SPIRITUAL DIVERSITY IN COUPLE AND FAMILY THERAPY TRAINING: STUDENT

PERSPECTIVES

A Thesis
Submitted to the Graduate Faculty
of the
North Dakota State University
of Agriculture and Applied Science

By

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In Partial Fulfillment
For the Degree of
MASTER OF SCIENCE

Major Department:
Human Development and Family Science
Option: Couple and Family Therapy

October 2012

Fargo, North Dakota

North Dakota State University

Graduate School

Title

Spiritual diversity in couple and family therapy training: Student perspectives

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The Supervisory Committee certifies that this *disquisition* complies with North Dakota State University's regulations and meets the accepted standards for the degree of

MASTER OF SCIENCE

SUPERVISORY COMMITTEE:

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ABSTRACT

The current study assessed couple and family therapy (CFT) students' levels of self-reported competence working with clients from non-Christian spiritual traditions, levels of content that students reported receiving related to preparing them to work with Christian and non-Christian clients, and perceptions of the training students received on working with clients of diverse spiritual faith traditions. Participants were CFT students from accredited Master's and doctoral programs of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Results indicated that there were significant differences in the content students reported receiving regarding working with clients of Christian faith traditions compared to clients of non-Christian faith traditions. Students received more content on Christian faith traditions than non-Christian faith traditions; however, both mean scores were low. Qualitative analyses revealed several themes regarding the specific content that students were taught about working with clients of non-Christian faith traditions. Recommendations for clinical training are provided.

ACKNOWLEDGEMENTS

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CHAPTER ONE. INTRODUCTION

Spirituality and religion have proven to be an important part of people's lives. Gallup (2008) found that 93% of people in the United States believe in God or a "universal spirit" and 65% believe faith is an important aspect of their lives. Several studies have demonstrated that a person's spiritual beliefs and practices can positively influence the person's biological, psychological, and emotional health (Anthony, 1993; Giblin, 1996; Koenig, Meador, Blazer, & Dyck, 1994). Additionally, researchers have found that spirituality can be useful for clients in helping them find meaning in challenging life situations (Grams, Carlson, & McGeorge, 2007; Stander, Piercy, McKinnon, & Helmeke, 1994). Because of the important role spirituality plays in many clients' lives, it has become increasingly important for couple and family therapists (CFTs) to address spirituality in therapy when working with clients (Bergin, 1991; Carlson, Kirkpatrick, Hecker, & Kilmer, 2002; Haug, 1998a; Walsh, 2009a; Wolin, et al., 2009).

While scholars have begun to acknowledge the important role that spirituality and religion play in therapy, the focus of this literature has been almost exclusively focused on Christian faith traditions (Walsh, 2009a). For example, the majority of the literature on this topic uses the terms spirituality and religion in a general manner without specifically identifying the type of spirituality and religion to which they are referring. However, Schlosser (2003) argues that since Christianity is the predominant religion in the United States and is so engrained in American culture, therapists may unknowingly make assumptions about their clients' religious and/or spiritual background. While unintentional, this had led to the invisibility of the realities and needs of people from diverse, non-Christian faith traditions in the CFT literature (Schlosser, 2003; Walsh 2009a).

While Christianity is still the predominant religion in the United States, the picture of religion in this country is far from one-dimensional. Currently, there are more than 700 non-Christian groups (e.g., Buddhists, Hindus, Jews, and Muslims) in the United States (Richards & Bergin, 2000). Because of the diversity of spiritual traditions in the United States, mental health professionals can anticipate working with clients from diverse spiritual backgrounds throughout their careers (Richards & Bergin, 2000). However, currently there is very little written in the CFT literature about preparing a therapist to work with clients from diverse spiritual traditions. Therefore, the purpose of the current study is to explore the extent to which students are being educated on working with clients from diverse non-Christian spiritual traditions and the specific skills that students are being taught to work with these populations in therapy.

CHAPTER TWO. LITERATURE REVIEW

Currently, the CFT literature mainly focuses on defining religion and spirituality, the importance of addressing spirituality in therapy, ways clinicians address spirituality in therapy, ethical concerns for addressing spirituality in therapy, and the importance of training students to be prepared to address spirituality in therapy. The following literature review will address the research findings in these areas. Additionally, the limited research regarding how clinicians address spirituality with clients of diverse spiritual traditions will be discussed.

Definitions

There are various definitions for religion and spirituality throughout the CFT literature. Many articles use the term spirituality, others use the term religion, and yet others use the terms interchangeably (Becvar, 1997; Carlson et al., 2002; Prest & Keller, 1993). Walsh (2009b) defines spirituality as "an overarching construct, refers to a dimension of human experience involving personal transcendent beliefs and practices, within or outside of formal religion, through family and cultural heritage, and in connection with nature and humanity" (p. 5). Additionally, Walsh (2009b) defines religion as "an organized belief system that includes shared, institutionalized, moral values, practices, involvement in a faith community, and, for most, belief in God or a Higher Power" (p. 5). While, Wolf and Stevens (2001) argue that religion and spirituality are different constructs and explain that that the two items should be separate, others argue that it is impossible to separate one's spirituality from their religion (Carlson et al., 2002). For this study, the terms religion and spirituality will be used interchangeably in an effort to be inclusive to all people who identify themselves as spiritual but may or may not belong to a specific religious group. The term faith will also be used interchangeably with the terms religion

and spirituality to be inclusive of clients who might simply have faith in something although not a specific religious or spiritual tradition.

Importance of Religion and Spirituality in Clients' Lives and Therapy

The majority of people in the United States identify as religious or spiritual (93%) and people living in the U.S. are among the most religious people in the world (Walsh, 2009b). For example, 92% of Americans say they believe in God and 81% reported that religion is either "very" or "fairly" important in their lives (Gallup, 2011). Religious and spiritual beliefs can be powerful resources in clients' lives (Anderson, 1997; Aponte, 2002; Walsh, 2009a). For example, Walsh (2009a) states that clients who consider religion and spirituality important in their lives, experience reassurance from their spirituality and are much more likely to feel a close connection to their families, feel more fulfilled in their jobs, and feel more optimistic about the future.

Clients also want to work with therapists who are respectful of their spiritual or religious beliefs and want to have their religious and spiritual beliefs included in therapy (Gallup, 1993; Joanides et al., 2000). For example, in Joanides et al. (2000) study about clients' beliefs about the importance of therapists including their religious and spiritual concerns in therapy, found that all of the participants felt this inclusion was essential and 100% of them stated they wanted to see a therapist who would include their religious and spiritual beliefs in therapy and be respectful of those beliefs. Additionally, Erickson, Hecker, Kirkpatrick, Killmer, and James (2002) found that 59% of clients in their study reported that they "felt it was necessary for my religious (spiritual) beliefs to be addressed in the therapy process" (p. 115). However, while it appears that clients want spirituality to be included in therapy, Lindgren and Coursey (1995) found that only 50% of clients who wanted to talk about their spiritual or religious beliefs in therapy felt

comfortable raising the topic with their therapists. Lindgren and Coursey (1995) also found that many of the clients in their study did not feel comfortable talking about their spiritual beliefs because they were afraid their beliefs might be misunderstood by the therapist; especially if the therapist was part of a different spiritual tradition.

Along with most Americans, CFTs also consider spirituality to be important in their personal lives as well as their professional work (Becvar, 1997; Carlson, et al., 2002; Haug, 1998; Moules, 2000). Several studies highlight the importance that spirituality and religion play in the lives of CFTs (Carlson et al., 2002; Grams, et al., 2001; Prest et al., 1999). For example, Carlson and colleagues (2002) found that 95% of the American Association of Marriage and Family Therapy (AAMFT) clinical members in their study identified themselves as spiritual persons, 82% reported spending time connecting with their spirituality, and 71% reported they prayed regularly. Additionally, Prest et al. (1999) found that all of the CFT students in their study identified themselves as spiritual, and 76.5% agreed that their spiritual beliefs were guiding factors in their decisions to become family therapists. Similarly, Grams et al. (2007) found that a majority of CFT faculty members also believe that spirituality is an important part of their personal and professional lives.

