

AN INVESTIGATION OF THE RELATIONSHIP BETWEEN GRADUATE COUNSELING
STUDENTS' PERCEPTIONS OF SPIRITUALITY AND COUNSELOR SELF-EFFICACY IN
SECULAR AND FAITH-BASED UNIVERSITIES

by

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ABSTRACT

Counseling and psychology have experienced a conflicted relationship with the issue of spirituality over the last century. Spirituality is a construct that has been receiving more attention in counseling over the last fifteen to twenty years. More counselors and educators are affirming its place and value in the counseling relationship. Yet, there is a disparity between this and what counselors-in-training are being taught regarding spirituality, its value to clients and counselors, and its role in the counseling relationship. Very little research has been done examining spirituality and its relationship to counseling students level of confidence and competence in their work—their self-efficacy. This study investigated the relationship of perceived spirituality to counseling self-efficacy for graduate counseling students in faith-based and secular institutions. Additionally, the researcher studied the relationship of spirituality and counseling self-efficacy to the following demographic variables: age, gender, graduate course hours completed, and practicum versus internship status. The results from a sample of 135 students demonstrated a relationship between spirituality and counseling self-efficacy for students in faith-based and secular universities. The four demographic variables studied— age, gender, graduate course hours completed, and practicum versus internship status—showed a relationship with counseling self-efficacy but not spirituality. Implications for counseling pedagogy and clinical work are offered. Areas of future research are discussed.

I dedicate this dissertation to the memory of Sharon Lee Hiatt, Ph.D., devoted mother, wife, friend, educator, and fellow Unitarian Universalist. Namaste.

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CHAPTER ONE: INTRODUCTION

Spirituality can be a construct which is gently but intentionally infused into all aspects of one's daily life. Individuals practice their personal spiritual beliefs, in a variety of ways, to enhance the quality of their lives. As a mental health counselor, this researcher considers her life's work to be a spiritual practice in its own right. Historically, the field of counseling has had a conflicted relationship with spirituality and religion (Burke, Hackney, Hudson, Miranti, Watts & Epps, 1999). For many years, spiritual concerns were an unmentionable subject in counseling sessions (Belaire & Young, 2000; Isakson, Worthen & Dougher, 2001; Prest, Russel & D'Souza, 1999; Sheridan, Wilmer & Atcheson, 1994; Weinstein, Parker & Archer, 2002). Increasingly, the topic of spirituality is becoming an important and prominent construct in counseling (Corey, Corey & Callanan, 2007; Prest et al., 1999). Clients often see their spirituality as sources of strength for finding meaning, solving problems and promoting physical and emotional well-being (Corey et al., 2007). Consequently, this reinforces its' importance in the field of counseling. However, very little has been written about counselors' spirituality and its impact on their work.

Including spirituality in counselors' work with clients is considered a component of being multi-culturally competent (Burke et al, 1999; Council for Accreditation of Counseling and Related Educational Programs<CACREP>, 2001; Levitt & Balkin, 2003; Richards & Bergin, 2005; Sheridan et al, 1994). Attending a place of worship, believing in God, and belonging to a religious denomination are important issues for many Americans (Gallup,1993). Consequently, one might reasonably assume these spiritual elements are important issues for counselors and clients as well. Yet, counselor educators are not providing adequate guidance in this area to counselors-in-training (Corey et al, 2007; Erwin, 2001; Fukuyama & Sevig, 1997; Kelly, 1994;

Ingersoll, 1997; Sheridan et al 1994). For example, Kelly (1994) found a significant disparity in over 300 counselor education programs between the purported importance of religion and spirituality versus their program curriculum. This potentially indicates a major discrepancy between what clients value and need, and how counselors are being trained to provide services.

Spirituality is included as a competency requirement by the CACREP 2001 standards under the section of Social and Cultural Diversity. Yet it is not being included in the curriculum of today's counseling students. Opportunities are not being provided for counseling students to learn how to infuse spirituality into their work with clients, or introspectively explore this aspect within themselves (Burke et al, 1999; Curry & Pollock, 2006; Curtis & Glass, 2002; Erwin, 2001; Miller, 1999; Prest et al, 1999; Souza, 2002). Interestingly, American mental health professionals report lower levels of religious belief and practice relative to the U.S. population (Miller, 1999). Myers, Sweeney and Witmer (2000), in their holistic wellness model, list spirituality as the central component of healthy functioning for adults. It does not seem feasible that counselors can adequately and successfully incorporate spirituality into their work with clients when they are not encouraged to explore this dimension of themselves.

If spiritual connections enhance clients' lives and mental well-being, the same could be said for counselors. It is this researcher's contention that counselors with higher levels of spirituality will also experience higher levels of self-efficacy in their work. This purpose of this study was to operationally define spirituality and investigate its relationship to counseling students' level of self-efficacy. Students from both secular and faith-based institutions were compared. Other demographic variables, such as age, gender, practicum versus internship status, and number of course hours completed were also explored for their possible relationships to perceived spirituality and counseling self-efficacy.

Definitions

Religion and Spirituality

Defining religion and spirituality can be a cumbersome task as these concepts have common and varying characteristics. Increasingly, religion has come to be associated with a public expression of membership in institutions, while spirituality connotes the private realm of thought and experience (Sperry & Shafranske, 2004). They are often used interchangeably, although this researcher views them as distinct concepts and constructs in human experience. The word religion comes from the Latin root, religare, which means to “bind together” (Fukuyama & Selig, 1997). It is a public expression, often manifested in the context of an institution; an organized social entity (Miller & Thoresen, 1999; Westgate, 1996). Religion is primarily a social phenomenon that incorporates theism, ritual, and affiliation with a denominationally-based place of worship (Shafranske & Sperry, 2005). Prest et al. (1999) defined religion as “the formal institutional contexts for spiritual beliefs and practices” (p. 61). Myers et al. (2000) view religiosity as a concept that is part of spirituality and refers to institutional beliefs and behaviors. Burke et al. (1999) discuss the distinction and overlap between spirituality and religion. They recognize religion as an institutionalized set of beliefs and practices that relate to an ultimate being. The concepts of spirituality and religion also have different meanings across cultures (Burke et al.).

Spirituality is rooted in the Latin word spiritus, which means “breath of life” (Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988). This broad concept has been defined in a myriad of ways by philosophers, psychotherapists, and theorists. A review of the many ways it is construed is pertinent to this research study. Spirituality is considered an intrinsic attitude, as opposed to a system (Miller & Thoresen, 1999). It is viewed as an individual, internalized,

universal connection that may not necessarily be rooted in religion (Hall, Dixon and Mauzey, 2004; G. Miller, 2003; Westgate 1996). Richards and Bergin (2005) characterize spirituality as an “invisible phenomena associated with thoughts and feelings of enlightenment, vision, harmony with truth, transcendence, and oneness with God” (p. 22). Pargament (1999) simply defined spirituality as “a search for the sacred” (p. 12). Westgate (1996) proposed four dimensions of what she terms spiritual wellness: “a sense of meaning in life, a transcendent perspective, an intrinsic value system, and a sense of belonging to a spiritual community of shared values and support” (p. 26). Fukuyama and Sevig (1997), who teach a course on spiritual issues in counseling, define spirituality as one’s search for meaning and value in life; it may be expressed through organized religion, faith and ritual. In their study of Marriage and Family Therapy graduate students, Prest et al (1999) defined spirituality as “the human experience of discovering meaning, purpose, and values, which may or may not include the concept of a God or transcendent being” (p. 61).

Miller and Thoresen (1999) describe spirituality as multidimensional with three broad domains: practice, belief, and experience. The first is easiest to measure as it focuses on behavior or spiritual practices such as prayer, fasting or meditation. The second domain is large and can vary culturally based on one’s beliefs about transcendence, the presence of a deity, afterlife, morality, and personal values. The domain of spiritual experience may be the most fundamental dimension. This can relate to everyday sacred and transcendent occurrences, or more transformative mystical experiences (Miller & Thoresen). Myers et al. (2000) define spirituality as an awareness of a force that transcends the material parts of life and gives a sense of connectedness to the universe. When one studies these varied definitions of spirituality, one may see the spiritual nature of the work that counselors can do with their clients. Often they are

helping people to make meaning of their lives and situations. Counselors offer a caring and meaningful connection to clients and may prescribe certain rituals or meditations as part of treatment. Indeed, transcendence from one's pain and suffering is often an accomplishment of counseling work.

In 1995 the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) sponsored a Summit on Spirituality to define spirituality and address counselor competencies regarding this construct (See Appendix A for counselor competencies). The consensus description of spirituality, as defined by the summit attendees and published in *Counseling Today* (1995), is:

The animating force in life, represented by such images as breath, wind, vigor, and courage. Spirituality is the infusion and drawing out of spirit in one's life. It is experienced as an active and passive process. Spirituality also is described as a capacity and tendency that is innate and unique to all persons. This spiritual tendency moves the individual towards knowledge, love, meaning, hope, transcendence, connectedness, and compassion. Spirituality includes one's capacity for creativity, growth, and the development of a values system. Spirituality encompasses the religious, spiritual, and transpersonal (p. 30).

Wheat (1991), after creating and testing the Human Spirituality Scale, defined spirituality as the personal valuing, experiencing, or expressing of a larger context in which to view one's life, the awareness and connection to life and other living things, and compassion for others. For the purpose of this study the researcher defines spirituality as a personal, intrinsic, continual, and experiential phenomenon with which one finds purpose, meaning, value, and comfort in life that *may* include connections to an ultimate being and other humans or living things. This author

views religion and denominational relationships as methods some people use to express their spirituality, but not necessary components of spirituality.

Self-Efficacy

Among all the nuances of self-knowledge, perhaps none is more influential in one's daily life as the construct of self-efficacy (Bandura, 1977, 1982, 1986). Perceived self-efficacy is what one believes he or she can do with the skills one possesses; however it operates partially independently of one's abilities (Bandura). It is not only concerned with skills but self judgments about one's skills (Bandura). Counseling self-efficacy refers to one's belief about his or her performance in the role of counselor. This researcher speculates that students who are more highly spiritual and mindful will feel more confident and positive in their counseling abilities. In developing self-efficacy theory Bandura posited that successful performance requires knowledge and skills to perform a prescribed function, as well as the optimistic belief in one's ability to perform the behavior, and expectations that the behavior will successfully achieve a desired outcome. Bandura believed that self-efficacy was acquired through successful performance, vicarious learning, support and encouragement, and reducing emotional arousal. Masters level counseling students receive knowledge and skills as part of their training. If there exists a construct that reduces anxiety and promotes optimistic beliefs about one's actions and outcome, it would seem plausible that such a construct would also enhance counseling self-efficacy. This researcher believes that spirituality could be such a construct.

For a counselor to be efficacious, he or she must be able to utilize many numerous micro-skills appropriately in an environment that is changing and unpredictable. Melchert, Hays, Wiljanen and Kolocek (1996) determined that a student's training and clinical experience added to higher counseling self-efficacy. In fact, they discovered that training accounted for slightly

more of the variance in counseling self-efficacy scores, as measured by the Counseling Self-Efficacy Scale (CSES; Melchert et al.), than did clinical experience. In fact master's students in their second year of training scored about 10% higher on the CSES than did first-year master's level students (Melchert et al.). This finding supports the value of the didactic portion of counseling education curriculum. It reinforces the importance of knowledge and belief about one's abilities—regardless of specific abilities—being significant for solid self-efficacy. For the purpose of this study, the researcher defines counselor self-efficacy as an individual counselor's perception of a) his or her comprehensive knowledge of counseling theories and skills, and b) the ability to implement such knowledge into practice in a variety of counseling environments.

Faith-Based Institutions

For this study faith-based institutions were defined as universities that include a religious dimension as part of their mission. Religious is a term denoting reliance on a specific belief system and identification with an organized religion (Worthington, 1986). This particular research project studied Catholic universities. In reviewing the curriculum online at the universities studied, there was not a specific course on spirituality or religion identified as part of the course work. Perhaps they are infused into the curriculum overall. An additional point is that all institutions studied were CACREP-accredited. This mandates objectives and coursework that must be taught as part of the counseling program. Universities need to be mindful to include all CACREP-required objectives while not making degree requirements unwieldy.

Secular Institutions

For this study, secular institutions were defined as those universities or colleges that do not include any particular faith or religious background as part of their mission. The term

secular refers to that which is nonreligious (not anti-religious), pluralistic, and typical of contemporary society (Worthington, 1986). This project studied four secular universities—one private institution and three public state universities. All institutions were CACREP-accredited so curriculum objectives were clearly delineated. None of these universities offers a spirituality and counseling course as a required class.

