) used the Stoltenberg's (1981) integrated developmental model of supervision. Parker (2009) proposed a faith development theory (Fowler, 1981) based on the integrated developmental model. Secor (2019) recently used the integrated developmental model along with the discrimination model and Ross et al.'s (2013) SACRED model. These were all used to assess students' R/S competence. These conceptual theories and developmental process models forged the way for continued study on the integration of R/S practices within supervision during counselor training.

R/S Supervision Models

Discrimination Model

The discrimination model of supervision also supported the development of the CITs regarding competence. Bernard (1979) narrowed down the complex dynamics of supervision into three foci, process or intervention, conceptualization, and personalization (Bernard & Goodyear, 2014). Further, DM allowed the supervisor to serve as either an educator, counselor, or consultant (Bernard, 1979). They move in and out of these roles as the supervisee needs. Bernard (1979) described this process phase as the use of basic interviewing, reflecting, and helping skills.

Therefore, to integrate R/S development within the context of supervision, the supervisor uses the process phase to educate, help, or consult about any interventions or

technique the supervisee uses with the client. As a supervisee moves into conceptualizing, they discuss R/S themes, goals, and strategies (Bernard & Goodyear, 2014). The personalization stage gives the supervisor the opportunity to explore the supervisee's personal values and the influence they have on client care. In this stage, R/S discussion and development may occur as the supervisor chooses whether to educate, discuss internal reactions, or provide support and suggestions for ongoing professional needs in this area.

Integrated Developmental Model

Bernard & Goodyear (2014) cited the integrated developmental model as one of the most useful models of supervision. Developed by Stoltenberg (1981) to examine a counselor's competence at applying theory in clinical skills, the integrated developmental model offers supervisors levels of development to consider in supervision as they support the CITs (Bernard & Goodyear, 2014; Stoltenberg, 2014). The three areas supervisors used for evaluation include autonomy, motivation, and self and other awareness (Stoltenberg, 2014).

These areas support supervision integrating conversation regarding R/S competency, as well as other skills. As CITs progressed through training and supervision (stages), supervisors expected developmental growth in each area (Stoltenberg, 2014). Since the integrated developmental model supported matching supervisor competence that promotes an environment of developmental growth in the supervisee, using the integrated developmental model for supervision of R/S integration will involve the training of both supervisor and supervisee in all three areas of autonomy, motivation, and self-other awareness (Bernard & Goodyear, 2014; Stoltenberg, 1981). The integrated developmental model is a growth-oriented model of supervision conceptualizing R/S integration in supervision (Aten & Hernandez, 2004).

Summary of Framework for R/S Training

Research efforts together with organizational influence give current graduate programs formulated R/S competencies for training (Cashwell & Young, 2011; Dailey et al., 2015; Robertson, 2010; Robertson & Young, 2011). Efforts to implement R/S training continue to include courses with infused R/S training along with some distinct R/S courses. However, evaluating the benefit and differences of types of training has not been a focus of empirical study. CIT supervision provide areas to study R/S training and competency. Empirically supported models of supervision create the foundation to begin research with R/S integrated supervision. Faith development theory gives a theoretical foundation to the R/S development of the CIT. Theory and concepts currently in the field of counseling align with training needs for graduate studies in R/S competency.

Current Related Research

The on-going examination of graduate training for R/S competency is beginning to move from a theoretical study, which values these skills, to the practical application of how to begin the implementation of them. Research is shifting from the endorsement of R/S competency training in graduate counseling programs (Adams et al., 2015; ACA, 2014; Dobmeier & Reiner, 2012; Johnson, 2015) to interest in how to best facilitate training (Adams, 2012; Cashwell & Young, 2020; Fluellen, 2007; Henriksen et al., 2015). In support of refining CACREP standards, which gave oversight to the counselor education programs, Bohecker et al. (2017) suggested a ninth core curriculum area be added to the current CACREP standards (2016) addressing spirituality and religion as a part of the professional counseling identity. By making this change in accreditation standards, counseling programs would begin to formalize and standardize training for R/S competency. Future curriculum infusion for R/S training

recommendations can be based on outcome research from those continuing to study students and counseling educators to add empirical support for methods (Adams et al., 2015; Hagedorn & Gutierrez, 2009; Lu & Woo, 2017; Lu et al., 2019).

Emerging research is beginning to connect physical and mental health through a holistic wellness concept (Cashwell & Young, 2020). As the counseling profession begins to incorporate concepts of holistic wellness (Myers & Sweeney, 2009) and spirituality is studied as a part of well-being (Stebnicki, 2007), graduates expect to begin training to face culturally relevant needs in society, especially for those seeking R/S competent counseling (Bohecker et al., 2017; Hull et al., 2016; Hagedorn & Gutierrez, 2009). The increase in interest for the research supporting R/S competency training includes holistic wellness (Bohecker et al., 2017). Lawson and Myers (2011) pointed to spirituality as the defining variable in wellness for counselors. Therefore, counselor programs combined both wellness-focused training and R/S integrative in training may have a positive impact on the profession. The process and oversight of teaching models for graduate training in R/S competency, holistic treatment of clients, wellness of the counselor, and the R/S piece of multicultural and diversity training, require standardization through empirical support (Selby, 2018).

As societies continue to face unimagined psychological stressors, such as the worldwide pandemic with the coronavirus disease (Rajkumar, 2020) and racial based tensions exploding in violence (Carter & Kirkinis, 2020), emerging professional counselors expect to learn skills to facilitate client care involving R/S preferences based on diversity (Adams, 2012; Hage et al., 2006; Frazier & Hansen, 2009). The critical need of clients, for holistic care, positions professional counselors, counselor educators, counseling supervisors, and counseling

researchers in an ethical demand to increase R/S competency training for the CITs (Adams et al., 2015; Bohecker et al., 2017; CACREP, 2016; Reiner & Dobmeier, 2014).

By focusing on the continuing need and expectations for R/S counselor competency, the field of professional counseling is beginning to value, study, and practice R/S MCC in new ways. CITs are discussing the continuing need in graduate training, the lack of R/S supervision, the personal development in R/S, the obstacles and benefits of R/S training as a practicing clinician, along with the variables demonstrating significance in student training (Adams et al., 2015; Barto, 2018; Gladding & Crockett, 2019; Johns, 2017; Lu et al., 2019). Recent researchers highlighted the continuing need for systematic training for R/S integrated graduate training coursework and supervision (Oxhandler & Pargament, 2018; Selby, 2018; Lu et al., 2019; Lu & Woo, 2017). Fortunately, interest and research in R/S integration in counselor and supervision training has increased in recent years, promoting the continued study of competency training in emerging professional counselors.

Methodological Literature

Quantitative Correlation Design

With research on R/S competence broken down into conceptual R/S development constructs, correlational design is a suggested design method to explore relationships among manipulated and non-manipulated variables (Fitzgerald et al., 2004). Other researchers use linear regression analysis to determine the significance of variables contributing to R/S competence (Johnson, 2015; Lu & Woo, 2017; Lu et al., 2019; Selby, 2018). Consistency in research identified significant variables encouraging the future study and establishing a direction for counselor education programs. Establishing potential correlations of variables between preparation and spiritual competence will direct future research and implementation of

practical skills in counselor programs, teaching, and supervision. Qualitative correlational design research supports this goal (Fitzgerald et al., 2004).

Assessment Scales

Spiritual Competency Scale

Measuring R/S competency requires psychometrically sound instruments. Fortunately, the past 15 years has given us time to evaluate tools determined most helpful. Two such instruments measure self-reported R/S self-competence (Fluellen, 2007; Robertson, 2010) based on the ASERVIC competencies (Cashwell & Watts, 2010). For purposes of this study, the Robertson (2010) Spiritual Competency Scale, given to 662 counseling students nationwide, development and use will be the focus. The original scale came from a factor analysis study that resulted in 22 items and established the six categories (Culture and Worldview, Counselor Self-Awareness, Human and Spiritual Development, Communication, Assessment, and Diagnosis and Treatment) that stand as the main factors for the original nine spiritual competencies and remain as the factors for the revised 14 competencies (ASERVIC, 2009; Cashwell & Watts, 2010; Cashwell & Young, 2004; Robertson, 2010).

Revised Spiritual Competency Scale II

Dailey et al. (2015) studied 246 ASERVIC participants, which provided additional support for the Spiritual Competency Scale to be a measure of R/S competency and allowed revisions to the original Spiritual Competency Scale along with establishing a cutoff score for competency (105). Administering the survey to ASERVIC professional counselors, supported the Spiritual Competency Scale as a valid instrument and the improved SCS-R-II useful not only with students, but also professionals (Dailey et al., 2015). However, this study also

documented professional counselors reported lower than anticipated scores expected to meet standards of R/S competence and support the need for R/S specific training (Dailey et al., 2015).

The SCS-R-II aligned with the R/S competencies established by ASERVIC (2009) and endorsed by the ACA (2014). The SCS-R-II is a 21-item scale with six subscales: Assessment, Counselor Self-Awareness, Diagnosis and Treatment, Human and Spiritual Development, Cultural and Worldview, and Communication. These six subscales are the factors studied for competency. There is a combined score to determine the cutoff number representing R/S competence. Response options show strength of agreement on a 6-point Likert scale ranging from 1-strongly disagree to 6 – strongly agree.

