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## ACCEPTANCE

This dissertation, *Practicing What We Preach: Exploring the Relationships Among Spiritual Competence, Spirituality in Supervision, Perceived Cultural Humility, and Spiritual/Religious Integrated Counseling*, by Nicolas Williams, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education & Human Development, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty.

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Nicolas Williams

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PRACTICING WHAT WE PREACH: EXPLORING THE RELATIONSHIPS AMONG  
SPIRITUAL COMPETENCE, SPIRITUALITY IN SUPERVISION, PERCEIVED CULTURAL  
HUMILITY, AND SPIRITUAL/RELIGIOUS INTEGRATED COUNSELING

by

NICOLAS WILLIAMS

Under the Direction of Catherine Y. Chang, Ph.D.

ABSTRACT

Despite efforts made by the counseling profession to integrate spirituality/religion (S/R) into therapy and training, S/R is often neglected in counselor education programs (Bishop, et. al. 2003; Crabtree et al., 2020; Polanski, 2003). Accordingly, counselors in training (CIT) often lack the necessary training and spiritual competence to effectively integrate S/R in counseling practice. Previous researchers have found that discussing S/R in supervision increases the likelihood that CIT will integrate S/R with counseling clients (Garner, et. al., 2017; Gilliam & Armstrong, 2012), however supervisors often avoid integrating S/R in supervision due to their personal assumptions, attitudes, and beliefs about the role of S/R in counseling (Olson, 2007). Supervisor assumptions, attitudes and beliefs regarding the role of S/R in counseling are often

transferred to CIT, resulting in the exclusion of S/R from counseling and supervision (Adam, 2012; Giordano & Cashwell, 2014; Zetzer et al., 2020) Conversely, culturally humble supervisors are expected to engage various aspects of cultural identity, such as S/R, with openness and curiosity rather than ignoring or avoiding it based on their own personal beliefs or lack of knowledge (Watkins et al., 2019). Similarly, CIT who perceive their supervisor as more culturally humble may be more likely to discuss S/R matters in supervision (Hird et al., 2001). This study investigated the associations between CIT spiritual competence, discussion of spirituality in supervision, perceived supervisor cultural humility and CIT integration of S/R in counseling. The role of CIT spiritual competence, discussion of spirituality in supervision, and perceived supervisor cultural humility in predicting trainee integration of S/R in counseling was also examined. A sample of 88 CIT was recruited, and correlation and hierarchical multiple regression analyses were conducted. Only two of three independent variables were related to CIT integration of S/R into counseling; however, all three independent variables predicted CIT integration of S/R in counseling in the final model. These findings provide implications for counseling training programs, supervisors, and future research regarding the integration of S/R in supervision and counseling.

INDEX WORDS: Spirituality, Religion, Spiritual Competence, Cultural Humility, Supervision, Spiritual/Religious Integrated Counseling Practice, Counselors-in-training



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by

NICOLAS WILLIAMS

A Dissertation

Presented in Partial Fulfillment of Requirements for the

Degree of

Doctor of Philosophy

in

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in

the Department of Counseling & Psychological Services

in

the College of Education and Human Development

Georgia State University

Atlanta, GA

2021

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## **DEDICATION**

To the best mommy in the whole world, Sabrina Michelle Clark White: Thank you so much for all your care, love, prayer, sacrifice, wisdom, patience, and encouragement as I navigated the dissertation process. This doctoral journey has been full of ups and downs, and you've held me down every step of the way. Your belief in me has carried me through many moments when I struggled to believe in myself during this process. Thanks for being my biggest cheerleader. I am, because you are. Love you more!

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## **1 SPIRITUAL COMPETENCE, SPIRITUALITY IN SUPERVISION, CULTURAL HUMILITY, AND INTEGRATION OF SPIRITUALITY/RELIGION IN COUNSELING**

Although the term “spirituality” is challenging to define, it has been described as the pursuit of meaning, purpose, and sacred truth (Zinnbauer et al., 1997). Though it may be shared in community with others, spirituality is often understood to be deeply personal (Gladding & Crockett, 2019). Religion, on the other hand, is an organized set of shared beliefs and values related to the sacred and may provide a context for one’s spirituality to be expressed. (Gladding & Crockett, 2019) Although these terms are distinct, they often overlap. For the purposes of this manuscript, the term “S/R” will be used to highlight spirituality and religion as distinct terms that frequently overlap. When discussing previous studies, the original terminology of the author will be used in reference to spirituality and religion.

Approximately 80% of U.S. American adults consider themselves spiritual and/or religious (Lipka & Gecewicz, 2020). Undoubtedly, people’s S/R beliefs influence their worldview and how they derive purpose and meaning in their lives (Gladding & Crockett, 2019). Many people seeking counseling also have influential S/R cultural identities, values, and beliefs; therefore, counselors should be prepared to integrate S/R into counseling.

Over the last 25 years, the counseling profession has made a concerted effort to encourage and support the integration of S/R into training and practice. The importance of addressing S/R in counseling and training has been highlighted within the American Counseling Association (ACA) Code of Ethics (2014) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2016). Additionally, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a branch of the ACA, has



developed key competencies needed to ethically include S/R in counseling practice and education (Cashwell & Young, 2020).

Efforts made by the ACA, CACREP, and ASERVIC to integrate S/R into counseling practice and training programs have been largely unsuccessful (Crabtree et al., 2020; Gingrich & Worthington, 2007). Although counselors seem to recognize the importance of integrating S/R into counseling, previous researchers have found that counselors often feel uncomfortable or incompetent to do so because they lack adequate training and preparation (Cashwell et al., 2013; Magaldi-Dopman, 2014). Still, scholars posit that many clients can benefit from attention to spirituality in the counseling process (Perrone et al., 2006). Therefore, preparing counselors to address S/R with clients by effectively integrating S/R into counselor training programs is essential.

Supervision, a key aspect of counselor training, has been identified as the ideal venue for training counselors to integrate S/R into counseling (Bishop et al., 2003; Gingrich & Worthington, 2007; Miller et al., 2006; Polanski, 2003). Accordingly, training to address spiritual issues in supervision increases the likelihood that trainees will integrate spirituality into counseling (Gilliam & Armstrong, 2012). Still, there is a paucity of research on the integration of S/R into counseling supervision (Campbell, 2007; Garner et al., 2017). Therefore, research exploring S/R in supervision is crucial for the advancement of the profession.

In response to the dearth of literature on integrating S/R in supervision, this study explored factors that may contribute to counselors-in-training (CIT) integrating S/R into counseling more frequently. This manuscript reviewed the constructs of spiritual competence, integration of spirituality in counseling supervision, perceived supervisor cultural humility, and

the frequency with which master's counseling trainees integrate S/R in counseling. Implications for counselor educators, supervisors, and CIT are also discussed.

### **Integrating Spirituality/Religion in Counseling**

Spirituality is the inner processes that create meaning in an individual's life (Cashwell, 2020). As a personal and psychological resource for many, spirituality has been included as a crucial component of several wellness models (Myers & Sweeney, 2008; Swarbrick, 2006). While religion may be understood contextually as the rituals, traditions, symbols, beliefs, and practices through which spirituality is often expressed and experienced, spirituality is considered a more universal construct (Cashwell & Young, 2020). Though spirituality may mean different things to different people and be experienced in a myriad of ways, it can be broadly described as the universal human capacity to experience self-transcendence and awareness of sacred immanence, resulting in greater compassion and love for self and others (Cashwell & Young, 2020).

While addressing S/R is now widely accepted as an important and relevant aspect of professional counseling, this has not always been the case due to tension between psychology and S/R. This tension can be traced back to the early 20<sup>th</sup> century, as attitudes in the field of psychology toward S/R became increasingly suspicious and hostile (Pargament, 2011). In response to the positivistic philosophy of that time, the relationships between psychology, philosophy and theology became increasingly strained, while the relationship between psychology and the natural sciences became more closely aligned (Cashwell & Young, 2020). S/R was often pathologized and seen as an impediment to scientific advancement and efforts to improve the human condition (Pargament, 2011). Despite changing times and social contexts, the

impact of early 20<sup>th</sup> century positivism on the modern practice of counseling and counseling education in Western society cannot be underestimated (Miller et. al, 2004).

In recent years, approximately 80% of people surveyed in the U.S. identified as S/R (Lipka & Gecewicz, 2020). Such statistics complement previous research suggesting that S/R beliefs and values may contribute to presenting concerns for many people who seek counseling (Johnson, 2013). While scholars increasingly support that integrating clients' S/R beliefs into counseling can improve client outcomes (Koenig, 2004; Koenig et al., 2012), they also indicate a discrepancy between counselors' recognition of the importance of integrating S/R into counseling and counseling praxis. For example, results from a study by Cashwell et al. (2013) surveying professional members of ACA indicated that S/R behaviors were not integrated into counseling as frequently as importance ratings suggested that they would be. Similarly, Magaldi-Dopman (2014) found that counseling trainees reported limited skills working with spiritual issues in counseling and were unsure what to do or where to go beyond exploration with the S/R content that emerged.

Scholars have cited several barriers that may prevent counselors from effectively integrating S/R in counseling, including lack of training, a sense of spiritual incompetence, religious biases, fear of imposing beliefs and values on the client, and an overall sense of discomfort and unease with integrating spirituality in counseling (Cashwell et al., 2013; Oxhandler & Parrish, 2016). As previously stated, addressing S/R in counseling can improve treatment outcomes for clients. Conversely, failure to integrate S/R into counseling could impact the client's comfort to disclose S/R concerns and subsequently minimize the effectiveness of counseling (Matise et al., 2017). Furthermore, S/R is a vital aspect of culture, meaning-making, and coping for many (Fame, 2011) and failure to intervene with sensitivity to this aspect of a

client's worldview is tantamount to ignoring a central feature of a clients' identity (Cashwell et al., 2013). Accordingly, investigating factors that support counselor's integration of S/R in counseling is essential for improving training programs and client treatment outcomes.

### **Spiritual Competence**

The Multicultural Counseling Competencies (MCC) were developed to offer guidance and support to counselors to provide competent counseling for racially and ethnically diverse clients (Sue et al., 1982). Over time, other domains of diversity and identity, such as S/R, have been included under the umbrella of multicultural and social justice counseling competence (Ratts et al., 2016). Still, the S/R domain is underrepresented in multicultural counseling competency literature (Magaldi-Dopman, 2014). As such, it is possible for a counselor who is multiculturally competent according to the standards of the MCC to not be spiritually competent (Cashwell & Young, 2020). Spiritual competencies were developed to address the underrepresentation of spirituality in the MCC and the discrepancy between multicultural competence and spiritual competence.

ASERVIC developed the initial spiritual competencies at a summit in 1995. These competencies comprehensively addressed spiritual competency in counseling; however, there was a lack of clarity between competency categories and concepts (Cashwell & Young, 2020). In 2009, the ASERVIC leadership convened a second summit to revise and expand the original competencies and discuss ways to continue to promote S/R within the counseling process. The original competencies were revised and expanded into the current set of 14 competencies, which were adopted and approved by the ASERVIC Board of Directors in 2009. These spiritual competencies call for counselors to be knowledgeable about the basic beliefs of various religions, aware of their own religious and spiritual values, beliefs, attitudes, and biases, and

develop competence in assessment, diagnosis and treatment, and human and spiritual development (Cashwell & Young, 2020).