Theoretical Framework

The conceptual framework for this study was based on extrapolation of the literature on the benefits of spiritual connections and the components of self-efficacy. Students enter counseling programs with varying experiences and comfort levels regarding spirituality. Some see it as a positive force in their life which gives them direction; some see it as a negative aspect representing beliefs that have been imposed upon them (Souza, 2002). Regardless of the counselor's perspective, many clients think spirituality is an appropriate subject to include in their counseling work (Quackenbos, Privette & Kelentz, 1985). Students need to be prepared for this. Counselor educators must be aware of the possible counter-transference issues that might arise in relation to spirituality. It is vital that a safe, respectful atmosphere and role modeling are provided (Souza). Counseling students should be given the opportunity and support to explore their own spiritual beliefs as well as those of their clients (Prest, 1999). Many theorists, including Jung and Freud, believe in the caveat that counselors cannot take clients past their own level of development (C.O. Matthews, 1998).

In order for counselors to be comfortable in addressing clients' spiritual issues, they must be cognizant and attuned to their own beliefs (Burke et al, 1999; Corey et al, 2007; Erwin, 2001; Fukuyama & Sevig, 1997; Westgate, 1996). The competent counselor is aware of her or his own spiritual beliefs and is sensitive to their role in counseling. For many people seeking counseling,

spirituality plays a significant part in their lives and development. It is difficult for a counselor to understand full life development without an appreciation for clients' spiritual and religious dimensions (Burke et al, 1999). Spirituality affects not only the clients' perception of the helping relationship but can also impact counselors' construction of the therapy process as well (Burke et al, 1999). Viewing clients holistically means considering the role that spirituality plays in their lives as well. A spiritually astute counselor may realize that spiritual issues are an integral part of the presenting problem, or she or he may call upon certain practices to help alleviate symptoms and provide support.

Self-efficacy theory posits that successful performance requires not only skills but confidence in one's abilities, and the expectation that one's behavior will produce certain outcomes (Bandura, 1982). The strength of one's convictions in his or her own effectiveness determines whether he or she will try to cope with difficulty in life (Bandura, 1977). Myers et al. (2000) believed that positive thinking is a component of spirituality as well. Therefore, the purpose of this study is to determine if there is a link between the level of perceived spirituality of counselors-in-training enrolled in practicum and internship classes, and their counseling self-efficacy. This researcher will compare secular and faith-based institutions to determine if there is a relationship between them regarding spirituality and its impact on self-efficacy. In addition, several demographic variables will be studied for possible relationships to spirituality and self-efficacy.

Spirituality and Counseling

Historically, many noted therapists have eschewed religion or spirituality in the field of counseling. Sigmund Freud and Albert Ellis have written antagonistic positions toward religion (as cited in Corey et al., 2007). Additionally, many early behavioral scientists adopted beliefs of

naturalism, atheism, agnosticism, ethical relativism, ethical hedonism, and positivism—all of which were in direct conflict from then current religious world views, and impacted the role of values in psychotherapy (Richards & Bergin, 2005; Richards, Rector & Tjeltveit, 1999).

However, post-World War II, the profession has seen an increased blending of psychotherapeutic and spiritual insight through the writings of such theorists as Victor Frankl, Carl Jung, and Carl Rogers, among others (Kurtz, 1999). Humanistic and person-centered theories have taken hold, and wellness as a dimension of counselor education is emerging. Spirituality is often considered a core component of wellness (Myers et al., 2000).

Religion and spirituality are important issues for most Americans. According to a 1991 Gallup poll, 94% American adults believe in God or a universal spirit; 68% belong to a place of worship and 58% rate religion as very important in their lives (Gallup, 1993). Clearly, the issues of religion and spirituality are significant in the world of a client, and likely vital in counselors' lives as well. While therapy and religion are different constructs, both are concerned with moral, cultural and existential issues (Quackenbos et al, 1985). The spiritual domain, like counseling, can assist clients to cope with crises, comfort afflictions, shape values, forgive self and others, deal with guilt, alleviate anxiety and stress, and let go of self-destructive patterns (Corey et al, 2007). Many believe that counselors must first gain an in-depth understanding of their own spirituality before they can assist their clients (Burke et al, 1999; Erwin, 2001; Fukuyama & Sevig, 1997; Westgate, 1996). If spirituality can help clients function more effectively and comfortably, it might be just as crucial an element in enhancing counselor's work as well.

Kelly (1992) surveyed 343 counseling education program heads and discovered that while over 85% of them deemed religion/spirituality as somewhat to very important in their

programs, less than 25% indicated that religious and spiritual issues were included as a course component. Furthermore, in a recent ASERVIC-sponsored study surveying graduate counseling students nationwide, more than 68% of respondents agreed that spirituality was an important element in client wellness, and over 83% strongly agreed that discussion of spirituality was a vital part of counselor education programs. However, more than 50% of respondents reported not feeling prepared to deal with spirituality in their counseling sessions as a result of their educational experiences (Curry & Pollock, 2006). These findings appear to support Kelly's earlier research.

Burke et al. (1999) assert that knowledge of clients' spirituality practices communicates respect. Including spirituality and religion into counseling curriculum builds on counselors' own spiritual awareness and diversity competence. Quackenbos et al. (1985) found an overwhelming majority of randomly selected respondents believed that religious values are important to discuss in therapy. Clients desire this, researchers and counselors-in-training identify this, yet our counseling education are not meeting this challenge. Incorporating a therapeutic respect for clients' diverse religious and spiritual beliefs is a professional and ethical issue for counselors (Kelly, 1992). This author believes that knowledge in the area of spirituality and counseling is part of being multi-culturally competent.

Counselors often immerse themselves into many intimate aspects of clients' lives—relationship, occupation, sexuality, and family of origin. Yet spirituality is typically not asked about or discussed, although it may sometimes be a part of the client's problem (Corey et al, 2007). Even though the multicultural movement has encouraged mental health professionals to be more sensitive to diversity, this has often focused only on client race, ethnicity, gender and sexual orientation (Burke et al, 1999; Levitt & Balkin, 2003; Richards & Bergin, 2005; Sue &

Sue, 2003). However, being knowledgeable about client spirituality perspectives is just as important in being ethical and multi-culturally competent for counselors and counselor educators. The American Counseling Association, in its 2005 updated code of ethics, included nondiscrimination of client spirituality as an issue of cultural sensitivity. The code also broadened the section on support systems to include any person who plays a central role in a client's life—including spiritual or religious leaders (Kocet, 2006). CACREP (2001) includes religious and spiritual values under Social and Cultural Diversity in accredited counselor education program objectives and curriculum. Yet, as noted above in Kelly's (1992) study, this frequently does not occur. What counselors do not discuss in therapy sessions may become taboo subjects for clients to bring up. It may be that some counselors simply do not know how to initiate respectful and nonjudgmental dialog about clients' spiritual and religious practices. Yet, to disregard clients' spiritual beliefs and practices may be ignoring a major coping mechanism and component of their overall health. If one chooses to view clients from a holistic perspective, she or he would need to understand how that person is functioning spiritually, as well as emotionally, physically, and socially.

The current practice of counseling emanates primarily from Western philosophies that view human functioning as compartmentalized—body, soul, and spirit. One component is treated without concern of the other parts. However, an Eastern holistic perspective is emerging where human functioning is seen as interrelated parts. Spiritual functioning is interrelated with physical, emotional and mental functioning (Myers et al. 2000; Westgate, 1996). Bensley (1991), along with other theorists, proposed the concept of spiritual wellness as the integration of the dimensions of human functioning—mental, physical, emotional , social, and spiritual. Spiritual wellness represents the openness to including one's spirituality with the other

dimensions, therefore maximizing growth and self-actualization (Westgate, 1991). There is growing empirical evidence indicating that spiritual values and behaviors enhance physical and emotional well-being (Hall et al, 2004; Richards & Bergin, 2005; Richards et al, 1999; Shafranske & Sperry, 2005). A spiritually well counselor would appear to be more highly functioning in their life's work. If spirituality characterizes wellness, enhances growth and improves emotional functioning, then perhaps higher spiritual connections influence self-efficacy in a positive direction.

Human beings seek to make meaning in their lives, and faith can be a way for them to make and maintain meaning. Fowler, who has done significant work in the area of faith development theory, considers the term faith as synonymous with meaning-making (Muuss, 1996). He views faith as one's way of seeing him-or herself within the context of the world that involves reason and feeling (Muuss, 1996). He has organized a seven-stage theory that views faith development as the pivotal concept in developmental theory overall. The stages of faith development according to Fowler are:

Stage 0—Primal Faith (birth to toddler-hood)

Stage 1—Intuitive-Projective Faith (early childhood)

Stage 2—Mythic-Literal Faith and the Imperial Self—(childhood and beyond)

Stage 3—Synthetic-Conventional Faith (adolescence)

Stage 4—Individuative-Reflective Faith (young adulthood and beyond)

Stage 5—Conjunctive Faith and the Interindividual Self—(mid-life, if at all)

Stage 6—Universalizing Faith (Muuss, 1996).

This author views Fowler's work as a possible framework for counseling relationships. Some see counseling and therapy as spiritual experiences in themselves. If one accepts Fowler's

model, which he developed over a 10-year period by conducting 359 interviews, one may observe the parallels to other valued theorists' work—such as Maslow's concept of self-actualization, Jung's idea of attaining higher consciousness, and Roger's phenomenological approach. Certainly, Fowler's idea of meaning-making within one's context and worldview mirrors the current commitment of multicultural awareness in the counseling profession.

One may speculate about the potential of including Fowler's work of faith development as a theory offered for counselors-in-training as an alternative view to individual development theories. Providing opportunities for spiritual exploration and growth could be a mission for counselor educators. Counselors cannot adequately explore and deal with their clients' value systems until they have fully explored their own (Erwin, 2001; Fukuyama & Sevig, 1997). Engaging in spiritual self-exploration should be fundamental to counselors' professional and personal development, and is considered a basic counselor competency by ASERVIC.

Spirituality and Self-Efficacy

One way of monitoring counseling students' professional development is to measure their self-efficacy—their competence in their professional duties. Self-efficacy theory asserts that successful performance is based on knowledge, skills, and beliefs that one is able to perform requisite behaviors, along with the expectation that these behaviors will deliver favorable outcomes. Self-efficacy predicts future behaviors and success in one's undertakings (Bandura, 1982, 1986).

Reinert and Bloomingdale (1999) conducted a study to determine if a relationship existed between spiritual maturity and mental health. They discovered that individuals who were spiritually growth oriented reported significantly less psychological distress than those who were spiritually underdeveloped or dogmatic. Bergin, Masters and Richards (1987) reported that

intrinsic religiosity was correlated with lower anxiety levels while Westgate (1996) found it was associated with significantly lower reports of depression. Bandura (1977) states that emotional arousal inversely impacts people's efficacy. Individuals positively expect success when they are not highly emotionally aroused. In studies on positive mental health, a strong sense of self-efficacy is considered one of the factors observed in individuals (Myers et al., 2000). Strong self-efficacy, by its definition, implies one who thinks of her- or himself as competent and expects optimistic outcomes. It might appear that individuals with less psychological distress, anxiety and depression perform better in their work—and have greater belief in their abilities. This might suggest that a significantly positive relationship exists between ones' level of spirituality and self-efficacy. Perhaps the more spiritually connected an individual is the more confidence he or she has in abilities and favorable outcomes.

Faith-Based Versus Secular Institutions

Faith-based schools attempt to integrate faith and learning to develop integral relationships, which exists between faith and knowledge (McCurdy, 2003). As stated, religious and spiritual connections are important to most people and considered by clients to be an issue appropriate in the counseling relationship. While religion and spirituality are given explicit attention in faith-based institutions, they receive scant attention in secular institutions, where most counselors are trained (Kelly, 1994). Therefore, this researcher believes counselors and counselor educators need to learn how to incorporate spirituality discussions into the pedagogy to better serve students, and, ultimately, better serve clients. Students would benefit from opportunities to learn about various spiritual practices, and explore their own spiritual domain.