A panel of experts who reviewed the questions established content validity. Lu et al. (2018) performed a confirmatory factor analysis to validate the SCS-R-II with 176 participants. The SCS-R-II measures levels of competency based on knowledge, attitudes, and skills in agreement with the MCC standards (Arredondo & Toporek, 2004; Lu et al., 2018; Robertson, 2010). The development of this scale has prompted counseling research, particularly in an effort to encourage counseling programs regarding teaching R/S competency (Bloomquist 2016; Lu & Woo, 2017; Lu et al., 2019; Oxhandler & Pargament, 2018; Selby 2018).

Spiritual and Religious Training Environment Measure

The S/R-TEM is a recently developed measure to assess openness of a graduate program. This is a 10-item measure for students to determine whether the graduate program was open to discussing R/S as a part of diversity or MCC in the teaching, research, and supervision (Lu & Woo, 2017). Lu and Woo (2017) used 10 of the 21 items by Schulte et al. (2002) that pertained to the counseling profession. Rating is on a 5-point Likert scale (1- strongly disagree to 5 – strongly agree). Lu & Woo (2017) study validated the 10-item study with 74 master's-

level counseling students who reported on program environment openness to R/S training. The Cronbach's alpha confirmed internal consistencies in three areas totaling the 10 items score of .91 (Lu & Woo, 2017). This revised Schulte et al. (2002) questionnaire (Lu & Woo, 2017) was supported with dimensionality and reliability and used again in the Lu et al., (2019) study of 109 CITs examining training environment as a predictor of R/S competence, achieving Cronbach's alpha of .93. The predictive validity on the S/R-TEM in the Lu et al. (2019) study accounted for 57% ($r = .75$) of the total variance of a variable that examined respondents' confidence to be S/R. Although this is a newer measure for assessing program openness influence in predicting student spiritual competence, the reliability and validity allow this instrument to lay a foundation for study of an open learning environment (in teaching, supervision and research) as a contributory factor in predicting R/S CIT competence (Lu et al., 2019).

Survey Instruments

To assess perceived spiritual competence, this study will use the SCS-R-II (Robertson, 2011). The SCS-R-II is being used as a reliable measure of spiritual competency for students, professional counselors, and counselor educators (Bloomquist, 2016; Lu et al., 2020; Oxhandler et al., 2018; Selby, 2018). Dailey et al. (2015) suggested this tool was useful in graduate programs to assess student learning. Therefore, using the SCS-R-II will give psychometrically sound research for the current state of graduates, as a cutoff score of 105 is established for spiritual competency (Dailey et al., 2015; Lu & Woo, 2018).

I will assess program openness to R/S concepts using the second instrument that is useful in this study, the S/R-TEM. This 10-item questionnaire measures student perceptions of their graduate training programs willingness to discuss R/S concepts as a part of diversity (Lu et

al., 2019) and based on Schulte et al. (2002) 21-item questionnaire normed to study R/S issues in counseling psychology. The Lu and Woo (2017) S/R-TEM scale reached Cronbach's alpha of .91 and therefore demonstrated reliability in measuring what was intended in the creation and use of this instrument. However, the S/R-TEM is only beginning to be used in research and should continue to be assessed and evaluated with each research study for its reliability (Lu et al., 2019).

Summary

Faith development theory (Fowler, 1981) supports the idea that R/S competency is a developmental process. Building on theoretical models, counselor training should provide an opportunity for the CIT to explore and developmentally grow through the educational process. Established definitions for R/S competency in the constructs while separate, overlap, and continually require definition in research (Cashwell & Young, 2005; Zinnbauer & Pargament, 1999). Fortunately, professional organizations provided definitions and standards of competency, through research, to guide emerging counselors (Cashwell & Watts, 2010). With the empirical support for ASERVIC competences being established, research began to emerge in the area of R/S counselor training needs across the helping professions (ASERVIC, 2009).

Qualitative and quantitative research continues to speak to students', counselor educators', and professional counselors' perspectives regarding the types of training that may support increased development (Dobmeier & Reiner, 2012; Hage et al., 2006; Post & Wade, 2009; Young et al., 2007). Of the two options, coursework with infused spirituality is the more common method for R/S training (Briggs & Rayle, 2005; Hagedorn & Gutierrez, 2009). However, since there remains a gap in counselor training and training needs, distinct, stand-alone courses covering R/S content continue investigation as a viable option in training (Curtis

& Glass, 2002; Pate & Hall, 2005; Robertson, 2010; Souza, 2002). R/S supervision and the personal development of the counselor reveal additional avenues for effective training and continue to be an interest for future study. Exploring newer variables in this study include institutional affiliation and graduate program openness.

Current research shifted from theory and conceptual articles, to supporting the need to implement R/S competency, increasing the understanding of variables regarding competency for CITs. Research on effective R/S supervision continues to help build supervisors who feel a lack of competency and training in this area (Garner et al., 2017). Also, the practical use of ASERVIC competencies, with validated assessments, needs on-going support as professionals, counselor educators, and students increase knowledge, skill, and practice (Reiner & Dobmeier, 2014). Since questions continue to surround effective counselor training in spiritual and religious competencies, the 14 ASERVIC competencies are empirically supported and in place, although there is a lack of standardized, consistent, and effective training outcome research. I will investigate variables of openness of a counselor education program, institutional affiliation, types of coursework offering R/S training, and the relationship of each to spiritual competency (ASERVIC, 2011; Cashwell & Young, 2011; Henriksen et al., 2015; Reiner & Dobmeier, 2014).

CHAPTER THREE: METHODOLOGY

This chapter presents the methodology used to investigate the relationships among three primary or predictor variables pertinent to the expected ASERVIC R/S competencies for CITs nearing the end of their graduate program. The primary variables are as follows: (1) the institution's openness to R/S discussion, supervision, and research, (2) programs' institutional affiliation (Christian or secular), and (3) the type of instruction (coursework integrated into classes or a distinct R/S course; Cashwell & Watts, 2010). In this chapter, I provide a review of the purpose of the study and research questions with hypotheses. I then discuss research design, validity concerns, population and participant selection, sample size, data collection procedures, and instruments for assessment. Also included is a detailed explanation of the demographic questionnaire. Finally, the chapter concludes with data analysis and ethical considerations.

Research Purpose

The purpose of this study is to develop an understanding of the relationship among perceived program openness, institutional affiliation, type of instruction, and spiritual competence among master's level CACREP CITs. The study extends the counseling literature by investigating relatively recent and important issues related to counseling programs on the significant variables affecting R/S competency for graduate students. Further, as a counselor educator, I am interested in promoting knowledge, skills, and practical application of the empirically supported ASERVIC R/S competencies guiding R/S training (Cashwell & Watts, 2010; Daily et al., 2015). CACREP counseling programs need consistency in training to meet the ethical and professional guidelines in addressing clients' R/S needs (Bohecker et al., 2017).

Definitions

Religious Institution

For purposes of this research, the survey will define religious institutional affiliation as stated by the university. I will give consideration of graduate programs as religious or non-religious based on the university's identification as such.

Program Openness

I am considering instruments, which use the perception of the graduate student. Therefore, reporting program openness in this research reflects the CIT's perception of the program environment supporting R/S concepts in the teaching, supervising, and research, not an actual program evaluation (Olson, 2007; Peoples, 2013; Schulte et al., 2002).

Type of Training

Integrated Class

The integrated curriculum model uses existing coursework to facilitate R/S discussion and training (Young et al., 2002).

Distinct R/S Class

Stand-alone courses use a distinct class or a specific R/S class to teach R/S concepts for integration in the treatment and care of clients (Curtis & Glass, 2002).

Research Questions and Hypotheses

RQ1: Have students graduated from CACREP-accredited counseling programs achieved a minimum threshold of R/S competencies as measured by the SCS-R-II?

H₀1: The average score on the SCS-R-II for students graduating from CACREP-accredited counseling programs will be less than the 105-cutoff score that determines R/S competency.

RQ2: Is there a relationship between R/S competency and institutional affiliation?

H02: There is a relationship between R/S competency and institutional affiliation.

RQ3: Is there a relationship between R/S competency and type of training?

H03: There is a relationship between R/S competency and type of training. The average attainment level of graduates' R/S competencies, as measured by the SCS-R-II, will be highly correlated to the use of a distinct R/S class rather than integration of R/S concepts in existing courses. There is a statistically significant difference in the correlation of class type and spiritual competency as measured by demographic information and SCS-R-II.

RQ4: Is there a relationship between R/S competency and CIT's perceived program openness?

H04: There is a relationship between R/S competency and CIT's perceived program openness. There is a statistically significant difference in the correlation of perceived program openness and competence as measured by S/R-TEM.

RQ5: Is there a relationship between perceived program openness and ASERVIC R/S competencies after controlling for Institutional Affiliation?

H05: When controlling for institutional affiliation, there will be a relationship between perceived program openness and competencies.