Research also supports that CFTs believe that it is important to address spiritual issues in therapy (Carlson et al., 2002; Grams, et al., 2010; Prest et al., 1999). For example, Carlson et al. (2002) found that 96% of the CFTs in their study believed that there is a relationship between mental health and one's spiritual health, 62% of the CFTs agreed that every person has a spiritual aspect that should be considered in their clinical work, and 50% believed that clinicians must talk to their clients about spiritual issues in order to be helpful to their clients. Similar findings were reported in Prest et al. (1999) study. Prest et al., (1999) found that 75% of the CFT students

agreed or strongly agreed that every person has a spiritual dimension that should be considered in therapy and 86.3% believe that it is necessary for clinicians to address client's spirituality in order to truly be helpful to their clients. Furthermore, research supports that CFTs want to learn more about how to address spirituality in therapy. Thus, Prest et al. (1999) also found that approximately 73% of the students believed that clinicians wanted to receive supervision and training addressing spirituality and 52.9% believed graduate programs should have this type of training as part of the curriculum.

Therapists' Lack of Training

While CFTs feel that it is important to address spiritual topics in therapy, it is important to note that they also report an overall lack of training regarding integrating spirituality into therapy (Carlson et al., 2002; Carlson, McGeorge, & Anderson, 2010; Prest et al., 1999). For example, Carlson et al. (2002) found that 76% of the CFTs in their sample reported that their training did not emphasize spirituality even though 60% of the participants felt that CFTs should receive training and supervision regarding spiritual issues. CFT students also reported a lack of training in addressing spiritual issues in therapy (Prest et al., 1999). Ninety-two percent of the CFT students in the Prest et al. (1999) study reported that their training was lacking in these areas and that they had not received adequate training in how to integrate spirituality and religion into their practice. Although most CFT students feel spirituality is very important in their personal lives, their work with clients, and their training, CFT students felt unprepared to integrate spirituality into their practices due to lack of training.

Importance of Preparing CFT Students to Address Spiritual Topics in Therapy

The importance of preparing students to address spirituality in therapy has been recognized by CFT scholars and the COAMFTE (Carlson et al., 2002; Carlson et al., 2010;

COAMFTE, 2005; Grams et al., 2007; Haug, 1998; Prest et al., 1999; Stander et al., 1994). For

example, the COAMFTE standards version 11.0 state that "The Commission also seeks to

enhance the diversity of our programs in terms of age, culture, ethnicity, gender, physical ability,

religion, sexual orientation, and socio-economic status, without disregarding the rights of

religiously affiliated institutions and institutions outside of the United States" (COAMFTE,

2005, italics added). Additionally, the COAMFTE Marriage and Family Therapy Educational

Guidelines states that " Programs are expected to infuse their curriculum with content that

addresses issues related to diversity, power and privilege as they relate to age, culture,

environment, ethnicity, gender, health/ability, nationality, race, *religion,* sexual orientation,

spirituality, and socioeconomic status" (COAMFTE, 2005, italics added). While not clearly

stated, it would appear that these guidelines would encourage programs to teach students about

working with clients from diverse faith traditions given that the notion of spirituality and religion

are included in a statement specifically related to diversity.

Additionally, several scholars have argued that training programs need to better prepare

students to work with issues of spirituality and religion in therapy (Carlson et al., 2002; Grams,

et al., 2008; Haug, 1998; Patterson, Hayworth, Turner, & Raskin, 2000; Prest et al., 1999;

Stander et al., 1994). For example, Prest et al., (1999) found that most CFT students believe it is

important to discuss spirituality with clients, and most students think about spiritual and religious

issues and create interventions using spiritual tools; however, the majority (92.2%) of the CFT

graduate students in this study had not received training in how to address religious issues in

their clinical work and most students seemed unsure of whether or not they had the clinical skills

to help clients with religious or spiritual issues.

Suggestions for Training Students to Address Spirituality in Therapy

To address CFT students' training needs, scholars have offered suggestions for faculty to help prepare CFT students for addressing spiritual or religious issues in therapy (Haug, 1998; Roberts, 2009; Stander et al., 1994). Some scholars have suggested that discussions about spirituality be infused throughout the curriculums and addressed in courses such as ethics, diversity, gender and basic therapy skills (Carlson et al., 2002; Haug, 1998; Helmeke & Bischof, 2007; Stander et al., 1994), while others proposed a specific course on religious or spiritual issues be offered to help students gain competence in addressing spiritual issues with clients (Patterson et al., 2000). The major themes in the CFT literature for preparing students to address spirituality in their clinical work include helping students explore their own beliefs about spirituality, integrating spirituality throughout CFT curriculums particularly in courses that address ethics and/or diversity, and teaching students about major world religions and spiritual traditions.

Exploring Personal Spiritual and Religious Beliefs

One of the primary suggestions in the literature has to do with the importance of therapists exploring their own personal spiritual and religious beliefs (Carlson et al., 2002; Haug, 1998; Roberts, 2009; Stander et al., 1994; Walsh, 2009b). For example, Roberts (2009) proposed a model which included six experiential exercises designed to encourage students to examine their spiritual beliefs. Students were asked to reflect on their own spiritual upbringing through the use of open-ended questions, family rituals, spiritual genograms and role plays to practice discussing spiritual issues (Roberts, 2009). Additionally, Haug (1998) proposed a three-stage model that students and faculty should use to help them prepare to address spiritual and religious issues in their work with clients. This model includes (1) exploring and becoming more aware of

their own beliefs about religion and spirituality, (2) encouraging students and faculty to create "spiritual genograms" to help them identify spiritual traditions throughout their family's histories and (3) discussing spirituality or religious issues that arise in the clinical setting in supervision. The goal of both of these models is to help CFT students become more comfortable with their own spirituality and be more comfortable talking to their clients about spiritual issues.

Addressing Spirituality throughout the Curriculum

Another recommendation for CFT training is for faculty to address spiritual issues throughout the curriculum such as during an ethics course (Haug, 1998; Helmeke & Bischof, 2007; Stander et al., 1994) and/or diversity class or basic therapy skills class (Helmeke & Bischof, 2007; Stander et al., 1994). For example, Haug (1998) proposes that religion and spirituality be examined in the context of an ethics framework and cautions clinicians about the ethical issues that arise when addressing religious or spiritual issues in therapy. Scholars state that therapists need to be mindful of the power they hold in the room when discussing spiritual issues with clients (Carlson et al., 2002; Haug, 1998; Helmeke & Bischof, 2002; Walsh, 2009a). Haug (1998) argues that the self-awareness process is a necessary step to help the therapist perform ethically informed therapy so the therapist's beliefs and values do not negatively influence the client. Stander et al. (1994) agree that religious issues should be discussed within an ethics course because they see religion as a "primary source of virtues" that helps guide client's decisions. Stander et al. (1994) suggest that because spirituality and religious issues are sensitive subjects for most clients and clinicians, the integration would allow students to discuss spiritual or religious issues and consider ethical issues that students may be faced with when addressing spirituality and religion in therapy.

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Scholars also argue that spirituality and religion are relevant in therapy since both are considered to be part of a client's cultural identity (Prest & Keller, 1993; Rivett & Street, 2001; Stander et al., 1994; Walsh, 2009b). For example, Walsh (2009b) states that "Spirituality is not simply a special topic. Rather like culture and ethnicity, it involves streams of experience that flow through all aspects of our lives, from family heritage to personal belief systems, rituals and practices, and shared faith communities" (p. 3). Additionally, Stander et al. (1994) proposed that CFT students be trained to be "religiously sensitive therapists" (p. 31) and that spirituality and religion be addressed in classes that address gender and cultural diversity. They argue that a client's religion and spirituality are a part of the client's culture and that both help clients make meaning of their experiences and help client's connect to others in meaningful ways. Scholars propose that readings about specific spiritual/religious groups be added to the required readings of the course as a way of integrating religion and spirituality into diversity courses (1994). They also suggest interviewing an individual of a different spiritual tradition to teach students to engage in respectful conversations and encourage students to ask questions about the positive and negative aspects of the client's religion and spirituality to help students feel more comfortable discussing spiritual issues with clients in therapy.