Despite the efforts of ASERVIC and ACA to increase spiritual competence in counseling, extant literature indicates a discrepancy in counselor preparedness to effectively address S/R concerns with clients. For example, in a study conducted by Reiner and Dobmeier (2014), master's and doctoral counseling interns rated themselves as prepared or very prepared to integrate the ASERVIC spiritual competencies into counseling. Participants in another study rated all of the spiritual competencies as important and perceived themselves as competent in their ability to utilize them all in practice (Dobmeier & Reiner, 2012). Still, other researchers have shown that counselors and counselor trainees are often unprepared to address the complexities of S/R in counseling (Young et al., 2002). Specifically, counselors often avoid discussing S/R issues with clients due to discomfort with the topic, concern of offending others, identifying as less religious or spiritual than their clients, and limited training in integrating S/R into counseling (Gubi & Jacobs, 2009; Miller et al., 2006; Souza, 2002; West 2009). These inconsistencies in the literature point to a discrepancy in counselor's preparedness, comfortability, and competence to address S/R in counseling (Magaldi-Dopman, 2014). This lack of consistency supports previous research indicating that S/R needs to be targeted as an area of improvement in counseling and counselor education programs (Gingrich & Worthington, 2007).

### **Spirituality/Religion in Counseling Supervision**

Although S/R is recognized as an important aspect of culture to be included in counselor preparation, it is often neglected in counselor education programs, particularly in supervision (Bishop et. al. 2003; Polanski, 2003). Supervision plays a significant role in counselor

development (Bernard & Goodyear, 2019) and is considered the ideal venue for addressing S/R and translating theoretical knowledge into practice (Polanski, 2003). Thus, failure to consistently integrate S/R in supervision may be detrimental to counselor trainee development (Bishop et al., 2003; Gingrich & Worthington, 2007; Miller et al., 2004, 2006; Polanski, 2003). Since addressing S/R in counseling may improve counseling outcomes for clients, it is essential to consider the role of supervision in training CIT to address S/R in counseling praxis.

Unless a client brings up a spiritual issue in counseling that the CIT brings up for discussion in supervision, S/R issues may go unaddressed in supervision (Gingrich & Worthington, 2007). Previous studies have found that CIT rarely bring up S/R issues in supervision due to feeling (a) unsafe, (b) incompetent, (c) unsure the supervisor would allow it, or (d) unsure whether discussing such issues was ethical (Rosen-Galvin, 2004). Rosen-Galvin also found that supervisors reported addressing values, religion, and spirituality more frequently than supervisees. Based on previous literature, there seems to be a discrepancy between the perceptions of supervisors and CIT about how often S/R is addressed in supervision.

Although previous scholars have identified discrepancies between supervisor and CIT perceptions regarding the integration of S/R in supervision, researchers also suggest that the attitudes, assumptions, and biases of supervisors (not CIT) are most crucial to how often S/R issues are discussed in supervision (Gingrich & Worthington, 2007; Thorell, 2003). Thorell identified several supervisor factors that contribute to the degree with which S/R is addressed in supervision, including (a) amount of prior training about S/R, (b) higher reported importance of S/R issues, and (c) higher comfort with S/R issues. While it seems that effective supervisors would broach S/R in supervision, many supervisors are reluctant or unprepared to integrate spirituality into the supervisory relationship (Olson, 2007; Young et al., 2002, 2007).

Consequently, supervisors' reluctance, lack of spiritual competence, and discomfort with integrating S/R in supervision may be transferred to CIT and have implications for how often CIT integrate S/R with clients (Adam, 2012; Giordano & Cashwell, 2014; Zetzer et al., 2020).

Training in S/R, particularly in supervision, increases the likelihood that CIT will integrate S/R into their counseling praxis (Garner, et. al., 2017; Gilliam & Armstrong, 2012). Without proper training and supervision to integrate S/R into counseling, CIT are more likely to harm clients by imposing their beliefs on them or avoiding S/R issues altogether (Graff, 2007; Souza, 2002;). Still, S/R is not addressed consistently in supervision, despite being recognized in the literature as crucial for trainee preparation and development.

Scholars posit that a culturally humble approach stressing cultural openness, curiosity, and engagement may be more vital to integrating S/R in supervision than spiritual competence (Post & Wade, 2009). Therefore, further exploration of the role of cultural humility for integrating S/R in supervision is essential.

### **Cultural Humility**

The Multicultural Orientation (MCO) framework was developed to address potential limitations of competence language when considering intersecting cultural identities of race and ethnicity, gender, religion and spirituality, social class, sexual orientation, ability, and other identities on the counseling process (Cartwright et al., 2008; Hook et al., 2017; Owen et al., 2016). As a complement to competence models of counseling and supervision, the MCO framework is supported by three pillars: cultural comfort, cultural opportunities, and cultural humility. Cultural comfort (Owen et al., 2014) relates to counselors' feelings of ease, openness, and calm before, during, and after cultural conversations with diverse clients. Cultural opportunities (Hook et al., 2013) refer to opportunities in counseling for exploring the client's

cultural beliefs, values, or other aspects of their cultural identity. Finally, cultural humility (Hook et al., 2017) may be described as an openness to reflecting on oneself as an embedded cultural being and a way of being with others that is “open to and curious about client’s cultural beliefs and values rather than being presumptuous or arrogant” (Hook et al., 2013). Applied to S/R, an attitude of openness and curiosity are critical to the application of the spiritual competencies (Gill & Freund, 2018).

Culturally humble supervisors are described as “displaying deep curiosity about and respect for others’ cultural identities, not making fore-ordained or automatic assumptions about supervisees or clients and being genuinely interested in and wanting to understand the other’s perspective (Watkins et al., 2019, p. 40). Culturally humble supervisors also overcome the tendency to view their personal beliefs and values as superior and acknowledge the limitations of their knowledge and understanding of others’ cultural backgrounds (Watkins et al., 2019). As previously mentioned, supervisors often avoid addressing S/R with CIT due to reluctance, discomfort, lack of training, lack of spiritual competence, and biases about the role of S/R in supervision and counseling. Based on Watkins et al.’s’ (2019) description of culturally humble supervisors, it is plausible that supervisors who ignore S/R as vital aspects of cultural identity also lack cultural humility. It is also plausible that CIT feelings of safety and comfort with discussing S/R in supervision are impacted by their perceptions of their supervisor’s cultural humility. Accordingly, supervisors perceived cultural humility may have implications for how often S/R is addressed in supervision (and subsequently in counseling).

### **Implications**

There is a paucity of research about S/R in counseling supervision; however, previous literature indicates that issues related to S/R in supervision often go unaddressed for various



reasons (e.g., low comfort with broaching spiritual issues in supervision, lack of training and preparation in reference to spirituality, and low valuing of spirituality; Bishop et al., 2003; Miller et al., 2006; Polanski, 2003). Supervisors play a critical role in how often S/R issues are brought up in supervision; however, supervisors are often reluctant or unprepared to integrate S/R into the supervisory relationship and may do so infrequently (Olson, 2007; Thorell, 2003; Young et al., 2002, 2007).

Without adequate training and supervision, CIT may underestimate the complexity of addressing S/R issues in counseling and consider themselves more prepared to integrate S/R in counseling practice than they actually are (Young et al., 2002). Depending on the supervisor's perceived level of openness and their sense of spiritual competence, CIT may feel uncomfortable, unsafe, or uncertain about bringing up S/R issues in supervision (Rosen-Galvin, 2004; Watkins et al., 2019). Consequently, CIT may infrequently initiate conversations about S/R issues in supervision. Similarly, clients may not bring up S/R issues with CIT unless they explicitly communicate openness to and comfort with discussing S/R topics in counseling. Without adequate training and preparation in supervision on how to recognize and address S/R issues, supervisees may feel uncomfortable or incompetent to address S/R issues with their clients.

Still, supervision is the key arena where CIT develop spiritual competence and comfort with addressing S/R issues in counseling (Bishop et al., 2003). Training in S/R, particularly during supervision, increases the likelihood that supervisees will integrate S/R into their counseling praxis (Garner et al., 2017; Gilliam & Armstrong, 2012). Furthermore, extant literature shows that integrating S/R in counseling can improve counseling effectiveness (Propst,

1996). As such, failure to integrate S/R in supervision may inhibit CIT development and attenuate positive counseling outcomes for clients.

The counseling profession has made significant strides to support the integration of S/R in counseling training and practice over the last two decades. Though it is evident that the profession values the integration of S/R in counseling, counselors do not seem to be integrating S/R in counseling practice as frequently as would be expected. Previous researchers have shown that integrating client's S/R into counseling could potentially improve treatment outcomes (Koenig, 2004; Koenig, et. al., 2012). Additionally, researchers promote supervision as the key training arena in which CIT hone the attitudes and skills needed to integrate S/R into counseling effectively (Aten & Hernandez, 2004). Still, there is a dearth of research regarding the integration of S/R in counseling supervision. Accordingly, more research is needed to better understand how specific factors, such as CIT spiritual competence, discussing spirituality in supervision, and perceived supervisor cultural humility relate to CIT integration of S/R in counseling.

At the time of the present study, no previous quantitative studies have investigated the relationships between CIT spiritual competence, discussion of spirituality in supervision, perceived supervisor cultural humility, and integration of S/R in counseling. Nonetheless, there is an empirical or theoretical basis in the literature for the relationship between these constructs.

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## **2 PRACTICING WHAT WE PREACH: EXPLORING RELATIONSHIPS AMONG SPIRITUAL COMPETENCE, SPIRITUALITY IN SUPERVISION, CULTURAL HUMILITY, AND SPIRITUAL/RELIGIOUS INTEGRATED COUNSELING**

Spirituality and religion (S/R) have increasingly been recognized as important aspects of culture in counseling for over two decades. Currently, over 80% of the US adult population identifies as spiritual and/or religious (Lipka & Gecewicz, 2020), suggesting that a large percentage of counseling clients also identify as S/R. With the vitality of spirituality for holistic wellness and the regularity with which professional counselors provide services to clients for whom S/R is a salient aspect of their cultural identity, professional counselors must be equipped to effectively and ethically address S/R with their clients.

Counseling professionals have made significant efforts to integrate S/R into the multicultural literature, counselor training, and counseling practice. Still, efforts to consistently integrate S/R into counseling training and practice have not been successful (Magaldi-Dopman, 2014). This vital aspect of training seems to be missing from most counselor education programs (Dobmeier & Reiner, 2012). Counselors-in-training (CIT) cannot be expected to effectively address S/R with clients without adequate training to do so in their counseling programs. Because training is essential to CIT preparedness for addressing S/R with clients, counselor educators and supervisors must also be well prepared to integrate topics of S/R into their teaching and supervision (Lu et al., 2019). Unfortunately, counselor educators and supervisors are often not prepared to integrate S/R. Previous researchers have found that counselor educators and supervisors may be reluctant to integrate S/R due to their own discomfort with the topic, lack of training and spiritual competence, and personal S/R biases (Rosen-Galvin, 2004). Supervisor reluctance, discomfort, and/or nonchalance concerning S/R may then be transferred to CIT

(Giordano & Cashwell, 2014), resulting in similar attitudes of reluctance, discomfort, and/or nonchalance for CIT concerning integrating S/R into counseling.

