STRATEGIES FOR INTEGRATING SPIRITUALITY IN THERAPY:

STUDENT PERSPECTIVES

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ABSTRACT

Spirituality and religion are considered an important aspect of the human experience and is considered to be valuable to the practice of Couples and Family Therapy (CFT). However, there is nothing in the literature that speaks to what students find most helpful in preparing them to integrate spirituality and religion into their clinical work. The study utilized data from a secondary data set, which was part of a larger study that surveyed 341 master's and doctoral students from programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education; however, a sample of 230 participants was used for this study. The purpose of this study was to explore the following research question; what are couples and family students being taught about integrating spirituality into their clinical work that they find helpful? Inductive thematic analysis was used to code participant answers to an open-ended question. Findings suggest that while some training programs are teaching students strategies related to integrating spirituality into therapy, these strategies appear to be introductory in nature and may lack the level of specificity needed for students to more fully integrate spirituality in a meaningful way.

DEDICATION

This thesis is dedicated to three of the most amazing individuals I have ever known. First, to my father, Richard, who I know has always worked hard to make sure that I have what I need and, more importantly, that I know I am loved. Next, to my mother, Rebecca, who has been an incredible example of strength and intelligence for me and has always been the person I know I can count on to listen and to give me an extra push when I need it. Finally, to my partner, Aaron, who has given me the love and support that has allowed me to take the journey and find my calling; this is a mountain top moment.

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INTRODUCTION

Spirituality, including religion, is considered an important aspect of the human experience. However, in Western culture there has been a tendency to emphasize rationality and separate "physical" health as something to be dealt with by clinicians and "spiritual" health to be dealt with by religious leaders (Patterson, Hayworth, Turner, & Radskin, 2000). However, scholars have begun to emphasize the need for the integration of these two important aspects of the human experience (F. Walsh (Ed.), 2009). Positive therapeutic benefits of spirituality, including religion, have also been documented (Anderson & Worthen, 1997; Aten & Couden Hernandez, 2004; Prest, Russell, & D'Souza, 2000). Aten and Worthington (2009) assert that the inclusion of spirituality, including religion, in therapy is needed for effective and inclusive treatment of all individuals.

Elliot (2009) notes that clients report a desire to integrate spiritual and religious issues in therapy and "feel fragmented" when they must attempt to separate relational/psychological issues from spiritual ones (p. 323). According to a 2011 Gallup Poll 81% of Americans said that religion is very important or fairly important in their lives (Gallup, 2012). Additionally, religiosity appears to correlate with overall well-being, family and relationship satisfaction, and management of family stress (Abbott, Berry, & Meridith, 1990; Giblin, 1996). Research seems to agree that religion and spirituality "facilitates positive and healthy family interaction and enhances life satisfaction of its members" (Abbot et al., 1990, p.443).

There appears to be a consensus in the literature that spirituality, including religion, should be included in family therapy training programs (Anderson & Worthen, 1997; Aten & Hernandez, 2004; Bava, Burchard, Ichihashi, Irani, & Zunker, 2002; Carlson, Erickson, & Seewald-Marquardt, 2002; Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Crook, Grady, Smith,

Jensen, Golightly, & Potkar, 2011; Grams, Carlson & McGeorge, 2007; Prest et al., 1999). It appears that there is agreement on this issue among faculty and students agree on this as well. For example, Carlson, Kirkpatrick, et al., (2002) found that a large percentage of family therapists believed that spirituality was important to address in therapy and that there is a connection between spirituality and mental and physical health. However, most therapists feel unprepared to address issues related to spirituality, including religion, in therapy and supervision (Aten & Couden Hernandez, 2004; Aten & Worthington, 2009; Carlson, Kirkpatrick, et al., 2002). For example, Carlson, Kirkpatrick, et al., (2002) reported that the vast majority of family therapists (76%) in their sample reported they were not taught how to specifically address spirituality, including religion, in their training programs.

While most of the literature on the topic of spirituality and family therapy consists of arguments highlighting the importance of spirituality, including religion, in therapy, some scholars have offered recommendations for training programs to better prepare students to integrate these topics in their work with clients. These recommendations have included domains of intervention (Aten & Couden Hernandez, 2004), skills for ethical practice (Haug, 1998a), and exercises for use in training (Roberts, 1999). However, there are no studies in the literature that speak to what Couples and Family Therapy (CFT) students are learning in their training problems that they find helpful for integrating spirituality, including religion, into their clinical work. Therefore, the purpose of this study is to explore the specific type of content that CFT students are being taught in their training programs that they find helpful related to addressing spirituality and religion as a topic in therapy.

LITERATURE REVIEW

This literature review will address the importance of spirituality as it relates to the field of CFT in general, as well as the literature related to the role of including spirituality in CFT training. Before reviewing the literature on spirituality as it relates to the field of CFT, it seems important to highlight the importance that spirituality plays in the lives of the general population as well as the documented physical and mental health benefits that are associated with spirituality. Spirituality is a very important aspect of people's lives. For example, in 2011 92% of Americans surveyed reported a belief in God or a universal spirit (Gallup, 2011). Research has documented that spiritual beliefs can have a positive impact on people's overall health (Abbott et al., 1990; Coffey, 2002; Giblin, 1996; Patterson et al., 2000; Walsh 1999). For example, connection to religion and spirituality has been correlated with faster healing, lower blood pressure, lower risk of heart disease, higher survival rates following major surgery, and effective management of chronic pain (Walsh, 1999). In addition to the above physical benefits, research has also shown that spiritualty can also positively influence mental and emotional well-being (Anderson & Worthen, 1997; Aten & Couden Hernandez, 2004; Aten & Worthington, 2009; Prest et al., 2000). For example, having a spiritual belief system has been shown to be associated with lower levels of depression, lower levels of alcohol abuse, reduction in stress, improvement in sleep and mental alertness (Walsh, 1999). Focusing on spirituality in therapy has also been shown to lead to increases in self-esteem, and lower relational reactivity (Aponte, 2002). Finally, spirituality appears to correlate with overall well-being, including family and marital satisfaction, and management of family stress (Abbott et al., 1996). Research seems to agree that spirituality, including religion, "facilitates positive and healthy family interaction and enhances life satisfaction of its members" (Abbot et al., p.443).