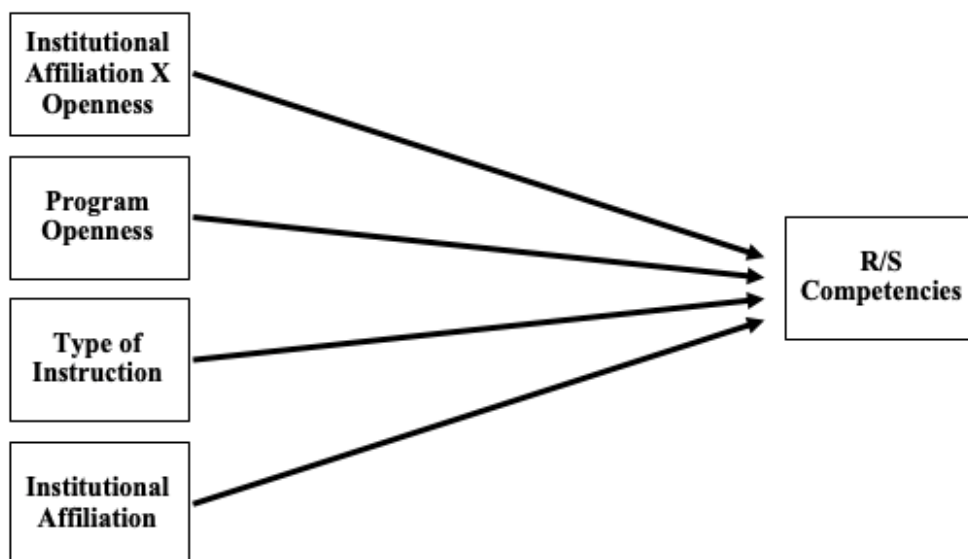
Research Design

This is a correlational study. To answer the research questions, I will use t tests and regression analysis to assess the relationships among the variables and collect data using two validated instruments (SCS-R-II and S/R-TEM) supplemented by several closed demographic questions related to the research questions. Also, I will survey the population of current

CACREP programs' graduating students at institutions with both religious and non-religious affiliations.

In addition to descriptive statistics, I will employ regression analysis to assess relationships among the variables (Fitzgerald et al., 2004). Prior to calculating statistics, I will screen the data for accuracy, systematic presence of missing variables, outliers falling ± 3 standard deviations from the mean, kurtosis and skewness, and assumptions for regression studies (Warner, 2008). If there is a violation of homoscedasticity of variance, I will transform the data usage, for example with log transformation and calculate descriptive statistics for all collected data (Creswell & Creswell, 2018; Warner, 2008).

I will examine distinct descriptive statistics for demographic characteristics of the population. The following demographic characteristics are important in this study: age, spiritual and religious affiliation, counseling specialty, institutional affiliation, teaching openness, research openness, supervision openness, type of coursework, and training level. To test this study's hypotheses, the researcher will use t tests, correlation tests, and linear regression analysis entering all variables at once (Creswell & Creswell, 2018; Warner, 2008). I will perform the analyses using IBM-SPSS, version 27. Figure one represents this correlational study with all of the identified research variables to be examined.

Figure 1*Relationships to R/S Competencies***Internal Validity**

The internal validity of this research design refers to whether the research can support testing these hypotheses as intended (Bordens & Abbott, 2011). In an experimental study, internal validity refers to whether manipulation in the research is the cause of the observed outcomes (Kerlinger & Lee, 2000). Researchers consider multiple “threats,” or alternative explanations of the outcomes with the intent of eliminating or reducing their explanatory power. However, I do not manipulate variables in this correlational study. Therefore, internal validity, related to the question of causation, is not relevant, nor are other threats associated with experimental design (e.g. history, attrition, testing, attrition; Warner, 2008). Correlational design methodology rules out and reduces threats and can control for unwanted variables making the internal validity of the research strong. In this study, there is but one primary threat: instrumentation. Each of the two survey instruments in the present study has been validated,

one, as a surrogate measure for CITs' competencies (Dailey et al., 2015), and the other as a measure of perceived program openness (Lu & Woo, 2017). Concerning time as a potential threat, the surveys, I will administer the surveys within a two-month timeframe. With regard to the selection, I am surveying a population, all of whom share the experience of preparing to graduate from master's level CACREP-accredited programs and completing in their final semester of training. Finally, while the programs cover religion and spirituality in their curricula, some will have experienced that content in a stand-alone course and others learned within an integrated curriculum. Indeed, everything pertinent is similar in the two groups apart from this difference. Furthermore, I will randomly distribute any other differences not considered in this study across the population.

In summary, the internal validity threats are low because this is a correlational study and will not involve the control or manipulation of variables. Also, each of the two survey instruments received validation, all participants will come from master's level CACREP-accredited programs, which require addressing religion and spirituality in the curricula, and I will administer the surveys at approximately the same time (one to two months before graduation). I target masters' level CACREP-accredited programs, which require addressing religion and spirituality. The participants should have similar exposure since they are all completing graduate level training.

External Validity

External validity allows generalizing results to be an entire population, although the goal of most research, makes it difficult to achieve. Findings may not apply to other people in different settings, creating the need for caution regarding generalizability (Borders & Abbott, 2011). To minimize potential external validity threats, I am completing a survey of the

population of CACREP programs' students nearing graduation and completion of the program. Therefore, the research results increase in generalizability to current CITs. While this study builds on prior research, it remains a largely exploratory and descriptive effort. The result should contribute to a better understanding of the direct effectiveness of training and contributing variables.

Selection of Participants

Participants for this study include a purposeful sample of masters-level CITs enrolled in CACREP-accredited counseling programs, at either religious or non-religious institutions and in their final semester of graduate training. A population survey allows CITs to report on the current state of spirituality training in CACREP-accredited counseling programs. I will send electronic invitation letters to directors of counseling programs across the United States, located in the CACREP directory, and identified through collegial networking, asking program directors and professors to forward the research survey to their students with the researchers' invitation letter (see Appendix A). Information contained in the returned email will assess and identify students who are in the final semester of their graduate training. The survey will include informed consent explaining the purpose, benefits, and risks of this study and store only emails for participants who want the research results. I will provide a survey link for individuals who chose to participate (see Appendix B).

Due to the minimal number of graduates each semester, this research included a census survey as opposed to a selected sample of participants. This census of the population of graduate students, in the final semester of training, may help with reducing sampling bias while providing adequate numbers of participants.

Data Collection Procedures

As a first step in research, I sought approval from the Institutional Review Board for the use of human subjects in research to conduct this study (see Appendix E). Once the study receives approval, I will submit a request for participants to program directors, offering to send the results of this study, as the outcomes may be of interest to them. I will then ask directors and counselor educators to pass the study on to students for their participation. Those who choose to participate will read the informed consent document, explaining the study, confidentiality, anonymity, secure storage of data, and ways to receive the results. Also, I will explain the constructs of the research to inform them I will not offer direct compensation for completing the surveys and the minimal risk of data sharing because I will not ask any identifying information and secure the email response on a separate document. I will inform them that their participation is voluntary, however, if they choose, I will add their email information into a drawing for a \$50 Amazon Gift Card. Finally, I will explain their ability to withdrawal from participation at any time. In the informed consent document, the participants can respond to questions regarding if they read and understood the informed consent, whether they are in the final semester of graduate training, and willing to participate to respond with a yes or no. If a participant marks yes, the link to the survey will open. After completing the survey, participants give an email address to store for results and become entered in the drawing for a \$50 Amazon Gift Card upon request.

SurveyMonkey is an on-line questionnaire software (SurveyMonkey.com) used to deliver this survey in a quick and easy, confidential format. To protect the participants' information, I will store email addresses in a separate file unattached from the survey data. I obtained initial permission for use of instruments (see Appendix D).

Research Instruments

Demographic Information

I asked participants questions regarding institutional affiliation (religious or non-religious), type of coursework (distinct or integrated), level training (masters or doctoral), age (categories 20-29, 30-39, 40-49, 50-59, 60+), spiritual and religious affiliation, and counseling specialty.

Revised Spiritual Competency Scale-II

The SCS-R-II demonstrated validity and reliability support as a measure of R/S competency with higher scores offering higher competency level indications (Dailey et al., 2015; Lu et al., 2018). Dailey et al. (2015) proposed students with a score of 105 report an adequate level of competency. The SCS-R-II contains 21 items that align with the R/S competencies established by ASERVIC (2009) and endorsed by the ACA (2014). The items use a six-point score on a Likert-like agreement. Each response option receives a label, the anchors scale as 1- high disagreement to 6- high agreement. Overall spiritual competency score is a full-scale score. For this study, a total score reports the desired R/S competency and the individual factors are not the focus of the study. Therefore, even though the items align with one of the six categories, I will not categorically score them in the survey results.

A panel of experts who reviewed the questions established content validity (Dailey et al., 2015). Lu et al. (2018) performed a confirmatory factor analysis to validate the SCS-R-II with 176 participants. The SCS-R-II measures levels of competency-based on knowledge, attitudes, and skills. Haasz (2012) also confirmed the strength of the SCS-R-II with a study to investigate the psychometric properties. Since the Dailey study involved ASERVIC

professional counselors, the SCS-R-II is considered a valid instrument and useful not only with students but also professionals (Dailey et al., 2015).