Addressing S/R may be key for clients for whom S/R are relevant to their identity, presenting concern, coping, and recovery (Cashwell & Young, 2020; Pargament, 2011). Thus, failure to address S/R could prolong or inhibit progress for some clients (Crabtree et al., 2020). Despite the importance of addressing S/R in counseling, many CIT are unprepared and uncomfortable addressing this critical aspect of culture with clients. If CIT are to attend to this aspect of clients' cultural identity ethically and effectively, they must receive training in their counseling programs to do so. Accordingly, it is crucial to understand what factors contribute to CIT integrating S/R into practice more frequently and effectively. There is a dearth of literature exploring this topic. Therefore, this study addresses the gap in the literature by investigating several potential correlates and predictors of CIT S/R integrated practice, including CIT spiritual competence, spirituality in clinical supervision, and CIT perceptions of their supervisor's cultural humility.

### **Spiritual Competence**

Spiritual competence is defined as awareness, knowledge, and skills in the S/R domain that "support counselors in serving clients from various religious and spiritual traditions" (Cashwell & Watts, 2010, p. 2). Sperry (2011) expounded upon this definition, highlighting three interrelated components of spiritual competence: spiritual knowledge, spiritual awareness, and spiritual sensitivity. Sperry defined spiritual competence as the ability to translate spiritual sensitivity into effective, action-oriented therapeutic interventions. Developing spiritual competence is vital for CIT as they prepare to work with clients with diverse S/R identities.

While S/R is considered an important cultural aspect of identity within multicultural counseling literature, it has historically received much less attention than other domains of diversity (Sue et al., 2019). Recognizing the disproportionate attention to S/R in multicultural counseling literature and training (Dobmeier & Reiner, 2012), the Association for Spiritual, Ethical, and Religious Values (ASERVIC) developed and endorsed a set of competencies specific to the S/R domain. Despite efforts by the counseling profession to highlight its importance, developing spiritual competence seems to be an optional component of counselor education rather than a required one (Dobmeier & Reiner, 2012). Many CIT do not receive training in their graduate programs to integrate S/R in practice and often report feeling unprepared to do so (Sue et al., 2019). Due to this lack of training, CIT may lack awareness about the complexities of integrating S/R in counseling and perceive themselves as more prepared and competent to address these complexities than they actually are (Dunning, 2011; Magaldi-Dopman, 2014; Young et al., 2002)

Previous scholars have shown a discrepancy between CIT perceptions of their spiritual competence and their readiness to utilize action-oriented S/R therapeutic interventions. Additionally, the integration of S/R into counselor training is not ubiquitous, despite the counseling profession's call for increased integration of S/R in training and practice (Crabtree et al., 2020). Because specialized training is imperative for developing spiritual competence and the relationship between spiritual competence and S/R integrated practice is perceived to be positive, further investigation of S/R in counseling training may have implications for CIT engagement of S/R in counseling practice.

## **Spirituality in Supervision**

Crabtree and colleagues (2020) identified training as a significant predictor of S/R integration in counseling. Specifically, supervision is the principle arena in which CIT receive training to integrate S/R in counseling praxis (Aten & Hernandez, 2004; Polanski, 2003). Nonetheless, S/R is often neglected in clinical supervision (Bishop et al., 2003; Polanski, 2003). Neglecting S/R in supervision is detrimental to CIT development and can contribute to attitudes and behaviors of avoidance and reluctance toward S/R in counseling (Giordano & Cashwell, 2014) and reduce the likelihood that CIT will integrate S/R in counseling praxis (Garner et al., 2017). Since addressing S/R in counseling may help to improve counseling outcomes for clients, it is vital that CIT receive training to attend to S/R, particularly in counseling supervision. Failure to do so may inhibit CIT development of spiritual competence and present barriers to CIT ethically and effectively addressing S/R in counseling.

Several models for integrating S/R in supervision are highlighted in the professional counseling literature. Competency-based models are founded on the ASERVIC competencies and utilize hands-on activities and discussions about S/R in supervision (Barto, 2018). For example, Shaw et al. (2012) outlined specific techniques, process questions, and activities (e.g., role-plays, case studies, assigned readings, journal and reflection prompts, self-assessment) to address the ASERVIC competencies. Similarly, Hull and colleague's (2016) model provides activities supervisors can utilize in supervision to address each area of spiritual competency. Hull et al. recommended that CIT attend a spiritual gathering, review intake documentation, complete a spiritual genogram, and complete the Spiritual Issues in Supervision (SISS) instrument to develop their spiritual competence.

Gingrich and Worthington (2007) proposed a developmental model for integrating S/R in supervision and for supporting CIT with developing spiritual competence. This model highlights expected CIT skills and characteristics in each developmental stage of clinical supervision (e.g., beginner, advanced practicum, internship, and beyond). As CIT progresses through the stages of supervision, they should be able to (a) determine how S/R issues are implicitly and explicitly viewed from various theoretical perspectives, (b) integrate and address S/R issues using their personal counseling model, (c) employ techniques to assess and conceptualize S/R issues, and (d) design counseling interventions related to S/R issues (Barto, 2018; Gingrich & Worthington, 2007; Tan, 2009). With more experience and consistent supervision addressing S/R, it is expected that CIT will develop more comfort and effectiveness with addressing S/R in counseling (Barto, 2018).

Although supervision is a key arena through which spiritual competence is developed, CIT often do not receive training in supervision to integrate S/R into practice (Polanski, 2003). Researchers have identified several barriers to S/R being discussed in supervision. Rosen-Galvin (2004) found that CIT may rarely bring up S/R in supervision due to feeling unsafe, lacking spiritual competence, uncertainty the supervisor would allow it, or being unsure whether discussing S/R in supervision is ethical. Olson (2007) supported this finding, indicating that supervisors are often reluctant to integrate S/R in supervision. Furthermore, supervisors' attitudes, assumptions, and beliefs about S/R are most crucial to how often spiritual issues are discussed in supervision (Adams, 2012; Gingrich & Worthington, 2007; Giordano & Cashwell, 2014; Thorell, 2003; Zetzer et al., 2020). When supervisors avoid discussing S/R in supervision, CIT may fail to recognize the complexity required to effectively integrate S/R in counseling practice (Young et al., 2002) while overestimating their skill and competence to do so.

Due to the significant influence of supervisors' presuppositions concerning the integration of S/R in supervision, it is essential that supervisors are trained, open, and comfortable initiating discussions related to S/R with CIT. Supervisors who are trained, open, and comfortable initiating discussions related to S/R in supervision are more likely to broach S/R beliefs and values with CIT in discussions. CIT who perceive their supervisors as open to addressing various aspects of culture in supervision (including S/R) may also experience increased feelings of openness, comfort, and safety discussing S/R in supervision, thus increasing the likelihood that S/R will be discussed in supervision (and subsequently in counseling). This attitude of openness is a core aspect of cultural humility; however, few researchers have explored the relationship between supervisors' cultural humility and S/R integrated counseling praxis. Further research investigating the impact of CIT perceptions of their supervisors' cultural humility on their behavioral engagement with S/R in counseling practice is necessary.

### **Cultural Humility**

A critical component of multicultural orientation (MCO), cultural humility is an attitude of openness when reflecting on oneself as a cultural being and a way of being with clients that is "open to and curious about their cultural beliefs and values rather than being presumptuous or arrogant" (Watkins et al., 2019, p. 40). Though there is a dearth of empirical research exploring the relationship between cultural humility and spiritual competence, cultural humility has been cited as critical to the application of the spiritual competencies theoretically (Gill & Freund, 2018). Additionally, scholars have shown a positive link between counselors' perceived cultural humility and treatment outcomes for clients with stronger S/R commitments (Owen et al., 2014). This correlation suggests that cultural humility is vital for counselors working with S/R clients.

With approximately 80% of the U.S. adult population currently identifying as S/R, it is crucial to investigate the role of cultural humility in attending to S/R in supervision and counseling.

Culturally humble supervisors are described as displaying deep curiosity about and respect for others' cultural identities, not making fore-ordained or automatic assumptions about supervisees or clients and being genuinely interested in and wanting to understand the other's perspective (Watkins et al., 2019). Culturally humble supervisors also overcome the tendency to view their personal beliefs and values as superior and acknowledge the limitations of their knowledge and understanding of others' cultural backgrounds (Watkins et al., 2019). Based on Watkins and colleagues' (2019) description, it is plausible to expect culturally humble supervisors to express and demonstrate more openness to and less avoidance of exploring S/R in supervision.

In theory, culturally humble supervisors acknowledge and address their limitations (e.g., lack of training, lack of spiritual competence, low comfort with S/R issues), biases, and prejudices while recognizing the importance of discussing all aspects of culture, including S/R. Therefore, it is tenable that supervisors higher in cultural humility would be more likely to integrate S/R in supervision.

Many supervisors are reluctant to integrate spirituality into the supervision relationship (Olson, 2007). Since the beliefs and assumptions of the supervisor are most crucial to the discussion of S/R in supervision (Gingrich & Worthington, 2007), and culturally humble supervisors are, in theory, more likely to broach S/R in supervision, it seems likely that CIT with culturally humble supervisors would be more likely to receive supervision around integrating S/R into counseling. For example, Hird et al. (2001) inquired of trainees how a supervisor might broach spirituality in supervision. One trainee responded:



When I worked with my supervisor regarding a client's spiritual issues, the supervisor questioned the spiritual intent of the client's behaviors in a relationship that I considered possible, based on my own spirituality. I remained silent about my disagreement because I didn't feel *openness* [italics added] to discuss the topic with my supervisor. I believe the situation could have been addressed in a more straightforward manner if I felt my supervisor was genuinely open to dialogues on cultural difference. (p. 122)

Since training in S/R, particularly in supervision, increases the likelihood that CIT will integrate S/R into their work with clients (Garner et. al., 2017), and culturally humble supervisors are theoretically more likely to integrate S/R in supervision, it seems likely that the cultural humility of the supervisor and CIT behavioral engagement with S/R in counseling practice are associated. Further, it is reasonable that CIT who perceive their supervisors as more culturally humble will feel safer discussing S/R in supervision and express openness and curiosity to explore S/R as a vital aspect of culture and meaning making with clients (Fame, 2011). Currently, there is little empirical research about the role and significance of culturally humble clinical supervisors. As such, there are currently no empirical studies investigating the relationship between supervisors' perceived cultural humility, the discussion of spiritual issues in supervision, and CIT S/R integrated practice.

### **Spiritual/Religious Integrated Counseling Practice**

Engaging S/R in counseling is characterized by behaviors such as using empirically supported interventions that specifically outline how to integrate clients' S/R into counseling, conducting biopsychosocial spiritual assessments with each client, and helping clients consider ways their S/R support systems may be helpful (Oxhandler & Parrish, 2016). Additional behaviors of counselors who integrate S/R into counseling include helping clients consider the

S/R meaning and purpose of their current life situations, linking clients with S/R resources when it may be helpful them, and involving clients in deciding whether their S/R beliefs should be integrated into the counseling relationship (Oxhandler & Parrish, 2016).

Integrating S/R in counseling may improve counselors' effectiveness with clients (Koenig, et al., 2012). Conversely, failure to integrate S/R in counseling may minimize the effectiveness of counseling (Matise, et. al., 2017). Despite recognizing the importance of integrating S/R into counseling, previous researchers have found counselors' recognition of the importance of integrating S/R into practice disproportionate to how often they engage S/R in practice (Cashwell et al., 2013). Since integrating S/R is an ethical directive (American Counseling Association, 2014) and may improve treatment outcomes for clients, increasing the integration of S/R counseling training and practice is of paramount significance.

