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Meghan M. Dwyer  
Religion, Spirituality, and  
Social Work: A Quantitative  
Study on the Behaviors of  
Social Workers in  
Conducting Individual  
Therapy

#### ABSTRACT

This study was undertaken in order to determine if and how often social workers integrate spiritual behaviors with clients in individual therapy. There have been a handful of studies on this topic, none which have been conducted in the Western area of the country. In addition, this study asked social workers about their frequency in engaging in such spiritual issues with clients, which previous studies did not examine. It was hypothesized social workers would be more likely to integrate implicit spiritual behaviors and that their agreement and practice of spiritual behaviors with clients would be similar to previous findings.

After data collection, through the NASW of Colorado and convenience sample, was complete there were 126 participants. These clinicians were required to fill out two surveys: a demographic questionnaire and the Practitioner Perceived Appropriateness of Spiritual Behaviors, Practitioner Spiritual-Based Behaviors, and Frequency of Spiritual-Based Behaviors which was adapted from the Role of Religion and Spirituality in Practice” survey (Sheridan, 1992).

The major findings were the following. There are high percentages of both acceptance beliefs and spiritual based practice among social workers. Social workers are more likely to accept and use the less directive spiritual behaviors in practice with clients.



RELIGION, SPIRITUALITY, AND SOCIAL WORK: A QUANTITATIVE STUDY  
ON THE BEHAVIORS OF SOCIAL WORKERS IN CONDUCTING INDIVIDUAL  
THERAPY

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2008



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## CHAPTER I

### INTRODUCTION

Religion and spirituality are increasingly being recognized in the field of social work. Currently there are growing statistics on the importance of religion and spirituality in the lives of many Americans. Similarly, there is a trend of increased interest in spiritual and religious issues in the field of social work within the last decade. It appears that social work is moving from a schism with religion and spirituality which occurred in its history to a more concordant relationship. This recently closer relationship between social work, religion, and spirituality may be the result of Postmodernism or the larger society, new social work policies inclusive of religion and spirituality, or social workers having more positive attitudes toward including religion and spirituality in practice.

There are a number of studies on social worker's attitudes toward integrating religion and spirituality in practice which will be described in detail in this paper. Although there is evidence of more positive views of integrating religion and spirituality with social work, there continues to be mixed opinions on the role of spirituality and religion. Even practitioners who want to integrate these aspects in practice, face challenges and barriers which may prevent them from doing so. The literature beginning in the 1980's starts to explore attitudes and possible barriers social workers may face in incorporating religion and spirituality.

This area is in its infancy and from this pool, there are even fewer studies on social workers' behaviors in integrating religion and spirituality (Furman, Benson,

Canda, & Grimwood, 2005; Sheridan & Amato-Von Hemert, 1999; Sheridan, Bullis, Adcock, Berlin, & Miller, 1992). Previous studies on this topic used “The Role of Religion and Spirituality in Practice Survey” (Sheridan, 1992). This survey asks social workers to choose the extent to which they agree with using specific spiritual behaviors with clients. The survey also asks if social workers have ever used such behaviors with clients. The current study replicated these questions and expanded upon this survey. This study sought to expand upon previous research by asking social workers about the frequency they may use religious or spiritual based practice. In addition, this study asked social workers under what conditions they may use such behaviors, which allowed social workers to openly explain their thought processes on spiritual integration.

The previous studies have been done with NASW members from mid-Atlantic and Midwestern states (Sheridan, 2004; Sheridan & Amato-Von Hemert, 1999; Sheridan, Bullis, Adcock, Berlin, & Miller, 1992; Stewart, Koeske, Koeske, 2006). This researcher contacted members of the NASW of Colorado, the first Western state studied. The sample size of the study was 126 participants, which is similar in sample size to previous samples.

Previous studies found high acceptance beliefs and religious based practice among mainly Caucasian, Christian (mostly Protestant) female group of middle-aged social workers. Although this researcher hoped to obtain a more diverse sample, the demographics of this study are nearly identical to previous samples. The findings also replicate previous studies, which make the composite results more generalizable for this specific population across the United States.

The study found high percentages of acceptance beliefs, with over 50% of respondents agreeing with two-thirds (10/15) of the spiritual interventions. Religious based practice was prevalent with over 50% or more of social workers in the sample having used 11 of the 15 interventions. Subjects were less likely to agree with and use the most direct use of spirituality with clients. Qualitative findings also emphasized how social workers use caution when using explicit religious and spiritual interventions. However at times, social workers may use explicit techniques if their clients ask for this. Social workers appear to be following guidelines (Canda & Furman, 1999) that assert that more caution should be used as approaches to spirituality become more explicit and direct.

In general, respondents believed that between 10-40% of their clients present with spiritual issues. Social workers estimated that they use spiritual language and clarify spiritual values with 10-20% of clients. Participants speculated they used other spiritual interventions (recommending spiritual programs, books, forgiveness, spiritual rituals) with 0-10% of clients. Social workers were more likely to assess for spirituality or religion more than any other behavior. A number of social workers also pray or meditate regularly in private for their client. Social workers noted specific times when spirituality may be salient in therapy with minority clients or during transitional changes in a client's life.

The field of social work has historically been concerned about imposing religion or spirituality onto clients. Hodge (2005) expressed concern that the field may be 'faithblind' which may be harmful to religious groups who have a history of oppression.

Schools of social work and social work researchers have decided to include religion and spirituality in discussion and research projects because they feel it is an important consideration for diversity work. Ironically, studies on the acceptance and religious practice of social workers have been conducted with mostly white female Protestants. Future studies need to be conducted on a more diverse group of social workers. As the connection between health, mental health, and spirituality may continue to be supported in research, it is quite important that the field of social work has an accurate understanding of how individuals may or may not use spirituality and religion in their practice. The current study is important to show social workers in the field as well as clients, that practitioners are open to engaging with spiritual and religious practice, as guided by the needs of their clients.

## CHAPTER II

### LITERATURE REVIEW

#### *Relationship between Social Work, Religion, and Spirituality*

##### *Definition of Terms: Religion and Spirituality*

As social workers begin to grapple with religion and spirituality, simultaneously we are grappling with how to define both terms. There appears to be many different definitions in the literature and there is no clear operationally or standardized definition of religion or spirituality. It is challenging for the profession to scientifically define such phenomenon because both terms are so vast and encompass such a large meaning making experience.

In general, spirituality definitions tend to be broader, more self focused, and include a general search for meaning and connectedness. Spirituality also may include an emphasis on relationships with other people, the environment, heritage or traditions, one's body, one's ancestors, or a Higher Power (Canda, 1988; Dudley & Helfgott, 1990; Furman, Benson, Canda, & Grimwood, 2005; Joseph, 1988; Krieglstein, 2006; Hodge & McGraw, 2006). In contrast, religion as a definition tends to be narrower and is a structured system with contains a set of formal beliefs, doctrines, or rules, and is housed in an organized community or institution (Canda, 1988; Dudley & Helfgott, 1990; Furman, Benson, Canda, & Grimwood, 2005; Joseph, 1988; Krieglstein, 2006; Hodge &

McGraw, 2006). These are the definitions of the terms that will be used throughout this paper.

An area of interest in the literature is on the relationship between religion and spirituality. Some in the field, both researchers and practitioners, do not make a distinction between the two terms. However, most social workers do make a distinction between the terms (Carroll, 1997; Derezotes & Evans, 1995). Therefore, the two constructs can be compared and are distinct. Religion is more community focused and spirituality more individually focused. A big question is whether religion is an aspect of spirituality or is spirituality an aspect of religion? This question is beyond the scope of this paper, but it is noteworthy to contextualize and recognize the current debate in defining and understanding these terms. Similarly, the relationship between social work, spirituality, and religion is also being debated and redefined (Rizer & McColley, 1996).

#### *Historical Relationship between Social Work and Religion*

It is important to briefly contextualize the debate of incorporating religion and spirituality in social work. Prior to the birth of social work Cornett (1998) describes, “for centuries, psychological healing had been linked with spirituality and religion...the earliest therapists were medicine men, shamans, priests, and priestesses.” Similarly, the birth of social work in the United States has significant roots in the Judeo-Christian religion (Weick, 1992). For example, Jane Addams, one of the pioneers of the social work profession, was connected with the Presbyterian and Congregational Churches. From 1900 to 1920 many social reform leaders were influenced by religious and spiritual practices as evidenced by the birth of Jewish Social Services, Catholic Charities, Lutheran Social Services and other religiously motivated organizations (Bullis, 1996).

Unity between religion and social work was transitory however. Cornett (1998) traces the split to the Renaissance era, or Age of Reason, which provided a growing emphasis on rationality. It was during this time that a separation of church and state was instituted, Freud declared spiritual concerns as childish, and the scientific method was esteemed (Freud, 1961). Rational, logical, and methodical were the defining qualities individuals used to make sense of their experience. Mary Richmond advocated for such methodological practice to guide social work, such as gathering and weighing facts to determine a logical strategy (Weick, 1992). This logical strategy became the foundation for assessing human needs in therapy. This emphasis on science and strategy continued and can be evidenced in the birth of social casework in the 1950s where clients came to social workers to solve problems rationally (Weick, 1992). Kirkpatrick & Holland (1990) illustrate the shift with a metaphor stating, “we abandoned the old parent figure, the minister, and emulated the more highly esteemed sibling, the physician (p.128).”

The emphasis on the rational is also seen in other mental health professions, including medicine, psychiatry and psychology. Giglio (1993) describes the split between religion and mental health professionals as a “religiosity gap.” He attributes this gap to a long history of division, possibly rooted in Freud. Freud believed that spirituality and religion were an immature aspect of the self or a lack of sophistication (Noam & Wolf, 1993) which essentially was a comforting illusion without value in the therapeutic process (Patterson, Hayworth, & Turner, 2000). Freud was not alone in his convictions. He was supported by Albert Ellis, founder of cognitive therapy, in thinking that religious and neurotic behaviors were quite similar (Ellis, 1971; Freud, 1961). The context at this time for mental health professionals was an emphasis on observable



behavior as evidenced by Skinner's behaviorism. Social work as a profession was formed in the early twentieth century, a time where objectivity and the scientific method were valued; social work therefore conformed to becoming scientific in an effort to create professional credibility (Prest & Keller, 1993).

Although this was the context and society for the advent of social work, Carl Jung attempted to bridge psychoanalysis and religion and spirituality. His notion of the collective unconscious speaks to all people having a universal way of being in the world. He also validated aspects of religious forms and thought it was problematic to leave religion and spirituality out of the realm of enlightenment and psychoanalysis (Noam & Wolf, 1993). Jung was the exception rather than the norm at this time. For the most part, historically religion was walled off from science and social work. Krieglstein (2006) explains the change in the relationship between spirituality, religion, and social work in this way, "what happened, as often does when change occurs, the baby was throw out with the bath water." Anything related to religion was seen as bad and thus taken out of social work.

#### *Current Relationship between Social Work and Spirituality*

In time, as social work "grew up" and became independent from medicine, psychiatry, and psychology it slowly began to realize the laissez faire stance on religion is not compatible with the social work mission and philosophy (Canda & Furman, 1999; Bullis, 1996). Nearly a century has gone by since the beginnings of social work and the historical relationship between religion, spirituality, and social work is being modified. The society at large follows a postmodern and constructionist view in which meaning-making of individuals in environment, relativism, and flexibility are valued (Krieglstein,

2006). This new environment appears to be changing the way social work looks at religion. The field no longer looks at religion distinctively but has come to include a more self focused and all encompassing meaning making in the form of spirituality.

One way to examine this current relationship is from top-down processes and the other from the bottom up. Top down processes are rooted in procedures and policies of the profession. The Council on Social Work Education (CSWE), National Association Social Workers (NASW) Code of Ethics, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the National Institute of Health (NIH) recently began initiatives and research projects on spirituality and religion. As of 2001, JCAHO requires a spiritual assessment be conducted at most hospitals and health care settings by mental health professionals. The purpose of the assessment is to identify the effect of client spirituality on client care and determine if a more thorough comprehensive spiritual assessment is required (Hodge, 2005).

The NASW Code of Ethics (1999) lists four standards that explicitly, and two standards that implicitly, make reference to the discussion of religion. Social workers are required to obtain education on religious diversity and religious oppression, avoid unwarranted negative criticism and derogatory language based on religion, work to prevent and eliminate religious discrimination, and refrain from facilitating religious discrimination. The two implicit codes have to do with demonstrating cultural competence and recognizing strengths that exist in faith based cultures. These two codes are more reflective of the diversity argument for inclusion of religion and spirituality which will be discussed in greater detail later in this paper. Hodge (2005) has made the argument that for social workers to practice ethically they must practice according to the

NASW code of ethics, thus requiring them to have some degree of spiritual and religious competence.

Likewise and actually prior to the NASW code of ethics including religion and spirituality, the CSWE included spirituality in understanding the psychosocial lives of clients in the 1984. The history of the CSWE's debate on inclusion of spirituality shows the historic relationship between social work and spirituality. Initially the CSWE included spirituality when thinking about and working with clients. Interestingly, the spiritual dimension was deleted from the statement in the 1970s. It was not until 1984 that spirituality was brought back into the Curriculum Policy Statement (CSWE, 1984). One can also note debate and inconsistency with the terms by NASW using the term religion and CSWE using the term spirituality.

In addition to policies and recommendations, the number of articles, books, and presentations on religion and spirituality has increased dramatically within the last ten years. For example, in the previous ten years there were only 167 articles on the topic and there are now 235 articles examining religion and spirituality (Sheridan & Amato-Von Hemert, 1999). Another way to examine the current relationship between social work, religion, and spirituality is from the bottom-up, or examining the attitudes of both clients and social workers toward including religion and spirituality in the field.

### *Religious and Spiritual People and Practices*

#### *Affected Populations*

A recent Gallup poll (Gallup & Castelli, 1989) found that 94% of the U.S. population believes in God, 90% pray, and more than 75% have reported religious involvement to be a positive experience. In the Gallup poll, 81% of Americans turned to

prayer, meditation, or the religious passages for relief from depression. This poll showed that 27% seek the guidance of a spiritual counselor or clergy member, where 14% seek the help of a doctor or professional counselor. When asked if these behaviors were “very” or “somewhat” effective in relieving depression, 94% found prayer, meditation, and religious passages, 87% who found counseling by a religious leader, and 71% professional counselor or doctor helpful (Gallup & Castelli, 1989). The American public in this study turn to and find solace in prayer, meditation, and religious passage. The Gallup poll (Gallup & Castelli, 1989) also showed religion had a positive influence on the beliefs about the relief of illness, a concept which has been verified in scientific studies (Furman, et al, 2005). Individuals turn toward religious and spiritual ways of coping to improve mood and functioning. These spiritual practices and commitment to religion appear to have numerous health effects.

In two large metanalysis, examining many studies of the connection between religion and health, most often religious commitment and involvement had a beneficial impact on individual’s mental health, physical health, and social support. This is the case for samples of men and women, people in various stages of the lifespan, samples drawn from numerous racial and ethnic groups, in samples of wide range of religious including Christian and non-Christian and Western and non-Western samples, and samples from diverse social class backgrounds (Larson, Sherill, Lyons, Craigie, Thielman, Greenwood & Larson, 1992; Weaver, A.J., Flannely,K.J., Case,D.B & Costa,K.G., 2004). The metanalysis provided by Larson et al (1992) is the most comprehensive review of the field examining 200 psychiatric and psychological studies which repeatedly asserted the connection between religious involvement and desirable mental health outcomes. Ellison

& Levin (1998) state there is a connection between religious involvement which promotes health related conduct, in some instances there is an inverse relationship between religious involvement and substance use and abuse, lower levels of crime and delinquency, and stress. Additionally, Ellison & Levin (1998) have found religious involvement correlated to greater marital quality, increased support, and enhanced feelings of self-esteem, self-worth, and self-efficacy.

In addition, there are particular populations who are oppressed in society that rely on religion and spirituality for meaning making and support, perhaps because of their tradition of oppression. For example, Native Americans, Orthodox Jews, African Americans, Hindus, Puerto Ricans, and Mexican-Americans may have a particular relationship with spiritualism, mysticism, religious healing, or particular rituals in which the individual first seeks help within this tradition. For some members of these groups, religion appears to be an important part of meaning making and health. For instance, Adksion-Bradley, Johnson, Sanders, Duncan, Holcomb-McCoy (2005) explore the role of the Black Church for African Americans and urge clinicians to consider such practices in therapy. In South India, 45% of patients in this study who come to therapy have already been seen by a religious healer from a Hindu, Muslim, and Christian religions (Campion, & Bhugra, 1998). Haimerl & Valentine (2001) found positive implications on health and individual's ability to relate to their environment when one begins practicing Buddhist meditation. American Indians perceived social support and participation in traditional activities and healing practices has shown to be a protective factor against depression (Whitbeck, McMorries, Hoyt, Stubben, & LaFromboise, 2002). Similarly, religious coping skills and greater forgiveness was associated with increased life

satisfaction, self efficacy, and decreased depression for elder Korean and Chinese Americans (Lee, 2007) and for Orthodox Jews (Flannelly, K., Stern, R., Costa, K., Weaver, A., Koenig, H., 2006). In each of these articles the authors noted that typically such ethnic and racial groups are underserved with mental health treatment. Although cultural competence is beginning to include competence in spirituality and religion (Canda & Furman, 1999; Sheridan, 2002; Tan, 2003), the authors in the above mentioned articles are concerned about people not receiving treatment that is culturally competent in addressing their diverse religious needs. Thus the authors called for increased collaboration between psychotherapists and spiritual or religious healers, priests, and rabbis in an effort to practice competently within the domains of spirituality and religion.

The above mentioned articles and statistic show that there is a spiritual and religious movement in the United States that can be beneficial for mental health for individuals, including oppressed individuals, which social workers are called to serve. When social workers were asked if they felt a spiritual movement was emerging among clients or society in general, 61% (n=56) said yes. They hypothesize this is due to world problems causing people to seek harmony, more people seeking meaning and connectedness, existence of a New Age consciousness, and an increased interest in spiritual and religious material in general (Derezotes & Evans, 1995). Thus, it appears that social workers are aware of the affected population and growing interest in religious and spiritual issues. We must then look at concerns and justifications social workers have that may allow or prevent them from addressing a client's religion or spirituality

### *Concerns and Justifications of Integrating Religion and Spirituality in Practice*

In their book *Spirituality Diversity in Social Work Practice: The Art of Helping* Canda and Furman (1999) nicely summarize the concern social workers may have of including spirituality and religion in practice. The concerns are the violation of church and state separation, a focus on spirituality may result in an overly micro perspective at the expense of a macro perspective, and social workers are ill prepared to deal with religious and spiritual issues. Canda and Furman (1999) call for researchers to explore these three issues. For the most part, researchers have spent time thinking about the third concern. Are social workers prepared to deal with religious and spiritual issues?

Before addressing if social workers are prepared, we will spend time on why social work educators and practitioners may not address spirituality. The biggest fear, as Daniel Weisman, a social work professor at Rhode Island College, calls it is “the possibility of social workers manipulating clients into being proselytized” (Miller, 2001). This fear gets reiterated in many articles and studies. For instance, when social work graduate faculty answered surveys in a study by Sheridan et al (1994) the researchers noted caveats to their responses that it is “sometimes appropriate for social workers to share his or her religious beliefs.” Faculty wrote such statements as “but never in a proselytizing way” or “only if has the client brought up the issue first.” Faculty also wrote concerns to final open-ended question, demonstrating that there is uneasiness with how religious or spiritual issues are addressed in practice. The need to keep one’s personal belief separate from the client was stressed in the responses because of the potential harm this could cause.

Hodge (2005) expresses another potential concern about integrating religion and spirituality in practice that the new emerging material on spirituality may be ‘faithblind’ just as much early work on different groups was ‘colorblind.’ He astutely noted that many BSW and MSW social workers seem to be affiliated with liberal or mainstream Protestants. Hodge observed this trend in two large studies by Furman et al (2005) and Sheridan et al (1994) which examined social work attitudes toward integrating religion and spirituality. Liberal or mainstream Protestants are largely responsible for constructing the dominant secular culture. The fear is that since many social workers appear to be affiliated with the dominant cultural group, that there may be a tendency to assume liberal Protestant values and expressions of spirituality as universal and delegitimize minority faiths in the process. Hodge (2005) notes that a lack of research on spiritual strengths of minority faiths and an under representation within the profession may dissuade their voice. Ironically, it is precisely a diversity perspective that social workers use to justify including religion and spirituality in practice.

There are generally two arguments posed as rationales for including a focus on religion and spirituality in social work. The first can be phrased as “Religious and spiritual beliefs and practices are part of multicultural diversity.” The diversity model is a theory that refers to the importance of practitioners’ examining one’s view and commitment toward diversity of culture, including socioeconomic class, race, ethnicity, gender, ability/disability, and sexual orientation. Some schools train their students in this thinking because it helps them attend to a client’s worldview or culture and to larger macro areas, a distinction between social work and other professions. Under this thinking, social workers may see religion and spirituality as another piece that is



important to the identity of a client. Using this model with the concept of power in society in terms of majority and minority faiths, decreases Canda and Furman (1999)'s earlier concern that attending to spirituality may result in an overly micro perspective with clients.

The second rationale can be phrased "Presence of another dimension of human existence beyond the biopsychosocial framework used to currently understand human behavior." Edward Canda and David Derezotes are social work professors, researchers, and proponents of this rationale whose opinions will be shared respectively. "Spirituality is inherent in the human condition so in whatever setting a social worker is working, these issues will be relevant" and "It's a part of the human condition. I cannot think of a single bio-psycho-social problem that does not have a spiritual component" (Miller, 2001).

Although both of these arguments receive high endorsement levels in studies of social work, the diversity rationale is consistently rated higher among social work practitioners, faculty, and students as the proposition for including spirituality and religion (Sheridan et al, 1992; Sheridan et al, 1994; Sheridan & Amato-Von Hemert, 1999). The rationale of a spiritual presence in all humanity moves more toward an ontological and philosophical debate that is beyond the scope of this paper. Now that we have examined the general justifications for integrating religion and spirituality in social work practice, the attitudes of social workers toward this practice will be presented.

#### *Attitudes of the Social Worker towards Religion and Spirituality in Practice*

Joseph (1988), whose work is one of the earliest investigations, surveyed 67 social work practitioners who graduated from a church related school of social work and

found ambivalence in addressing religion and spirituality in practice. Even though 82% of social workers found religion at least “somewhat important” to “very important” in the lives of their clients, only 19% reported they dealt with issues “often” and 74% said it was “somewhat important” to “very important” to wait for clients to bring up religious issues before engaging in discussion. This discrepancy may reflect a generally less positive view of including religion and spirituality in social work two decades ago.

Similarly, a decade later both Derezotes (1995), Derezotes and Evans (1995) and Furman, et al. (2005) found positive results with the majority of social workers endorsing that spirituality and religion are important. Fifty-five percent of Derezotes 340 NASW members affirmed the need to “work with clients spiritually”, 89% of 56 Utah practitioners found “spirituality quite important part of social work practice,” 60% of Furman et al’s (2005) sample of over 2000 NASW members “agreed or strongly agreed” that social work “practice with a spiritual component has a better chance to empower clients than one without,” and 86% of Rizer and McColley’s sample of 170 social work graduate students believed that spirituality enhanced their work with clients. Although social work practitioners appear to want to include practice with spirituality and religion, a number do not think they possess the skill.

In Furman et al’s sample 37% “agreed” or “strongly agreed” that social workers in general do not possess the skill to assist clients in religious and/or spiritual matters. Another 36% of this sample was “neutral” on this statement. Ninety percent of this sample “agreed” or “strongly agreed” that social workers must become more knowledgeable than they are now in spiritual matters. Many practitioners feel they will develop skill and more knowledge in this field if their social work education provided the

means. In the past decade there have been a number of studies with social work educators and students (Derezotes, 1995; Dudley & Helfgott, 1990; Furman, 1994; Rizer & McColley, 1996; Russel, 1998; Sermabeikian, 1994; Sheridan, et al, 1994; Sheridan & Amato-Von Hemert, 1999; Sheridan et al, 1994) that have stated their interest in integrating religion and spirituality in their graduate education.

For instance, 27% of Derezotes (1995) sample stated they were exposed to content on religion and spirituality in their graduate social work classes. Sheridan et al (1992)'s study of 200 LCSWs in Virginia 36% "never" and 47% "rarely" had content related to religion or spirituality presented in clinical graduate education. The mean of this group's satisfaction with their education and clinical training was 4.31 on a nine point scale, nine being the highest rating of satisfaction. Consistent with other studies, Rizer and McColley (1996) 85% of 123 social work students from a Midwestern University disagreed that they had learned about the integration of spirituality in social work practice at any point in their education and 79% were dissatisfied with their training in spiritual issues in their education. To critically evaluate these studies it is important to note their limits in generalizability, at times their low response rates (Furman et al), and the bias those interested in taking such surveys may have towards integrating religion and spirituality in practice. Due in part to the studies just reviewed, much attention is now being given to how to prepare aspiring social workers through social work curriculum. Cascio (1999) speculates clinician's ambivalence and possible discomfort with religious and spiritual material is because they feel ill-prepared in this area coming from their graduate social work education.

### *Integrating Religion and Spirituality in Social Work Curriculum*

The above section on social workers dissatisfaction with and desire for religion and spirituality in their graduate education, supports Derezotes and Evan's (1995) observation that students seem "hungry for more knowledge and skills in practice domains with religion and spirituality, thus supporting the call for inclusion of spiritual and religious content in the social work curricula" (p.51). Even though students appear hungry, when Dudley and Helfgott (1990) found that faculty appear to be less clear on whether social workers should become more sophisticated in spiritual matters. In response, 25 agreed or strongly agreed social workers should be more sophisticated in spiritual matters, 14 had no opinion, and 14 disagreed or strongly disagreed. This ambivalence occurred throughout the survey when faculty were asked their thoughts about an elective course on spirituality and religion. In this study, many noted concerns regarding separation of church and state in schools. Just as we examined the concerns of integrating religion and spirituality earlier, it is important to note that not all people feel social workers are justified in attending to religious and spiritual issues in training.