Providing General Knowledge about Major Spiritual Traditions

Several scholars have suggested CFT faculty also need to teach students about major world religions and spiritual traditions (Haug, 1998; Patterson et al., 2000; Prest & Keller, 1993; Stander et al., 1994). For example, Haug (1998) argues that therapists need to be knowledgeable about the major tenets of spiritual traditions and aware of the practices and language systems used by the different spiritual traditions. Although most scholars argue this general knowledge is helpful, they also caution clinicians to keep in mind the diversity that exists among clients of

similar faith traditions (Keeling, Dolbin-Macnab, Ford, & Perkins, 2010; Stander et al., 1994; Walsh, 2009a). Keeling et al. (2010) argues that such general knowledge is only a starting point and should not replace the clinician's learning about the clients' individual beliefs and practices. Keeling et al. (2010) states that "by approaching each client's spirituality as uniquely personal, therapists can check their assumptions and appreciate the distinctive complexity that each client presents" (p. 240). Although these may be appropriate strategies and suggestions for preparing students to address spirituality in therapy, it is unclear which spiritual traditions students are learning about how students are trained to work with clients of diverse spiritual traditions.

Spirituality and Diverse Spiritual Traditions

While the literature highlights the need for therapists to address spirituality and religion in therapy, it seems that this literature is focused primarily on helping therapists work with clients from majority Christian faith traditions (Walsh, 2009a). For example, the majority of the literature on this topic uses the terms spirituality and religion in a general manner without specifically identifying the type of spirituality and/or religion (e.g., Christianity) to which they are referring. However, the majority of the examples and suggestions included in this literature clearly represent ideas and practices that would be primarily suited to preparing students to work with Christian clients as evidenced by the language used when referring to religion and spirituality (Limb & Hodge, 2009; Schlosser, 2003; Walsh, 2009a). For example, Limb and Hodge (2009) identified the presence of Christian bias in the language that is used when referring to religious and spiritual concepts (e.g., church, God, denomination). Given that spirituality is often associated with a person's culture, the lack of existing literature on working with clients from diverse faith traditions is problematic.

Although the majority of Americans identify as Christian, the number of Americans from non-Christian faith traditions is steadily increasing (Gallup, Inc., 2009). In 2009, 32% of Americans identified as non-Christian compared to only 9% in the first Gallup poll in 1948. Because of the increasing numbers of non-Christian clients, scholars have argued that it is necessary for therapists to be prepared to work with clients of non-Christian faith traditions (Daneshpour, 1998; Fishbane, 2009; Hodge, 2004; McGoldrick, Giordiano, & Garcia-Preto 2005; Schlossberger & Hecker, 1998; Walsh, 2009b; Wolin, et al., 2009); yet the CFT literature on this topic is very limited. However, there are some articles in the CFT literature that provide recommendations for therapists about working with specific non-Christian faith traditions such as Muslim, Jewish, Buddhist, and Hindu clients.

Islamic Faith Tradition

A few scholars have stressed the importance of preparing therapists to work with Muslim clients (Daneshpour, 1998; Hodge, 2005; Mahmoud, 1996; Springer, Abbott, & Reisbig, 2009). For example, Daneshpour (1998) argued that Muslim families favor more connectedness, more hierarchical family structure and less direct communication styles when compared to the individually focused, more flexible family structures, and more direct communication styles of Anglo-American culture. So when working with Muslim clients, according to Daneshpour (1998) the Anglo-American therapist should avoid encouraging family members to be direct and state their wishes and expectations to other family members and instead should encourage family members to be more sensitive to other family members' expectations and wishes in a respectful manner. Daneshpour also argued that Muslim clients often feel very uncomfortable working with a therapist who is unfamiliar with or has a negative view of the Muslim worldview. Therefore,

Daneshpour (1998) explains it is essential that therapists have an open and affirming view of Muslim beliefs and culture when working with this population.

Hindu Faith Tradition

Little is written in the CFT literature related to working with clients of Hindu faith tradition (Almeida, 1996; Hodge, 2004); however, Hodge (2004) provided suggestions for social workers in working with clients of the Hindu faith tradition which are applicable to other mental health practitioners, including CFTs. Hodge (2004) believes it is important for clinicians to know about Hindu culture, in particular, they need to know about the sacred order of the universe known as the dharma. Additionally, Hodge (2004) argues that therapists need to be aware of the differences in values between Hindu culture and the dominant Western culture. For example, Hodge explains that Hindu society values of community, interdependence, and divinity take precedence over the Western values of individualism, autonomy, materialism and secularism; which is based on the belief that well-being is achieved through interconnectedness with others. Additionally, Hodge (2004) argues that when working with clients from Hindu faith traditions therapists need to avoid imposing Western values that prioritize independence over interconnectedness as this focus might overlook how interconnectedness could be an invaluable resource in therapy.

Buddhist Faith Tradition

There are few articles that focus on helping therapists to work with clients of Buddhist spiritual traditions. However, the majority of this literature is not directed primarily toward working with clients from Buddhist faith traditions, rather it is focused on how the Buddhist concept of mindfulness can be used in therapy (Gale, 2009; Gambrel & Keeling, 2010; Gehart & McCollum, 2007; Gehart & Pare, 2008). Scholars have defined mindfulness in two parts: "self-

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regulation of attention" and "an orientation that is characterized by curiosity, openness, and acceptance" (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody et al., 2004, p. 232). Researchers have studied the positive effects of using mindfulness such as increased connection, increased life satisfaction, and positive affect as well as how these practices have been helpful in the treatment of anxiety, borderline personality disorder, depression, chronic pain, and addiction (Gambrel & Keeling, 2010). Additionally, researchers provided suggestions on how to help clients use such practices in their lives to enhance communication, emotional regulation, empathy and relationship well-being (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007; Gambrel & Keeling, 2010). However, suggestions for how to best work with clients who identify with Buddhist faith traditions are not addressed in the majority of the literature on this topic.

Jewish Faith Tradition

While still limited, there appears to be more writings in the literature on working with Jewish families compared to other non-Christian traditions (Fishbane, 2009; Krieger, 2010; Ribner & Rosenbaum, 2005; Rosen & Weltman, 1996; Schlossberger & Hecker, 2000; Schlosser, 2006; Wiselberg, 1992; Zuk, 1978). For example, in his writings about working with Jewish clients, Zuk (1978) argued that one of the greatest weaknesses in the family therapy field is a lack of methodology on how to work with ethnic, religious, and racial differences in families. He goes on to say that therapists need to be knowledgeable about the cultural context of Jewish families in order to avoid misinterpreting what are considered normal family dynamics of Jewish culture. Another important issue identified in the literature when working with Jewish clients is the importance of family and community ties as it relates to a person's identity

(Fishbane, 2009). This is especially important given the primacy, in the dominant American culture, which is placed on concepts such as individuality and self-reliance (Fishbane, 2009).

While it is important to have an overview of each of these spiritual traditions in the literature, scholars also encourage therapists to avoid making assumptions and explore the unique belief systems of each client and explore how each client practices his/her faith (Daneshpour, 1998; Hodge, 2004; Walsh, 2009b). Another caution for clinicians is to be mindful of the ways that the values of the dominant Christian religious culture influence how they make sense of spiritual and religious issues when working with clients. For example, Walsh (2009b) states, "In a predominantly Christian nation of European origins, we must be cautious not to superimpose the template of Western European values on other belief systems and practices that may not be understood in Christian terms" (p. 12). Therefore, it is important for CFT students to be better prepared to work with clients of non-Christian faith traditions.

Research Questions

Based on the literature review, the research questions for this study are as follows: (1) To what extent are CFT students being taught about working with non-Christian faith traditions?; (2) Is there a significant difference between what students are being taught about working with clients from Christian compared to non-Christian faith traditions?; (3) Is there a significant difference between the level of comfort that CFT students report when working with clients from Christian and non-Christian faith traditions? and (4) What specifically are CFT students being taught about working with clients from non-Christian faith traditions in their training programs?

CHAPTER THREE. METHODS

Participant Recruitment and Sample Description

This study relied on secondary data from an existing data set of master's and doctoral students from COAMFTE accredited CFT programs. Participants were recruited via emails sent to each of the program directors of the 87 CFT programs accredited by COAMFTE requesting them to forward the invitation to students in their programs. Additionally, the email invitation was also sent to the NCFR Family Therapy Section listserv as well as to state AAMFT associations. A reminder email was sent out two weeks after the original invitation. Moreover, the invitation was posted to the AAMFT community page and state AAMFT Facebook pages. A total of 341 students participated in the original study. For the present study, two different samples were used. The original sample of 341 participants was used for analyzing the quantitative data while a sub-sample of 266 participants who responded to the qualitative question used for this study. The first sample was comprised of the 341 participants from the original study. These participants' responses were used for the quantitative research questions including research questions one through three. For this sample, the participants ranged in age from 21 to 70 with a mean age of 32.26 (SD = 9.76) years. The majority of participants were White (n = 272; 79.8%), female (79.5%), and heterosexual (85.9%). Most of the participants reported that they were Master's level students (70.1%), while 25.5% were doctoral students. Additionally, the majority of participants (72.7%) attended a non-religious institution, while 23.8% attended a private religious institution. See Table A1 for complete demographic characteristics.