### **The Present Study**

There is a paucity of empirical research on the associations among spiritual competence, discussion of spirituality in supervision, CIT perceptions of supervisor cultural humility, and the integration of S/R in supervision and counseling (Lu et al., 2019). Accordingly, the present study assesses CIT spiritual competence, discussion of spirituality in supervision, and CIT perceptions of their supervisor's cultural humility as correlates and predictors of CIT behavioral engagement with S/R in counseling. The following research questions were investigated in this study: RQ1: What are the relationships among CIT spiritual competence, discussion of spirituality in supervision, perceived supervisor cultural humility and CIT S/R integrated practice? H1a: CIT spiritual competence, discussion of spirituality in supervision, perceived supervisor cultural humility, and CIT S/R integrated practice will be positively related. RQ2: Does perceived supervisor cultural humility predict CIT S/R integrated practice above and beyond CIT spiritual

competence and discussion of spirituality in supervision? H2a: Perceived supervisor cultural humility will predict CIT S/R integrated practice above and beyond CIT spiritual competence and discussion of spirituality in supervision.

## **Method**

### **Participants and Procedure**

Power analyses were conducted utilizing G\*Power 3.1 to determine the minimum number of participants needed for a moderate effect size of .15, an alpha of .05, estimated power of .80, and with three predictors; results suggested sampling at least 77 participants for regression analyses (Cohen, 1988; Faul et al., 2009; Hayes, 2013b). Participants were recruited through the Counselor Education and Supervision Network Listserv (CESNET-L), social media (Facebook, Twitter, Instagram, LinkedIn), personal communication with master's counseling students, and convenience and snowball sampling. The study included current master's counseling graduate students in practicum, internship, practicum and internship, or had completed practicum.

A total of 162 participants were recruited for this study. Twenty-six participants were removed because they did not meet the study qualification of being currently enrolled in practicum/internship or previously enrolled in practicum. An additional 48 participants were removed due to a significant amount of missing data. The survey included several validity items instructing participants to select a specific answer (Oppenheimer et. al., 2009). Participants were required to answer at least one validity item correctly to be included in the final sample. No participants were excluded based on this criterion. The final participant sample consisted of 88 master's counseling students.

Among the respondents, 12.5% ( $n = 11$ ) were men, 81.8% ( $n = 72$ ) were women, 3.4% ( $n = 3$ ) were nonbinary, 1.1% were transgender ( $n = 1$ ) and 1.1% were genderqueer ( $n = 1$ ). The sample was racially diverse, with a majority of respondents identifying as European American/White (65.9%,  $n = 58$ ), followed by Latinx/Hispanic (13.6%,  $n = 12$ ), African American/Black (10.2%,  $n = 9$ ), Asian/Asian American (2.3%,  $n = 2$ ), multiracial without African/Black identity (2.3%,  $n = 2$ ), multiracial with African/Black identity (1.1%,  $n = 1$ ), and finally American Indian or Alaska Native (1.1%,  $n = 1$ ). Three participants did not identify with any of the previously mentioned racial/ethnic groups (3.4%). Regarding sexual orientation, 76.1% ( $n = 67$ ) identified as heterosexual, 12.5% ( $n = 11$ ) as bisexual, 4.5% ( $n = 4$ ) as queer, 2.3% ( $n = 2$ ) as lesbian, 2.3% ( $n = 2$ ) as pansexual, 1.1% ( $n = 1$ ) as asexual, and 1.1% ( $n = 1$ ) preferred not to specify their sexual orientation. Regarding chronic illness/disability, 77.3% ( $n = 68$ ) reported they did not currently experience a disability, 6.8% ( $n = 6$ ) experience chronic medical health (e.g., HIV or diabetes), 3.4% ( $n = 3$ ) experience a psychological/psychiatric disability, 4.5% ( $n = 4$ ) experience a learning disability, 1.1% ( $n = 1$ ) identified as deaf/ hard of hearing, 1.1% ( $n = 1$ ) experience blindness/low vision, and 3.4% ( $n = 3$ ) participants experience another disability. In regard to S/R belief identification, 36.4% ( $n = 32$ ) of participants identified as Christian, 20.5% ( $n = 18$ ) identified as Agnostic, 6.8% ( $n = 6$ ) identified as atheist, 2.3% ( $n = 2$ ) identified as Buddhist, 2.3% ( $n = 2$ ) identified as Jewish, 1.1% ( $n = 1$ ) identified as Hindu, 1.1% ( $n = 1$ ) identified as Muslim, and 29.5% ( $n = 26$ ) indicated another S/R belief identification. Table 1 shows the full participant demographic breakdown.

Most participants in this sample self-identified as being on the clinical mental health counseling program track (56.8%,  $n = 50$ ), followed by the school counseling track (39.8%,  $n = 35$ ), the rehabilitation counseling track (2.3%,  $n = 2$ ) and the Marriage, Couple and Family

Counseling program track (1.1%,  $n = 1$ ). The majority of participants indicated that they were enrolled in CACREP-accredited master's counseling programs (78.4%,  $n = 69$ ); however 18.2% ( $n = 16$ ) of participants were not enrolled in CACREP-accredited master's counseling programs and 3.4% ( $n = 3$ ) were unsure whether their master's counseling program was CACREP-accredited. The participant sample consisted of 23 first-year CIT (26.1%), 43 second-year CIT (48.9%), 20 third year CIT (22.7%), two fourth-year CIT (2.3%), and one third-year, part-time CIT. 12.5% ( $n=11$ ) of participants currently attend a religiously affiliated academic institution/university, 76.1% ( $n= 67$ ) did not attend a religiously affiliated academic institution/university, and 11.4% ( $n= 10$ ) were unsure whether or not their current academic institution/university is religiously affiliated. Most participants indicated they had not received training in S/R in their counseling program (77.3%,  $n =68$ ). 22.7% ( $n = 20$ ) had received training in S/R in their counseling program. 53.4% ( $n = 47$ ) of participants indicated that their current training program does not offer a counseling course in S/R, while 20.5% ( $n = 18$ ) indicated their counseling program offers a counseling course in S/R and 26.1% ( $n= 23$ ) were unsure whether their current training program offered a course in S/R. Although most participants had not taken any courses in S/R in their counseling program (88.6%,  $n = 78$ ), five participants (5.7%) had taken one course in S/R, two participants (2.3%) had taken four courses in S/R, and three participants (3.4%) had taken five or more courses in S/R in their current counseling program.

Approval from the Institutional Review Board (IRB) at my institution was secured before the start of the study. Participants were recruited through the CESNET listserv, email, social media (Facebook, Instagram, Twitter, LinkedIn), snowball sampling, and convenience sampling.

CESNET is a listserv for counselors, counseling students, and counselor educators and supervisors.

Prior to beginning the study, participants were required to review the electronic informed consent form which informed them that their participation in the study was voluntary and they could withdraw at any time. Once participants agreed to continue with the investigation, they completed five online surveys through Qualtrics, including a demographic survey, Spiritual Competency Scale (Dailey et al., 2015), Spiritual Issues in Supervision Scale (Miller et al., 2006), Cultural Humility Scale (Hook et al., 2013), and the Religious/Spiritually Integrated Practice Assessment Scale (Oxhandler & Parrish, 2016). Inclusion criteria for this study included being at least 18 years old and a master's counseling student currently enrolled in a practicum/internship or having completed at least one semester of supervised clinical experience in counseling.

## **Measures**

**Demographic Questionnaire.** The demographic questionnaire collected a variety of information, including participants' age, gender, race/ethnicity, current ability status, sexual orientation, education level, and religious affiliation. The demographic questionnaire also assessed the counseling program track participants are enrolled in (e.g., clinical mental health; school; clinical rehabilitation; or marriage, couples, and family counseling), whether or not their current counseling program is CACREP accredited, whether they attend a religiously affiliated university/institution, whether they have taken a counseling course in S/R as a part of their counseling coursework, whether they are currently enrolled in or have completed a counseling practicum/internship, the approximate number of hours of practicum/internship they have

completed, and the approximate number of individual/triadic supervision hours they have had with their current university supervisor. Appendix B has a full list of items.

**Spiritual Competence Scale.** The Spiritual Competence Scale (SCS-R-II; Dailey et al., 2015) is a 21-item scale used to measure spiritual competency for students, practitioners, and counselor educators. Each item consists of a 6-point Likert scale where 1 = *high disagreement* and 6 = *high agreement*. It contains six subscales: assessment, counselor self-awareness, diagnosis and treatment, human and spiritual development, culture and worldview, and communication. A total score of 105 on the SCS-R-II strongly suggests spiritual competence. Sample items include “Religious beliefs should be assessed at intake” and “Counselors who have not examined their spiritual/religious values risk imposing those values on their clients.” Appendix C has a full list of items. The Cronbach alpha for the total scale was .90 (Dailey et al., 2015). For the present study, the Cronbach alpha coefficient was .87 for the total scale. The SCS-R-II is the only tentatively valid measure of spiritual competence in counseling (Dailey et al., 2015), however it is still a new scale without sufficient validity analyses (Lu et al., 2018).

**Spiritual Issues in Supervision Scale.** The Spiritual Issues in Supervision Scale (SISS; Miller et al., 2006) is a 30-item scale used to measure the frequency with which a wide array of spiritual issues is addressed in supervision (see Appendix D). Respondents rate the frequency with which spiritual issues are addressed in several supervision-relevant areas (e.g., assessment, marriage/divorce, culture, ethical issues) using a 5-point Likert scale where 1 = *spiritual issues are never addressed*; 3 = *spiritual issues are occasionally addressed*; and 5 = *spiritual issues are frequently addressed*. Instructions read, “Please rate how often spirituality is addressed when certain issues arise in supervision with your supervisor.” Example items included “when the assessment process is discussed” and “when talking about the treatment plan.” The SISS

demonstrated strong internal consistency for the measure with a Cronbach's alpha of .97 for the total scale (Miller et. al., 2006). For the present study, the Cronbach alpha was .97 for the total scale. Although authors suggest the SISS is a valid instrument, no specific psychometrics were provided.

**Cultural Humility Scale.** Cultural humility was assessed with the 12-item Cultural Humility Scale (CHS; Hook et al., 2013). The CHS was developed to measure the degree to which counseling clients perceive their therapists as expressing humility regarding central aspects of cultural identity such as gender, race/ethnicity, sexual orientation, or religion/spirituality (Hook et al., 2013). Since its initial creation, the CHS has been adapted to address group counseling dynamics as well (Kivlighan et al., 2019). The scale has two subscales addressing positive and negative cultural humility and can also be scored using a total score, with higher scores indicating higher cultural humility. For the purposes of this study, permission was obtained to adapt the scale to assess CIT perceptions of their supervisors' cultural humility. Each item was rated on a 5-point Likert Scale where 1 = *strongly disagree* and 5 = *strongly agree*, considering the core aspect(s) of CIT cultural identity (Appendix E). The instructions read: "Please think about your supervisor. Using the scale below, please indicate the degree to which you agree with which you agree or disagree with the following statements about your supervisor," and survey items included "is open to explore," "asks questions when he/she is uncertain," and "assumes he/she already knows a lot." Construct validity and reliability of the CHS with a sample of college students has been supported (e.g., Hook et al., 2013,  $\alpha = .93$ ). For the present study, the Cronbach alpha was .92.