Spirituality and Couple and Family Therapy

For the past decade, scholars in the field of CFT have highlighted the importance of including clients' spiritual beliefs as a resource for change in the therapy process (Anderson & Worthen, 1997; Aponte, 2002; Aten & Couden Hernandez, 2004; Prest et al., 2000). For example, spiritual beliefs have been seen as a way people develop meaning systems and morals (Haug, 1998a). Clinicians also report a belief that spiritual beliefs contribute to their clients' overall wellness and see these beliefs as playing an important role in therapy (Prest et al., 1999). Additionally, clients have expressed a desire to have their spiritual beliefs known and discussed in therapy (Aponte, 2002; Elliot, 2009; Walsh, 1999). Walsh (1999) reported that 81% of clients surveyed wanted their spirituality integrated into therapy. Elliot (2009) notes that clients report a desire to integrate spiritual and religious issues in therapy and "feel fragmented" when they must attempt to separate relation/psychological issues from spiritual ones (p. 323).

Researchers have also documented that a majority of therapists report that spirituality plays an important role in both their personal and professional lives (Carlson, Kirkpatrick, et al., 2002; Grams et al., 2007; Haug, 1998a). For example, Carlson, Kirkpatrick, et al., (2002) 51% of Licensed Marriage and Family Therapists (LMFTs) indicate that personal spirituality was a factor in their choice in career paths. Grams et al., (2007) and Haug (1998a) also found the majority of therapists felt that their spirituality influenced their career choices and ongoing practices. Also, the majority of CFT students surveyed by Prest et al. (1999) believe spirituality has a positive influence in their lives and practice and the lives of their clients.

The majority of therapists have reported that they believe spirituality should be a part of therapy. For example, Grams et al. (2007) reported that 62% of faculty members surveyed agreed with the statement "every person has a spiritual dimension that should be considered in

clinical practice" (p. 149). Additionally, Carlson, Kirkpatrick, et al., (2002) found that 96% of the participants in their study reported a belief in a connection between spiritual and mental health. The literature appears to suggest that while religion and spirituality used to be a taboo topic, most therapists agree that it is an important resource to include in the therapy process (Carlson, Kirkpatrick, et al., 2002; Grams et al., 2007; Haug, 1998a).

Current State of Training

While there is a growing body of literature on the topic of spirituality and CFT training, the most common theme in this literature appears to be the need for training programs to better prepare therapists to integrate spirituality into their clinical work (Anderson & Worthen, 1997; Aten & Hernandez, 2004; Bava et al., 2002; Carlson, Erickson, et al., 2002; Carlson, Kirkpatrick, et al., 2002; Crook et al., 2011; Grams et al., 2007; Prest et al., 1999). This theme is supported in the literature as the vast majority of CFTs (76%) report that they were not taught how to specifically address spirituality in their clinical training (Carlson, Kirkpatrick, et al., 2002). Additionally, Prest et al (1999) reported that 79% of CFTs reported that religion and spirituality was never or rarely addressed in their graduate training.

Research on Spirituality in Training

Studies have looked at the perspectives of both faculty and students on the topic of spirituality in training. Examination of this literature highlights a discrepancy between what faculty report they are including in curriculum and what students report being taught. For example, Carlson, Kirkpatrick, et al., (2002) reports that only 14% of the clinical fellows of the American Association for Marriage and Family Therapy (AAMFT) in their study said that spirituality was emphasized in their training. Prest et al. (1999) found that 92.9% of the CFT students that they surveyed reported that they did not receive training on spirituality.

Unsurprisingly, most therapists feel unprepared to address religion and spirituality in therapy (Aten & Couden Hernandez, 2004; Aten & Worthington, 2009; Carlson, Kirkpatrick, et al., 2002). However, Grams et al. (2007) found that 66.7% of CFT faculty in their survey reported that they integrate spirituality into the courses they teach. There may be a role for future research to examine this discrepancy.

Recommendations for Integrating Spirituality into Training

As previously mentioned, most therapists report feeling unprepared to address spirituality, including religion, in therapy and supervision (Aten & Couden Hernandez, 2004; Aten & Worthington, 2009; Carlson, Kirkpatrick, et al., 2002). In order to address this overall lack of preparation, several scholars have provided specific recommendations for incorporating spirituality into the CFT curriculum. These recommendations include: (1) broad course inclusion, (2) self-exploration, (3) ethics, (4) development of spiritual competency, and (5) supervision and practicum opportunities. In addition to these five areas, four currently published frameworks for incorporating spirituality into clinical work and training will be reviewed (Aten & Couden Hernandez, 2004; Carlson, Erickson et al., 2002; Haug, 1998a; Roberts, 1999).

Broad Course Inclusion

One common recommendation in the literature is the importance of including topics related to spirituality in multiple existing courses throughout the curriculum (Aponte, 2002; Aten & Worthington, 2009; Bava et al., 2002; Grams et al., 2007; Haug, 1998a). For example, Haug (1998a) argues that since spirituality affects so many dimensions of clients' lives CFTs must have broad and continued training in order to be "spiritually literate" (p.477) in their work with clients. Scholars recommend including topics of spirituality in a wide range of courses including: ethics (Carlson, Erickson, et al., 2002; Griffith & Griffith, 2002; Haug, 1998; Walsh, 2009),

diagnosis and assessment (Aten & Couden Hernandez, 2004), diversity (Stander, Piercy, MacKinnon, & Helmke, 1994), and family therapy theories (Coffey, 2002).

While most scholars agree with the broad course inclusion approach, Patterson et al. (2000) suggest that because of the prevalence of spiritual issues in therapy that a specific course on spirituality should also be part of the standard curriculum. Patterson et al. (2000) propose that this course should teach "students to foster and maintain a beginner's mind and a position of curiosity in the therapy room" and how "the spiritual context of an individual and/or their family often shapes behavior" (p.209). This approach suggests that by giving trainees these types of skills spirituality can continue to be considered as an important factor across their training and practicum experiences.