Spiritual and Religious Training Environment Measure

A measure to assess the openness of a graduate program is the S/R-TEM. This is a 10-item measure for students to evaluate whether the graduate program is open to discussing R/S as a part of diversity or MCC in teaching, research, and supervision (Lu & Woo, 2017). Lu and Woo (2017) used ten of the 21 items by Schulte et al. (2002) pertaining to the counseling profession. Rating is on a 5-point Likert scale (1- Strongly disagree to 5- Strongly agree). Validating the ten items in the Lu & Woo (2017) study originally used by Lu et al. (2019) in the study of exploration of variables affected R/S competence for counselor education. This measure for program openness is reliable and valid for continued study (Lu et al., 2019; Lu & Woo, 2017).

Data Processing and Analysis

The first step in data analysis is downloading the data from the SurveyMonkey website into an Excel data file. By downloading the data into IBM SPSS Version 27, I will screen and examine missing data and exclude incomplete surveys from the data set and the final analysis. Preliminary data screening determines if scores are normally distributed and screens for outliers. Calculating descriptive statistics will generate percentages for demographic information and compute the mean and standard deviation of each of the instruments. To test the study's hypotheses, I will use test of means (t tests), Pearson's correlation and multiple regression analysis to determine which variables have significant associations with spiritual competence.

Ethical Considerations

Research requires ethical standards in caring for research subjects and data. By following the regulations provided by the Institutional Review Board and the ACA (2014), I focused attention on participants' privacy. To participate in this research study, subjects had to be 18 years of age and in the final semester of a masters' level graduate training program. This research presented no adverse risk or harm in completing the survey. However, participation may have unknown effects potentially resulting in distress. Therefore, the informed consent provides an online counseling resources (Betterhelp.com) to alleviate any distress incurred in the completion of the survey. Subjects receive the researcher's and dissertation chair's contact information to help with any concerns or questions. I do not request sensitive data in the survey questions and will secure all identifying information related to the study.

Summary

In this chapter, I reviewed the methods used in the research project to study variables of perceived program openness, institutional affiliation, coursework offering, and how those variables relate to R/S spiritual competency. To answer the four stated research questions, I conducted a census of CACREP graduate students, nearing the end of program training, through informed consent for survey participation. This chapter addressed the research design and procedures, instrumentation, data analysis, and ethical concerns to complete the research study.

CHAPTER FOUR: RESULTS

The purpose of this study was to examine the relationships between (1) institutional affiliation (religious or non-religious), (2) type of classroom instruction (stand-alone RS course or integrated in core curriculum) (3) program openness to RS teaching, supervision and research, and the (4) ASERVIC R/S competencies of the master's level, graduating CITs.

In January 2021, directors of programs were identified through a list on the CACREP website for CACREP accredited schools with masters-in-counseling degrees. Three hundred and ten schools were identified as having an accredited masters level program in clinical mental health counseling, community counseling, school counseling or marriage and family counseling (106 secular and 200 Christian). The CACREP website listed program director contact information. Each of the 310 program directors listed were sent an email which included an IRB approval letter, a program director letter, and a student participation letter. This email also included a link to the SurveyMonkey R/S competency study that could be passed on to faculty and students for participation. Program directors were asked to respond in regard to willingness to participate and, if willing, to provide a number of potential participants from their programs. Program directors were asked to communicate with faculty who may be willing to pass the survey to CITs meeting criteria for inclusion in the study. Students in their final semester of study at CACREP accredited programs were asked to access and complete the survey.

Eleven program directors responded (5 yes, 6 no or unable). Seventeen of the remaining program directors, were sent a follow up email, alerting them that I would call them to discuss the research. Of the 17, five program directors agreed to pass the survey to their faculty and students. By March, 50 students had participated in this research study. A final email attempt

was made to contact program directors that had not responded in mid-March and after no response, the survey link was closed.

This survey was completed by 50 adults who are 18 years or older and in their final semester of a masters-level CACREP accredited counseling program. Participants responded to demographic questions specific to this study and completed two validated instruments assessing RS competence (the SCS-R-II; Robertson, 2011) and learning environment (the S/R-TEM; Lu & Woo, 2017). This chapter describes the data analysis used to examine whether the hypotheses were supported by the data. A summary of the findings is presented.

Data Screening

A sample of 50 participants was obtained during data collection in February and March of 2020. Several methods were employed to screen data. A criterion for people to participate in the study was that they must be 18 years of age and also in their final semester of study as a masters-level student. Twenty-two cases were eliminated for lack of data. Data screening revealed that three participants were able to answer “no” to a disqualifying question: “Are you 18 years of age or older and in your final semester of study?” and still continue to finish the survey. These cases were also removed from the final useable data. After the initial phase of data screening, a total of 25 cases were retained.

Since there was a small number of participants, all data were visually inspected and screened for completion and consistency in the survey. Of the 25 cases assessed, all participants completed the 44-question survey without any disqualification.

Assumptions

An initial review of responses revealed no obvious errors or missing data. The data were also examined for outliers and none were judged too inappropriate for inclusion. To assess

normality, the scale-level variable distributions representing competency (additive scores on the SCS-R-II) and openness (average program openness) were evaluated and deemed normal via visual inspection of histograms. In addition, a Shapiro-Wilk statistic was calculated for each of these variables. Neither competency ($W(25) = .970, p = .656$) nor openness ($W(25) = .947, p = .219$) departed significantly from normality. Standardized values of skewness and kurtosis were calculated for each of these variables by dividing the parameter with its associated standard error, e.g., $S_{\text{Skewness}} = \text{Skewness}/SE_{\text{Skewness}}$, and found to be well within normal limits as displayed in Table 4.1.

Table 4.1

Standardized Values of Skewness and Kurtosis

Variable	S_{skewness}	S_{kurtosis}
Competency	0.293	-0.790
Openness	1.060	0.243

Finally, the justification for using parametric statistics was a sample of 25, within the minimum n of 20-30 participants (Warner, 2013).

Participant Demographics

Seven demographic questions pertinent to this study were asked. Participants' ages ranged from 18 to 64 years of age, the largest group being in the 25 – 34 age group ($n = 9$, 36%). Approximately 52% ($n = 13$) reported being 34 years of age or younger, while 48% ($n = 12$) reported being between 35 and 64. The majority of respondents, 80% ($n = 20$) identified as female; 20% ($n = 5$) identified as male.

As presented in Table 4.2, most respondents identified as Christians. Obviously, however, these response options are not mutually exclusive.

Table 4.2*Primary Religious Identity*

	<i>n</i>	%
Catholicism	1	4.0
Christianity	15	60.0
Inter/nondenominational	1	4.0
No religion	5	20.0
Protestantism	3	12.0

All participants indicated 1 – 5 years' experience as counselor, not surprising given that the research was completed by students ending a master's program of counseling. The programs of study represented included clinical mental health ($n = 18, 72\%$), school counseling ($n = 4$), marriage, couples and family ($n = 2, 8\%$) and clinical mental health and marriage and couples ($n = 1, 4\%$).

Because all CACREP-accredited schools with a masters in counseling program were contacted, respondents were asked to identify the region of the country in which their program is located. Most participants reported attending a southern school ($n = 13$), while the other half were divided between the North Atlantic ($n = 6$) and the Midwest ($n = 6$). In response to a question about whether their program of study was affiliated with a secular or religiously affiliated school, 60% ($n = 15$) identified a religious institution and 45% ($n = 10$) identified secular. Of particular relevance to this study, approximately 84% of respondents ($n = 21$) indicated that the subject of R/S was integrated into curricula, while only 16% ($n = 4$) reported that they received stand-alone training in the subject.

Data Analysis

Data analysis was performed using IBM SPSS Statistics Version 27. All tests were conducted with $\alpha = .05$. Participants who did not complete all the items for any measure were

excluded from the analysis. Participants who did not meet the qualifying criteria (students 18 years of age or older and in their final semester of masters-level study at a CACREP accredited school) were also excluded.

Reliability of Data

As noted elsewhere, both the instruments used to measure R/S competency (SCS-R-II; Robertson, 2011) and learning environment (program openness; S/R-TEM; Lu & Woo, 2017) are validated instruments with reported high levels of reliability. To assess data reliability in this study, Cronbach's alpha coefficients were calculated for both the 21-item competency scale (.604) and the 10-item openness scale (.605). While Cronbach's alpha coefficients of approximately .70 and larger are generally desirable, .60 is also acceptable (Taber, 2018). The calculated correlations derived from the data yielded results consistent with variables analyzed in recent research (Lu & Woo, 2017).

Investigation and Analysis of Hypothesis 1

Hypothesis 1: The average score on the SCS-R-II for students graduating from CACREP-accredited counseling programs will be less than the 105-cutoff score that determines R/S competency (H1).

Null hypothesis: The average score for students graduating from CACREP-accredited counseling programs on the SCS-R-II will be $>$ or $=$ 105.