The second sample was comprised of the participants that responded to the qualitative survey question. Of the 341 participants that completed the overall survey, 266 completed the

open ended question used for this portion of the study. The participants ranged in age from 21 to 70 with a mean age of 32.55 (SD = 9.98) years. Most of the participants were White (n = 216; 81.2%), female (81.2%), and heterosexual (85.7%). The majority of the participants reported that they were Master's level students (68.8%) and 27.4% were doctoral students. Additionally, the majority of participants (75.2%) attended a non-religious institution, while 22.6% attended a private religious institution. See Table A2 for complete demographic characteristics.

Procedures

The email invitations that students received provided students with an overview of the study, informed consent, and a link to a website where students completed the electronic survey and a brief demographic questionnaire. One reminder email was sent to potential participants via program directors two weeks later to encourage participation. This study was approved by the Institutional Review Board (IRB) at North Dakota State University.

Instruments

As previously mentioned, this study was part of a larger study that explored the level of training the student therapists received on integrating spirituality and religion into their clinical work. The primary instrument that was utilized is the Religion and Spirituality Clinical Training Scale (Carlson & McGeorge, 2012). The Religion and Spirituality Clinical Training Scale, contains 40 items and is based on a six-point Likert scale ranging from one to six (1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = somewhat agree, 5 = agree, and 6 = strongly agree). Only seven of the 40 total items were used in the present study as these items were particularly designed to explore the extent to which students were taught about working with clients from diverse, non-Christian faith traditions (see Table A3).

Data Analysis

In order to answer the above four research questions, this study utilized a variety of methods including descriptive statistics, paired sample t-tests, and thematic analyses.

Research Question One

The first research question, which explored the extent to which students are being prepared to work with clients from Christian faith traditions compared to clients of non-Christian faith traditions, used descriptive statistics to report participants' mean scores on the following two items: "My family therapy courses have included content on diverse non-Christian faith traditions (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca)" and "My family therapy courses have included content on Christian faith traditions (e.g., Baptist, Methodist, Catholicism)."

Research Question Two

The second research question utilized paired-sample t-tests to examine the level of course content that participants report that they received on diverse non-Christian faith traditions compared to Christian faith traditions (See first two items in Table A3). Additionally, this research question also examined the level of course content that students report receiving specifically on how to work with clients who identify with a non-Christian faith tradition (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca) compared to clients who identify with a Christian faith tradition (See third and fourth items in Table A3).

Research Question Three

The third research question utilized paired-sample t-tests to determine if there was a significant difference in participants' mean scores on their perceived competence in their ability to work with clients who identify with non-Christian faith traditions and clients who identify with Christian faith traditions (See fifth and sixth items in Table A3).

Research Question Four

The final research question utilized thematic analysis to identify themes related to the specific content that students were taught related to working with clients from non-Christian faith traditions. For this research question participants were asked to respond to the following open-ended question: "What specifically have you been taught about working with clients who identify with non-Christian faith traditions (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca)?"

Thematic analysis is used to classify, examine and describe patterns or themes found within the data (Braun & Clarke, 2006). "A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set (Braun & Clark, 2006, p. 82). Braun and Clarke (2006) stated that thematic analysis "provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of the data" (p. 78). According to Braun and Clarke (2006) thematic analysis consists of six phases including: (1) familiarize yourself with the data, (2) create initial codes, (3) search for themes or patterns in the data, (4), review the themes, (5) define and name the themes, and (6) write the report.

For the current study, the above six steps were followed. In particular, I started the analysis by reading through the data three times without taking notes in order to familiarize myself with the data. Next, I read through the data a fourth time, and highlighted comments that seem significant. Then I read through the data a fifth time and looked for other significant comments that may have been overlooked and made written notes next to each highlight in an attempt to describe the primary ideas or concepts. After completing the above steps, I read through each of the highlights and notes searching for commonalities and then grouped similar ideas together. Then I tried to identify particular themes for each of the groupings.

In qualitative research, it is important to establish an appropriate level of credibility in determining the themes and findings of a study. Credibility is a concept in qualitative research that is a parallel concept to internal consistency in quantitative research (Lincoln & Guba, 2000) and refers to "the core issue of how we ensure rigor in the research process and how we communicate to others what we have done" (Gasson, 2004, p. 95). An important aspect of determining credibility involves the use of an independent researcher who does an independent analysis of the data to see if their conclusions are similar to that of the primary researcher. For this study, my thesis advisor served as the independent researcher. My thesis advisor and I met on multiple occasions to compare our notes and findings and to reevaluate the themes in which items were placed. On several occasions we pulled out items that were similar but different form the themes in which they were placed and created new themes as the need arose. Another strategy that has been used in qualitative research is self-reflective journaling in which the researcher records her thoughts, experiences, and reactions and helps the researcher to be aware of any biases or assumptions that could influence the study (Morrow, 2005). A journal of my experiences during this research study was kept throughout each step of the analysis process. I met with my thesis advisor to review the process, my journal notes and compared notes on qualitative findings to verify that similar conclusions were being made.

CHAPTER FOUR. RESULTS AND FINDINGS

The research questions this study addressed were: (1) To what extent are CFT students being taught about working with non-Christian faith traditions?; (2) Is there a significant difference between what students are being taught about working with clients from Christian compared to non-Christian faith traditions?; (3) Is there a significant difference between the level of competence that CFT students report when working with clients from Christian and non-Christian faith traditions? and (4) What specifically are CFT students being taught about working with clients from non-Christian faith traditions in their training programs? This chapter presents the student's perceived levels of training and perceived comfort in working with clients of non-Christian faith traditions. Additionally this chapter presents themes and subthemes about what specifically CFT students are being taught about working with clients of non-Christian faith traditions.

Quantitative Research Questions: Differences between Participants' Reported Levels of Training regarding Working with Christian and Non-Christian Clients

Three separate paired sample *t*-tests were calculated to determine: (1) the differences in the levels of content students' received on Christian and non-Christian faith traditions, (2) differences in levels of content students received specifically on working with clients of Christian and non-Christian faith traditions and (3) the differences in students' levels of competence when working with clients of Christian and non-Christian faith traditions. The first paired samples *t*-test indicated that the mean level of content students received on Christian faith traditions ($M = 3.30$, $SD = 1.42$) was significantly greater than the mean levels of content students received on non-Christian faith traditions ($M = 3.03$, $SD = 1.46$), $t(332) = -3.60$, $p < .05$. The Cohen's *d* value was 0.19 indicating a small effect size.

The second paired samples *t*-test was conducted to evaluate if there was a significant difference between the level of content that students reported receiving specific content related to working with clients of Christian faith traditions compared to clients of non-Christian faith traditions. The results indicated that the mean level of content students received on working with clients of Christian faith traditions (*M* = 3.39, *SD* = 1.42) was significantly greater than the mean levels of content student received on how to work with clients of non-Christian faith traditions (*M* = 3.06 , *SD* = 1.44), $t(326) = -4.47$, $p < .05$. The Cohen's *d* value was 0.23 indicating a small to medium effect size.

The third paired samples *t*-test was conducted to evaluate whether students felt more competent working with clients of Christian faith traditions compared to students' competence levels when working with clients of non-Christian faith traditions. The results indicated that the mean competence levels of students working with clients of Christian faith traditions (*M* = 4.21, *SD* = 1.22) was significantly greater than the mean levels of competence students had when working with clients of non-Christian faith traditions (*M* = 3.99, *SD* = 1.24), $t(325) = -4.98$, $p < .05$. The Cohen's *d* value was 0.18 indicating a small effect size.

Qualitative Research Question: What Were Participants Taught about Working with Diverse Non-Christian Clients

The thematic analysis for this research question resulted in the identification of ten themes: (1) ask about a clients' spiritual/religious beliefs, (2) curious, non-expert collaborative stance, (3) self-guided research, (4) spirituality as a resource/strength, (5) respect for client's spiritual/religious beliefs, (6) importance of therapists' not imposing beliefs, (7) religion as part of culture/diversity, (8) general learning about major religions and spiritual traditions, (9)

focused learning, and (10) nothing. The following section presents a summary of the main findings for each theme.