Self-Exploration

The emphasis on "self as therapist" in training and clinical practice has begun to include exploring personal spirituality and developing spiritual competency. For example, Carlson, Erickson, et al., (2002) discuss how spirituality is often a source of great strength and hope for therapists and argue that this is often missed when trainees are not given opportunity and training to use their own spirituality as a resource in their work with their clients. Also, CFTs' spiritual beliefs shape how they view and approach the lives of their clients (Haug, 1998a). Because of the vast impact the spiritual beliefs of therapists can have on therapeutic outcomes, Haug (1998a) argues that supervision and training curriculum should include aspects of self-exploration that allow trainees to explore their own beliefs. Haug asserts that by exploring their own spirituality therapists can develop a spiritual sensitivity, meaning the ability to help clients feel their spiritual beliefs are respected and welcomed, in the therapy process. Additionally, Walsh (2009) describes

the importance of multiple levels of spiritual self-exploration including one's spiritual roots, spiritual beliefs of one's family of origin, as well as one's current beliefs and traditions.

Ethics

Several scholars have highlighted the importance of being mindful of the ways that therapists' own spiritual and religious beliefs could be misused in the context of therapy (Helmeke & Bischof, 2002; Prest & Keller, 1993; Walsh, 1999). Therefore, the topic of ethics has received considerable attention as it relates to preparing students to address spiritual topics in therapy. The specific topic discussed include how one's own spirituality impacts clinical practice (Doherty, 2009), the power dynamics related to spirituality in therapy (Walsh, 2002), how to raise topics of spirituality in appropriate ways (Helmeke & Bischof, 2002), and consideration of spiritual diversity (Aten & Hernandez, 2004), etc. For example, Haug (1998a) describes how ethics relates to the behaviors that place importance upon the well-being of clients and examine implications of these behaviors. This includes teaching students ways to make clients feel comfortable having conversations about spirituality and how to have conversations without their clients feeling as if their therapist is trying to impose beliefs on them. Another way Haug suggests for putting the well-being of clients first is to use the language that clients use in relation to their spirituality; this can prevent clinicians from using language that is judgmental or offensive to clients.

Helmeke and Bischof (2002) discuss the need for therapists to have the ability to ethically recognize and raise issues of spirituality in therapy. They introduce a four-quadrant model that focuses on who raises the issue (client or therapist) and the nature of the issue (spiritual or religious); thus, the four quadrants are:

- Quadrant I: Spiritual issue raised by client

- Quadrant II: Religious issue raised by client
- Quadrant III: Spiritual issue raised by therapist
- Quadrant IV: Religious issue raised by therapist

These authors suggest that there are slightly different methods for approaching each quadrant. As an example, the authors present the case of a woman who is feeling very depressed telling her therapist that she struggles with her church's stance on abortion as she herself had an abortion 15 years earlier (Quadrant 2). In this situation, the therapist may need to do some research outside of session on the particular religious denomination of the client, may want to use a collaborative approach with a religious leader, listen carefully to specific religious language, and be aware of their own possible reactivity around certain religious issues. The overall hope of the model is to help clinicians feel more competent and aware of how to address spirituality in therapy, and therefore more likely to address it in therapy.

Maher (2006) presents an exercise for therapists to use self-reflection in order to maintain ethical use of spirituality in therapy. This process first has the therapist examine their "ethical obligations to the client before attempting to utilize a client's spirituality as a therapeutic tool" (p.19). The purpose of this is for the therapist to recognize the power they hold in their relationships with their clients and then to look at their personal spirituality and the influence it has on one's worldview and therapeutic work.

Development of Spiritual Competencies

Another topic that has received attention in the literature is the importance of helping therapists develop a specific set of skills and competencies related to integrating spirituality, including religion, into therapy (Aponte, 2002; Aten & Couden Hernandez, 2004; Haug, 1998a; Miller et al., 2004; Walsh, 2009). The competencies are often related to subjects like assessment,

treatment planning, understanding of how spirituality affect relationships and family systems, basic understanding of a wide range of religious subjects, understanding about the cultural components of spirituality, ethics, etc. For example, therapists must be able to assess and discuss religious and spiritual topics and be able to effectively integrate them into treatment goals and practices (Giblin, 1996; Grams et al., 2007; Haug, 1998a). This includes having a broad knowledge base of religious and spiritual traditions and the ability to skillfully apply therapeutic techniques in relation to spiritual issues (Aponte, 2002). Therapists should be able to assess spirituality, including religion, as a part of culture as in other clinical assessments (Walsh, 2009). These competencies can also be developed through various activities and "homework" assignments for trainees to participate in throughout CFT curriculum (Helmeke & Sori, 2006). For example, one activity is for training therapists to write out their own beliefs about the divine and the purpose of their life and to then re-write the statement eliminating any theological/spiritual terminology. The re-writing process helps therapists realize how complex these issues can be as well giving them an opportunity to practice how spirituality can influence them without letting language impose beliefs upon others (Helmeke & Sori, 2006).

Supervision and Practicum Opportunities

Since supervision and practicum are integral parts of CFT training processes many authors note the importance of including spirituality in these areas (Coffey, 2002; Prest et al, 1999; Stander et al., 1994). This includes discussion about the relational impact of spirituality (Carlson, Erickson, et al., 2002), examination of how spirituality affects supervisees' use of theory (Aten & Hernandez, 2004), and asking supervisees to observe the role of spirituality in relation to gender and identity issues, family role issues, morality and loss issues, diversity issues, and value of life issues (Miller et al., 2004). Trainees need assistance from supervisors in

learning to integrate spirituality in therapy, as well as opportunities to observe cases focused on spirituality, including religion. Having dialogue and exposing trainees to multiple perspectives broadens outlooks and can then be integrated with currently held perceptions (Bava et al., 2002). Supervisors have a responsibility to assist trainees in integrating spirituality into therapy (Aten & Worthington, 2009). This includes providing supervisees with resources and suggestions to help further their knowledge and ability to apply what they learn in a therapeutic setting.

Current Frameworks

There are currently four published frameworks for integrating spirituality, including religion, in training and creating spiritually literate therapists (Aten & Couden Hernandez, 2004; Carlson, Erickson et al., 2002; Haug, 1998a; Roberts, 1999). These frameworks go beyond the eclectic set of recommendations often found in the literature and instead offer models that attempt to present an overall framework for the broad-based inclusion of a spiritual perspective in therapy and training.

