THE EFFECTS OF TRAINING, LEVEL OF RELIGIOUS COMMITMENT AND PERCEIVED ROADBLOCKS ON THE INTEGRATION OF SPIRITUALITY INTO PSYCHOTHERAPY

Doctoral Dissertation Research Project

Submitted to the
Faculty of Argosy University, Online
College of Education

In Partial Fulfillment of
the Requirements for the Degree of

Doctor of Counseling Psychology

by

D. Merle Skinner

February 2014

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ABSTRACT

The interest in spiritual integration in therapy has increased dramatically in recent years. Researchers, practitioners, and clients have been studied from a variety of perspectives. This study examines the motivational factors of Evangelical Christian therapists and the relationship between therapist perception about integration and spiritual commitment and training in the topic. An online survey instrument that included the assessment of a therapist's spiritual commitment through the Religious Commitment Inventory – 10, and self-reporting assessment of training was used. A regression analysis was used to discover a significant positive relationship between spiritual commitment and motivation to integrate. In addition, training in spiritual integration was found to have little impact on motivation to integrate. Analysis was done on both a hierarchical structured motivational scale, and on a general motivational scale. Other factors that were identified as significant in counselor motivation included environment and opportunity to integrate.

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DEDICATION

To my loving wife Barb, and my three daughters, Sarah, Danah, and Amy,
whose support, help and encouragement made all the
difference. In addition, this work is dedicated to
my deceased father and mother, who instilled
the value of lifelong education.

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CHAPTER ONE: INTRODUCTION

One of the most contemporary and rapidly growing topics of interest in clinical psychology and psychotherapy is the integration of spirituality into therapy. People pursuing psychotherapy for mental health and relationship issues are interested in integrating their personal spirituality into therapy as their religious beliefs pervade other areas of their lives. Often, topics that relate to the reasons an individual seeks help can be approached differently, depending on whether or not spiritual integration is included into their treatment. Training programs focus on what would be the best and most appropriate ways to integrate, and how to know when to integrate at all. These are just some of the questions that are beginning to be answered in the area of spirituality in therapy (Garzon & Hall, 2012; Miller, 1999; Worthington & Tan, 2009).

This topic is often approached from a humanistic perspective, which is a man-centered focus that agrees with the notion that whatever is perceived as best for the person and their happiness is the best course to take. However, humanism is often inconsistent with (if not in direct opposition with) religious systems that view the world as God-centered, and therefore, a humanist perspective is viewed as inappropriate and incomplete, at times making treatment from a humanist perspective not fully compatible with religious views (Goud, 1990).

This, from a client centered perspective, creates a need for a non-humanist approach to integrating spirituality into therapy. From the perspective that is God-centered, the inadequacy of a man-centered approach does not make sense scientifically. If spirituality as defined by a relationship with God is indeed the chief end of man (as defined by an Evangelical Christian God-centered perspective), then mental health must

integrate spirituality. There has been an active discussion among the therapeutic community about the incompatibility of secular models in dealing with the Evangelical Christian client (Kanz, 2001). Part of this is due to the challenge of belief systems that may be opposed to a psychologist's particular (likely secular) perception of health when working in explicitly Christian settings, and the effect that the discrepancy may have on the therapeutic process (Eriksen, 2002). With monotheistic (and therefore God-centered) religions comprising the largest religious groups in the world, it is tenable that trained clinicians who share the same belief systems can have the background and capability of integrating monotheistic beliefs into therapy with a God-centered approach versus a humanistic one. This would then be particularly true within the Evangelical Christian segment of this population. This same dilemma exists for therapists.

While there is ongoing discussion about different models that are compatible with spiritual integration, such as attachment theory, there is a paucity of research that ties those theories to motivation of therapists to include spirituality. Current trends within the spiritual integration movement range from developing a better understanding about how to teach integration techniques, understanding counselors' perception about the inclusion of spirituality and religion in therapy, defining the nature of spiritual interventions, and the clarification of what the nature of supervision should be around these topics. Issues being considered by the profession range from multicultural awareness and sensitivity, to the call for spirituality to be considered foundational in the treatment process. Many therapists are not sensitive to these issues and that motivational and de-motivational factors may create significant barriers that keep the large available pool of licensed

Evangelical Christians from being a resource to a large and growing area of need in professional therapy (Reinert, 2009).

Problem

Within this framework, although there is a large professionally trained group of Christian therapists who could fill a growing need of psychotherapy that incorporates spirituality into therapy, there also appears to be a great deal of ambivalence within this group of professionals regarding spiritual integration (Tan, 2003). While some information is known regarding the integration of spirituality into therapy, such as the types of therapists who are most likely to use spiritual techniques in therapy and in what kinds of settings (which is illuminated nicely in a meta-analysis done by Walker, Gorsuch, and Tan, 2004), the reasons that some therapists do or do not do so is still largely unknown. Interestingly enough, Tan (2004) found that those professional therapists doing therapy who were trained in religious settings were less likely to integrate spiritual concepts in therapy than those who were personally religious but were trained secularly. While this information is known, there is still little information about the motivations of these therapists when deciding to include or exclude the integration of spiritual interventions into the therapeutic process, or why those who are religiously trained are less likely to integrate.

In addition, within the community of individuals who seek therapy with the incorporation of their spiritual beliefs, there is resistance against going to a therapist who is not working from a Christian worldview, at times further funneling patients to those who are less effective at incorporating spirituality into treatment or encouraging religious clients to choose religious helpers who are not professional therapists (Bretherton, 2006).

Therefore, while there is a large group of effectively trained and licensed clinicians who are fully capable of treating patients and also happen to share their belief system (in this case, Evangelical Christian) and who patients prefer, they have not engaged in more spiritual integration. Often, these therapists are still operating within a system that is both ineffective in meeting their clients' preferences, but also is not consistent with their own personal beliefs about human development by using a generic humanistic approach applied by secular therapists. This was the driving question of this study: to figure out why the seemingly most prepared and capable therapists, in terms of delivering therapy to Evangelical Christians, are not effectively applying their skills in this high demand area to both better meet the expectations of clients, but utilize frameworks that make sense to them as well.

All of these issues point to incongruence, ambivalence, and angst that can create conflict within the professional therapeutic community that holds to Christian value systems. And while there is growing research interest in spiritual integration in therapy, there appears to be a significant gap that ties those integrative behaviors to therapist motivation. Among therapists who identify with Evangelical Christianity, there is a vast difference of opinion on not only how to integrate, but if (and how much) integration is appropriate. These ongoing discussions heighten the sense of not only the importance of this topic, but the importance of understanding therapists' motivational factors around this topic (Worthington, 1990). Therefore, this study examined the motivational factors that cause or influence a therapist to include or exclude spirituality in counseling. Since there is little prior research in this area, there is little known about which aspects are creating roadblocks to integrating spirituality into therapy when there is a documented

desire for this, and it is most prominent in the group that seems to be the most highly capable of incorporating it. Connecting the relationship of those motivational factors to a therapist's developmental arenas of spiritual commitment and ongoing training can help in understanding how to create bridges between the desires and needs of clients (as well as therapists), and the delivery of the highest quality of services to this and other similarly motivated populations.

Purpose

The purpose of this study was to examine what levels of motivational factors are creating the hurdles Christian therapists experience working in settings where religious therapy can be pursued, and who are licensed to do therapy in their state of practice. This information can help in the future to develop a broader understanding of motivators and de-motivators within this context and incorporate this information into training to provide this service to clients in need. Even though the literature indicates that spirituality can be a motivating force in human growth and development, there are a variety of barriers (both real and perceived) that have kept professional therapists from dealing effectively with the topic of spiritual interventions in their counseling (Cashwell, 2001).

Spiritual integration is viewed in many different ways by those in the profession. Many feel it should not be included in professional counseling (West, 2000). Others believe it is an essential component of any therapeutic process (Eliason, Hanley, & Leventis, 2001). This is true even within the spheres of the professional therapists working with an Evangelical Christian perspective. Understanding the motivational factors behind spiritual integration will help inform therapists about how to improve practice, training, and the use of spiritual interventions, helping to understand paradigms

that affect this practice, and ultimately better train counselors to help people. In essence, research-based information will help practitioners move beyond the philosophical assumptions and posturing which has dominated this topic in the profession.

Although the question has unique implications in a broad sense for all therapists, to better narrow the variables that affect counselor motivation, it mades sense in this study to focus on the motivations of licensed therapists who have a specific spiritual conceptualization. To that end, licensed therapists who identify themselves as Evangelical Christians were chosen as the population to study. This focus was intended to isolate the variable of a therapist's personal theological paradigms within the study, as well as the variable of professional training and competence.

Significance

Although each of these factors have created a practical significance from both a practice orientation and a cultural demand, there is very little research done on how these relatively complicated and powerful factors affect therapists that are on the frontline of counseling and their decisions about spiritual integration in therapy. It would be natural to assume that part of the assessment of the value (or danger) of having a therapist utilize spiritual interventions would be their motivation for using them. Understanding the variety of motivational factors affecting a therapist while integrating spirituality into therapy will help trainees, mentors, instructors and supervisors to better address the issues that affect a therapist when choosing to integrate spirituality into therapy.

The value of looking into therapists' motivations for inclusion (or the exclusion) of spiritual interventions into therapy in an exclusively Christian population will lay a foundation for understanding therapeutic practice using spiritual interventions from the

perspective of the internal belief system of a therapist. In better understanding the cognitive frameworks that surround therapists' use of spiritual interventions, more specific conclusions can be studied that allow therapists to deal with not only their own intrapersonal issues, but the meta cognition around this topic that involve transference and counter transference when dealing with the growing interest and desire of clients to utilize spiritual interventions in their therapy. The development of this topic will result in more effective training of therapists.

Therapists need training in integrating religious and spiritual principles (Crook-Lyon et al., 2012) in graduate school programs. Previous studies have shown that the interests of therapists in religious matters are related to their use of religious and spiritual techniques in counseling (Walker et al., 2004). In addition, there is some recent research with group counseling that indicates the counselors' level of religious commitment has a positive relationship with the use of spiritual interventions (Cornish, Wade, & Post, 2012). There are interesting and counterintuitive aspects to the spiritual integration research that need to be explored further. There is some research that indicates a concern about the level of spirituality that should be included in therapy. Wade, Worthington, and Vogel (2007) showed that as the complexity of a spiritual intervention increases, there is less likelihood of a counselor using it.

There is a growing call for counselors to assess their personal capability of integrating religion and spirituality into therapy (Crook-Lyon et al., 2012). This study provides information about the importance of the motivations of the therapist in being able to implement these concepts in a productive and effective way. It can guide future

research that will increase self-awareness in training efforts, and an intrapersonal and reflective understanding on the part of therapists.

A clearer understanding of the factors that influence therapists will allow the field to move beyond the current state of practice which is tentativeness with spirituality in client care. Crook-Lyon et al.'s (2012) study of counselors' perceptions about training for spiritual integration found that the majority of respondents felt that religion and spirituality should be included in graduate training, could be seen as a multicultural issue, and among other things, saw the importance in including religion and spirituality within the context of therapy. Two significant results that were de-motivators within the study indicated that therapists saw the potential for being too superficial, and the integration potentially diminishing other multicultural issues.

If we recognize that there is a cultural initiative indicating spirituality is a critical aspect of therapeutic interest, and that many therapists see spirituality as a strong influence in life (AACC, 2012), then we are driven to understand why there is not more therapist motivation to include it in practice. In the context of this research more specifically, it is imperative to find what de-motivational factors are correlated with a lack of integration in a population of licensed therapists serving one of the largest religious groups in the United States today.

Research Questions and Hypothesis

Prior research, professional writing, and clinical experience indicate that there is some type of interactive relationship between various motivational factors and levels of integrative practice. Two of the variables identified relate to personal spiritual and religious commitment and training in spiritual integration. The literature has not

explored connections between these variables, their relationship to each other, and motivational factors involved within therapists to provide spiritual integration in therapy. This study tested the hypothesis that therapist motivation in spiritual integration is related to the level of their personal religious commitment and their training in spiritual integration. Regressive analysis was used to better understand those relationships and the related variables surrounding those variables.

The level of training in spiritual integration was determined by a self-reported response to the survey question, and personal religious commitment was determined by a score on the Religious Commitment Inventory-10. Because of the nature of spirituality and the diverse nature of counseling, in order to make sure that there were consistent variables, several controls were imposed on the selection of participants to define the population and the work environment and then two motivational variables have been defined in the research itself. The first is a structured motivational scale designed to measure a more complicated scale moving from client controlled, counselor sensitive practice to a counselor controlled, client sensitive practice and the second a simple direct reporting of motivation to integrate on a low to high scale.

Research Questions

The research was committed to understanding the effect that spiritual maturity, training, and perceived professionalism of incorporating spirituality have on whether or not a therapist integrates spirituality in therapy. While there are many other factors that are likely involved, this study attempted to develop at least a basic understanding of some of the potential reasons that Christian therapists, working in spiritual integration friendly environments, working with populations who are open to spiritual integration are not

integrating spirituality into therapy as effectively as they could. This initial investigation asked the following research question:

RQ1: Does the level of a licensed therapist's religious commitment and levels of training in spiritual integration predict a hierarchical understanding of motivational factors that result in the decision to integrate spirituality in the therapeutic process?

Predictors: Religious commitment, self-reported ratings of training levels of integrating spirituality in therapy.

Dependent variable: Rating of a hierarchical scale motivational factors regarding spiritual integration in therapy.

The Religious Commitment Inventory – 10 (Worthington et al., 2003) was utilized to determine the religious commitment of the participants in this study. This tool is a brief assessment of religious beliefs using 10 questions that have been validated to effectively measure religious commitment. Professional training in spiritual integration was self-determined by the therapist on a scale of low to high.

Defining Participant Variables

When examining the nature of spiritual integration in counseling, one must distinguish between spiritual help such as that given by a pastor, or professional therapy such as that given by a licensed therapist. Because the literature has begun to identify the difference between religious guidance and spiritual integration in counseling, this study targeted professional therapy, and the participant population was limited to professional counselors who had some type of professional counseling or psychological licensure within a state (Tan, 2003). This limitation assumed that the participants had professional counseling training that allowed them to understand the need for client-therapist ethical

integrity, the ability to be self-aware in dealing with issues involving the needs of clients, and that in doing so, would be able to assess spiritual integration within counseling in the context of client health and need, and be able to differentiate between their own needs and feelings regarding spirituality in counseling.

The second participant exclusion related to the issues that revolve around the definition of spirituality in the context of values. There are a variety of perspectives on what spirituality is within our society, and it was assumed that the definitions of spirituality and the worldviews that surround those definitions would motivate therapists in different ways to integrate spirituality in counseling with various goals. Because of that, this study was limited to therapists who identify with Evangelical Christianity as defined by the statement of faith that reflects the values of the Evangelical Christian community (ECFA, 2013). This group was picked because of the significant population who practices within that worldview, as well as the general interest of that client population in the topic of spiritual integration in counseling.

Finally, the last exclusionary control variable was the therapist's ability to freely practice spiritual integration within the context of their current practice setting. The assumption was that if a therapist can only think about the potential of practicing integrative techniques, rather than actually practice them, that would affect their integrative motivational thought patterns. Thinking about what one would do is different than actually having the ability to practice and make direct impact upon clients in practice, and would therefore affect the development of motivational and de-motivational factors around integrative practice issues.

After controlling for professional skill and religious values, it is important to examine the other potential dynamics involved that could be related to motivations around the integration of spirituality in therapy. In assuming that the Evangelical Christian worldview would support the integration of spirituality in counseling, there are questions about why there are professional therapists who don't integrate, and what motivates them to choose whether or not to integrate. The first dynamic that could deal with these variables would be the level of spiritual and religious commitment within the therapist. It certainly is possible for a therapist to embrace a series of values that are held by Evangelical Christianity, but not be able to assess their importance or level of significance to themselves or others. It would be assumed that a higher level of spiritual commitment would indicate a higher likelihood of commitment to incorporate those values in the practice of therapy.

There is an assumption that spiritual commitment is in direct relationship to spiritual maturity. This can be measured as an indicator of spiritual commitment (Worthington, Wade, Hight, Ripley, McCullough, Berry, & O'Connor, 2003). For the purpose of this research, that variable was referred to as religious commitment, although there was not an intended distinction between religion and spirituality in naming the variable. For the purposes of this variable the intention was a more overall approach to spirituality and religion.