**Religious/Spiritually Integrated Practice Assessment Scale.** The Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS) is a 40-item scale used to measure practitioners' self-efficacy, attitudes, behaviors, and perceived feasibility concerning the assessment or integration of clients' religious and spiritual beliefs in clinical practice (Oxhandler & Parrish, 2016). Each item is on a 5-point Likert scale, with 1 = *strongly disagree* (or *never* in the Behaviors subscale) and 5 = *strongly agree* (or *very often* in the Behaviors subscale). The RSIPAS demonstrated strong internal consistency with a Cronbach alpha of .95 for the total scale (Oxhandler & Parrish, 2016). For the purposes of this study, the behavioral subscale of the RSIPAS was used to assess the *frequency* with which CIT engage in S/R integrated practice. Cronbach's alpha for the behavioral subscale demonstrated good internal reliability with a Cronbach alpha of .87 (Kline, 2016; Oxhandler & Parrish, 2016). The Cronbach alpha of the behavioral subscale was .89 for the present study. Survey items included "I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment" and "I help clients consider the religious/spiritual meaning and purpose of their current life situations." See Appendix F for a full list. Authors indicated the RSIPAS as demonstrating evidence of content, criterion, and construct validity, however no specific psychometrics were provided (Oxhandler & Parrish, 2016).

## **Results**

### ***Preliminary Analysis***

Little's (1988) Missing Completely at Random test (MCAR; Fichman & Cummings, 2003) was conducted to determine whether data were missing completely at random. The test demonstrated a non-significant result ( $\chi^2 = 7008.88$ ,  $df = 9816$ ,  $p = 1.00$ ), indicating that the data were missing completely at random. Procedures such as Expectation Maximization (EM) can

result in similar outcomes when less than 5% of data are missing from a larger data set (Tabachnick & Fidell, 2013). Since the data were completely missing at random and less than 5% of the total values missing, the EM procedure was used to impute missing data in this sample.

The data were also screened for violation of assumptions. Linearity was assessed by partial regression plots and a plot of studentized residuals against the predicted values. The assumption for independent errors was met as assessed by a Durbin-Watson statistic of 2.1 (Field, 2017). Homoscedasticity was assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1 and VIF values less than 10 (Hair et al., 2014). No cases were over the Mahalanobis  $\chi^2$  critical value of 16.266 for 3 degrees of freedom,  $p = .001$  (Pearson & Hartley, 1958). Additionally, all cases were lower than the Cook's maximum distance of 1. Therefore, no cases were identified as outliers or removed. There were no studentized deleted residuals greater than  $\pm 3$  standard deviations and no leverage values greater than 0.2. The assumption of normality (i.e., skewness and kurtosis) was met as assessed by a histogram.

### ***Primary Analysis***

A correlation analysis was run to test the first hypothesis that there will be a positive correlation between CIT spiritual competence, discussion of spiritual matters in supervision, perceived supervisor cultural humility and CIT integration of S/R into counseling practice. All bivariate correlations, means, and standard deviations are displayed in Table 3. Consistent with previous literature, there was a statistically significant, moderate positive relationship between CIT spiritual competence and CIT S/R integrated practice ( $r = .35, p = .001$ ). There was also a statistically significant, strong positive relationship between discussion of spirituality in

supervision and CIT S/R integrated practice ( $r = .53, p < .001$ ). There was a low negative, non-statistically significant relationship between perceived supervisor cultural humility and CIT S/R integrated practice ( $r = -.16, p = .14$ ). Thus, the first hypothesis was partially supported.

The second hypothesis was that perceived supervisor cultural humility would predict CIT S/R integrated practice above and beyond CIT spiritual competence and discussion of spirituality in supervision. A series of hierarchical regression analyses was performed to test this hypothesis. Preliminary analyses were conducted to confirm that there were no violations of the assumptions of linearity, homoscedasticity, normality, and multicollinearity. Since spiritual competence (SCS-R-II) and discussing spirituality in supervision (SISS) have both been previously linked to CIT integration of S/R in counseling, both variables were entered in step 1. Since no prior empirical research has established a link between perceived supervisor cultural humility and CIT integration of S/R in counseling, cultural humility (CHS) was entered in step 2 (Table 4). CIT spiritual competence (SCS-R-II) and spirituality in supervision (SISS) explained 34% of the variance in CIT S/R integrated practice. After the entry of perceived supervisor cultural humility (CHS) at step 2, the total variance in CIT S/R integrated practice explained by the model as a whole was 38%,  $F(3, 78) = 15.86, p < .001$ . Perceived supervisor cultural humility explained an additional 4% of the variance in S/R integrated practice,  $R^2 \text{ change} = .039, F \text{ change}(1, 78) = 4.93, p = .029$ . In the final model, all three measures were statistically significant, with the Spiritual Issues in Supervision Scale recording a higher beta value ( $\beta = .46, p < .001$ ) than the Spiritual Competence Scale ( $\beta = .28, p = .004$ ) and the Cultural Humility Scale ( $\beta = -.20, p = .029$ ). Thus, the second hypothesis was supported.

## Discussion

S/R is a significant but often overlooked or ignored aspect of culture in counseling training and practice. Despite efforts made by the counseling profession to highlight the need for counseling programs to provide specialized training for students to ethically and effectively integrate S/R in counseling praxis, many counseling programs fail to do so (Dobmeier & Reiner, 2012; Magaldi-Dopman, 2014). Accordingly, many counseling trainees report limited skills, discomfort, and feelings of incompetence when working with S/R issues in counseling (Magaldi-Dopman, 2014). Addressing S/R in counseling can help improve treatment outcomes and may be key for clients who have salient S/R identities or concerns (Cashwell & Young, 2020); therefore, it is imperative that the counseling profession adequately equip trainees to address S/R in practice (Crabtree et al., 2020).

Supervision has been cited as the primary arena in which counselor trainees develop spiritual competence, yet many supervisors are reluctant to integrate S/R in supervision due to their lack of training and personal biases pertaining to the integration of S/R in counseling (Bishop et al., 2003; Olson, 2007; Young et al., 2007). Since culturally humble supervisors overcome the tendency to view their personal beliefs and values as superior and acknowledge the limitations of their knowledge (Watkins et al., 2019), it seems plausible that supervisors who ignore or avoid discussing S/R as vital aspects of culture and cultural identity may lack cultural humility. Previous researchers indicated a possible relationship between supervisee perceptions of supervisors' cultural humility and how often cultural discussions take place in supervision (Gingrich & Worthington, 2007). However, there is a gap in the literature about how perceived supervisor cultural humility relates to discussing S/R in supervision and CIT integration of S/R with their clients. Therefore, the purpose of this study was to address this gap in the literature by

investigating several potential correlates and predictors of CIT integration of S/R with clients, including CIT spiritual competence, discussion of spirituality in supervision, and CIT perceptions of their supervisor's cultural humility.

The first hypothesis was that CIT spiritual competence, perceived supervisor cultural humility, discussion of spirituality in supervision, and CIT engagement in S/R integrated practice would be positively correlated. Findings from this study partially supported this hypothesis. Spiritual competence was positively correlated with CIT integration of S/R in counseling practice, such that as CIT self-report of spiritual competence increased, so did the frequency with which they reported integrating S/R in counseling. In other words, higher spiritual awareness, knowledge, sensitivity, and competence in the S/R domain are associated with more frequent integration of S/R in practice for CIT. This finding supports previous literature indicating that spiritual competence is related to S/R behavioral engagement in counseling practice (Lu et al., 2019; Sperry, 2011).

Results from this study also indicated a positive correlation between discussing spirituality in supervision and integration of S/R in counseling practice, such that more frequent discussions about spirituality in supervision were associated with integrating S/R into counseling more frequently. Discussing spirituality in supervision seems to have important implications for trainees integrating S/R into counseling. This finding corroborates previous research highlighting supervision as a key training arena for integrating S/R into counseling (Bishop et al., 2003; Garner et al., 2017; Gilliam and Armstrong, 2012).

The present study found no statistically significant positive association between perceived supervisor cultural humility and CIT integration of S/R into counseling. This finding was unexpected since more culturally humble supervisors would seemingly be more likely to

model and transfer attitudes of openness and curiosity about various aspects of culture, including S/R, to CIT. It was expected that trainees who perceived their supervisors as more culturally humble would be more likely to discuss S/R in supervision and subsequently more likely to integrate S/R with clients. The lack of correlation between perceived supervisor cultural humility and S/R integrated practice in the present study may be due to measuring overall cultural humility instead of measuring cultural humility specific to S/R by having a sample of participants indicating S/R as central to their cultural identity. Further, CIT perceptions of their supervisor's cultural humility may have been influenced by additional factors that were not assessed in this study (e.g., the supervisory alliance).

The second hypothesis that perceived supervisor cultural humility would predict CIT S/R integrated practice above and beyond spiritual competence and discussion of spirituality in supervision was supported. Perceived supervisor cultural humility explained an additional 4% of the variance in CIT S/R integrated practice above and beyond spiritual competence and discussion of spirituality in supervision. In the final model, CIT spiritual competence, spirituality in supervision, and perceived supervisor cultural humility accounted for 38% of the variance in S/R integrated practice. The overall model was statistically significant.

Theoretically, CIT who perceive their supervisors as more culturally humble would feel safer and more open to discussing various aspects of culture in supervision, including S/R, thus increasing the likelihood that S/R would be discussed in supervision (and subsequently in counseling). Although additional research is needed to support this theory, the results of the present study suggested that perceived supervisor cultural humility potentially moderates the relationship between discussing spirituality in supervision and CIT S/R integrated practice, such that the association is stronger the more culturally humble CIT perceive their supervisors to be.

Therefore, an essential next step might be to investigate perceived supervisor cultural humility as a moderator amplifying the association between discussing spirituality in supervision and CIT S/R integrated practice.

### **Limitations and Suggestions for Future Research**

The present study has several potential limitations. First, the sample was gathered online, and no incentive was offered, so there is some potential for selection bias, given that master's counseling students with a higher interest in integrating S/R in supervision/counseling may have been more likely to complete the survey. Future researchers may consider conducting a similar study offering an incentive to see whether results replicate with a different sample and sampling method.

Second, reflecting the broader counseling field, this sample was predominately White, female, and heterosexual. It is important to investigate whether the results of this study can be replicated in samples of master's counseling students with marginalized identities. Future researchers could examine a variety of potential moderators (e.g., race/ethnicity, geographic location, and hours of supervision).

A third limitation of this study is that there is no observational data. For the purposes of this study, only CIT perceptions were used to evaluate spiritual competence, supervisor's cultural humility, and spirituality in supervision. CIT tend to overestimate their spiritual competence and ability to integrate S/R in counseling (Dunning, 2011; Young et al., 2002). CIT may also report what they would ideally do in counseling instead of what they actually do pertaining to integrating S/R in practice. Future researchers may want to also consider utilizing case studies, audio/video recordings of CIT integrating S/R in counseling or other observational methods to

reduce reporting bias and validate self-report measures of CIT spiritual competence and integration of S/R into counseling.

Another limitation of this study is that supervisor cultural humility was not specifically assessed within the S/R domain. Accordingly, participant ratings of their supervisor's cultural humility were based on their most salient identities, which may or may not have included S/R. Future researchers might consider replicating this study with a sample of CIT for whom S/R is the most salient aspect of their cultural identity. Future researchers might also consider exploring the relationship between CIT cultural humility and integration of S/R in counseling.