A single sample *t* test was used to test Hypothesis 1 (Table 4.3). The threshold for RS competency of 105, a cumulative score on the 21-item SCS-R-II, as defined by Robertson (2010) and Dailey et al. (2015) was used as the expected mean against which to compare the calculated sample value. None of the 25 participants in this study achieved this minimum competency threshold ($M = 55.44$, $SD = 10.42$; Table 4.4). There is, however, a statistically

significant difference between the expected and observed competency values, $t(24) = -23.78$, $p < .001$.

Table 4.3

One-Sample t Test for SCS-R-II with 105 Test Value

	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean difference	95% CI	
					<i>LL</i>	<i>UL</i>
Competency	-23.780	24	.000	-49.560	-53.86	-45.26

Table 4.4

One Sample Statistics for SCS-R-II

	<i>N</i>	Mean	<i>SD</i>	<i>SEM</i>
Competency	25	55.44	10.421	2.084

Since the null hypothesis was rejected for this study, an estimate of eta squared = .95, (which is an estimate of effect size for the one-sample t test for competency) shows a strong effect size for the results of the one sample t test. Since eta squared can range from 0 to 1.0, this value reflects a strong effect size for the results of the one-sample t test.

Investigation and Analysis of Hypothesis 2

Hypothesis 2: The average score for R/S competency of secular schools is not equal to the R/S competency score for religiously affiliated institutions (H2).

Null hypothesis: The average score for R/S competency will be the same between religious and non-religious institutions.

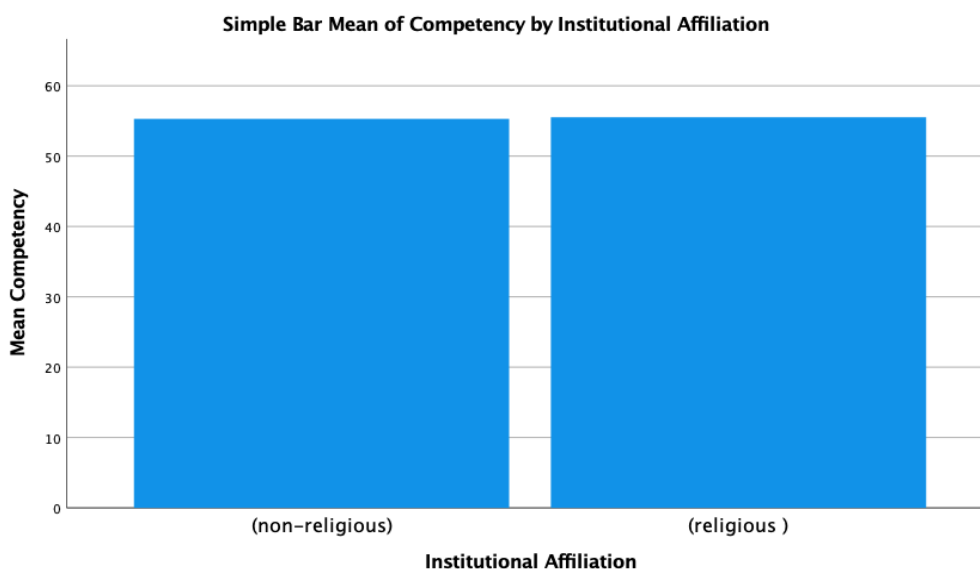
Homogeneity of variance demonstrated that the variances are equal, ($F(1, 23) = .323$, $p = .575$). An independent samples t test was used to test hypothesis 2, examining level of competency by institutional affiliation (secular, $M = 55.30$ and religious, $M = 55.53$). In this

sample, the means are virtually the same. The null was accepted since there is no statistically significant difference in the test of means, $t(23) = .054, p = .575$.

Further, by examining the bar chart (Figure 2) one can see the lack of association and that the distributions are essentially the same.

Figure 2

Bar Chart for Competency and Institutional Affiliation



Investigation and Analysis of Hypothesis 3

Hypothesis 3: The average score for R/S competency is not equal depending on type of class training (H3).

Null hypothesis: The average for R/S competency for distinct class training is equal to integrated class training.

Only four subjects reported a stand-alone course for R/S training. Given the limited sample size, independent t tests for the two types of coursework (integrated and stand-alone), were untestable. Note that the means for the subgroups, integrated ($M = 55.38$) and stand-alone

($M = 55.75$) are nearly identical. To provide any information on the relationship between types of coursework and R/S competency, future research would require a large sample.

Investigation and Analysis of Hypothesis 4

Hypothesis 4: There is a relationship between R/S competency and CIT's perceived program openness. There is a statistically significant relationship in the correlation of perceived program openness and competence as measured by S/R-TEM (H4).

Null hypothesis: There is no statistically significant relationship in the correlation of perceived program openness and R/S competence as measured by Spiritual and Religious Training Environment Measure (S/R-TEM).

For H4, Pearson's r test resulted in rejection of the null (that there is no correlation between program openness and competency). The results indicated that there is a statistically significant negative relationship between program openness and competency. The correlation ($r = -.439, p = .028$) demonstrated this relationship with 95% CI $[-.707, -.045]$. The effect size is $R^2 = .19$ in that approximately 19% of the variance is explained by the relationship.

Assumptions for SR-TEM

To assess student perceived openness, participants completed a 10-question validated instrument (Lu & Woo, 2017). This study utilized the one dimension of program openness measured by using the ten items on the SR-TEM, in line with the Lu & Woo (2017) study. H4 meets assumptions necessary for use of a grand mean (M) as a single variable representing the perception of learning environment openness: normal distribution, no significant outliers, and homogeneity of variance. For the 10-question grand mean on program openness, histograms and box plots assess the assumption of normality and indicated that scores were approximately normally distributed within each group, with no outliers.

t Test for Comparing Means

Given that Lu and Woo (2017) reported this 10 items scale measured a single dimension, program openness, I calculated the average of the 10 items per respondent (2.11) and compared it with the 3.5 mean reported in the Lu and Woo study. The average openness in this study was significantly less than what was expected. In the one sample t test (Table 4.5) there was a statistically significant difference between their mean of 3.5 and the mean in this sample of 2.11 ($SD = .56$) [$t(25) = -12.38, p = .00$]. The 95% CI around the difference between these sample means ranged from -1.62 at the low end to -1.16. Since there was a statistically significant difference in this data, Cohen's d (0.5611) showed medium effect size (Warner, 2013).

Table 4.5

One-Sample t Test for Program Openness with 3.5 Test Value

	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean difference	95% CI	
					<i>LL</i>	<i>UL</i>
Openness	-12.337	24	.000	-1.3889	-1.620	-1.157

Investigation and Analysis of Hypothesis 5

Hypothesis 5: When controlling for institutional affiliation, there will be a relationship between perceived program openness and competencies (H5).

Null hypothesis: There is no relationship between perceived program openness and R/S competencies when controlling for institutional affiliation.

Grounded in the results from H4, a final multiple regression analysis was performed to assess the strength of the relationship between openness and competency when controlling for institutional affiliation (Table 4.6). Adding institutional affiliation did not change the relationship between competency and openness, $F(2, 22) = 1.419, p = .246, R^2 = .242, R^2_{Adjusted}$

= .173 (Table 4.5). When accounting for institutional affiliation, R/S competency and openness demonstrated a stronger relationship, $\beta = -.545$, $t(25) = -2.65$, $p = .015$. the t values ($t = 2.436$ and $t = 2.650$), the difference in the standardized coefficients (which showed the predictive power of the variables) of competency and openness ($\beta = -.439$), the addition of institutional affiliation ($\beta = -.545$) and the adjusted mean squared for each ($R^2_{Adjusted} = .158$, $R^2_{Adjusted} = .173$) showed a statistical difference with a medium effect size. For institutional affiliation, the variance of almost 5% would be a significant difference in a larger sample.

Table 4.6

Correlations for Openness and Competency Controlling for Institutional Affiliation

	95% CI for B					Zero-order Correlation	Partial Correlation
	SCB	<i>t</i>	<i>Sig.</i>	<i>LL</i>	<i>UL</i>		
Openness	-.439	-2.346	.028	-15.356	-0.966	-.439	-.439
Openness	-.545	-2.650	.015	-18.028	-2.198	-.439	-.492
Institutional Affiliation	.245	1.191	.246	-3.779	13.984	.011	.246

Note. SCB = Standardized coefficients beta

Chapter Summary

A sample of 25 masters-level counseling students in their final semester participated in a study to report on perceived R/S competence, institutional affiliation, type of classroom training for R/S competence, and perceived program openness to R/S training. T tests and correlation analysis were conducted to answer the five research questions: (1) Do students graduating from CACREP accredited programs report R/S competency as measured by the SCS-R-II? (2) Is there a relationship between R/S competency and institutional affiliation (H2). (3) Is there a relationship between R/S competency and type of class training (H3)? (4) Is there a relationship between R/S competency and perceived program openness as measured by SR-TEM? And (5)

Is there a relationship between perceived openness and R/S competency when controlling for institutional affiliation? The analysis of this sample supports hypothesis one and four but found no significant differences for hypothesis two or five. Hypothesis three did not have enough participation to complete statistical analysis. These results will be discussed in further detail in Chapter Five.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The main purpose of this dissertation was to investigate the current report of graduate students' perceptions regarding adequate training to use established R/S competencies at the end of their graduate training in a CACREP accredited masters-level program. Research has identified variables thought to have a part in CITs competency including types of curricula, types of institution, and perceived openness of the program to discuss R/S concepts (Adams et al., 2015; Bohecker et al., 2017; Lu & Woo, 2017; Lu et al., 2020). This research hoped to assess the CITs who were finishing a CACREP accredited graduate program. Since ASERVIC endorsed standardized R/S competencies and research began on this topic, studies continue to report deficits in perceived counselor competency (ASERVIC, 2009; Cashwell & Watts, 2010; Oxhandler & Pargament, 2018). Current research calls for an exploration of R/S competency and the relationships of any variables thought to contribute. This type of research will inform counselor educators, supervisors and emerging counselors on best practices for developing R/S competencies (Bloomquist, 2016; Dobmeier & Reiner, 2012; Henriksen et al., 2015; Secor, 2019).