The second variable considered was the level of training in spiritual integration that a therapist has both been exposed to, but also integrated within their personal practice philosophy. For example, it would seem reasonable that a therapist has a level of spiritual maturity and personal integration that is helpful to him or herself, which creates

a level of motivation to include that spirituality in a therapeutic environment. However, without training and orientation, a therapist might not be motivated to practice that integration (Garzon & Hall, 2012). This is the essence of the training component of the research question. It is likewise possible that a therapist may be motivated to include spirituality in therapy (e.g. by a client's invitation), but not have the spiritual maturity, integrative capacity, or experience to do so in meaningful ways (Cornish & Wade, 2010). Or, a therapist may be under the assumption (because of their training, personal spiritual maturity, or lack of integrative understanding) that to include spirituality in therapy is somehow not professional. Each of these motivational factors could interplay with each other in significant ways to impact therapists' motivation to integrate spirituality into their practice. There is some research that indicates the complicated nature of these questions which are driven by some combination of relationship, experience and environment and will need additional work to understand more clearly (Sorenson, Derflinger, Bufford, & McMinn, 2004).

Operational Definitions

American Association of Christian Counselors. An organization of Christian therapists and other professionals committed to the growth of counselors in the context of biblical Christianity (AACC, 2012).

Lay counseling. Counseling that is done by non-licensed or trained counselors and therapists but who have had specific training in supportive counseling and spiritual guidance (Garzon, Worthington, & Tan, 2009).

Motivation. Factors within a human being (or animal) that arouse and direct goal-oriented behavior (Merriam-Webster, 2012).

Motivational factors. Things that cause or influence motivation toward a behavior. In this case, anything that would cause a therapist to include or exclude spirituality in counseling.

Personal religious (spiritual) commitment. A factor that was determined by score results from the Religious Commitment Inventory – 10 (Worthington et al., 2003).

Professional spiritual integrative training. Any type of professional training that has been offered by a legitimate professional development organization that has a spiritual focus (such as a professional association, religious group, college or university) that addresses spirituality in professional counseling. The delivery format is not significant and can be in the form of digital training, a professional journal, workshop, class, etc.).

Potential harmful therapies. Therapies that through research are likely to be harmful to clients if utilized or implemented (Tan, 2008).

Spiritual bypass. The overuse of the conceptualization of spiritual concepts to mask a personal area of emotional or social growth by replacing it with a spiritualized concept (Cashwell, Myers, & Shurts, 2004).

Spiritual guidance. The use primarily of a relationship with a spiritual mentor to provide guidance for spiritual development and to address the spiritual principles important to the personal growth of a client (Benner, 1998).

Spiritual integration in therapy. The use within the context of therapeutic techniques of spiritual tools such as prayer, scripture, and spiritual concepts to deal with spiritual domains within the client as a part of therapeutic work (Walker et al., 2004).

Worldview. A comprehensive conception or apprehension of the world especially from a specific standpoint (Merriam-Webster, 2012).

Limitations of this Study

The focus on Evangelical Christian therapists, although making the study more focused and manageable, provided a level of bias that missed certain motivators that operate outside the nature of the Evangelical Christian worldview. The narrow focus improved the ability to find the effect of the described variables, as it was a more homogenous group; however it decreased the generalizeability to other religious groups.

This study was conducted via an internet survey (Appendix D). Surveys have notoriously slow response rates, and may have created a sample that was self-selected based on many characteristics. One characteristic may have been the level of training or interest in training in the area of spiritual integration in therapy, which are both major potentially confounding variables. Fortunately, there was limited access to some information regarding the characteristics of the sample as a whole was used to evaluate responders for equivalence. Additionally, the internet survey method limits responders to those who have internet access and capability, aspects which may be related to age and training as well. The primary use of electronic mailing lists and networks used for participant recruitment also tend not to attract those that do not find such networks helpful. Additionally, finding an appropriate sample for the study that represented a broad enough segment of the professional counselors' population was difficult. This component of the research was directly related to the ability to generalize the results of this work.

Summary

In summary, spirituality and therapy have had a continued history of dealing with ambivalence as the two are considered in the therapeutic process. With the recent interest in spirituality and the interest of spiritually minded helpers, that same ambivalence has been partnered with some research, theory, and practical application. With that background, the idea of identifying motivational factors and the level of influence they play in this integrative process is a significant one, as the professional fields of counseling and psychology interact more and more practically and intricately with areas of spiritual development and the integration of therapeutic integration of spirituality into counseling.

As these areas continue to expand and therapists are further involved with both the need to address spirituality in the counseling process and the need to comprehend how that interacts with their own motivational interests, there is a need to both identify those motivations and the factors that surround them. This will become more critical to high quality of professional care to clients in the future. Research-driven data that was produced as a result of this study can provide for that current gap in the knowledge base that is needed to help professionals in their ongoing professional development in this area and to produce more effective client care to their patients.

CHAPTER TWO: LITERATURE REVIEW

For years, many in the professional counseling community have considered spirituality and therapy to be from different worlds. Even at best, some thought the two to be separate arenas of life that potentially should be coordinated and supported by each other. Yet, in spite of that history, research continues to show the value of spirituality for individuals (Crook-Lyon et al., 2012). At times, a medical model has been used to think about spiritual counseling that often relegated spiritual integration to be something that was associated with pastoral staff, and therapy as something associated with professional counselors. For many, this was not a sufficient model and did not address concerns that called for a more comprehensive approach. Others, particularly in the professional psychology realm, viewed spirituality as not objective and scientific (Young, Wiggins-Frame, & Cashwell, 2007). This too, seemed insufficient to those who knew spirituality had been integrated successfully in other fields.

The topic of spiritual integration in therapy has gained not only popular interest by clients recently, but has become an increasing topic of research in the professional literature (Cornish et al., 2012). This interest within the profession has also been signaled by the increase in practitioner interest as exemplified by the growth of the American Association of Christian Counselors (AAAC, 2012), which now boasts a membership of over 50,000 members. As with most professional trends, the literature is lagging behind the contemporary interest of the culture, and is working to keep up with clinical and theoretical assumptions.

The literature is beginning to address the issues of spirituality in counseling on an increasing level (Bart, 1998; Parker & Archer, 2002). Studies of counselor behavior,

counselor spirituality, and client spirituality have developed theoretical constructs around the issues of spirituality and counseling (Cashwell & Young, 2005; Myers & Willard, 2003; Pate & High, 1995; Shafranske & Malony, 1990). Studies have identified differences between spirituality and religiousness (Shafranske & Malony, 1990). Those who have thought about how integration is learned have identified and studied specific interventions in the process of spiritual integration in therapy, and have tied the process to relationships with mentors (Rosenfield, 2011; Sorenson et al., 2004; Stevenson & Young, 1995).

Although the topic of the integration of spirituality into therapy has been gaining interest in the literature, research has not looked specifically at counselor motivations within this context. In addition, little research examines exactly how much integration is actually happening in therapy, only simply whether or not it is (Crooke et al., 2012). There is some sense of how integration affects perceptions of counselors, in that there is a level of increasing discomfort as interventions become more specifically religious, and that multicultural awareness tends to create a sense of concern about using spirituality in counseling (Guinee & Tracey, 1997). As an overall perspective, there are those who call for more of an intentionality and codification of the research regarding spiritual integration and counseling (Young et al., 2012).

It is important to note the distinctions that surround motivation and differentiate it from behavior, practice, policy, and other areas that have been studied. Counselor practice and behavior obviously affect the therapeutic process. However, what motivates practice and behavior is what drives the way therapy happens. As additional information is gathered about how practices and techniques shape therapy, motivations need to be

understood so that the field can understand how to shape the behavior that affects practice.

To simply change techniques without understanding what motivates those techniques is presumed to be less effective than helping to understand motivations, and begin to analyze them within the context of practice, philosophy, and training. This becomes a timely topic when examining the interest of the population of Evangelical Christians who desire therapists with a similar spiritual framework (Wade & Worthington, 2003). However, there remains significant levels of incongruence, dissonance, and disconnect within the therapeutic community, even among therapists who identify with Evangelical Christianity with regard to not only how to integrate, but if integration is appropriate.

These ongoing discussions heighten the sense of not only the importance of this topic, but the importance of understanding therapists' motivational factors around this topic to help enlighten these discussions (Worthington, 1990). In this sense, some levels of resolution about motivational factors will allow the shaping of training programs that will help therapists become more self-aware of their motivational perspectives and presumably more able to integrate appropriate research based practice methodologies into the topics of spiritual integration. For example, in a survey of counselors, only 46% saw themselves as competent and able to deal with spiritual materials and information (Young et al., 2007).

Given these dynamics within the profession, this study was designed to look into developing a sense of what motivates (and de-motivates) counselors when it comes to the integration of spirituality in therapy, and in particular, the barriers that keep therapists

from moving forward in the area of spiritual integration in therapy. The presumption was that if we are able to begin to understand the motivations around conceptualization of the process, we can then begin to address how practice and training can be understood within the context of what motivates therapists in this area. Training and professional development models would have the potential to increase effectiveness with the ability to understand motivations within the context of professional practice, research, and client need. This study should be able to complement the work that has been done (Wade & Worthington, 2003) that has focused on the practice of integration, and particularly focusing on how to integrate spirituality into actual counseling practice (Staton, Sorenson, & Vande Kemp, 1998).

Disintegration in Therapy

The question of motivation has not been asked in the literature in the specific context of a therapeutic model. The literature appears to follow philosophical lines of psychological theory when looking at the perspectives that relate to spiritual integration (Rose, Westefeld, & Ansley, 2008). There are broad discrepancies about practice and intervention usage and belief among therapists (Walker et al., 2004). According to Walker et al. (2004), most therapists (over 80%) rarely or never discuss spiritual or religious issues in their counseling practice, yet over 40% of Americans go to religious services on a weekly basis, and over 66% consider religion and spirituality to be an important part of their life.

This disconnect is an important consideration that has become a motivational force in driving this particular study. Rose et al. (2008) provided the first client-based study that used actual client research to show that as a whole, clients in therapy preferred

the discussion of religion and spirituality in therapy. They also noted that the strength of that response was best predicted based upon previous religious experience. With a large and representative sample, these results have implications for examining this further.

Worldview certainly impacts behavior of not only clients but therapists. Values that are not relative (meaning that value is objective rather than subjective) for Evangelical Christians such as the value of marriage, the importance of truth, and the understanding of spirituality as a dimension of mankind that is not an alternative part of life, are all values that affect both client perception and counselor perspective. Ignoring those values is inconsistent with professional integrity, and yet many therapists are required to do that. By learning about and examining the reasons behind why some therapists are reluctant to integrate spiritual techniques into therapy may help to increase their capability in this area and increase the effectiveness of therapeutic outcomes. While further research would be needed, perhaps an appropriately adjusted model could be used with other major religious populations that could benefit from an integrated therapy type as well.

Studies in both overall demographics and specific client orientations toward spiritual integration would point toward substantial client interest; yet, there has been no clear direction within the profession until recently to expand our knowledge in this area (Gallup Inc., 2009). There also no comprehensive approach to the literature (Cornish et al., 2012). Since client need and orientation gives opportunity for direction in professional therapy, these inconsistencies (high client interest, low therapeutic practice) can be linked to issues of implementation in practice. Reasons such as a lack of awareness, skill deficits, concern over ethical questions based on misunderstandings of

cultural expectations, professional training, personal experiences, and other practical matters can provide reinforcement for the historical lack of integration (West, 2000; Young, Wiggins-Frame, & Cashwell, 2007). This ambivalence has not been studied or understood, and in particular, cannot be attributed to practice implications or therapists' motivations about the topic.

Spirituality can mean a lot of things to different people, and that includes professionals as well (American Psychological Association, 2008). Although it is assumed that there are generalities that can be made, for the specific purpose of this research paper, spirituality was defined from a traditional Christian perspective and, in particular, the perspective of the Evangelical Christian community. This was the focus of this study, to define and control theological orientation as a part of motivation. For that large and significant component of the population of both clients and therapists, there are significant considerations. As mentioned earlier, professional associations such as the AACC have been doing work to identify this worldview perspective for a number of years.

Perceived Differences between Religion and Spirituality

From both counselors' (Shafranske & Malony, 1990) and clients' perspective (Cornish et al., 2012), there appears to be a difference between religion and spirituality. It would seem that spirituality is generally seen as more acceptable to be a part of therapy, and religion is less acceptable. Spirituality is commonly considered a part of overall development, while religion is considered a more structured experience; these differences have been noted in a variety of studies (Carlson, Kirkpatrick, Hecker, & Killmer, 2002) and would appear to involve cultural worldview issues. Spirituality is

seen as more personal and spiritual, while religion is more institutionalized (Cornish et al., 2012).

For the purposes of this research, spirituality was the focus. Although religious behavior can be considered, it will need to be in the larger context of a spiritual focus to be considered in this study. This difference is very important as it relates to worldview and the topic of integration. Culturally, religion tends to relate more to symbolism and other overt practices, while spirituality reflects more of an internal process. Because of the nature of therapy, it is the concept of spirituality as a part of the therapeutic process that was addressed throughout this study. It must be noted that because of the choice of the RCI-10 as an instrument that met the criteria of evaluating spiritual commitment, and its name being the Religious Commitment Inventory, the variable for spiritual commitment was named religious commitment to keep consistent terms with the use of the instrument.

Historical Context of Disintegration

Although human services and counseling was the mission of the early Christian church, in many ways that mission focused on the service of helping and supporting individuals as an extension of, rather than an integral part of, spirituality. In contrast, the origination of modern psychology was launched within the context of science and academia. This difference was not only a reflection of some of the cultural trends of the time surrounding the inception of Freud's work, but also the intentional exclusion of spirituality and religion as an integral part of the study of psychology by Freud and others (Zinnbauer & Pargament, 2000). This fragmentation between psychology and spirituality was also perpetrated by those within the religious community (Tan, 2006) as it dealt with

the developing field of psychology. These differences are rooted both in varying perspectives in understanding not only spirituality but also human service delivery.

Although this fragmentation continues today, there have been attempts to bridge the two fields on institutional and individual levels over time (Benner, 1998). Worldview in particular plays a significant role in spirituality. What is interesting for the Evangelical Christian movement is that worldview is defined by documents like statements of faith (AACC, 2010; ECFA, 2012). This would be true for other religious-based counselors as well. However, it is much more difficult to understand and articulate worldview in the context of non-religious counseling, even though that worldview significantly impacts a counselor's orientation and view of spirituality. This explains the argument that spirituality is always integrated in counseling, since worldview is derived from spirituality. A humanistic worldview is biased against a spirituality that is focused beyond human understanding, absolute values, and orientation.

Generalizations about those varying perspectives tend to target a variety of aspects of client-centered discussions, such as client comfort, perspective of spirituality, and ethical questions that are central to the client. This focus tends to align with ethical perspectives that call for client-centered therapy (American Psychological Association, 2002) as an appropriate way of protecting client needs and providing appropriate client care. However, each of these issues minimizes the aspect of care provided by therapist orientation (American Counseling Association, 2010), and many consider it to be an inappropriate focus in therapy. As a result of these combining factors, there has been no study of therapists' motivations for dealing with the integration of spirituality into

therapy. Professional awareness is an acceptable focus when thinking about providing the most comprehensive therapy for clients.

For therapists who philosophically think spiritual integration is important, there is a loss in this dilemma for clients and therapists alike. Tan (2006) summarized several aspects of the literature regarding the exclusion of spirituality from therapy in regard to: (a) the secularization and reductionism of psychology, as well as its historical influence of scientism; (b) the missed opportunities that happen because of the lack of integration of the two fields; (c) the lack of theological neutrality in psychology (secularism) and the resulting bias particularly against the majority of its intended audience; and (d) the use of hermeneutics to understand the differences that result in the study of psychology that limit the ability to study the full spectrum of human experience in its research and understanding. This work raises several concerns about the quality of care if spiritual integration is removed. Spirituality is not only an arena of human development, but an arena that the majority of people in our culture identify as significantly impacting their mental health and should not be left to a sort of hapless and random way of being utilized.

In addition, the literature reveals no consensus regarding the role of spiritual integration within the profession from either a policy or practice perspective. Although there are strong feelings in many of the professional circles, there are also feelings of ambivalence regarding the importance of spiritual integration within therapy. Some of these issues have been already described. Motivations of therapists who have strong philosophical perspectives can be the basis for assumptions from which to develop research questions within the ongoing literature base. There has been little discussion of

therapists' internal issues in this regard, and there are broad discrepancies about practice and intervention usage and belief among therapists (Walker et al., 2004). Many clients seeking mental health services see spirituality as a relevant factor (Richards & Bergin, 2000). There are also studies to suggest that the historical effects of the dichotomy between psychology and religion have created lay expectations that are affecting the delivery of mental health services to those wanting spiritual integration in their therapy (Tan, 2003).

All of these above mentioned research themes, such as high levels of client interest in spirituality in therapy, lack of therapeutic integration of spirituality in counseling, the recent growth of professional organizations and therapists with spiritual orientations, and the lack of study of what motivational factors are involved in this integrative process, all combine to raise interesting questions about therapists' motivations to ignore spiritual integration in their practices, and form the rationale for this study.