For instance, Clark (1994) has a number of concerns of having a specific class on religion and spirituality in the social work curriculum. He declares that increased attention in professional training of social workers in religion and spirituality is not necessary because there are other fields whose focus is exclusively on this domain. In addition, Clark (1994) states that social workers should be considering the whole person and thus should already be integrating religion in some degree to their work with clients. One can see from such arguments how the historical relationship between social work, religion, and spirituality may have an effect on current thinking and also how, even Clark

(1994) who is against integration of religion and spirituality, believes this is an area which needs to be addressed clinically.

It seems logical as the field of social work begins to change the relationship with religion and spirituality, that there are still many lingering questions. This brings us back to training as to how to teach social workers to address such issues clinically. If one agrees that religion and spirituality should be in the curriculum, two questions follow: where and how. Derezotes and Evans (1995) believe it could be “woven into existing courses” (p. 52). In Sheridan and Amato-Von Hemert’s (1999) study of student views, 55% voiced that spiritual and religious content should be included in practice (PRAC) and human behavior in the social environment (HBSE) courses. In Sheridan et al’s 1994 study, over 82% of social work educators supported the inclusion of a course that specialized in religion or spirituality as an elective.

Another item that is hotly debated in the literature is what content should be included in such a course. Russel (1998)’s investigation of social work educators teaching elective courses on spirituality and religion spoke to how difficult it is to determine what should be included in such a course. Russel (1998) found great variation in the topics covered, readings, assignment, and teaching modalities as well as the time given to the subject depending on the “interests and expertise of the faculty” (p.25). Despite the diversity in content, Russel (1998) compiled the most common subjects covered in electives courses include:

spiritual assessments; spiritually derived interventions; various faith perspectives; ethical considerations; creating a spiritually sensitive context for practice; historical/religious roots of social work; stages of spiritual development; social justice issues; respecting spiritual diversity; feminist spiritual perspectives; differentiation between religion and spirituality; students/social workers personal,

spiritual, and professional growth; multicultural issues; lesbian, gay, bisexual, transgender (LGBT) issues; and rituals.

In summary, it is difficult to determine how to integrate religion and spirituality into the curriculum, both in terms of where to integrate and especially how. Educators interviewed in Russel's (1998) study who taught an elective on religion and spirituality often were concerned about conceptualizing religion and spirituality, overcoming colleague's skepticism, and maintaining a respectful environment for dialogue of diverse concepts of spirituality. They were often concerned the material may be "fuzzy", unprofessional, and inappropriate. Despite the educators concerns, students gave positive feedback after taking such courses. The concerns of the educators operate in a larger macro context in which the profession of social work has its own concerns. This includes traditionally embracing social behavior to be understood in a rational, scientific method, overly simplistic notions of religion, including some Freudian concepts, and a heightened emphasis on separation of state and church. The prolonged historical effects also mingle with concerns that tendency of spiritual matters focuses too much on micro levels and do not warrant social justice and therefore professional attention (Ai, 2002). Despite these concerns, Dudley and Helfgott (1990) warn

As we have learned from our experiences in teaching, attempts to control or suppress a topic of legitimate concern will not make it disappear. Students who have interest in the spiritual issues will take them up in discussions outside the classroom or will obtain a particular religious perspective, and then will miss the benefit of a broader perspective. It seems to be time to consider openly what spirituality offers for the preparation of social workers.

One can see the issue of diversity and attending to a broader perspective of religions and spiritualities as critical for social work researchers and educators to discuss in their training. Ai (2002) and Carroll (1997) suggest integrating religion into professional

education should take the enhancement of the well being of the disadvantaged as the top priority (Ai, 2002, p. 122). In addition, as noted above the number of affected populations, or people who are spiritual or religious in the United States is quite high. Ai (2002) states,

Given the increasing role of many faiths in American life, the foundational social work education could be enhanced by addressing spiritual aspects. Integrating spirituality into professional education is both timely and critical. Within an increasingly diverse society, this change will facilitate students' and practitioners' understanding of the link between the physical reality and the spirituality of clients within which many health and mental health issues are rooted.

The focus on diversity parallels what some of the faculty of Dudley and Helfgott's (1990) concerns that one religious group could dominate and exclude other views of religious groups. Russel (1998) also noted that social work educators shared that, at times, it was challenging to maintain respect for diverse religions and spiritualities in the classroom.

This piece speaks to the importance of integrating respect for self-determination of religion and spirituality for individuals as well as concern for social justice and working with oppressed groups, which are values social workers must follow as indicated by the Code of Ethics. One word of warning with respect to diversity that will be explored in the next section is noteworthy here, that is that most professionals are of the dominant religion. When one reads about professor's ambivalence toward teaching the subject, lack of respect in the classroom, and professors feeling "fuzzy", one can begin to see why it may be challenging for the social work practitioner to integrate religious or spiritual interventions in practice when the modeling is scarce and often one's dominant religion or spirituality may then permeate how they think about religion and spirituality for others.

### *Social Worker's Personal Spirituality and Religion*

As explored earlier, there are a vast number of religious and spiritual people, in the United States. These statistics may or may not have been surprising. One piece that appears surprising for researchers is learning that there are many spiritual or religious clinical practitioners. For instance, Bergin and Jensen (1990) were surprised by the results of a great involvement in clinician religion and spirituality because this contradicts previous findings that therapist's personal religiosity was low. Bergin and Jensen (1990) surveyed therapists including clinical psychologists, psychiatrists, clinical social workers, and marriage and family therapists and discovered a "substantial amount of religious participation and spiritual involvement among all groups of therapists that was sizeable, unexpected, and similar to the public at large." Specifically, 41% of therapists attend services regularly compared with 40% of the lay public and 77% of therapists try to live according to their religious beliefs compared with 84% of the public.

Rizer and McColley (1996) and Sheridan and Hemert (1999) found similar findings that between 88-90% (respectfully) of social work graduate students reported some level of participation in organized religion. In both of these studies, despite the high numbers associated with organized religion, even more practitioners identified with personal spiritual practices. Also noteworthy in Sheridan and Hemert (1990) study is that students and faculty members in graduate school had more positive views toward the role of religion and spirituality in practice than did practitioners.

Similarly, Sheridan, et al (1992) study of 217 LCSWS, LPCs, and psychologists, 97% reported having been raised in a particular religion, with no significant difference in past affiliation between the groups. Of this sample, 56% were raised Protestant, 29%



Catholic, 9% Jewish, 3% other. Currently, 18% have regular participation with religion or spiritual affiliation, 33% some identification, limited involvement, and 23% no identification, less than one percent had negative reaction/disdain for group.

Shafranske and Maloney (1990) interviewed 490 clinical psychologists and found that again 97% had been raised with a particular religion, 71% currently affiliated with organized religion, and 41% regularly participated. Even though much of the sample was affiliated with organized religion again this notion of spirituality was reiterated in that 51% characterized their current beliefs and practices as an “alternative spiritual path which is not part of organized religion.”

As has occurred in the social work field with other issues, often times one wonders if having been through a particular experience is able to increase empathy for sitting with clients who have similar issues or concerns. The idea is also being considered with religious or spiritual issues. There is some support, ambivalence, and concern that previous experiences with religion or spirituality may benefit, have no influence, or possibly harm a client due to our own counter transference.

Some social workers themselves suggest their own spiritual or religious path is beneficial in treating clients. For instance, Rizer and McColley (1996) found that the 73% of social work graduate students (n=170) emphasized that to help others become more spiritual; they had to become more spiritual and 86% believed that their spirituality enhanced their work with clients. Derezotes and Evan's (1995) sample paralleled these results with 57% stating that their own spiritual process helped them deal with spiritual issues of their clients, and the next most popular response, at 16%, was church or religious organization helped them deal with issues of their clients.

Although these studies suggest that one's own spirituality or religion helps them understand a client, Bergin and Jensen (1990) found that despite the greater than expected involvement of practitioners with their own religion or spirituality, that only 29% of them found religious matters as important for treatment efforts with clients. Rizer and McColley (1996) found that in their sample of graduate students, 51% agreed that religious orientation did not affect their work as clinicians, whereas only 35% thought that spiritual orientation did not affect their work. It does not clarify in this statement if the researchers are asking about the client's religion or spirituality or the clinician's spirituality having an effect in therapy. In either case, one can see that many clinicians, despite growing numbers of religious clients and personal spiritual influence, do not feel this effects their work which may evidence the 'faithblind' concern addressed previously in this paper.

In addition, it is important to remember that not all clinicians feel positively about their own personal experiences with religion or spirituality. For instance, in Hodge (Furman et al) 20% of NASW members reported having negative feelings about their childhood religious experiences and 36% of respondents in Sheridan and Bullis (1992) study felt negatively about childhood experiences. Thirteen percent of Derezotes and Evans (1995) sample found religion had been detrimental to them, 29% were uncertain whether religion and spirituality had been helpful or harmful for them personally. The concern is that these sentiments may affect professional relationships with clients.

In fact, Shafranske and Maloney (1990) and Canda and Furman (1999) found that an individual's sentiments, attitudes and behaviors regarding interventions of a religious nature primarily influenced by the clinician's personal view of religion and spirituality

for their clients rather than their theoretical orientation or training. The data reflected a positive correlation between affiliation and participation in organized religion and the performance of explicit religious or spiritual interventions. Conversely, the more negatively the subject viewed their religious pasts, the less likely they were in utilizing interventions. Shafranske and Maloney (1990) fear nonbelievers may not be fully able to accept clients who consider spirituality and religion to be meaningful and useful, unless the clinicians take the time to examine and think about spiritual issues. The concern is that whether a clinician is a “believer” or “nonbeliever”, they are capable of a spiritual bias, which can be as harmful as racism, sexism, heterosexism, classism, etc to some clients (Sermabeikian, 1994).

Many social workers are trained in to examine their attitudes toward class, culture, race, ethnicity, gender, and sexual orientation rooted in the diversity perspective and spiritual and religious attitudes are no exception. Sheridan et al (1992) states the first implication is to “know thyself” in religious or spiritual orientation. This requires an ongoing openness and reflection on one’s personal beliefs, values, and attitudes concerning the religious or spiritual dimension of human existence.

It is particularly important to be in tune with one’s feelings with religious clients because a therapist may have a strong or even hostile countertransference reaction when working with clients, particularly orthodox clients (Sermabeikian, 1994). In addition, religious pathology, rigid ideologies, religious fervor associated with mental illness, cult involvement, and non-constructive consequences of certain beliefs and practices present additional challenges to clinicians (Sermabeikian, 1994). This may be because clinicians have little or no training around spiritual issues, may have past negative personal feelings

about religion, and may find dogmatic clients fanaticism, intolerance, and disputations as highly antithetical to the therapist allegiance to humanistic principles (Genia, 2000).

One helpful tool for clinicians experiencing hostile countertransference is to remember that the client may be using projective identification as a means to convey how it feels to be belittled and disaffirmed (Genia, 2000). One respondent in Canda's (1988) study, which is one of the first in this field, declared one could hardly engage a client in dealing with spiritual issues "without having to struggle with one's own needs, sinfulness, and inadequacies." Thus it is important for the therapist to be in touch with, examine, and understand their own feelings and beliefs, both past and present, be aware of unresolved issues around institutional religion or spirituality, and to talk about and get supervision around emotionally charged interactions with spiritual or religious clients (Canda, 1988).

The struggling with one's own spirituality does not occur in isolation in the therapy room. It is important to briefly examine the context many social work students encounter when they decide to enter the profession. Russel (1998) stated it is worth noting that many social workers are drawn to the profession due to spiritual motivation (Russel, 1998) and 75% of students in Rizer and McColley's (1996) sample entered the profession for spiritual reasons. For these students, it may be difficult to not be able to have a union between their personal faith and their work, which causes them stress.

For instance, some social workers experience professional oppression, which refers to the feeling that they do not feel they can be open about their religious or spiritual lives because they have chosen the field of social work (Ressler & Hodge, 2005). It is difficult to know if this perception of oppression is actually occurring, but nonetheless

important to know these feelings exist for social workers. Ressler and Hodge (2005) attempted to scientifically gather evidence of religious discrimination and after interviewing 222 social workers, found that over one in two orthodox social workers of various religions reported being “demeaned, denigrated, ridiculed, and scorned” by social work colleagues due to their religious beliefs, especially conservative or very conservative students and faculty in educational settings. The social workers self reported they were told they should not be in social work, denied or given lower grades to write papers on religion and spirituality, and denied entrance into graduate school because of religious undergraduate affiliation. Students and faculty reported being denied funds to attend religious conferences, and faculty reported being fired, threatened to be fired and denied tenure because of their religious beliefs.

Derezotes and Evans (1995) found similar evidence of discrimination in that forty-seven percent of practitioners (n=56) thought religious bias existed at their agency with either their supervisor or colleagues. In this sample (Ressler & Hodge, 2005), 44% of social workers knew of clients who had been discriminated due to their religious beliefs at the hands of their social work colleagues. In thinking about the broader context of the relationship between social work and religion and spirituality, and wondering if clients are being discriminated, one must wonder how then practitioners can intervene in religious and spiritual ways that are accepting to the client.

Ressler & Hodge (2005) have concerns about the quality of education, particularly for social workers to understand the strengths religion imparts to individuals and society, and education about, and attempts to prevent the oppression of religious people. They are not surprised about the unintended discrimination due to social work

only beginning to expand diversity to include religious diversity. There is hope that just as the profession addressed power differentials related to race, ethnicity, and gender, progress can occur to address power differentials related to religion as well (Ressler & Hodge, 2005).

To take a macro perspective, at this time, one can see how challenging it may be for a social worker to address religious or spiritual issues in therapy. Again this could be due to historical relationship between social work, religion, and spirituality, separation of church and state, having little training around religious or spiritual issues, and fear of being oppressed professionally for declaring one's own faith or attending to a client's faith beliefs.

Henning and Tirrell (1982) outline why counselors may be resistant to spiritual exploration with a client: because they have a negative attitude (from personal history or with a specific denomination), have a limited grasp of religious or spiritual thought and feel they must be the authority, have a fear of the unknowable in not being able to answer ontological questions of existence, fear that open questioning of religion or spirituality may imply rejection of beliefs, and fear that helping clients confront their anxieties around life, meaning, and existence will mean that counselors may have to confront their own anxieties. For these reasons, Henning and Tirrell (1982) hypothesize counselors may stay within safe boundaries by not confronting religious or spiritual material. Another fear practitioners have is that discussing religion and spirituality purposefully or inadvertently, consciously or unconsciously, will impose their own values or beliefs onto the client (Giglio, 1993; Bullis, 1996).

This fear may result in silence on the part of practitioners in addressing such diversity issues of religion and spirituality. Giglio (1993) and Furman et al (2005) cite that while clinician's most likely take their lead from their clients on discussing the subject, they can risk communicating disinterest or even opposition to religion and spirituality in their silence. Griffith (1995) identifies two constraints imposed by therapists that limit a client's ability to talk about their private and meaningful conversations with spirituality or a greater power: "proscriptive constraints- that religion, spirituality, and/or a greater power cannot be spoken of here, and prescriptive constraints, that if these issues are spoken of in therapy, they must be talked about in a certain way." She states how secular psychotherapy culture may influence a therapist to inadvertently impose proscriptive constraints and that religious counseling culture may influence a therapist to inadvertently impose prescriptive constraints. These constraints and lack of attention to spiritual and religious issues in therapy form a professional oppression whereby clients may feel that their meaning is unwelcome and therefore have an unspoken censoring in therapy. Griffith (1995) states that if therapists view this unspoken censoring as a form of oppression, "then we may see not only in how we participate in oppressing but how we can participate in freeing our conversations (p.123)." Thus, therapists must not be seduced by certainties to provide the meaning of existence, but remain open to possibilities and co-creation of meaning.

Based on the Gallup polls cited above, the majority of the population probably prefers an orientation to counseling that is sympathetic, or at least sensitive, to a spiritual perspective (Bergin & Jensen, 1990). Thus Bergin & Jensen (1990) declare, we need to better perceive and respond to this public need. Although there is opposition to a

spiritual framework on macro and micro levels, there is evidence of a more concordant relationship with social work and spirituality that can respond to this public need.

Bridging this gap should provide rewarding, not only to therapists who make the effort to enter into the sphere of the client experience, but also for the large number of clients who are hungry for help that is friendly and not foreign to their way of thinking or meaning-making...the potential for a change in the direction of greater empathy for the religious client is underscored by the surprisingly significant levels of unexpressed religiosity that exists among mental health professions...perhaps this 'spiritual humanism' would add a valuable dimension to the therapeutic repertoire if it were more clearly expressed and overtly translated into practiced (Bergin & Jensen, 1990).

Currently psychotherapy that is taking place is hindered by an unspoken "religiosity gap." One way to close this gap is for practitioners to open the door to initiate the discussion of spirituality or religion in therapy.

### *Integration of Religion and Spirituality in Therapy*

#### *Implicit Integration*

In general, there are two ways one can integrate religion and spirituality in therapy: implicitly and explicitly. According to Tan (2003) implicit integration refers to a more covert approach that does not initiate the discussion of religious or spiritual issues and does not openly, directly, or systematically use spiritual resources like prayer and sacred texts in therapy. Therapists then can respectfully and sensitively respond to religious or spiritual issues as they emerge in therapy. This is known and reiterated as "staying where the client is" as a way to integrating religion and spirituality which assures "the client's values, needs, and individuality will take precedence and that his or her rights will prevail" (Goldstein, 1983, p.268). Starting where the client is allows both



the client and the clinician to see the ways the client's beliefs and doubts permeate aspects of their life.

Staying where the client is, relates to the point that some social workers may not openly discuss religion or spirituality with clients, and rather wait for them to bring it up. When 56 Utah practitioners were asked whether religion should be discussed in social work practice, 57% said it depends on if the client initiates the discussion (Derezotes & Evans, 1995). If the client does not bring up the issue, in this sample it was generally assumed that it should not be discussed. Forty-five percent of the clinicians stated they would bring up the subject; however, typically using less "loaded" terms than religion or spirituality. They would ask questions such as "what do you value?" or "what is meaningful to you?" These questions get at the heart of what Sermabeikian (1994) suggests for practitioners, which is similar to Griffith (1995) suggestions outlined above. She suggests clinicians must be willing to reverse their way of thinking which is linear and externally focused and, with no preconceived notions look beyond the fears and limitations of the immediate problem. The goal is then to discover something meaningful rather than focusing on the past and pathology.

In Derezotes and Evans' (1995) sample asked practitioners if clients brought up the issue of spirituality, 91% of the subjects said yes. Frequently the practitioners reported clients brought up the issue about value conflicts regarding religious rules, and during times of death, tragedy, or transition where a client is searching for the meaning of life. The 91% can be misleading because how does a practitioner know when a client may be refraining from bringing up the issue on their own.

Implicitly, clinicians can also use theory to conceptualize spiritual and religious issues without necessarily sharing this information with clients. Object relations theory, existential psychological approaches, and transpersonal psychology (Genia, 2000) provide the most opportunity for clinicians to consider religious and spiritual issues. For object relations, Rizzuto (1997) sees the client's personal images of God as a window into the quality of his or her formative relationships and level of psychological development. Related to exploring the unconscious, Spero (1990) sees the opportunity in the transference for the religious patient to view the therapist as an objective good transitional object, which may parallel and help move the patient along their spiritual journey to an internalized divine object. Genia (2000) notes that often when religious doubts, uncertainties, desires to disaffiliate, interest in divergent faiths, and spiritual identity often suggest the client may be struggling with issues concerning separation and individuation. It is important to keep in mind these theories have been created in the West with a particular dominant religious influence that is Christian and focused on individuation. It is critical to consider cultural context when assessing different client's spirituality, religion, and, particularly when hypothesizing about unconscious material.

Client autonomy is a traditional social work value and social workers need to be cautious about trying to direct clients in spiritual or religious matters. In these matters, workers should "open the door" for the client to walk through, but not try to push the client through that doorway. This idea of opening the door is critical, as stated earlier, for not doing so may leave some clients to assume spiritual or religious matters cannot be discussed. Additionally, when clinicians "open the door" they have an opportunity for the client to share their spiritual or religious language with the clinician which can then

be used throughout the work. Thus, assessing and asking about spirituality and religion from the start can be a way of opening the door for the client and clinician.

### *Assessing Individuals*

Assessment, which is less direct and occurs in the beginning of the treatment, appears to be accepted by most clinicians. Carroll (1997) suggests the profession expands its focus from bio-psycho-social to a bio-psycho-social-spiritual model in order to address spiritual issues directly. To address spiritual and religious issues directly, the clinician begins with the assessment, where inquiry is made into the most private aspects of client's lives, however Genia (2000) believes that therapists rarely ask questions about the religious dimensions of the client at this phase. She reiterates the importance of including questions about religious upbringing, feelings, beliefs, and practices during the initial interviews to assist in formulating an accurate psychological profile and for conveying to the client that religious material is an acceptable topic which can be explored in therapy.

In one of the earliest studies in the field of religion, spirituality, and social work Canda (1988) explored explicit behaviors of eighteen social workers in assessing clients for religious and spiritual issues. Each participant with the exception of the atheist social workers felt that spiritually sensitive social work involves exploring meaning of events for clients and a client's relationship with spiritual powers in the assessment phase of the therapeutic relationship. A decade later, JCAHO (2001) now recommends such a spiritual assessment in hospitals and mental health care settings. At a minimum, JCAHO requires a social worker to determine a client's religious denomination if applicable as well as to determine the importance of their spiritual beliefs and practices. This second

piece about determining the importance of their beliefs and practices appears to be why there are a variety of methods of conducting religious and spiritual assessments.

Griffith and Griffith (2002) suggest asking client's how they respond existentially to personal crises. Such questions include asking about what sustains a client, and how they make meaning, or peace (or not) at this time. Similarly, Moore (2003) emphasizes social workers' clinical judgment in assessing if spirituality or religion is relevant. From here, the question becomes is spirituality seen as strength or a problem from the client's point of view. This means of assessment is client directed and very much within the here and now of the social worker-client relationship. Questions can include how does spirituality relate to the therapeutic goals and what preferred avenues would the client like to use to address spirituality. This model appears to be relevant for brief therapy. Hodge (2005a, 2005b) has created and published numerous articles on how to conduct religious and spiritual assessment both verbally and pictorially. These include taking a spiritual history, creating a spiritual lifemap, genogram, or ecomap. These methods are encouraged if this is a goal of the client or in longer term work. These authors posit that the questions the social worker asks are not as critical as much as the social worker's attitude of wonder in a climate of openness and respect.

Assessing for religious and spiritual issues with a client is the most accepted intervention. In Bullis' study (1996) 95% of clinicians find it professionally ethical to explore client's religious background and 99% find it professionally ethical to explore a client's spiritual background. Personally, 97% feel comfortable to ask about religious background and 96% feel comfortable asking about a client's spiritual background (Bullis, 1996). Similarly, 87% of psychologists in Shafranske & Maloney's study (1990),

over 93% of graduate social work students in Sheridan & Hemert's study (1999), 84% of social workers in Stewart, Koeske & Koeske's study (2006), and 93% of licensed clinical social workers in Sheridan's study (2004) consider it appropriate to gather information on clients' religious or spiritual background. In practice, 68% of social work students in Sheridan & Hemert's study (1999), 72% social workers in Stewart, Koeske, & Koeske's study (2006) and 90% of licensed social workers in Sheridan's study (2004) have gathered information on client's spiritual or religious background in practice.

Although this is one of the most accepted interventions, it is not universally accepted either. Derezotes (1995) sample of 340 social workers, students and faculty rated asking a client about his/her spirituality and religion as sometimes appropriate (over 50% of respondents rates as 3 or 4 on a 6 point scale where 1 is never and 6 is always appropriate behaviors). Rizer and McColley (1996) found in their study that 76% believed that clients should be asked about their spirituality. In Furman et al (2005) study of social workers, 59% "agreed" or "strongly agreed" that taking a religious or spiritual history should be part of intake and assessment. Twenty percent of clinicians were "neutral" on the topic and the other 20% "disagreed" or "strongly disagreed." Interestingly, Shafranske and Maloney (1990) interviewed clinician psychologists and found that 64% reported the religious background of client influenced the course and outcome of psychotherapy. Knowing a client's background is critical to understanding if other religious or spiritual interventions are appropriate and possibly to therapeutic outcomes in general.

## *Referral*

It is important for a clinician to assess for religious or spiritual content as it can be one of the major issues a client wants to work on. If this is central theme clinicians can collaborate with clients, and possibly spiritual pastors or counselors, in deciding whether secularly based therapy, religious counseling, or both will be the best therapeutic modality for the client. When deciding an appropriate intervention, Genia (2000) recommends considering the level of psychopathology and the extent to which spiritual and emotional concerns are inextricably connected. For orthodox clients who may fear clinicians undermining their faith, it may be best to refer to a clinician who holds the same religious background as the client (Genia, 2000).

Ninety percent of clinicians agree with religious referral in accordance with professional ethics and 87% feel personally comfortable engaging in religious referral. Eighty-five percent believe referral to a spiritual counselor is ethically appropriate and 81% feel personally comfortable referring to spiritual counselors (Bullis, 1996). This study is congruent with other studies of social workers in which ninety three percent consider referral an appropriate social work intervention and 83% have utilized in practice (Sheridan, 2004) and 85% found it appropriate to refer to a spiritual or religious counselor and 56% have done so (Stewart, Koeske, & Koeske, 2006). Stewart, Koeske, & Koeske (2006) found that 12-step programs which include a spiritual component was more highly endorsed by this sample than referral to a spiritual counselor with 98% finding it an appropriate intervention and 86% having done so.