The significance of this study's findings is explained in this chapter: the nature of the problem, current research with R/S competency, the methods employed in this study and the analysis of the data generated in this study. In the remainder of this report, the five research questions are discussed while acknowledging this project's limitations. Implications for future research, training and education are listed.

Summary of Findings and Implications

A primary goal for this research study was to investigate development in the CIT since the emergence of the ASERVIC standards for R/S competencies. Study participants were recruited through the program director of CACREP accredited masters level counseling programs. The sample consisted of 25 participants, all of whom were in their final semester of training. Due to limitations with a small sample size, the answers to these research questions may not have been adequately addressed. Although parametric tests (t tests, correlational and regression analysis) were used, the statistical power to find a true effect was lacking. Therefore, data from this research study provided a foundational pilot study with descriptive information to help future researchers in the continued study of R/S competency and the relationships that may exist in the exploratory variables of program openness, institutional affiliation, and type of coursework in a masters-level CACREP program.

The SCS-R-II provided a validated measure for a CIT to report perceived competence. Using this tool and the more recent SR-TEM, that measure the learning environment, this study produced tentative correlational support for two of the five hypotheses. The findings of this study align with current research and the concerns that CITs remain below the expected standard of R/S competency training (H₁). Also, based on the Lu and Woo (2017) study that identified learning environments as influential in the CIT's expectation and investment in R/S training, this study supported a relationship between an open learning environment and R/S competency (H₄). The other hypotheses, that explored relationships of institutional affiliation (H₂, H₅; religious or non-religious) and the type of coursework (H₃; specific R/S coursework or integrated R/S training in the core courses) to R/S competence, were not supported by this study.

Research Question One

An interesting finding was that perceived competency reported by all participants in this study remained significantly below the expected score set by Dailey et al., (2015). Counselor educators and supervisors continue to report discrepancies in student needs versus R/S training (Barto, 2018; Johns, 2017). CITs continue to request more specific R/S training in coursework (Lu & Woo, 2017). Development in a systematic and effective R/S training for CITs remains an outstanding issue to be examined (Adams et al., 2015; Bohecker et al., 2017; Dobmeier & Reiner, 2012; Lu & Woo, 2017; Williams-Reade et al., 2018).

Research Questions Two and Five

One finding in the current study is that there was no significant difference between the students from religious schools compared to students from secular schools on the SCS-R-II and SR-TEM factors. This finding contradicted the results found in the earlier research by Robertson (2010) who found significant differences on Spiritual Competency Scale scores between students from religious schools compared to students from secular schools. The scant research on the type of training done by religious and non-religious schools has created the exploratory variable of institutional affiliation.

Students from both types of institution are represented in this study. An early study by Robertson (2010), found no statistical difference in religious and non-religious affiliated institutions; but, more recently, Lu et al. (2019) found a statistically significant difference in institutional affiliation. It might be reasonable to expect religious institutions to produce graduates reporting higher levels of R/S competence and competency training (Barto, 2018; Peoples, 2013; Selby, 2018; Stillwell, 2015). However, the lack of correlation between competence and institutional affiliation in the current study has many potential alternative

explanations. One to consider in future research may be that over the past ten years, with the development of a standardized list of R/S competencies, increased attention, and increased supportive research literature on the subject, the institutional affiliation has less significance as both schools require the CITs R/S competency to be addressed in training. This variable certainly requires more research attention.

Because this small sample did not indicate significant differences tied to institutional affiliation, the expectation that this may be a variable impacting the relationship of competency and program openness (H₅) was not supported by this study. Institutional affiliation is an exploratory variable currently being considered in R/S competency research.

Research Question Three

The exploration of a standardized training experience in masters-level counselor education program is only beginning. Research supports the need for focused training, but the method of implementation is open for discussion (Adams, 2015; Bohecker et al., 2017; Dobmeier & Reiner, 2014; Peoples, 2013). In the past 10 years, programs have met the CACREP standard for R/S training mainly by infusing R/S competency training into the current core classes (Bohecker, 2017; Jafari, 2016). As is evidenced in this research study, very few participants (n = 4) report taking a stand-alone course that provides training specifically to R/S competencies. The lack of correlation between competency and class type may be best explained by the small sample size in this study. Curriculum-based training is an exploratory variable to be examined in future studies (Jafari, 2016).

Research Question Four

Recent research continues to support the theory that the learning environment is a key component in developing competency (Coyle, 2017; Lu & Woo, 2017; Williams-Reade et al.,

2018). A research variable of program openness is currently being defined utilizing the SR-TEM (a 10-item, Likert scale assessment) to examine students' perceptions of S/R emphasis in diversity, educator/supervisor expertise, and research within a learning environment (Henriksen et al., 2015; Lu & Woo, 2017; Peoples, 2013). The Lu and Woo study (2017) distinguished learning environment and competencies as two independent variables and reported that the environment significantly contributed to students' perceived abilities after graduation. In this study, the SR-TEM was useful in assessing learning environments as reported by these 25 students. Their reporting produced a descriptive statistic that was useful in comparing information with the studies assessing learning environment (Lu et al., 2019; Lu & Woo, 2017).

While performing parametric tests, it was interesting to compare the average reporting student in my sample with the reported average mean in the Lu and Woo (2017) study. While their research supported a higher-than-average score on program openness, my average was much lower. Further investigation with a larger population is suggested.

Theoretical and Clinical Implications

This research study was supported by faith development theory (Fowler, 1981) and developmental learning theories (Erikson, 1963; Kohlberg, 1976; Piaget, 1970). R/S competency is considered by many a developmental process (Gill & Freund, 2018; Tillman et al., 2013). These theories support findings that students attending to their own spiritual development or R/S competency may report R/S competency based on program factors (Johnson, 2015; Peoples, 2013; Selby, 2018). Examining this research study in the context of current student reports and current CACREP program training has theoretical and clinical implications for counselor educators, supervisors, clinicians and counseling programs. The

developmental needs of the student and the program, in line with ASERVIC R/S competencies, require ongoing research to adequately support R/S developmental training at this level.

This research continues to support prior literature and hypotheses that indicate an ongoing need for a systematic training protocol for R/S competencies at the masters' level (Adams, 2015; Cashwell et al., 2013; Reiner & Dobmeier, 2014; Lu et al., 2020). Students are not reporting a minimum level of R/S competency after completing a CACREP accredited masters level counseling program. Further, student research to assess needs for improved program openness and spiritual development in areas of teaching, supervision and research are indicated (Adams et al., 2015; Johnson, 2015; Oxhandler et al., 2018; Peoples, 2013). It is unclear whether teaching R/S competencies throughout current curriculum or through specific courses addressing R/S competencies would be more effective, as this variable required more research (Adams 2015; Lu et al., 2019; Selby, 2018; Tillman, 2011). Institutional affiliation remained a variable for future study. This small sample added strength to previous work in the area of R/S competency training and continues the call for research to continue so that clinical work after graduation is built on effective training and ethical and clinical competence.

Discussion

The focus of this research was the competency a student would report as they are finishing graduate training. The literature continues to document the need for effective methods of R/S training for counselors after the recent 15-year history of R/S competency development (Adams et al., 2015; Bohecker et al., 2017; Cashwell & Young, 2004; Shafranske, 1996; Vieten et al., 2013). With the ASERVIC endorsed R/S competencies and the recent CACREP recommendations for training students in MCC (ASERVIC, 2009; CACREP, 2016) program directors and counselor educators have more resources and empirical support for R/S training

than ever before. Therefore, any research that adds to the ongoing conversation of practical methods of studying and implementing R/S training may support current needs. Since emerging counselors request effective learning environments and CACREP programs require empirically supported training on R/S competencies in teaching, supervision and research, the counseling field is wide open for discovery and conversations on types of research and exploratory variables to consider.

The expectation in recruiting program directors to facilitate student participation was overzealous. Of the 310 CACREP accredited master's level programs listed on the website, only 10 participated. Of the three percent program participation, student participation could have yielded 100 students or more for an appropriately powered study. However, only half of that number agreed to participate ($n = 50$) and only half of those students ($n = 25$) completed the survey. Therefore, this study gave attention to concerns in both recruitment and participation and how future researchers may want to modify for an appropriately powered study.