Framing Spirituality in Therapy

As is appropriate within the context of a pluralistic culture, the research orientations of the literature are shaped by the various perspectives mentioned above. It is also shaped by concepts relating to political dimensions, freedom of religion, professionalism, ethical considerations like quality of care and the impact of worldview on counseling delivery (Young, Wiggins-Frame, & Cashwell, 2007). Reimbursing agents' perspectives in providing reimbursement affect counselor decision-making as well. Regardless of their orientation, research has found that counselors think that some religious and spiritual intervention is appropriate (Walker et al., 2004). An example of

this would be for therapists to know the religious backgrounds of their clients and use religious language, metaphors, and concepts during counseling sessions with religious clients (Shafranske & Malony, 1990).

There is research that supports the view that spirituality can be included within the framework of some of the major psychological theories (Eliason et al., 2001). The idea that secular techniques can be integrated with spiritual and religious techniques has shown promise in the context of this research. Since there has been no study of therapists' motivations for dealing with the integration of spirituality into therapy, the examination of ethics, professional boundaries, and conceptual frameworks are left incomplete. This hinders the examination of a meaningful discussion about therapeutic interventions for integrating spirituality in counseling.

In opposition to value-based specific inclusionary thought, Goud (1990) identified spirituality as a part of humanistic philosophy in counseling, and identified the spiritual dynamics as critical, but different in terms of value centers. In a humanistic model, spiritual values are seen as not specific or inherent to spirituality, but that which is developed by individuals. These conflicting values within counseling itself need some level of resolution when looking at the integrative question as a whole, but are specifically related to motivations of counselors. When looking even further into the integration question by examining counselor motivations, it becomes even more important to understand the impact of counselor philosophy.

One central perspective that must be addressed from a conceptual framing standpoint is the nature of how to view spirituality in therapy. Some considerations would be to examine it as a multicultural issue (the inclusion of values that may be

different from others' perspectives), or a developmental perspective (the essence of a developmental focus within individuals that requires addressing as a part of the life process). For example, the difference between a multicultural focus and developmental focus would be that viewing spirituality from a multicultural focus would leave a therapist with only the humanistic viewpoint in which each person can have his own perspective on spirituality in the absence of moral absolutes (Groud, 1990). This understanding would produce a significantly different perspective for counselors than if spirituality would be considered a key area of development with specific value based truths for living.

This latter approach would be more consistent with the Evangelical Christian perspective (AACC, 2010). However, contrary to that perspective, there is research to indicate that psychologists tend to view spirituality as a multicultural issue (Crook-Lyon et al., 2012; Olson, 2008). These distinct, and yet subtle, differences are important considerations in the research and for the perspective of this study.

Therapists who view spirituality as a developmental life component would argue that spirituality has intrinsic and absolute value, and as such, can and should be addressed in therapy as any other developmental component would be. There is some discussion about the interplay of these perspectives and how the values affect both client and therapist (Worthington, 1988). This difference is illustrated by a variety of perspectives within the literature with some very interesting results. One study found that the more religious an intervention is the less likely spiritual integration was to be used. (Cornish et al., 2012). Crook-Lyon et al. (2012) found that most reasons cited for disintegration were philosophical and pragmatic in nature.

Client and Cultural Perceptions of Spiritual Integration in Therapy

There appears to be a dissonance between most therapists identifying spirituality as a part of their lives and the profession's disengagement, lack of research, and little integrated professional practice (Walker et al., 2004). In addition, when spirituality is integrated into human service processes, it often is done in the lay professional arena by non-professionally trained therapists in the context of non-research based practice (Garzon et al., 2009). Often, this is because of a response to client need from clergy, organized religious human service providers and others, and a lack of response by professional therapy. Although the philosophical context may be based on accurate theological criteria and religious practice, the therapy and integrative components are often not derived from research based professional practice (Garzon et al., 2009). This can be true because the professionals using them are not trained therapists (pastors, lay helpers, etc.), or because trained therapists do not have the benefit of integrative research based practices that can provide informed practice.

There have been some collaborative efforts that have shown that increased lay counseling efforts that are religious in nature increase clients' expectations about spiritual integration in more professional therapy (Garzon et al., 2009). The work suggests that lay counseling by supportive counseling pastors, trained supportive lay counselors and others establish experiences and expectations that affect clients who later chose to see a professional counselor. Some of the behavioral expectations that clients have developed are the inclusion of prayer, scripture and spiritual concepts in therapy, and that certain research-based therapeutic practices are inconsistent with spiritual integration (Garzon et al., 2009). Other integrative concepts, practices, and expectations to be considered by the

literature are what Christian counseling is and is not, use of prayer and scripture, use of overt and dynamic Christian concepts, and the definition and perception of professionalism.

Additionally, counseling has just recently become a self-regulating profession. The role of licensing boards has been a topic of professional discussion with a variety of perspectives, assessments, concerns, fears, and hopes. Because of the nature of the variety of professionals dealing with counseling and the topic of integration, licensure has been a discussion in the regulation arena. With regard to the potential roles of licensing boards within the profession, professionals focus on understanding the perspectives of the relationship between licensing ideal goals and members' perceived accomplishment. In terms of their perceived importance in public protection, professional stimulation, and elevation of the professional status as defined by members of the licensing boards, there are areas where spiritual integration is an unclear variable (Davis & Yazak, 1996).

These issues have been translated to the areas of spiritual integration within practice. Often, in our increasingly secular society, government regulation can be seen as a force that is counter to spirituality in professional practice, and could be part of the reason for the lack of professional research and practice in these areas. As these motivational factors are discovered in therapists, they can be examined against known research to allow strategic continuing education to be developed within the profession in order to move forward in this seemingly high interest aspect of providing professional services. All of these scenarios provide opportunity for spiritual integration within therapy to be considered a topic for therapists that can create a ambivalence. This

ambivalence has not been studied or been understood, and in particular cannot be attributed to practice implications or therapists' motivations about the topic.

Therapist's Role Regarding Spiritual Integration and Therapy

Christianity is one of the most predominant religions in the United States today. The care of human psychology continues to be under the purview of the healthcare standards of licensed professionals. Progress has been made in secular training to equip these mental health professionals with ways to integrate spirituality with treatment, and this has been successful on several levels. However, it is presumptuous to say that this is the only effective way to integrate spirituality into therapy. A significant and obvious ally for integration would be in the many self-identified Evangelical Christians that are licensed and practicing psychotherapy. There have been attempts to bridge the two fields on institutional and individual levels since the beginnings of psychology, and this trend appears to be accelerating.

As is appropriate within the context of a pluralistic culture, the research orientations of the literature are shaped by the various perspectives mentioned above. It is also shaped by a variety of dynamics including concepts relating to political dimensions, freedom of religion, professionalism, and ethical considerations like quality of care, and the impact of worldview on counseling delivery. Generalizations about those varying perspectives tend to focus on a variety of aspects of client focused discussions such as client's comfort, perspective of spirituality, ethical questions, multicultural sensitivity, and other themes which are all appropriate, but it seems that in providing this service, Christian therapists should be the most prepared to be able to incorporate a person's religiosity into their therapy.

At times, this bridging is reflected by practices that draw clear boundaries between spiritual direction and therapy in some type of symbiotic relationship, and at times it appears to be reflective of exclusionary practices that relegate both mental health and spirituality to roles of extremes from each other. For example, there are those within the counseling movement who believe psychology is a secular science that needs to be separated completely from spirituality (Goud, 1990). Others view spirituality as one of the symptoms of mental dysfunction, which follows Freud's initial framework of spirituality. There are those who believe that the realities (both psychologically and theologically) of spirituality carry an important distinction, but one that needs or can be separated and advance the field. There are also those who believe true psychology must deal with the spirituality as other areas of developmental domains, such as Jung (Benner, 1998). Attempts to truly integrate spirituality in the constructs and structures of therapy and mental health with intentional focus are gaining a relatively new popularity within the discussions of mental health delivery systems and the scholarly study of those practices and related theory is even newer. It is important to note that just having spirituality present in a counseling session makes it an integrative session, but there are significant differences within the integration movement.

There is research to support that one of the roles therapists have taken regarding spirituality and therapy is to use spiritually-accommodated therapy, which adapts therapeutic techniques into spiritually integrated concepts. These approaches work not only well, but better than non-integrated techniques in many cases (Worthington & Sandage, 2011). There have been attempts to provide a structured training process for counselors (Hodge, 2002). There is evidence to support many of the benefits of

spirituality in therapy, which points to the value and at times, the harmful effects of religious coping methods in dealing with a variety of issues (Ano & Vasconcelles, 2005; Jenson, 2008; Knapp, Lemoncelli, & VandeCreek, 2010; Kvarfordt, & Sheridan, 2007; Larimore, Parker, & Crowther, 2002; O'Grady & Richards, 2009; Pargament, 2002; Pargament, Koenig, & Perez, 2000; and Rosenfeld, 2010).

Counselor Motivations

Some examples of counselor motivations to include spirituality in therapy could be: (a) the belief and understanding that spirituality is considered by many not only a valuable part of life, but a significant area of development, and desire to address that area in therapy; (b) that a client is interested in addressing spirituality in therapy; (c) that there is a structural component within the context of an agency or professional structure that expects spirituality to be included; or (d) that spiritual principles are seen as a natural part of life, and ethically need to be addressed in therapy like any other principle of life.

In addition, some examples of counselor de-motivational factors that would cause an exclusion of spiritual principles in therapy: (a) the thought that it is ethically inappropriate to include spirituality in therapy; (b) it is unprofessional to include spirituality in therapy; (c) it is illegal to include spirituality into therapy; (d) therapists may not know how to include spirituality in therapy; (e) a belief that spirituality cannot ever be initiated by the therapist; or (f) therapists may not be able to determine why they don't want to include spirituality in therapy. This list is not exhaustive, and can be expanded as a part of this study. Understanding the motivations of therapists who have strong philosophical perspectives can be a great tool to help guide ongoing training and

supervision issues. This in turn can help drive best practice guidelines that are research based.

Theoretical /Conceptual Foundation

Therapy Using Spiritual Integration

As is reflective of the historical context of this topic, there is little consensus on even what should be studied. However, even with that conclusion, there are many interesting research initiatives that are occurring. One particular distinction that is becoming clearer is between spiritual guidance and spiritual psychotherapy (Tan, 2006; West, 2000) tht illuminate the differences between trained professional therapy and supportive helping relationships. This framework is useful in understanding the difference between what licensed therapists do regarding spiritual integration,n as opposed to the types of guidance based help that is given by pastors and other trained helpers working in the field. It was discovered that therapists who identified themselves as religious and were trained secularly were 20% more likely to integrate spiritual concepts into therapy than religious therapists who were trained in religious settings (Walker et al., 2004). This is an interesting and puzzling conclusion worthy of investigation in itself.

There appears to be a correlation between when therapists identify with spirituality that there is a more clear, effective, and consistent use of spiritual integration (Cornish et al., 2012). This research confirms what would be an intuitive understanding that can be evaluated in the context of motivation. Understanding and believing in something ties it to the concept that it is important to be used.

There is some qualitative research that has attempted to study how therapists integrate spirituality within the context of therapeutic work. This work has tended to focus on spiritual integration of prayer, scripture, and spiritual constructs within other therapeutic tools, and defined the difference of integration from spiritual direction (Walker et al., 2004). It should be noted based on our earlier discussion that these disciplines could be religious in nature or spiritual in nature. For example, praying a rote prayer with a client that is tied to a religious tradition can be considered a spiritual intervention. Praying a prayer asking for spiritual and very personal guidance regarding an issue presenting in the therapy session could also be considered a spiritual intervention.

There is little research about the efficacy of this type of therapy, but there are interesting findings that the work has exposed. As mentioned earlier, there is the phenomenon that among religious therapists, those trained secularly integrate more than those trained religiously (Walker et al., 2004). There are also studies to suggest that the historical effects of the dichotomy between psychology and religion have created lay expectations that affect the delivery of mental health services to those wanting spiritual integration into their therapy (Tan, 2003).

There also appears to be a connection between potentially harmful therapies that have been assimilated into religious practice (Tan, 2008) and spiritual integration. This latter issue can be conjectured to be related to the lack of practice based research which can be assimilated by people wanting to do spiritual integration in therapy. This practice of potentially harmful therapeutic practices is one that would be presumed to be aided by the integration of counselor motivation research into practice based training.

There are therapeutic strategies that seem to fit philosophically with topics lending themselves to spiritual integration. These may or may not be helpful, although a therapist's motivation would make it very attractive. An example that comes to mind would be the 'scared straight' programs in which there is a significant motivation to help clients change behavior that presumably leads to destructive results, and yet the technique of exposing clients to frightening consequences of risky behavior does not have positive results based on research. Therapists thinking or believing that a spiritual intervention is likely to bring positive results doesn't mean that it will bring them. The corollary of that truth is evident as well; a therapist believing that integrating spirituality in therapy is unhealthy for a client does not make it so either.

Part of spiritual integration into counseling is the identification of the spiritual concepts in therapy. Cashwell, Myers, and Shurts (2004) discussed the concept of spiritual bypass that is the use of spirituality to bypass dealing with mental health issues. Clients often use spirituality as an excuse to not address mental health issues. This is a good example of the need for a therapist to be able to understand and integrate spiritual development carefully within therapeutic initiatives. Lack of spiritual awareness in therapists can cause further spiritual bypass symptoms to be reinforced in a client who may choose to spiritualize his dysfunctional coping methods built around psychological wounds if he assesses the therapist as unaware of his spiritual development. The concept of spiritual bypass, then, can be one of several ways that the integration of spirituality into therapy can be a hurtful to a client (Cashwell, Bentley, & Yarborough, 2007).

There continues to be research that provides good information to inform therapeutic practice in a variety of areas such as: identifying the implications for

integrating spirituality in therapy (Hall, Dixon, & Mauzey, 2004); shared decision-making and informed consent (Knapp & VandeCreek, 2006); values differentiation (Knapp & Vandecreek, 2007a); ethical decision-making (Knapp & VandeCreek, 2007b); National Association of Social Workers [NASW], 1999); assessment tools (Standard, Sandhu, & Painter, 2000); understanding the differentiation of self and spirituality (Vaughn, 2009); and tools to help therapists practice integration (Pargament, 2007) and (Plante, 2007).

There is also empirical evidence to help practitioners understand the efficacy of spiritual therapeutic interventions (Worthington, Kurusu, McCullough, & Sandage, 1996). There is also some work done on identifying levels of clinical practice in spiritual integration (Yarhouse & Fisher, 2002) and in the areas of how to teach, prepare how people are taught (Ingersoll, 1997), and understand how students think about and learn integration (Hall, Ripley, Garzón, & Mangis, 2009). All of these areas intersect with the focus of this study, which addresses how spiritual commitment (affected by spiritual maturity) in a therapist and training in the understanding and implementation and balance of spiritual integration affect motivational factors to make decisions about the inclusion of spiritual integration in the therapeutic process.

Orientations of Therapists

In the areas of spirituality in counseling, therapists have a variety of differing opinions (Curlin et al., 2007). Some of this can be attributed to the variety of perspectives of the training programs (Fernando & Elizabeth, 2012b; McCurdy, 2003; Puchalski, Larson, & Lu, 2001). It can also be attributed to the diversity in curricular content (Cashwell & Young, 2004), as well as how counseling students come to training

(Burton & Nwosu, 2003; Olson, 2008). In addition, these diverse opinions can be contributed to the models that are used (Curtis & Glass, 2002). These training issues cut across all training programs (Kelly, 1997; Russell & Yarhouse, 2006; Schulte, Skinner, & Claiborn, 2002; Sorenson, 1997). There is concern about competency when thinking about spiritual integration (Cashwell, 2001), as well as diverse opinions in therapists about appropriateness at all (Carlson et al., 2002).

For some therapists, it is simply a function of multi-cultural assessment and delivery of services (Crook-Lyon et al., 2012), and this perspective cuts across various disciplines (Fernando & Elizabeth, 2012a). For some, training programs have been seen to be the key to understanding issues like philosophical orientations and worldview (Entwistle, 2010). One promising study done by Rose et al. (2008) has developed four theoretical constructs that identify orientations of the integration of spirituality into counseling. These constructs are defined by the therapist's beliefs about the realities of spirituality. On one end of the continuum is the exclusivist who allows only for one spiritual reality and one way to understand it. On the other end of the continuum is a rejectionist who excludes religion and spirituality. Between those two ends of the spectrum are two other orientations: The constructivist allows for the use of spirituality within therapy, and the individual can create that reality, while the pluralist allows for the existence of one spiritual reality but allows many ways to get to it.