However, Sheridan and Hemert's (1999) study, found results that demonstrate a difference between positive attitude toward referral and actual process of referring.

Almost 20% of the participants have referred a client to a religious or spiritual counselor. Interestingly, in this sample this was a smaller percentage than practitioners who have used religious language, recommended participation in religion or spirituality, and shared their own religion or spirituality with clients, which are more explicit ways of integrating religion and spirituality.

### *Explicit Integration*

Therapists who work from the explicit integrational model directly integrate spiritual approaches in therapy. Canda & Furman (1999) have outlined a list of options for activities ordered from least to most direct and explicit as to note that an increasing level of care and caution should be taken as social work practitioners become more explicit and direct in dealing with spirituality or religion in clinical practice. The list is as follows, from least to most direct: implicitly spiritually sensitive relationship and context (mentioned in previous section), private spiritually based activities by worker, referral to outside spiritual support systems (mentioned in previous section), collaboration with outside spiritual support systems, direct use of spiritual activities by client's requests, and direct use of spiritual activities by worker's invitation.

There are specific interventions that are assessed in this field of literature: clarifying religious or spirituals goals, using such language, discussion of or recommending sacred writings or texts, recommending a spiritual or religious program, encouragement of forgiveness, creating a ritual, participating in a ritual, praying or meditating with a client, praying privately for a client, performing exorcism, using healing touch, and disclosing about one's own religion or spirituality. These are specific

interventions that have been assessed in a number of studies and this study will replicate by asking about the appropriateness and use of these 15 interventions.

In one of the first studies examining explicit religious or spiritual behaviors, 15 of the 18 respondents in Canda's study (1988) used prayer, meditation, ritual, or scriptural study in practice, at least indirectly. Interviewees indicated that when a client held the same belief system or upon the clients request, religious language and techniques were explicitly employed. Jewish and Christian respondents reported that praying with a client was valuable, some invited them to pray, others prayed at the client's invitation, and one felt pray was indirectly appropriate through referral to a clergyperson. Several Christian and Buddhist respondents used various types of meditation and guided imagery in practice. Spiritual rituals were encouraged by Christian, Jewish, shamanistic, Native American, and atheist social workers. Two Christian social workers used scriptural study with clients. These are some of the examples of explicit integration of religion and spirituality that will be addressed in the literature and this current study. Typically, before intervening directly a clinician can clarify spiritual or religious goals with a client to determine if such explicit integration is appropriate.

#### *Clarifying Religious Goals, Spiritual Language, and Texts*

Clarifying a client's religious or spiritual goals or values may be part of an assessment or a means of gathering information to determine if a referral to a spiritual or religious counselor or other direct spiritual interventions may be appropriate. Once it is determined a client will stay in individual therapy and that religious or spiritual content is important to them, clarifying values with a client in practice appears to be an intervention that is strongly supported by social workers. Bullis (1996) found that 78% of social



workers surveyed found it ethical to help a client clarify their religious values and 72% felt comfortable doing so. Again, a higher percent (96%) agreed it is ethical to clarify a client's spiritual values, and 95% feel personally comfortable clarifying a client's spiritual values. In Sheridan and Hemert (1999)'s study, 79% of social work students found it appropriate to clarify client religious or spiritual goals or values. Similarly, 60% of practitioners find it appropriate to help client's clarify their religious or spiritual values and 40% have used this in practice (Stewart, Koeske, and Koeske, 2006). Sheridan (2004)'s study of clinical social workers displayed even more support for such behaviors and actually engaging in them in practice as well. Eighty seven percent find it appropriate to use religious language or concepts and 82% have done so. Additionally, 84% find it appropriate to clarify client's religious or spiritual values and 80% have done so. Sheridan et al (1992) found that 67% of LICSWs have helped clients clarify religious or spiritual values, a percent similar to psychologists (70%) and licensed practitioners (72%).

Clinicians appear to be somewhat comfortable ethically and professionally engaging in religious language or metaphors with clients. In opening the door for a client to share their experiences with religion or spirituality, clients then may then share their religious language or metaphors. Most clients will reveal their symbols when they describe religion or spirituality. The effective worker asks the clients to make meaning of these descriptions and then mirrors and utilizes the client's language whenever possible (Derezotes, 1995). Bullis (1996) discovered 66% of social workers found using religious language in therapy professionally ethical and 54% felt comfortable engaging in the behavior. Again, more practitioners approved of using spiritual language with 89%

finding it ethical and 82% feeling comfortable using spiritual language (Bullis, 1996). Other studies parallel approval of using spiritual or religious language. Fifty-nine percent of LICSWs in Shafranske and Maloney (1990) and 72% in Stewart, Koeske, and Koeske (2006) study supported the use of religious language, metaphors, and concepts in therapy. Seventy five percent of the sampled social workers in Canda & Furman (1999) and Sheridan and Hemert (1999) study and 87% of social workers in Sheridan (2004) found this appropriate. The percent that has engaged in these behaviors is similar to the positive attitudes. In most of the above mentioned studies (Canda & Furman, 1999; Sheridan et al, 1992; Stewart, Koeske, & Koeske, 2006) a range of 65-69% of social workers stated they have used religious or spiritual language or concepts in therapy. The two outliers for the intervention of using religious or spiritual language were 39% of social workers (Sheridan & Hemert, 1999) and 82% (Sheridan, 2004). For the most part, the positive attitude toward using religious or spiritual language appears to be endorsed in practice.

There is a large discrepancy between attitudes and behaviors in using or recommending religious or spiritual books or writings. This phrase is used in studies and does not appear particularly clear as there is a distinction between religious and spiritual, using or recommending books, and books and Holy Scriptures. For instance, Bullis (1996) found a distinction in using or recommending spiritual or religious books. A smaller percentage (59%) agreed it is ethical to recommend religious book; whereas, much more clinicians (89%) endorsed recommending spiritual books as ethical. There was a great difference in personal comfort in recommending religious versus spiritual books as well. Forty-one percent feel comfortable recommending religious books and 83% feel comfortable recommending spiritual books (Bullis, 1996). Also, a clinician

may view using a book with a client and recommending a book to a client as two very separate interventions.

In any case, a range of 63-80% find using or recommending religious or spiritual books or writings appropriate; however in these four studies only 18, 34, 59, and 60% have actually used this in practice. (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske, 2006). These lower percentages in practice are also harmonious with findings that 28% of LICSWs, 35% of psychologists, and 37% of licensed practitioners have used or recommended religious or spiritual books (Sheridan et al, 1992). Perhaps Derezotes (1995) sample conveys more of the ambivalence practitioners have with recommending spiritual books as 50% of this sample reported it as an appropriate intervention and another 20% found this behavior near never appropriate. Again these differing results may be because the question is rather loaded. It does appear to be clearer that reading scripture or religious text with a client is a less appropriate intervention where only 32% found this behavior professionally ethical and only 21% felt comfortable using this with a client (Bullis, 1996). Additionally, 55% percent of Shafranske and Maloney (1990) sample of psychologists agreed it was inappropriate to use religious scripture or texts while conducting therapy.

#### *Recommend Participation, Forgiveness, or Rituals*

Bullis (1996) notes that whether or not a person chooses to attend a religious or spiritual group including meditation groups, men and women's groups, mosques, temples, synagogues, churches, or other formal religious organization, is constitutionally safeguarded by the First Amendment. It is improper, and possibly unconstitutional to suggest someone not attend a program of their choosing. Sermabekian (1994) also states

that clients may choose to pursue self-help group membership, church involvement, prayer, or meditation and that the practitioner should be willing to incorporate goals in treatment that include these values. Additionally such admonitions run against the NASW Code of Ethics (1990) that states, “the social worker must make every effort to foster maximum self-determination on the part of clients.” The cornerstone of maximizing spiritual self-determination is nonjudgmentalism (Bullis, 1996).

Based on some studies, one can suspect that some social workers use the social work value of self-determination as justification for not recommending client participation in a religious or spiritual program. Rizer and McColley (1996) declared that many clinicians are against recommending a client to join or leave organized religion, thus suggesting clinicians are less inclined to intervene with religious material in a directive way (Rizer and McColley, 1996). This information is congruent with in Derezotes (1995) sample of 340 social workers, students and faculty where over 63% of social work respondents rated recommending a client join or leave religion as never appropriate and another 20% rated as nearly never appropriate.

Interestingly, this weariness does not appear across all studies in this field. Bullis (1996) found approval rates where 72% of social workers found it ethical to recommend participation in a religious program to a client and 66% felt comfortable with this recommendation. Ninety-five percent of the sample found it ethical to recommend participation in a spiritual program and 92% felt comfortable doing so. Additionally, between 76-88% of social find it appropriate to recommend participation in a religious or spiritual support system or activity (Canda & Furman, 1999; Stewart, Koeske, and Koeske, 2006; Sheridan, 2004; Sheridan & Hermert, 1999). The percent of social

workers who have recommended participation in spiritual or religious programs is varied. Two studies (Sheridan & Hemert, 1999 & Sheridan et al, 1992) found 31 and 33% of social workers have engaged in this behavior. Two other studies (Canda & Furman, 1999; Sheridan 2004) found 80 and 81% of social workers have recommended participation in spiritual or religious program. Stewart, Koeske, and Koeske (2006) found a range in between these four studies, with 55% of social workers intervening by recommending participation.

Forgiveness has been described as a powerful therapeutic intervention where one releases anger and resentment after a person has felt these feelings and asserted their boundaries (Derezotes, 2006). Similar to other religious or spiritual interventions, recommending forgiveness, penance, or amends is an intervention that is varied in support by social workers in theory and practice. Sixty five percent of social workers find it ethical to do so and 58% would feel comfortable recommending forgiveness (Bullis, 1996). Furman et al (2005) found in a national study of social workers that 60% indicated it is important to assess whether clients want to work on forgiveness and 74% use techniques in practice that deal with forgiveness. This discrepancy may suggest clinicians may be using forgiveness techniques without assessing if it is important to the client. Furman et al (2005) is wary about this practice. They suggest intervening by: assessing if a client wants to work on forgiveness, respecting client's self determination, assessing client's ego functioning, and distinguishing between appropriate and inappropriate self guilt. As is the case in clinical work, timing of this intervention is critical to be both appropriate and helpful. Out of the other participants in Furman et al (2005) study roughly 20% were neutral and 20% "disagreed" or "strongly disagreed"

with recommending forgiveness techniques. Ambivalence about forgiveness techniques appears in other studies. Out of three studies of social workers, 27, 40, and 57% of clinicians agreed with recommending religious or spiritual forgiveness, peace, or amends as a clinical intervention. In practice, 6, 24, and 45% of surveyed clinicians have used religious or spiritual forgiveness, peace, or amends in practice (Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske, 2006).

Rituals can be defined as procedures that bring about a transformation of existing situations. These appear to be more appropriate interventions, perhaps because it may not take as much time or commitment on the part of the client. Thus according to this definition Canda & Furman (1999) suggests all social workers engage in rituals with clients because they promote change. Additionally, Canda and Furman add that rituals make a connection between self-reflection and dialogue with significant people or organizations from the past or can create a new network or connection, which can be a powerful lasting event. Canda and Furman (1999) have ten suggestions for designing a ritual or ceremony in general. The suggestions are as follows: identify your intention, symbolize your hope, symbolize the process of change, create a meaningful time and place, invite participants, open the ritual, enact the celebration, make a commitment to the future, give gratitude, close the ritual.

Social workers generally approve of helping a client develop a ritual. Ninety one percent consider this an ethical practice and eighty-seven percent feel comfortable helping a client develop a ritual. Similarly, 57-81% of social workers find it appropriate. Again the numbers of engaging in the behavior is more disperse, with two studies with lower percentages (12% and 25%, Sheridan & Hemert, 1999; Stewart, Koeske, and

Koeske, 2006 respectively) and two studies with higher level of percentages (63 and 68%, Canda & Furman, 1999; Sheridan, 2004 respectively).

Participating in a client's ritual appears, which is more directive, appears to be less appropriate. In fact, only 57% find this behavior ethical and 38% feel personally comfortable engaging in the ritual (Bullis, 1996). The level of comfort noted by Bullis' (1996) study is replicated in other studies. A little over a third of social workers surveyed find participating in a ritual with a client appropriate (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske, 2006). Many less have actually participated in a ritual with a client; the range for this behavior in the four studies is between 7% and 19%. Prayer and meditation can also be viewed as rituals which bring about transformation.

#### *Meditation and Prayer*

Bullis (1996) defines prayer and meditation broadly as a means of communicating and communing with God, a transcendent reality, or the divine self. Bullis (1996) identifies five phases of deep prayer or meditation which may be helpful for clients. They are: relaxation (where the body and mind exist in unity), visualization (often of a safe or holy place), affirmation (replacing negative thoughts with spiritually effective and motivating thoughts), confirmation (acts and words that represent affirmations that become concrete in one's conscious and unconscious minds), and appreciation (gratitude which preserves the affirmations and confirmations discovered in prayer and meditation). If meditating with a client, Bullis (1996) recommends bringing the client back to consciousness and debriefing on the experience.

Very few social workers agree it is appropriate to pray with a client in therapy. For instance, 37% of social workers found praying with a client professionally ethical and only 25% would feel personally comfortable doing so (Bullis, 1996). Sixty-eight percent of psychologists agreed it was inappropriate to pray with a client. This study suggests that the attitudes of the psychologists became less favorable the more explicitly religious the technique (Shafranske & Maloney, 1990). Derezotes (2006) sample of social workers, students, and faculty praying with a client is considered the least appropriate of all religious or spiritual interventions wherein 48% never found it appropriate, another 27% found it nearly never appropriate. Only 10% found it somewhat appropriate.

Most studies ask social workers the extent to which they agree or have “prayed or meditated with a client.” Adding meditating with this question may be the reason a greater percent of social workers find this behavior appropriate. For instance, in Bullis’ (1996) study a greater percentage (45% compared with 37%) found it ethical to meditate with a client compared with praying with a client; although less felt comfortable doing so (19% compared with 25%). Teaching meditation to a client is a much more approved behavior; 72% find this professionally ethical and 37% feel comfortable teaching meditation techniques.

The range of appropriateness for social workers to pray or meditate with a client is between 52-60% find praying or meditating with a client appropriate (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske, 2006). The percentage of social workers who have prayed or meditated with a client is much less than this, between 12-33% for the above mentioned four studies (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske,



2006). In Sheridan et al (1996) study, 15% of LICSWs have prayed or meditated with a client, a number that is comparable with psychologists (14%) and licensed practitioners (24%). Mattison, Jayaratne, & Croxton (2000) found social workers approve of initiating laying of hands as a healing technique more than requesting the client to pray with them during session. In this study asking a client to pray appears to be the most unacceptable behavior in practice, perhaps due to separation of church and state. A piece that continually comes up in the literature is the question of who initiates the behavior. Mattison, Jayaratne, & Croxton (2000) found that who initiates the explicit behavior is important for determining its appropriateness. For example, in their study of 1,278 clinical social workers found that a client's initiation of a request for prayer is more acceptable than an initiation of the worker.

Praying privately for a client is a behavior that is more acceptable and more used in practice by social workers. Canda & Furman (1999) note that a social worker may meditate or pray privately for a client which does not infringe on the client, may enhance the worker's ability to help, and may help the client in some way. Canda & Furman (1999) also wonder if it is ethical to pray or engage in other spiritual helping practices for a client without their informed consent and if this could be presumptuous behavior on the part of the clinician.

Despite these ethical questions, 84% percent of social workers find this behavior professionally ethical and 71% would be comfortable praying privately for a client. Seventy-one percent appears to be the norm (Bullis, 1996). The range of four studies was between 68-76% of social workers surveyed found this behavior appropriate (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske,

2006). A smaller percent has engaged in this behavior. Out of the four studies, 42, 55, 58, and 72% have prayed for a client (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske, 2006). Sheridan et al (1992) found a smaller percent, 28%, of social workers have prayed privately for a client in comparison with 22% of psychologists and 39% of licensed practitioners. Praying privately for a client is a more appropriate behavior according to Derezotes (1995) sample where over 40% rated this behavior positively which is much different than the same sample's attitude toward praying with the client. Two other rituals, performing exorcism or touching a client for healing purposes, are less approved and used by social workers.

#### *Expelling Evil and Healing Touch*

Touching clients for healing purposes and performing exorcism are the least approved interventions. For example, Bullis (1996) found that 14% of his sample found using touch professionally ethical and 11% felt comfortable doing so. In the four studies that examined this behavior, one study cited 9% as finding this intervention appropriate (Stewart, Koeske, & Koeske, 2006). In the other three studies, 11, 17, and 24% found touching clients for healing as appropriate (Canda & Furman, 1999; Sheridan, 2004; Sheridan & Hemert, 1999). In using touch for healing purposes, two of the four studies cited 6% of the participants had used touch (Sheridan & Hemert, 1999; Stewart, Koeske, & Koeske, 2006). In the other two studies, 15% had used touched for healing purposes (Canda & Furman, 1999; Sheridan, 2004).

Performing exorcism is the least appropriate intervention. Only 6% found this behavior ethical and 4% felt comfortable performing exorcism in Bullis' (1996) study. Similarly, only 2% of social workers in Stewart, Koeske, & Koeske (2006) and Sheridan

& Hemert (1999)'s studies agreed with the appropriateness of performing exorcism. In Sheridan & Hemert (1999), none of the participants had ever performed exorcism on a client and 6% in Stewart, Koeske, & Koeske (2006) study had performed exorcism. The last intervention, disclosing one's own religion, although it was a major factor in concerns about engaging in the sacred realm, appears to be a practice social workers have used.

### *Disclosing Own Religion or Spirituality*

Disclosing one's own religious or spiritual beliefs to a client is an interesting intervention, as social work educators and researchers have voiced fears of such an intervention due to the harm of imposing one's beliefs onto the client. In terms of appropriateness of disclosing, 40% of Derezotes (1995) sample of social workers were in the middle of the Likert scale on whether disclosing one's own religion or spirituality is appropriate. Sixty percent choose this behavior as never or nearly never appropriate and 7% choose it as always or nearly always appropriate. Similarly, 14% of psychologists consider it appropriate to disclose about one's own religion, and 26% are unsure. Despite the uncertainty in this same, 45% indicate they have engaged in this behavior (Mattison, Jayaratne, & Croxton, 2000).

Nearly two-thirds of social workers in four different studies agree it is appropriate to disclose about one's own religion. Sixty-one percent of social workers find it professionally ethical to share about one's own religion and sixty percent feel personally comfortable doing so (Bullis, 1996). This mimics three other studies in which the same percentage that is 62%, of the samples agreed it is appropriate to disclose about one's own religion (Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske

2006). In two of these samples, a little under 60% have engaged in disclosure (Sheridan, 2004; Stewart, Koeske, and Koeske 2006). Less than a third, 29%, of current social work students have disclosed.

To summarize, there are four interventions that appear to be the least appropriate to social work students and social work practitioners: recommending spiritual forgiveness, participating in a client's ritual as clinical intervention, touching clients for healing, and performing exorcism. Over 50% of social workers (Sheridan, 2004; Sheridan & Hemert, 1999; Stewart, Koeske, and Koeske 2006) believe in the appropriateness of the other interventions reviewed above. For the most part, one can summarize that social workers, generally, feel positive toward explicit religious and spiritual interventions. There still remains a fairly large discrepancy among practitioners engaging in these behaviors. At times, social workers appear to have engaged in an explicit religious practice that they deem inappropriate or at best uncertain (Mattison, Jayaratne, & Croxton, 2000). The frequency of using such interventions varies, thus this study wants to examine how frequently each individual social worker has used an intervention.

Frequency of religious and spiritual content with clients is an interesting piece that is still trying to be determined. In 1990, Shafranske and Malony surveyed 409 clinical psychologists and asked questions about the frequency of addressing religion and spirituality in their practice. Sixty nine percent reported that clients often expressed their personal experiences using religious language. Additionally, approximately half of the therapists (n=214) estimated that at least 1 in 6 of their clients' population presented with issues which involve religion and spirituality. The practitioners in Sheridan et al (1992)'s

study reported that only about one-third of social workers reported clients present with religious or spiritual concerns. This percentage is similar as licensed practitioners estimated 37% and psychologists estimated 25% of their clients had religious or spiritual concerns. Although these findings may accurately reflect the nature of clients' presenting problems, the data may also reflect a tendency on the part of clinicians to understate their clients' religious issues or a tendency on the part of clients not to raise religious issues with clients. This may be especially true in comparison with the Gallup poll (Gallup & Castelli, 1989) revealing that religion or spirituality was highly significant in people's lives. Either way, practitioners may be losing important sources of meaning, support, and possibly pathology in clients if they do not understand their spirituality.

Several studies address social workers' attitudes toward interventions. Some studies then examined if a social worker has used a particular intervention in practice. Generally social workers have positive attitude toward incorporating religion and spirituality, even though there may be ambivalence in practice. No studies examined how frequently such interventions were used and the conditions in which one may or may not use a particular intervention. In an effort to clarify the ambivalence, this study will look at the process social workers use to assess how, when, and how often they deal with religious or spiritual issues in therapy. This study is an attempt to gather a more complete picture of spiritual and religious interventions in therapy. The data that is gathered in this study may then lead to a more concise avenue for testing the efficacy of spiritual interventions in the future.

## CHAPTER III

### METHODOLOGY

This study utilized a cross-sectional, correlational design. The data was gathered through an online survey questionnaire. The sample was acquired from a membership list of NASW members of Colorado and convenience sample. An email was sent to potential participants explaining the goals of the study to quantitatively explore the attitudes, behaviors, frequency, and conditions in which social workers may integrate religion and spirituality explicitly in practice. This section will describe the subjects, process of data collection, measures, and data analysis.

#### *Subjects*

The study's sample consisted of 126 social workers. Two sampling techniques were used: a snowball sample based on the researcher's network of social workers and an email distribution to NASW members from Colorado (roughly 2,000 members) asking them to participate in the study. Exclusion criteria were clinicians who have not been working within the past two years. Additionally, those not conversant in English (the language of the survey) will be excluded from the study. The researcher had hoped for 50 participants and exceeded this amount. The response rate is difficult to calculate as the researcher has no way of determining if participants were from snowball sampling or the NASW members. However, if the study was sent to all 2,000 members of the NASW Colorado chapter and if all the participants were from this sample, the response rate

would be low, at 5%. The researcher asked the Interim Director of NASW Colorado to verify how many participants received this email and he did not get back to the researcher.

The researcher hoped to obtain a diverse sample in terms of age, ethnicity, and type of agency. Unfortunately, the sample was not ethnically diverse. The majority of participants were Caucasian (82.5%). Other ethnicities included: Asian/pacific Islander (2.4%), biracial or multiracial (3.2%), Chinese (2.4%), other European (4.8%), Latino/Hispanic (.8%), and Alaskan/Native American (3.2%). The majority of participants were female (84.9%); 14.3% were male and .8% identified as transsexual or other. The researcher did not ask a demographic question on region of the country as this was not used to analyze correlations and has not been asked in previous studies. The researcher suspects most of the participants were from Colorado, some participants were from the Northeast region of the country as this researcher's region of social connections.

Ages of participants ranged from 23-84, with a mean of 46.8 and a median age of 48. There was a range in number of years as a social worker, practicing with their MSW degree, between less than one year and 46 years. Social workers practicing with their MSW degree have had this degree for an average of 12.6 years. Participants had a variety training backgrounds in their masters of social work programs, including cognitive behavioral (19.0%), psychodynamic (23.8%), systems (36.5%), generalist (3.9%), eclectic (3.1%), social justice (1.5%) or other (4.7%), which included humanistic, individual, management, narrative therapy, trauma specialty, and academics/research.

Participants ranged in their primary work setting. Forty nine respondents or 38% of the participants worked in private practice or group practice. This figure included

three participants who wrote other and described this setting. The remainder of the participants worked for public agencies (community mental health centers, educational settings, hospitals, justice agencies, government, or medical facilities) or nonprofits. Sixty two participants worked for public agencies described above and four participants wrote in other as non-profit agencies.

Participants also ranged on their training specifically in the area of spirituality. On this question, participants could choose more than one activity as this may be true of their training in this area and thus the percentages do not add up to 100. Some noted in the “other” section having taken courses in undergraduate level course (8 participants, <1%). Others noted having a Masters in Divinity degree or other theological masters (5 participants, <1%). For their MSW degree: participants had taken a course on religion (4.8%), taken a course on spirituality (5.6%), taken a course on religion and spirituality (4.8%), taken a course on religion and spirituality in another graduate program (4.8%), the idea was woven into MSW graduate courses (34.9%), or had significant amount of training on spirituality and religion in their graduate program (4.0%). Besides in MSW programs some participants have attended a professional training on the topic (19.0%), have talked about religion or spirituality in supervision or with colleagues (53.2%), have read about the topic (54%). Some (11.9%) noted having no training in this area.

Participants were asked to identify their spiritual or religious affiliation, if applicable, as well as their relationship to this religion or spirituality. Participants were able to choose more than one religion or spirituality as they may have converted or changed denominations throughout their life. As a side note, many participants choose more than one affiliation. Nearly 60% of the participants choose two affiliations; at times



these were similar affiliations but it is worth noting that many of the participants have a relationship to one or more spiritual or religious affiliations. Thus, the percentages may not add up to 100%, given that participants could choose more than one denomination or identification. Participants identified as Agnostics (6.3%), Atheists (4.0%), Buddhists (27.8%), Christian Catholic (15.1%), Christian non-denominational (14.3%), Christian Protestant (23.8%), Christian unspecified (6.3%), Eastern Orthodox (.8%), Existentialism (11.1%), Goddess Religion (6.3%), Hinduism (5.6%), Jewish Reform (3.2%), Jewish Liberal (6.3%), Jewish Conservative (1.6%), Jewish unspecified (3.2%), Latter Day Saints (1.6%), Mormon (3.2%), Quaker (2.4%), Spiritism/Shamanism (11.1%), Traditional Native American (7.9%), Unitarian (11.1%), Wicca (5.6%). When given the choice of other, participants added Course in Miracles, Self-Realization Fellowship, Sufi, Taoism, Unity, and a mix of various spiritualities or religions.