Statement of the Problem

Spirituality is included as a competency requirement by CACREP (2001) under the section of Social and Cultural Diversity. The spiritual dimension is a key component in mental health counseling; often clients have spiritually-related concerns in their lives and want to discuss these in their counseling sessions (G. Miller, 1999). Yet it is not being included in the curriculum of counseling students (Kelly, 1992; Young, Cashwell, Wiggins-Frame & Belaire, 2002). Additionally, students are not being encouraged to explore their own spirituality in their counseling programs (Curry & Pollock, 2006). Interestingly, American mental health professionals report lower levels of religious belief and practice relative to the U.S. population (G. Miller, 1999). It seems unrealistic to expect counselors to adequately and successfully incorporate spirituality into their work with clients when they have not explored this dimension within themselves.

Research has shown that spirituality is important to clients and can enhance their coping skills and emotional well-being. (Corey et al., 2007) As previously cited, almost all Americans believe in a universal spirit and many attend a place of worship. There is evidence that spiritual connection can alleviate anxiety and depression (Westgate, 1996). Some research has shown that a lifestyle of continuous religious development and mild religious experiences is associated with better mental health (Bergin, Stinchfield, Gaskin, Masters & Sullivan, 1988). Spiritual practices and beliefs are “good medicine” in their own right. It would behoove counselors to learn how to utilize these tools that are already naturally occurring in the client population. Additionally, knowledge of spiritual practices is part of more fully understanding clients’ mental health.

Spirituality is an essential construct in human lives. It is considered the core of a wellness-oriented lifestyle (Myers et al, 2000). Spirituality enhances mental health, provides coping skills, and helps give meaning and purpose to life. This researcher believes that an individual who is introspective and connected spiritually may be more confident as a counselor, and better able to provide empathy, focus, caring, and direction to clients and others. Yet, spirituality does not appear to be adequately addressed in counselor education programs for students' work with clients or work on themselves. Counselor educators should consider it their responsibility to provide future counselors every opportunity for maximum emotional health. Encouraging students to explore and gain awareness about their own and others' spirituality practices should be as essential to their counseling self-efficacy as encouraging them to define a personal theory of counseling.

Research Questions

This study was designed to discover if there is a relationship between counseling graduate students' perceived spirituality (as measured by the Human Spirituality Scale; Wheat, 1991) and their counseling self-efficacy levels (as measured by the Counselor Self Efficacy Scale; Melchert et al., 1996) and to determine if this relationship differs for students in secular versus faith-based universities. All institutions studied were CACREP-accredited. Additionally, the researcher investigated the relationship between the following demographic variables to perceived spirituality and counseling self-efficacy: age, gender, practicum versus internship status, and number of course hours completed. The hypotheses were as follows:

Null Hypothesis #1: There is no statistically significant relationship between the level of practicum and internship counseling graduate students' perceived spirituality (as measured by

the Human Spirituality Scale) and their counseling self-efficacy (as measured by the Counselor Self Efficacy Scale).

Null Hypothesis #2: There is no statistically significant relationship in practicum and internship counseling graduate students' perceived spirituality and its relationship to counseling self-efficacy between those attending secular versus faith-based universities.

Null Hypothesis #3: Spirituality does not have a statistically significant relationship to the following demographic variables—age, gender, practicum versus internship status, and number of course hours completed in a CACREP-accredited university.

Null Hypothesis #4: Counseling self-efficacy does not have a statistically significant relationship to the following demographic variables—age, gender, practicum versus internship status, and number of course hours completed in a CACREP-accredited university.

Purpose and Design of Study

The purpose of this study was to determine if there is a relationship between one's perceived spirituality and counseling self-efficacy for students in secular and faith-based universities. In addition, selected demographic variables were compared to the respondents' perceived spirituality and self-efficacy. The researcher studied masters' level counseling students enrolled in practicum and internship classes at secular and faith-based CACREP-accredited universities—four in the southeast, one in the mid-west, and one in the northeast. Four institutions were secular; two were faith-based. The researcher believes this study may potentially impact future counseling education pedagogy. A relationship between spirituality and self-efficacy would support offering more didactic and experiential opportunities for spiritual development within the educational process. If faith-based institutions are doing a better job at infusing this into their curriculum, secular institutions may stand to learn from their

success. An exploration of selected demographic variables would also offer counselor educators important information as to what might enhance spirituality and self-efficacy.

The researcher assessed 135 students. The researcher administered an Informed Consent, a self-designed Demographic Questionnaire, the Human Spirituality Scale—HSS (Wheat, 1991; Appendix B) and the Counselor Self-Efficacy Scale—CSES (Melchert, et al., 1996; Appendix C) to the students. The data were collected by the researcher directly at two of the institutions and by other researchers at the other institutions. The inventories were administered during regularly scheduled internship and practicum class times.

Instruments

The Demographic Questionnaire was developed by this researcher and is a form utilized to anonymously gather information such as age, gender, marital status, and educational status. It also requests information about the respondent's religious orientation and worship habits. Finally, the Demographic Questionnaire asks the individual to identify the importance of spirituality to him or her, on a scale from 1 (low in priority) to 10 (high in priority).

The Human Spirituality Scale (HSS) was developed by Wheat (1991) to provide a global measure of spirituality. Content validity was established by a panel of experts and a Cronbach's alpha of .89 was reported. Factor analysis further supported the construct validity of the HSS (Wheat, 1991). Young, Cashwell and Woolington (1998) used the HSS for a study and reported an alpha of .81. The HSS has been used in many studies by reputable researchers of spirituality over the last ten years (Belaire & Young, 2000; Cashwell, Young, Cashwell & Belaire, 2001; Landum & Underwood, 2000; Young, et al., 1998).

The Counselor Self-Efficacy Scale (CSES) is considered to be reliable and valid. Internal consistency of the instrument has been found to be .91 and test-retest coefficients for a 1-week

interval measured .85. It has been highly correlated ($r = .83$) with the previously developed Self-Efficacy Inventory (Melchert, Hays, Wiljanen and Kolocek, 1996).

Data Analysis

All data was inputted using the Statistical Package for Social Sciences (SPSS 11.5). The researcher utilized simultaneous Multiple Regression Analysis (MRA) to study the relationship between all the variables. The researcher also utilized Pearson's Product Moment Correlation to confirm her results.

Potential Limitations

The researcher anticipated several potential limitations with this study. This study was offered as a voluntary activity. It is possible that students chose not to participate which would decrease the sample quantity, and potentially lessen the power of the study. Also, students who are already committed to a spiritual path may have been more likely to participate which could skew the results.

Both of the instruments used were self-report inventories. Therefore, answers are subjective and it is possible that students answered in a manner to increase social desirability. The number of students in secular environments was larger than the number of faith-based students. In addition, the study only examined Catholic faith-based institutions. Four of the six institutions studied were from the south. All of these issues may negatively impact generalizability.

Summary

This chapter provided an overview of the study examining the relationship between counseling students' perceived spirituality and counseling self-efficacy in secular and faith-based

institutions. Rationale for the research and a brief review of pertinent literature were presented. Definitions of spirituality and religion from current literature were given. The researcher stated the operational definition of spirituality for the purpose of this study which is: a personal, intrinsic, continual, and experiential phenomenon with which one finds purpose, meaning, value, and comfort in life that *may* include connections to an ultimate being and other humans or living things. The author also stated the operational definition of counseling self-efficacy for this study which is: an individual counselor's perception of his or her comprehensive knowledge of counseling pedagogy, and ability to implement such knowledge into practice. An overview of the study methodology and analysis was also provided.

Chapter Two will extensively review the literature on the role of spirituality in Western culture, the history and current status of spirituality in counseling, self-efficacy theory, and the interaction between spirituality and self-efficacy. Chapter Three will discuss the methodology used in this study. Chapter Four will present the data and findings gleaned from the study. Chapter Five will offer a discussion of the findings, study limitations, implications for counselor education and clinical work, and potential areas for future research.

CHAPTER TWO: LITERATURE REVIEW

As you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul...for the part can never be well unless the whole is well...And, therefore, if the head and body are to be well, you must begin by curing the soul (Plato in *Charmides*, 380 B.C.E.).

In this quote Plato espouses the position that one can never achieve wholeness through compartmentalization. He advises to begin with the soul—the essence of human spirit. To achieve full wellness, one starts from the inside.

This chapter presents a review of the literature related to religion and spirituality, the history of spirituality and the counseling profession, and self-efficacy theory. The definition of spirituality and how it is expressed will be discussed. This chapter will also address the value of spirituality in mental health for both counselors and clients. An argument is made for the importance of incorporating spirituality education into counseling education programs and providing for personal exploration opportunities for counseling education students. In this study the researcher defines spirituality as a personal, intrinsic, continual, and experiential phenomenon with which one finds purpose, meaning, value, and comfort in life that *may* include connections to an ultimate being and other humans or living things. This author views religion and denominational relationships as methods some people use to express their spirituality but they are not necessary for spirituality to be present. To use an analogy, spirituality is to religion as education is to a university—one alternative way to accomplish a greater goal.

Importance of Religion and Spirituality to Americans

One's spirituality is personal, complex and multidimensional. The spiritual side of human nature is important to most people. Whatever health care providers may personally believe, a large majority of Americans subscribe to a spiritual reality whether it is a belief in a supreme being, an afterlife, an ultimate reality, or supernatural beings (Miller & Thoresen, 1999). Over 80% of people in the Western hemisphere and Europe acknowledge adherence to one of the world's three major religions—Christianity, Judaism, and Islam (Richards & Bergin, 2005). Including spiritual resources found in religious traditions by counselors may enhance efficacy of treatment (Richards & Bergin, 2005). In a study done by Cashwell, Young, Cashwell and Beldare (2001), clients who identified as having a stronger spiritual orientation rated counselors as more trusting and expert, regardless of their theoretical orientation. The researchers posit this belief could imply the counselor may be in a better position to help the client. Alternatively, clients with less of a spiritual connection may require more careful intervention until trust and expertness are established.

Historical Perspective

Long before there were science-based healers, there were culturally defined healers, who often merged with the spiritual leadership of a society. There were the native shamans, and Mexican curandero or curandera whose work echoes in the current professions of pastoral counselor and chaplain (Miller & Thoresen, 1999). In the Roman Catholic religion, priests have historically taken the role of counselor as they hear their congregants' confessions, and offer solace and comfort for their burdens. Modern-day psychology developed during the late 1880s and early 1900s when science was challenging religious authority as a dominant worldview (Richards & Bergin, 2005). Charles Darwin's theory of evolution was gaining acceptance as the

origin of life; people began to believe that science, not religion, held the answers to universal mysteries. Realism, positivism and empiricism were the influential philosophies of the time. Religion and spirituality were separate from, and inferior to, science (Richards & Bergin, 2005). Leading therapists like Sigmund Freud and Albert Ellis repudiated the value of clients' religious and spiritual beliefs. They believed that religious and spiritual values were irrelevant or damaging to mental health and growth (Richards, Rector & Tjeltveit, 1999).

However, beginning in the mid-1900s, philosophers began evaluating this perspective and postmodernism was born. Postmodernism purports that people's behavior is only meaningful as viewed in the contexts in which it occurs. This theory asserts that "all meaning comes from the relationships between individuals and their world, their culture, their language, and each other" (Richards & Bergin, 2005, p. 53). In recent years there has been the emergence of Positive Psychology—which studies people from a strength-based perspective (Harris, Thoresen & Lopez, 2007). Self-efficacy, forgiveness and spirituality are tools that counselors subscribing to Positive Psychology may use to strengthen clients' coping skills and promote healing (Harris, et al., 2007). This section will present perspectives on religion and spirituality as envisioned by significant psychology and counseling theorists of the last century.

Sigmund Freud

Freud was emblematic of positivism in the early 20th century and rejected religion as a source of strength for clients. He believed religious needs represented weakness, helplessness and a longing for a paternal connection (Fuller, 1994). In Freud's opinion, all religious ideas were illusions used to bring relief from tension. Living in this illusion cripples our power. He considered those who unquestioningly adopted religious doctrines as intellectually weak. Freud considered it worse to hold on to religion, not give it up (Fuller, 1994). Clearly, he had a major

influence in the field of psychology rejecting spiritual and religious issues as inferior to scientific thought.

Carl Jung

Jungian psychology radically claims that psychotherapy is an intrinsically spiritual discipline (Corbett & Stein, 2004). Like Freud, Carl Jung's psychology was also psychodynamic, focusing on the conscious and unconscious (Fuller, 1994). Unlike Freud, Jung believed in the value of the spiritual domain in counseling. This is why Jungian training involves the spiritual and psychological dimensions (C.O. Matthews, 1998). Jung believed that people seek completeness, not perfection. He believed this was the work of the Holy Spirit and that gaining wider consciousness through the Holy Spirit was the goal of God. Jung believed the spirit was superior to the concept of ego (Fuller, 1994).