These four constructs can provide an opportunity to help therapists identify their own spiritual framework and from there begin to understand their motivation for integrating (or not integrating) spirituality into therapy. It could be true that even training

in self-identification of this framework could help therapists become more aware of their motivations around the inclusion of spiritual integration into practice.

It would be assumed that those different constructs would be helpful in determining motivational factors that are tied to theoretical orientation. Understanding motivational factors help understand theoretical constructs and understanding theoretical constructs can help identify motivational factors. In examining each of these models, there is real need to understand spiritual integration within the context of therapist motivations, as that can help identify the realities of spiritual integration on a day to day level and help therapists become better aware of their own biases, thoughts and behavior patterns, and avoid poor practices relating to spirituality (Tan, 2008). Rose et al.'s constructs could provide one structural way of examining and identifying motivational factors of therapists regarding spiritual integration in therapy as part of self-awareness training (Rose et al., 2008). As those constructs relate to this study, the ultimate value of this research is the potential to fill a portion of the gap in this knowledge specifically in understanding motivational and de-motivational factors for therapists.

Ethical Issues

There are several ethical issues in the context of spiritual integration that need to be dealt with in the context of practice (American Psychological Association, 2002). Tan (2003) identified these issues as: (a) defining the difference between spiritual direction and psychotherapy, (b) developing ethical issues and guidelines involved in psychotherapy and (c) potential training of therapists in the ethical areas of integrating spiritual direction and psychotherapy in counseling. The primary focuses for ethical questions are: (a) the appropriateness of third party reimbursement when spiritual

integration is used actively in therapy, (b) avoiding dual relationships, (c) displacing or usurping religious authorities, (d) imposing religious values on clients, and (e) practicing outside boundaries of competence.

Benner (2008) identified several skill areas and issues that must be addressed by therapists if spiritual integration can happen appropriately. These skills areas are: (a) the ability to understand, discuss and explain the differences between spirituality and religion, (b) deal with the concepts of spirituality and culture, (c) be self-aware and engage in their own spirituality, (d) describe their own spirituality, (e) demonstrate sensitivity to a variety of religious orientations in order to understand the clients, (f) demonstrate an awareness of one's limitation and expertise in spiritual integration in therapy, (g) assess the reality of a client's spiritual domain within therapy, (h) be sensitive and respectful to the spiritual themes within the counseling process, and (i) use a client's spiritual beliefs in the context of therapeutic goals established for the client.

A whitepaper put out by Association of Spiritual, Ethical, and Religious Values in Counseling. (n.d.), which is a part of ACA, has identified a similar set of competencies as part of their work with the integration of spirituality in counseling. These areas of competence are something that has been identified as a concern (Hathaway & Ripley, 2009), and can perhaps be utilized to help provide self-assessment strategies. These can aid in developing confidence in spiritual integration that would indeed address motivational issues around competency.

Rosenfeld (2011) has identified that religion-friendly therapeutic interventions need professional codes of ethics to help identify the differences between helpful and harmful spiritual interventions in psychotherapy. Several codes that are particularly

useful are self-determination, beneficence, and nonmaleficence, and depending on priorities will lead to different treatment interventions. The emphasis in this ethical research has been on good disclosure processes and informed consent (Rosenfeld, 2011). Once again, definition of competence can produce a framework for self-evaluation that can relate to competence.

Training therapists to be able to appropriately integrate is a critical issue relating to ethical competence. Research has been done with APA accredited training programs (Brawer, Handal, Fabricatore, Roberts, & Wajida-Johnston, 2002), which is a good indication of how significant and important an issue this is within the profession. Training appears to be a significant aspect of understanding and dealing with motivational factors in therapists and thus becomes one of the key variables in this research.

Gaps in the Literature

The relevancy of the topic of integration to effectiveness in faith based counseling has been studied, but there is room for additional work to be completed. One of the areas where there is a gap in the research appears to be a study on what factors motivate therapists to address integration within their practice that is addressed by this study. Those questions would naturally surface related to religious mission and perspective, client perceptions and interest, scholarship and theoretical motivations, as well as others, but ultimately could be studied to understand their efficacy.

Additionally, there are clear gaps in the literature related to the research-based studies to understand practice or how to utilize skill sets to accomplish some of the goals that have been identified within the literature. In addition to those areas, there needs to

be ways in which research can enable the understanding of how therapeutic interventions gain traction with regard to efficacy. Finally, there is real need to understand and help identify the realities of spiritual integration on a day to day level, and help therapists become better aware of their own biases, thought and behavior patterns.

There are significant issues that need further study within these and related topics. Elaborating on the tendency of professionals who were trained secularly to integrate more spirituality into therapy than counselors who were trained religiously is fascinating. Another counter-intuitive research topic has noted that practitioners who were religious tended to not be connected with organized religious organizations. Both of these would seem counter-intuitive to what would seem practical and natural, so they may bear tremendous fruit when studied. As noted earlier, there is a lack of coordination and intentionality in the research of spiritual integration. Such a framework would allow research to be more focused and concerted.

Conclusion

Spiritual integration within therapy is a topic that has significant implications for the fields of counseling and psychology. There are many different perspectives on a variety of aspects of its scope. There is insufficient research to provide a clear research-based program guidance to the field regarding this topic. With many questions to be answered, there is one area that has not been studied that is critical to therapy in this area. It also has ignored the issue of therapist motivational and de-motivational factors. If we can understand more about how that process works, it may be possible to clearly define how that not only affects therapy, but also the therapist in the process.

Summary

Chapter 2 covered the prior literature related to each of the areas within the literature that relates to several critical areas regarding motivations as they relate to how therapists integrate spirituality in a counseling session. Although there is little research that is directly related to the topic of motivational factors affecting therapists' perspectives regarding integration, there is a growing body of literature as well as professional interest in the areas of spiritual integration in counseling. Those areas have been reviewed, and there are significant connections that can be made to the topic of what keeps counselors from integrating spirituality into therapy.

Chapter 3 will cover the methodology that was used to examine how the integration of spirituality in counseling is affected by several contributing variables, such as training in spiritual integration in counseling, religious commitment of a therapist, and the barriers that are involved in that process. The examination of that methodology in the context of this literature review and review by regression analysis is the focus of the next chapter.

CHAPTER THREE: METHODOLOGY

Introduction

Spirituality as a part of therapy is a growing interest on many fronts. As described in previous chapters in detail, therapy patients are interested in incorporating spirituality into their therapy, and therapists believe it can be a part of therapy in healthy ways. Because there is increasing interest and demand on behalf of both clients and providers, research in this area is particularly important and is lagging behind clinical experience and theory in significant ways. The current study arose due to inconsistencies in the literature about how therapists incorporate spirituality into therapy, as well as the existing gaps in the research about what motivates and de-motivates therapists (particularly Christian therapists) to choose to integrate or not to integrate spirituality into therapy.

For example, therapists who are religiously trained tend to integrate spirituality 20% less often than therapists who are religious but have been trained secularly (Tan, 2004). Very little research has been conducted to explore how integration is happening in therapy (Crooke et al., 2012). A significant percentage of therapists (54%) do not see themselves as competent and able to deal with spiritual materials and information (Young et al., 2007). Research in this area has been sporadic and appears to be initiated to fill an immediate need or interest, but overall the topic lacks intentionality, uniformity, and would be greatly enhanced by a more meticulous approach.

One area that has not been studied is the question of counselor motivation and de-motivational factors that influence therapists' use of spiritual integration in therapy. Likewise, there is little known from a research perspective about the resultant barriers

that keep therapists from integrating spirituality into practice. There are indications in the research that specific training and spiritual commitment could both contribute to the development of motivational and de-motivational factors in this process, but the data is not clear (Garzon & Hall, 2012; Tan, 2004). Therefore, this study was designed to examine those questions at an initial level with licensed professional therapists who identify with the Evangelical Christian perspective on faith.

Research Design

This study used a quantitative, non-experimental, correlational design to assess the relationship between a licensed clinical therapist's level of religious commitment and level of self-reported training as it relates to a hierarchical understanding of motivational factors that result in the decision to integrate spirituality in the therapeutic process. The use of a regression analysis was particularly appropriate for this type of research to be able to predict how much of an impact the variables of the level of religious commitment and training have on a therapist's motivations to integrate spirituality into therapy, as well as examine control variables as a part of the study.

Justification

While the true randomized experiment is the gold standard for examining the cause and effect of variables. In the case of studies where participants cannot be randomized, such as spirituality and clinically licensed counselors, a survey method is often used for self-report of these types of variables. A regression analysis helps to tease out some aspects of cause and effect (as compared to a simple correlation), because it allows the researchers to imply certain types of causal relationships between variables and then test that model. Therefore, in the absence of the ability to randomize

participants, the self-report survey method is one of the most commonly used designs to assess participant variables and the regression analysis gives the ability to test hypotheses about variable relationships.

Operational Definitions

Religious commitment. Religious commitment in licensed therapists was identified by alignment with the ECFA Statement of Faith and the degree to which the therapists' values determines his or her decision-making as measured by the Religious Commitment Inventory – 10 (RCI-10; Worthington et al., 2003).

Training. The level of therapists' self-reported training in spiritual integration, but also integration within personal practice philosophy is a variable. For example, it would seem reasonable that a therapist has a level of spiritual maturity and personal integration that is helpful to him or herself, and so creates a level of motivation to include that spirituality in a therapeutic environment. However, without training and orientation, a therapist might not be motivated to practice that integration (Garzon & Hall, 2012). It is likewise possible that a therapist may be motivated by others to include spirituality in therapy (e.g., by a client's invitation or a professional expectation), but not have the spiritual maturity or integrative capacity or experience in which to do so in meaningful ways (Cornish & Wade, 2010).

Motivation to integrate. This value can be measured within the context of self-reported answers on the survey instrument. The motivation to integrate was measured by both a structured motivation to integrate variable and a general motivation to integrate. The structured motivation to integrate is reflective of a more complicated level of motivation that moves from seeing integration as inappropriate at the lowest level, and at

the highest level seeing spiritual integration as a significant sphere of influence that requires evaluation and decision-making in the therapeutic process. On one end of this scale is a client-driven and counselor-sensitive process. On the opposite end of the scale is a counselor-controlled and client-sensitive process which will measure a mature and higher level of motivational thought. The study measured a general motivation to integrate variable that is a simple linear variable based on low motivation to high motivation.

Research Question

RQ1: Does the level of a licensed therapist's religious commitment and levels of training in spiritual integration predict a hierarchical understanding of motivational factors that result in the decision to integrate spirituality in the therapeutic process?

Null Hypothesis: Religious commitment and level of training are not related to motivation to integrate spirituality into therapy.

Alternative Hypothesis: Religious commitment and level of training are related to motivation to integrate spirituality into therapy.

Population and Sampling Procedures

Population

The question of barriers identifying the integration of spirituality into therapy is particularly significant to the professional therapists who identify themselves as Evangelical Christians. This is one of the largest religious professional groups and there are already professional development activities targeted to this population of professionals who are both interested and motivated to examine spiritual integration at a deeper level.

Recruitment was done as identified in the above sections, seeking access to participants who belong to professional counseling electronic mailing lists such as COUNSELGRADS, ASERVIC, New Life Treatment Centers, and other appropriate avenues by identifying the need for licensed therapists who are Evangelical Christians. Participants were solicited through email contacts and other digital networking opportunities as was appropriately determined by the professional networks. The survey was hosted at SurveyMonkey, which allowed participants to access the explanation of the research directions, definition of terms, informed consent release signoff, and information about the research (Appendix D).

Inclusion criteria. This study included only therapists who were Evangelical Christians, licensed counselors or therapists, and who had the ability to practice spiritual integration on a regular basis with their clients. The assumptions were that these variables are key pieces that can influence the direction of the research. Depending on the outcome of the study, each of these variables could be controlled in a future research project to see if they would affect the data outcomes. Counselors who did not meet these qualifications were excluded from the study. Controlling for worldview, the participants were limited to counselors who identify with the Evangelical Counsel for Financial Accountability Statement of Faith. This statement is a widely accepted reflection of organizations who espouse Evangelical Christianity (ECFA, 2013).

Licensed practitioners were selected because of the desire to understand how spiritual integration can be included in professional practice in order to differentiate between therapy and spiritual care given by non-licensed therapists. The rigor required of licensure increases the level of professional practice competencies, which is critical to

control for the difference between spiritual care and therapy. Because the targeted group was Evangelical Christian licensed therapists, the population was drawn from networks that contain that population.

Exclusion criteria. Once participants were selected who can identify personally with Evangelical Christianity, the second variable to be controlled was that counselors had the freedom in terms of organizational policy to practice spiritual integration. With the freedom to integrate comes the potential to integrate. Without the potential to integrate, motivational factors are irrelevant. However, when one has the potential to integrate, motivational factors become salient to the decision making process regarding integration.

In order to control for organizational influences for therapists, this variable needed to be controlled. If within the organization there is not freedom to integrate, therapists may not have thought neither about, nor dealt with, the topic of spiritual integration on a professional practice level. If there is no freedom to do so, then the questions become speculative and theoretical, and not useful for this study.

Consent to participate. Consent to be a part of the study was obtained at the beginning of the data collection processes. This occurred at the beginning of the online survey (consent by clicking). Each of these permissions included the risks of participating in the study, which would include the potential for feelings of guilt, anxiety and ambivalence, and of insecurity as a result of being uncomfortable with personal questions about spirituality in professional practice.

Power analysis (bivariate regression)

Prior to conducting a power analysis, initial statistical parameters were set to ensure a valid sample size was obtained. For hypotheses one, a formal power analysis was conducted using the following parameters: (a) power = .80, (b) effect size = .50 and (c) alpha = .05. Thus, using G*Power 3.0.10 (a sample size power analysis program), 67 participants are needed to produce an 80% probability of finding a relationship if one exists (Faul, Erdfelder, Lang & Buchner, 2007). This means that out of the population described above, 67 participants were needed to respond and meet the above criteria to have an 80% probability of finding a relationship if one exists.

Instrumentation

Procedures

For the online survey, permission was obtained from several electronic mailing lists and networks including COUNSELGRADS, ASERVIC, New Life, and others to release an email to their populations. These networks were chosen because of their access to therapists who may meet the required population variables. Invitations to participate were sent to all contacts for participation in the internet survey, with the hope of getting at least the minimum response rate. Participants were directed to a website to participate in the survey and encourage other participants to go there as well.

Data Collection Instruments

The RCI-10 (Worthington et al., 2003) was utilized to determine the religious commitment of the participants. The development of the RCI-10 has been done with a key variable of religious commitment. This concept is theoretically based in the degree

to which a person adheres to his or her values, beliefs, and practices that are religiously based and practiced in daily living (Worthington, 1988).

The key to the use of this instrument is that participants who score high on the RCI-10 would be more likely to integrate spirituality not only into their daily life, but presumably inclined to take those values into their profession. The RCI-10 was the focus of six studies to validate the instrument in which the RCI-10 was determined to be useful in predicting religious commitment. It also seems particularly useful for Christians (Worthington et al., 2003). In addition, it was recommended to be used as an assessment for counseling as one of several instruments needed for general religious assessment (Worthington, 2003).

The online survey instrument regarding spiritual integration is a tool that was used to take a brief assessment of beliefs. It utilized a self-report measure regarding motivation and barriers related to integrating spirituality in therapy, a counselor's level of training in spiritual/religious issues in the use of therapy, as well as rating a hierarchical scale of motivational factors toward integration of spirituality in therapy. This tool was self-administered as a part of an online survey on the internet. The response to this question was on the basis of a 7-point Likert scale (1 = not at all; 7 = very much). Additional variables were asked that related to the therapists' environment to integrate and opportunity to integrate. Demographic data was collected on participants relating to age, gender, ethnicity, licensing agency, and years in licensed practice.

Research Assumptions

There are a variety of assumptions that are a part of the design of the study. The first is in the nature of the study itself. In examining spiritual integration in therapy by

licensed therapists, the design assumes that spiritual integration can be a part of professional therapy and not only has a place in that therapy, but should be a major consideration. This, as noted in the introduction is a paradigm that does not have universal acceptance in the field. The second major assumption made is around the idea of spirituality. As noted in the literature, there are a variety of perspectives about how spirituality can be defined in therapy, and worldview is one of those. The assumption made in this study is that worldview matters, and that assumption could influence the study. A significant perspective and worldview that therapists operate from is the Evangelical Christian worldview. Because of the variety of dynamics around worldview, this study will utilize therapists that operate from an Evangelical Christian worldview, as identified by agreement with the Statement of Faith of the Evangelical Council on Financial Accountability.