Participants were asked to describe their current and past relationship with spirituality or religion. In the past, the majority of respondents identified with a particular religion or spirituality (84.1%); 11.9% did not identify with a past religion or spirituality. Participants were then asked to choose how they would define this past relationship with religion and spirituality. The social workers' past relationship with religion or spirituality are as follows: active participant, high level of involvement (37.3%); regular participant, some involvement (36.5%); identification with religion or spirituality; limited or no involvement (24.6%); no identification, no involvement (4.0%), disdain and negative reaction to religious or spiritual group (3.2%). Currently, the majority, although less than in the past, identify with a particular religious or spiritual group (75.4%); 18.3% do not identify and 1.6% wrote other and said "spiritual not

religious” and “I believe in something greater than this world.” The choices and percentages for current relationship with religion or spirituality are: active participant, high level of involvement (21.4%) regular participant, some involvement (27.0%); identification with religion or spirituality; limited or no involvement (23.8%) no identification, no involvement (4.0%).

#### *Data Collection*

Prior to conducting this study, the proposal received approval by the Smith College Human Subjects Review Committee (see Appendix A). Possible participants received an e-mail which was the recruitment letter (see Appendix B) with the purpose of the project, requirements for participation, and the option to participate by clicking on the weblink. The researcher asked informants to notify their colleagues about her research and forward the email as a basis for providing information to potential participants. When a participant clicked the weblink, they were taken to the survey, which begins with the Informed Consent page (see Appendix C). By clicking yes to continue, participants are aware that this confirms their willingness to participate.

The purpose of the study was explained to potential participants as an attempt to better understand social workers’ views on the role of religion and spirituality in social work. To clarify definitional issues, the questionnaire began with a specification of what was meant by “spirituality” and “religion.” Specifically, spirituality was defined as “the search for meaning or purpose in one’s life that may or may not involve expressions within a formal religious institution.” Religion was defined as “a systematic body of beliefs and practices related to spiritual search.” Respondents were asked to note that, for the purposes of this study, that spirituality was more broadly defined than religion. These

definitions are consistent with conceptions of many researchers (Canda, 1988; Dudley & Helfgott, 1990; Furman, Benson, Canda, & Grimwood, 2005; Joseph, 1988; Krieglstein, 2006; Hodge, & McGraw, 2006).

### *Measures*

The survey consisted of 12 demographic questions (see Appendix D), including gender, age, ethnicity, number of years on field, focus of graduate training, training on religion and spirituality, identification with religious or spiritual group, and personal relationship with religious/spiritual affiliation.

Fifteen explicit behaviors that integrate religion and spirituality in social work were used, which was taken from the “Role of Religion and Spirituality in Practice” survey (Sheridan, 1992) to create a *Practitioner perceived Appropriateness of Spiritual Interventions in Social Work Practice*, *Practitioner Spiritually-Based Behaviors in Social Work Practice*, and *Practitioner Frequency of Spiritually--Based Behaviors in Social Work Practice* (see Appendix E). For the Appropriateness scale, participants were asked to choose if they agree strongly, agree, disagree, or disagree strongly with each of the 15 religious interventions. Based on the ambivalence many social workers have in integrating some behaviors, as noted in the literature review, the researcher also included an option of undecided, making it a 5-point scale. Cronbach’s alpha score was created to determine the overall agreement rate of each practitioner. The alpha reliability for the 15-item set was .87 with 114 participants answering this question.

For the Behavior Scale, social workers indicated if they “have personally done” any of the 15 behaviors “with a client” (yes=1, no=0). The Behavior Practice score was

the count of the number of behaviors actually enacted. The alpha reliability for the 15-item set was .81 with 104 participants answering this question.

For the Frequency Scale, social workers were asked to choose the ranges of percentage they estimate using the 15 behaviors with clients. There were 10 choices which had 10 degree increments (1=0-10%, 2=10-20%, 3=20-30%, etc.)

Lastly, participants were given an optional space to share “under what conditions they would find a particular behavior appropriate or not.” This question was open ended and allowed the participant to write as much or as little as they desired.

#### *Data Analysis*

Data was recorded on SurveyMonkey which was then downloaded as an excel document. Marjorie Postal, the statistician at Smith College, was able to put the raw data into SPSS for further analyses. There were a number of statistical tests that were used to analyze the quantitative data. For instance, with two nominal variables, crosstabs and a chi-square were used to assess if there was a significant difference across groups on using spiritual behaviors. To determine social workers’ level of agreement with 15 particular behaviors a Cronbach’s alpha score was calculated. T-tests and One-way Anovas were used to determine if there was a difference between groups on their attitudes toward spiritual interventions. Marjorie Postal created an ordinal value for the attitude and behaviors scales by using the Cronbach’s alpha score which allowed for t-tests and one-way anovas to compare nominal and ordinal variables. T-tests were used for gender and race/ethnicity (collapsed into people of color and white people), and age (above and below the mean). The ethnicity variable was collapsed into two categories due to the limited diversity in the sample. A One-way Anova was used to compare if there were

more than 2 groups, such as with the social work training emphasis as CBT, psychodynamic, systems, and other.

Qualitative data was coded line by line by this researcher. This was done to minimize the tendency for the researcher to focus on a limited number of themes or to ignore negative cases that contradict any of researcher's hypotheses or preconceptions. After the process of coding the responses were complete, notes from this process were reviewed in order to organize the data and establish prominent themes. Each theme that was found by this researcher is presented in the data section, again so not as to limit or ignore conflicting or negative cases.

## CHAPTER IV

### FINDINGS

This findings section will be comprised of three parts. First, the attitudes of social workers toward using spiritual interventions and their actual use of spiritual interventions will be presented. These findings will be compared with findings from previous studies. This section will use tables and graphs to demonstrate the participants' attitudes and use of the 15 spiritual interventions. Secondly, the qualitative responses from the participants will be presented. Participants were asked "the conditions under which they would or would not recommend such behaviors." This open ended questioning allowed for coding for themes. This is the only study to date that has asked this open ended question and thus these findings are not compared with previous studies. Lastly, statistical analyses between demographic variables and social workers' attitudes and uses of spiritual interventions were conducted. This section describes significant and not significant relationships between variables. This section will be compared with findings from previous studies as well.

#### *Quantitative Data: Attitudes and Behaviors of Social Workers toward Spiritual*

#### *Interventions*

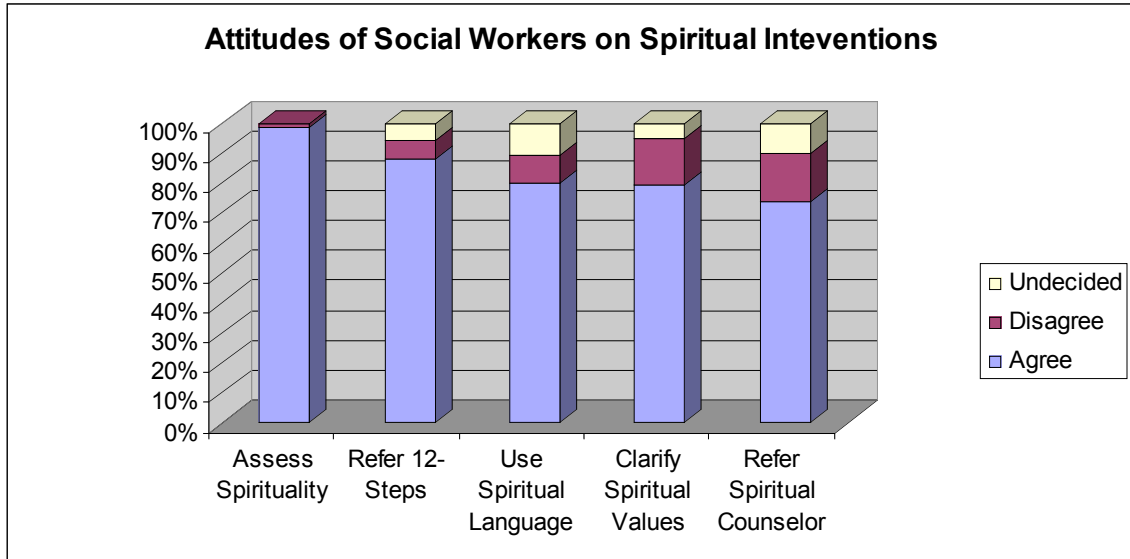
This study asked social workers about their attitudes, behaviors, and frequency of using specific spiritual and or religious interventions. Initially, the current samples' attitudes toward spiritual behavior are presented. Next, attitudes of social workers' from this study will be compared with previous studies. Then the percentage of social workers

who have ever engaged in the 15 spiritual interventions will be described. This section too will compare the current study with previous studies. Social workers' estimated frequency of engaging in these 15 behaviors will be presented. Lastly, the participants estimated how frequently they believe they see clients present with spiritual or religious concerns. These last two questions on the frequency of using spiritual interventions and frequency of clients with spiritual issues are new questions this study alone has examined.

### *Social Workers' Attitudes*

First, social workers were asked about their attitudes on using the 15 spiritual interventions. The options were agree strongly, agree, disagree, disagree strongly, or undecided. This is the first study of its kind that gave social workers the option of choosing undecided on the appropriateness of these interventions based on qualitative data (Sheridan and Hemert, 1999) that it can be challenging for social worker to answer questions on spirituality or religion. To present these findings clearly, the researcher collapsed strongly agree and agree as well as disagree strongly and disagree, which is the trend in previous studies and therefore provides a comparable evaluation. There are three tables which show the attitudes of social workers in this study. The spiritual interventions are listed from most appropriate to least according to this sample. It is important to note that the percentages do not add up to 100% as some social workers did not answer these questions. Note that the more hands off or less directive the spiritual intervention, the more the social worker was likely to agree with the appropriateness of the intervention. Figure 1 below lists the most appropriate interventions according to this sample.

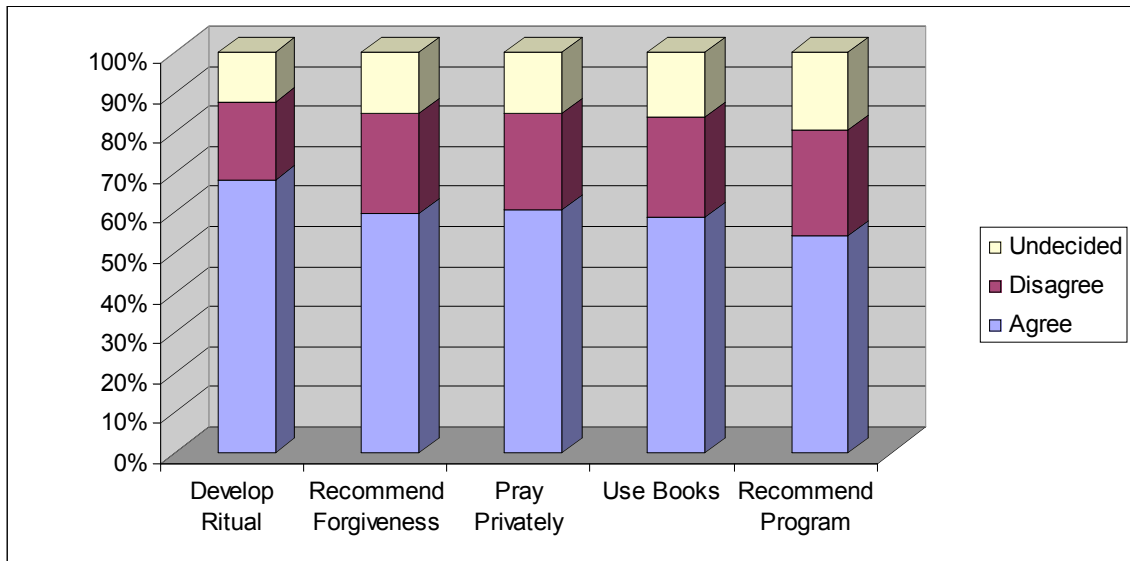
Figure 1: Most Appropriate Spiritual Interventions



Seventy percent or more of social workers agreed with the appropriateness of the 5 spiritual interventions above (Figure 1). Seventy five percent of social workers agreed with clarifying spiritual values and using spiritual language with clients. Eighty two percent agreed with referral to 12-steps and 92% agreed with assessing a client's religion or spirituality. Seventy percent agreed with referral to a spiritual counselor.

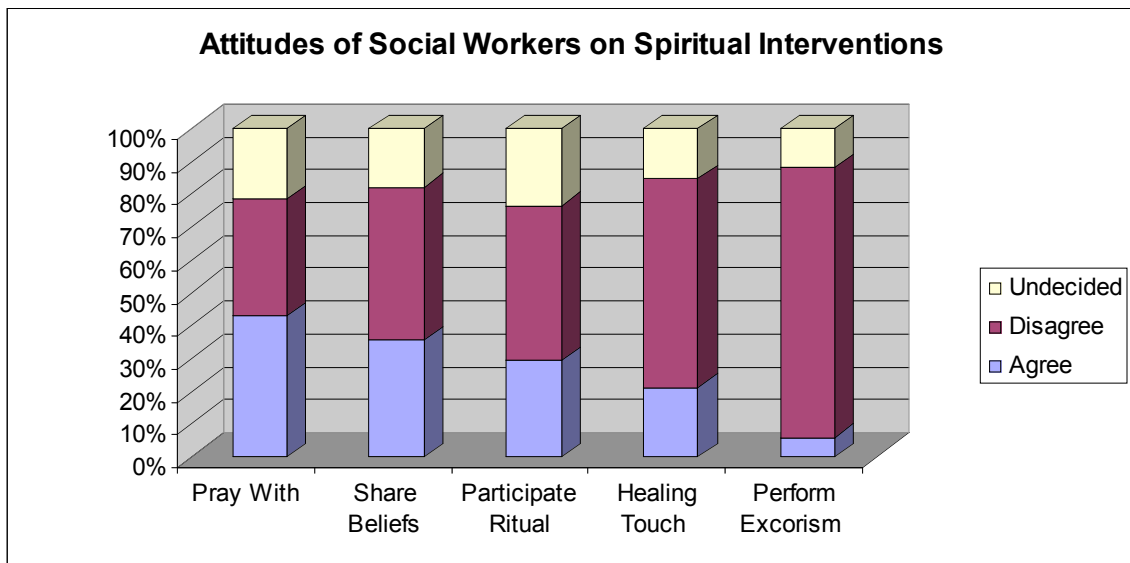


Figure 2. Continued Attitudes of Social Worker on Spiritual Interventions



Fifty one to sixty eight percent of social workers agreed with the appropriateness of the above (Figure 2) interventions. Fifty one percent of social workers agreed with recommending a client to a spiritual program, 55% agreed with using or recommending spiritual or religious writings or books with a client, 56% agreed with praying privately for a client and recommending forgiveness, peace, or amends for a client, and 64% agreed with helping a client develop a spiritual or religious ritual as a clinical intervention. The percent of disagreement with these behaviors ranged from 18-24%, with the highest disagreement rates for recommending a client engage in forgiveness or a spiritual program. Undecided rates for the 5 above interventions were between 12-18% of the surveyed social workers.

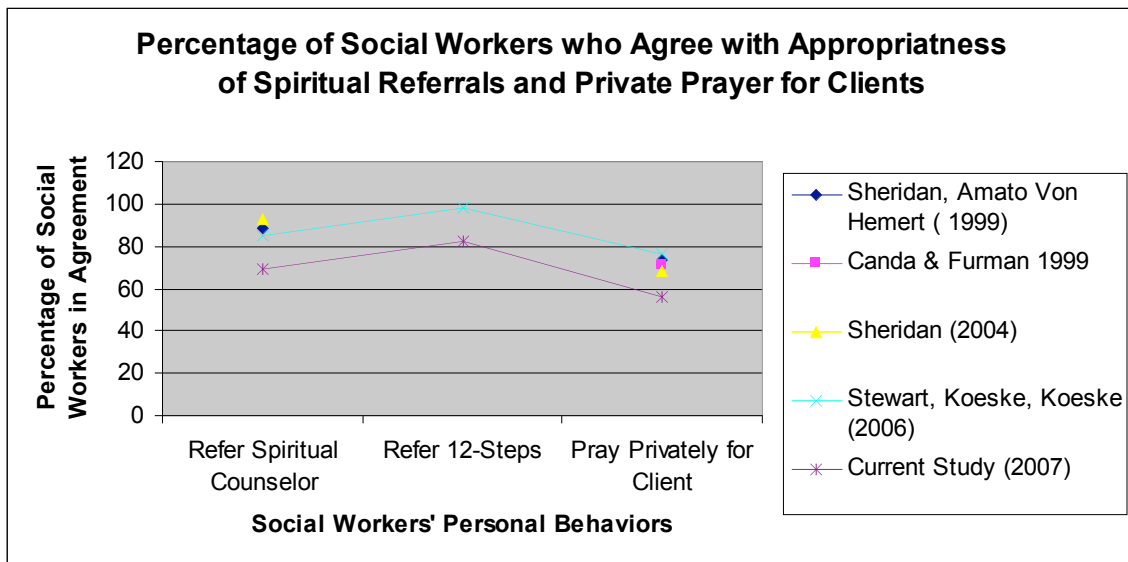
Figure 3. Appropriateness of Most Directive Use of Spiritual Interventions



The last 5 interventions are the most directive use of spirituality or religion with a client in session. Again, the order goes from the most accepted intervention, praying or meditating with a client, to the least accepted, performing exorcism. Less than half of the surveyed social workers believed these interventions are appropriate. Forty one percent agreed with praying with a client, 33%, or one third, agreed with sharing one’s own beliefs with a client, 28% agreed with participating in a client’s spiritual or religious ritual with them as a clinical intervention, 20%, or one fifth, agreed with using healing touch on a client, and less than 6% agreed with performing exorcism. Note that in using oneself more directly, there are the most disagreement and undecided responses. Almost 17% of social workers were undecided on sharing their beliefs with a client and over 20% were undecided on praying or meditating with a client and participating in a client’s spiritual or religious ritual. Disagreement was very similar for participating in a client’s ritual and sharing one’s beliefs with a client, at 44%. Use of healing touch and performing exorcism are the least agreed with clinical interventions in this study.

As stated above, previous studies have examined social workers' attitudes about the 15 studied interventions. Figure 4 compares these studies on interventions that a social worker can do personally for a client. These behaviors have some distance from the spiritual and or religious content which may be a reason for over 50% of social workers agreeing with the appropriateness of these interventions.

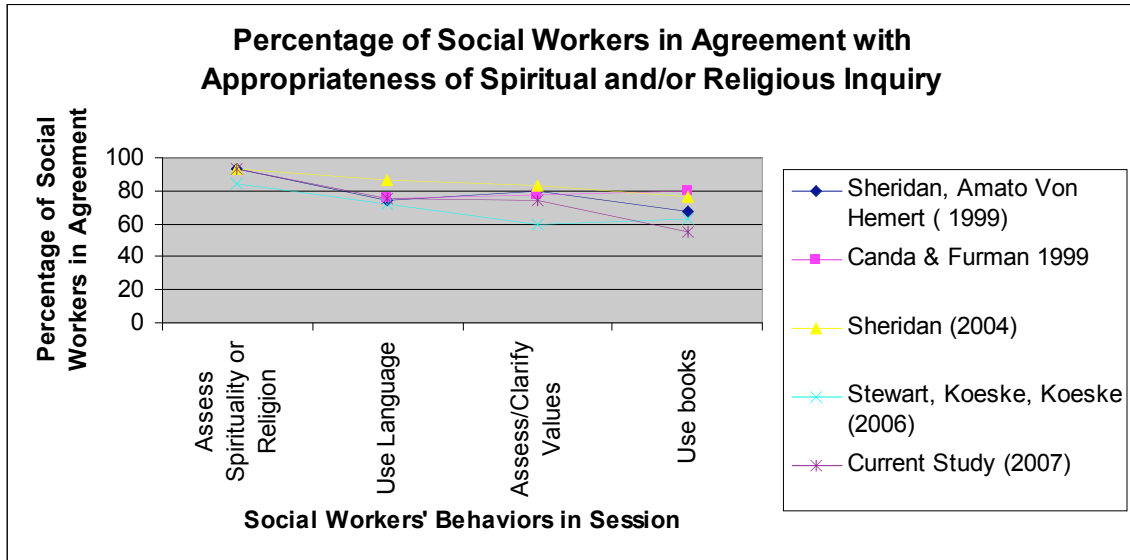
Figure 4. Comparison of Studies on Social Workers' Attitudes Toward Personal Spiritual Behaviors on Behalf of Clients



The percentage of social workers in the present study who agree with the appropriateness of personal behaviors of the clinician, such as praying for clients and making spiritual referrals, was less than in previous studies. It is important to note that in previous studies, the percentages appear to be very close and this study shows a lower rate. In the present study, the percentage of social workers in agreement with these behaviors was an average of at least 10% less than in previous studies (over 15% less for those who agree with referral to spiritual or religious counselors, 12% less who agree

with referral to 12-Steps, and 10% less for those who agree with private prayer or meditation for clients).

Figure 5. Comparison of Studies on Social Workers' Attitudes toward Spiritual/Religious Inquiry and Discussion



The above figure shows that the 5 examined studies have similar responses on social workers' inquiry about spirituality and religion. Between 84-93% of social workers in all the studies agree with assessing for spirituality. The percentages who agree with using spiritual or religious language in session with clients are also high and ranges from 72-86%. Those in agreement with clarifying religious and spiritual values with clients, again, is high and ranges from 60-83% of surveyed social workers. Those who agree with using or recommending spiritual or religious books with clients are slightly lower, but also similar for all studies, between 54-80%. On this behavior, the agreement of social workers in the present study was much less than other studies, at 53% compared with the other studies where at least 60% or more agreed.

Figure 6. Comparison of Studies on Social Workers' Attitudes toward Recommending Spiritual/Religious Interventions for Clients

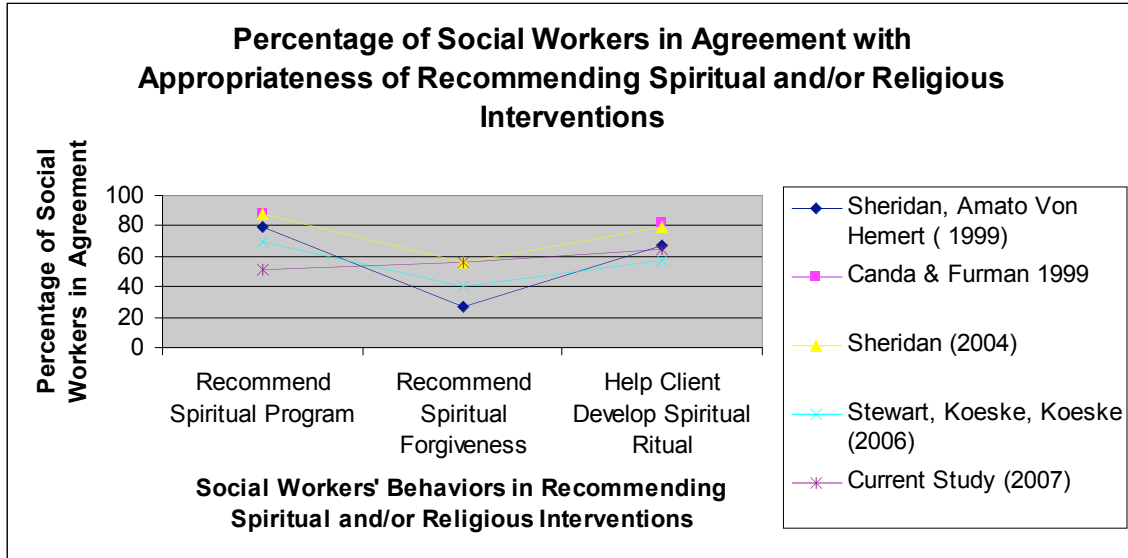
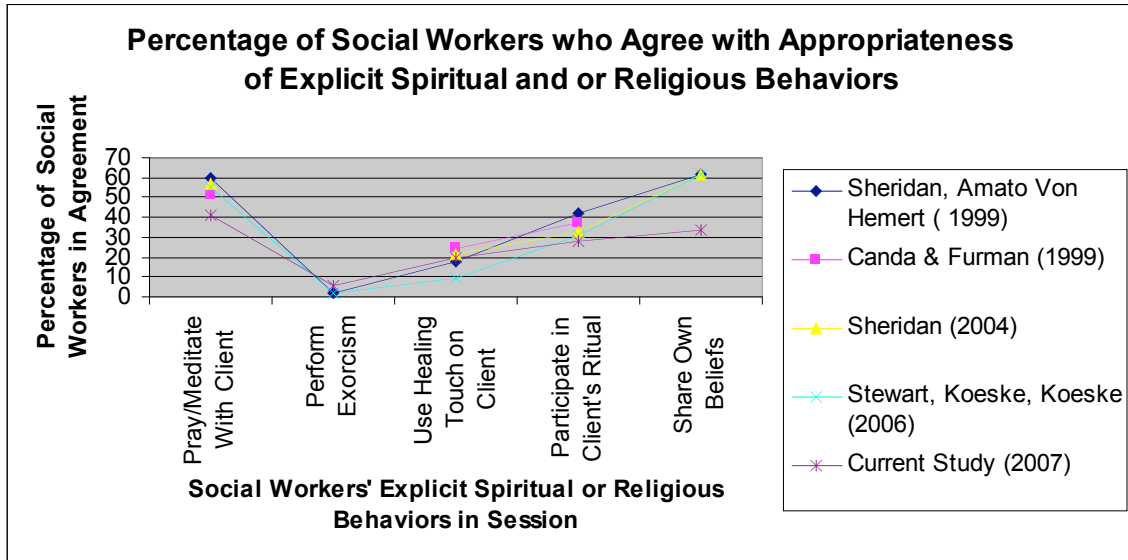


Figure 6 displays social workers' agreement with recommending spiritual programs, forgiveness, or rituals. As one can see, the responses to the appropriateness of these behaviors vary. The current study had the least endorsement for the appropriateness of recommending spiritual or religious program to clients; only 50% of the social workers agreed with this behavior, whereas in other studies the norm was 80% of social workers who agreed with recommending such a program. The study with the highest percentage of social workers who agreed with appropriateness of these interventions was the Canda & Furman (1999) study. This study had the most participants, over 1,000 compared with other studies averaging 200 participants, and is the only nationally representative sample. Recommending spiritual forgiveness for the current study was higher, and more concordant with the norm. The range of agreement for this behavior was between 26-56%, with the 56% coming from the current selection of social workers agreeing with this behavior. Between 57-81% of social workers agreed

helping a client develop a spiritual ritual is an appropriate intervention. The current study fell in the middle of this range.