Alfred Adler

Alfred Adler's theory of psychology took hold early in the twentieth century. He believed in the positive nature of the human condition and in the importance of encouragement as a component to success. One important Adlerian principle is that to grow from a child to healthy adult one needs to connect, believe one is capable, believe that one counts in the world, and have the courage to be imperfect (McCurdy, 2003). Adlerian therapy is strength-based and focuses on one's effort, intrinsic motivation, and what is learned (McCurdy, 2003). Adler considered social interest as an innate factor and believed everyone is born with the need to be connected (Myers, et al., 2000). Therapists and counselors may readily see the correlation with Adler's belief system and spirituality as defined in this study.

Abraham Maslow

Maslow's own spiritual and educational journey was a dramatic one. Raised amidst much anti-Semitism, Abraham Maslow developed a mistrust of religion and spirituality as a young man (Hoffman, 1988). Eventually, Maslow came to view health and wholeness as intimately connected (Fuller, 1994). He challenged the accepted dogma of his day, rejecting the superiority of biology over spirituality. He repudiated the idea of "value-free" science and espoused unpopular ideas, such as putting the divine at the center of his psychology (Fuller, 1994). He was ahead of his time in purporting that affluence revealed a spiritual hunger in people who have everything. Having something to strive for is what makes life meaningful (Fuller, 1994). Maslow is well known for his concept of the hierarchy of human needs: Physiological satisfaction, safety, belongingness and love, esteem and self-actualization. He also described Being values which are spiritual values and constitute the ultimate reality. Self-actualizing people are devoted to something outside of themselves. He believed these are people who work at something fate has called them to—that which they work at and enjoy (Maslow, 1971). Maslow believed the spiritual life and the sacred were the ultimate values of Being and that human life is self-transcending (Fuller, 1994).

Viktor Frankl

Frankl was the developer of logotherapy—an attempt for people to discover meaning in their lives and the reason for their being on earth. His years as an inmate at Auschwitz concentration camp during World War II had an understandably profound effect on his work. The search for ultimate meaning is the most human phenomenon of Frankl's work and his definition of religion. If one can find meaning in a Nazi concentration camp, one can find it

anywhere (Fuller, 1994). Frankl believed that “faith, based on trust in the ultimate being (God), is said to be trust in ultimate meaning” (Fuller, 1994, p.256).

Rollo May

Rollo May is considered “the best-known and most eloquent practitioner of existentialist psychotherapy” (Kirschenbaum & Henderson, 1989b, p.230). He was originally a preacher and, as a student, he attended seminars by Alfred Adler. Dissatisfied with the ministry, he attended Columbia University to study clinical psychology. May believed it was the psychologist’s role to help the client confront the ultimate questions of life, death, meaning, and the courage to choose life (Kirschenbaum & Henderson, 1989b). Indeed, one can see the spiritual overtones of this philosophy.

Carl Rogers

Rogers started as an agriculture student and then a seminarian until he became attracted to psychology. He was often at the heart of fascinating conversations in his field that delved deeply into religion, psychology, and philosophy (Kirschenbaum & Henderson, 1989a). Carl Rogers cared deeply about science, but also about faith and the role of values and beliefs in the pursuit of science. He focused on clients’ phenomenal world—how they experienced every moment and what motivated them (Kirschenbaum & Henderson, 1989a).

Considering the values that shape people’s lives is now seen as critical to emotional health and well-being. The latter part of the 20th century saw such contributions to the counseling field as the emergence of positive psychology. This movement—which focuses on human strengths and virtues, not mental illness—undermined much of the negative views of religion and psychotherapy that had existed for most of the last century (Richards & Bergin,

2005). Additionally, other alternative theories such as humanism, existentialism, and multicultural counseling have emerged (Richards & Bergin, 2005). These theoretical perspectives all focus on clients' strengths, not solely on their vulnerability and pathology (Shafranske & Sperry, 2004). Carl Rogers and Abraham Maslow were two leaders of humanistic-existential philosophy. Rogers and Maslow argued that humans cannot be reduced to innate drives and stimuli-response behaviors; they believed people have the ability to transcend their situations and actualize their innate potential through choices (Richards & Bergin, 2005). As such, taking into consideration client spirituality is essential to this paradigm shift. There is a recognition that there may be more to human experience than behavior modification, intrapsychic conflicts, and chemical imbalances; "we are on the threshold of the transcendent" (Shafranske & Sperry, 2004, p. 12). The decades since the 1960s have seen a confluence between psychotherapy and spirituality (Kurtz, 1999). Interest in religion and spirituality is being renewed. Incorporating spirituality into therapy work is becoming the new zeitgeist—or spirit of the times (Richards & Bergin, 2005). Counselors of the twenty-first century will need to achieve competency in understanding and utilizing tools from clients' spiritual dimension into their quest for sound mental health. There are plentiful opportunities to incorporate spiritual practices, such as meditation, prayer, and yoga, into earnest counseling work.

Role of Spirituality in Mental Health

The goal of spirituality is to alleviate emotional or spiritual distress—which may be partly caused by a lack of relationship to an ultimate reality resulting in poor relationships with other people and things (Miller & Thoresen, 1999). Clients come to counseling because they are in some state of pain, conflict or distress. They may be in situations that test their ability to cope and sustain hope. The search for belonging, wholeness, connectedness, and meaning of life—all

spiritual issues—may be the reasons why some people choose to enter counseling as clients or counselors in the first place (McCurdy, 2003). To ignore appraisal of a client's spiritual functioning would be denying holistic treatment of that person (Westgate, 1996). This researcher comprehensively defines spirituality as a personal, intrinsic, continual, and experiential phenomenon with which one finds purpose, meaning, value, and comfort in life that *may* include connections to an ultimate being and other humans or living things. Spirituality can be a naturally occurring resource for clients, and a complement to psychological treatment (Shafranske & Sperry, 2004). Being cognizant of one's own spiritual beliefs as well as the client's spiritual state can provide a counselor more tools with which to understand and guide clients. Most spiritual practices endeavor to provide ways of thinking to enhance one's wholeness and well-being. They outline ways of thinking that harm a person; to rational emotive therapists these are called irrational beliefs and to cognitive therapists these are cognitive distortions (Kurtz, 1999). One's spirituality may shape perceptions of subjective experience and help in understanding life's difficult lessons, including suffering (Shafranske & Sperry, 2004). This is true for clients and counselors alike. Sometimes clients rely on their counselors to help them make sense of personal struggles—break-ups, unwanted pregnancies, deaths. To authentically invoke the strengths of a client's spiritual beliefs, one must be spiritually aware him- or herself.

In a study conducted by Reinert and Bloomindale (1999), 256 participants were evaluated for their levels of spiritual support, spiritual openness, and emotional distress. They discovered that higher spiritual support correlated with less psychological distress. Respondents with underdeveloped spirituality consistently scored as more emotionally distressed in a variety of

measures. This study supports the relationship between spiritual growth and mental health, and the significance of spirituality as a component of growth and development.

Some therapists resist incorporating spirituality into their work with clients. They may feel untrained to include these issues, or have ethical concerns about unduly influencing clients' values. They may believe spirituality is a private matter, hesitate to include spirituality in a secular milieu, and/or feel uncertain as to its relevance in clients' work (Weinstein et al., 2002). Yet spiritual issues affect counseling professionals as well as clients and, as such, are inherently part of the therapeutic process (Weinstein et al., 2002). It is considered to be a part of being a multi-culturally and professionally competent counselor (CACREP, 2001).

A therapist who is spiritually oriented is aware of the positive impact spirituality may have on treatment and the relief of suffering. Spiritual resources may be brought into the therapeutic relationship not as a primary focus or source of conflict, but as a factor to assist in treatment. The counselor needs to identify clients' spiritual beliefs, values, and practices as an adjunct to enhance coping (Shafranske & Sperry, 2004).

Occasionally, a spiritual issue may be part of the client's presenting problem. The client may be struggling with a divorce, an unwanted pregnancy, or an addiction that also impacts the spiritual component of one's life. There is also the issue of spiritual bypass—when a person unconsciously uses spiritual experiences or beliefs to actually avoid dealing with emotional wounds (Cashwell, Myers & Shurts, 2004). Clients in this state consider their psychological work as less important than their spiritual practice which may then become problematic in their relationships (Cashwell, et al. 2004). Being cognizant of this phenomenon can enable a counselor to complete a more accurate assessment and create a more effective treatment plan. Historically, when health problems incorporated spiritual dimensions such as values issues, guilt,

hope, forgiveness, and acceptance, these were occasionally mistaken as psychosis (Miller & Thoresen, 1999). Now, the DSM-IV (American Psychiatric Association, 1994) includes a diagnostic category of Religious or Spiritual Problem (V62.89) under additional conditions that may be a focus of clinical attention. An example of this is when a client presents with “distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution” (APA, p. 685). This diagnosis code reflects the increased attention of spirituality and religious-based issues by therapists in being holistic and multi-culturally sensitive.

In 1996 and 1997, Miller and Thoresen (1999) participated in a series of expert panels, convened by the National Institute for Healthcare Research, studying scientific research on spirituality and health. The panels were composed of prominent scientists representing a range of spiritual and religious perspectives. After reviewing current research, all panels reached the same conclusion. With surprising consistency, whenever spiritual and religious involvement had been measured, it had correlated positively to health and inversely to disorders. The panels could not ascertain the reasons for this relationship but found it to hold true across physical, mental and substance abuse disorders.

The American Counseling Association (ACA) has recognized the importance for counselors to be prepared to address spiritual concerns with their clients. Being knowledgeable and competent in the area of religious issues and spirituality is an ethical standard of the organization which accredits counseling education programs—the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The Council’s 2001 Standards include under Section II on Program Objectives and Curriculum the following:

SOCIAL AND CULTURAL DIVERSITY—studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education family values, *religious and spiritual values*, <emphasis added> socioeconomic status, and unique characteristics of individuals, couples, families, ethnic groups, and communities.....(CACREP, 2001).

In the proposed 2008 Standards, a section entitled Diversity and Advocacy is listed under counseling tracks (career, clinical, college marital/family, and mental health). This section specifies an understanding of clients' religious and spiritual beliefs as a requirement of students' knowledge base (CACREP, 2008)

In response to the desire by some to impart spirituality into counseling education, leaders of ASERVIC endorsed a Summit on Spirituality in 1995 with 13 individuals who were well-published on spirituality in ACA journals. This summit sought to define spirituality and explore key counselor competencies regarding spirituality (G. Miller, 1999; Young et al., 2002). After the Summit on Spirituality and four follow-up sessions at ACA and Association for Counselor Education and Supervision (ACES) conferences, nine counselor competencies emerged. The four primary domains are a general knowledge of spirituality, an awareness of one's own spirituality, an understanding of clients' spirituality, and spiritually related interventions and strategies (Young et al.). See Appendix A for a full description of these counselor competencies.

Pastoral Counseling and Ethical Considerations

Being a spiritually mindful counselor does not automatically enable one to give spiritual or religious guidance to clients. One specific category of mental health professionals is that of Pastoral Counselors. Pastoral counseling uses a recognized body of theological and

psychological literature to deliver helping services. Pastoral counselors are recognized by a faith community to which they are responsible and committed (Patrick, Beckenbach & Sells, 2001). They may use reflection and mediation as counseling skills, as well as more religiously-based conventions, such as prayer. It is true that counselor educators define counseling itself as that which promotes clients' growth and development, while identifying strengths and maintaining dignity (Patrick et al.). However, while mental health counselors adhere to a body of literature and research, they are not responsible to a faith community, but instead a code of ethics.

As stated, the issue of spirituality in counseling is taking a more prominent position in research and practice. The ACA Code of Ethics (2005) promotes multi-cultural competence, and clearly states the importance of nondiscrimination based on religion/spirituality as well as all other cultural factors. Becoming knowledgeable of clients' religious and spiritual practices is considered an area of diversity competence for counselors. However, an essential element of ethical practice is staying within one's boundaries of competence. The ACA Code of Ethics mandates that counselors only practice within the boundaries of their education, training, credentials, and experience. Counseling professionals must never practice outside these bounds, nor should they ever imply expertise and competence in areas in which they are not. It is the responsibility of counselors to adhere to these guidelines. If a spiritual or religious counseling is necessary for client welfare, an ethical counselor will consult with or refer to a professional who holds an appropriate credential for providing these services.