Theme One: Ask about a Clients' Spiritual/Religious Beliefs

The first theme, ask about a clients' spiritual/religious beliefs, highlights that one of the ways students reported being taught about integrating spirituality into therapy was to ask clients about their spiritual/religious beliefs. The majority of comments in this theme were general in nature and mentioned that they were taught to simply ask clients to share their spiritual and religious beliefs. For example, one participant stated "I have been taught to explore and ask questions about their faith…" while another student stated that "We learned a lot about asking clients about their beliefs…" In addition to these more general comments about asking clients about their spiritual beliefs, three sub-themes emerged that were more specific in nature. These sub-themes were assessment, therapist responsibility, and client responsibility.

Sub-theme one: assessment. One approach that was identified within theme one, ask about clients' spiritual/religious beliefs, was assessment. This sub-theme represented comments from students that indicated that they were trained to ask about client's religious or spiritual beliefs as part of the assessment process in therapy. The responses in the assessment sub-theme differed from those in the general "ask" theme in that the participants clearly indicated that asking about clients' spiritual and/or religious beliefs should be an intentional part of assessment in therapy. Comments in this sub-theme ranged from very general references to "assessment" to more specific statements about the role of spirituality and religion in the assessment process. For example, one student stated he/she learned that it is important to "Simply to assess for religious practices and keep it in mind when working with clients." Another student reported, "Early on in treatment, it is important to explore the clients' spirituality/religion, whether/how it factors into

their reasons for coming to therapy…" Another example of this sub-theme can be found in the following statement from one of the participants, "…religious beliefs may need to be considered in assessment and diagnosis…" These quotations suggest that some participants report that they were taught that it is important to do more than simply ask about clients' spiritual and religious beliefs but that it should be a specific part of the assessment process to better inform the therapist in diagnosis and treatment planning.

  Sub-theme two: therapist responsibility. Another topic that was identified within theme one, ask about clients' spiritual/religious beliefs, was that it is the therapist's responsibility to initiate conversations about spirituality. This sub-theme is different from the main theme "ask" in that participants' comments in this sub-theme clearly placed the responsibility of bringing up the topic of client's spiritual and/or religious beliefs on the therapist. Participants in this sub-theme further argued it is the therapist's responsibility to open space for clients to talk about their spiritual and/or religious beliefs. For example, one participant stated that "All religions/spirituality are about personal beliefs and a therapist should always have a conversation about each client's specific beliefs and how they can incorporate them if they would like." Another participant reported the importance of "Exploring the meaning of their worldview and beliefs that may inform how they make sense of the problem(s) that bring the clients to therapy." The participants in this theme agreed that it was not only important to ask clients about their spirituality and/or religion, but that it was important for the therapist to initiate conversations that open space for discussions about clients' beliefs and incorporate clients' spiritual and/or religious beliefs in therapy.

  Sub-theme three: client responsibility. The final topic that was identified within theme one, ask about clients' spiritual/religious beliefs, was client responsibility. This sub-theme

represents participants' comments about how they were taught that it is the clients' responsibility to initiate conversations about their spiritual and/or religious beliefs as well as teach the therapist about his/her spiritual and/or religious beliefs in therapy. This sub-theme is different from the other sub-themes in that participants were encouraged to allow conversations about spirituality and/or religion to be client driven. For example, one participant stated that they were taught that the therapist should simply "Let the clients lead the conversation." Other participants in this sub-theme also reported being taught to refrain from asking clients about spiritual and/or religious beliefs until after clients raise the issue. For example, one participant reported that they were taught "To not bring up spirituality if the client does not," while another participant commented ". . . In general, we have been taught to wait for the client to bring up the subject." Another aspect of this sub-theme was that it was the client's responsibility to not only bring up the topic of spirituality and/or religion, but that it was also the client's responsibility to teach the therapist about his/her spiritual and/or religious beliefs. For example, one participant reported ". . . I would explore this with the client, invite the client to educate me. . ." Another participant reported ". . . Because I am a Christian, it was helpful to read about the different traditions and to have my clients teach me about their faith." Therefore, in this sub-theme the responsibility for addressing the topic of spirituality and religion in therapy was considered that of the client and the client was also expected to educate the therapist on his/her non-Christian faith tradition.

Theme Two: Curious/Non-Expert Stance

The second theme highlights that one of the ways students reported being taught in regards to working with people of non-Christian faith traditions was to take a curious/ non-expert stance. This theme is different than the previous "ask" theme, in that participants' responses in this theme appear to be referring to a particular position or stance that the therapist takes when

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approaching client's spiritual and/or religious beliefs in therapy. For these participants, this position involved taking a "non-expert stance" in the therapy room. Comments in this theme ranged from participants simply stating to "be curious" to more detailed comments stressing the importance of a curious/non-expert stance. For example, one participant reported that therapist should "stay curious" while another participant stressed the importance of the curious stance in the following example, "It is important to allow the client to tell you of their experience because everyone is unique in their beliefs and prior experiences. By taking a curious stance you are able to leave your own bias at the door and allow the client to be the expert." Another example where a participant stressed the importance of the curious/ non-expert stance is demonstrated in the following quotation, "The most important thing I can do is to be curious and ask questions about their religion with the intent to understand." Participants in this theme stressed the importance of remaining "curious" and following a more collaborative approach when addressing spiritual and/or religious beliefs in therapy.

Theme Three: Self-Guided Research

The third theme, self-guided research, highlights that one of the ways students reported being taught about working with clients of non-Christian faith traditions was to do additional research on non-Christian faith traditions. In this theme, participants reported being taught that it was the therapist's responsibility to conduct additional research outside of the regular training curriculum in order to gain a better understanding of their clients' spiritual and/or religious beliefs. For example, one participant reported "I was taught the importance of acquiring knowledge and education on backgrounds (religion, religious practices, etc..) of the clients/populations you work with…" Another example of this theme can be found in the following participant's statement: "Every religion has an individual importance to certain clients

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and may influence therapy and change. Research into individual faith or orientations is my responsibility as the occasion arises."

While some participants reported being taught by faculty that it was their responsibility to conduct outside research, other participants seemed to come to their own conclusions that they needed to do their own outside research based on the belief that they did not receive adequate training on this topic. For example, one participant reported "Nothing specific beyond self directed study. Many of my self-directed projects have a spiritual focus so I am learning about spirituality and therapy by my own design not a prescribed curriculum." Another participant reported that "I picked this up on my own, not in classroom material." In this theme, students agreed that outside research is a necessary part of working with clients of non-Christian faith traditions while others recognized the importance of conducting outside research on their own due to the lack of perceived training that they received.

Theme Four: Spirituality as a Resource/Strength

The fourth theme, spirituality as a resource/strength, highlights that another way students reported being taught about working with clients of non-Christian faith traditions was to view clients' spiritual and/or religious beliefs as a resource or source of strength in the therapeutic process. The majority of comments in this theme represented general statements such as ". . . How to use as resource" or ". . . try to utilize the strengths of their religion to help them in therapy." Other participants provided more detailed comments as can be found in the following quotation: "Not much about specific ideals within each religion. More of ways to use whatever religious/spiritual ideals happen to be there as resources of strength and resilience." Another participant reported that she/he was taught that "To utilize resources from within their traditions (e.g., meditation) for improving well-being or reconnecting with old traditions to improved

support and connectedness with community. . ." Overall, in this theme, participants reported that they were taught about the importance of coming from a strength based or resource based perspective when addressing clients' spiritual and/or religious beliefs in the therapeutic process.

Theme Five: Respectful of Client's Spiritual/Religious Beliefs

The fifth theme, respectful of clients' spiritual/religious beliefs, highlights that another way students reported being taught about working with clients of non-Christian faith traditions was the importance of being respectful of the clients' spiritual/religious beliefs. In particular, students reported that they were taught that it was important for them to be respectful of clients' beliefs regardless of the clients' faith traditions. Comments in this theme ranged from general references to respect clients' beliefs to more specific comments about the need to honor the beliefs of clients from diverse non-Christian faith traditions. For example, more general comments included statements such as "respect their beliefs", "We were taught to respect their faith. . .", or "I have just been taught to be respectful of their different religious beliefs and practices." The following quotation represents an example of the more detailed comments related to honoring non-Christian faith traditions, "Mainly [I have] been taught how to respect and honor different clients' belief systems and how to access these beliefs through respectful curiosity." Another participant reported being taught that it was important "To understand the beliefs of the client/family so I can walk with them honoring their beliefs." In addition to these more general comments about being respectful of clients spiritual beliefs and/or honoring client's spiritual/religious beliefs, two sub-themes emerged that were more specific in nature. These sub-themes were non-judgmental/unassuming and open minded.