Limitations

There are several limiting factors in this study. One of the aspects of a correlational study is that finding relationships between variables does not necessarily indicate casual relation between the variables. Because of the nature of the population and study, it is difficult to generalize the findings to the general population. Although exclusionary criteria were used, the generalization of the results to a larger population is reduced. There are still assumptions made about the variables about spiritual commitment and training that could cause limitations as a part of the research. There are several threats to the integrity of this study that are posed by the potential for researcher bias in the design of the study. The potential for participants to not share openly and

completely because of each of the previously de-motivational variables identified is a risk to the internal validity.

Delimitations

Because of the nature of the study, the topic of spiritual integration could pose a delimiting factor due to the sensitive nature of the topic. It is possible that the barriers to professionals participating in integrating spirituality may keep them from participating in a study of this nature. In addition, the ability of the research to reach enough participants because of the exclusionary nature of the participant identification made it difficult as well. Finally, because of the complexity of the variables, it could be possible for aspects of the study to grow potentially outside the focus of the purview of this research design.

For this study, therapists who are not licensed have been excluded because of an assumption of the need for participants who are professionally trained. In addition, therapists who cannot identify with the Evangelical Statement of Financial Accountability Statement of Faith are excluded so that worldview and religion in therapists can be controlled. Finally, any therapists who cannot freely integrate in their practice were excluded because the need to think realistically about spiritual integration is presumed to be a pre-curser to being able to integrate.

CHAPTER 4: RESULTS

Introduction

This research used a web-based survey to examine if a relationship exists among the target population's (licensed counselors and therapists who can identify with Evangelical Christianity, and have the ability to integrate spirituality in their practice) motivation to integrate spirituality, training, and religious commitment. Each respondent answered the RCI-10, which was then averaged to be utilized as the religious commitment variable and self-reported on their training in spiritual integration. In addition, participants were asked to respond to two questions that measured overall general motivation to integrate spirituality in their practice which became the general motivation to integrate variable, as well as a motivational scale that indicated their motivational strategies to integrate spirituality in their practice which became the structured motivational variable. This latter scale was the focus of the primary research question, and includes a scaled set of responses that move from the perspective of non-integration to a client-focused control system to a therapist-directed control system.

Data Collection and Demographics

A non-random sample of counselors who met inclusion criteria was obtained from several electronic mailing list databases. The online survey link was released on several professional electronic mailing lists s as well as networks that included the Meier Clinics, the Counselgrads electronic mailing list, and the ASERVIC electronic mailing list operated by NOVA University because they were assumed to contain a significant sample of both professionals and therapists who can practice integration, as well as a population of Evangelical Christians who are licensed therapists working in an

environment that allows for the integration of spirituality in counseling. Using these professional networks and electronic mailing lists, the target response goal was to collect a minimum of 67 completed surveys. Based on the electronic mailing list self-descriptions and estimated exposure the invitation was believed to have had the possible exposure to over 2,500 professionals.

A total of 94 responses were received. Given that assumption, a response rate of 3.8% was attained. The response totals were reached within approximately two weeks after the initial request. Participants were directed via a link to Survey Monkey, a website that hosted the survey. To assure the quality of obtaining the inclusion variables, participants were each asked again if they could identify with Christianity on a personal level, if they were licensed (each were asked to identify the licensing body), and if they were able to integrate spirituality in their practice. Of the 94 responses received, one participant was not licensed, and thus the case was removed from study data. Therefore, the total number of participants meeting the inclusion criteria was 93. This response exceeded the minimum of 67 responses that the power analysis indicated would produce an 80% probability of finding a relationship if one exists (Faul et al., 2007).

Participants who responded to the survey were asked to complete three basic demographic questions regarding age, gender, and ethnicity. Participant age ranged from 27 to 69 years old, with a mean of 48.68 and a standard deviation of 11.537, $N = 93$. As displayed in Table 1, there were 30 male participants and 63 female participants. The majority of participants (85.6%) reported being Caucasian, while 8.2% reported being African American. Years of practice were grouped in five-year segments. Based on the reported years of licensed practice, the average grouping was 3.34 which, rounded down,

corresponded with the group practicing 5-10 years. The range of years of licensed practice by the participants included practitioners within a full range of less than 1 to over 15 years.

Table 1

Frequency and Percent Statistics for Gender and Ethnicity

Variable	Frequency	Percent
Gender		
Male	30	32.26
Female	63	67.74
Total	93	100.00
Ethnicity		
African American	7	7.52
Native American	1	1.08
Caucasian	80	86.02
Hispanic	3	3.23
Combination	2	2.15
Total	93	100.00

Data Analysis Procedure

Inferential statistics were used to draw conclusions from the sample tested. The Statistical Package for the Social Sciences (SPSS 22.0) was used to code and tabulate scores collected from the survey. It was also used to provide summarized values, where applicable, including the mean and standard deviation which were processed using frequency statistics. Multiple regression analysis was used to detect a relationship between the variables in the specified model.

Prior to testing the hypothesis, data cleaning, data screening and reliability analysis were undertaken to ensure the variables of interest met appropriate statistical assumptions. Thus the variables were first evaluated for outliers, normality, linearity,

homoscedasticity, and multicollinearity. Subsequently, multiple regression analysis was run to determine if any significant relationship existed between variables.

Hypothesis 1

Multiple regression analysis was used to test whether the level of licensed Christian therapists' religious commitment and levels of training in spiritual integration predict a hierarchical understanding of motivational factors that result in the decision to integrate spirituality in the therapeutic process. The dependent variable, structured motivation to integrate, was scaled at the interval level meaning that participants responded to a 5-point scale. In addition, a scaled general desire to integrate question was asked each participant. The two predictor variables in the model included average score from the RCI-10 and self-reported level of training on a seven point scale. The RCI-10 was scaled at the interval using a 5-point Likert-type scale. The structured motivation to integrate into practice question was scaled at the interval level using a 7-point scale. Descriptive statistics for the three variables are displayed in Table 2, along with other self-reported variables that were included in the survey.

Table 2

Descriptive Statistics of Pre and Posttest Scores by Group Level

Variable	Min	Max	Mean	Std. Dev.	Scale
Religious Commitment	15	5	4.19	0.734	5-point
Training in Spiritual Integration into Therapy.	1	7	5.00	1.778	7-point
Structured Motivation to Integrate (Integrated Scale)	1	5	3.23	1.162	5-point
Identification with ECFA Statement of Faith	1	7	5.65	1.798	7-point
Average Years of Licensed Practice (Scaled 5 year intervals<1;1-5;5-10;10-15;>15	1	5	3.34	1.274	5-point
General Motivation to Integrate	1	7	5.75	1.380	7-point
Opportunity to Integrate	1	7	5.38	0.441	7-point
Environment in which to Integrate	1	4	2.75	0.532	4-point

Note. Valid Listwise, $N = 93$

Reliability analysis. Reliability analysis was run to determine if the distribution of data for religious commitment was sufficiently reliable. Reliability analysis allows one to study the properties of measurement scales and the items that compose the scales (Tabachnick & Fidell, 2007). Cronbach's alpha reliability analysis procedure calculates a reliability coefficient that ranges between 0 and 1. The reliability coefficient is based on the average inter-item correlation. Scale reliability is assumed if the alpha coefficient is >=.70. Results from the test found that the data for religious commitment was reliable at Cronbach's Alpha = .904 (10 items, N= 93).

Data cleaning. Before Hypothesis 1 was tested, the data was screened for missing values. Missing values were investigated using frequency counts in SPSS. Based on the analysis, no missing values were found in the data set. Univariate outliers were investigated by transforming raw scores to z-scores and comparing case z-scores to a critical value of +/- 3.29, $p < .001$ (Tabachnick & Fidell, 2007). Z-scores that exceed this critical value are more than three times larger/smaller than the average and thus may represent an outlier in the distribution.

Specifically, two univariate outliers were found in the distribution for religious commitment, meaning that two cases scored below the critical value of -3.29. That is, case 59 had an average religious commitment z-score of 3.573 while case 60 had an average religious commitment z-score of 3.710. In examining the general motivation variable, case 11 had a z-score of 3.44 (Appendix A, B, and C). Cases with z-scores greater than -3.29 are considered univariate outliers because their score is more than three standard deviations away from the average case score. Based on the results from the analysis, two cases were identified with a z-score of > -3.29 and were excluded from the

religious commitment variable, and one case was identified and excluded from general motivation.

Multivariate outliers were investigated by using the Mahalanobis distance function in SPSS 22.0. Case scores that exceed the critical value of 13.816 for models containing two predictor variables may be considered multivariate outliers. A multivariate outlier means that a case registered scores across a series of variables that were wholly inconsistent with the holistic average of all other cases in the data set. Based on the analysis of the Mahalanobis score for each case, no multivariate outliers were found.

Tests of normality. Before Hypothesis 1 was analyzed, basic parametric assumptions were assessed. That is, for the dependent and predictor variables, assumptions of normality, linearity, and homoscedasticity were evaluated. The deleted residual P-P Plot for the dependent variable was evaluated to assess degree of normality and indicated need for further assessment. Normality was further assessed by evaluating skew and kurtosis statistics.

To statistically test if the distributions for the three variables were significantly skewed, z-skew statistics were compared to the critical value of +/- 3.29. As evidenced by Table 3, the average religious commitment skew coefficient of -1.493 was divided by the skew standard error of 0.250 resulting in a z-skew coefficient of -5.972. The training skew coefficient of -0.950 was divided by the skew standard error of 0.250 resulting in a z-skew coefficient of -3.800. The structured motivation to integrate skew coefficient of -0.479 was divided by the skew standard error of 0.250 resulting in a z-skew coefficient of -1.916. Finally, the general motivation to integrate skew coefficient of -1.138 was

divided by the skew standard error of .250 resulting in a z-skew of -4.552. This technique was recommended by Tabachnick and Fidell (2007). Specifically, *z*-skew coefficients exceeding the critical value of ±3.29 ($p < .001$) may indicate non-normality. Since the religious commitment, training and general motivation to integrate z-skew coefficients exceeded the critical value, the variables were assumed to be non-normally distributed. As a result, transformation using the Log10 function was undertaken. After transforming the variables, z-skew for all variables were within functional parameters (Appendix D).

Table 3

Z-Skew and Kurtosis Statistics for the Three Original Variables plus the Derived Transformed Variables

Variable	Mean	Std. Dev.	Skew	z-Skew	Kurtosis	z-Kurtosis
Religious Commitment	4.12	0.733	-1.493	-5.972	2.626	5.305
Training.	5.43	1.778	-0.950	-3.800	-0.140	-0.560
General Motivation to Integrate	5.75	1.380	-1.138	-4.552	0.982	3.928
Structured Motivation to Integrate	3.23	1.162	0.479	-1.916	-1.081	-2.180
Log10_Religious Commitment	0.79	0.148	-0.387	-1.580	-0.673	-1.388
Log10_M	0.72	0.256	-0.263	-1.050	-1.219	-2.463
Log10_Train	0.43	0.069	-0.712	0.245	-0.114	-0.235

Note. Valid Listwise $N = 93$, Standard Error Skew = .250, Standard Error Kurtosis = .495

Linearity. Results from the test for linearity between the criterion and predictor variables were not significant at $p = .004$ indicating that there was a linear relationship between the variables. In addition, the test for deviation from linearity was not

significant at $p = .686$, meaning a nonlinear relationship did not exist between variables. Thus, the assumption of linearity was met.

Multicollinearity. The assumption of multicollinearity was tested by calculating correlations between variables and collinearity statistics (tolerance and variance inflation factor). Correlations between criterion and predictor variables were not too low and correlations between predictor variables did not exceed .90. Commonly used cut-off points for determining the presence of multicollinearity are T > .10 and VIF < 10. Thus, there were no correlational results violating this assumption meaning the presence of multicollinearity was not detected.

Results of Hypothesis 1

Using SPSS 22.0 Analyze/Regression, there was a significant relationship between the combined predictor variables (religious commitment and training) and both measures of motivation to integrate. A relationship existed with a structured motivation to integrate variable; $R = .276$, $R^2 = .076$, F (2, 87) = 3.583, $p = .032$ (two-tailed). Table 4 displays a model summary of the multiple regression analysis for Hypothesis 1. The value R represents the multivariate relationship between the combined predictor variable and motivation to integrate. An R value of .276 is referenced as a medium effect size by Cohen (1988). R-square (R^2) is the coefficient of determination, which is the amount the dependent variable varies as a result of the combined predictor variables. Thus, 7.6% of the reason why motivation to integrate varies is explained by the religious commitment score and training. The probability of error (p) represents the amount of error explained by testing the multiple regression model. As such, the confidence level was derived by subtracting .032 from 1.00 resulting in a confidence value of 96.8%. This value is

considered acceptable given critical alpha of 95.0% was set prior to testing the hypothesis.

Table 4

Model Summary Generated from Multiple Regression Analysis of Hypothesis 1

Model	R	R-Squared	Standard Error	F	Sig
Omnibus	0.276	0.076	1.141	3.583	0.032
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig
(Constant)		0.865		1.136	0.259
Religious Commitment	0.504	0.196	0.269	2.573	0.012
Training	0.021	0.069	0.033	0.313	0.755

Evaluation of the unstandardized Beta coefficients in the model indicated that score results for religious commitment significantly contributed to explaining the variance in motivation to integrate after controlling for the variance explained by training: Unstandardized *Beta* (religious commitment) = .504, $t = 2.573$, $p = .012$. However, self-reports on training level did not contribute to explaining the variance in motivation to integrate: Unstandardized *Beta* = .021, $t = .313$, $p = .755$.

A post hoc power analysis was conducted using G*Power (a statistical power analysis tool) to determine amount of power in the multiple regression test. Based on the observed parameters of: Effect = .076, Critical Alpha = .05, Sample size = 93, and Number of Predictors = 2, Post Hoc Power = 64.4%, there was a 64.4% probability of finding a relationship between the specified variables. Given the significant findings of $p = .032$, the sample size was sufficient to detect the hypothesized relationship.

As can be seen from Figure 1, the scatterplot for the multiple regression model depicts a significant relationship between the combined predictor variables (religious

commitment and training) and structured motivation to integrate. The multivariate regression formula derived from the model is Ý = 1.35+0.58*x.

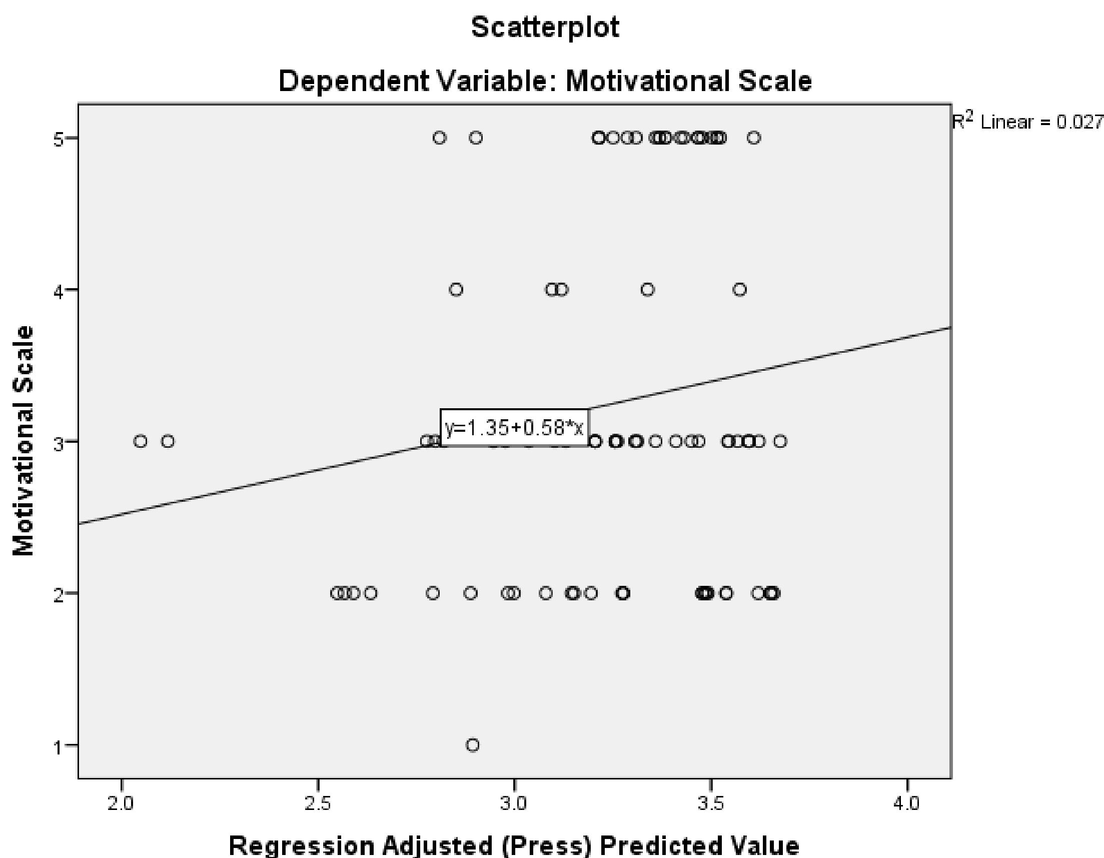

Figure 1. Scatterplot of the full regression model depicting a significant relationship between the combined predictor variables and motivation to integrate.