Faith-Based Versus Secular Institutions

The separation of religion and secular areas of American life and the private manner in which religion and spirituality are addressed in American culture contribute to the avoidance of spirituality and religion in secular environments (Burke et al, 1999). However, given the

prevalence of spirituality in society, it is reasonable that many groups in secular environments incorporate spiritual issues; it is also reasonable that some individuals choose to be educated in environments that validate their religious and spiritual beliefs and practices.

Christian educators believe in the growth and development of individuals in the image of Jesus Christ. The mission of most Christian institutions automatically includes exposure to religious and spiritual tenets (McCurdy, 2003). Predictably, spiritual and religious curricula content is significantly more prevalent in faith-based versus secular institutions (Kelly, 1994). Perhaps it is the ethical, philosophical or legal concerns of secular institutions that have them reticent to include these elements in their curricula (Kelly, 1994). The opportunity exists for secular institutions to navigate inclusion of spiritual issues into counselor education programs in a respectful, ethical, and open manner.

Counseling Self-Efficacy

Among all the nuances of self-knowledge, perhaps none is more influential in one's daily life as the construct of self-efficacy (Bandura, 1986). According to self-efficacy theory, one would expect that counselors increase in self-confidence as they acquire clinical training and experience. This increase in confidence—a belief in one's ability to perform and obtain a desired outcome—should enhance counseling self-efficacy (Melchert, Hays, Wiljanen & Kolocek, 1996). Bandura (1986) asserted that people who value themselves as highly efficacious will naturally expect positive outcomes. Self-beliefs contribute to the quality of psychosocial functioning in many ways. People need to believe strongly in their own efficacy to utilize learned skills (Evans, 1989). Self-knowledge about our self-efficacy is based on performance outcomes, observing others' performances, social and verbal influences that one is capable and physiological states from which one partially judges capableness (Bandura, 1986).

Self-efficacy does affect overall emotional well-being. According to Bandura, people with low coping efficacy are more vulnerable to stress and depression when encountering failures (Evans, 1989). How well an individual functions in general, how he or she handles stress, how motivated and how resilient he or she is, are all functions of that person's self-efficacy (Evans, 1989). If spirituality also affects emotional well-being and enhances coping skills, a relationship between spirituality and self-efficacy seems inevitable.

Self-efficacy is closely tied to self-regulation. People have to create motivators that may bring future successes. This involves self-direction and self-evaluation of behavior (Bandura, 1986). This self-direction requires internal standards that guide one's choices. These standards are established, in part, by social influences and cultural institutions, such as education, political, and religious entities (Bandura, 1986). In many areas of social and moral behavior, these standards remain stable. In other words, people don't arbitrarily change their beliefs of what is right or wrong. However, in achieving new competencies, the standards used as a benchmark of adequacy rise as skills are developed and challenges met (Bandura, 1986). Standards aren't only criterion for behavior; they may represent aspirations and goals.

Most people's standards are also affected by modeling of others, particularly if the individual has had little experience with a specific activity (Bandura, 1986). They use others' experiences to self-regulate and evaluate their own performance. The activities have to be considered significant and valuable to the individual for him or her to expend the effort in self-regulation (Bandura). Most people derive self-respect and satisfaction from a job well done. This internal reward may be more highly regarded than material rewards (Bandura). Self-regulation and evaluation are human behaviors that become a cyclical process. People feel

gratified and proud when they have successful or pleasant experiences. Alternately, they may assess themselves poorly if their self-evaluations are negative and critical.

This notion of self-regulation may be a key factor in the relationship between spiritual connections and self-efficacy in counseling. Spirituality is a belief system that provides meaning and standards for people's lives. For a person to feel efficacious in the role of counselor it would be important for that individual to self-evaluate optimistically and believe she or he is a capable, competent practitioner with much to offer the client. According to Bandura, self-beliefs evolved from mastery experiences are stronger and less resistant to change (Evans, 1989). It is important for counselor educators to provide a supportive and non-anxious experiential environment for counselors-in-training to succeed and feel positive about their abilities. Proficiency builds on feelings of success.

As noted above, often people cultivate efficacy in activities which give them a sense of self-worth. In this way it contributes to quality of life (Bandura, 1986). According to self-efficacy theory, people give up because of two reasons—either they seriously doubt their capabilities or they expect their efforts will not produce results due to a negative social environment. To rectify the first obstruction requires development of competencies. To change the latter requires changing the social environment (Bandura). If one believes that spiritual connections enhance hopefulness and gives meaning and purpose to life, it may follow that a spiritual person is also a more efficacious person.

Counselor Competencies and Spirituality

Young et al (2002) utilized the competency list generated from the Summit on Spirituality (See Appendix A) to develop a questionnaire addressing spiritual and religious issues in counseling. They surveyed CACREP liaisons from 94 accredited counseling programs. The

researchers obtained information about each counseling program's coursework addressing spirituality and religion; they also inquired about the liaisons' perceptions of the importance of the counselor competencies developed in relation to spirituality. While the respondents perceived the competencies to be important aspects of counselor preparation, in general they perceived themselves to be moderately prepared to infuse them into their teaching and supervision of counseling students. A recent survey of more than 500 ACA members indicated that counselors strongly support the importance of these competencies for addressing spiritual and religious issues in counseling. Just over half of the respondents believed they could practice in accordance with the competencies (Young, Wiggins-Frame & Cashwell, 2007). Interestingly, there was a significant positive correlation between respondents who rated themselves as spiritual and their ratings of the competencies (Young, et al., 2007).

Kelly (1994) conducted an ambitious and well-cited national survey of 343 heads of counselor education departments. He wanted to study what extent religion and spirituality were addressed in counseling education courses, non-course activities and supervision. He also wanted to compare state, religious, and independent institutions and learn what the participants thought about the importance of including religion and spirituality in their counseling programs. His survey indicated that religious and spiritual issues were included as course and non-course components in less than 25% of the programs. Yet, most program heads perceived the importance of these issues as somewhat to very important. This is a significant discrepancy. Kelly speculates that this may, in part, be due to the separation of church and state in the United States, and non-faith-based institutions' hesitancy to violate ethical, philosophical or legal boundaries.

Mental health professionals report lower levels of religious beliefs and practice relative to the U.S. population. While the reasons for this may not be clear, the insensitivity to spirituality in counseling has been handed down to psychotherapists over time (Miller, 1999). Because of the rejection of spiritual perspectives in counseling interventions over much of the last century, there was a paucity of research available for mental health practitioners who wanted to include spirituality as part of their practice until the 1970s (Richards & Bergin, 2005). While a counselor does not need to spiritually believe exactly as the client does, profound respect for spiritual diversity is as crucial as is respect for cultural diversity. Clinicians need to understand their clients' spiritual beliefs to determine their role in what brought the client to therapy or what may be helpful in the process of therapy (Richards & Bergin, 2005). The competent counselor is aware of his or her own spiritual values and is sensitive to their presence in the counseling environment (Burke et al, 1999). Before counselors can inquire about their clients' spirituality, they must be cognizant of their own spiritual beliefs and path (Fukuyama & Selig, 1997).

In their study of 52 marriage and family counseling graduate students, Prest et al (1999) explored their spiritual and religious attitudes personally and professionally. Most students valued the role of spirituality and religion in their lives. Many viewed themselves as spiritual, as opposed to religious, and considered this an interconnected aspect of their lives along with physical and mental health. It is important to note that nearly three-fourths of the students contended they could not help others become more spiritual unless they became more spiritual first. "The competent counselor...is self-aware of his or her own spiritual/religious values and sensitive to their operation in the counseling session.the proselytizing that many fear will occur when we recognize spiritual/religious issues in counseling occurs when we fail to recognize them" (Burke et al, 1999, p. 254).

In the related field of psychology, spiritual values and beliefs have been considered cultural issues; respecting this aspect of clients' worldviews has been considered an ethical guideline (Shulte, Skinner & Claiborn, 2002). In 1998, a study similar to Kelly's (1992) was conducted with heads of counseling psychology departments in the United States (Shulte et al., 2002). Like Kelly, the researchers reported that program curricula offered few courses with religious or spiritual content and knowledge in this area by faculty and supervisors was limited. Programs were also mixed as to whether they considered spirituality an aspect of diversity and whether they valued student research on this issue (Shulte, et al., 2002).

Many educators and theorists do view including spirituality in counselor education an issue of multi-cultural or diversity competence (Fukuyama & Sevig, 1997; Levitt & Balkin, 2003; Sheridan, Witmer & Atcheson, 1994). When multi-cultural competence is only viewed as referring to one's ethnicity or nationality, other marginalized groups may be discounted, including religious minorities. Religion may actually play a significant role in one's ethnicity, as it may be congruent with other components of ethnic groups, such as shared beliefs and practices (Levitt & Balkin, 2003). In some cultures, there is no separation between spiritual and psychological well-being (Fukuyama & Sevig, 1997). Spirituality influences one's worldview and, for that reason, many counselors and psychologists perceive it to be a matter of multi-cultural competence (Isakson et al, 2001). This researcher believes that a counselor must be adept at infusing spirituality into his or her work as needed to be diversity competent and holistic.

Relationship Between Spirituality to Self-Efficacy

The purpose of this study is to primarily determine if there is a relationship between counseling students' perceived spirituality and self-efficacy. There is a need in the counseling

profession to understand the role that including spiritual issues may play, yet there is a paucity of research on how spirituality may actually impact the counselor, counseling process, and counseling relationship (Cashwell et al, 2001). Belaire and Young (2000) studied 63 undergraduate students to determine if a counselor's inclusion of spirituality in their theoretical orientation influenced counselor choice. While they could not quantify a significant preference, their qualitative interviews suggested that a counselor described as competent in dealing with spiritual issues influenced participants' preference for that counselor.

Counselors are learning that spiritual connections are important to clients and can enhance their coping skills and support network as well as assist them in knowing the client on a deeper level. Research strongly suggests that spiritual connections lessen anxiety and depression, and enhance mental health. It is this author's belief that counselors who are in tuned with their own spiritual beliefs and practices, whether tied to an ultimate being or not, have greater self-confidence, focus and compassion. This may translate into greater efficacy as a professional counselor.

There has been little research done on the relationship between counselor spirituality and self-efficacy. This researcher only located one manuscript addressing this issue which was conducted by a social worker (Matthews, 2004). In her dissertation, Matthews studied 423 social work and counseling students during their last year of coursework. She explored the relationships between students' spirituality, religious/spiritual awareness, and self-efficacy in counseling clients specifically with spiritual and religious issues and/or backgrounds. She also assessed the influence of the students' religious/spiritual affiliation, ethnicity, program affiliation, age, and gender on their spirituality, awareness, and self-efficacy.

Matthews' theoretical framework for her study included Humanistic, Transpersonal, Wellness, and Self-Efficacy Theories. From a Humanistic perspective, the counselor takes into account the client's worldview which includes spiritual beliefs, practices, and development. The therapist explores what makes life meaningful for the client. Transpersonal and Wellness theories view the clients holistically in a progressive pursuit of improving the quality of their lives. Spirituality is a component of this pursuit, and wellness is a goal for counselors as well as clients. Some theorists suggest that transpersonal counseling includes both members of the counseling dyad learning to be honest and surrendering control of the self. Religious and spiritual exploration is a component of this. Self-Efficacy theory advocates gaining efficacy through encouragement, decreased emotional response, vicarious experiences, and mastery of tasks. Many counselors have recognized the importance of including spirituality in their work with clients but do not feel competent to do so.

Matthews utilized the Counselor Self-Efficacy Scale, the Psychomatrix Spirituality Inventory (which evaluates seven factors of spirituality—divinity, mindfulness, intellectuality, community, extrasensory perception, childhood spirituality, and trauma), and the self-developed Religion/Spirituality Awareness Survey to evaluate her participants. The research was a correlational design using a web-based survey. Matthews found a relationship between counseling self-efficacy and all measures of spirituality except childhood spirituality. Total spirituality factor and intellectuality accounted for the highest correlation to counseling self-efficacy. Religious and spiritual awareness accounted for much of the variance in the total spirituality scores, mindfulness and intellectuality. These results suggest awareness influenced spirituality which influenced self-efficacy.