Sub-theme one: non-judgmental/unassuming. One approach that was identified within theme five, respectful of clients' spiritual/religious beliefs, was the sub-theme non-

judgmental/unassuming. This sub-theme represented comments from students that described their perceptions of how they were trained to avoid making assumptions about clients' spiritual and/or religious beliefs in the therapeutic setting. Students reported that they were taught not to make assumptions or judgments and that there is great diversity amongst spiritual and/or religious traditions for which their clients might subscribe to. For example, one participant stated that she/he was taught "to be affirmative, to not make assumptions - to appreciate the many discourses that exist within each faith tradition - i.e. you can't just read one article and understanding pagan faiths (of which Wicca is just one part)." Another participant reported that she/he was trained ". . . in not assuming we know what his/her beliefs means to THAT person. My practices and faith as a Muslim or a Christian are not necessarily the same for you, who share my affiliation." This is different from the main theme, being respectful of client's spiritual/religious beliefs, in that students were taught to be mindful of the differences that exist amongst people who identify with the same non-Christian spiritual and/or religious tradition rather than assuming or making judgments about a client's particular faith tradition.

  Sub-theme two: open-minded. Another topic in the "respectful of clients' spiritual and/or religious beliefs" was the sub-theme, open-minded. The comments in this sub-theme were representative of how students were trained to remain open-minded, accepting and sensitive when working with clients of non-Christian faith traditions. Comments in this sub-theme ranged from statements like "open-mindedness" and "be open and accepting of the client's beliefs" to more descriptive statements like "I believe the only thing that I have been taught is that I need to accept all of the non-Christian faith traditions that are important to the client, even though I may not personally espouse to those same beliefs or traditions. . ." This subtheme highlights how

students were taught that openness or being open-minded is an important aspect of respecting clients' spiritual and/or religious beliefs.

Theme Six: Importance of Not Imposing Beliefs

The sixth theme, importance of not imposing beliefs, was another way students reported being taught about how to address religion and/or spirituality with clients' of non-Christian faith traditions was to avoid imposing their own spiritual and/or religious views on their clients. In general, the majority of the comments mentioned that participants were taught about the importance of simply not imposing one's views on their clients. For example, one participant reported that she/he was taught "Don't impose your own views," while another participant reported "we've just been taught to separate our own values from the clients." Other participants, however, demonstrated a more in depth understanding that moved beyond simply not imposing ones views on their clients but also stated the importance of self-reflection as a way of helping avoid the imposition of their own beliefs on clients. For example one participate reported, "To be mindful of my own beliefs and practice self-of-the-therapist techniques. To be aware of Christian privilege." In this theme, participants' reports about the importance of not imposing their spiritual beliefs on clients seemed to vary. While some participants were taught to simply not impose their views, others were encouraged to engage in self-reflection activities to help them avoid imposing their own spiritual and/or religious views on clients.

Theme Seven: Religion as Part of Culture/Diversity

In the seventh theme, religion as part of culture/diversity, participants reported being taught to work with clients of non-Christian faith traditions by treating it as another aspect of diversity. Some participants' comments reflected that they learned about addressing spirituality and/or religion with clients of diverse faith traditions in discussions about working with clients of

diverse cultural backgrounds and/or cultural diversity classes. Comments in this theme ranged from general comments to more specific or detailed comments. General comments included statements such as "respect diversity" or ". . . In general, just to be culturally sensitive." An example of a more detailed comment can be found in the following statement by one of the participants, "We have discussed how to work with clients from different cultures and religions. We have discussed certain norms that are different from the American culture norms that we may bring into session." Another participant added that she/he was taught:

> I have learned about the ethnic/nationalities that usually align with these religions and the general way in which people who practice these religions integrate their beliefs into their lifestyles/behaviors. . . how they have influenced cultures/nations of people, whether or not they 'practice' that religion.

In this theme, participants reported learning about working with clients of diverse spiritual traditions within the context of diversity or multicultural learning, although not specifically directed at meeting the spiritual and/or religious needs of the clients.

Theme Eight: General Learning about Major Religions and Spiritual Traditions

In the eighth theme, general learning about major spiritual/religious traditions, participants reported that one approach that was used in their training was to teach them about major world spiritual/religious traditions. In this theme, students reported that their faculty provided them with a general overview of some of the main tenets of some of the diverse spiritual and/or religious traditions that were listed in the present study's research question (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca). For example, one participant reported "We have been taught about the basic tenets of these religions, and how to consider some of the relevant beliefs when conceptualizing cases and planning interventions. . ." Another participant reported "We learned the core beliefs and customs that many of those clients might identify with. We discussed how their traditions may influence their treatment course." In this theme, participants

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reported being taught about some of the major world religious/spiritual traditions as a way of being mindful of spiritual and/or religious beliefs in the treatment planning process.

Theme Nine: Focused Learning

The ninth theme, focused learning, describes particular strategies that were used to teach students about how to work with clients of non-Christian faith traditions. In this theme, participants reported that they were given specific materials and/or strategies on how to work with clients of non-Christian faith traditions including: readings and class discussions, discussions with persons of diverse faith traditions, collaboration with spiritual/religious leaders, spiritual communities and more knowledgeable peers, attendance at diverse faith events, and making referrals of oneself or one's clients to spiritual and/or religious leaders. For example, some participants reported that they learned about addressing religion and/or spirituality with clients of diverse faith traditions through the use of scholarly literature in the following examples: "We've been provided with articles, readings, and discussions that discuss the differences between faiths and what may be important to consider when working with these clients" and "Read articles and book chapters regarding cultural background of these religions and how to bring religion into the therapy room if important top the client." Other participants reported that they learned about addressing religion and/or spirituality with diverse clients through experiential assignments. For example, one participant reported that she/he was provided with "Exercises that were given a participation grade in course for experiencing different religious celebrations or worship experiences in the community that were non-Christian." while another participant reported that she/he learned about" . . . creating relationships with spiritual leaders in the community so that appropriate experts can be accessed as needed for personal reference or as a place to send clients. . ." One unique aspect of this theme is that students

reported that they were given specific opportunities, experiences and direction on how to enhance their learning about integrating spirituality in their work with clients from diverse spiritual traditions.

Theme Ten: Nothing

The final theme, nothing, represented the most common response given by participants. A total of 80 of the 266 participants in this study reported that they learned nothing in their programs about how to work with clients of non-Christian faith traditions. Participants responses described how they had been not been taught anything about how to work with clients of non-Christian faith traditions. In the majority of the comments, participants stated briefly that they learned "nothing," while other participants reported learning "nothing specific." Other common responses in this theme included, "My courses addressed no religious/faith traditions," "I have not been educated specifically on any type of faith," and "Nothing. There's not even an elective I could have opted for. I picked the wrong school!" All of these comments represented students' reports about how they were not prepared in their CFT training to work with clients of diverse faith traditions.

CHAPTER FIVE. DISCUSSION

The following chapter presents a discussion of the results and findings of this study which have been divided into six sections including: (1) discussion of quantitative results, (2) discussion of qualitative findings, (3) limitations, (4) suggestions for future research, (5) recommendations for CFT training, and (6) conclusion.

Discussion of Quantitative Results

The quantitative results revealed that there was a significant difference between the amount of content students reported receiving related to working with Christian and non-Christian clients. This means that students report that they learned more about working with Christian clients compared to clients from diverse non-Christian faith traditions. While this is an important finding, it should be noted that participants mean scores on the items measuring content were fairly low for both groups. For example, participants reported mean scores of 3.30 and 3.39, respectively, on the two items related to the level of content that they received on working with clients from Christian faith traditions, indicating that they fall between "somewhat agree" to "somewhat disagree" on a six-point Likert scale. In regard to the content that participants received on working with clients of non-Christian faith traditions, participants' mean scores were 3.03 and 3.06 which indicates that they "somewhat disagree" on my six-point Likert scale. Therefore, while there was a significant difference in the level of content that students reported receiving on these two groups, it seems equally important to highlight that it appears that students receive little training on working with both clients of Christian faith traditions and clients of non-Christian faith traditions.