Control Variables

The positive correlational relationship was examined for several control variables to assess any impact on the correlation between the independent and dependent variables. In addition to the aforementioned analysis, a sequential multiple regression analysis was run to control for the following other variables: worldview, practice years, age, expectation to integrate and environment (supportive structure to integrate) and are described in the following sections.

Controlling for worldview. Participants were asked to respond on the survey about their identification with the ECFA Statement of Faith. The question was scaled at the interval level meaning a forced choice 7-point Likert-type agreement scale was used where low scores meant low agreement and high scores meant high agreement. Table 5 displays counselor's responses across the 7-point scale. The average worldview score was 5.645 (SD = 1.798), N = 93. This variable was noted to be very similar to the religious commitment variable.

Based on the results of the test, there was a significant relationship between the combined predictor variables (religious commitment and training) and motivation to integrate before controlling for worldview. However, after controlling for counselors worldview, the significance level was raised to slightly higher than the chosen standard (.05); $\Delta R^2 = .08$, $\Delta F\ (2, 89) = 3.061$, $p = .052$ (two-tailed).

Table 5

Sequential Multiple Regression Analysis Indicating a Drop from Significant Relationship between Variables after Controlling for Worldview

Model Summary					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R square Change	F Change	df1	df2	Sig. F Change
1	.127a	0.016	0.005	1.159	0.016	1.497	1	91	0.224
2	.282b	0.080	0.048	1.134	0.063	3.061	2	89	0.052

a. Predictors: (Constant), ECFA

b. Predictors: (Constant), ECFA, Training, Religious Commitment

Controlling for practice years. Participants were asked to respond on the survey about the number of years they have been in licensed practice. Their responses were grouped in five year intervals, beginning with less than 1, moving to 1-5, 5-10, 10-15, and more than 15. Each of these groupings was then rated in an interval level meaning a forced choice 5-point scale was used. Table 6 displays counselor's responses across the 5-point scale. The average score was 3.344 (*SD* = 1.274), *N* = 93.

Based on the results of the test, there was a significant relationship between the combined predictor variables (religious commitment and training) and motivation to integrate after controlling for years of practice, $\Delta R^2 = .081$, $\Delta F(2, 89) = 3.880$, $p = .024$ (two-tailed).

Table 6

Sequential Multiple Regression Analysis Indicating a Significant Relationship Between Variables after Controlling for Practice Years

Model Summary					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	020a	< 0.001	-0.011	1.168	< .001	0.037	1	11	0.847
2	284b	0.081	0.050	1.133	0.080	3.880	2	99	0.024

a. Predictors: (Constant), Practice Years
b. Predictors: (Constant), Practice Years, Training, Religious Commitment

Controlling for age. Participants were asked demographic information about their age across a 5point scale on the survey. Ages of the participants ranged from 27 to 69 years old, with a mean of 48.68 and a standard deviation of 11.537, *N* = 93. Based on the results of the analysis, there was a significant relationship between the combined

predictor variables (religious commitment and training) and motivation to integrate after controlling for age, $\Delta R^2 = .08$, ΔF (2, 89) = 3.573, $p = .032$ (two-tailed) – see Table 7.

Table 7

Sequential Multiple Regression Analysis Indicating a Significant Relationship between Variables after Controlling for Age

Model Summary					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.078a	0.006	-0.005	1.165	0.006	0.564	1	91	0.455
2	.283b	0.080	0.049	1.133	0.074	3.573	2	89	0.032

a. Predictors: (Constant), Age
b. Predictors: (Constant), Age, Religious Commitment, Training

Controlling for environment in which to integrate. Participants were asked to respond on the survey indicating their practice environment as it relates to the nature of spiritual integration on a scale of 1 to 4 with 1 indicating that it is only permitted and 4 meaning it is expected. Table 8 displays counselors' responses across the 4-point scale. The average score was 2.75 (*SD* =.532), $N = 93$. Based on the results of the analysis, there was a drop from significance in the relationship between the combined predictor variables (religious commitment and training) and motivation to integrate after controlling for the environment of practice, $\Delta R^2 = .148$, ΔF (2, 89) = 2.137, $p = .124$ (two-tailed). However, the environment of practice as an independent variable had a high level of significance in predicting motivation to integrate, $\Delta R^2 = .106$, ΔF (1, 91) = 10.839, $p = .001$.

Table 8

Sequential Multiple Regression Analysis Indicating a Drop in Significant Relationship between Variables after Controlling for Practice Environment

Model Summary					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.326a	0.106	0.097	1.105	0.106	10.839	1	91	0.001
2	.384b	0.148	0.119	1.091	0.041	2.137	2	89	0.124

a. Predictors: (Constant), Environment

b. Predictors: (Constant), Environment, Religious Commitment, Training

Controlling for opportunity to integrate. Participants were asked to respond on the survey indicating the nature of their opportunity to integrate spirituality in their practice based on a scale of 1 to 7 with 1 indicating no opportunity and 7 meaning all of the time. Table 9 displays counselor responses across the 4-point scale. The average score was 5.376 (SD = .441), N = 93.

Based on the results of the test, there was a drop from significance in the relationship between the combined predictor variables (religious commitment and training) and motivation to integrate after controlling for opportunity to integrate, ΔR^2 = .106, $\Delta F(2, 89) = 2.900$, $p = .060$ (two-tailed). However, the opportunity to integrate as an independent variable had a high level of significance in predicting the relationship ΔR^2 = .048, $\Delta F(1, 91) = 4.605$, $p = .035$ – see Table 9.

Table 9

Sequential Multiple Regression Analysis Indicating a Drop in Significant Relationship between Variables after Controlling for Opportunity to Integrate

Model Summary					Change Statistics				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.219a	0.048	0.038	1.140	0.048	4.605	1	91	0.035
2	.326b	0.106	0.076	1.117	0.058	2.900	2	89	0.060

a. Predictors: (Constant), Integration

b. Predictors: (Constant), Integration, Religious Commitment, Training

c. Dependent Variable: Motivational Scale

Additional Comments from Participants

Some of the open-ended discussion comments made by participants at the end of this study expressed a variety of themes. Some of the more popular were topics which reflected concerns as: (a) the confusion between religion and spirituality in both definition and comfort; (b) the lack of clarity of the role of therapist and counselor's own spirituality; and (c) the issues around worldview and perception.

Additional Exploratory Analysis

While the following additional exploratory analyses do not address Hypothesis 1, there is survey data that is worthy of further discussion. The following topics are presented with that in mind.

General motivation to integrate. Multiple regression analysis was used to assess whether there was a significant relationship between religious commitment, training, and general motivation. The nature of the scaling of the two motivational questions allows for a difference in participant responses. The general motivation question is a simple linear single factor scale. The structured motivational question is a scale that involves a linear progression based on the integration of therapist versus client

direction in therapy. Results revealed a significant relationship between predictor variables religious commitment, training and the dependent variable, general motivation, $R = .515$, $R^2 = .265$, $F(2, 87) = 15.668$, $p = .000$ (two-tailed; see Table 10).

Table 10

Model Summary Generated from Multiple Regression Analysis between Religious Commitment, Training, and General Motivation

Model Components	R	R^2	Standard Error	F	p
Omnibus Model	0.515	0.265	1.092	15.688	000
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	p
(Constant)	1.301	0.828		1.571	0.120
Religious Commitment	0.995	0.188	0.305	5.307	0.000
Training	0.059	0.066	0.084	0.897	0.372

Environment and religious commitment. Multiple regression analysis was used to assess the relationship between environment, religious commitment, and motivation to integrate. Predictor variables were environment and religious commitment while the dependent variable was motivation to integrate. Results of the analysis indicated there was a significant relationship between environment, religious commitment, and motivation to integrate, $R = .383$, $R^2 = .147$, $F(2, 90) = 7.724$, $p = .001$ – see Table 11.

Table 11

Model Summary Generated from Multiple Regression Analysis between Religious Commitment, Environment, and General Motivation to Integrate

Model Components	*R*	R^2	Standard Error	*F*	*p*
Omnibus Model	0.383	0.147	1.086	7.724	001
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	*t*	*p*
(Constant)	.936	.676		1.386	169
Religious Commitment	.329	.160	.208	2.055	.043
Environment	.331	.123	.271	2.684	.009

Summary

Results of the analyses indicated there was a significant relationship between the predictor variables, religious commitment and training, and the dependent variable, structured motivation to integrate spirituality into counseling. Although there is a strong relationship between religious commitment and motivation, self-reported scores on training did not predict motivation to integrate spiritually.

Analyses were conducted to control for five variables: (a) worldview, (b) practice years, (c) age, (d) environment, and (e) opportunity to integrate. Results indicated worldview and environment of the practice both contributed significantly to predicting motivation to integrate spirituality into practice. When a multiple regression analysis was performed on the combined independent variables of environment of practice and religious commitment to structured motivation model, a significant relationship was uncovered (Table 11). An exploration of this data will be presented in Chapter 5 along with a discussion of the potential implications for policy, practice, training and research

in the study of counselor motivational factors as it relates to the integration of spirituality in therapy.

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

The integration of spirituality into psychotherapy is a topic of importance in the current research literature. There continues to be speculation and interest in how different variables interact and play out in this important area of therapy. Therapists' roles and perspectives that are related to motivation and practice continue to be influenced by a variety of theoretical and philosophical questions.

The data uncovered in this research was rich, and contained significant new information that can inform and shape this important area of practice, policy, training, and research; it provides not only the answer to the research question asked, but also provides critical information about other variables regarding counselor motivation for spiritual integration. This study can help with the question of counselor ambivalence by examining the heart of therapist uncertainty (Sorenson et al., 2004) and motivational factors impacting decision-making by therapists to integrate. This study has dug deeply in to those variables and illuminated some of them in important ways.

Informed by the literature (Basset, 2006), the relationship between motivational factors of religious commitment and training (Garzon & Hall, 2012) was chosen as the topic of study. The study hypothesis was developed to examine the importance of counselor motivation to integrate spirituality into therapy. The goal was to determine what makes therapists want to integrate. This goal was accomplished as a result of this study, and significant strides were made in understanding the intricate nature of the topic.

At times, the questions surrounding whether to integrate or not, client and counselor comfort levels, self awareness, lack of theoretical support, and lack of policy and practice guidelines can become significant roadblocks for therapists. The

ambivalence experienced by therapists and counselors can be caused by a variety of factors. Some of the open-ended discussion comments made by participants at the end of this study expressed the nature of this ambivalence. Topics mentioned reflected such concerns as: (a) the confusion between religion and spirituality in both definition and comfort; (b) the lack of clarity of the role of therapist and counselor's own spirituality and; (c) the roles of worldview and perceptions which enlighten the need for more research-based guidance for practitioners and policy leaders alike.

The spiritual integration movement has focused on practice-related issues in their training models. It has left the more foundational issue of what causes therapists to come to these therapeutic crossroads unaddressed and up to individual perspectives. Exploring what motivates (and de-motivates) counselors and therapists to integrate spirituality into therapy is largely unstudied. Members of the profession are also exploring the call for spirituality to be considered foundational in the treatment process, as this has been identified as a large and growing area of need in professional therapy (Reinert, 2009). The combination of these voids has contributed to the ambivalence in the professional community toward the practical implications of spiritual integration in the therapeutic process.

In order to help contribute to the understanding of these critical questions, the purpose of this quantitative study was to assess the relationship between licensed clinical therapists' religious commitment and training as it relates to a hierarchical understanding of motivational factors that result in the decision to integrate spirituality in the therapeutic process. The research question and hypotheses that framed this study were as follows:

RQ1: Does the level of a licensed therapist's religious commitment and levels of training in spiritual integration predict a hierarchical understanding of motivational factors that result in the decision to integrate spirituality in the therapeutic process?

Null Hypothesis: Religious commitment and level of training are not related to motivation to integrate spirituality into therapy.

Alternative Hypothesis: Religious commitment and level of training are related to motivation to integrate spirituality into therapy.

The hypotheses were tested using a regression analysis that was developed to predict how much of an impact the variables of the level of religious commitment and training have on a therapist's motivations to integrate spirituality into therapy. The RCI-10 provided the instrumentation for this study's evaluation of religious commitment. Self-report was used to assess counselor training. A structured motivational scale included a self-report that rated motivation on a scale from low to high, with a low rating reflecting a client-controlled focus and a high rating reflecting a therapist-directed focus. The following section provides an overview of the findings.

Summary of Findings

Results of regression analyses indicated there was a significant relationship between the combined predictor variables (religious commitment and training) and the structured motivation to integrate (dependent variable). There was also a significant relationship when the variable of general motivation to integrate was analyzed. Both measures of motivation to integrate indicated a significant predictive relationship with the combined variables of religious commitment and training. Closer evaluation of the components of the model indicated that score results for religious commitment

significantly contributed to explaining the variance in both structured motivation and general motivation to integrate after controlling for the variance explained by training. However, self-reports on training level did not contribute to explaining the variance in motivation to integrate.

Influence of Religious Commitment

The results of the study indicated that religious commitment on the part of the therapist has a significant influence on the motivation to integrate. It is important to note that the study evaluated motivation, which is distinct from integrative behavior. There was a significant relationship between the combined predictor variables (religious commitment and training) and motivation to integrate before controlling for worldview. However, after controlling for worldview, there was no significance. Worldview was identified in this model as the participant's strength of identification with the Evangelical Council on Financial Accountability's Statement of Faith.

Worldview is related to religious commitment, but could be identified as a lens that the world can be seen through as it relates to spirituality. The lessening of the relationship between religious commitment and training when controlling for worldview suggests the complex nature of how a therapist's own spirituality is layered and may influence various motivational factors that are related to this study. In this model, a worldview determined by Evangelical Christianity would be considered foundational to religious commitment.

The dimensions of gender and cultural identity need to be mentioned in terms of the demographics of the respondents. The response rate of female therapists was approximately two to one over male respondents. This would appear to reflect the nature

of the counseling population. Philipson (1991) noted that psychotherapy is becoming increasingly populated by women practitioners. Although there is an intuitive sense that gender affects spirituality, there is little research to indicate how it might affect therapist motivation to integrate.

Hickson, Housley, and Wage's (2000) research indicated that counselors do not see a difference in how men and women experience spirituality. Counselors do, however, tend to see men and women expressing their spirituality differently. This gender difference in expression but not experience would tend to cause changes in therapeutic technique, but not necessarily change counselor motivation to integrate. Although deserving more attention, these implications would, at most, mean that the nature of the findings in this study may be moderated by the gender of the counselors. The gender of the therapists may affect how they think about expressing their spirituality as therapists. This was indicated by the work of Vosloo, Wissing, and Temane (2009), whose findings show that gender tends to moderate the relationship between spirituality and psychological wellbeing.

The paucity of a broad cultural sampling in the population leaves additional questions about the ability of the findings to speak to multicultural dimensions. Passalacqua and Cervantes (2008) have discussed the intersective roles that gender, culture, and spirituality play in therapy. Much needs to be learned about how cultural influences impact the motivational factors involved in spiritual integration. It could be assumed that the lack of cultural and racial diversity in this study's population would warrant closer examination with other more racially diverse populations. However, one recent study noted that with African Americans (Skarupski, Fitchett, Evans, & Mendes,

2013), race differences in the association of spiritual experiences and life satisfaction in older age were not existent when moderated by religious commitment. In that study, significant religious commitment appears to override racial differences.

The Role of Training

Results of this analysis indicated that training in spiritual integration does not contribute to the multiple regression model in predicting a therapist's motivation to integrate. This at first seems counter-intuitive, but under closer examination may actually provide information as to why training does not seem to impact integration. There are several dynamics to these findings that need to be further explored. The first relates to the fact that the dynamic of self-reporting and self-determination is somewhat arbitrary.

However, it could be assumed that the reporting by licensed professionals who have to submit to rigorous training career standards should be able to self-report accurately. The second dynamic then becomes if the results don't indicate a correlation to motivation to integrate, perhaps the training they received is ineffective in helping them identify and address their motivational factors to integrate. It would be plausible that much of the training thus far in spiritual integration has been focused on multi-cultural training and client sensitivity rather than on how to integrate spirituality into therapy. If this is correct, then it would make sense that this kind of training would not affect a counselor's motivation to integrate in therapy.