The descriptive statistics identified the type of student that willingly participated. Age, religious identity, institutional affiliation and region of the country did not appear to impact participation. More women than men participated in this study. The participants were from both secular (10) and religious (15) schools. Only four participants reported taking a specific class on R/S competency. The remaining 21 participants reported R/S training being integrated into core coursework. Therefore, a preliminary screening of the program may help identify schools that provide stand-alone classes for R/S training. This preliminary research may be useful in providing a comparative sample for future studies.

The two validated instruments used in this research presented scores that appear reliable and valid in measuring for the research variables. These two measurements (SCS-R-II and SR-

TEM) have been used together in one other study (Lu et al., 2019). The use of the SCS-R-II in a survey format contributed results in line with other research studies that have used this tool, allowing students to self-report R/S competency (Adams et al., 2015; Cashwell & Young, 2019; Dailey et al., 2015; Lu & Woo, 2017; Oxhandler, & Pargament, 2018; Reece, 2019). The SR-TEM is a more recent adaptation of the Schulte et al. (2002) questionnaire to examine learning environment (Lu & Woo, 2017). This 10-item scale was useful in an exploration of variables that correlated to R/S competence in counselor education (Lu et al., 2019). Using this study as pilot research, these two instruments continued to support the research intended.

Limitations of the Study

There are a number of potential limitations in the current study. First, this is a correlational study and examines potential relationships but does not suggest any causality. The sample size ($n = 25$) was also too small to have enough overall power for significant results. Due to the limitations of small sample size, the results of this study provide guidance for consideration on recruitment and participation in future studies.

There were noteworthy limitations with recruiting participants. Program directors had to approve and recruit students in their institutions. This additional step of approval did not provide the researcher opportunity for direct recruitment. Many program directors responded that their institution did not participate in outside research studies or that they as program directors are inundated with research requests and are not able to accommodate them. Also, program directors and professors had the unfortunate added stress of the ongoing global pandemic resulting from COVID-19, where many classes were off-site with exclusively remote teaching. Therefore, counselor educators at the masters' level may not have had the opportunity or been able to use class time to invite students to participate. Further, students completing their

final semester may not have voluntarily completed extraneous research. There is no way to know the systematic bias regarding which programs actually made students aware of the study or if there is a similar bias in those who were made aware and responded or did not.

Based on the attempted access to the survey ($n = 50$) and the completion numbers ($n = 25$), the set-up of the survey may have deterred participation. The initial page was lengthy and had to be agreed to as a consent document. Participants may have decided the research study was more complicated than expected and opted out of continuing. Additionally, self-reporting can be a limitation in studying R/S competency as it allows for social desirability or other bias to impact reporting.

This study is limited on the generalizability to the population of CACREP accredited schools and also graduating students. For the 25 students that participated, ten schools were represented. These statistics may apply to those programs, but since there is no indication of what program participants attended, the results may only represent a small sample of those universities and not all ten programs.

Suggestions for Future Research

To extend this research, intentional studies developed in collaboration with specific programs may provide more significant findings considering the relationships of these same variables. If program directors are interested in the R/S competency training needs and willing to provide access to graduating students, a researcher may be able to identify enough participants before beginning the research, equally divide secular and religious programs, equally divide coursework type so that students represent training by integrated programs and also R/S specific courses, and then assess all of the variables together with the spiritual

competency report of the student. A mixed methods research design could provide rich data that may better speak to future needs of the CIT seeking R/S competency training.

Focused program participation with increased participants for qualitative and quantitative study, using these two instruments (SCS-R-II and SR-TEM), may produce continued valid and reliable data for investigation of the variables of institutional affiliation, program openness to R/S discussion, and coursework type. A continued study of R/S competence, together with the variables that relate to it, is recommended.

Implications for Clinicians and Counselor Educators

Counselor training should lead to competent clinical treatment. Therefore, the implication of this research is just that. Counselor educators and CITs should be well-informed as to the need and benefits of an open learning environment and specific student learning objectives that enhance CIT competence with real ability to address R/S related counseling issues. If the training environment is indeed significant in developing R/S competencies as some research proposes, then counseling programs and CITs need to be aware of research supporting variables that relate such as: institutional affiliations, coursework, and program openness in teaching, supervision and research (Cashwell et al., 2020; Dailey et al., 2015; Lu et al., 2019; Lu & Woo, 2017; Robertson, 2010). Counselor educators are key in establishing expectations of counselor development in R/S competence and in the personal exploration and growth during graduate training. Therefore, an understanding of the discrepancy that still exists between desire and implemented training on R/S competency can propel counselor educators to take the lead in this, collaborating with CITs and their development.

Clinicians are also following research such as this study that reports on the development of R/S competencies for training and practice (Oxhandler, 2017; Tillman, 2013). Professional

counselors are becoming aware of the standardization of R/S competencies and continuing to learn to use evidence-based practices (ASERVIC, 2009; Cashwell & Watts, 2020). Research creates interest and opportunity for the continued study of relationships and effects for R/S competency. The personal development of the therapist is an area of research impacted by study of R/S competency, supervision, and developmental theory (Barto, 2018; Bohecker et al., 2017; Ross et al., 2013; Stillwell, 2015).

Summary of the Chapter

This chapter presented a summary of research findings, implications, and limitations and provided suggestions for future research. Due to the limited number of participants in this study ($n = 25$), the results are useful in helping future researchers identify feasibility issues in recruitment, participation, and analysis, but not as useful for determining statistical significance for the five specific research hypotheses.

This research study supported previous research literature and two main hypotheses. The first finding stated that graduating students from CACREP accredited masters' level graduate programs continue to report a lack of R/S competency upon graduation. The one sample t test reports a large and significant difference between the 105-competency level expected and the reported competencies observed in this study. The second finding reported that program openness to R/S conversations in teaching, supervision and research correlated to R/S competency. The additional three hypotheses evidenced no statistical relationship with R/S competency. The variables of (1) institutional affiliation correlations, (2) type of coursework correlations and (3) institutional affiliation mediating the correlation between competency and program openness will require a larger participation sample to adequately address statistical power and provide significant results for correlational study.

By changing recruitment procedures and identifying specific CACREP accredited schools willing to participate, future research can focus on these variables and establish studies with increased participation. This analysis of exploratory variables continued to support the need for emphasis on a standardized R/S competency training in masters level programs. Since CITs continually report a deficit in R/S competency, continued examination of the research variables of institutional affiliation, specific R/S coursework, and program openness with the identified validated measurements may provide empirical support for CITs as well as counselor educators, counseling programs, and supervisors leading the way for continued R/S competency training.

Summary of the Study

This study attempted to add to the current research on R/S competency by considering the students' reports on perceived competence and their perception of the relationship with exploratory variables of institutional affiliation, coursework type and program openness. The theoretical framework of personal and professional faith development, for both counselor educators and CIT, attempted to add current research to the persistent need for research to support systematic training in CACREP accredited masters' level counseling programs. It was proposed that even with the research supported ASERVIC R/S competencies in place, students continue to report a lack of R/S competency and request more attention be given to effective R/S training in graduate training. Further, based on current research, correlational investigations hoped to assess whether the three variables purposed in the research questions had any relationship with R/S competence. This research hoped to survey students finishing a current CACREP accredited masters' level counseling program to answer these research questions. It is hoped that this research study provided some small pieces of information encouraging others to

attempt research design with improved recruitment and increased participation so that examination of R/S competency together with its influential variables continues.

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APPENDIX A

Dear Rebecca Hill:

Thank you for your interest in the assessment for spiritual and religious openness. After careful review of your research proposal entitled Development of Spiritual Competency in Counseling: A Correlational Research Study of Graduate Students at End of Training,

I have decided to grant you permission to use the S/R-TEM for your study. Use this as the official letter for permission for this assessment as a component of your study.

I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

Junfei Lu, Ph.D., CRC

He/Him/His Associate Professor

UA CACREP Liaison & Assessment Coordinator

Counselor Education Program (Rehabilitation Counseling track)

Department of Educational Studies in Psychology, Research Methodology and

Counseling

████████████████████

Office: ████████████████████

APPENDIX B

November 23, 2020

Rebecca Hill

Liberty University

Dear Ms. Hill,

Thank you for your interest in the Spiritual Competency Scale (SCS). I hereby offer this letter including a formal request for permission to administer the SCS as a component of your study.