Haug (1998a) developed an ethical framework from which therapists can utilize learned skills to competently address spirituality in a therapeutic setting. According to Haug (1998a) in order to deliver ethical therapy, practitioners must develop the following skills: (a) knowledge of various religious traditions, practices, and languages; (b) knowledge of spiritual tenants of traditions; (c) how to develop a religious/spiritual history; and (d) how to ask about spirituality, including religion, in clients lives. Haug proposes that these skills can be achieved by introducing them progressively throughout the training process. This framework also focuses on self-of-therapist work by asking students to personally reflect on the role of spirituality in their own lives and to then examine how these affect their work with clients.

Carlson, Erickson et al. (2002) present a framework to help therapists identify how their spirituality can be a resource to them and their clients in therapy. This model is based on the belief that spiritual beliefs often serve as a source of inspiration and hope for therapists and could play an important role in helping therapists develop an overall sense of meaning and purpose in their work. The model includes the following four steps for therapists to: (a) explore their "spiritual preferences" for "relationships with others" (p.226); (b) "Critically reflect on the spiritual preferences in their lives and in the lives of their clients" (p. 226-227); (c) use of intentional conversations focused on the impact of persons who have significantly shaped therapist's lives on a spiritual level as well as reflection on these impacts; and (d) developing a more acute awareness one's spiritual values and beliefs and finding ways to express these in their work. The overall purpose of this framework is to help therapists use their own spirituality as a resource for themselves in therapy and to provide "many entrances into conversations and relationships that can serve to foster community, to promote social justice, and to stand with and walk with others in ways that deeply honor them as persons" for both client and therapist (p.235). This framework addresses a need in the field to pay more attention to how the therapist as a person can be a resource to their clients (Anderson & Worthen, 1997).

Aten and Couden Hernandez (2004) present a model of the eight domains of intervention a therapist should be able to work with when addressing spiritual topics in therapy. The purpose of this is to develop clinicians' competence in working with spirituality in therapy. These domains are (a) spiritual intervention skills and competence; (b) assessment of spirituality, including religion, in therapy; (c) interpersonal assessment; (d) client conceptualization; (e) individual and cultural differences in relation to spiritual beliefs; (f) theoretical orientations assumptions on spirituality; (g) treatment goals and plans with consideration to spirituality; and

(h) professional ethics and spirituality (p.154). This framework articulates skills associated with each area and details how to help students develop these skills.

Roberts (1999) has developed specific training exercises to enhance therapists' spiritual competencies. Roberts introduces this model as a way for clinicians "to learn more about when, where, and how to work with or not work with spiritual beliefs" (p.258) as well as to provide examples which can be developed to work in different contexts. Roberts (1999) introduces six exercises for training therapists to effectively address spirituality, including religion, in training. These six exercises are (a) personal exploration of beliefs; (b) a dialogue with others; (c) looking at the sacred aspects of family rituals; (d) making a spiritual genogram; e) developing questions to introduce spirituality, including religion, in therapy; and (f) role playing. Some of these exercises involve having therapists provide an ending to unfinished sentences, such as "The spiritual beliefs of my clients…" (p.260). Others are suggestions for small group dialogue on larger spiritual issues or sharing of personal experiences of spirituality. The six exercises are laid out in great detail in the article to help supervisors include them in training. Roberts states that she intends these exercises to be starting points and encourages users to expand and adapt them to their individual contexts and needs.

RESEARCH PURPOSE

While there appears to be a growing body of literature on the topic of integrating spirituality into therapy and the importance of preparing students to address these issues during their clinical training, a common and consistent theme that emerges in the literature is the lack of specific training that students actually receive in this area. Therefore, the purpose of this study is to explore what CFT students are being taught about integrating spiritual and religious topics in therapy. In particular, this study focused on the the following question; what are students being taught about integrating spirituality into their clinical work that they find helpful?

METHODS

Participant Recruitment and Sample Description

The data used for this study was secondary data from an existing data set consisting of master's and doctoral students from Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited couple and family therapy programs. Program directors of the 87 CFT programs accredited by COAMFTE were sent an email and asked to forward the invitation to students in their programs. Email invitations were also sent to the National Council on Family Relations (NCFR) Family Therapy Section listserv and to the state American Association of Marriage and Family Therapists associations. Additionally, an invitation was posted on AAMFT community page and state AAMFT Facebook pages. Three reminder emails were sent out at two-week intervals. Three hundred and forty-one students were recruited and participated in the original study.

Of the 341 participants who completed the original questionnaire, 230 responded to the open-ended question of interest being used for this study. The sample for this study ranged in age from 22 to 62 with a mean age of 32.26 years. The majority of the participants was female (80.4%, n=185), and identified as White (81.3%, n=187). For the type of educational institution for which they were enrolled 29.1% responded private, non-religious, 21.7% private, religious, 47.4% public, and 1.3% identified their institution as something other than these three options. The majority of the participants reported being enrolled at the master's level (69.1%, n=159), with 28.1% enrolled at the doctoral level, and 1.7% were enrolled in certificate level programs.

Procedures

The electronic invitation to participate in the study included an overview of the purpose of study, a link to the electronic survey, and informed consent information. Participants were

also asked to complete a demographic questionnaire. The Institutional Review Board (IRB) at North Dakota State University approved this study.

Instrument

For this study participants were asked to provide written comments to the following open ended question: What are some of the most helpful strategies or ideas that you have been taught about integrating spirituality, including religion, into the therapy process? This open-ended question was in the middle of a larger instrument composed of Likert scale questions and other open-ended questions.

Data Analysis

In order to determine the types of strategies and ideas that students found most helpful in preparing them to integrate spirituality, including religion, into their clinical work, participants' responses to the above question was analyzed through the use of thematic analysis.