In essence, licensed professional counselors would only be trained to become sensitive to client needs and respectful of their religious beliefs. These would both be assumed a foundational part of a professional counselor's skill set. Although important, this would fall short of helping professionals identify their own religious commitment

and worldview, and assess it effectively in terms of meeting needs of clients. It would also not be effective in helping them learn how to fully integrate a skill set that they already have to overcome the ambivalence and de-motivational factors defined by the nature of this process, such as being accused either internally or externally of pushing ones faith or perspective, etc.

This indication that training does not affect motivation could mean that inadequate training would, at best, be neutral in addressing the motivational factors affecting therapists and, at worst, be de-motivational in helping therapists to integrate. Each of these contributing factors could further push therapists from developing the skills that they want to develop, and that many of their clients need (Cornish et al., 2012). Since there has been a major focus on multi-cultural training in spiritual integration, this result indicated that perhaps the effectiveness of that training should be evaluated or at least should not be the primary focus in influencing the issue of motivational factors in integration.

Motivation to Integrate Spirituality

In examining both structured motivation and general motivation to integrate, it was found that both were significantly influenced by our model of religious commitment, and training appears to reflect the power of this relationship. The structured motivation to integrate is reflective of a more complicated level of motivation that moves from seeing integration as inappropriate at the lowest level, and at the highest level seeing spiritual integration as a significant sphere of influence that requires evaluation and decision-making in the therapeutic process. On one end of this scale is a client-driven and counselor-sensitive process. On the opposite end of the scale is a counselor-

controlled and client-sensitive process.

For participants to rank high on the structured motivational scale, a highly sensitive professional would have had to deal with their own motivational issues on a pretty significant level in caring for a client. A high score on this variable would indicate that therapists would have to be motivated by a view of spiritual integration as more than a multicultural value, and view it as a significant domain to be considered in therapy. Therapists whose motivation levels are driven only by a multicultural perspective would tend to score low on this level, since their motivation to integrate would only be in a response to a client's motivation. It is important to highlight this difference, as it requires a different framework of motivation.

In addition to the structured motivational variable, we added a general motivational variable denoted by a straight scaled score that asked therapists to only consider their personal motivation to integrate on a scale of low to high. Although important and enlightening to this study, it required much less introspective thought about spiritual integration on the part of the participants. Results of the study indicated that not only is motivation to integrate significant among this population, it is influenced significantly by their religious commitment.

Interaction of Variables

Because of the exploratory nature of this research, the multiple layers involved, and the lack of existing literature to guide the topic, examination of control variables, and other potential influences on the research were important to be considered. In this case, a significant amount of data was collected that related to the research topic as part of the questionnaire design. Refer to Table 2 to see the variables that were included in the

survey. Five control variables were examined to determine if they had any influence on motivation to integrate: (a) worldview, (b) age, (c) years of practice, (d) environment of practice, and (e) expectations of spiritual integration in practice.

Worldview was not significant, but it approached significance as a factor for motivation, and is related to religious commitment. It should be examined more closely. The variables that were significant as control variables were the opportunity to integrate, and environment in which to integrate. Both of these variables had significant influence on the relationship between religious commitment and motivation to integrate. Each of them indicated that motivation for spiritual integration involved the interaction of a variety of intricate complicated layering of variables which need to be considered carefully. This would be supportive of Sorrenson's position that multiple layers and variables determine the motivation to integrate (Sorenson et al., 2004). This study is an important beginning step in understanding how some of these variables interact within the context of therapists to contribute to their decision-making in therapy regarding the integration of spirituality in the therapeutic environment.

Conclusions and Implications

Understanding the implications of how the multiple layers of motivational factors impact the likelihood of therapists to integrate spirituality into their practice is a critical dimension in better serving the increased interest in spiritual integration on the part of clients, practitioners, and researchers to more positively shape professional practice in contemporary society. The research focus of one aspect (religious commitment and training's impact on counselor motivation) of this multi-layered puzzle has produced some significant findings that can help to understand this complicated process. It has

also enlightened the conceptualization of the importance of other variables on this process as well. This has been done through both the examination of the hypothesis and through the studying of the control variables.

It would be premature to assume that the phenomena of counselor motivations around spiritual issues is now fully understood, but this study has contributed to the knowledge base that has, to this point, been sparse, and several significant conclusions can be drawn. In addition, the population sample's lack of racial diversity is a dimension that needs to be examined more carefully, as well as the dynamic of gender influences, as noted earlier in this work. This however, is the nature of initial research.

The Significance of Religious Commitment

Findings indicated that the religious commitment of the therapist is a significant motivational factor. Religious commitment in a therapist's personal life as measured by the RCI-10 reflects more than openness to spirituality or religion, but a variety of levels of personal commitment to spirituality. This model has been especially successful in assessing religious commitment in Evangelical Christian populations (Worthington et al., 2003). With religious commitment, a reflection of personal spiritual commitment, it would make sense that therapists would find value in spiritual integration for their clients as well. For therapists who do not see personal value in spirituality, it would be easy to understand why they would not be interested in taking a position that would be more than a client-directed approach. This finding could confirm Tan's research (Tan, 2004) which determined that religiously trained therapists integrated less than religious therapists who were trained secularly. This appears to be a confirmation that the motivation for integration comes more from religious commitment than in training.

This may also be why a therapist might be resistant to moving beyond the initial stages of spiritual integration if they have chosen not to pursue that in their own life commitments. For those therapists, a multicultural approach would not only be more practical, but more helpful to the client. As such, these findings would seem to support Cornish's thinking that it is possible that a therapist may be motivated to include spirituality in therapy (say by a client's invitation), but not have the spiritual maturity or integrative capacity or experience in which to do so in meaningful ways (Cornish & Wade, 2010).

These implications are important in the sense that, for a client who wants spiritual integration at a mature level in therapy, finding a therapist who cannot do so would be counterproductive to both the client and the therapist (who would essentially be following the client in spiritual integration because of their own lack of information and background). Spirituality is not just something trite; it is typically a deep personal experience that requires a level of spiritual understanding, training, and sensitivity to be able to work beyond just basic listening skills in a session. These findings suggest that the motivation to integrate spirituality may go beyond the skills that are involved in listening to a client talk about an interest, but must be engaged on a deeper level to be effective. A sense of understanding about that would have impact on motivation. It requires one's own level of commitment to the process. Spirituality also would appear to demand more from a therapist and with it, a level of personal commitment that values and prepares them to want to engage in that same dimension with a client.

The Lack of Significance of Training

This data analysis did not reveal any significant influence that training had as a motivational factor for counselors. Although this is counterintuitive, it may be insightful into the nature of the predominant training that has existed to date. As noted earlier, perhaps the major focus on multicultural and client sensitivity is not effective in dealing with spiritual integration beyond allowing a client to bring that aspect of their experience to the counseling session. Perhaps to address integration on a spiritual level there, has to be more effective training in dealing with counselor spiritual self-assessment, religious commitment, and motivation and de-motivational issues that relate to the counseling process.

Although this at first appears contrary to the work that Garzon and Hall (2012) reported, which was that without training and orientation therapists are not likely to integrate spirituality into their psychotherapy practice, it actually supports that work. It may be true that the training has to be different and at a higher level, honestly dealing with spiritual and religious integration on a level that challenges therapists to address their worldview, perception, religious commitment, and the type of environment in which they work. It is possible that the trainings have focused more on actionable attributes rather than motivational traits. It may be that the training component of spiritual integration is an integral component that comes after the motivational factors. Control factors, such as the environment in which to integrate and opportunity to integrate, that are present in a practice also affect motivational factors in significant ways.

The postulations that can be made from these findings can be important to the ongoing development of practice and policy. One theoretical thrust of current practice is

to treat spiritual integration as a multicultural aspect of therapy (Rosenfield, 2011). These findings speak to the potential misapplication of that perspective. If spiritual integration is treated as a multicultural component of therapy, it is assumed that it is a cultural integral rather than a spiritual one. If spiritual integration is motivated by therapist religious commitment, then it would follow that therapists who are not motivated to integrate would at best be perceived by clients as pacifying their desires, and at worst, incompetent (Tan, 2003). From a supervision and training focus, it would appear that counselor motivational factors must be assessed before training is considered, and perhaps some of the professional training enthusiasm be invested into practical research models that help understand how counselors move toward spiritual integration, rather than assuming that it is something that can be done by any therapist. The relationship of a therapists' religious commitment certainly needs to be examined as a part of self-awareness in dealing with spiritual integration.

The Interaction of Other Variables

There is a clear relationship between counselor motivation that is impacted not only by religious commitment, but by the nature of the environment in which a therapist works. The results indicate that therapists who work in an environment in which spiritual integration is appreciated increases the motivational level of therapists to spiritually integrate. It would also seem that an environment in which a therapist has an opportunity to integrate is a contributor to motivation. This research has shown that each of these variables is part of the motivational factors that need to be considered when examining what causes a therapist to want to integrate spirituality into the therapy session.

This research targeted a professionally trained and licensed therapeutic

community for a variety of reasons. Licensure is known to be a rigorous process that produces client-focused providers who know how to care for the people for whom they provide therapy. That population was chosen because of that group's ability to prohibit their own needs from overriding the needs of their clients.

Given this rigor and the results of this study, one can assume that the motivation to integrate spirituality is about the focus on client care, and as such, still find the need for the right environment, opportunity, and religious commitment in a therapist for it to be successful. In addition, it appears that the variables of therapist's age, years of practice, and training, are not indicated as significant factors in this research. Although the exploratory nature of this work would lend it to be susceptible to not being able to imagine all of the potential in motivational factors let alone test for them, it does provide a path that can be explored further in the future.

Implications for Professional Practice

Results of this research indicated that if spirituality is determined to be an important aspect of therapeutic work, as many clients and clinicians clearly do (Garzon et al., 2009), there is a need to assess religious commitment on the part of the clinician as an important component of addressing that need effectively and with the correct motivation. It seems further evident that another focus to help motivate therapists to integrate would be to create environments that provide positive support for integration, and along with that, opportunities from which to integrate.

As researchers, there needs to be a clearer understanding of the role of training within that context. It would also imply that our current focus on a multicultural emphasis in thinking about spiritual integration should be challenged to be limited to

multicultural integration, not spiritual integration. Multicultural sensitivity is important, but is not spiritual in nature. However, contrary to that perspective, there is research to indicate that psychologists tend to view spirituality as a multicultural issue (Crook-Lyon et al., 2012; Olson, 2008). From a practice perspective, perhaps allowing or encouraging a client to talk about their religion or spirituality in therapy as a factor in their life has different components that include both multicultural and spiritual integration issues which should be considered separately. Therapist motivational factors must be considered if this is to be accomplished effectively.

Training and supervision models may need to be adjusted to start with a therapist's motivation. Rather than assuming anything about spirituality on the part of the client, it may be important to begin to identify both the characteristics of therapists and the type of practice they work in before assuming informational and training perspectives. Finally, identifying what could become a baseline assumption about spiritual integration may be helpful; therapists may or may not be motivated to include spirituality in their therapeutic orientation. Knowing what affects a therapist's ability to integrate spirituality may be an important part of informed consent.

Recommendations for Further Study

This work has explored significant variables relating to counselor motivation to integrate spirituality in therapy. That concept has not been examined empirically before this work. The research has clearly indicated that religious commitment, environment, and opportunity are motivational factors. This discovery is a significant step forward, and provides some direction for further research to clarify how those factors interact and moderate each other in the overall scheme of therapist motivation. These are timely

findings and worth additional exploration by the scientific community.

In addition, the structured motivational model is one that can provide a theoretical framework for further study of spiritual integration as well. Finally, several concrete recommendations for future research in this area can be suggested as a part of this work. Specifically, there are four recommendations that might be considered a natural extension to this study, and hold the potential to further advance findings in understanding therapist motivation to integrate spirituality in the context of the therapeutic process. The following recommendations are presented based on the analyses:

First, the nature of training as it relates to motivational factors for therapists needs to be explored in greater depth. The nature and motivational models of training need to be reviewed for specific areas of effectiveness. They also need to be evaluated based on assessing motivational characteristics for integration. It may be true that training needs to separate multi-cultural training (effective in its own right, or as a skill set involved in spiritual integration) from spiritual integration training.

The implications of this research would indicate that to be effective, training on spiritual integration needs to address counselor motivational factors, and should include issues around counselor religious commitment, worldview, environment, and opportunity. Another possibility would be to consider the role of training in how it can be utilized to support existing motivational factors that are known to impact therapists. Perhaps its role is more strategic in integrative technique once motivation has been clarified. Can a comprehensive set of motivational factors be identified that comprise what would be identified or called a therapists’ motivation to integrate spirituality within the counseling environment? For example, it appears that religious commitment,

worldview, environment and opportunity all play some type of role in the process. Are there other components? How do these variables function in relationship with each other?

In considering worldview, the following questions may be used as a basis for future research: How do these findings vary based on the worldview of other therapists? What impact does worldview have in terms of motivational factors for therapists to integrate spirituality into therapy? Would the results be the same for Jewish Therapists and Spiritual integration? Catholic? Other faiths?

With regard to environment, the following questions may extend the findings of this study? What is the nature of environment and opportunity to integrate that is critical to developing counselor motivation, and supporting spiritual integration? Does the fact that these factors impact motivation to integrate mean that these kinds of issues should be a highlighted part of informed consent?

In addition, a model could be examined that will consider spiritual integration as something separate from multicultural integration. With that understanding, the model could examine how motivational factors that are considered in this research impact the dynamic of client and counselor roles within the context of spiritual integration. Finally, exploration of the results within the context of a more diverse population in relationship to sex and racial background should be done to determine those results.

Summary

The results of this study indicated the important roles that the factors of religious commitment, environment, and opportunity have in determining counselor's perspective and motivation for spiritual integration. Especially significant in terms of counselor

motivation to integrate spirituality into the therapeutic process is the characteristics of a counselor's worldview and religious commitment. The results indicated that these are two important attributes of a therapist that will increase the ability to predict their motivation to integrate spirituality into their work with clients. Likewise, it indicated that training may not be as significant in the motivational component for therapists in integrating spirituality in therapy, as we currently look at spiritual integration in training. There is discussion that training may need to be rethought to be able to see the connection to motivation, or to be helpful to the counselor motivation process.

The results also shed light on the importance and the significance of a therapist's worldview, religious commitment, and counseling environment (including a therapist having the opportunity to integrate spirituality in therapy) when considering their motivation to integrate spirituality with their clients. The profession should find this study valuable, as it continues to address the needs of both clients and therapists in terms of the growing interest and importance of spiritual integration within the current culture.