Finally, CIT opportunities to integrate S/R in counseling were not assessed. CIT opportunities to integrate S/R in counseling may vary for several reasons, including the client's level of trust in the counseling relationship, the client's distress/presenting concern, the setting in which the CIT is providing counseling, and the salience of the client's S/R cultural identity (Owen et al., 2014). Future researchers might consider assessing for these opportunities.

### **Practicing What We Preach: Implications for Counselor Education and Supervision**

The results of this study support previous findings that CIT spiritual competence is related to CIT integration of S/R in counseling. This correlation has significant implications for professional counselor training programs. Heeding the ethical and educational standards set forth by the counseling profession emphasizing the importance of integrating S/R in training and practice, counseling programs should find ways to promote and bolster CIT spiritual competence. Though S/R has previously been an optional component of training in many counseling programs (Dobmeier & Reiner, 2012), the profession should not expect trainees to integrate S/R into counseling effectively and ethically without providing adequate training for



them to do so. Accordingly, training institutions should explicitly and comprehensively address S/R in counseling curriculum (Magaldi-Dopman, 2014).

Previous researchers have proposed several models for addressing spiritual competence in training. One such model proposed by Burke et al. (1999) suggested infusing the ASERVIC spiritual competencies into each of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) core curriculum areas (e.g., human growth and development, social and cultural foundations, helping relationships, group work, appraisal, research and program evaluation, professional orientation, career and lifestyle development). For example, counselor educators and supervisors may invite CIT to explore aspects of spirituality reflected in various counseling theories and their philosophical assumptions in the common core area of helping relationships (Burke et al., 1999). Bohecker et al. (2017) suggested treating S/R as an additional CACREP curriculum domain. While S/R has not yet been classified as a CACREP core curriculum area, current training programs might develop core and elective counseling courses focused on building CIT spiritual competence, equipping them to integrate S/R into counseling and addressing S/R issues with clients effectively.

Similar to findings from previous studies, results of the present study demonstrated a strong, positive correlation between discussing spirituality in supervision and CIT integration of S/R in counseling (Gingrich & Worthington, 2007). In the present study, discussing spirituality in supervision was also the most significant predictor of CIT integration of S/R into counseling. Accordingly, findings from this study are consistent with previous research that recognizes counseling supervision as a key training area for CIT learning to integrate S/R into counseling (Bishop et al., 2003). Though the importance of discussing S/R in supervision cannot be understated, the average score on the SISS scale for participants in this sample indicated that at

best, discussions of spirituality in most supervision-related areas (e.g., assessment, culture, ethical issues, etc.) occurred *occasionally* in supervision. Since discussing spirituality in supervision is related to CIT integration of S/R in counseling, it is paramount that S/R be integrated more frequently in counseling supervision.

There are numerous ways for supervisors to integrate S/R into supervision. For example, supervisors may invite CIT to take the Spiritual Competence Scale (SCS-R-II) and Spiritual Issues in Supervision Scale (SISS) at various points throughout the semester to assess strengths and growth opportunities for CIT integrating S/R into practice (Shaw et al., 2012). Supervisors should discuss the results with CIT to help them identify their strengths and growth opportunities and help them develop a plan for continued growth pertaining to integrating S/R with clients. Supervisors may also consider having CIT evaluate their practicum's/internship's client intake form with regard to how S/R is addressed (Hull et al., 2016; Shaw et al., 2012). Supervisors may invite CIT to reflect upon questions such as: What is the value of gathering information about a client's S/R beliefs during intake? How does this intake form assess for client's S/R identity, beliefs, and values? What changes could be made to this intake form to more clearly articulate openness to discussing S/R issues with clients? Supervisors may also invite CIT to complete an S/R timeline to gain awareness about their own S/R cultural identity. Supervisors and educators may also assign a reflection paper for CIT to further explore how their S/R beliefs, biases, and assumptions might impact how they work with diverse S/R clients and issues.

Utilizing specific S/R integrated models of supervision may also support the integration of S/R into supervision more frequently. At present, there are several models specifically designed to infuse S/R into supervision. In accordance with the findings of the present study, supervisors can utilize competency-based supervision models, which are grounded in the

ASERVIC spiritual competencies (Barto, 2018). For example, the constructivist model by Shaw et al. (2012) outlines various activities, readings, techniques, and process questions for each ASERVIC spiritual competence category. Incorporating Shaw et al.'s activities and discussion prompts can provide supervisors practical ways to integrate S/R into supervision.

Similarly, Hull et al. (2016) S/R suggest two detailed supervisory activities for each of the six ASERVIC content areas. Activity examples include presenting an S/R case study and completing a spiritual genogram to explore a family's history of S/R beliefs and values (Hull et al., 2016). These practical activities can easily be infused in supervision and may also support supervisors with integrating S/R in supervision more consistently (Barto, 2018).

Previous researchers have found that supervisors' attitudes pertaining to S/R significantly influence how often spirituality is discussed in supervision (Garner et al., 2017). Accordingly, supervisors' reluctance to address S/R with CIT due to personal biases or lack of training and spiritual competence may limit the discussion of S/R in supervision and be perceived as a lack of cultural humility by CIT. The present study found that perceived supervisor cultural humility, in conjunction with spiritual competence and discussion of spirituality in supervision, significantly predicted S/R integrated practice for CIT. Accordingly, it is important for supervisors to practice and demonstrate cultural humility in addition to discussing spirituality with CIT and promote their spiritual competence. Supervisors who are reluctant to discuss S/R in supervision can practice cultural humility by: (a) engaging in dialogue regarding S/R; (b) exploring their biases, attitudes, and assumptions related to S/R; (c) reflecting on their own S/R experiences and background and how they may impact their supervision; (d) seeking continuing education and consultation in S/R; and (e) expressing curiosity and respect for the S/R identities and values of CIT and their clients in supervision (Adams et al., 2015; Bishop et al., 2003).

## **Conclusion**

The counseling profession has acknowledged the importance and benefit of incorporating S/R into the counseling process and relationship for over 20 years (Barton, 2018). Although adequate training is key for CIT to learn how to integrate S/R in counseling effectively and ethically, most counseling programs have yet to successfully integrate S/R into training (Gingrich & Worthington, 2007). Failure to integrate S/R into training contributes to CIT feeling unprepared, incompetent, and uncomfortable addressing S/R with clients (Cashwell et al., 2013; Magaldi-Dopman, 2014). However, discussing S/R issues regularly, particularly in supervision, can promote CIT spiritual competence and prepare them to address S/R with their clients. Training programs can no longer treat S/R as an optional component of training and supervision; rather, it is essential for counseling programs to consistently incorporate S/R in counselor training and supervision so that CIT are well equipped to engage this aspect of cultural identity with clients.

Future researchers are encouraged to continue exploring the role of cultural humility in integrating S/R in supervision and counseling. Theoretically, cultural humility has been cited as the bedrock to spiritual competence (Gill & Freund, 2018); however, empirical literature on this relationship is scant. Accordingly, it is important for researchers to continue investigating how cultural humility might help to bridge the gap between multicultural attitudes and behaviors related to integrating S/R into counseling. If future empirical studies can identify an association between cultural humility, spiritual competence, and S/R integrated counseling, this could provide additional insight and strategies for effectively incorporating S/R in training and practice. As researchers and practitioners of wellness, counselors are uniquely positioned to effect positive change on the individual, community, and global levels. Since S/R is a vital

component of wellness (Myers & Sweeney, 2008), training programs must ensure that CIT are well prepared to address S/R issues with clients regardless of their personal S/R commitments or lack thereof.

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**Table 1** *Demographic Data for Participants*

Variable	<i>n</i>	%
<b>Gender Identity</b>		
Woman	72	81.8%
Man	11	12.5%
Nonbinary	3	3.4%
Transgender	1	1.1%
Genderqueer	1	1.1%
<b>Race/Ethnicity</b>		
European-American/White	58	65.9%
Latinx/Hispanic	12	13.6%
African American/Black	9	10.2%
Asian/Asian American	2	2.3%
Multiracial: Without Black Identity	2	2.3%
American Indian or Alaska Native	1	1.1%
Multiracial: African/Black Identity	1	1.1%
Another race/ethnicity	3	3.4%
<b>Sexual Identity</b>		
Straight/Heterosexual	67	76.1%
Bisexual	11	12.5%
Queer	4	4.5%
Lesbian	2	2.3%
Pansexual	2	2.3%
Asexual	1	1.1%
Prefer not to specify	1	1.1%
<b>Spiritual/Religious Identification</b>		
Christian	32	36.4%
Agnostic	18	20.5%
Atheist	6	6.8%
Buddhist	2	2.3%
Jewish	2	2.3%
Hindu	1	1.1%
Muslim	1	1.1%
Another Identification	26	29.5%
<b>Chronic Illness/Disability</b>		
No Disability	68	77.3%
Psychological/Psychiatric	3	3.4%
Hearing	1	1.1%
Blind/Low Vision	1	1.1%
Chronic/Other medical condition	6	6.8%
Another Illness/Disability	3	3.4%

**Table 2** *Participant's Student Data*

Variable	<i>n</i>	%
<i>Note.</i> CACREP = Council for Accreditation and Related Education Program; S/R =		
<b>Program Track</b>		
Clinical Mental Health	50	56.8%
School	35	39.8%
Clinical Rehabilitation	2	2.3%
Marriage, Couple, Family	1	1.1%
<b>Year in Counseling Program</b>		
First Year	23	26.1%
Second Year	43	48.9%
Third Year	20	22.7%
Fourth Year	2	2.3%
<b>CACREP Accreditation</b>		
Yes	69	78.4%
No	16	18.2%
Unsure	3	3.4%
<b>Attend Religious Institution</b>		
Yes	11	12.5%
No	67	76.1%
Unsure	10	11.4%
<b>S/R Training in Program</b>		
Yes	20	22.7%
No	68	77.3%
<b>S/R Course Offered</b>		
Yes	47	53.4%
No	18	20.5%
Unsure	23	26.1%
<b>S/R Counseling Courses Taken</b>		
None	78	88.6%
One	5	5.7%
Two	0	0.0%
Three	0	0.0%
Four	2	2.3%
Five or more	3	3.4%
Spiritual/Religious		

**Table 3** Means, Standard Deviations, and Correlations for Study Variables

Study Variable	<i>M</i>	<i>SD</i>	1	2	3
1. S/R Integrated Practice	17.74	6.80			
2. CIT Spiritual Competence	92.92	13.94	.35**		
3. Spirituality in Supervision	66.40	25.96	.53**	.23*	
4. Supervisor Cultural Humility	52.67	8.90	-.16	.18	-.015

Note. *N*=88. \**p* < .05, \*\**p* < .001.

CIT= Counselors in Training; S/R = Spiritual/Religious



**Table 4** *Hierarchical Linear Regression Analysis for Perceived Supervisor Cultural Humility*

Step	Construct	<i>b</i>	<i>SE</i>	$\beta$	<i>p</i>	$R^2\Delta$	<i>F</i>	<i>p</i>
Step 1	Constant	-1.55	4.24		.72	.34	20.3	<.001
	SC	.12	.046	.24	.012			
	SISS	.13	.025	.48	<.001			
Step 2	Constant	5.04	5.10		.33	.039	15.9	.029
	SC	.14	.046	.28	.004			
	SISS	.12	.024	.46	<.001			
	CH	-.15	.069	-.20	.029			

*Note.* SC = Spiritual Competence; SISS = Spiritual Issues in Supervision; CH = Cultural Humility.