Thematic analysis is a type of qualitative research that involves identifying and analyzing themes and patterns within data (Braun & Clarke, 2006). It is widely used and has the advantage of being very flexible. In fact, some consider it less of a specific method and more of a foundational skill or tool for qualitative analysis in general and it is considered to be particularly useful for analyzing secondary data. Thematic analysis can use an entire collection of data or a piece of data set. The end result is that the researcher has captured the important component of the data that identifies a pattern and is related to the specific research question. There are several aspects within thematic analysis that can vary. It can be inductive (does not try to code data from an existing framework) or theoretical (working with previously identified aspects). Also, the data can be analyzed on a sematic (explicit/surface meanings) or latent (underlying properties that the researcher believes shapes the sematic content) level. According to Braun and Clarke (2006)

thematic analysis is guided by three basic types of questions: the research question(s), the questions participants responded to, and questions that guide coding of data. The commonly cited advantages of thematic analysis are as follows: (1) flexible, (2) easy to learn and employ, (3) assessable to general audiences, (4) "thick description" (p. 97) of data set, (5) fits with participants as collaborators, (6) can show similarities and differences within data sets, (7) can produce unexpected insights, (8) social and psychological interpretations can be made, (9) the accessibility makes it particularly suited for policy development.

The thematic analysis used in this study was done from a set of steps laid out by Braun and Clarke (2006), which aim to ensure that the analysis is both rigorous and thorough. Another aspect of these steps that should be noted is that these steps are recursive as opposed to linear. For this study an inductive approach was used, as there was not a previously developed theoretical framework that the coding is being done from. The research question, "what are students being taught about integrating spirituality into their clinical work that they find helpful?" was the focus of this analysis. The first step was becoming familiar with the data. This means reading and rereading data in order to gain sufficient understanding of (basically) what is in the data set. While precise coding was not done at this time, I took notes in order to begin conceptualizing what codes may be identified. In some cases this step involves transcribing data, but in this study this is not necessary.

After becoming sufficiently familiar with the data, the second step was generating initial codes for the data (Braun & Clarke, 2006). These codes recognized some part of the data, but were not yet broad enough to be themes. The codes look different depending on if the researcher is using a data versus theory driven approach. Researchers should attempt to (1) identify as many patterns/codes as possible at this point, (2) keep enough relevant information around the coded

data to ensure it can be contextualized, and (3) remember data can be coded once, multiple times, recoded, or not coded at all. In the case of this study I first sorted the comments and then generated the following initial codes; Resource perspective, resilience perspective (protective), intake/initial assessment (genogram), follow client lead in discussing spirituality /client as expert, curious, use support of religious communities, unique for each person
Be open (accepting, non-judgemental), explore how it influences actions, as a belief system, shapes worldview, specific scholars, focus on strengths/positives, and self-work.

After this rigorous process of coding and recoding I began to search for themes. According to Braun and 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" (p. 82). This involved analyzing the codes to see how they could be arranged and grouped to create "overarching" themes. Under overarching themes there were also sub-themes, which Braun and Clarke (2006) describe as "themes-within-a-theme" (p. 92), and (at this point) data that was put in a miscellaneous category. During this process I began to create a thematic map, which is what is ultimately used to create the "story" the data tells (Braun & Clarke, 2006). At this early stage in the analysis I avoided removing data, as the map was still in progress.

Next, from the basic thematic map a review of themes is necessary. The purpose at this stage was to look at the themes to begin to see if they are cohesive, too broad or undefined, can be combined, etc. At this point in the process I had grouped the data into the following categories which I began to group, ungroup and regroup into the themes; (1) resource/resilience perspective (protective)/focus on strengths/ therapist introduces topic/convey comfort, (2) specific scholars/readings, (3) intake/initial assessment, (4) follow client lead/client as expert/curious/not

knowing/assuming, (5) be open/accepting/non-judgmental/do not impress own beliefs/unique to each person, (6) use support of religious communities, (7) address only if "relevant" or client deems useful or brings up first, (8) explore how it influences actions/is a belief system/shapes worldview, how it impacts/plays a role in each person's life, (9) self as therapist work, and (10) none. I refined the thematic map and looking for internal and external homogeneity. Internal homogeneity is checking that the data within themes is meaningful together and external homogeneity is making sure that distinctions can be made between themes. During this step I needed to recode data, change themes, and go back through previous steps. I continued to do this until the map made sense and appeared to reflect the data in a meaningful and accurate way.

This process allowed me to continue to the "define and refine" stage in which themes and subthemes are more clearly identified and the thematic map appears to be representative of the data. Braun and Clarke (2006) refer to "refine and define" which means looking at what each theme represents and what aspect of the data it captures. The objective is to "identify what is of interest about [the theme] and why" (p. 92). Subthemes were also identified at this point by looking at how the data within the themes could be grouped into sections that were in themselves different from one another, but still within the same overall theme. The final step of this process was the production of the report. This was used to write the "story" the data tells and convince the reader that the themes and the overall story are valid. This was done using a combination of excerpts of particularly vivid or illustrative data and my analysis and explanation of themes. The themes are distinguished from one another and provide a clear picture of the scope and diversity of the data. Also, the themes are tied back to the intent of the research or research question. During this, there were times I needed to broaden and interpret when necessary. Braun and Clarke (2006) list these questions as ones that should be guiding the report: "What does this

theme mean?' 'What are the assumptions underpinning it?' ' What conditions are likely to have given rise to it?' 'Why do people talk about this thing in this particular way (as opposed to other ways)?' and 'What is the overall story the different themes reveal about the topic?" (Braun & Clarke, 2006, p. 94).

Another objective of the steps described above was to ensure that trustworthiness is achieved in this study. According to Morrow (2005) "qualitative researchers acknowledge that the very nature of the data we gather and the analytic processes in which we engage are grounded in subjectivity" (p. 254). Therefore, there are many steps that were taken in order to ensure the rigor or trustworthiness of the analysis. First, as described in step one above, immersion in the data was of utmost importance. Examples of steps taken to ensure adequate understanding of the data include multiple readings of the data before coding, a research notebook that is kept throughout the analysis process (as suggested by Morrow (2005), and consultation with another reader, in this case my thesis advisor, about ongoing coding and interpretation. This was also achieved through regular meetings with my advisor, who conducted an independent coding system that we then compared and discussed, throughout the analysis process. While writing the final report, great care was taken to achieve a balance between "interpretive commentary and supporting evidence" (p. 260). This assisted in the complexity of the analysis and helped to provide a "think description" both of which are also involved in trustworthiness.