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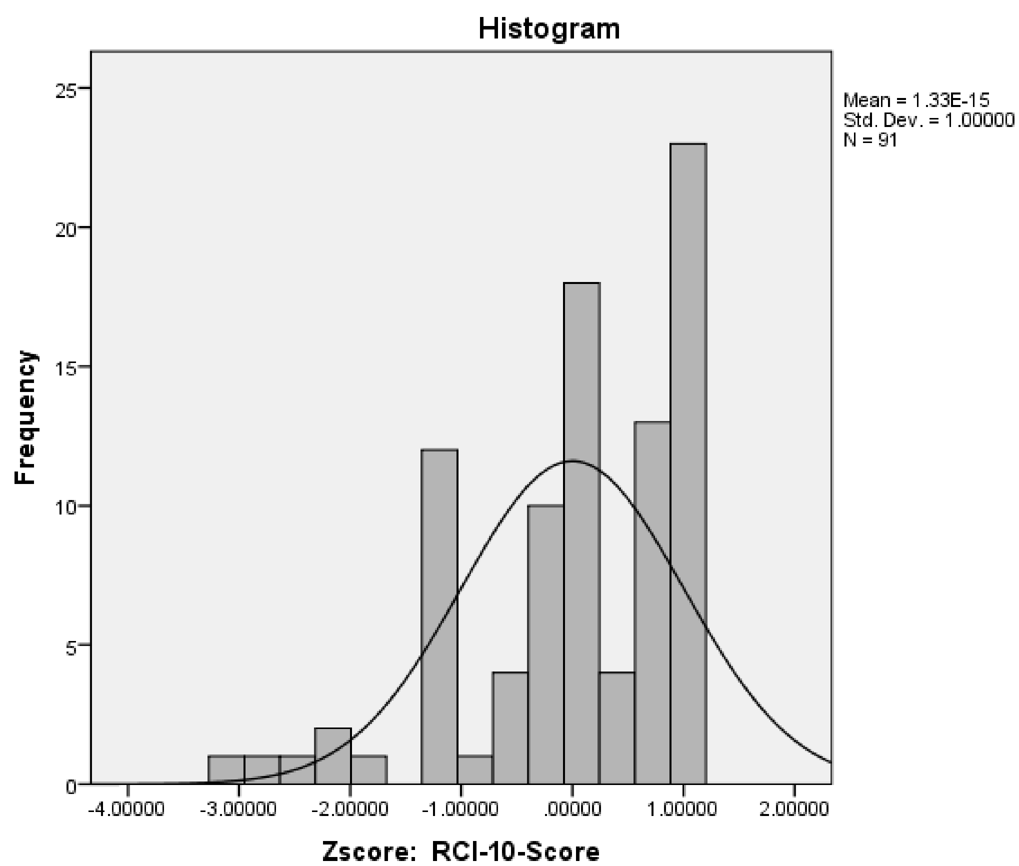
APPENDICES

APPENDIX A

Z-Score RCI-10 Score

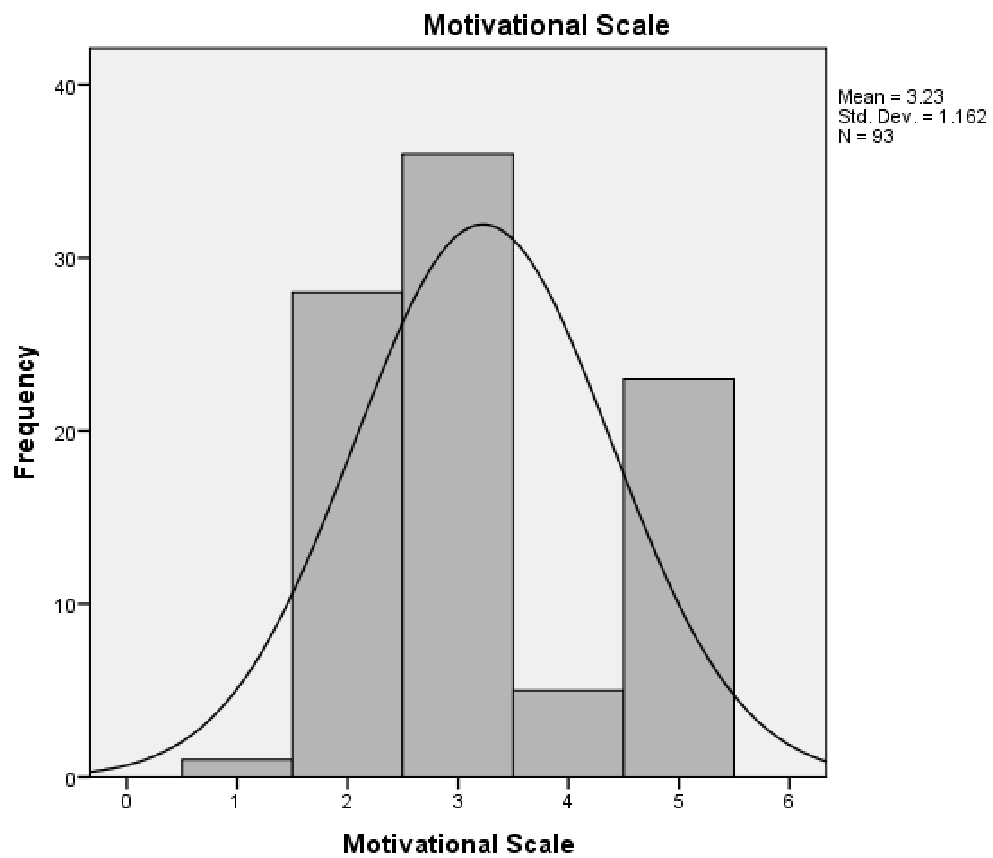
APPENDIX A



APPENDIX B

Motivational Score

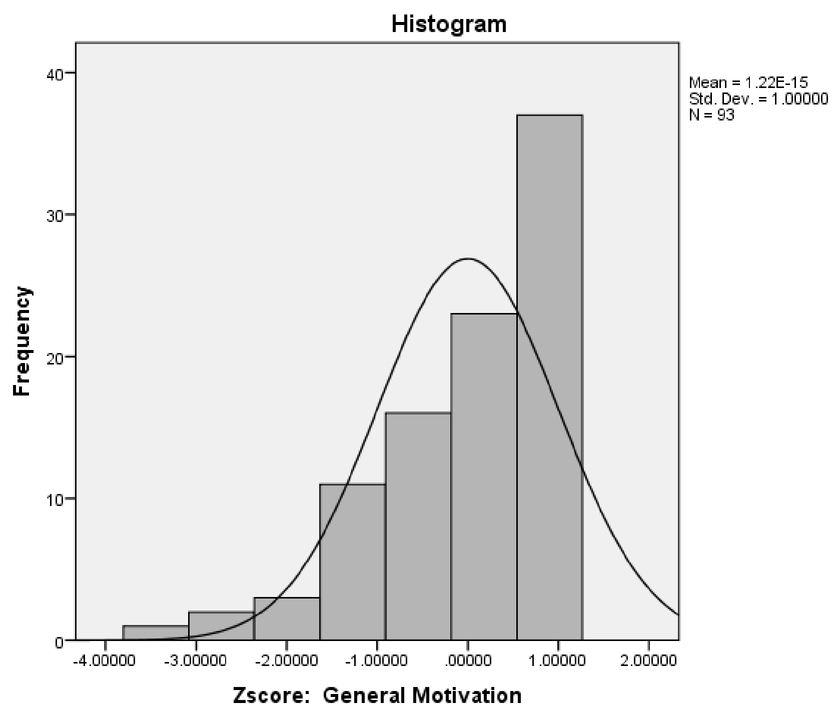
APPENDIX B

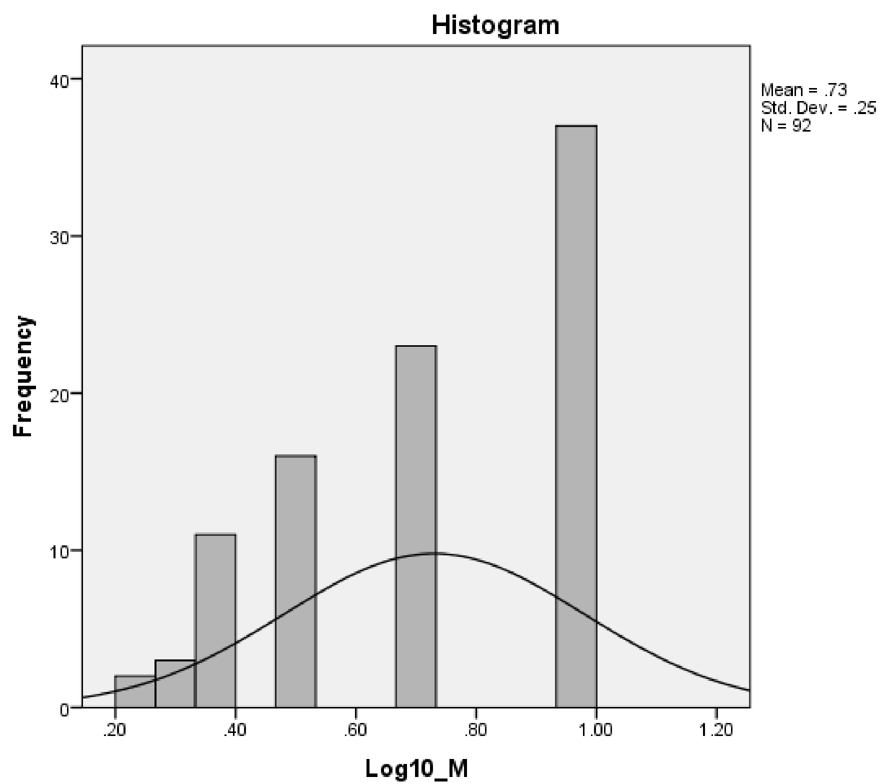


APPENDIX C

Z Scores General Motivation and Log 10_M

APPENDIX C





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APPENDIX D

Survey Questionnaire

Counselor Motivational Factors Affecting the Integration of Spirituality into Therapy

Informed Consent Letter

This study is being done by Merle Skinner who is a doctoral student in the Counseling Psychology Program in the college of education at Argosy University-Online, working on a dissertation. This study is a requirement to fulfill the researcher's degree and will not be used for decision-making by any organization.

The title of this study is COUNSELOR MOTIVATIONAL FACTORS AFFECTING THE INTEGRATION OF SPIRITUALITY INTO THERAPY

The purpose of this study is to understand the motivational factors involved for counselors and therapists involved in the decision-making about choosing to integrate spiritual principles within their practice. It will not only help us understand individual practice, but postulate how to improve practice, training and use of interventions, understand paradigms that affect practice, and ultimately better train counselors to help people as well as to better narrow the variables that affect counselor motivation.

I was asked to be in this study because I am a part of a professional network and am able to identify with evangelical Christianity, am licensed, and have opportunity to integrate spirituality into my practice.

A total of 450 people have been asked to participate in this study.

If I agree to be in this study, I will be asked to complete an online survey and submit it.

This study will take about 5 to 7 minutes.

The risks associated with this study are the potential to feel discomfort regarding my personal and/or professional paradigms surrounding spirituality and professional counseling.

The benefits of participation are primarily having an opportunity to contribute to the body of knowledge in the research regarding spiritual integration in professional counseling practice.

I will receive no compensation or concrete benefits from participating in this study.

The information I provide will be treated confidentially, which means that nobody except Merle Skinner will be able to tell who I am.

The records of this study will be kept private. No words linking me to the study will be

included in any sort of report that might be published.
The records will be stored securely and only Merle Skinner will have access to the records.

I have the right to get a summary of the results of this study if I would like to have them. I can get the summary by sending an email to info@champion.org and including the words skinner dissertation research in the subject.

I understand that my participation is strictly voluntary. If I do not participate, it will not harm my relationship with Merle Skinner. If I decide to participate, I can refuse to answer any of the questions that may make me uncomfortable. I can quit at any time without my relations with any organization or myself being affected.

I can contact Merle Skinner who is the principal investigator at (info@champion.org address), with any questions about this study.

I understand that this study has been reviewed and Certified by the Institutional Review Board, Argosy University – Online. For problems or questions regarding participants' rights, I can contact the Institutional Review Board Chair, Dr. Calvin Berkey at cberkey@argosy.edu.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. By continuing on and completing the questionnaire, I am giving my voluntary consent to participate in this research. I understand my rights and obligations as a participant.
*Required Responses

1. I am giving my voluntary consent to participate in the study?

○ Yes

○ No

Section 1: Demographics

Please answer each question as it pertains to you.

*2. Are you licensed to practice counseling or psychotherapy?

○ Yes

○ No

*3. Can you identify with Christianity on a personal level?

○ Yes

○ No

*4. Are you able to integrate spirituality in your counseling practice?

○ Yes

○ No

5. What is your age in years?

6. What is your gender?

- Male
- Female
- Other

7. What is your ethnicity?

- African American / Black
- American Indian / Native American
- Asian / Pacific Islander
- Caucasian / White
- Hispanic / Latino
- Combination

Other (please specify)

8. How many years have you been practicing as a licensed professional?

- Less than a year
- Between 1-5 years
- Between 5-10 years
- Between 10-15 years
- More than 15 years

9. What is your professional licensing agency?

10. What is your primary theoretical orientation?

11. What is your type of practice?

*12. On a scale of 1 to 7, 1 being not at all and 7 being fully in agreement, how would you rate your agreement and identification with the ECFA statement of faith indicated below:

We believe the Bible to be inspired and the only infallible, authoritative Word of God (2 Timothy 3:16).
We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit (Matthew 28:19).

We believe in
• the full deity and full humanity of Christ (John 1:1-14, Hebrews 1:3-5, 2:5-18),
• in His virgin birth (Luke 1:26-38),
• in His sinless life (2 Corinthians 5:21, Hebrews 4:15),
• in His miracles (John 10:31-38),
• in His vicarious and atoning death through His shed blood,
• in His bodily resurrection (John 20:1-31, Acts 1:1-3, 1 Corinthians 15:1-8),
• in His ascension to the right Hand of the Father (Acts 1:4-11),
• in His present rule as Head of the Church (Ephesians 1:22, 5:23, Colossians 1:18), and
• in His personal return in power and glory (Revelation 19:11-16, 22:7-21).

We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life (2 Corinthians 3: 17-18).

We believe that regeneration by the Holy Spirit is absolutely essential for the salvation of all who are separated from God by sin and rebellion (John 14:15-21, Romans 8:1-11, 1 Corinthians 12:3).

We believe in the resurrection of both the saved and the lost: they that are lost unto damnation (Matthew 25:41-46), and they that are saved unto the resurrection of eternal life (Matthew 25:31-40, 1 Corinthians 15:42-57).

We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across races, genders and classes (Colossians 3:11).

We believe the Bible to be inspired and the only infallible, authoritative Word of God (2 Timothy 3:16). We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit (Matthew 28:19). We believe in • the full deity and full humanity of Christ (John 1:1-14, Hebrews 1:3-5, 2:5-18), • in His virgin birth (Luke 1:26-38), • in His sinless life (2 Corinthians 5:21, Hebrews 4:15), • in His miracles (John 10:31-38), • in His vicarious and atoning death through His shed blood, • in His bodily resurrection (John 20:1-31, Acts 1:1-3, 1 Corinthians 15:1-8), • in His ascension to the right Hand of the Father (Acts 1:4-11), • in His present rule as Head of the Church (Ephesians 1:22, 5:23, Colossians 1:18), and • in His personal return in power and glory (Revelation 19:11-16, 22:7-21). We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life (2 Corinthians 3: 17-18). We believe that regeneration by the Holy Spirit is absolutely essential for the salvation of

all who are separated from God by sin and rebellion (John 14:15-21, Romans 8:1-11, 1 Corinthians 12:3). We believe in the resurrection of both the saved and the lost: they that are lost unto damnation (Matthew 25:41-46), and they that are saved unto the resurrection of eternal life (Matthew 25:31-40, 1 Corinthians 15:42-57). We believe in the spiritual unity of believers in our Lord Jesus Christ, with equality across races, genders and classes (Colossians 3:11).

- 1 (Strongly disagree)
- 2
- 3
- 4
- 5
- 6
- 7 (Strongly agree)

Section 2: Religious Commitment Inventory

Please answer the next 10 questions based on your personal thoughts about both religion and spirituality.

*13. My religious beliefs lie behind my whole approach to life.

- Not at all true
- Slightly true
- Moderately true
- Substantially true
- Very true

*14. I spend time trying to grow in understanding of my faith.

- Not at all true
- Slightly true
- Moderately true
- Substantially true
- Very true

*15. It is important to me to spend periods of time in private religious thought and reflection.

- Not at all true
- Slightly true

Moderately true

Substantially true

Very true

*16. Religious beliefs influence all my dealings in life.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

*17. Religion is especially important to me because it answers many questions about the meaning of life.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

*18. I often read books and magazines about my faith.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

*19. I enjoy working in the activities of my religious organization.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

*20. I enjoy spending time with others of my religious affiliation.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

*21. I keep well informed about my local religious group and have some influence in its decisions.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

*

22. I make financial contributions to my religious organization.

Not at all true

Slightly true

Moderately true

Substantially true

Very true

Section 3: Professional Practice

Based on the scope of practice for licensed therapists, indicate which of the following statements reflects your understanding of the professional perspective on integrating spirituality into one-on-one therapy:

*23. I have been well trained to integrate spirituality into therapy.

1 (Strongly disagree)

2

3

4

5

6

7 (Strongly agree)

*24. Given the following definition, please select the phase that best describes the environment in which you are practicing. Spiritual integration in therapy: The use within the context of therapeutic techniques of spiritual tools such as prayer, scripture, and

spiritual concepts to deal with spiritual domains within the client as a part of therapeutic work.

- Permitted but not encouraged
- Neutral relating to spiritual integration
- Encouraged
- Expected as a part of the practice

*25. Using the following definition, do you have the opportunity to integrate spirituality into your therapeutic practice if desired? Spiritual integration in therapy: The use within the context of therapeutic techniques of spiritual tools such as prayer, scripture, and spiritual concepts to deal with spiritual domains within the client as a part of therapeutic work.

- 1 (none of the time)
- 2
- 3
- 4
- 5
- 6
- 7 (All the time)

*26. Based on the scope of practice for licensed therapists, indicate which of the following statements reflects your understanding of the professional perspective on integrating spirituality into one-on-one therapy.

- 1. Spiritual integration in therapy does not have a place in professional practice.
- 2. Spiritual integration in therapy should only be used if requested by the client.
- 3. Spiritual integration in therapy can be suggested by the therapist and used if client agrees.
- 4. Spiritual integration in therapy should be directed by the therapist and used if client agrees.
- 5. Spiritual integration in therapy should be an important domain to be covered, directed by the therapist, and used if client agrees.

*27. I am motivated to integrate a spiritual component during therapy in my professional practice.

- 1 (Strongly disagree)
- 2
- 3
- 4
- 5
- 6
- 7 (Strongly agree)

28. Please list any additional comments or insights that you might have in relationship to the survey topic and questions.