## **APPENDICES**

### **APPENDIX A**

#### **Georgia State University Department of Counseling and Psychological Services Informed Consent**

Title: Practicing What We Preach: Exploring the Relationships Among Spiritual Competence, Cultural Humility, Spirituality in Supervision, and Integration of Spirituality/Religion in Counseling

Principal Investigator: Catharina Chang, Ph.D., LPC, NCC, CPCS  
Student Principal Investigator: Nicolas Williams, M.A., NCC

#### **Purpose**

You are invited to participate in a research study. The purpose of this study is to investigate what contributes to counselors in training more frequently integrating spirituality and religion in their work with clients. You are invited to participate because you are a counselor-in-training in a master's counseling program and are currently in or have completed one semester of counseling practicum. A total of 500 volunteers will be recruited for this study. Participation will require approximately 15-20 minutes of your time over one participation sitting. Your participation is completely voluntary, and you can withdraw from participating at any time.

#### **Procedures**

You are being asked to take part in a research study. If you decide to participate, you will be asked to fill out a series of online questionnaires, including a brief demographic questionnaire. Participation includes a one-time, approximately 15-20-minute time commitment, to take place at the time and location of the participants' choosing. This study is confidential and will not ask for your name at any time.

#### **Future Research**

Researchers will remove information that may identify you and may use your data for future research. If we do this, we will not ask for any additional consent from you.

#### **Risks**

In this study, you will not have any more risks than you would in a normal day of life. No injury is expected from this study, but if you believe you have been harmed, contact the principal investigator as soon as possible. You may also call the university counseling center (phone number: 404-413-1640) if you want to discuss your reactions with a counselor.

#### **Benefits**

This study is not designed to directly benefit you personally. Overall, we hope to gain information about what contributes to counselors-in-training integrating spirituality and religion into counseling praxis.

#### **Alternatives**

The alternative to taking part in this study is to not take part in the study.

### **Compensation**

You will not be compensated for participating directly; however, you are contributing to the scientific understanding of counselor training.

### **Voluntary Participation and Withdrawal**

You do not have to participate in this study. You may skip questions or stop participating at any time. If you decide to participate in this study and change your mind, you have the right to drop out at any time. You may skip questions or stop your involvement at any time. Whatever you decide, you will not lose any benefits to which you are otherwise owed to you.

### **Copy of Consent Form to Participant**

If you agree to participate in this survey, please continue with the survey. You may print a copy of this form for your records.

### **Confidentiality**

We will keep your records private to the extent allowed by law. The following people and entities will have access to information you provide:

- Principal Investigator: Catharina Chang
- Student Principal Investigator: Nicolas Williams

When using the Internet to participate in this study, there is the risk that data shared over the Internet can be unprotected. The information you provide will be stored within Qualtrics, which is password protected and firewall protected. When we complete data collection, we will delete all identifying information from the dataset, so that your identity is not matched with your data. This data is stored on a computer that is password and firewall protected. When we present or publish the results of this study, we will not use your name or other information that may identify you.

### **Contact Persons**

Please contact Dr. Catharina Chang at 404-413-8196 or cychang@gsu.edu, or Nicolas Williams at 336-253-8529 or nwilliams117@student.gsu.edu if you have questions about the study or your part in it, including:

- if you have questions, concerns, or complaints about the study.
- if you have questions about your rights as a research participant.
- if you have questions, concerns, or complaints about the research.

The IRB at Georgia State University reviews all research that involves human participants. You can contact the IRB if you would like to speak to someone who is not involved directly with the study. You can contact the IRB for questions, concerns, problems, information, input, or questions about your rights as a research participant. Contact the IRB at 404-413-3500 or irb@gsu.edu.

## Appendix B

### Demographic Questionnaire

*Instructions: Please respond to the following questions. Think of your current university supervisor as you complete the inventories.*

1. Age (You must be at least 18 years old to participate in this survey):
2. How did you learn about this study?
  - ☐ CESNET Listserv
  - ☐ Peer/Colleague
  - ☐ Professor/Supervisor
  - ☐ Social Media
  - ☐ Other (please specify):
3. Are you currently enrolled in a master's level counseling program?
  - ☐ Yes
  - ☐ No
4. Is your counseling program CACREP accredited?
  - ☐ Yes
  - ☐ No
  - ☐ Unsure
5. Are you currently in or have you completed at least one semester of counseling practicum (master's level)?
  - ☐ I am currently in practicum
  - ☐ I have completed at least one semester of practicum
  - ☐ No
6. Are you currently enrolled in, or have you completed a supervised counseling internship (master's level)?
  - ☐ I am currently enrolled in internship
  - ☐ I have completed internship
  - ☐ No
7. How many practicum/internship hours have you completed?
  - ☐ Up to 100 hours
  - ☐ 101 to 200 hours
  - ☐ 201 to 300 hours
  - ☐ 301 to 400 hours
  - ☐ 401 to 500 hours
  - ☐ 501 to 600 hours

- More than 600 hours
8. Approximately how many hours of individual/triadic supervision have you had with your current university supervisor? \_\_\_\_\_
9. Is your current academic institution/university religiously affiliated?
- Yes
  - No
10. If yes, what religion/religious tradition is your current academic institution affiliated with? \_\_\_\_\_
11. Identified Gender:
- Male
  - Female
  - Transgender
  - Genderqueer
  - Nonbinary
  - My preferred choice is not listed (please specify): \_\_\_\_\_
12. Identified gender of your current university supervisor:
- Male
  - Female
  - Transgender
  - Genderqueer
  - Nonbinary
  - My current university supervisor's identified gender is not listed (please specify): \_\_\_\_\_
13. Please select the racial, ethnic, and/or cultural groups you identify with:
- African American or Black
  - Latinx or Hispanic
  - Asian/Asian American
  - Native Hawaiian or Pacific Islander
  - American Indian or Alaska Native
  - White or European American
  - Multiracial WITH African or Black identity.
  - Multiracial WITHOUT African or Black identity.
  - In terms of race and/or ethnicity, I think of myself differently from those offered above. I refer to myself as: \_\_\_\_\_
14. Please select the racial, ethnic, and/or cultural groups of your current university supervisor:
- African American or Black
  - Latinx or Hispanic

- ☐ Asian/Asian American
- ☐ Native Hawaiian or Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ White or European American
- ☐ Multiracial WITH African or Black identity
- ☐ Multiracial WITHOUT African or Black identity
- ☐ In terms of race and/or ethnicity, my current university supervisor thinks of themselves differently from those offered above. My current university supervisor refers to themselves as: \_\_\_\_\_

15. Chronic illness/disability impacting daily functioning:

- ☐ Not applicable. I do not experience a disability.
- ☐ Chronic/other medical health (e.g., HIV, diabetes, hypotension)
- ☐ Deaf/Hard of Hearing
- ☐ Learning (e.g., a specific learning disability in reading, math, written expression)
- ☐ Motor/Mobility Impairment (e.g., Cerebral Palsy, Muscular Dystrophy, Essential Tremor Syndrome, etc.)
- ☐ Psychological/psychiatric
- ☐ Blind/Low Vision
- ☐ Other (please specify): \_\_\_\_\_

16. University supervisor chronic illness/disability impacting daily functioning:

- ☐ Not applicable. My university supervisor does not experience a disability.
- ☐ Not sure
- ☐ Chronic/other medical health (e.g., HIV, diabetes, hypotension)
- ☐ Deaf/Hard of Hearing
- ☐ Learning (e.g., a specific learning disability in reading, math, written expression)
- ☐ Motor/Mobility Impairment (e.g., Cerebral Palsy, Muscular Dystrophy, Essential Tremor Syndrome, etc.)
- ☐ Psychological/psychiatric
- ☐ Blind/Low Vision
- ☐ Other (please specify): \_\_\_\_\_

17. Which term best describes your sexual orientation?

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Heterosexual
- ☐ My preferred choice is not listed (please specify): \_\_\_\_\_
- ☐ Prefer not to specify

18. Which term best describes the sexual orientation of your current university supervisor?

- ☐ Lesbian
- ☐ Gay

- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual
- ☐ Heterosexual
- ☐ Not sure
- ☐ My university supervisor's preferred choice is not listed (please specify):  
\_\_\_\_\_

19. Which best describes your current training program track?

- ☐ School counseling
- ☐ Rehabilitation counseling
- ☐ Clinical mental health counseling
- ☐ Marriage, Couple, and Family Counseling
- ☐ Other? Please specify: \_\_\_\_\_

20. Which of the following best describes your current university supervisor?

- a. Faculty member
- b. Part-time instructor/adjunct faculty
- c. Doctoral student-supervisor in training

21. What is your current standing in your counseling program?

- ☐ First Year
- ☐ Second Year
- ☐ Third Year
- ☐ Fourth Year
- ☐ Other? Please specify: \_\_\_\_\_

22. Does your current counseling program offer a counseling course in spirituality/religion?

- ☐ Yes
- ☐ No
- ☐ Not sure

23. If yes, which of the following describe the counseling course in spirituality/religion offered by your counseling program? Mark all that apply.

- ☐ Required
- ☐ Elective
- ☐ Not sure

24. Have you received training in spirituality/religion in your counseling program?

- ☐ Yes
- ☐ No

25. If yes, please briefly describe the training you have received in spirituality/religion in your counseling program:

26. Have you received training in spirituality/religion *outside* of your current counseling program?
- ☐ Yes
  - ☐ No
27. If yes, please briefly describe the training in spirituality/religion you have received *outside* of your counseling program: \_\_\_\_\_
28. How many counseling courses in spirituality/religion have you completed in your current counseling program?
- ☐ 0
  - ☐ 1
  - ☐ 2
  - ☐ 3
  - ☐ 4
  - ☐ 5 or more
29. Please select *your* religious, spiritual, or other belief identification:
- ☐ Agnostic
  - ☐ Atheist
  - ☐ Buddhist
  - ☐ Christian
  - ☐ Hindu
  - ☐ Jewish
  - ☐ Muslim
  - ☐ None of the above. I identify as: \_\_\_\_\_
30. To what extent do you agree or disagree with the following statement? I am committed to my religious beliefs:
- ☐ Strongly Disagree
  - ☐ Disagree
  - ☐ Neither
  - ☐ Agree
  - ☐ Strongly Agree
31. Which statement describes you best?
- ☐ I consider myself spiritual and religious (1)
  - ☐ I consider myself religious but not spiritual (2)
  - ☐ I consider myself spiritual but not religious (3)
  - ☐ I consider myself neither (4)
32. Please select *your current university supervisor's* religious, spiritual, or other belief identification:
- ☐ Agnostic
  - ☐ Atheist
  - ☐ Buddhist



- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Not sure
- ☐ None of the above. My supervisor identifies as: \_\_\_\_\_

33. Please indicate in which area of the US you live:

- ☐ Northeast
- ☐ South
- ☐ Midwest
- ☐ West Coast
- ☐ Alaska / Hawaii
- ☐ I do not live in the US

34. Are you a member of the Association for Spirituality, Ethical, and Religious Values in Counseling (ASERVIC)?

- ☐ Yes
- ☐ No



<b>13. Including religious figures in guided imagery is an appropriate counseling technique.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Spiritual/religious terms are often infused in clients' disclosures.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Counselors who can describe their own spiritual development are better prepared to work with clients.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Addressing a client's spiritual or religious beliefs can help with therapeutic goal attainment.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. A client's worldview is affected by religious beliefs.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Prayer is a therapeutic intervention.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. There is a relationship between human development and spiritual development.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Inquiry into spiritual/religious beliefs is part of the intake process.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21. If counselors do not explore their own spiritual beliefs, they risk damaging the therapeutic alliance.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

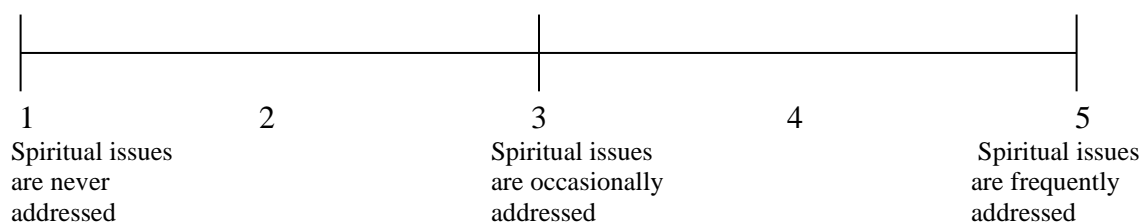
## Appendix D

### Spiritual Issues in Supervision Scale (SISS; Miller, Korinek, & Ivey, 2006)

Below are several circumstances in which spirituality could be addressed in supervision. This measure examines your perceptions of the supervision experience with a particular supervisor.