Matthews also studied counselor trainee self-efficacy, spirituality, and self-awareness in relation to demographic variables. She discovered no differences in program affiliation and only slight differences in gender, with males scoring slightly higher in religious/spiritual awareness. There were no statistically significant differences in total spirituality or self-efficacy scores with respect to gender. Ethnicity, religious/spiritual affiliation, and age showed significant differences in some of the measures. Non-Caucasians scored higher in counseling self-efficacy, divinity, community, extrasensory perception, and total spirituality. Christians scored higher than non-Christians on total spirituality score, divinity, community, intellectuality, and childhood spirituality. In relation to age, trend analysis showed that those 50 years and older scored the highest in most comparisons. Matthews concluded that a positive relationship exists between counselor-in-training self-efficacy, total spirituality, six of the seven factors of spirituality, and religious/spiritual awareness. Those participants with higher spirituality and religious/spirituality awareness scores showed higher self-efficacy scores.

While Matthews investigated similar relationships, there are some distinct differences between the above-referenced study and this researcher's work. This researcher surveyed counseling education students only and examined their self-efficacy in regard to working with all types of clients. The inventory Matthews used to evaluate spirituality had a strong religious component while this researcher was interested in studying the broader concept of spirituality without attention to religious affiliation or background. This study did not use a web-based format but personally invited students enrolled in practicum and internship courses to participate during class time.

Inclusion of Spirituality in Counseling Programs

It is important to note that religion and spirituality play significant roles in the lives of many ethnic groups in the United States. Places of worship and spiritual practices provide comfort and support in the face of oppression (Sue & Sue, 2003). Counselor education is just beginning to consider how to educate students in the area of spirituality, with programs accredited by the American Association of Marriage and Family Therapy (AAMFT) giving it the greatest attention (Souza, 1999). Including client spirituality in therapy work is essential to being a multi-culturally competent counselor.

This researcher believes that including spirituality in counselor education should be considered a multi-cultural issue. While it is universally considered unprofessional in counselor education to make disparaging remarks about one's ethnic or racial background, it is not inconceivable that a client's religious or spiritual background might not be disregarded, belittled, or pathologized (Curry & Pollock, 2006; Miller, 1999). To ignore this issue in counseling would be tantamount to ignoring any other element of a client's culture such as racial identity, sexual orientation, marital status, socioeconomic status, or disability. Ironically, by disregarding spirituality and religion as one's personality, educators may unwittingly be increasing the chances that counseling students' values and beliefs may be imposed upon their clients (Burke et al, 1999).

It is important to consider that integrating spirituality issues into counselor training should include awareness and discussion of the real possibility for conflicts between therapists' and clients' belief systems. How to manage these effectively must be dealt with by counselor educators (Prest et al, 1999). Clients' spiritual dimension is part of their culture or worldview. Managing cultural differences between counselor and client begins with education and

appreciation by the therapist for a variety of spiritual belief systems, just as should occur with any multi-cultural issue. Additionally, as most American counselors are of European-American heritage, part of teaching diversity competence would be to elucidate for students the varying and significant roles spirituality plays in different ethnic groups—such as African-American, Asian-American, Hispanic, and indigenous people.

Curtis and Glass (2002) developed a “Spirituality and Counseling” course which they taught to students in a structured group format. They conducted a pilot study to evaluate the class’ effectiveness in increasing students’ knowledge of spiritual issues, confidence in integrating spirituality into counseling, and respect for varying spiritual view. They introduced the students to specific interventions such as the focusing method, a forgiveness model, the prayer wheel, and meditation. The researchers reported that this experiential course significantly increased students’ confidence in the ability to infuse spiritual issues into counseling and decreased their judgmental thoughts about people with differing spiritual views to their own. Implications gleaned from this study are the value of using role plays to practice spirituality competence, the importance of didactic teaching of major world religions and the crucial component of spiritual self-awareness in the growth and development of counseling students. A lack of education about religion and spirituality, and a lack of empathy for clients who yearn to address this in counseling, may result from counseling students who haven’t developed their own spiritual structure. To be fully multicultural competent, counselors and counselor trainees must view spirituality as part of this framework (Levitt & Balkin, 2003).

Ingersoll (1997) discussed a course for masters and doctoral counseling students started at a state university in the Midwest. Its goals include offering definitions of spirituality and religion, presenting models of spiritual development, understanding different cultural

expressions of this topic, and learning how to assess and use spirituality in the counseling environment. The course is taught from a perspective of inclusiveness and students are expected to participate in self-exploration throughout the course. Ingersoll notes that self-exploration is a goal of all counselors and, therefore, deems it an appropriate expectation for his curriculum for the Counseling and Spirituality course.

This chapter reviewed the literature on the history and current state of spirituality in the counseling profession, self-efficacy theory and its relationship to counseling, and the inclusion of spirituality in counselor education programs. Chapter Three will review the Methodology of the study.

CHAPTER THREE: METHODOLOGY

Spirituality is gaining momentum in the counseling profession as a source of strength and coping with clients, and a measure of diversity competence. However, very little research has addressed the relationship between counselor spirituality and self-efficacy. The purpose of this study was to explore the relationship between counseling graduate students' perceived level of spirituality and their counseling self-efficacy in secular and faith-based institutions.

Additionally, the researcher assessed the influence of the following demographic variables to spirituality and counseling self-efficacy: age, gender, practicum versus internship status, and number of course hours completed. This chapter will review the null hypotheses of this study, settings and sample, data collection, inventories used, and data analysis. The null hypotheses for this study are:

Null Hypothesis #1: There is no statistically significant relationship between the level of practicum and internship counseling graduate students' perceived spirituality (as measured by the Human Spirituality Scale) and their counseling self-efficacy (as measured by the Counselor Self Efficacy Scale).

Null Hypothesis #2: There is no statistically significant relationship in practicum and internship counseling graduate students' perceived spirituality and its relationship to counseling self-efficacy between those attending secular versus faith-based universities.

Null Hypothesis #3: Spirituality does not have a statistically significant relationship to the following demographic variables—age, gender, practicum versus internship status, and number of course hours completed in a CACREP-accredited university.

Null Hypothesis #4: Counseling self-efficacy does not have a statistically significant relationship to the following demographic variables—age, gender, practicum versus internship status, and number of course hours completed in a CACREP-accredited university.

Setting and Sample

The participants for this study were drawn from master's level counseling education internship and practicum classes at four secular and two Catholic institutions. All universities studied were CACREP-accredited. Geographically, three were in Florida, one was in the southeast, one was in the mid-west, and one was in the northeast. The researcher identified internship and practicum professors through personal contacts known to her at each institution. The only requirement for participation was that the subjects must be counseling graduate students in internship or practicum classes. Before beginning this research study, approval was granted by the University of Central Florida's Institutional Review Board to ensure ethical conduct (See Appendix G).

The researcher contacted professors teaching internship and practicum courses at each university through email and/or phone with the purpose of requesting the opportunity to study their students. These professors were personally known to her or a colleague. See Appendix D for a copy of the recruitment letter. Proof of approval by the University of Central Florida Institutional Review Board and all forms to be completed by participants were provided for the professors' review.

A total of 175 sets of instruments were distributed for analysis; 135 were returned. Currently, CACREP accredits counseling education programs in 210 institutions in the United States. If one assumes the number of students per program averages from 25 to 50, then the number of all counseling education students in CACREP-accredited programs could range from

5000-10,000 individuals. For this sample to be representative of that population, one would need a return from 357 to 370 respondents (Krejcie & Morgan, 1970, p. 608). Therefore, this sample of 135 is not generalizable to all counseling education graduate students in CACREP-accredited institutions.

Data Collection

The primary researcher personally collected the data at two of the institutions—one secular and one faith-based. Data was collected at the other four institutions by other researchers. The researcher prepared packets of all four forms to be completed for each subject. The following script was provided for each researcher to use before administering the study inventories:

This is a dissertation research project being conducted by a doctoral candidate in counselor education. The researcher wishes to explore if there is a significant relationship between counseling graduate students level of perceived spirituality and their counseling self-efficacy. You are invited to voluntarily participate in this study. Your participation is greatly appreciated. You will receive no compensation but may be potentially helping further improvement of counseling education curricula. There are no anticipated risks associated with participating in this study. If you choose to participate, it will take approximately fifteen minutes for you to complete the inventories. You may discontinue participation at any time with no penalty. Your answers to the questionnaires will be anonymous.

A total of 175 sets of inventories were distributed; 135 students returned the inventories. The instruments took approximately 15 minutes to complete and were administered as part of scheduled class time, with the professors' prior permission.

Instruments

Each participant completed an informed consent, demographic questionnaire, the Human Spirituality Scale (HSS), and the Counselor Self-Efficacy Scale (CSES). The total time required to complete all forms was approximately 15 minutes.

Informed Consent

Each participating student completed an Informed Consent (See Appendix E) before beginning the study. The consent form clearly explained the purpose of the study and what was expected of the participant. It also provided the subject contact information for the researcher, her advisor, and the Institutional Review Board. There was no anticipated risk associated with participating in this research project. In the event that a problem did occur, each professor had the primary researcher's phone number and email address. No compensation was offered to the professors or students for participation in the study. The informed consents were stored separately from the completed inventories in a locked filing cabinet. .

Demographic Questionnaire

Each participant was asked to complete an anonymous Demographic Questionnaire (See Appendix F) which had been reviewed and approved by her dissertation committee. This form gathered information on individual participants' age, ethnicity, coursework, and education. The participants were also asked some basic questions about their specific connections to religiosity and spirituality.

Human Spirituality Scale

The Human Spirituality Scale (HSS) was developed by Wheat (1991) to provide a global measure of spirituality. It is a self-report inventory which asks respondents to indicate their

perceptions of their own spirituality. Permission was granted by the scale developer to use the HSS as part of this study (L.W. Wheat, personal communication, July 5, 2006). The scale consists of 20 items (one of which is reverse-scored) and respondents answer using a 5-point Likert scale. The participant's score is reported as a total number of the 20 responses, with a range from 20 to 100. Wheat (1991) tested the final form of the HSS with 3 different groups of people: a group considered to be highly spiritual (in a long-term spiritual formation group), a group considered to be lower in spirituality (all were incarcerated) and a large reference group of randomly chosen sunbathers. For the highly spiritual group $M=82.26$, for the random group $M=79.31$ and for the incarcerated group $M=73.62$ (Wheat, p. 71).

Scale construction consisted of four forms of the inventory which was pilot tested with more than 300 subjects. The final form of the instrument has a reported Cronbach's alpha of .89 for adults between the ages of 25 and 65. Content validity was established by a panel of five experts with experience in spiritual matters, all of whom hold doctorates in one of the following fields—nursing, psychology, or education. Factor analysis further supported the construct validity of the HSS and revealed three strong factors of spirituality—Larger Context, Awareness of Life, and Compassion (Wheat, 1991). These factors included several content elements as follows:

Larger Context included Altruism/Selflessness, Truth/Justice/Morality and Meaning in Life. This emerged as a much larger factor than anticipated and included ten items.

Awareness of Life included Personal Growth and Wholeness, Connection with Other Life, and Sacredness/Significance of Life. This was the smallest and least well-defined of the factors, representing only four items of the inventory.

Compassion included Sacredness/Significance of Life and Awareness of Pain and Suffering.

This factor was not envisioned originally but was consistent with the concept of spirituality. It included six items (Wheat, 1991).

The HSS has been used in numerous studies by researchers of spirituality over the last ten years (Belaire & Young, 2000; Cashwell, Young, Cashwell & Belaire, 2001; Landum & Underwood, 2000; Young, et al, 1998). Young, Cashwell and Woolington (1998) have used the HSS for one study and reported an alpha of .81. Landrum and Underwood (2000) utilized the HSS in a study of adults over the age of 65 years and reported a Cronbach's alpha of .84 and a factor analysis yielding similar factors to Wheat. Landrum and Underwood determined the instrument to be reliable and appropriate with older adults. According to one of the foremost researchers on spirituality and counseling, the HSS is considered to hold up well psychometrically (C. Cashwell, personal communication, July 3, 2006).

This researcher reviewed many inventories of spirituality assessment for this study. She was committed to finding an instrument that did not address religious issues, but the broader construct of spirituality. The HSS captured the essence of spirituality according to the operational definition used for this study which is—a personal, intrinsic, continual, and experiential phenomenon with which one finds purpose, meaning, value, and comfort in life that *may* include connections to an ultimate being and other humans or living things.