Note that there are presently 2 versions of this instrument:

1. (SCS; 2009) Hardcopy (pencil & paper): full (90 item) original version; I can also provide you with the 90-item version that includes 7 items from a brief Marlowe-Crowne SD scale that I used in my original study (i.e., dissertation).
2. (SCS-R-II; 2011) Hardcopy: The latest version, which was developed from the version in item (1) through a factor analytical study of ASERVIC members' responses (i.e., this more recent group was more "spiritually competent" than the original group). Many of the same items loaded as in former studies (See: Robertson, L. A. (2008). The spiritual competency scale: A comparison to the ASERVIC Spiritual Competencies, *University of Central Florida: Electronic Thesis & Dissertations*, (CFE0002422); Robertson, L. A. (2010). The spiritual competency scale. *Counseling & Values*, 55, 6–24; Robertson, L. A., & Young, M. E. (2011). The revised ASERVIC spiritual competencies. In C. S. Cashwell & J. S. Young's (Eds.) *Integrating Spirituality and religion into counseling* (2nd ed., pp. 25-42). Alexandria, VA: American Counseling Association). However, a few items were replaced and the final instrument included 21 items. (See Daily, S. F., Robertson, L. A., & Gill, C. S. (2015). Spiritual competency scale: Further analysis. *Measurement & Evaluation in Counseling and Development*. 48:15-29.)

The above studies produced empirically supported cut off scores for both the 90 item version (SCS) and the 21 item factored version (SCS-R-II). This is important because the cut off scores for the original student group study were arbitrarily vs. empirically assigned (i.e., there was no data in existence at the time of the original study to determine scores that would be expected of a spiritually competent counselor). The cut off scores for all versions are noted below. The item load of the SCS-R-II is also supported by a comparative factor analysis (See: Lu, J., Woo, H., & Huffman, K. (2018). Spiritual Competency Scale: A confirmatory factor analysis. *Measurement and Evaluation in Counseling and Development*. 51: 219-234.)

There is a \$50.00 fee for one time usage of either version of the SCS. This fee includes permission to reproduce the number of copies required for your project as described in the *Statement of Agreement* (see below).

Please send a formal letter explaining your study to the extent that you have developed it at the time of your request. The letter should also include a request for the version you are interested in and a signed copy of the *Statement of Agreement* for using the SCS (see last page of this document). I will send you the version that you request upon receipt of your letter and payment.

Please make your check out to Linda Robertson and mail it along with your documentation to [REDACTED].

The basic criteria for using either of these versions are as follows:

1. You are permitted to produce a copy for each anticipated participant in your sample.
2. Please maintain the copyright notation and my name (as shown at the top of the SCS or the SCS-R-II in the Word documents) on each of your questionnaires, including in any published / printed / electronic versions.

To further protect the copyright, please do NOT include a copy of the instrument in any publication of your study.

3. Please do not alter the instrument without permission. In particular, please note that the response/scoring protocols are unique - that is, neither the SCS nor the SCS-R-II includes a *traditional* Likert scale. Therefore, to maintain continuity relevant to the development of this instrument, please use the response format as it is shown in the hardcopy. Note that reproduction of this response format has historically presented challenges for several online survey programs. *If you are able to successfully create the response format in a publically available online survey program, please let me know so I can share this information with future researchers.*
4. Please do not distribute any version of the SCS to other researchers/individuals who have not obtained permission for its use. I request that any version you place online have an expiration date that corresponds to the time frame of your research (i.e., please do not leave it online indefinitely). Please include the projected time frame of your study in your letter of request.
5. Please send me a copy of your results at the conclusion of your study.

Scoring:

SCS (90-item) and SCS-R-II (21-item):

Low Agreement: 4	Mid-range Agreement: 5	High Agreement: 6
Low Disagreement: 3	Mid-range Disagreement: 2	High Disagreement: 1

Additionally, the 90-item SCS (i.e., #6, 7, 30, 31, 34, 46, 47, 66, 69, and 83). Points are to be assigned to these items as follows:

Low Agreement: 3	Mid-range Agreement: 2	High Agreement: 1
Low Disagreement: 4	Mid-range Disagreement: 5	High Disagreement: 6
Low Agreement: 4	Mid-range Agreement: 5	High Agreement: 6
Low Disagreement: 3	Mid-range Disagreement: 2	High Disagreement: 1

There are no items requiring reverse scoring on the SCS-R-II versions.

For all versions: sum the item scores to obtain the total score. Spiritual competency is indicated by a total score of 105 for the SCS-R-II and 450 for the SCS.

If your project and/or use of the SCS changes, please advise. Feel free to contact me if you have questions about the SCS during the course of your project. Best wishes! I look forward to hearing from you.

Sincerely,

Linda A Robertson, PhD, LMHC

APPENDIX C

February 8, 2021

Dear Graduate Counseling Program Director:

As a doctoral candidate in the Department of Counselor Education and Family Studies at Liberty University, I am conducting research as a part of the requirements for my doctoral degree. The title of my research project is *Development of Spiritual Competency in Counseling: A Correlational Research Study of Graduate Students at End of Training*. The purpose of my research is to assess graduate students' perceptions regarding having met established religious and spiritual competencies at the end of graduate training, within a CACREP-accredited program. I will use a correlational study to explore variables that may impact religious and spiritual competency including types of curricula, types of institution, and perceived openness of the program to discuss religious and spiritual concepts.

I am writing to request your permission and help with a query of your masters-level graduating students, inviting them to participate in my research study. It would be helpful if you are able to respond to this request by forwarding my student recruitment email to eligible students. In the student recruitment email, students are provided the survey monkey link. Further, it would be helpful to have the number of potential participants from your program. Since I am inviting all masters-level students in their final semester of study at a CACREP-accredited institution across the United States to participate, I would appreciate your email response providing a number of eligible participants from your program. Participants will be asked to go to SurveyMonkey.com to complete a survey: [REDACTED]

Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. I am including a copy of my IRB approval for this research should you need it. Should you choose to grant permission, please provide a signed statement on official letterhead indicating your approval. Responses in email to [REDACTED] are also acceptable. A permission letter document is attached for your convenience.

Sincerely,
Rebecca D. Hill, LPC-S, MHSP, NCC, Doctoral Candidate

APPENDIX D

Dear CACREP Graduate Student,

My name is Rebecca Hill. As a doctoral candidate in the Department of Counselor Education and Family Studies at Liberty University, I am conducting research as a part of the requirements for my doctoral degree.

The title of my research project is *Development of Spiritual Competency in Counseling: A Correlational Research Study of Graduate Students at End of Training*. The purpose of my research is to assess graduate students' perceptions regarding having met established religious and spiritual competencies at the end of graduate training, within a CACREP-accredited program. I will use a correlational study to explore variables that may impact religious and spiritual competency including types of curricula, types of institution, and perceived openness of the program to discuss religious and spiritual concepts.

If you are 18 years of age or older and in your final semester of masters-level graduate training in a CACREP accredited program, you are eligible to participate. If you are willing to participate, you will be asked to complete an online survey consisting of basic demographic questions and two survey scales: **The revised spiritual competency scale-II (SCS-R-II) and the spiritual and religious training environment measure (S/R-TEM, 2017)**. Completing this survey should take approximately 15-20 minutes. Participation will be completely anonymous and no personal, identifying information will be collected.

If you would like to participate in the study, please begin the study by clicking on this survey <https://www.surveymonkey.com/r/RScompetence>

A consent document is provided on the first page of the survey. The consent document contains additional information about my research. After you have read the consent form, please click the button to proceed to the survey. Doing so will indicate that you have read the consent information and would like to take part in the survey.

At the end of the survey, you will be invited email the researcher separately to enter a raffle to win a \$50 Amazon gift card.

Your participation in this research is much appreciated, as it will provide current research information about graduate training regarding religious and spiritual competency.

Best regards,
Rebecca Hill
Counselor Education and Supervision Doctoral Student


Appendix E

Consent

Title of the Project: Development of Spiritual Competency in Counseling: A Correlational Research Study of Graduate Students at End of Training

Principal Investigator: Rebecca Hill, Doctoral Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be 18 years of age or older, and currently in your last semester of masters-level graduate study training in a CACREP accredited program. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to assess graduate students' perceptions regarding having met established religious and spiritual competencies at the end of graduate training, within a CACREP-accredited program. I will use a correlational study to explore variables that may impact religious and spiritual competency including types of curricula, types of institution, and perceived openness of the program to discuss religious and spiritual concepts. Moreover, the data collected in this study will add to the body of literature and help CACREP graduate programs, students, educators and researchers.

What will happen if you take part in this study?

If you agree to be in this study, I would ask you to do the following things: Complete an online survey consisting of demographic questions and 2 assessments: The revised spiritual competency scale-II (SCS-R-II) and the spiritual and religious training environment measure (S/R-TEM, 2017). It will take approximately 15-20 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

How will you be compensated for being part of the study?

Participants may be compensated for participating in this study. Participants will be able to enter a raffle to win one \$50 Amazon gift card. Email addresses will be requested for compensation purposes; however, they will be stored separately from your survey responses to maintain your anonymity.

Is study participation voluntary?

Participation in this study is voluntary. If you decide to participate, you are free to withdraw at any time prior to submitting the survey.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Rebecca Hill. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at rhill36@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Jeanne Brooks, at jupchurch@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

Your participation means you have read and agree to this consent document and would like to be included in the research project. You understand that you are able to stop the survey and withdraw from participation without penalty at any time. Before agreeing to be part of the research, you understand what the study is about and that it is voluntary and anonymous. You can print a copy the first page of the survey containing contact information for your records. If you have any questions about the study later, you can contact the researcher/study team using the information provided above.

Liberty University
IRB-FY20-21-490
Approved on 2-2-2021