According to the following scale, please rate how often spirituality is addressed when certain issues arise in supervision with your supervisor.

**Spirituality** is defined in **the broadest sense** as *an overarching construct that includes a personal journey of transcendent beliefs and a sense of connection with other people, experienced either within or outside of formal religious structures.*



- 1) \_\_\_\_\_ When the **assessment process** is discussed
- 2) \_\_\_\_\_ In the area of **grief, loss, and death**
- 3) \_\_\_\_\_ With issues concerning **marriage**
- 4) \_\_\_\_\_ With issues concerning **divorce**
- 5) \_\_\_\_\_ When discussing **gender** issues
- 6) \_\_\_\_\_ With **self-of-therapist** issues, including your own **family-of-origin** issues
- 7) \_\_\_\_\_ When talking about the **treatment plan**
- 8) \_\_\_\_\_ When **conceptualizing** the case (e.g., integrating theory of therapy)
- 9) \_\_\_\_\_ With **substance abuse** issues
- 10) \_\_\_\_\_ In the area of **trauma** (including **abuse**)
- 11) \_\_\_\_\_ When **self-esteem** issues emerge
- 12) \_\_\_\_\_ With themes of **morality** and/or **values**
- 13) \_\_\_\_\_ With issues about **sexual orientation**
- 14) \_\_\_\_\_ In the area of **culture**
- 15) \_\_\_\_\_ When addressing **ethnicity**
- 16) \_\_\_\_\_ When addressing **race**
- 17) \_\_\_\_\_ When discussing **parenting** issues
- 18) \_\_\_\_\_ When discussing other issues concerning **children**
- 19) \_\_\_\_\_ In the area of **identity**
- 20) \_\_\_\_\_ When talking about the **supervisory relationship**

- 21) \_\_\_\_\_ With issues about **sexual intimacy**
- 22) \_\_\_\_\_ With **ethical** concerns
- 23) \_\_\_\_\_ When addressing issues of **power** and **hierarchy**
- 24) \_\_\_\_\_ With issues surrounding **abortion**
- 25) \_\_\_\_\_ With issues concerning **contraception** or **fertility**
- 26) \_\_\_\_\_ In the area of **suicide/suicidal ideations**
- 27) \_\_\_\_\_ With the theme of a **personal network** or **support group** for the *clients*
- 28) \_\_\_\_\_ About your own **personal network** or **support group**
- 29) \_\_\_\_\_ When talking about **hope** or a **greater purpose** in life
- 30) \_\_\_\_\_ When discussing **religion**

**Appendix E**  
**Cultural Humility Scale (CHS; Hook et al., 2013)**

**DIRECTIONS:** There are several different aspects of one's cultural background that may be important to a person, including (but not limited to) race, ethnicity, nationality, gender, age, sexual orientation, religion, disability, socioeconomic status, and size. Some things may be more central to one's identity as a person, whereas other things may be less central or important.

Please identify the aspect of your cultural background that is most central or important to you:

\_\_\_\_\_

How important is this aspect of your cultural background?

Not at all important		Somewhat important		Very important
1	2	3	4	5

If there is a second aspect of your cultural background that is important to you, please list:

\_\_\_\_\_

How important is this aspect of your cultural background?

Not at all important		Somewhat important		Very important
1	2	3	4	5

If there is a third aspect of your cultural background that is important to you, please list:

\_\_\_\_\_

How important is this aspect of your cultural background?

Not at all important		Somewhat important		Very important
1	2	3	4	5

Please think about your current university supervisor. Using the scale below, please indicate the degree to which you agree or disagree with the following statements about your supervisor.

<b>Regarding the core aspect(s) of my cultural background, my university supervisor...</b>	<b>Strongly Disagree (1)</b>	<b>Mildly Disagree (2)</b>	<b>Neutral (3)</b>	<b>Mildly Agree (4)</b>	<b>Strongly Agree (5)</b>
1. Is respectful.	1	2	3	4	5
2. Is open to explore.	1	2	3	4	5
3. Assumes he/she already knows a lot.	1	2	3	4	5
4. Is considerate.	1	2	3	4	5
5. Is genuinely interested in learning more.	1	2	3	4	5
6. Acts superior.	1	2	3	4	5
7. Is open to seeing things from my perspective.	1	2	3	4	5
8. Makes assumptions about me.	1	2	3	4	5
9. Is open-minded.	1	2	3	4	5
10. Is a know-it-all.	1	2	3	4	5
11. Thinks he/she understands more than he/she actually does.	1	2	3	4	5
12. Asks questions when he/she is uncertain.	1	2	3	4	5

**Appendix F**  
**Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS; Oxhandler, H. K., 2019)**

<b>Section I. Self-Efficacy with Religious/Spiritually Integrated Practice</b> Please indicate the response to the right that best fits how much you agree or disagree with the statements regarding religious/spiritually integrated practice.					
Statement	Level of Agreement				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I know how to skillfully gather a history from my clients about their religious/spiritual beliefs and practices.	SD	D	N	A	SA
2. I am able to recognize when my clients are experiencing religious/spiritual struggles. (e.g. tension or conflict with his/her Higher Power, religious/spiritual community, spiritual beliefs, etc.)	SD	D	N	A	SA
3. I know what to do if my client brings up thoughts of being possessed by Satan or the Devil.	SD	D	N	A	SA
4. I consider the unique needs of diverse clients with different religious/spiritual backgrounds in my practice.	SD	D	N	A	SA
5. I am able to recognize when my clients utilize positive religious/spiritual coping strategies. (e.g. trying to find a spiritual lesson in the presenting issue, etc.)	SD	D	N	A	SA
6. I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process. (e.g. religious/spiritual reading materials, pastoral counseling, contact information to local clergy, or a prayer room/place of worship).	SD	D	N	A	SA
7. I feel as though I have the skills to discuss my clients' religious/spiritual strengths.	SD	D	N	A	SA
8. I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment.	SD	D	N	A	SA
9. I know when it is beneficial to refer my client to pastoral or religious counseling.	SD	D	N	A	SA
10. I feel as though I have the skills to discuss my clients' religious/spiritual struggles.	SD	D	N	A	SA
11. I am able to recognize when my clients utilize negative religious/spiritual coping strategies. (e.g. viewing the presenting issue as punishment from his/her Higher Power, etc.)	SD	D	N	A	SA



### Section II. Attitudes About Religious/Spiritually Integrated Practice

Please indicate the response to the right that best fits how much you agree or disagree with the statements regarding religious/spiritually integrated practice.

Statement	Level of Agreement				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. It is essential to assess clients' religious/spiritual beliefs in practice.	SD	D	N	A	SA
2. Integrating clients' religious/spiritual needs during treatment helps improve client outcomes.	SD	D	N	A	SA
3. Practitioners who take time to understand their clients' religious/spiritual beliefs show greater concern for client well-being than practitioners who do not take time to understand their clients' religious/spiritual beliefs.	SD	D	N	A	SA
4. Integrating clients' religious/spiritual beliefs in treatment helps clients meet their goals.	SD	D	N	A	SA
5. I am open to learning about my clients' religious/spiritual beliefs that may differ from mine.	SD	D	N	A	SA
6. Attending to clients' religious/spiritual needs is consistent with the principles of meeting the client where he/she is at.	SD	D	N	A	SA
7. Sensitivity to clients' religious/spiritual beliefs will improve one's practice.	SD	D	N	A	SA
8. I am open to referring my clients to religious or pastoral counseling.	SD	D	N	A	SA
9. Attending to clients' religious/spiritual beliefs is consistent with my profession's code of ethics.	SD	D	N	A	SA
10. Empirically-supported religious/spiritually integrated treatments are relevant to my practice.	SD	D	N	A	SA
11. There is a religious/spiritual dimension to the work I do.	SD	D	N	A	SA
12. I refuse to work within my clients' religious/spiritual belief system if it differs from my own.	SD	D	N	A	SA
13. I know what to do when my client has religious/spiritual beliefs that I am unfamiliar with.	SD	D	N	A	SA
14. I am comfortable discussing my clients' religious/spiritual struggles.	SD	D	N	A	SA

<b>Section III. Feasibility for You to Engage in Religious/Spiritually Integrated Practice</b> Please indicate the response to the right that best fits how much you agree or disagree with the statements regarding religious/spiritually integrated practice.					
Statement	Level of Agreement				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I have enough time to assess my clients' religious/spiritual background.	SD	D	N	A	SA
2. I have enough time to identify potential strengths or struggles related to my clients' religion/spirituality.	SD	D	N	A	SA
3. My primary practice setting does not support the integration of religion/spirituality into practice.	SD	D	N	A	SA
4. I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice.	SD	D	N	A	SA
5. Given the many issues that must be addressed in treatment, I still find time to integrate my clients' religion/spirituality if they communicate a preference for this.	SD	D	N	A	SA
6. I have been adequately trained to integrate my clients' religion/spirituality into treatment.	SD	D	N	A	SA

#### Section IV. How Often Do You Currently Engage in Religious/Spiritually Integrated Practice?

For this section, please indicate the response that best fits the *frequency* with which you currently engage in religious/spiritually integrated practice.

Behavior	Frequency				
	Never	Rarely	Some of the time	Often	Very Often
1. I seek out consultation on how to address clients' religious/spiritual issues in treatment.	1	2	3	4	5
2. I read about ways to integrate clients' religion/spirituality to guide my practice decisions.	1	2	3	4	5
3. I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions.	1	2	3	4	5
4. I involve clients in deciding whether their religious/spiritual beliefs should be integrated into their treatment.	1	2	3	4	5
5. I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment.	1	2	3	4	5
6. I conduct a full biopsychosocial <i>spiritual</i> assessment with each of my clients.	1	2	3	4	5
7. I link clients with religious/spiritual resources when it may potentially help them (e.g., religious/spiritual reading materials, contact information to local clergy, or a prayer room/place of worship).	1	2	3	4	5
8. I help clients consider ways their religious/spiritual support systems may be helpful.	1	2	3	4	5
9. I help clients consider the religious/spiritual meaning and purpose of their current life situations.	1	2	3	4	5