The results also indicated that there was a significant difference in the levels of competence students reported receiving when working with Christian clients and non-Christian

clients. The mean scores of participant reports on competence levels on working with Christian clients were 4.21 and 3.99 for non-Christian clients. This finding is important as it highlights the need for training programs to better prepare students to work with clients from diverse non-Christian faith traditions. This finding also presents an interesting discrepancy between their reported level of competence and the level of training that they receive to work with Christian and non-Christian clients. One would assume that the actual level of training would be indicative of students' overall competence in addressing spirituality in therapy with these groups. However, it is possible the participants in this study personally value the role of spirituality in therapy despite the lack of training that they receive on this topic and, therefore, report higher levels of competence addressing these issues. These conclusions appear to be consistent with the literature that reports both an overall lack of training and the high value that CFTs place on the role of spirituality in therapy and their personal lives (Carlson et al., 2002; Carlson et al., 2010; Prest et al., 1999).

Discussion of Qualitative Findings

The qualitative research question sought to identify specifically what CFT students are being taught about working with clients from non-Christian faith traditions in their training programs. There are two particular findings that appear to be particularly concerning related to the training that students receive in this area. The first concerning finding is that of the 266 participants that responded to the qualitative question, 80 (30%) reported that they did not receive any training (or very little) on how to work with clients of non-Christian faith traditions. This is evidenced by the fact that the most common response to this research question was "nothing" or "nothing specific" as described in theme ten. It is important to note that while 30% constitutes a large percentage of the participants in the sample, it is quite possible that this

percentage would have been larger if all of the 341 participants had chosen to answer the qualitative question. While previous research has not specifically examined the training students receive on working with clients from diverse non-Christian faith traditions, previous research does suggest an overall lack of training related to integrating any type of spirituality and religion into practice (Carlson et al., 2002; Prest et al, 1999). This is problematic because the number of people who identify with non-Christian faith traditions is rapidly increasing and students need to be trained on how to work with clients of non-Christian faith traditions (Daneshpour, 1998; Fishbane, 2009; Hodge, 2004; McGoldrick et al., 2005; Schlossberger & Hecker, 1998; Walsh, 2009b; Wolin et al., 2009). This is also problematic given that the COAMFTE standards and guidelines encourage program faculty to include content on diversity, spirituality and/or religion into their curriculums.

The other finding that is of concern is the very basic or general responses that appeared across all of the themes in this study. While each of the themes included some examples of more specific or detailed responses, the vast majority of the comments within each theme consisted of very general, short and/or vague comments about what participants had learned related to working with clients from diverse spiritual traditions. This finding appears to suggest that students are not being provided with clear direction or strategies that teach students specifically how to integrate spirituality into their work with clients from diverse faith traditions. While it is possible that participants in this study simply did not want to take the time to provide specific answers to this question, this finding is consistent with previous research that suggests that there is an overall lack of specific training on the topic of spirituality, particularly as it relates to the use of specific or direct spiritual interventions in therapy (Carlson, et al., 2010; Carlson et al, 2002).

Despite the fact that it appears that there continues to be an overall lack of specific training on integrating spirituality with clients from diverse non-Christian faith traditions, there are several encouraging findings that appear to suggest that participants are receiving training based on recommendations in the literature. One encouraging finding was that some of the CFT students in this study reported that they were trained to use a client's diverse spiritual tradition as a resource in therapy. This is consistent with the literature in that one of the most common recommendations in the spirituality literature is that spirituality can be a valuable resource in therapy (Anderson et al., 1997; Aponte, 2002; Becvar, 1997; Walsh, 2009a). For example, Anderson et al. (1997) proposed that a client's spirituality/religion can be a source of support in that it helps increase family togetherness through ceremonies and rituals. Meanings derived from such practices could be used as resources for clients when encountering challenges. Therefore, consistent with the literature, students reported that one the primary ways that they were trained to integrate spirituality into therapy was to use spirituality as a resource for change in therapy.

Another encouraging finding that was consistent with the literature was that many participants reported that they were taught to address a client's diverse beliefs and faith traditions as an aspect of cultural diversity. The notion that spirituality should be viewed from a framework of culture or diversity is a central theme in the literature (Prest & Keller, 1993; Rivett & Street, 2001; Stander et al., 1994; Walsh, 2009b). For example, Stander et al. (1994) argue that because religion is such an integral part of culture, using a cultural framework would be logical way for therapists to help clients explore their religious beliefs in the therapeutic setting. They also proposed that topics related to religion need be included in cultural diversity courses. Similarly, participants in this study reported topics related to diverse faith traditions were included in a diversity course. While this finding is consistent with the literature it is uncertain how

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participants were specifically trained to work with clients of diverse cultural backgrounds. Most participants simply stated to treat it like any other aspect of diversity without explaining how they were trained to work with people of diverse spiritual or cultural backgrounds.

Another theme that is consistent with the literature is that participants in this study report being trained to take a curious/non-expert stance when addressing a client's spiritual and/or religious beliefs. The participants in this study reported that they learned about the importance of taking a curious/non-expert stance to help avoid making judgments or assumptions about client's spiritual and/or religious beliefs. This finding is similar to that of other researchers who advocate for taking a curious approach when working with clients of diverse spiritual traditions (Carlson et al., 2002; Grams et al., 2007; Haug, 1998; Moules, 2000; Prest et al., 1999; Stander et al., 1994). For example, several scholars suggest that conversations about spiritualty would be best addressed from a more collaborative or postmodern approach to therapy (Carlson et al., 2002; Moules, 2000; Stander et al., 1994). Scholars argue that these approaches are more appropriate when addressing clients' spiritual beliefs due to the diversity of beliefs that exist among people of people from both similar and different faith traditions and it helps therapists avoid taking a more directive or expert stance when it comes to addressing beliefs that are so central to a client's worldview.

Another encouraging finding was that some participants in this study reported the importance of practicing self-of-the-therapist techniques to help them avoid imposing their views on clients. Several scholars have made the argument that engaging in self-reflection activities related to a therapists own spiritual beliefs is a necessary step before addressing the topic of spirituality in therapy with clients (Haug, 1998; Helmeke & Bischof, 2002; Roberts, 2009). For example, Haug (1998) argues that therapists who engage in spiritual self-of-the-therapist work

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are less likely to impose their own beliefs on clients and are more comfortable initiating conversations about spirituality and/or religion with clients.

Another important finding was that many participants reported a sense of responsibility for initiating conversations about clients' diverse spiritual and/or religious beliefs. This is consistent with the literature that stresses the importance of therapists raising the topic of spirituality and religion with clients (Carlson et al., 2002; Helmeke & Bischof, 2002). For example, Carlson et al., (2002) state that because spirituality/religion is such an important part of clients' lives, it is important for therapists to be comfortable starting conversations with clients about their spiritual and/or religious beliefs. While it is important to highlight that some participants took responsibility for initiating conversations with clients about clients' diverse spiritual and/or religious beliefs, it seems equally important to highlight that other participants were trained that it is the client's responsibility to bring up the topic. Relying on clients to bring up the sensitive topics of their diverse spiritual beliefs could be problematic because several scholars have highlighted the reluctance that some clients have about bringing up the topic of spirituality with their therapist (Lindgren & Coursey, 1995). For example, Lindgren and Coursey (1995) found that 50% of clients who wanted to talk about their spiritual beliefs in therapy felt uncomfortable raising the topic because clients were afraid their therapist wouldn't understand their spiritual and/or religious beliefs. Additionally, Carlson et al., (2002) argue that therapists, who remain silent about the issue of spirituality or religion in therapy, by not raising the issue themselves, could send a message to clients that therapy is not a place to talk about such subjects. Given that this study focused on raising the topic of spirituality with diverse clients, it seems even more crucial that CFT students are trained about how to initiate conversations about religion and/or spirituality with clients of diverse spiritual traditions as it is likely that both the

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clients race or ethnicity and religious and/or spiritual tradition may represent a minority status. Therefore, remaining silent about the topic of spirituality, when working with diverse clients, could have an even greater negative impact on the therapeutic relationship.