RESULTS

The thematic analysis for the research question resulted in the identification of four themes: (1) general ways of introducing spirituality, (2) strength/meaning based perspectives, (3) integration into specific theories, and (4) integration not taught. When appropriate, sub-themes were also identified within these themes. The following section presents a summary of the main findings for each theme.

Theme One: General Ways of Introducing Spirituality

The first theme was characterized by responses that reported general ways of introducing topics of spirituality in therapy. This theme consisted of three sub-themes: (1) assessment/intake, (2) be affirming/communicate comfort, and (3) wait for the client.

Sub-theme One: Assessment/Intake

For this subtheme participants reported that they were taught that spirituality should be addressed at intake or in the initial assessment with each client they work with. The responses reported more formalized means of integrating spirituality into the therapeutic process. For example, one participant said, “Include spirituality as part of general assessment (Genogram, ecomaps, time-lines, etc.) and general intake client forms”. Another participant explained this strategy in the following way: “Include in the initial assessment questions about religion/spirituality is the main strategy so that if they do, you can add that as a possible area of resources during treatment”. Several participants noted that including spirituality in the paperwork completed for intake. For example, one participant noted that they found it helpful to “have a question on our intake forms that ask whether spirituality is important and whether clients would be willing to discuss it in therapy”. This theme was characterized overall by participants reporting that the idea that topics of spirituality should be raised by the therapist as

part of their typical intake process was most helpful to them in integrating these topics into therapy.

Sub-theme Two: Be Affirming/Communicate Comfort

This subtheme was composed of participant responses that a helpful strategy they were taught is to convey their own comfort with addressing spirituality in therapy to their client. Also, they reported a helpful strategy they were taught was to consult with the client about how they would like these topics incorporated into the therapeutic process. In, general, the participant responses in this sub-theme conveyed the belief that therapists should inform clients that they are comfortable discussing the topic of spirituality in therapy. One such response noted that the strategy they found most useful was "helping clients to acknowledge and feel comfortable with the idea of bringing spirituality into the therapeutic setting by broaching the topic in such as way as to let them know that it does not have to be separate from the clinical space". Another participant said,

> [M]any clients are hesitant to discuss it in therapy if they believe it is not appropriate or acceptable to do so. Therefore it is important to ask the clients about the role of their faith or spirituality in their lives explicitly (230).

Other participants noted that collaborative conversations with clients were a helpful strategy they were taught. For example, "Brainstorm with the client how they would like to integrate their spirituality or religion in our sessions", and "asking about the way in which they would like their spirituality to be incorporated into the sessions". The responses in this subtheme were characterized by participant reports that conveying comfort with these topics and collaborating with clients to integrate into therapy were the most helpful strategies they have been taught.

Sub-theme Three: Wait for the Client

This sub-theme represents participants' reports that one of the most helpful strategies that they learned related to integrating spirituality in therapy was that the idea that they should wait for the client to introduce and direct how spirituality is included in therapy. For example, one participant said, "only bring it up if the client does first" while another noted that they were taught "only use this if the client uses in their private life already". Another participant talked about how listening more broadly to client use of spiritual language was a helpful strategy they learned, saying, "My prof advised that we wait for the client to use language that may be of a spiritual or religious background to open up the conversation about what their personal beliefs may be". Overall, the responses in this theme were characterized by the participants reporting that they were that therapists should wait for clients to bring up or raise the issue of spirituality and that these conversations should be client-driven.

Theme Two: Strength/Meaning Based Perspectives

Theme two represents participants' reports that one of the most helpful strategies that they learned related to integrating spirituality in therapy was to view spirituality from a strength or meaning based perspective. This theme consisted of three subthemes: (1) resource/resilience perspective, (2), client as expert/not knowing or assuming, and (3) belief system or worldview/identity.

Sub-theme One: Resource/resilience Perspective

For this subtheme participants reported that the strategy they found most helpful for integrating spirituality into therapy was to view these topics from a resource or resilience perspective, including the importance of exploring potential supports from clients' religious communities. Common examples in this subtheme include, "Asking the clients how it helps

them" and "Have the client use what's been helpful for them". Examples of responses that are particularly consistent with a resource perspective can be found in the following participant responses: "Processing with clients how they use their spiritual practices and religious traditions to help them competently manage challenges in their lives". "From a resilience-based approach, asking clients about their resources and supports in life, I include the exploration of this aspect as well". Participants in this subtheme also highlighted that they found it helpful to learn that they could consult leaders from clients' religious communities as well as helping clients identify how these communities can provide them with support. For example, one participant reported, "Discussing the support system of religious community" and "We are… encouraged to form relationships with religious leaders in the community for personal and client support- either to refer clients to or to access for information". Overall, this subtheme discussed how students were taught to view spirituality as a resource and source of resilience for clients and to draw on religious communities for additional support.

Sub-theme Two: Client as Expert, Taking a Not Knowing Position

This sub-theme contained responses that communicated that participants believed it was helpful for them to learn about the importance of taking a not knowing stance and, allowing the client to be the expert when it comes to the integration of spirituality into the therapeutic process. For example, one participant shared that it was helpful for them to learn to, "let clients be the experts on their faith" and another stated, "From a collaborative perspective, clients are the experts on their spiritual status". Another participant said that it was helpful to learn about, "Taking a position of 'not knowing', being curious about how the clients' spirituality is integrated into their worldview". A final comment that communicates the importance of taking a non-expert, not-knowing position can be found in the following participant statement: "you can't be

taught how to work with specific client based on their faith, because every clients spirituality is different even if their religion is the same". These responses in this subtheme had a wide range of language that was used to express the ideas that clients should be the experts when it comes to these topics and that therapists should remain open and non-assuming.

Sub-theme Three: Belief System or Worldview

Responses in this sub-theme reported that the one of the most helpful strategies participants were taught was to view religion and spirituality as belief systems or worldviews that make up a person's identity and influence their actions. Some participants mentioned specific models that highlighted a systemic integration of spirituality, such as "it is an important dimension of a person's experience and identity". Others noted they were taught that seeing spirituality as part of a client's worldview or belief system can also be helpful to the client. For example, "helping the client to view their belief as a foundation that informs how they handle issues in their lives". Another example is as follows: "Allow the client to inform me about their spirituality and how they piece the world together. It helps me to better understand their worldview".