Figure 7. Comparison of Studies on Social Workers' Attitudes toward Explicit Spiritual/Religious Interventions with Clients



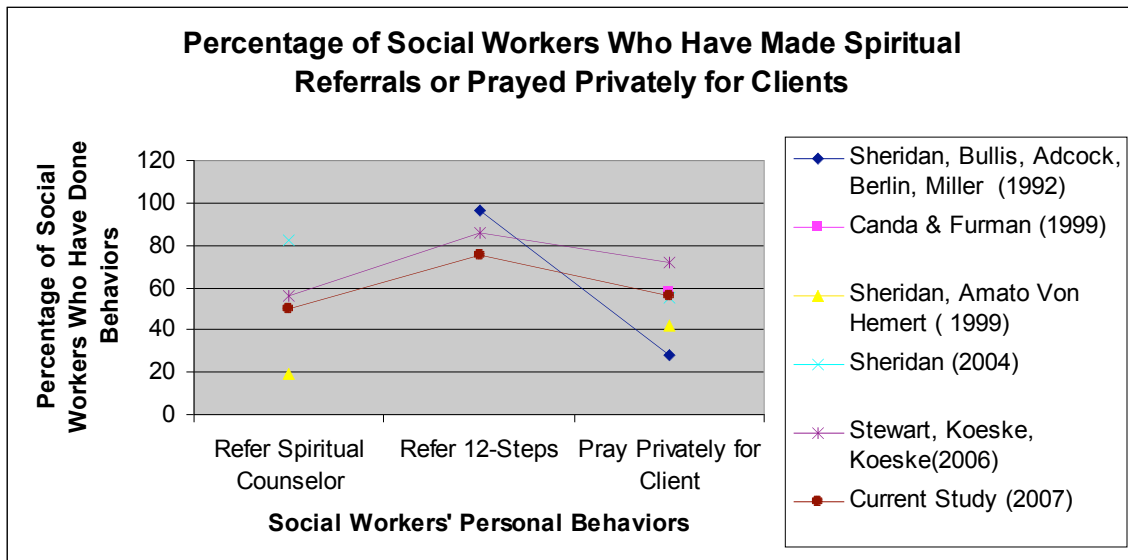
The above figure refers to the most explicit use of spirituality or religion in session with clients. The percentage of social workers in agreement in the current study was reflective of previous studies; although less agreement typically, especially with sharing one's own belief. The percentage of social workers who agree with praying or meditating with a client in session ranges from 41-60%, with the lowest agreement from the current study. Performing exorcism is not approved by social workers. Additionally, social workers generally do not approve of using healing touch as evidenced by the low agreement range of 9-24%. Participating in a client's spiritual or religious ritual was less endorsed as an appropriate intervention from the current selection of social workers. Twenty eight percent of social workers agreed with this behavior, compared with other studies where at least 30% of social workers agreed. Sharing one's own religion or

spirituality was least favored by the current study as well. This difference was remarkable compared with previous studies where 62% of social workers say this as appropriate; in the current study only 1/3, or 33%, agreed with this intervention, which is half the percent of agreement from previous studies.

*Social Workers’ Spiritual and Religious Behaviors with Clients*

This study then asked “have you ever” engaged in these 15 spiritual interventions. This question moves beyond attitudes to social workers’ actual behaviors with clients. The next figures and paragraphs describe and compare samples of social workers use of spiritual behaviors.

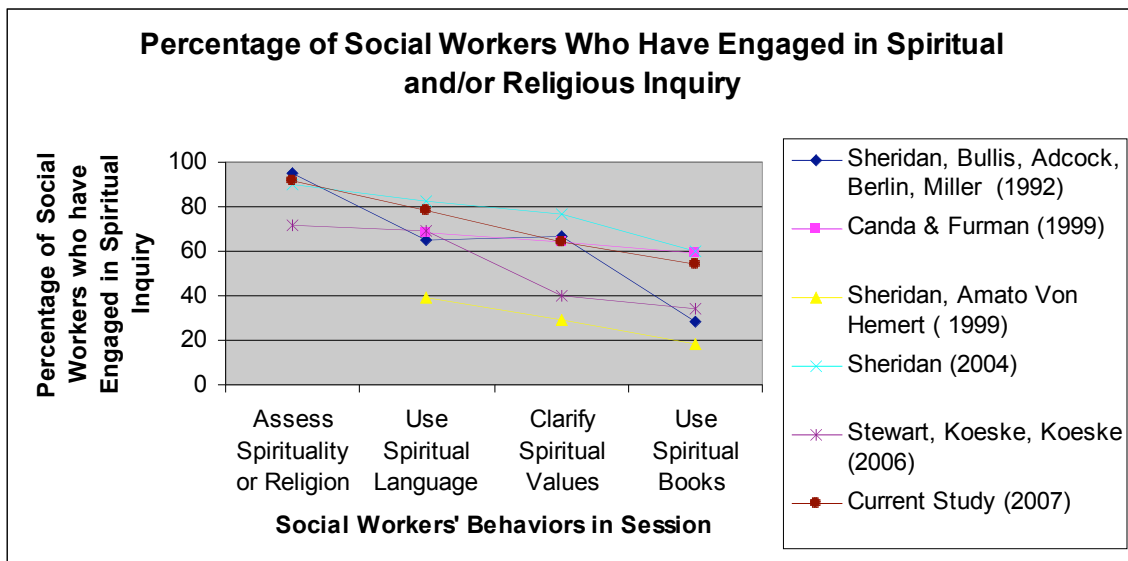
Figure 8. Comparison of Studies on Social Workers Use of Personal Spiritual Behaviors on Behalf of Clients.



The above figure refers to the social workers who referred or prayed privately for a client. Fifty to fifty-six percent referred to a spiritual counselor in the current study and the Stewart, Koeske, and Koeske (2006) study. In an earlier study conducted in 1999 by Sheridan and Amato Von Hemert, less than 20% of participants ever referred a client to a spiritual or religious counselor. In Sheridan (2004)’s study 83% of social workers made

spiritual referrals. A higher percentage of social workers have referred clients to 12-steps. Of the social workers, between 75- 96% have referred clients to 12-step programs. The current study had the lowest percentage of social workers using 12-step referrals. Three of the studies had a close range of between 55-57% of the social workers ever praying or meditating privately for a client. The highest range was at 72% and the two lowest points were at 28 and 42%. Overall in personal behaviors, the two lower percentages were from Sheridan and Amato Von Hemert’s study of social work students (the only study which sampled students) and the earliest study on this behavior conducted in 1992 by Sheridan, Bullis, Adcock, Berlin, and Miller.

Figure 9. Comparison of Studies on Social Workers’ Use of Spiritual/Religious Inquiry and Discussion



In the above figure on spiritual inquiry, the current study appears to have similar findings as Sheridan, Bullis, Adcock, Berlin, and Miller (1992), Canda & Furman (1999) national sample of social workers, and Sheridan (2004) study. Sheridan and Amato Von Hemert’s (1999) study is the only sample of social work students, as opposed to working



professionals. Due to the nature of being a student, these social workers may have had fewer opportunities to engage in the above practices. This explanation may account for the significantly lower percentage. The Stewart, Koeske, and Koeske (2006) study has the second lowest percentage of social workers who have engaged in spiritual inquiry and discussion. Again, the current study appears to match the other three studies. For those who have assessed for client religion or spirituality, the norm seems to be between 90-95% of social workers. The average range for the studies is between 65-82% of social workers having used spiritual or religious language with client, with the exception of Sheridan and Amato Von Hemert (1999) study. Similar to assessing for religion or spirituality, the current study has the second highest percentage of social workers who have engaged in using spiritual language with clients as well.

For the other two behaviors, clarifying spiritual or religious values and using or recommending spiritual or religious books, the current study represents the third highest percentage of social workers who have engaged in such behaviors. Again, the current study appears to be paralleling previous studies. The range for social workers having clarified client's spiritual values is between 29-76%, which is quite a spread. Despite this large range, three studies, including the current study, have between 64-67% of their sample having clarified spiritual values of clients. Between 18-60% of social workers, a quite large range, have used or recommended spiritual or religious books with clients. Three studies have less than or equal to 35% of social workers who have used or recommended spiritual or religious books with clients. The three other studies, including this study, have a closer range of between 54-59% of social workers who have used or recommended spiritual books or writings.

Figure 10. Comparison of Studies on Social Workers Use of Recommending Spiritual/Religious Interventions for Clients



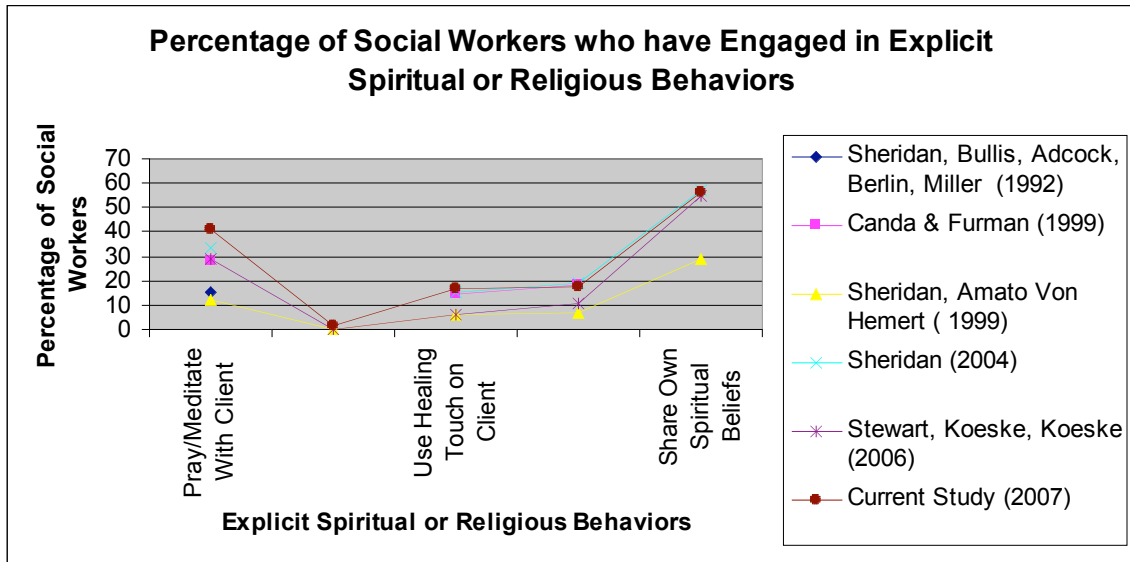
The above figure illustrates nicely the large range of those who have engaged in recommending spiritual interventions with clients. The trend from the chart on spiritual inquiry (Figure 9) resumes as the studies by Sheridan and Amato Von Hemert (1999) and Stewart, Koeske, and Koeske (2006) have the lower percentages of social workers who have engaged in spiritual interventions. For recommending a spiritual or religious program, the range is between 31-81% of social workers. The table shows how two studies, Sheridan and Amato Von Hemert (1999) study of students and the oldest study on the topic; Sheridan et al (1992) study had similar percentages of 31 and 33% of social workers who have recommended a spiritual program. On the opposite extreme, two studies, Canda & Furman (1999) national representative study and Sheridan (2004) study had 80 and 81% of social workers who have recommended a spiritual program. In the middle of these extremes, the current study and the most recent published study, Stewart, Koeske, & Koeske (2006) had 55 and 62% of social workers having recommended a

spiritual or religious program for a client. This difference is vast, ranging from between one-third, two-third, and four-fifths of social workers have recommended a spiritual or religious program for clients.

Recommending spiritual forgiveness amends, or penance with clients also has a large range of social workers who have recommended this intervention. The range is between 6%-52%. The six percent are the only social work student sample. The highest percent was in the current study, wherein 52% of social workers had recommended spiritual forgiveness, peace, or amends to clients. This percent is similar to Sheridan (2004) study where 44% of social workers had recommended forgiveness behaviors.

Helping a client to develop a spiritual or religious ritual as a clinical intervention continued the trend with a large range between 12-68%. Again, Sheridan and Amato Von Hemert (1999) and Stewart, Koeske, and Koeske (2006) have lower percentages. The other three studies, including the current study, had a closer range of social workers who have encouraged spiritual or religious rituals that is between 56-67%.

Figure 11. Comparison of Studies on Social Workers Use of Explicit Spiritual/Religious Interventions for Clients



The above graph looks at the most explicit use of religious or spiritual behaviors in session with clients. These behaviors in order are: praying or meditating with a client, performing exorcism on a client, using healing touch on a client, participating in the client’s spiritual or religious ritual, and sharing one’s own spiritual or religious beliefs with a client. Performing exorcism and participating in a client’s spiritual or religious ritual are not labeled in the graph due to the amount of information, but do represent the second and fourth variable respectfully.

The highest percent of social workers who have ever prayed or meditated with a client in session was from the current study, at 41%. Three other studies had between 28-33% of social workers engage in this behavior. The two lowest percentages of the examined studies were Sheridan and Amato Von Hemert (1999) study of students and the oldest study on the topic, Sheridan et al (1992) study.

Performing exorcism on a client, the second variable in the figure, is the least used activity. There was a general consensus on this behavior ranging from between 0-less than 2% of social workers who have performed exorcism on a client, with 2% from the current study.

Using touch to heal a client had a similar consensus. Of the sampled social workers, there were between 6-16% that used healing touch with clients. Two studies had 6% of their sample use healing touch, Stewart, Koeske, & Koeske (2006) and Sheridan and Amato Von Hemert (1999) study of students. The current study had the highest percent of social workers, 16%, that have used healing touch. This percent is comparable to Canda & Furman (1999) nationally representative sample of social workers and Sheridan (2004) study which both showed 15% of surveyed social workers used healing touch with clients.

Again, a similar percent of social workers in the examined surveys have participated in a client's spiritual or religious ritual. The range was much smaller, between 7-19%. The lowest percents, at 7 and 11% respectively, were Sheridan and Amato Von Hemert (1999) study of students and Stewart, Koeske, & Koeske (2006) study. The other three studies had between 17-19% of social workers having participated in a client's spiritual or religious ritual. Seventeen percent was the representative of the current study.

Sharing one's own religion or spirituality with a client was similarly a smaller range. The range was between 55-57% for the three most current studies, Sheridan (2004), Stewart, Koeske, & Koeske (2006), and the current study. The only other study that examined this behavior was Sheridan and Amato Von Hemert (1999) study of

students which found 29% of students had shared their religion or spirituality with a client.

### *Social Workers' Frequency in Using Spiritual Interventions*

The previous studies examined if a social worker has ever engaged in the spiritual behaviors. Due to the large range in the percent of social workers with this question, this researcher added a question on how often social workers believed they engaged in these behaviors. This data may provide a better understanding of how often the spiritual behaviors are being used, rather than asking if a social worker has ever engaged in a behavior.

If a social worker had chosen that “yes” they had engaged in any of the fifteen behaviors, they were then asked, “with what percent of your clients have you...” The choices on this question were scaled as percentages, beginning from 0-10% moving to 90-100% in 10 percent increments.

It is important to note that social workers who answered “yes” to engaging in any of these spiritual behaviors were asked about their frequency. Those who answered no are still included in the total percent. In other words, the sample size and percentages are not less because missing respondents are calculated.

Of course, for certain behaviors that were least endorsed (see figure 11 ), such as praying or meditating with a client, performing exorcism on a client, using healing touch on a client, participating in the client’s spiritual or religious ritual, the sample size of respondents becomes lower than 70. The researcher will pull out the three highest percent ranges or social work estimates of how frequently they engage in the spiritual

behaviors with clients. The spiritual behaviors will go in order of how appropriate the sample viewed each behavior.

We will begin with social worker's personal behaviors. Assessing for religion or spirituality is the most favorable spiritual activity. Only 10 respondents did not answer this question. Nineteen percent of social work respondents said they engage in this behavior with 90-100% of their clients, 14% of social workers did so with 80-90% of their clients, and thirteen percent of social workers with 70-80% of their clients. Referral to religious counselors was not answered by 62, or half of the respondents, which reflect how half of the respondents have not referred to a religious counselor before (see figure 8). Of those who answered, thirty percent referred to a spiritual or religious counselor with 0-10% of their clients. Twelve percent referred 10-20% of their clients. Less than 6% of social workers referred to spiritual or religious counselors with more than 20% of their clients. Similarly, with referrals to 12-step programs; 24% estimated referring 0-10% of clients, 18% estimated referred 10-20% of clients, and 13% estimated referred 20-30% of clients. For referrals to 12-step programs, 33 social workers did not answer. The last personal behavior, praying or meditating privately for a client, had a higher percentage of clinicians engaging in this behavior more frequently. Fifteen percent of social workers prayed or meditated for 90-100% clients. Fifteen percent prayed or meditated for 0-10% and 10% of social workers estimated praying or meditating for 10-20% of clients. There are some clinicians who pray for all clients and on the other end of the spectrum, 52 respondents or 41% of the sample, did not answer the question thus indicating they do not pray privately for clients.

The next set of behaviors are related to language and exploring the client's spiritual and religious world, beyond assessment. These behaviors in order from most used to least are: using spiritual or religious language with a client, clarifying a client's spiritual or religious values, and using or recommending spiritual or religious writings or books with clients. For these behaviors, between 28 and 56 participants did not answer, the lower the number the more social workers answered "yes" they had ever engaged in such behaviors (see figure 9). For using language and clarifying values, most social workers (over 15%) estimated doing so with 10-20% of their clients. For using spiritual language, another 15% estimated using such language with 20-30% of clients and 13% estimated using such language with 10-20% of clients. For clarifying spiritual values, another 16% thought they did so with 0-10% of clients. Using or recommending spiritual writings or books was the least endorsed of the three activities and is the behavior where 56 participants did not answer. Seventeen percent of social workers used books or writings with 0-10% of clients, 12% used with 20-30% and 10% used books with 10-20% of clients.

The following behaviors are related to recommending a client engage in a spiritual or religious practice (see figure 10). These are in order from most used to least used in this sample: recommending a spiritual or religious program for the client, helping the client develop a spiritual or religious ritual, or recommending forgiveness, peace or amends for the client. The number of respondents who did not answer these questions ranged from 47-58 and is reflective of those who have never encouraged a client to engage in these spiritual behaviors. The highest percent for the three behaviors was the 0-10% range followed by 10-20% then 20-30%. Twenty six percent of social workers



had helped 0-10% of their clients develop a spiritual ritual. Another twenty percent (10 percent of each) had helped 10-20% and 20-30% of their clients develop a spiritual ritual. For recommending a spiritual or religious program to a client, 21% recommended a program to 0-10% of clients, 18% to 10-20% of clients, and 9% to 20-30% of clients. Lastly, 18% recommended spiritual forgiveness to 0-10% of clients, 11% to 10-20% of clients, and 8% to 20-30% of clients.

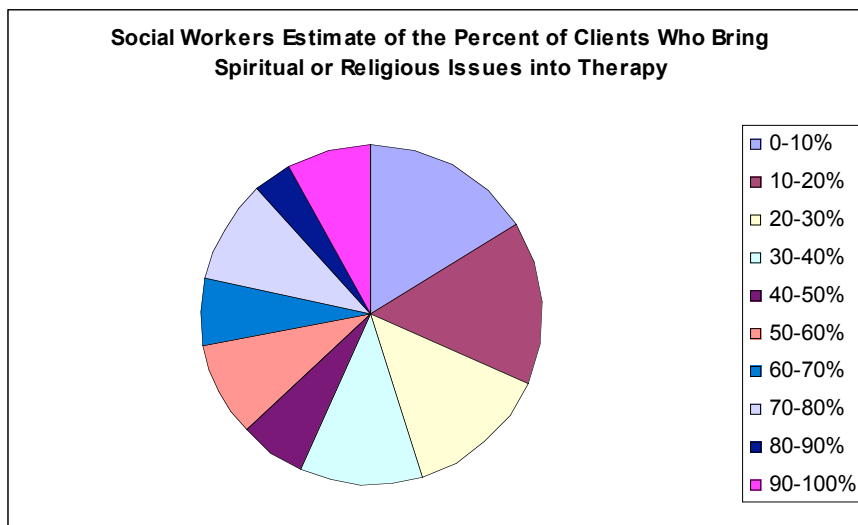
The last set of behaviors is about social workers use of self in spiritual and religious practice with clients. These behaviors are using healing touch on a client, performing exorcism, participating in a client's spiritual ritual, and sharing one's own beliefs with a client. For these most directive techniques, only 20 total social workers answered for the first three behaviors, using touch, exorcism, or participating in a client's spiritual ritual. This indicates the majority of respondents did not answer this question because they have never engaged in these behaviors. For those that have ever used these behaviors, most respondents for all 4 behaviors said they did so with 0-10% of clients. For sharing one's own beliefs with a client, more social workers answered. Sixty-seven respondents had done so; most (28%) did so with 0-10% of client, 9% did so with 10-20% of clients, and 6% did so with 20-30% of clients.

#### *Estimated Percentage of Clients with Spiritual Issues*

The pie chart (figure 12) demonstrates social workers estimate of the percent of clients who bring spiritual or religious issues into therapy. Almost 15% believed 0-10% of clients bring such issues into therapy, 14% believed 10-20% of clients do so, and around 10% believes 20-30% and 30-40% of clients bring spiritual issues into therapy. Eight percent of social work respondents thought that 50-60% of clients and another eight

percent thought 70-80% of clients and 90-100% of clients bring spiritual concerns to therapy. In a study by Sheridan, Bullis, et al (1992), 33% was the mean of social workers estimating the percentage of clients they thought presented spiritual or religious issues in therapy. This is somewhat similar to these findings. The answer choice was not open, but rather on a 10 point scale. It appears that over 30% of respondents estimated 10-40% of clients presenting with spiritual issues. If we look at this as a bell curve, this would be the average range with some social workers estimating less or more than this average. It appears that this sample may estimate less than 30% of clients presenting with such issues.

Figure 12 Social Workers Estimated Percent of Clients who Bring Spiritual Issues into Therapy



*Qualitative Findings: Under What Conditions Social Workers Engage in Spiritual Interventions*

Participants were asked an optional question for each behavior. The instructions read “Please feel free to comment on the conditions in which you would or would not engage in the above behavior.” Similar to the quantitative questions, every participant did not answer this question. There were a different number of respondents for each behavior. The response ranged from 14 to 70 free responses depending on the behavior asked. The behaviors that were the least endorsed in the quantitative part of the study (perform exorcism, participate in client’s ritual, and healing touch) had the least amount of free text responses. The highest response was assessment of spiritual or religious content. The average number of responses appeared to be around 35 for each behavior listed. The subheadings below refer to each behavior and the themes this researcher found in coding these responses.

*Using Intake/Assessment to gather information on spirituality or religion*

There were 70 responses to answering the conditions under which one would assess or include religion and spirituality in the assessment process or not. The themes included those who always ask about this information, those who do so if it will help the treatment, those who follow the client’s lead, and those who are cautious about broaching this subject with a client.

Eight of the 70 respondents wrote how this is a regular procedure on their intake form or paperwork for their place of employment. Thirteen other respondents confirmed they always ask about a client’s religion or spirituality. One respondent said, “I believe it’s very important to gather this information about a client’s identity whether they claim

the presence or absence of religious/spiritual beliefs or practices. It contributes significantly to the intersubjective piece of treatment.” Another wrote, “Humans are spiritual beings- - how can you leave this out of any therapy or intervention.”

Some respondents who agreed with assessing spirituality wrote about their reasons for doing so. For instance, 6 additional respondents stated that they always ask in the context of determining the client’s “support networks,” “sources of strength,” “tools,” or “resources.” Some said they ask about this realm when asking about resources and others said they ask about spirituality directly. One social worker would ask about this topic and then educate clients on the difference between religion and spirituality. After explaining the difference, the social worker would add that “spirituality may be of help in their therapy experience, and then follow the client’s wishes.” Three additional respondents wrote they ask about religion or spirituality so they can be “respectful and sensitive to their client’s culture.”