Counselor Self-Efficacy Scale

The Counselor Self-Efficacy Scale (CSES; Melchert et al, 1996) is a self-report inventory which asks respondents to evaluate their competencies in group and individual counseling. The scale consists of 20 statements (10 of which are reverse-scored) and respondents answer using a 5-point Likert scale (Melchert et al, 1996). This researcher reported participants' scores as a

total number of the 20 responses, with a range from 20 to 100. Melchert et al. reported $M=76.4$ for 2nd year Masters' counseling students (p. 642). Permission was granted by the major author of the scale to use the CSES as part of this study and score it as indicated (T.P. Melchert, personal communications, June 27, 2006 and February 6, 2007). The difference with this counseling self-efficacy instrument versus other inventories is that it was developed and tested on a sample of participants representing a wide range of counselor development—from beginning trainees to licensed professionals (Melchert et al, 1996).

The CSES was developed using a sample of 138 graduate counseling psychology students and licensed psychologists. Over half of the respondents ($n=78$) were in their first or second year of master's training which would be consistent with the educational level of this study's sample (Melchert et al, 1996). It is considered to be a reliable and valid instrument. Internal consistency of the instrument has been found to be .91 and test-retest coefficients for a 1-week interval measured .85. It has been highly correlated ($r = .83$) with Friedlander and Snyder's (1983) Self-Efficacy Inventory (Melchert et al, 1996). The CSES also correlated well with experience (Larson & Daniels, 1998; Melchert et al, 1996). The CSES was used by Bidell (2005) in development of his Sexual Orientation Counselor Competency Scale (SOCCS). In their meta-analysis of counseling self-efficacy literature, Larson and Daniels (1998) compared the top ten most commonly used self-efficacy evaluation instruments, of which the CSES (termed the COSES by Larson and Daniels) was one. They identified the CSES as one of only two inventories that included item content other than individual counseling. They reported it as a psychometrically sound instrument that correlated well with the Self-Efficacy Inventory which was the second most commonly utilized inventory (Larson & Daniels). The CSES is currently used by the University of Central Florida's College of Education in their program evaluation of

masters' level counseling students. After reviewing other instruments that evaluate self-efficacy of counselors, this researcher chose this inventory because of its diverse item content and its representation of a wide range of counselor development. This author believes the CSES captured the essence of self-efficacy as defined for this study—an individual counselor's perception of a) his or her comprehensive knowledge of counseling theories and skills, and b) the ability to implement such knowledge into practice in a variety of counseling environments.

Data Analysis

The researcher began analysis by entering all data for evaluation using the Statistical Package for Social Sciences (SPSS 11.5). The research design for this study was a simultaneous Multiple Regression Analysis (MRA). This “is a statistical method for studying the relation between a dependent variable and two or more independent variables” (Shavelson, 1996, p.528). MRA can be used for prediction, exploration, or to test a theory (Shavelson, 1996). Simultaneous MRA is when the investigator enters all the predictors for analysis at the same time; he or she is attempting to explore a relationship or maximize a prediction. When using simultaneous MRA, the researcher is not attempting to test specific theoretical assumptions about the predictors (Petrocelli, 2003). MRA provides a functional relationship between the dependent and independent variables (Shavelson, 1996). In this study the dependent variable was counseling self-efficacy, measured with the CSES. The independent variables were perceived spirituality (as measured by the HSS), type of institution (faith-based versus secular), and the demographic variables of age, gender, practicum versus internship status, and number of course hours completed. Because two of the independent variables are nominal (type of institution and gender), the researcher used dummy coding to input the data and run the MRA. A

dummy variable is used to account for the effect a non-metric variable has in predicting the dependent variable (Hair, Babin, Black, Anderson & Tatham, 2006).

Once the Multiple Regression Analysis was completed the researcher confirmed her results using a Pearson's Product Moment Correlation. The Pearson's Product Moment Correlation is utilized to measure the strength of association between two variables. It takes on a value from -1.00 (a completely inverse correlation) to +1.00 (an absolute correlation). The closer to +1.00, the higher magnitude of a correlation exists between the two variables (Shavelson, 1996). The researcher conducted a Pearson's Product Moment Correlation between counseling self-efficacy and each of the variables measured—spirituality, institution type, age, gender, practicum versus internship status, and number of course hours completed.

This chapter reviewed the methods used to determine a relationship between counseling graduate students perceived level of spirituality and their counseling self-efficacy in faith-based and secular institutions. The researcher also described the method of comparing these constructs with a group of selected demographic variables. The setting, sample, instruments used, data collection, and data analysis for this research study were described. The following chapter will review the findings resulting from this study.

CHAPTER FOUR: FINDINGS

This chapter reports the findings of the research study which investigated the relationship between counseling graduate students' perceived spirituality and counseling self-efficacy in faith-based and secular institutions. Additionally, the relationships between perceived spirituality and counseling self-efficacy to the students' age, gender, practicum/internship status and graduate counseling course hours completed were examined. The first section of the chapter presents the demographic information of the 135 study participants. The second section of the chapter presents the descriptive statistics of the data and the results of the data analysis for each hypothesis.

Sampling Procedure

The researcher contacted, through email and phone, professors who are currently teaching graduate counseling internship and practicum classes, and asked their permission to invite their students to participate in this study. A copy of the Institutional Review Board approval, researcher script, and packets of the study inventories were provided to those professors who agreed to allow students to participate. The study packets included an informed consent, demographic questionnaire, Human Spirituality Scale (HSS), and Counselor Self-Efficacy Scale (CSES). See appendices B, C, D, and F for copies of the forms. Stamped and addressed return envelopes were provided as well. Students completed the study inventories, which took less than 15 minutes to finish, during class time. A total of 175 sets of inventories were sent out; 135 (77%) were returned. Of those returned, between 109 to 124 sets of inventories were fully completed and, therefore, able to be used in this study.

Descriptive Data Results

Demographics

The participants in this study were counseling education graduate students enrolled in either counseling practicum or internship classes. All institutions studied were CACREP-accredited. All data were collected during the fall 2006 semester. A total of 135 sets of inventories were collected with some of the inventories being rejected due to not being fully completed by the respondent. Therefore, the n for this study ranged from 109 to 124. A desired level of observations in Multiple Regression Analysis is 15 to 20 observations for each independent variable to be valid statistically and approach generalizability (Hair et al., 2006). Since a total of six independent variables were studied (spirituality, type of graduate school, age, gender, practicum/internship status and course hours completed), the number of respondents (109-124) was well within this recommended range.

Descriptive data and measures of central tendency of the 135 respondents were 113 female and 21 male (Table 1); one participant did not report gender. Age of the participants (Table 2) were 26 between 20-24 years old (19%), 56 between 25-29 years old (41.5%), 25 between 30-34 years old (18.5%), 11 between 35-44 years old (8%), 11 between 45-54 years old (8%), and 4 were 55 years old or older (4%). Cultural background of the participants (Table 3) were two Asian (1.5%), 22 Black (16%), 91 White/Not Hispanic (67%), 17 Latino/Hispanic (12.5%), and three Multiracial (2%). Marital/partnership status (Table 4) were 72 single (53%), nine divorced (6.5%), 37 married (27.5%), and 17 had life partners or were cohabiting (12.5%).

Table 1 Gender Frequencies of sample participants

		GENDER			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	113	83.7	84.3	84.3
	Male	21	15.6	15.7	100.0
	Total	134	99.3	100.0	
Missing	System	1	.7		
Total		135	100.0		

Table 1 contains gender information of the 135 participants. Most respondents (84%) were female; one of whom did not specify gender.

Table 2 Age Frequencies of sample participants

		AGE			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-24	26	19.3	19.5	19.5
	25-29	56	41.5	42.1	61.7
	30-34	25	18.5	18.8	80.5
	35-44	11	8.1	8.3	88.7
	45-54	11	8.1	8.3	97.0
	55+	4	3.0	3.0	100.0
	Total	133	98.5	100.0	
Missing	System	2	1.5		
Total		135	100.0		

Table 2 contains the number of participants for various age ranges. The mean age of respondents was 30 years-old, with a standard deviation of 8.5 years.

Table 3 Race Frequencies of sample participants

		RACE			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Asian	2	1.5	1.5	1.5
	Black	22	16.3	16.3	17.8
	White/Not Hispanic	91	67.4	67.4	85.2
	Latino/Hispanic	17	12.6	12.6	97.8
	Multiracial	3	2.2	2.2	100.0
	Total	135	100.0	100.0	

Table 3 presents the cultural backgrounds of study participants. Most respondents (67%) identified as White/Not Hispanic. Approximate 16% of respondents identified as Black.

Table 4 Marital/Partnership Status Frequencies of sample participants

		MARITAL/PARTNERSHIP STATUS			
		Frequency	Percent	Valid Percent	
Valid	Single	72	53.3	53.3	53.3
	Divorced	9	6.7	6.7	60.0
	Married	37	27.4	27.4	87.4
	Cohabiting/Life Partner	17	12.6	12.6	100.0
	Total	135	100.0	100.0	

Table 4 presents the partnership status of respondents. More than half (53%) were single. Another 40% were currently partnered.

Perceived Spirituality

Perceived spirituality was determined using the Human Spirituality Scale (HSS). The HSS has a possible range of 20-100. This sample had a range of 67 to 98. Mean was 84.85, median was 85.00, mode was 90.00, and standard deviation was 6.67.

Counselor Self-Efficacy

Counselor self-efficacy was determined using the Counselor Self-Efficacy Scale (CSES). The CSES has a possible range of 20-100. This sample had a range of 56 to 98. Mean was 82.36, median was 82.00, mode was 77.00, and standard deviation was 8.27.

Data Analysis of Research Hypotheses

In this section, the four primary research hypotheses are restated and followed by their respective findings. The analyses for the study were carried out with the Statistical package for Social Sciences program (SPSS 11.5; SPSS, 2005).

Null Hypothesis #1

There is no statistically significant relationship between the level of practicum and internship counseling graduate students' perceived spirituality (as measured by the Human Spirituality Scale) and their counseling self-efficacy (as measured by the Counselor Self Efficacy Scale).

A regression analysis was run on the data (N=124) with a 95% confidence level used. Both scales fell into a normal distribution pattern (see Figures 1 and 2). For perceived spirituality scores $M=84.77$, $SD=6.67$. For counseling self-efficacy scores $M=82.45$, $SD=8.23$. The R squared value for the equation was .113 indicating that perceived spirituality accounted for just over 11% of counseling self-efficacy ($F=15.16$, $df=1,122$, $p<.05$; See Table 5). According to Hair et al. (2006), the minimum R squared considered statistically significant for a sample of this size and one independent variable, with a 95% confidence level and power of .80, would be less than 10%. Therefore, 11% would be considered a small effect size.

A Pearson product-moment correlation was run on these variables. This correlation can range between -1.00 (completely inverse correlation) to 1.00 (absolute correlation). The data in this study reported a statistically significant positive correlation between the variables of .337 between the variables of counseling self-efficacy and perceived spirituality (See Figure 3). Therefore, the results indicated that null hypothesis one was not supported.