Limitations

As with all survey research, one of the main limitations for this study was that the sample was self-selected, which could result in biased results as participants who held stronger opinions on this issue may have been more likely to participate in the present study. Another limitation is that our study assessed CFT students' competence through the use of self-report surveys, which may have yielded responses influenced by social desirability. It is also possible that there are differences between CFT students' perceived levels of competence and their actual clinical levels of competence when working with clients of diverse faith traditions. Another limitation could be that the qualitative responses were conducted in an online survey that only allowed for a one-time response, which did not allow for participants to further develop their responses. It would be important for future studies on this topic to use in person interviews to allow for more in depth responses and the opportunity for participants' to further develop their ideas.

Suggestions for Future Research

One suggestion for future research would be to survey CFT faculty regarding their beliefs about the type of content that they include in their courses on working with clients from diverse spiritual traditions. This would be helpful in broadening our understanding of how CFT faculty included content on diverse spiritual faith traditions in their curriculums. Another suggestion would be to examine participant responses and how they differed based on gender, program level (i.e. Masters, Ph.D.) and/or type of institution (e.g. private and public) participants attended. Another suggestion is for researchers to explore the similarities and differences between what

students are taught about working with clients of diverse cultural backgrounds compared to clients from diverse non-Christian traditions. For example, future researchers could conduct a qualitative study to learn more about CFT students' perceptions of what they learned about working with clients of diverse cultural backgrounds compared to what students learned about working with spiritually diverse clients. Researchers could examine the perceived similarities and differences in how CFT students are trained to work with clients of diverse cultures and clients of diverse faith traditions. Another suggestion would be to interview CFT students about what they are learning about whom (e.g. client or therapist) is responsible for initiating conversations with clients of diverse spiritual and/or religious beliefs. As highlighted in the findings, there were several students who perceived that they were taught that it was the client's responsibility to introduce topics of religion and/or spirituality in therapy while several other students reported that it was the therapist's responsibility to initiate such conversations. A qualitative study to learn more about the ways in which students were taught to engage clients in conversations about religion and spirituality with both Christian clients and clients of diverse spiritual and or religious traditions would be helpful in furthering our understanding about student learning and helping provide clearer recommendations for CFT training programs.

Recommendations for CFT Training

Based on the results of this study, there are several important recommendations for CFT training programs. The first, and perhaps most obvious, recommendation is that programs simply need to offer more content on working with clients of diverse spiritual faith traditions. The second recommendation is that programs need to include more specific content on the basic clinical skills associated with working with clients of diverse faith traditions. For example, programs could teach students to initiate conversations with spiritually diverse clients during the

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assessment process. Additionally, rather than simply asking about the clients' particular spiritual and/or religious tradition, CFT programs could train students to assess if their clients' religious and/or spiritual beliefs could be used as resources in therapy. For example, asking clients questions like "Has your religion/spiritual tradition been helpful to you? If so, in what ways might your spiritual/religious beliefs be helpful in working through the problem that brought you to therapy?" Additionally, CFT programs could teach students to consider ways in which they could make their clinical space more inclusive of people of diverse spiritual traditions. For example, posters of people practicing different religious or pictures of diverse religious symbols could be posted on the walls of the clinical space. Overall findings seemed to indicate that while some programs may cover spirituality/religion in general, more specific content on how to initiate conversations with clients of all faith traditions needs to be included in the curriculum. For example, Helmeke and Bischof (2002) provide an ethical, four quadrant framework that provides suggestions on how to talk about religion and spirituality with clients based on who initiates the conversation about religious or spiritual topics. This framework could be used by programs to help ensure that students raise the topic in therapy. The third recommendation is that programs need to assign literature that specifically addresses the clinical skills associated with working with clients of diverse spiritual traditions. For a list of scholarly writings on working with clients from specific diverse faith traditions please see the list of references in the appendix. Assigning such readings would inform students about diverse faith traditions and provide them with guidance on specifically how to work with clients of diverse spiritual faith traditions. Finally, the results of this study also suggest that while it appears that programs are teaching students about the importance of the concept of self-reflection related to the spiritual self-of-the-therapist, CFT programs may need to provide students with actual opportunities to engage in

such self-reflection in order to help students become more competent in addressing spiritual/religious topics with clients of diverse spiritual faith traditions as well as majority faith traditions. For example, Haug (1998) recommends the use of a spiritual genogram to help students reflect on their own spiritual upbringing and how their spiritual beliefs may influence the therapeutic process with clients of diverse spiritual traditions. Such spiritual self reflection is a necessary step in helping students become more comfortable and more skilled in working with clients of diverse spiritual traditions.

Conclusion

In conclusion, the current study sought to assess CFT students' perceptions of the levels of training they received on working with clients of diverse spiritual faith traditions compared to clients of Christian faith traditions, as well as specifically what they learned in their CFT programs about working with clients of diverse faith traditions. Participants reported receiving more training on how to work with Christian clients than they received on working with clients of non-Christian faith traditions, however, effect sizes were small. Qualitative analyses revealed several themes regarding the specifics on what students were taught about working with clients of non-Christian faith traditions. For example, some of the more common themes found in this study included: ask about a clients' spiritual/religious beliefs, curious, non-expert collaborative stance, spirituality as a resource/strength, respect for client's spiritual/religious beliefs, importance of therapists' not imposing beliefs, religion as part of culture/diversity and nothing. While some findings were consistent with the literature, the lack of training in preparing students to work with clients of diverse faith traditions is evident. Additionally, recommendations for training programs are provided including increased opportunity for self-reflection of spiritual beliefs, increased focus on actual clinical skills associated with integrating spirituality in therapy

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with both Christian and non-Christian clients, and strategies to assist students in raising the topic of spirituality and religion in therapy. In an increasingly spiritually diverse country, programs have a responsibility to prepare students to work with clients of diverse faith traditions.

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APPENDIX. TABLES

Table A1

Characteristics of the Quantitative Sample

Characteristics	*n*	%
Race/Ethnicity		
African American	15	4.4
Asian American/Asian	9	2.6
European American/Caucasian White	272	79.8
Latino(a)/Hispanic	14	4.1
Middle Eastern	3	0.9
Native American/Alaskan Native	2	0.6
Pacific Islander	1	0.3
Biracial/Multiracial	10	2.9
Other	4	1.2
Sexual Orientation		
Asexual	1	0.3
Bisexual	22	6.5
Gay	4	1.2
Heterosexual	293	85.9
Lesbian	5	1.5
Questioning	2	0.6
Other	6	1.8
Type of Educational Institution Attended		
Private-Non-Religious	91	26.7
Private-Religious	81	23.8
Public	157	46.0
Other	3	0.9
Student Graduate Program Level		
Master's	239	70.1
Doctoral	87	25.5
Other	5	1.5

Note. N = 341

Table A2

Characteristics of the Qualitative Sample

Characteristics	*n*	%
Race/Ethnicity		
African American	12	4.5
Asian American/Asian	7	2.6
European American/Caucasian White	216	81.2
Latino(a)/Hispanic	10	3.8
Middle Eastern	2	0.8
Native American/Alaskan Native	1	0.4
Pacific Islander	1	0.4
Biracial/Multiracial	9	3.4
Other	3	1.1
Sexual Orientation		
Asexual	1	0.4
Bisexual	17	6.4
Gay	4	1.5
Heterosexual	228	85.7
Lesbian	4	1.5
Questioning	2	0.8
Other	6	2.3
Type of Educational Institution Attended		
Private-Non-Religious	80	30.1
Private-Religious	60	22.6
Public	120	45.1
Other	3	1.1
Student Graduate Program Level		
Master's	183	68.8
Doctoral	73	27.4
Other	5	1.9

Note. N = 266

Table A3

Items from Religion and Spirituality Training Scale

1.   My family therapy courses have included content on diverse non-Christian faith traditions (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca).

2.   My family therapy courses have included content on Christian faith traditions (e.g., Baptist, Methodist, Catholicism).

3.   My family therapy courses have included content on how to work with clients who identify with a non-Christian faith tradition (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca).

4.   My family therapy courses have included content on how to work with clients who identify as Christian.

5.   Based on the training I received in my family therapy program, I feel competent in my ability to work with clients who identify with non-Christian faith traditions.

6.   Based on the training I received in my family therapy program, I feel competent in my ability to work with clients who identify with Christian faith traditions.

7.   What specifically have you been taught about working with clients who identify with non-Christian faith traditions (e.g., Hinduism, Judaism, Islam, Buddhism, Wicca)?

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