Six respondents added assessing spirituality or religion may be helpful to them in doing therapy. For instance, 2 respondents wrote about how knowing about this area “gives me information about how to relate to them,” “can help direct more appropriate interventions” and “gives an added dimension to our interaction and the direction I might go. Knowing gives me more therapeutic options.” Having therapeutic options is further reiterated in one respondent’s statement that “as a clinician having information about my client’s past and present is important to defining the most effective treatment approach. Their spirituality or religious issues generally play or have played a significant part one’s sense of self.” Similarly, respondents wrote about how they will assess religion or spirituality if it is “will aid in therapy,” “related to the client’s goals,” “whether or not the

client wishes their beliefs to be part of the treatment regime,” or “only if the client feels it is integral to or beneficial in sessions.” This statements show that social workers assess if this area is related to treatment and if it is an area the client wants to explore in therapy.

This is a theme that is emphasized by 20 respondents, or almost 30% of the responses, which was the most popular theme. Many stated that they would “follow their client’s lead”, “follow the client’s wishes” and are “client driven.” They will ask about religion or spirituality “if it is important to the client,” “depending on the person,” “if it is where they are coming from,” or “if they open the door.” Four of these respondents wrote about how they are attentive to this issue and will more deeply “probe” or “pursue and gather information” if a client “alludes to” or “opens the door, even vaguely” to religious or spiritual matters. Similarly, two others said they would not assess this area “if a client has not interest” or “indicated not wanting to pursue this.” Three others said they would assess this area “if appropriate” which seems similar to determining if it is client led, driven, or needed.

Four out of 70 participants noted caution they use in asking about religious or spiritual matters as part of an intake. Some said “they will not initiate the topic unless the client brings it up,” “may note it but not ask for client’s belief system,” and “only if the client initiates and wishes for me to have this information. I am very careful about this.” One social worker wrote “If a client brings it up, then I would use it to match [with] them, if it assists therapy. Only under these conditions would I bring spirituality into therapy with clients.”

Under this same idea of being client led, some therapists noted how they did not feel the client wanted to address these issues in therapy. Three people noted how at times

they have experienced “clients have no interest,” “do not want to pursue” or “the clinician did not feel invited to delve into spiritual realm.” One person noted how assessing for religion and spirituality can be challenging while working at an inpatient crisis setting. Another shared how they “only have 50 minutes for an intake, and sometimes I forget.”

On the flip side, some respondents wrote about certain times when they found asking about religion or spirituality helpful. Four people wrote about how religion and spirituality is helpful when a person is grieving or are in hospice. Three others notes religion and spirituality as beneficial in family cases with children, in adoption, and forensic cases. Three others added how religion and spirituality are especially important in their work with certain populations including: people who are strongly religious, American Indian clients, Southeast Asian clients, and in gay, lesbian, bisexual, transgendered, queer, and intersex clients to assess for possible religious oppression.

#### *Using or Recommending Spiritual Writings or Books with Clients*

The idea of following the client’s lead and using one’s clinical judgment to determine the appropriateness of interventions is discussed when social workers responded to their free-text question for their thoughts on recommending spiritual books or writings. There were a total of 40 responses to this question. At least seventeen responses to this item began with “if” or “only if”, thus demonstrating how this behavior appears to be conditional or dependent on certain conditions. Social workers use caution and judgment when recommending spiritual or religious books or writings. Nine out of the 40 respondents stated they would recommend books or writings “if they were asked by the client” to do so. Another 18 social workers again voiced a similar theme that they

may recommend a book or writing if it was client lead. Most often this was voiced as engaging this behavior “only if they are open to such a suggestion” or “if they indicated a desire” or “interest” for such material. One stated, “Must be client led activities-I’m not directing anyone to a place they are not already headed.” Another shared, “I have not introduced spiritual writings but will work with a client to use what they find empowering.” Also, the idea of working with a resource a client physically brings to the therapy room was voiced once. “If the client brought in a resource they found helpful it could be utilized in therapy.”

Along these lines, two social workers remarked of how they would not find this appropriate “if a client has no interest in spirituality.” Three others mentioned they may do so “if appropriate.” Another added they would not do so “if it was antagonistic to treatment goals.” One person generally stated “again, very careful about this.” Even those who would recommend books or writings, when it is client lead, often continue to be cautious. This can be seen in statements such as “May recommend after clients initiate discussion about their spiritual growth if I have one in mind I think relates and would be helpful. I first ask if they would like me to recommend books.” Eight social workers made note that if they choose to recommend a book they would want to ensure that “it is in line with the client’s belief system,” “applicable to the client’s situation,” or “if the client was receptive and indicated alignment with the book’s message.”

Social workers were careful to use clinical judgment to determine an appropriate recommendation. Another piece that four social workers noted was that they did not know of any books or spiritual writings they would recommend, and this may prevent them from engaging in this practice. One area in which social workers knew of spiritual

writings and recommended them to clients is in the area of addiction. Four social workers noted recommending writings or programs with substance abusing or addicted clients and finding it helpful for the client. Even in these instances, where social workers found this behavior appropriate, they noted how “usually discussion follows a client mentioning” and how many (addicted) “clients explore in therapy their process towards acceptance of spirituality.”

#### *Praying or Meditating Privately for a Client*

Thirty seven social workers wrote about the conditions under which they may pray or meditate privately for a client. Eight people noted that they “always pray for everyone I see in therapy.” Two people noted it “part of my own personal practice” and another said it was “part of my daily gratitude work.” Another three affirmed saying a “global” or “general prayer or blessing” “for all my clients.” Two of these three explained the content of their general prayer or blessing as follows: “healing of their ‘issues’ and healing of heart, body, and mind” and three added they pray “for the client’s highest good and the highest good of all.” Three additional respondents shared that they may “bring the client into a personal meditation” or “send energy” to their clients at certain times. Another six respondents added other reasons why they may pray for a client. Such reasons included, “pray for me is a broad sense of caring and hoping for the person” and “praying privately is part of my relationships with them”, and part of my spiritual commitment to those I work for and with.” One person noted that they “think many of them need all the help they can get.” Another reason why some engage in prayer is “for guidance in the work that I do with them” or “not for any outcome for the client but for ease in the client’s process.”



Others do not engage in regular prayer for their clients but noted specific times when they may be inclined to pray. Ten out of the 37 respondents wrote about how they would pray for “clients for whom they are particularly worried” or “experiencing several obstacles, roadblocks, traumas all at once.” The most particular worries include “medical illness,” “terminal illness,” or “as they make their way to the end of life,” for a “client’s safety,” or “if the clinician is particularly worried.” One social worker eloquently noted, “For reasons I’ll never understand, and for no fault of their own, some people, no matter how hard they try keep getting problems heaped on them. I often pray for these people.” Another added they pray for a client particularly when “several obstacles, roadblocks, traumas all at once.” Other particular times social workers noted praying were “that everything will go well for adoptive families,” or if “someone is facing surgery I would send a blessing in my personal meditation or I might hope for an encounter that would help someone break an addiction.” An additional respondent noted they may pray “depending on the person’s belief systems.” This statement shows how this social worker is considering the client’s determination in some degree, whereas the other social workers are praying possibly without considering the client’s wishes.

Two of the ten explained they will pray for themselves “when I have been frightened for their lives or when they seem to be headed in a self destructive direction” and “for clients whom I am particularly worried- I pray more for my own peace of mind than them.” Another three were more direct in their reasons for praying for themselves. They prayed to “assist me in helping the client for the highest and best good of all,” to “seek clarity on direction where therapy ‘should’ go,” or “for guidance and wisdom to open myself up for wisdom that comes outside of me.” Another person declared [I] “feel

that I can always pray just as I may research something in a journal related to my client's issues.”

Five social workers felt differently that praying for a client is not something a clinician should do. One person said “it has never occurred to me to pray for any clients. I may think about them outside of session.” Two others noted this is “not something they would do because I do not believe in prayer.” Two other respondents showed more concern or caution in doing this behavior. One person stated they “would consider it beyond professional boundaries to pray privately for a client.” One social worker simply noted “this is not therapy.”

Even those who do engage in regular practice (prayer or meditation) or at specific times for a client, share some caution around this behavior. Five people wrote about the theme that a “client would not know,” this is a “very private” practice, and “not something I would mention to anyone.” One simply stated “I have never told anyone this.” Another person added how “countertransference work determines appropriateness,” again alluding to how cautious one should be with this behavior. Two people mentioned praying or meditating *with* a client in this question. One said “I pray for all clients in private (on my own), but have prayed with 3-5 clients in 7 years.” Another wrote, “I do NOT pray with clients.” In summary, one can see that there are varying reactions to prayer and meditating for clients ranging from always, to sometimes, particularly with medical conditions or safety, to never. With each attitude the social workers note the caution they use, how secret the practice may be, and how careful they are in not letting the client know about the behavior.

### *Praying or Meditating with a Client*

There were 39 respondents for this question. Sixteen of those, or a little more than 40%, wrote about using meditation, visualization, or imagery techniques with clients. Those who wrote about meditation also added how or why they use meditation with clients. Reasons included, “as a practice for insight, cognitive, or emotional work,” “as a relaxation technique,” “to focus on breathing or visualization,” “to reduce stress and open greater awareness,” “getting client closer to inner and clearer self,” “to control compulsions,” and “to help center themselves.” Three of those who wrote about meditation indicated using with specific populations: “addiction groups”, “borderline clients”, and “with clients with significant anxiety.” Two social workers shared how they would use meditation. One said “it is a nice way to start or end a session.” Another said, “I could answer this 100% when I am going my best work. Being present and focused-encouraging people to pay attention to their body sensations-paying attention to my own-these are forms of meditation.” Three of the social workers who used meditation added that they “do not use meditation as a religious practice” or “there are ways to meditate-not necessarily with a religion based.” Another shared, “I do not use the word ‘religion’ as part of this. I may say meditation is and can be used as part of a spiritual practice.”

This distinction between religion and spirituality also appears to be highlighted in social workers noting the difference between prayer and meditation. One person simply shared “I see prayer and meditation as two different activities” and another said “meditation as a means of focusing and learning relaxation techniques. Prayer in a specific religious sense, no.” Only five of the 39 social workers wrote about prayer. This is an important distinction that may go undetected when researchers quantitatively place

prayer and meditation together. Three wrote about being a passive participant in prayer if requested by the client. One said “If they ask, I comply. If they begin praying, I participate. I do not initiate prayer with my clients.” Another, “Have been invited to do so and just sat quietly with eyes closed, but did not pray.” The last said, “on rare occasions a client or family may wish to end the session with a prayer. I do allow this and am a passive participant.”

The theme of waiting if the client asked or general caution about this behavior was reported. Eleven respondents said they would engage in this behavior if the client asked or requested they do so. One added “I would do this if a client asked me to, but would not bring this up on my own.” One person shared their ambivalence “I have never been asked to pray with a patient, but if asked, I might do it.”

Conversely, the idea of being asked is something two social workers said they do with clients before praying or meditating with them. “I always ask if this is something they feel comfortable with” or “I have asked if they would like to do this.” This shows some discretion and caution before using such tools. Two other social workers noted caution when using these tools with clients who “are uncomfortable” or “if where it may evoke a negative response.” Five others voiced disagreement with engaging in these behaviors. One said “it was not appropriate in the work I do”, “do not feel it is appropriate and would not feel comfortable doing so,” “beyond the scope of my practice,” and “I would never pray or meditate with a client.” Another shared, “I believe that a therapist must be specified as a Christian counselor or have a theological degree to do this, as the state of CO dictates that we must have sufficient expertise to conduct therapy in this way.”

### *Using Spiritual Language or Concepts with a Client*

Forty seven social workers responded to the conditions under which they would use spiritual language or concepts with a client. Twenty three respondents, or almost 50% of the written responses, wrote about how they will reflect or use the client's language back to them. Of the twenty three who reiterated this theme, fifteen respondents said they would "take client's lead or initiation" or "if the client has used it first," they would use spiritual language or concepts and "reflect" or "give back" the language they have used.

Seven of the twenty three added they would do so "only if the client has spoken openly about these concepts," "if they want or need it," "if they bring it in and want to talk about it," "if this is part of who they are..a way they relate," or "if they ask for religious support." Two social workers stated they "have not presented concepts to clients but have discussed" which also relates to "following the client's lead" and "meeting the client where they are" in the therapy process. Three others, who reflect or use the client's language, expanded to share that they would then ask questions or ask for clarification after hearing the client's language. Three others shared that it is important to use the language "in the context of the client's spiritual or religious beliefs or practices." In summary, is important for these respondents to "meet the client where they are" and to have some knowledge of the language they are presenting.

Five respondents indicated they would use spiritual concepts "if [I] feel that I may be able to integrate this into therapy," "only when I feel competent and comfortable to do so," "when I understand the religion or spiritual practices of the client," "if it is one that I am educated about and seems appropriate," or "I use the words I know of any particular

religion to connection with language and beliefs of client.” One person noted feeling competent and comfortable; thus stating “I am familiar with a wide range of spiritual traditions and am open to learning more from my clients about what they find helpful.” This notion of needing some degree of comfort and knowledge in this domain shows that social workers may use discretion use before using spiritual language or concepts. This discretion is particularly prominent for four workers who noted circumstances they would not use spiritual language: “I will not identify my own language” “will not use it unless they do” and “would not do if clients indicated no interest in religious beliefs” or “seemed uncomfortable with it.” Again, these last three responses fall under the theme of following the client’s lead and not imposing which was discussed above.

Despite the caution, four respondents identified reasons they found using spiritual language or concepts helpful with clients. Two social workers noted how “spiritual beliefs come in many ways, can use everyday words such as love” or use “great deal of archetypal language.” This idea of attending to the spiritual in a more general way may help a social worker address these concepts while following the client’s lead but not necessarily using their language. One person noted how using such language helped the client “to find meaning of their experience and their connection to something greater.” Another shared that using such language can “help establish a relationship with the client.”

Nine respondents identified particular times in their work where they found using spiritual language or concepts helpful. For instance, two respondents noted how this topic “often comes up when exploring bereavement or grief.” Using such concepts, another social worker shared, can “help clients differentiate their ideas from those of

family or others” and “in the context of their identified natural supports that have been useful.” One social worker noted more generally that they will “determine if appropriate and if client can use as a coping mechanism.” On the flip side, another social worker noted they would go into this realm with a client if “it appears their beliefs are distorted that those beliefs may cause or allow self harm or harm to others.” One social worker working for a Catholic organization shared how “though I am not personally Catholic. Religious or spiritual concepts often enter our work.” Two social workers noted in this section that they may use spiritual concepts from scripture “generally for concept like forgiveness” and another noted they would use “Hebrew or Christian scriptures if they would have knowledge of a particular story that parallels or has similarities to their circumstances I may make a connection for them.”

#### *Helping a Client Clarify their Religious or Spiritual Values*

Thirty six social workers responded to this question. Similar to using spiritual language or concepts, the same themes of following the client’s lead, reasons how such behavior could be beneficial, using caution, and identifying certain applicable times were observed in the social workers’ responses to clarifying religious or spiritual values.

Eight of the 36 respondents, or 22%, wrote about the reasons and importance of exploring spiritual values. Three people noted general statements of how “[I] always provide supportive environment in which the client can explore his/her values”, that “finding out about their value system is ver[y] imp[ortant]t” and “I ask questions about all kinds of resources and beliefs.” One person wrote [it is] “How a person sees the world.” More specifically, another added how “[they] Explore their relationship with a Higher Being and others that hold a sacred or meaningful value.” Another wrote

exploring spiritual values may be helpful when “discussing what life means to them and their role in it, how they make sense of the things that happen to them everyday (fate/signs) from the past” and another noted that religion and spirituality can be source of support or profound pain and trauma. Clarification is important.” Another noted how “clients seek me out as a therapist because I focus them on helping them connect to their Native connections.”

Some respondents will engage in exploring spiritual values on two conditions: if it is client led or a part of the treatment. Seven social workers would engage in exploring values if the client initiates this discussion. Six social workers wrote about the theme that they would do so if it was “a part of an overall treatment”, “if they come into therapy with questions related to this,” “if [spiritual values] raised as an issue in client’s life,” “if it is embedded in the therapy and was an effective intervention,” is “part of assessing conflicts/beliefs that may contribute to presenting distress” and “[I] would not ask if it seemed unrelated to the clients work.” One social worker shared that it “depends if I feel comfortable engaging about it, which includes if I feel knowledgeable enough.”

Eleven social workers noted certain times, sometimes more than one circumstance, when they would clarify religious or spiritual values. One social worker generally noted how “if client’s struggling and religious or spirituality have helped them in the past, we may explore how it may be useful now.” More specific incidents were also recorded: “often as a termination issue,” “often regarding sexuality (x2),” “with grief (x3),” “with decision like divorce of abortion,” “mostly with teen girls who are struggling with identity development,” “addiction,” “[when] help[ing] client determine if they are atheist or agnostic,” and “when client is having conflicting values with their family of



origin (x3). One person noted a specific incident “with a gay client who attends a conservative church-much of work together involves reflecting on his spiritual values and how they are/not helpful.”

Despite recognizing certain times when a social worker has engaged in such behavior and found it helpful for a client, there continues to be a cautious tone in clarifying values. Three social workers declared they would not “introduce my ideas”, “[do so] when it is intrusive,” and “very limited in scope.” Two social workers cautioned “I reflect, I do not advise. I use religion in a reflective way” and the other said [I] “Would listen to values but not clarify for them.” One person shared more stating “Treat as would any other value. Never appropriate to judge, or influence. Help them identify if belief or view is aligned with their best interest.”

#### *Recommending a Spiritual or Religious Program for a Client*

Forty five respondents wrote about whether they may recommend a spiritual or religious program. For the most part, recommending a spiritual or religious program occurs when the client expresses interest, to help a client find community or support, and with great caution on the part of the therapist. Ten respondents said they would do so only “if client expresses interest” or if the client “had already been considering,” “at their selection,” or “clients searching for spiritual meaning.”

The idea of recommending a spiritual program for community or support was a theme. Six social workers “have recommended church groups for people working on meeting other people (with like values and beliefs)” or as a “way to build community, positive support system,” and to “become involved in community activities and link them to other resources.” Four social workers recommend “if client is part of organized

religion, I recommend they explore what supports their church may offer “ or “if it is something that has worked for them in the past.” Another social worker may make a “recommendation [for] people who seem to need more either more tools/spiritual orientation as they manage a crisis in their lives.”

There are specific times that social workers mentioned as appropriate to recommend religious or spiritual programs. Six noted in working with addictions they would recommend Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Alanon which are known as having a spiritual component. This was a question the survey asked about specifically later on. Other specific populations were noted by two other social workers, such as “clients in jail” or for “children in adoptive parents to go to church. [I] Have asked parents if they would be open to going to some sort of church-decision is ultimately theirs.”

Six social workers noted referring as an option, another question in the survey. Five mentioned specific incidents or programs such as “divorce recovery or marriage enrichment at their church” or “for a gay client to attend an affirming church”, “to a faith based group at [their] agency to explore use of biblical scripture as a means of maintaining power and control over a victim”, and “recommend meditation if wanted to understand meditation.” Another referred to a “Christian counseling center because I could not provide the religious component for someone who was having a LOT of religious guilt and conflict, interwoven with psychotic thinking.”

For this question in particular there was emphasis on social work caution, especially around recommending organized religion. Two said they would recommend a program only if asked. One noted, “I seldom do this. Only occasionally if client asked”

and another added I have “suggested, not recommended.” Another said, “unless they use therapy for discernment and have a mentor/spiritual director.” Six others noted even more caution ranging from “only if I am familiar with the particular spiritual group they say they would like to be involved with,” “I would not recommend organized religion” to “not my role,” “never a specific program,” “not organized church but more spiritual experiences,” and “I have NEVER recommended or insisted someone seek a particular religious faith or community.”

#### *Referring a Client to a Spiritual or Religious Counselor*

Thirty one social workers responded to this question. Five social workers, or 16% of the respondents, noted they would refer for clients who are “strongly connected to a spiritual path/religion” or “believe their God or religion is the foundation of change.” Strong beliefs such as “a client who really wants a counselor to operate solely from Christian perspective” or “if they have strong beliefs and I am not able to support their beliefs for example being able to quote biblical passages.....” appear to be times when a social worker believes a referral is appropriate.

Others believed referrals are appropriate when the presenting concerns are related to spiritual matters or the therapist does not have the knowledge needed to address the spiritual concerns. Ten respondents, or 32% of respondents, wrote how they would refer if the client wants, they felt it was what they needed, or if their presenting concerns were beyond their scope. Five wrote generally they would refer “if the patient asked,” “is seeking to know more about or clarify beliefs,” or “if it is appropriate,” “would meet a need,” or “if [it] is client driven.” Another six added more specifically they would do so if the client “needs a different type of support,” “if the questions the client is dealing with

relate to spiritual matters,” or “if the presenting problem was mixed with the contents of religious thinking.” Similarly, another three added they would refer “if the person needs more than I can provide,” “because it is not my specialty,” and/or “is not an area I am familiar with.”

When making referrals it appears that the respondents do not refer to a specific person. One person noted this directly, “not to a particular person.” The respondents have recommended talking to someone already trusted in church or program person attends.” For instance, “elders, mentors, pastors, Christian ministers, and Mormon bishops were included as referrals. Respondents appear to “encourage clients who go to church regularly to talk with their pastors if they have had positive experiences at their places of worship.” One person noted, as a spiritual counselor, [they] have referred to others I thought were a better fit.”

Two social workers shared how they have not made referrals often. One said, “In my many years of practice there have been a few clients who requested names of counselors with specific religious orientation.” Two social workers noted their hesitation in engaging in this behavior. “I do not feel it is my place to push religion or spirituality on a client.” Another said, “I am hesitant unless I know the training to do this ‘blindly’

As with the other questions, a few social workers described specific incidents when they have made referrals. These incidents are similar to events described above. Two respondents referred “in couples counseling where the partners’ belief systems/values about their union is very much based on their religions or spirituality.” One of these social workers has many LDS [Latter Day Saint] clients; she refers woman in conflict with her husband to the bishop as they often will not do anything about it until

after they talk to the bishop and the bishop talks to their husband.” Grief and loss issues appear to be related to referrals as well as sexuality concerns. One social worker wrote how [they would refer] “Clients who had religious abuse cause confusion- for example a homosexual man being told he will go to hell if he does not deny his sexuality attempting suicide.” Another social worker often refers to “American Indian traditional spiritual people because they can be great help and I am able to refer them to a number of spiritual people from different tribes.”

#### *Referring a Client to a 12-Step Program*

Thirty six people responded to the conditions under which they may or may not refer a client to 12-steps. Eight people said they would do this for “addiction issues,” “dual diagnosis,” “codependency,” and for “substance abusers.” Eight people wrote they would refer to 12-steps “if it would meet a need,” “if appropriate,” or “if requested and “if the client is willing or asked.” The idea of observing the client’s willingness or openness toward recovery was an important piece before referral. Six social workers would make a referral “if the client is open to being a part of a group or open to the 12-step approach,” “if it has worked in the past and are open to it as an option,” “if client had tried and enjoyed the group. If client inquire,” “as indicated by therapy, conversation, and willingness,” “depending on prior history and readiness,” or “if addiction is revealed and recognized.” Three people endorsed 12-steps stating without an addendum stating it is a “normal course of action for client with addiction issues” and “the best way to manage addictions, or for clients who lives with people with addictions of one form or another.”

To highlight the extremes, one person shared how they rarely would refer and another makes this a typical part of their social work practice. Specifically, “If a patient was seeking recovery and asked for help, I might recommend 12-step. But again, I would not initiate the recommendation unless I thought it were a life/death situation.” The other shared, “I always evaluate for substance abuse, and if there is a clear problem, I will discuss AA with them within the first 6 sessions or so.” The variation could be due to agency or personal practice. The point is that many social workers evaluate their client’s readiness to change through 12-step programs before referral. Seven social workers added that they see it as their role to provide information on other available options in the community. Two specific other options were “rational recovery” and “guide for living.”

Two social workers noted specific incidents where they did not believe this referral would be appropriate. One shared how “my personal belief and experience is the majority of 12-step programs and their philosophy are not congruent with tribal belief systems” and the other voiced, “For some clients the perceived ‘helplessness’ of addiction isn’t suitable. Some people want to be held accountable without outside forces.” One person had an interesting reaction to the question at large. “Interesting to put 12-Step in this lot...of course it’s spiritual, but it’s gotten a bye somehow with people being suspicious of its spiritual aspects! How did that happen?”

#### *Recommending Spiritual or Religious Forgiveness for a Client*

Twenty eight respondents wrote about spiritual or religious forgiveness. Eight social workers, or almost 29%, voiced how generally they see forgiveness as an important piece in therapeutic work. Explanations were given that demonstrated the importance of general forgiveness. “Forgiveness is a necessary ingredient to deep

emotional freedom,” “is a powerful and important way to relieve oneself from the emotional entanglement and distress of a past experience,” “can provide the kind of peace that comes from internal resolve,” and “can reduce anxiety, anger, resentment, and frustration.” Two people noted how “the concept of forgiveness and peace is universal.” One said, “Again, the percentage may be higher if we include subtle work. I think forgiveness at some point is essential, within the framework that makes sense to the client. I think misplaced it is destructive.” Making sense for the client continues to be an important theme. Two others noted specifically how “clients should forgive at their own pace” or “encouraged to find out what is true for themselves and to be kind to themselves. I encourage clients to view daily choices as just that...choices. Learning opportunities that offer great growth.” These responses clarify the meaning behind recommending spiritual or religious forgiveness with a client.

Seven respondents, or 25%, shared they would recommend this behavior if it is needed or initiated by the client. Three others shared they may consider forgiveness if it is appropriate or a necessary part of the therapy work or treatment goals. Other examples of the client leading this behavior is “if this is their orientation anyway,” or “if the client is connected to whatever spiritual practice we are referring to,” and “clients having arrived at the conclusion in therapy that they want to seek counsel on their own belief system and do so.” Another person expanded their caution and insisted it be “very qualified in that it is in the context of the client’s belief system. I do not suggest I have any authority to do so.” Two others concluded that it “is not appropriate for me to do because I am not ordained” and “I believe that ‘forgiveness’ is a value judgment and should NEVER be imposed on a client.”