Finally, one participant reported "The most helpful component of what I was taught is that the exploration of spirituality and religion is often a way to better understand the client's unique worldview and what their value system is". Overall, the responses in this sub-theme illustrated the strategy of viewing spirituality as worldviews or belief systems that influence the identity and actions of clients.

Theme Three: Integration into Specific Theories

This theme is characterized by participant responses that moved beyond simply introducing the topic of spirituality toward specific ways to integrate spirituality into the process

of therapy. The responses in this theme were the only ones that went beyond a more introduction and conceptualization and focused on more practical suggestions. A few responses referred to interventions from specific theories that seemed particularly helpful. For example, one participant said, "Using Narrative therapy to ask questions like--What would Jesus/Buddha say about your fight with depression?". Another participant shared how they were taught to use Bowenian concepts to integrate spirituality into therapy: "It is possible to use God as positive triangulating figure based on one article that was given in a couples class". Finally, another participant noted systemic approaches in the following statement: "We have been taught a lot about the biospsychosocial-spiritual model…If we are truly systemic thinkers, we will address spirituality". The responses in this theme were illustrative of more specific strategies students were taught about integrating spirituality into therapy.

Theme Four: Topic of Spirituality Not Included in Training

While theme four does not directly address the research question, it is still very important as it is telling about the state of training in the field; this theme represents participants' reports that they were not taught any strategies or techniques for integrating spirituality into therapy. It seems important to note that this theme had more responses that were categorized in it than any of the other four themes. Most of the responses in this theme were short, often just being the word "none." While some of the participants indicated that they were not taught strategies for integrating spirituality into therapy, other participants commented on the fact that they received no training on the topic of spirituality in general. In addition to the "none" response, other short responses included "The topic wasn't approached" and "I haven't been taught strategies". Some of the participants whose responses fit this theme also mentioned that they felt they had to learn strategies for integrating spirituality in therapy on their own such as "All of the strategies I use, I

learned on my own through an independent study course I took from another university", "Anything I will use is a result of my own personal experience", and "None in my family therapy program. I have taken independent courses and workshops on my own". Many responses expressed a desire for more education surrounding integrating spirituality into therapy, such as "I wish I had more training" and "I do not know what to answer because we did not really spend much time on spirituality and I really wish we did". Overall, this theme was characterized by a general sense that participants were not taught about integrating spirituality into therapy, and many expressed a desire for more training in this area.

DISCUSSION

This study revealed several important findings that will be highlighted in the following section. The first area to be addressed is the indication from student responses that the field is still in a conceptualization stage in terms of thinking about spirituality, including a tension surrounding who should be responsible for bringing up the topic of spirituality in therapy. The results also highlight that in some cases training is beginning to move into more specific and practical application suggestions for integrating spirituality into the therapeutic process. However, overall therapists are still reporting that their training is not addressing this very important topic. Finally, the implications for training will be examined.

Still in an Introductory Phase

The results of this study appear to indicate that CFT training is still very much in the conceptualization or introduction phase when it comes to the topic of spirituality. Interestingly, this finding both confirms and contradicts the literature on spiritualty in the field of CFT. While Helmeke and Bischof (2008) argue that the CFT field has moved into the third wave that includes the integration of spirituality into the specific practices of family therapy, the findings of this study appear to suggest that the state of CFT training related to these topics remains in what Helmeke and Bischof refer to as the first wave. The fact that participants in this study report that their learning related to the topic of spiritualty was introductory in nature is consistent with Carlson, McGeorge, and Toomey (in press) who argue that, for the most part, the field has not moved toward the specific integration of spirituality into the techniques and practices of family therapy. While it appears that training programs are at least acknowledging the importance of introducing the topic of spirituality in therapy, it seems important that CFT faculty

help students develop more systematic and specific ways in effectively integrate these topics into the actual therapy process.

Responsibility for Integration

The results of this study also highlight an important difference in how participants view the responsibility that therapists have for introducing the topic of spirituality in therapy. For example, many of the participants reported that they found it helpful to learn that they should not bring up the topic of spirituality themselves, but rather wait for the client to raise the topic. On the contrary, other participants reported that it was very helpful for them to learn that it was the therapists responsibility to at least introduce to clients they would be open to talking about spirituality as a resource in the therapy process. These differing views about the role of the therapist in introducing the topic of spirituality in therapy is consistent with descriptions that are found in the CFT literature. While the majority of articles in the literature appear to now take the position that therapists should be the ones to introduce the topic of spirituality with clients in therapy (Aponte, 2002; Aten & Couden Hernandez, 2004; Haug, 1998a; Miller et al., 2004; Walsh, 2009), earlier writings in the field took the more cautious position that therapists should wait for clients to initiate conversions about spirituality so as to avoid the imposition their own spiritual and religious beliefs (Helmeke & Bischof, 2002; Prest & Keller, 1993; Walsh, 1999). Helmeke and Bischof (2002) offer a helpful ethical framework for therapists when considering how and when to integrate spiritual topics in their work. This is the four-quadrant model mentioned in the literature review that highlights specific ethical and practice implications when the topic of spirituality is raised by the client or the therapist.

Strength Based Perspectives

Another important point to highlight is that this study found that participants reported that a helpful strategy they were taught was to conceptualize spirituality from a strength based perspective. Participants described different ways that they were taught to view spirituality as a resource in the lives' of clients that can be accessed and drawn upon in therapy. There are many examples in the literature of viewing spirituality from a strength/meaning based perspective (Elliot, 2009; Haug, 1998a; Prest et al., 1999; Walsh, 1999). For example, Haug (1998a) discusses how spirituality helps individuals develop morals and meaning systems and how knowing this can be helpful in how spirituality is approached in the context of therapy. Elliot (2009) notes that clients report that they feel their spiritual beliefs are a part of their identity and, as such, they desire the inclusion of these topics in therapy. Spirtual beliefs have been found by Haug (1998a) to contribute significantly to how people develop meaning and value systems and by Prest et al. (1999) to add to overall wellbeing. Overall, there is a wide array of literature that has discussed how spirituality is a resource that can be used to create change for clients in therapy (Anderson & Worthen, 1997; Aponte, 2002; Aten & Couden Hernandez, 2004; Prest et al., 2000).