Some social workers noted specific times when they would find forgiveness helpful for clients and others noted harmful times to suggest this activity. Two avowed they “would not recommend that a client extend spiritual forgiveness in situations involving violent crime or abuse because it can be a form of avoidance” and “would not promote face to face forgiveness or amends when it could be dangerous to the client, for example with an abuser.” Examples of times when this intervention may be helpful included: as “part of addiction therapy, addict often needs to forgive themselves,” “with trauma interventions,” and “situations might be in marital affairs, divorce, issues of abuse, or family of origin issues.” Three people noted possibly referring to books on forgiveness, to a leader in religious community, or if the client was interested in forgiveness.

#### *Using Touch for Healing Purposes with a Client*

Twenty seven social workers responded to this intervention. On this question, social workers made a distinction between “laying of hands” and touching, not for healing purposes. The consensus was that touch for healing was not acceptable but touch for nurturing could be used on certain occasions with clients. Two people noted they “do not see laying of hands or energy healing in realm of psychotherapy” and feel it is beyond their personal “realm of expertise.” Two people were trained in energy work or as a Reiki master and each of them noted it is “not a major part of practice” or “I do not use in psychotherapy.” Two others, not trained in touch for healing, shared I have “not used in my clinical setting, only spiritual setting” such as “Christian context when I am not paid as a social worker.” It is important for the social worker then to be trained and, even then, often touch for healing does not occur in the therapeutic context.



Two people noted caution in touching for healing purposes. One person declared, “Oh my god. Tell me people aren’t touching their clients for this purpose! The state will come after them.” Another stated “In violation of the licensing laws of the states I have practiced in. A professional license in therapeutic massage would be required.” Two others shared similar concerns, especially because “so many clients have issues with physical trauma” that they refer touch to someone else, even massage.” Social workers appear to be careful with this behavior because “boundary concerns are paramount” and thus some “never touch clients, unless initiated by them.”

With this caution in mind, eight social workers, or 27.5%, admitted to having touched clients on the arm or given a hug “not for healing” but “as a nurturing tool.” Again, there is a distinction between touch and touch for healing. One person puts this distinction clearly, “I don’t use it in a way like ‘I touched you, you are healed.’” Five people said they would touch a client “only with the client’s permission,” or “if client open to touching and emotional need arises.”

One person wrote about the meaning behind touching a client. “I think touch can have a somewhat healing effect for those whose self esteem is so awful that they feel like poison to others, or very unworthy of caring.” Specific times people noted as appropriate for touch are in the dying process, in movement work, and during hypnosis and breath work.

#### *Performing Exorcism on a Client*

Fourteen people wrote about the conditions of engaging in exorcism. Eleven of the fourteen, or 78.5%, said they would not do this ranging from “it is unethical”, “beyond the scope,” “violation of code of ethics,” “under no circumstances,” “NEVER,”

and “never never never.” Three of the respondents noted referring to someone who is a spiritual advisor if this was needed. Three respondents were not completely opposed to the practice and considered “if it is important to the client”, “might consider if it is therapeutic/or needed” and “could imagine it could be appropriate for some.” This person added, “I operate more from a less good/evil, black/white perspective and more from a flowing, ever changing journey. However, nearly all respondents see this question as black and white and do not endorse this behavior.

#### *Helping a Client Develop a Spiritual or Religious Ritual*

Thirty six social workers wrote about helping a client develop a ritual. Five respondents, or almost 14%, spoke to the “importance” of rituals for clients “as an active expression” which can help one “move forward” and be “helpful or healing.” One person said, “Rituals are commonly used part of therapy, whether or not they are spiritual in origin.” Another simply stated, ““I like this idea...”

The importance of the client creating the ritual was emphasized by eleven social workers, or 30.5%, of those who chose to write about this question. Six people wrote about how they would engage in this behavior if “the client desired,” “if the client felt comfortable,” or if “they client was interested in” developing a ritual. Two others added they would “if it was critical to client’s process” or was an “identified as a goal.” The idea of the client leading this behavior was also noted as it is “rare that they cannot do this themselves” or another person who shared “[I] haven’t helped them ‘develop’ a ritual, only reinforces existing rituals.”

Specific incidents were recorded for when a social worker would engage in helping the client develop a ritual. Fifteen social workers, or almost 42%, reiterated that

they would engage in this behavior in grief, bereavement, neonatal loss, hospice work, and with death of relatives. Four specifically noted encouraging a client to visit graves as a ritual. Two others noted writing letter as “closure for an abusive parent” or when someone dies as a ritual they have encouraged. Two people shared encouraging rituals with Native American clients.

Caution was noted in approaching rituals. Five people said they would use rituals “without specific religious language” or “in the context of a religious practice” but “generally spiritual, not connected to specific religion or spiritual path.” One person used caution in applying rituals the other way in “making specific recommendation based on their [the client’s] particular faith or preferred practices.” One person noted “not being trained to do so.” Another shared how rituals “are personal for both client and therapist.”

#### *Social Workers Participating in a Client’s Spiritual Ritual as a Clinical Intervention*

Eighteen social workers responded to the open ended question on participating in a client’s spiritual ritual. Funerals, memorial services, separations from family, weddings, prayers, candle services, ordinations, and bar/bat mitzvahs were mentioned as rituals clinicians have participated in. Funerals and memorial services were the most noted by four different respondents. Death and loss appear to be the most common way a therapist intervenes in a client’s ritual. One person noted, “Several times in client’s rituals around losses of children. Several times I have been present for rituals involving separations from abusive family members.” Another shared a specific story of death, “with a 10 year old boy, we put a letter in a balloon to his dead sister in ‘heaven’.” Comfort on the part of clinician was noted in two circumstances. “If comfortable to me, such as lighting a candle or meditating together...would not continue to do ongoing with

a client, unless this is limited to a few minutes a session” and “have sat silently when client asks me to pray with her.”

Five social workers, or almost 28% of those who responded to this question, said they “would do so if asked” or “were given permission” by the client to participate in their ritual. Three people noted some concern with engaging in the client’s ritual. One simply said “boundaries” whereas the other two elaborated more stating, “I believe the ritual itself needs to be entirely owned and conducted by the client” and “I believe it is better to empower clients to engage in ritual without my participation, and it keeps me from unintentionally imposing my own beliefs on clients.” One person who attended a wedding said they did so “after much supervision and discussion,” thus indicating the caution and care they gave to this behavior before engaging in another’s ritual.

#### *Sharing One’s Own Religion or Spirituality to a Client*

Forty three social workers wrote about the conditions under which they may or may not disclose their religion or spirituality to a client. Interestingly, the most frequent response on this question showed that a social worker would disclose their own religion or spirituality “if asked.” Sixteen people, or 37% of respondents, said “if asked” they would disclose. Three of the sixteen qualified that they would disclose if asked “directly” or “specifically.” Two people noted “when they ask, I tell the truth” and “I typically am pretty open and honest about this. Another observed, “I think it is appropriate to share something.”

Nine people wrote about how the something they share is “vague,” “limited,” or “basics of my worldview.” Four people shared how they talk about general ways of spirituality such as self forgiveness or with issues of guilt; the theme seems to be the

importance of sharing an alternative forgiving view of God. Two others made sure to say “I do not share my beliefs...” but “rather my perceptions of the role of religion and spirituality” or “but only a broad version of my spiritual beliefs such as ‘there are people who believes...what do you think?’” Similarly, three people added if they did share something with the client, they would want this to be “talked about at length,” “as part of a discussion about possible ways to look at the meaning or value of an experience,” or “as part of dialogue in response to their concerns.” The idea of the discussion shows the seriousness in which clinicians view disclosure.

Six others added they would engage in disclosure “if appropriate,” if it “will help the client,” or “be beneficial to the situation.” Seven therapists wrote of specific circumstances where they would find it appropriate or beneficial to disclose. One noted, “if the therapy is directive AND ideas are close AND clients are non-suggestible.” Another shared, “only in situations where sharing has normalized the client’s experience or to assist in developing rapport.” The last disclosed, “As an addiction therapist I share my recovery story and GOD is always in that.” Three therapists shared they have disclosed “when client has same beliefs” and another added “if they client has a religious/spiritual premise to work with.”

Caution continues to be important when engaging in disclosure. Four people alluded to the caution they consider even if they chose to disclose. “I may do it, but not before thinking long and hard about it and “I am extremely careful...I do not disclose but a tiny bit of info in this area.” Two added that it is important not to impose religious beliefs and to keep boundaries then referenced they may disclose by adding “unless it is requested” or “I am clear it is my view and may not fit for them.” One simply said, “I

think its best they find their own way.” On the spectrum of caution, there are some who would not engage in this behavior because it is “not appropriate” and would “never influence.” The idea of imposing or influencing is critical. “I believed this would make the assumption or make them feel they should do this. As a social worker I would never impose those values unto a client.” Another reiterated this theme, “It is too influencing to do so, and can contaminate the therapeutic relationship.”

### *General Thoughts on Religion and Spirituality*

The final qualitative question asked social workers about their general thoughts on religion and spirituality. Fifty six social workers responded. Thirty six of the responses, or almost 63%, indicated the importance of using religion and spirituality in therapy. Four people wrote they “see all issues as spiritual” and “we are all spiritual beings”, and that “even if a client does not bring it up” or the amount of clients who [see all issues are spiritual] is small-perhaps 10%.” Three others shared religion and spirituality “is a major portion of people’s lives...it permeates people’s lives and their stories” and “religion is often a center of client’s lives” and “spirituality and religion are not a separate part of us...they are us.” One person stated the importance of such issues nicely. “We need to look at clients in a more wholistic manner so people are able to safely feel a connection with something greater than self, whatever that is, which benefits that person.”

Five others highlighted how religious and spiritual issues are often present as the client searches for a “larger meaning” or “purpose” and “get clear about who they are how they want to be.” Five people added the reasons they attend to religious and spiritual issues. This can be beneficial because it can help the client “resolve inner

conflicts clarify self worth,” “can be a tool for coping,” “are an integral part of the healing process,” and can “help them grow to completeness.”

The importance of assessment was reiterated by six social workers. These social workers asserted “with almost every client I at least ask if they have a current practice and learn what that involves,” [this] “should be part of all assessments,” and “find it an important assessment piece to determine the importance of intervention.” Two others explained why they find this assessment important. “The question on my intake is intended to gather info, but also ways of letting the person know I am open to spirituality.” Lastly, “To not address faith is a mistake and means you may be missing a lot of how a person thinks or makes decisions.”

The above section demonstrates how social workers think that religious and spiritual issues are or can be important for all people. Again, other social workers noted certain times and with certain populations how these issues may be more prominent. For instance, religion and spirituality may be pronounced with “children in disagreement with parents” as “individuals mature,” “for client in destructive cults,” “those sexually abused by religious counselors,” for those “considering divorce,” and “with end of life issues” or “hospice” as “death brings issues of religion and spirituality to the forefront.”

Other populations that were noted as having religion and spirituality issues were “Spanish speaking or Latino clients,” those “with tribal belief systems,” or the “mentally ill who are mostly religiously preoccupied.” Just as the profession has used diversity claims for a reason for social workers to examine the religious and spiritual, four social workers reiterated this theme in their replies that “all beliefs need to be honored” and “we need to be respectful about religion as we are of different cultural orientations” and “an

issue to keep in the back of your head as you do therapy; similar to one's culture, age, sexuality, etc.” One person said how they “have had conservative Christians, Buddhist, New Age, and atheists all at the same time in my client base and noted how their ability to accept where each person and family member is important.”

Social workers added their own reflection and views on the topic as well. Social workers integration of religion and therapy in practice varied. One person said their “entire clinical career, training, and practice have focused on this integration work.” On the flip side, two people noted how “I probably do not do justice to exploring religious or spiritual aspects...” and “I used to think differently than I did years ago...I used to think religion had no place in therapy....however, with time and experience, I have begun to see all is connected.” Two others theorized why they believe social workers may have a hard time approaching spiritual issues. “I think too often clinicians are scared to bring up spiritual issues, out of fear they will be ‘preaching’ to the client”. Another shared,

“I think there are many clinicians who shy away from or fear exploring spirituality with their clients and I believe this is primarily for 2 reasons, one they may be struggling with their own interpretation of spirituality, and two, because the field of social work doesn't teach how to integrate spirituality into practice because some theories insinuate that integrating spirituality is taboo or not therapeutic or should not be part of the therapeutic process; that it is separate.”

These comments express the historical divide between social work and spirituality and also the fear that has been discussed in the literature review of the therapist preaching to the client. One way it appears throughout this study that respondents reconcile the divide between social work and spirituality is to ensure that the topic is client led. One person even said, “I would love to do more, but it must be client led.”



This theme, which is apparent in each question on the survey with the exception of assessing for spirituality and exorcism, continues into this last question. One person noted “the social work dictum of ‘begin where the client is’ is very important.” When the social worker follows the client, use of religion and spirituality is done “at the client’s needs and requests” or “if the client reports religion as important in their life.” The idea that the social worker “adapts to the client and their way of doing things” appears to be an important value for social workers in general and in particular in navigating religious and spiritual issues. One person noted that “it will arise as a topic if spirituality is a way of being or the family has roots in a religion.” One person noted the caution that “you have to be careful how you guide a client.”

The caution that five social workers noted in this general question was around the use of self disclosure to reveal to the client the social worker’s religion and spirituality. One person said, “I have great concerns about therapists imposing their religious practices.” Another added “My beliefs are of little consequence, but my client’s beliefs are of the utmost importance.” Again, two others declared, “We need to listen to our clients about their beliefs, but not bring our own beliefs into therapy and “for me the most important thing is not to impose my own will and belief system on patients.” One person noted that while religion and spirituality is very important, [attending to this element in therapy] “can run the risk of changing the relationship to a religious one.”

These responses to this general question show the ambivalence the field has toward addressing religious and spiritual issues. Many respondents noted that, on some level, all of their clients are addressing spiritual matters. Others noted too why addressing religion and spirituality can be helpful: to aid in healing and to help answer

questions of meaning and purpose. Also, such spiritual concerns appear to be relevant and important at different stages of life or for certain populations. Despite understanding the importance of spirituality, addressing it in the therapy room appears to be exclusively up to the client. It appears that social workers will disclose their own religion and spirituality “if the client asked.” This contradicts many social workers’ fears of “imposing their beliefs” onto the client. One person noted to the last question, “I believe the field needs to allow more discussion, practice, and incorporation of these issues into practice for clients who desire it.” This statement shows the importance of religion and spirituality, especially for some clients, and how more guidance and discussion needs to flow, not just between client and social worker, but between social workers in the field.

### *Predicting Spiritual Attitudes and Spiritual Intervention Behaviors*

#### *Non-Predictor Variables*

This section will describe the analyses that were run to determine if there was a relationship between demographic or characteristic variables of the sample and their attitudes and behaviors toward integrating spiritual interventions. For some of the research questions, crosstabs and a chi-square were used to assess if there was a significant difference across groups on using spiritual behaviors. The following not significant relationships were determined by using chi-square analysis. Some specific hypotheses were that social workers in private practice or Christian social workers may be more likely to share their own religious or spiritual views with a client. The researcher’s thinking was that private practice would not provide as much supervision and may then have social workers who may not consider boundary violations as closely. Also, this researcher wondered if social workers of the dominant religion, would be more

likely to disclose their religion as it is not discriminated against as other religions or spirituality are in this country. Both of these hypotheses were not significant. In other words, social workers in private practice and group practice are not more likely than social workers in other settings to share their own religious or spiritual views with a client. Also, social workers who identify as Christian in the past or presently are not more likely than other social workers to share their own religious or spiritual views with a client.

Other thoughts were that psychodynamic training may make a social worker more likely to help a client develop a ritual or participate in that ritual due to a focus on attachments. However, this guess was not accurate as there was not a significant relationship between social workers with psychodynamic training are not more likely than social workers with other training backgrounds (systems, CBT, etc) to help a client develop a spiritual ritual nor participate in the ritual with the client. Also as one previous study noted, males were more likely to recommend direct spiritual behaviors than females. This was an exploratory finding that was not replicated in the current study as there was no significant difference between males and females in recommending a client participate in a spiritual or religious program or recommending a spiritual ritual.

Similar to findings by Stewart, Stewart, Koeske (2006) that found age, gender, job setting, and social work training were not significant factors for determining religious-based attitudes, perception of appropriateness, and intervention behaviors. These findings were replicated in this study as there was no significant difference in social workers' attitudes on appropriateness of spiritual interventions based on their social work training (CBT, psychodynamic, systems), gender, age, and race. Social workers level of

agreement with the particular behaviors was determined by a cronbach's alpha score. In this case a lower mean indicates more agreement with the questions on the scale. T-tests and oneway anovas were used to determine if there was a difference between groups on their attitudes toward spiritual interventions. T-tests were used for gender and race/ethnicity (collapsed into people of color and white people), and age (above and below the mean). A Oneway Anova was used to compare more than 2 groups, with the social work training emphasis as CBT, psychodynamic, systems, and other.

### *Predictor Variables*

One finding that appeared significant and predictive of attitudes in this study was social workers current relationship to religion or spirituality as either an active participant/high level of involvement or regular participant, some involvement. The other options to describe one's relationship to religion or spirituality were: identification but limited involvement, social workers with no identification and no involvement, and social workers with disdain and negative reaction. Compared to these three choices, there was a significant difference ( $t(92)=-2.703$ ,  $p=.008$ , 2 tailed) with social workers who are active participant/high level of involvement or regular participant/some involvement on their attitudes toward using spiritual interventions. The active group had a lower mean ( $m=2.467$ ) than the not active group ( $m=2.855$ ). In this case a lower mean indicates more agreement with the questions on the scale.

In addition, there were significant differences in social workers who identify as having a strong current relationship (active or regular participant) of religion or spirituality compared with social workers with identify a limited/no involvement with spirituality and religion on a number of spiritual behaviors. Social workers with a strong

current relationship to religion or spirituality are more likely to recommend spiritual writings, use spiritual language or concepts with clients, recommend a client engage in forgiveness techniques, and refer clients to a religious counselor. For recommending spiritual books or writings the active group had a higher percent who said yes to this question (76.7%) than the not active group (44.1%) and there was a significant difference between the groups (chi square(1)=8.714, p=.003, continuity corrected). Similarly, there was a significant difference (chi square (1) =6.144, p=.013, continuity corrected) between the active group who used spiritual language or concepts with a client (95% said yes to this behavior) than the not active group (75% said yes.). For recommending forgiveness techniques, there was a large between group differences; the active group had a higher percent who said yes to this question (73.3%) than the not active group (37.5%). This difference was significant (chi square (1) =9.796, p=.002, continuity corrected). Also, the active group had a higher percent who said yes to referring clients to a spiritual counselor (69.5%) than the not active group (44.1%). Chi square was run and a significant difference was found (chi square (1) =4.786, p=.029, continuity corrected). These findings are similar to Sheridan (2004) study and Stewart, Stewart, Koeske (2006) that found that the level of current participation in spiritual or religious services and measures of spirituality predicted attitudes and utilization of religious-based interventions.

A Pearson correlation determined a significant strong negative correlation ( $r = -.650$ ,  $p = .000$ , two tailed) between the attitude scale and the behavior scale. This suggests that as the number of behaviors goes up their attitude score goes down, which indicates greater agreement with the attitude questions. This finding is similar to Stewart, Koeske,

& Koeske (2006) finding that attitudes and behaviors are correlated, in support of the self perception and cognitive consistency theory. In other words, social workers may utilize behaviors based on if they are consistent with their beliefs.

Another variable that can affect one's beliefs is attending training on religion and spirituality. Training had a significant impact on the attitude scale score of appropriateness of spiritual interventions. First, a t-test compared social workers who had "no training" on religion and spirituality between those that had had some training. There was a significant difference between the two groups ( $t(117)=2.053$ ,  $p=.042$ , two-tailed). The group with no training had a higher mean ( $m=2.99$ ) than the group that had not checked that answer ( $m=2.59$ ). Again, a higher mean indicates more disagreement with the questions on the scale. There was a discrepancy in the numbers in the two groups, with only 14 having checked "training: none" and 105 not having checked this answer, thus an examination of the number of trainings was also conducted.

A new variable was created that was named: number of trainings checked. A Pearson correlation, a test of association, was run between number of training and the attitude scale to see if as one variable increases, does the other increase or decrease.

There was a weak, negative significant correlation between attitude and the number of trainings ( $r=-.251$ ,  $p=.012$ , two-tailed). A negative correlation suggests that as the number of trainings increases the score on the attitude scale decreases. In other words, as training goes up their attitude becomes more positive. This finding is similar to Sheridan (2004) study which found that social workers attending workshops focused on some aspect of religion or spirituality had a higher mean on the Spiritually Derived Intervention Checklist. In other words, those who attended trainings then had a higher

likelihood than those who had not attended trainings to use spiritual behaviors in session with clients.

Lastly, a client variable was tested, percent of clients bringing religious or spiritual issues into therapy, per social workers estimation. A Pearson correlation found a significant positive correlation was found ( $r=.579$ ,  $p=.000$ , two-tailed) between the percent of clients that bring religious issues into therapy and the behavior scale. This suggests that as more clients bring issues into therapy, social workers engage in more spiritual behaviors with the client.

## CHAPTER V

### DISCUSSION

This section will summarize the study, with a particular emphasis on how the current study compares to previous studies on the topic. The limitations, sample and generalizability, comparable findings, implications for the field, and future considerations will be examined.

#### *Limitations*

Findings from the current study must be interpreted with the study's limitations. These limitations primarily involve issues relating to sampling and data collections. The sample drawn primarily from one state and one researcher's network cannot be assumed to be representative of the practices and perspectives of practicing social workers in general. In addition, compared with the number of social workers who received an invitation to participate, only a small percentage actually took the survey. This could be because of the nature of the topic itself. Describing one's personal relationship with spirituality and implementing spirituality may be a topic that is difficult to put into words, numbers, or frequencies.

It is important to consider that those who decided to participate may have a higher degree of interest in the topic of spirituality or religion in therapy. In other words, this sample may over-represent those who are more likely to include a focus on religion



and spirituality in their practice. As with all self-report methods, there is a possibility of both faulty recall and social desirability bias on the part of participants.

The researcher hoped to obtain a diverse sample of participants because previous samples related to this topic consisted mostly of white female clinicians who identify as Protestant (Sheridan, 2004; Sheridan & Hemert, 1999; Sheridan, et al, 1992; Stewart, Koeske, and Koeske, 2006). Unfortunately, the researcher was unable to obtain a diverse sample along ethnicity, race, or religious lines as well. Slightly more diversity was obtained in the area of spiritual or religious orientation, although not allowing for generalizations. Thus, the results of this study need to be interpreted with caution. The results are biased towards representing views and practices of white and religiously dominant social workers. Given these limitations, several general themes or conclusions can still be drawn from the data.

#### *Sampling and Generalizability*

First, the respondents of this mainly Southwestern United States sample rated the appropriateness of a set of religious-based interventions similar to previous studies of Midwestern and mid-Atlantic samples (Sheridan, 2004; Sheridan & Hemert, 1999; Sheridan, et al, 1992; Stewart, Koeske, and Koeske, 2006). This is an important finding as this is the first study to examine social workers from the Western region of the United States.

Another important point is that this sample is similar to the samples of social workers in previous studies (Sheridan, 2004; Sheridan & Hemert, 1999; Sheridan, et al, 1992; Stewart, Koeske, and Koeske, 2006). This study replicates previous studies, has a similar sample (with the exception of the location in the United States) and has similar

findings to the previous studies. This is an important point for generalizability. The composite findings, therefore, may be closer to being generalizable for a mainly Caucasian, Christian (mostly Protestant) female group of middle aged social workers in the United States.

It is worth noting just how closely this sample is similar to previous studies. For example, in this study and the previous studies there are large percentages of social workers who identify as female (over 57%) and Caucasian (over 77%). The majority (around 60%) of the participants identify as having Christian denominations, particularly Protestants. Also, with the exception of the student sample in the 1999 Sheridan & Hemert study, the studies have a range of mean age between 43-46 years. The sample in the current study and two other studies (Sheridan, 2004; Sheridan, et al, 1992) asked social workers to define their current relationship with religion or spirituality. An average of less than one-third of these social worker samples rated their current relationship as active, high level of involvement. Another third of the samples rated their relationship as regular, or some involvement with religion or spirituality. To summarize, because the current sample mimics previous samples of social workers on the topic, the results are becoming more generalizable for Caucasian, Christian (mostly Protestant) female group of middle aged social workers with some current relationship with religion or spirituality.

#### *Comparable Findings*

It is important to keep in mind that the findings are particular to white female middle aged Protestant social workers. The current study found high percentage of acceptance beliefs with over 50% of respondents agreeing with two-thirds (10/15) of the

spiritual interventions. This finding is similar to previous studies; Sheridan (2004) had over 50% of participants agree with 12 of the interventions and Stewart, Koeske, and Koeske (2006) had 50% agreement with 11 of the interventions. Sheridan and Hemert (1999) findings were identical, with over 50% agreement with ten of the interventions. Less than 50% of respondents agreed with five, most directive, interventions: pray or meditate with a client, share own beliefs with client, participate in a client's spiritual ritual, use healing touch on a client, and perform exorcism. This too replicates the previous studies findings with the most directive use of spiritual interventions rated as the least appropriate.

This study allowed participants to choose undecided as an option on the appropriateness of interventions. There is a greater percent of social workers who are undecided on the five, most directive spiritual interventions; 17% was undecided on the appropriateness of sharing their own beliefs with a client, and over 20% of the sample was undecided on both praying or meditating with a client or participating in a client's spiritual or religious ritual. For using healing touch and performing exorcism, less of the sample was undecided, however still around 10% was not sure of the appropriateness of these interventions. This may speak to the ambivalence social workers and the field of social work has toward direct spiritual integration.

Compared with the previous studies, the current study had the lowest percentage of social workers agreeing with eight of the spiritual interventions: referral to a spiritual counselor, referral to 12-step program, praying privately for a client, using religious or spiritual books or writings with a client, recommending a spiritual program for a client, praying or meditating with a client, participating in a client's spiritual ritual, and sharing

one's own beliefs with a clients. The attitudes of this sample of social workers are slightly more conservative than previous samples. It is worth noting how this study differs from previous studies. However, in general most of the spiritual interventions were acceptable to over 50% of respondents.

Religious based practice, in addition to acceptance beliefs, were prevalent in this study as fifty percent or more of social workers in this sample had done 11 of the 15 interventions. This finding also replicates previous studies and it is worth noting the current study had higher rates of religious based practice than previous studies. For instance, 50% of the sample from Sheridan (2004) had used nine out of 14 of the spiritual interventions. Similarly, Stewart, Koeske, and Koeske (2006) found that over 50% of their sample of practitioners had used seven out of the fifteen spiritual interventions. These data support assertions that "spiritually-derived interventions are increasingly viewed as an appropriate part of social work practice" (Canda & Furman, 1999; Cascio, 1998; Sheridan, 2004). Similar to acceptance beliefs, the most used spiritual behaviors were the least directive behaviors.

The five most directive interventions were not used by over 50% of participants, with the exceptions being that 56.3% have shared their own religious or spiritual beliefs with a client. The general trend is less utilization of direct interventions. However, compared with the previous studies, the social workers in the current study had the highest percentages of recommending spiritual forgiveness for a client, praying or meditating with a client, using healing touch on a client, and sharing one's own religious or spiritual beliefs with a client, behaviors which are more direct interventions.

On the other hand, the participants in the current study had the lowest percentages of social workers engaging in referral to a spiritual counselor and 12-step programs. Again, there is a small discrepancy in this sample wherein the social workers were the least accepting of direct behaviors, but more likely than previous samples to engage in these same behaviors. For instance, compared with previous studies, this sample had the least agreement, but the most utilization of praying or meditating with a client and sharing one's own beliefs with a client. Sharing one's own beliefs with a client is an area of controversy because social workers "fear they could manipulate clients into being proselytized" (Miller, 2001). When asked if sharing one's own beliefs is an appropriate intervention, the sample in Sheridan et al (1994) and the current study, many wrote caveats to their responses, such as "only if client initiates this" and that the behavior is "sometimes appropriate." The need to keep one's personal belief separate from the client was also emphasized in responses because of the potential harm self disclosure could cause. Nonetheless, the study shows high percentages of social workers engaging in these debated practices.

Because spiritual interventions are seen as "sometimes appropriate", this researcher was interested in how often there are such circumstances. Sheridan, Bullis, et al (1992) asked social workers to estimate the percentage of clients they thought presented spiritual or religious issues in therapy. Their sample estimated 33% of clients present with such concerns, strengths, or issues. This is somewhat similar to the current findings in which 30% of respondents estimated 10-40% of clients present with spiritual issues. If we look at this as a bell curve, this would be the average range with some social workers estimating less or more than this average. Sheridan, Bullis et al (1992)

wonder if one-third may be an accurate reflection of the percent of clients with such concerns or if social workers underestimate religious concerns and tend to not raise religious issues with clients. This is a particularly noteworthy in light of higher percentages, around 90%, of religious or spiritual Americans in Gallup polls (Gallup & Castelli, 1989).

In noting the discrepancy or ambivalence between social workers' behaviors with spiritual integration, this researcher inquired "how often" particular spiritual behaviors occurred in therapeutic settings. The findings show that social workers in this sample typically engage in such spiritual integration with 0-10% of clients, particularly for spiritual referrals, recommending spiritual programs and activities (books, forgiveness, and creating ritual), healing touch, exorcism, participating in a ritual with a client, and sharing one's own beliefs with a client. Praying or meditating privately for a client was split, with most social workers' estimating praying or meditating with 0-20% of clients and 15% noting they pray or meditate for 90-100% of their clients. Using spiritual language and clarifying spiritual values with a client appeared to be happening more often, with 10-20% of clients. This percentage is higher most likely because the social workers are following the client's lead, which is more comfortable for the clinician and adhering to Canda and Furman's (1999) ethical guidelines for spiritual integration. Assessing or asking about a client's religion or spiritual was happening most frequently, with at least 80-100% of clients. This percentage is higher because it allows the social worker to determine what is important for a client and follows mandates that this area be explored with clients.

The qualitative findings in the study are similar to the quantitative findings. Participants emphasized the need for a client-centered approach that follows “the client’s lead,” “requests,” “needs,” and “wants” for spiritual integration. The more explicit techniques used, wherein the social worker takes a more active role in initiating or facilitating integration of spiritual issues, the more social workers write cautions and vary in their agreement and use of interventions.

Social workers noted specific times when they would use spiritual integration. Social workers found they would clarify a client’s values, during times of transition (divorce, abortion) and if clients have conflicting values with their family of origin, such as gay, lesbian, bisexual, or transgendered clients. Addiction was also noted as a time when social workers may recommend books or writings, forgiveness, and referral to 12-step programs. Death and bereavement also are important times when a social worker may recommend a client create a spiritual ritual; although this too must be “client led.” These findings coincide with Derezotes and Evans’ (1995) sample in which social workers noted clients bring up the issue about values and religion or spirituality during times of death, tragedy, or transition where a client is searching for meaning.

Often, social workers observed religious or spiritual strengths when working with clients of various ethnicities. This observation is in support of many studies which emphasize the important of such beliefs for ethnic clients such as Native Americans, Orthodox Jews, African Americans, Hindus, Korean and Chinese, Puerto Ricans, and Mexican-Americans (Adksion-Bradley, et al, 2005; Campion, & Bhugra, 1998; Flannelly, et al, 2006; Lee, 2007; Whitbeck, et al, 2002). Often it is important for such groups to be connected to their spiritual community.

Social workers noted not referring to a particular person or program when considering referral and “only if the client requested or needed extra support.” There was a significant difference between referrals to spiritual counselor. Social workers with a strong personal relationship with spirituality or religion make more frequent referrals to spiritual communities. This behavior can be evaluated as both constructive and concerning. It is positive that social workers are careful not to proselytize clients by referring to a particular spiritual or religious program. However, it may be a concern that social workers “do not know” a specific community person to link a client to. Also concerning is social workers without spiritual beliefs or practices may not be attending to needed referrals. This may be an issue of quality of continuing care in which social workers need to have more knowledge about community support services, especially when working with minority clients, who believe spirituality and religion is critical to health.

If a client asks for a more directive approach, some social workers noted they would then pray or meditate with a client, participate in a ritual with a client, or share their own beliefs. Some even noted they would do so, even if they felt uncomfortable. It is important to remember that these interventions are some of the least endorsed as appropriate or used by social workers. Many wrote in the qualitative section the concerns about the possibility of moving outside the boundaries of their role as a social worker, particularly when asked about using more directive behaviors.

It may be a cause for concern or an area of future examination that some social workers may engage in spiritual interventions with a client despite their own level of comfort. As clients ask for more directive approaches to spirituality in treatment, it is



here that ethical dilemmas arise between client self-determination and the social worker's own beliefs or values. Will (2007) wrote about the concerns about social work imposing values that may be in conflict with an individual social worker's rights. The CSWE responded by focusing social work's commitment to diversity and individual social workers. This is an area that needs to be further explored and discussed in how to simultaneously attend to values of diversity, commitment to client's self determination, and social workers personal values.

#### *Guidelines for Spiritual Integration*

In general, social workers appear to be focusing on client-determination and ethical guidelines when working with spiritual integration. Social workers in the study appear to apply Canda and Furman (1999) guidelines in the sacred realm. They advise social workers on options for spiritual activities with clients, ordered from least to most direct and explicit. They advocate that an increasing level of care and caution should be taken as social work practitioners become more explicit and direct in dealing with spirituality or religion in clinical practice, similar to the social work respondents in the study. The list is as follows: from least to most direct: implicitly spiritually sensitive relationship and context, private spiritually based activities by worker (personal prayer or meditation), referral to outside spiritual support systems, collaboration with outside spiritual support systems, direct use of spiritual activities by client's requests, and direct use of spiritual activities by worker's invitation.

Social workers adhered to this model as many noted in the qualitative section how they try to create a relationship/environment where the client feels comfortable bringing in religion or spirituality. Also, some social workers noted using personal prayer or

meditation for themselves in working with clients. Also in using more spiritual activities with clients, again the emphasis in the sample was on following the client's request in this area. The one difference between these guidelines and the current sample is the lack of social workers engaging referral to religious or spiritual counselors and programs. At times, according to these guidelines, it appears social workers may be more likely to directly use spiritual activities at the clients' request, rather than establishing an outside spiritual support for the client. This is an important preliminary speculation that should be measured in future studies.

Related to the guidelines presented by Canda and Furman (1999) are social workers who express concerns about the dangers of clinicians imposing their values or beliefs onto clients and therefore violating client self-determination. An appropriate solution for these concerns that Clark (1994) argues, is for a clear separation between religion/spirituality and social work. However, it appears that from this sample, social workers value and adhere to client self-determination, above all else.

Despite concerns about working with spirituality, overall samples of social workers continue to find it important to "work with clients spiritually," agree that social work "practice with a spiritual component has a better chance to empower clients than one without," and "that spirituality enhances their work with clients" (Derezotes & Evans, 1995; Furman et al, 2005; Rizer & McColley, 1996). Additionally, based on the Gallup polls (Gallup & Castelli, 1989) cited in the literature review, the majority of the population may prefer an orientation to counseling that is sympathetic, or at least sensitive, to a spiritual perspective (Bergin & Jensen, 1990). Thus as Bergin & Jensen (1990) declare, we need to better perceive and respond to this public need. The most

important piece is that these assertions are coming from the client, and not the social worker's own relationship with religion or spirituality.

As Sheridan (2004) noted, the results of her study and the current study suggest both assurance and concern for social work. First, the inclusion of client related variables toward using spiritual integration, affirms the profession's commitment to "starting where the client is" and client self determination. Specifically, Sheridan (2004) and the current study found that practitioner behavior is influenced by what clients bring to the setting. When practitioners observe working with a higher number of clients presenting with religious or spiritual concerns, there is a higher likelihood of using spiritual-based interventions.

If clients present with spirituality and religion as salient, it is appropriate for social workers to address these concerns (Canda & Furman, 1999; Sheridan, 2004). Several participants in the current study wrote how they believe religion and spirituality may hold great relevance for many clients. Furthermore, for clients who are spirituality oriented, participants expressed the belief that if their spirituality is ignored, it may substantially limit what can be accomplished in therapy or "oppress clients by rendering their religion invisible or irrelevant" (Amato Von Hemert, 1994). Furman et al (2005) cite that while clinicians most likely take their lead from their clients on discussing the subject, they can risk communicating disinterest or even opposition to religion and spirituality in their silence. Thus, they advise social workers to create a spiritual perspective with clients. Bergin and Jensen (1990) declare "a 'spiritual humanism' would add a valuable dimension to the therapeutic repertoire if it were more clearly expressed and overtly translated into practiced."

Although Bergin and Jensen's allusion to spiritual humanism presents an idyllic picture, this reference also goes to the crux of the historical separation between social work and religion. The concern for this author, and past researchers, and writers is that one's own personal religion or spirituality will be the guidepost to working with clients. This is particularly a concern as Sheridan (2004) and Stewart, Stewart, Koeske (2006) found that the level of current participation in spiritual or religious services and measures of spirituality predicted attitudes and utilization of religious-based interventions. The current study parallels these concerning findings. Compared with social workers with limited or no involvement with personal spirituality, social workers with a strong current relationship to spirituality had general more positive attitudes and greater use of spiritual interventions.

This finding makes intuitive sense and is consistent with previous findings by Canda and Furman (1999), Shafranske and Maloney (1990), Sheridan (2004). Social workers' sentiments, attitudes, and behaviors regarding interventions of a religious nature are primarily influenced by the clinician's personal view of religion and spirituality for their clients rather than their theoretical orientation.

There is a fear that clinicians, regardless of their own spiritual relationship, are capable of a spiritual bias, which can be as harmful as racism, sexism, heterosexism, classism, etc to some clients (Sermabeikian, 1994). Hodge (2005) expresses another concern that the new emerging material on spirituality may be 'faithblind' just as much early work on different groups was 'colorblind.' He astutely noted that many BSW and MSW social workers seem to be affiliated with liberal or mainstream Protestants. Hodge observed this trend in two large studies by Furman et al (2005) and Sheridan et al (1994)

which examined social work attitudes toward integrating religion and spirituality. This trend continues in more recent studies and in the current study, with the sample of social workers being mainly Protestant and Christian.

Sheridan (2004) wondered if other variables may be at play, such as training, education, or personal beliefs and experiences, which effect social workers' sentiments, attitudes, and behaviors regarding interventions. The current study found that specific training on religion and spirituality had a significant impact on the attitude scale score of appropriateness of spiritual interventions. Also, as the number of trainings for social workers increased the score on the appropriateness of spiritual interventions increases as well. Future studies should consider if a social worker's own spirituality is a moderating variable that may encourage them to seek such training.

Sheridan (2004) also noted that personal beliefs and experiences arguably do not provide the professional foundation for ethical and competent practice. Sheridan et al (1992) states the first implication is to "know thyself" in religious or spiritual orientation. This requires an ongoing openness and reflection on one's personal beliefs, values, and attitudes concerning the religious or spiritual dimension of human existence, due to it being a variable that comes up in work with clients. In conclusion, we need to continue to examine the interactive effects of personal and professional variables as they relate to spiritual integration.

#### *Implications for Field / Future Research*

This study and similar studies in the field highlight the growing interest in how spirituality and religion might relate to clinical practice, particularly in bridging the gap

between secular social work and the sacred realm. While the interest is growing, there continues to be caution on the role of the social worker.

Some particularly new findings and speculations emerged from this study which highlight the confusion social workers may have on their role. The author observed a growing percentage of social workers engaging in more directive behaviors, while a smaller percentage used spiritual referrals. This is a concerning finding that could strongly benefit from future exploration. Additionally, social workers in the current study noted engaging in behaviors with clients “at their request,” even if they felt uncomfortable. Social workers in the current study appeared to identify with more than one affiliation in their lifetime. Future research could investigate if this is a trend, and if this has an impact on spiritual integration. If these are trends for managing the sacred realm, it becomes particularly important for increased spiritual trainings and attention given to the role of the social worker in addressing spirituality.

Shaping a place for spirituality in practice involves much complexity, and there a multitude of opinions on how this should be achieved. This aim should continue beyond schools of social work. It is important that schools increase exposure to spiritual materials for students. Trainings on the topic have been shown to increase social workers’ attitudes toward addressing spirituality. Understanding what clinicians need to be able to address such issues in practice is important for clinicians and clients. It is important for social workers to be adequately prepared to recognize and work with clients who bring spiritual issues into therapy, so that clients’ concerns remain visible and relevant.

Most importantly, future research needs to be conducted on a more diverse sample of social workers, including age, ethnicity, religion, gender, and geographic areas in the country. It is beneficial for the field to acquire knowledge and understanding on how social workers from different religions or ethnicities view and incorporate spiritual behaviors in their practices with clients. As studies of more diverse samples are published, we will better understand social workers attitudes, behaviors, and frequency, as well as possible predicting variables that influence these behaviors. Until then, the current study provides some evidence that issue of spiritual and religious practice is important for middle aged female Caucasian Western respondents.

Ai (2002) explores how research should continue to address spiritual aspects, particularly with a diverse sample:

Integrating spirituality into professional education is both timely and critical. Within an increasingly diverse society, this change will facilitate students' and practitioners' understanding of the link between the physical reality and the spirituality of clients within which many health and mental health issues are rooted.

The diverse sample should include not only various social workers, but also clients' perspectives, to determine the potential impact on their physical and mental health. Most studies on this topic focus on the therapists' perspective rather than the clients. Increased information and understanding of clients' experiences would be beneficial in exploring their experiences with spiritual issues in therapeutic contexts. There is a scarcity of studies that address the effectiveness or benefits clients may receive in their physical or mental health from the 15 specific interventions studied. Furthermore, there is virtually no research that explores a clinical sample of clients engaged in therapeutic services that utilize spiritual interventions. Both clients'

perspectives on spiritual integration and the effectiveness of religious-based interventions will be beneficial to the area of religion and therapy.

Research and discussion on the intersection of physical and mental health and religiosity/spirituality need to continue to advance. If this connection is continually supported, spiritual practices in social services may increase. Social work educators, researchers, and practitioners have a role to voice their opinions on such practices, with particular emphasis on social justice and diversity. As one participant eloquently wrote “the field needs to allow more discussion, practice, and incorporation of spiritual issues into practice for clients who desire it.” Hopefully, the observations and findings determined from this study will help stimulate much needed further research and discussion on social workers’ attitudes and practices in spiritual integration.



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## Appendix A

### Human Subjects Letter of Approval

November 15, 2007

Meghan Dwyer

Dear Meghan,

Your amended Human Subjects Review materials have been reviewed. You have done an excellent job with their revision and all is now in order. We are, therefore, happy to give final approval to your study. You did a very good job of laying out the questionnaire which is now very easy to follow. You have also clearly settled the anonymity question. We have one remaining question. Under **Characteristics**, you say you want to have a diverse sample in terms of parts of the country but 3000 of your potential candidates are in Colorado. Are you hoping you get this through your snowball recruitment?

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting project.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Carolyn Jacobs, Research Advisor

## Appendix B

### Email Recruitment Letter

Dear Colleague,

I am asking you to participate in a useful study to explore social workers' attitudes and behaviors in addressing spirituality and religion with clients in individual therapy. The benefits of your participation include exploring your beliefs on religion and spirituality, and how you think about and behave towards clients' possible religious and spiritual issues. Participation in this study is voluntary and anonymous and will involve completing a questionnaire online, which I anticipate will take about fifteen minutes of your time. In order to participate in this study, you must have a master's degree in social work, have conducted individual therapy within the last three years, and can read English. To participate, please click on the link below, which will take you to the informed consent, and to the survey. If you have any colleagues who meet the research criteria that you think would be interested in this study, please forward this email to them. I appreciate your time and consideration in possibly completing and forwarding the survey.

[https://www.surveymonkey.com/s.aspx?sm=HUy2te3IJzx7GHJMaXasYg\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=HUy2te3IJzx7GHJMaXasYg_3d_3d)

Thank You,

Meghan Dwyer, B.A.

## Appendix C

### Informed Consent Form (on surveymonkey)

Dear colleague,

I am asking you to participate in a useful study to explore social workers' attitudes and behaviors in addressing spirituality and religion with clients in individual therapy. My hope, in collecting the data and writing this thesis, is to gather an accurate reflection of what is occurring in the therapy room around religious and spiritual issues.

The benefits of your participation include exploring your beliefs on religion and spirituality, and how you think about and behave towards clients' possible religious and spiritual issues. The results may contribute to the growing knowledge about the role of religion and spirituality in social work and may be submitted for publication. This study is my master's thesis I am completing through Smith College School for Social Work.

If you have a master's degree in social work, have conducted individual therapy within the last three years, and can read English, you can be a participant. I anticipate the survey will take approximately twenty minutes but you can take as long as you need.

Participation in this study is voluntary and anonymous. You may choose to omit any question or withdraw from the study by declining to submit your responses at the end of completing the questionnaire. Smith faculty and staff advisors to this study will have access to the data. In any publications or presentations, the data will be presented as a whole. As required by Federal guidelines, all data will be kept in a secure location for a period of three years, and then they will be destroyed.

If you have any questions or concerns about this study, you are welcome and encouraged to contact me, Meghan Dwyer, via email at [mdwyer@email.smith.edu](mailto:mdwyer@email.smith.edu), or by calling me at (xxx) xxx-xxxx. If you have any additional questions, you are also welcome to contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

**BY SUBMITTING THIS SURVEY, YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY. THANK YOU.**

Yes, I agree to participate, take me to the survey.

No, I do not consent and wish to leave the survey now.



## Appendix D

### Demographic Questions

Before the demographic questions on SurveyMonkey and after the Informed Consent page, the following was written:

For the purposes of this study, spirituality is defined as “the search for meaning or purpose in one’s life that may or may not involve expressions within a formal religious institution.” Religion is defined as “a systematic body of beliefs and practices related to spiritual search.” Please note that spirituality is more broadly defined than religion in this study.

1. Please identify your gender. Choices: male, female, transsexual/other.
2. Please indicate your age. (open-ended)
3. Please identify your ethnicity. Choices: African, African American, Latino/Hispanic, Asian/Pacific Islander, Chinese, East Indian, Pakistani, Caribbean, Native American/Alaskan Native, Caucasian, Biracial/Multiracial, European (other), Other (Please specify, open-ended).
4. Please identify the number of years you have worked as a social worker (with your MSW degree).
5. Please identify the main emphasis in your graduate training as a social worker. Choices: Systems, Cognitive Behavioral, Psychodynamic, Other (Please specify, open ended).
6. Please identify your primary work setting. Choices: Community Mental Health Center, Education setting, Hospital, Justice agency, Private practice, Substance abuse agency, Other (Please specify, open-ended).
7. Please identify your social work training around religion and spirituality, if applicable. You may choose more than one. Choices: Took course in graduate school on religion, Took course in graduate school on spirituality, Took course in graduate school (MSW) on religion and spirituality, Took course in graduate school (other program) on religion and spirituality, Idea of religion and spirituality was weaved into courses in graduate school, had significant coursework on religion and spirituality at graduate level, have attended a profession training (for CEUs), Have talked about in supervision/with colleagues, Have read about the topic, none.
8. In the past did you identify with a particular religious affiliation or spiritual orientation? Choices: yes, no (please go to question 10), other (please specify-open ended).

9. If yes, please describe your past relationship to organized religion or spiritual support group. (You may choose more than one if your past relationship changed over time). Choices: active participant; high level of involvement; regular participant, some involvement; identification with religious/spiritual support, limited or no involvement; no identification, no involvement; disdain and negative reaction to religion or spiritual tradition.

10. Currently, do you have a religious affiliation or spiritual orientation? Choices: yes, no (please go to question 12), other (please specify, open ended).

11. If yes, please describe your current relationship to organized religion or spiritual support group. Choices: active participant; high level of involvement; regular participant, some involvement; identification with religious/spiritual support, limited or no involvement; no identification, no involvement; disdain and negative reaction to religion or spiritual tradition.

12. Please choose the religion(s) or spirituality (ies) you may have identified with or currently identify with. You may choose more than one. Choices: Agnosticism, Atheism, Buddhism, Christian Catholic, Christian non-denominational, Christian Protestant, Christian unspecified, Eastern Orthodox, Existentialism, Goddess Religion, Hinduism, Jewish Reform, Jewish Orthodox, Jewish Liberal, Jewish Conservative, Jewish unspecified, Latter Day Saints, Mormon, Muslim, Quaker, Spiritism/Shamanism, Traditional Native American, Unitarian, Wicca, other (please specify, open ended).

## Appendix E

### Survey Instrument

1. Please choose the extent to which you agree or disagree with the appropriateness of the following activities in individual therapy. Choices: Strongly Agree, Agree, Disagree, Strongly Disagree, Undecided.
  - A. Gathering information on the client's religious or spiritual background
  - B. Using or recommending religious or spiritual books or writings
  - C. Praying privately for a client
  - D. Praying or meditating with a client
  - E. Using religious or spiritual language or concepts with a client
  - F. Helping clients clarify their religious or spiritual values
  - G. Recommending participation in a religious or spiritual program
  - H. Referring clients to a religious or spiritual counselor
  - I. Referring clients to 12-step programs
  - J. Recommending religious or spiritual forgiveness, amends, or peace
  - K. Performing exorcism (expelling evil spirits)
  - L. Touching clients for healing purposes
  - M. Helping clients develop a spiritual ritual as a clinical intervention (house blessing, visiting graves of relatives)
  - N. Participating in client's rituals as a clinical intervention
  - O. Sharing your own religious or spiritual beliefs or views
  
2. Have you ever gathered information on the client's religious or spiritual background? Choices: yes, no.
  - A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
  - B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.
  
3. Have you ever used or recommended religious or spiritual books or writings? Choices: yes, no.
  - A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
  - B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

4. Have you ever prayed privately for a client? Choices: yes, no.
- A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
- B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.
5. Have you ever prayed or meditated with a client? Choices: yes, no.
- A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
- B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.
6. Have you ever used religious or spiritual language or concepts with a client? Choices: yes, no.
- A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
- B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.
7. Have you ever helped clients clarify their religious or spiritual values? Choices, yes, no.
- A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
- B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.
8. Have you ever recommended participation in a religious or spiritual program? Choices: yes, no.
- A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.
- B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

9. Have you ever referred clients to a religious or spiritual counselor?  
Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

10. Have you ever referred clients to 12-step programs? Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

11. Have you ever recommended religious or spiritual forgiveness, amends, or peace? Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

12. Have you ever performed exorcism (expelling evil spirits) Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

13. Have you ever touched clients for healing purposes? Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

14. Have you ever helped clients develop a spiritual ritual as a clinical intervention (house blessing, visiting graves of relatives)? Choices: yes, no

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

15. Have you ever participated in client's rituals as a clinical intervention? Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

16. Have you ever shared your own religious or spiritual beliefs or views? Choices: yes, no.

A. If yes, with what percent of clients? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

B. (Optional) Please feel free to comment on the conditions in which you would or would not do this behavior.

17. In general, what percent of clients do you see bring religious or spiritual issues into therapy? Choices: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%.

18. Please feel free to use this space to comment on your thoughts about the issue of religion and spirituality in practice.