Moving Beyond Initiating Conversations about Spirituality

One of the themes that seems particularly important to highlight is the theme related to integrating spirituality into specific theories and approaches of therapy because it suggests that at least some training programs are beginning to move beyond simply teaching students to initiate conversations about spirituality towards a more in-depth integration of spirituality into therapy. This finding is consistent with the current literature that calls for the field to identify practical ways to integrate topics of spirituality throughout the entire process of therapy (Helmeke &

Bischof, 2008). This finding is a positive sign that at least some students are receiving training that is going past simply how to bring up spirituality into more practical, concrete suggestions.

Continued Lack of Training

However, as is demonstrated by the final theme, integration not taught, training programs are still largely not addressing spirituality adequately with students. Given the growing body of literature on the topic of spiritualty and therapy, this finding may seem surprising. However, the overall lack of training that both therapists and students report related to addressing issues of spirituality in therapy is a common and consistent theme in the literature (Aten & Couden Hernandez, 2004; Aten & Worthington, 2009; Carlson, Kirkpatrick, et al., 2002; Prest, et al., 1999). For example, Prest et al. (1999) found that the vast majority of CFT students surveyed reported that spirituality was not addressed in their training programs. While the findings suggest that some programs appear to be teaching students to introduce and integrate the topic of spirituality into their clinical work, the fact that a large number of participants reported receiving no training on this topic is problematic as it suggests that there is a potential lag in the training that students receive compared to the current literature on this topic.

There are also many ethical issues associated with the lack of training that students receive related to integrating spirituality into therapy. For example, one participant who reported not receiving any training on these issues said, “Anything I will use is a result of my own personal experience.” This statement is particularly troubling as it demonstrates that students who receive little or no training on integrating spirituality into therapy may end up drawing from their personal experience in a way that may negatively impact the therapy process. The literature clearly states that in order to ethically integrate spirituality into the therapeutic process therapists must closely examine their own spiritual beliefs and how those beliefs might negatively impact

the therapy process (Helmeke & Bischof, 2002; Prest & Keller, 1993; Walsh, 1999). Additionally, Haug (1998a) argues students who draw only from their personal experience are more likely to impose their own spiritual beliefs and perspectives on to clients. Given the importance that most family therapists place on spirituality, it is important that training programs teach students about the ethical implications of integrating spirituality into therapy.

Implications for Training

Based on these results there are several implications for training. The clearest implication based on the results found in this study is that programs need to do a better job of preparing therapists to address issues of spirituality in therapy. The first step in this would be to ensure that the subject is actually being addressed, as many participants report they are receiving no training whatsoever on the subject. Given that this has been a consistent call in the literature for many years, it may be important for the COAMFTE to consider being more specific about its encouragement of programs to include the topic of spirituality in CFT training. For example, based on the findings of this study, the COAMFTE might want to consider adopting language that requires programs to teach students how to integrate topics of spirituality into existing CFT theories and practices. There are a number of articles that specifically outline ways to accomplish this that could be useful for CFT faculty (Aten & Couden Hernandez, 2004; Carlson, Erickson et al., 2002; Haug, 1998a; Roberts, 1999). For example, the model presented by Aten and Couden Hernandez (2004) has eight domains of intervention that may be helpful in developing training that effectively teaches therapists ways of integrating spirituality into training.

Another implication for training based on the findings of this study is the need for training programs to be more consistent with the current literature as it relates to the role of the therapist in initiating conversations about spirituality in therapy. As has been discussed, the

current literature has been clear that therapists should be the ones to introduce the topic of spirituality with clients in therapy (Aponte, 2002; Aten & Couden Hernandez, 2004; Haug, 1998a; Miller et al., 2004; Walsh, 2009). However, students are still reporting that they should be cautious or not address spirituality in order to avoid the imposition of beliefs upon clients, a finding that is not consistent with the most current literature. Given this important finding, CFT faculty may want to be more direct about addressing therapist responsibility for integration when teaching about integrating spirituality into the therapeutic process. The four quadrant framework presented by Helmeke and Bischof (2002) may be useful for CFT during the teaching process. Exercises that allow training therapists to reflect on the ethical use of spirituality in therapy, such as those presented by Maher (2006), may also be helpful for faculty in structuring more interactive and personal training activities for therapists.

Limitations

While this study has a number of strengths, there are a couple of limitations that are important to discuss. First, since the study was conducted online and used a one-time response design it did not allow for the opportunity to ask follow up or clarification questions about the answers provided or to seek clarification on vague or incomplete responses. Having the ability to ask follow questions or prompt participants for more detail would have allowed for greater depth and breadth in the study results. There may also have been a selection bias, both in the students that chose to take the study as well as program directors that chose to forward the email seeking participants on to students.

Suggestions for Future Research

There are several directions that future research could continue in this area. One suggestion is that in-person qualitative interview or focus groups could be done in order to

provide more in-depth and specific information as to what students are learning about integrating spirituality that they find helpful. For example, the participant that said "Nothing specific has been taught, just being open to other perspectives, traditions, belief systems." With an in-person interview a researcher could ask more about if anything taught that is non-specific was helpful and how. Additionally, as students are only one source of information, a review of faculty syllabi could reveal important information about what kinds of objectives are being used in training programs. A study that combined syllabi review, faculty interviews, and student interviews would provide multiple sources of information and a greater depth to this research topic. Studies about the integration of spirituality in theory would also be a helpful direction for future research. Finally, future research could gather reports from practicing therapists about what strategies they actually use in integrating spirituality into practice.

CONCLUSION

In summation, the purpose of this study was to explore the aspects of training that students report as being the most helpful in preparing them to integrate spirituality, including religion, in their clinic work. Inductive thematic analysis was used to analyze data from an open-ended question. This resulted in the identification of four themes: (1) general ways of introducing spirituality, (2) strength/meaning based perspectives, (3) integration into specific theories, and (4) integration not taught. While the findings suggest that some training programs are teaching students strategies related to integrating spirituality into therapy, these strategies appear to be introductory in nature and may lack the level of specificity needed for students to more fully integrate spirituality in a meaningful way.

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