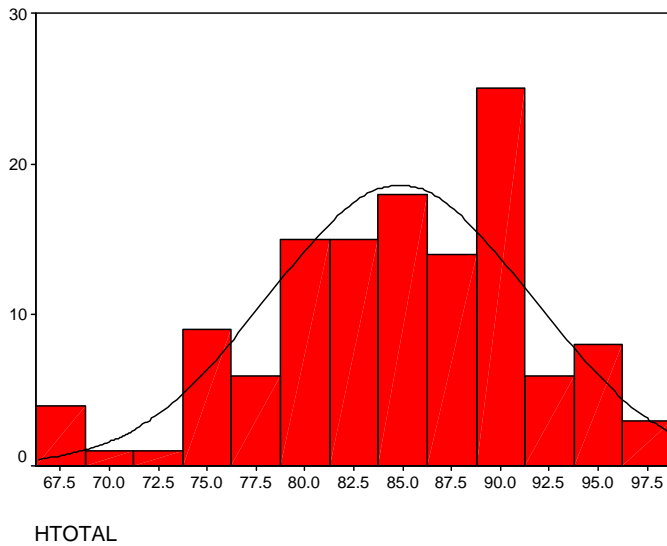


Figure 1: Distribution of Human Spirituality Scale scores

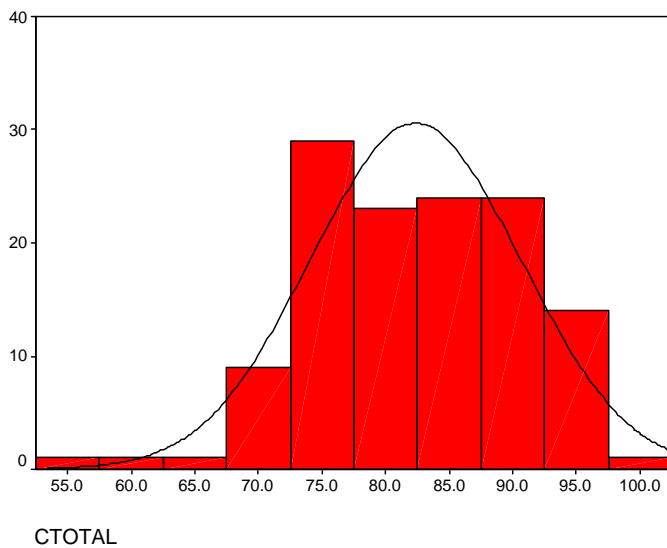


Figure 2: Distribution of Counselor Self-Efficacy Scale scores

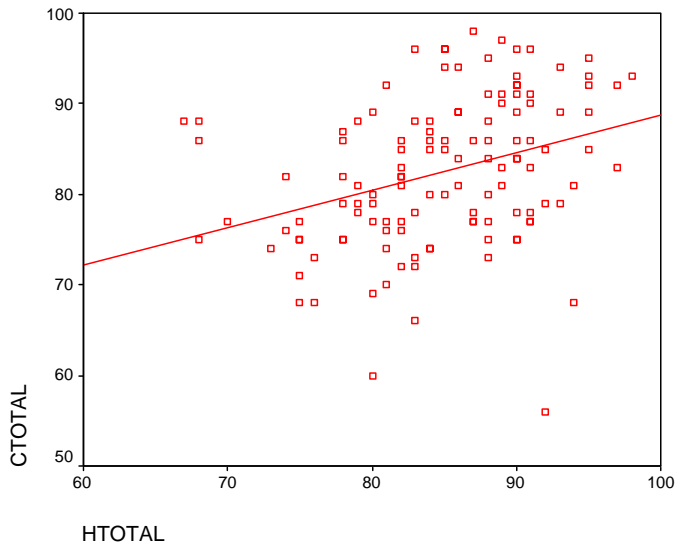


Figure 3: Correlation of HSS and CSES scores

Table 5 Summary of Regression Analysis for counseling self-efficacy to perceived spirituality

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.337 ^a	.113	.106	7.777	.113	15.613	1	122	.000

a. Predictors: (Constant), HTOTAL

Table 5 presents the variance, degrees of freedom and significance of the multiple regression analysis for counseling self-efficacy and perceived spirituality.

Table 6 Pearson Product-Moment correlation of counseling self-efficacy and perceived spirituality

Correlations			
		CTOTAL	HTOTAL
Pearson Correlation	CTOTAL	1.000	.337
	HTOTAL	.337	1.000
Sig. (1-tailed)	CTOTAL	.	.000
	HTOTAL	.000	.
N	CTOTAL	124	124
	HTOTAL	124	124

Table 6 presents the correlation of perceived spirituality and counseling self-efficacy as .337.

Null Hypothesis #2

There is no statistically significant relationship in practicum and internship counseling graduate students' perceived spirituality and its relationship to counseling self-efficacy between those attending secular versus faith-based universities.

A Two-way ANOVA was first run to determine if an interaction effect existed between total spirituality scores and type of graduate school attended (faith-based versus secular). There was a statistically significant interaction effect observed (See Table 7). A simultaneous Multiple Regression Analysis (MRA) was then run on the data with total counseling self-efficacy scores as the dependent variable and total spirituality scores, type of graduate school attended, and the interaction of the two, as independent variables. The type of graduate school attended was dummy coded as it was nominal data. A 95% confidence level was used. The R squared value for the equation was .134 indicating that perceived spirituality and type of graduate school accounted for just over 13% of counseling self-efficacy ($F=6.075$, $df=3,118$, $p<.05$; See Table 8). While the effect size was small, there was a statistically significant relationship between perceived counseling self-efficacy and perceived spirituality based on the type of graduate school attended (secular versus faith-based).

Furthermore, as Table 9 depicts, a Pearson product-moment correlation demonstrated very small correlations between type of graduate school attended and perceived spirituality, and graduate school and counseling self-efficacy (-.103 and .136 respectively). Therefore, the results indicated that null hypothesis two was not supported.

Table 7 ANOVA of interaction effect with two variables and total counseling self-efficacy score

Tests of Between-Subjects Effects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	451.789 ^a	1	451.789	6.988	.009
Intercept	35821.855	1	35821.855	554.059	.000
HTOTAL * GRADSCHL	451.789	1	451.789	6.988	.009
Error	7758.416	120	64.653		
Total	837583.000	122			
Corrected Total	8210.205	121			

a. R Squared = .055 (Adjusted R Squared = .047)

Table 7 shows the interaction effect of perceived spirituality and type of graduate school attended (secular versus faith-based) is significant as the significance level is .009.

Table 8 Summary of MRA for counseling self-efficacy to the variables of spirituality score, type of graduate school attended, and the interaction of the two variables

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.366 ^a	.134	.112	7.763	.134	6.075	3	118	.001

a. Predictors: (Constant), SPIRGRAD, HTOTAL, DUMGRAD

Table 8 presents the variance, degrees of freedom and significance of the multiple regression analysis for Hypothesis two.

Table 9 Pearson Product-Moment Correlation for counseling self-efficacy, perceived spirituality and type of graduate school attended

		GRADSCHL	HTOTAL	CTOTAL
GRADSCHL	Pearson Correlation	1	-.103	.136
	Sig. (2-tailed)	.	.258	.130
	N	133	123	125
HTOTAL	Pearson Correlation	-.103	1	.337**
	Sig. (2-tailed)	.258	.	.000
	N	123	125	124
CTOTAL	Pearson Correlation	.136	.337**	1
	Sig. (2-tailed)	.130	.000	.
	N	125	124	127

** . Correlation is significant at the 0.01 level (2-tailed).

Table 9 shows the correlations between counseling self-efficacy, perceived spirituality, and graduate school attended. The correlations are not significant for graduate school attended and perceived spirituality or counseling self-efficacy ($p > .05$).

Null Hypothesis #3

Spirituality does not have a statistically significant relationship to the following demographic variables—age, gender, practicum versus internship status, and number of course hours completed in a CACREP-accredited university.

A Two-way ANOVA was run to determine if an interaction effect existed between total spirituality scores and any combinations of the four demographic variables studied. No statistically significant interaction effect was observed between any two variables. (See Table 10). Therefore, a simultaneous MRA was run with total spirituality scores and the four demographic variables of age, gender, practicum versus internship status, and number of course hours completed. Gender and practicum/internship status were dummy coded before being entered into the MRA as they were nominal variables. A 95% confidence level was used. There

was no statistically significant relationship identified between total spirituality scores and the four demographic variables studied ($p=.257$ for df 6, 102; see Table 11). Therefore, the results indicated that null hypothesis three was supported.

Table 10 ANOVA of interaction effects with demographic variables and total spirituality score

Tests of Between-Subjects Effects

Dependent Variable: HTOTAL

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	353.426 ^a	6	58.904	1.312	.258
Intercept	76588.401	1	76588.401	1706.328	.000
AGE * GENDER	3.909	1	3.909	.087	.769
AGE * CLASS	17.688	1	17.688	.394	.532
AGE * GRADHRS	112.760	1	112.760	2.512	.116
GENDER * CLASS	38.849	1	38.849	.866	.354
GENDER * GRADHRS	103.180	1	103.180	2.299	.133
CLASS * GRADHRS	.014	1	.014	.000	.986
Error	4578.263	102	44.885		
Total	789230.000	109			
Corrected Total	4931.688	108			

a. R Squared = .072 (Adjusted R Squared = .017)

Table 10 depicts the ANOVA of the possible interaction effects of all demographic variables with perceived spirituality as the dependent variable. No significance was found as all levels were above .05.

Table 11 Summary of MRA for perceived spirituality to demographic variables

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.268 ^a	.072	.017	6.699	.072	1.316	6	102	.257

a. Predictors: (Constant), GRADHRS, PRAC2, DUMGENDE, AGE, INT1, PRAC1

Table 11 presents the variance, degrees of freedom and significance of the multiple regression analysis for Hypothesis three. There was no statistical significance as $p>.05$.

Null Hypothesis #4

Counseling self-efficacy does not have a statistically significant relationship to the following demographic variables—age, gender, practicum versus internship status, and number of course hours completed in a CACREP-accredited university.

A Two-way ANOVA was run to determine if an interaction effect existed between total counseling self-efficacy scores and the four demographic variables study. There was no statistically significant interaction effect observed. (See Table 12). A simultaneous MRA was run with total counseling self-efficacy scores and the demographic variables of age, gender, practicum versus internship status, and number of course hours completed. Gender and practicum/internship status were dummy coded before being entered into the MRA as they were nominal variables. A 95% confidence level was used. There was a statistically significant relationship between total perceived counseling self-efficacy scores and the four demographic variables studied ($F=5.636$ for df 6, 104, $p<.05$; see Table 13). The R squared value for the equation was .245 indicating that the four demographic variables accounted for almost 25% of counseling self-efficacy. According to Hair et al. (2006), the minimum R squared found to be statistically significant for a sample of this size and four independent variables, using a 95% confidence level and power of .80, would be just under 12%. Therefore, this would be considered a large effect size at nearly 25%.

A Pearson product-moment correlation confirmed that counseling self-efficacy did not significantly correlate with age and gender (See Table 14) yet did significantly correlate with course hours completed (.330) and class type (.436). More specifically, when the correlations were parceled out through dummy coding, Practicum 1 was inversely related to total CSES scores (-.46). Students in a second semester of Practicum correlated positively—though

slightly—with total CSES scores (.075). Internship students correlated most highly with total CSES scores (.291). Therefore, these results indicated that null hypothesis four was not supported.

Table 12 ANOVA of interaction effects with demographic variables and counseling self-efficacy score

Tests of Between-Subjects Effects

Dependent Variable: CTOTAL

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1864.433 ^a	6	310.739	5.450	.000
Intercept	64293.249	1	64293.249	1127.633	.000
AGE * GENDER	73.315	1	73.315	1.286	.259
AGE * CLASS	49.715	1	49.715	.872	.353
AGE * GRADHRS	10.347	1	10.347	.181	.671
GENDER * CLASS	9.129	1	9.129	.160	.690
GENDER * GRADHRS	86.859	1	86.859	1.523	.220
CLASS * GRADHRS	30.838	1	30.838	.541	.464
Error	5929.675	104	57.016		
Total	761062.000	111			
Corrected Total	7794.108	110			

a. R Squared = .239 (Adjusted R Squared = .195)

Table 12 presents the ANOVA of the possible interaction effects of all demographic variables with counseling self-efficacy as the dependent variable. No significance was found as all levels were above .05.

Table 13 Summary of MRA for perceived spirituality to demographic variables

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.495 ^a	.245	.202	7.520	.245	5.636	6	104	.000

a. Predictors: (Constant), GRADHRS, PRAC2, DUMGENDE, AGE, INT1, PRAC1

Table 13 presents the variance, degrees of freedom and significance of the multiple regression analysis for Hypothesis four. There was statistical significance as $p < .05$.

Table 14 Pearson Product-Moment Correlation for counseling self-efficacy, age, gender, class type and course hours completed

		Correlations				
		CTOTAL	GENDER	AGE	CLASS	GRADHRS
CTOTAL	Pearson Correlation	1	-.046	.034	.436**	.330**
	Sig. (2-tailed)	.	.605	.708	.000	.000
	N	127	126	125	122	119
GENDER	Pearson Correlation	-.046	1	.073	-.086	-.214*
	Sig. (2-tailed)	.605	.	.408	.332	.016
	N	126	134	132	129	126
AGE	Pearson Correlation	.034	.073	1	.024	.121
	Sig. (2-tailed)	.708	.408	.	.784	.179
	N	125	132	133	128	125
CLASS	Pearson Correlation	.436**	-.086	.024	1	.507**
	Sig. (2-tailed)	.000	.332	.784	.	.000
	N	122	129	128	130	122
GRADHRS	Pearson Correlation	.330**	-.214*	.121	.507**	1
	Sig. (2-tailed)	.000	.016	.179	.000	.
	N	119	126	125	122	127

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 14 shows the correlations between counseling self-efficacy and the four demographic variables. The correlations were significant for counseling self-efficacy and class type, and counseling self-efficacy and graduate hours completed ($p > .05$).

Summary

This study demonstrated a statistically significant relationship between spirituality and counseling self-efficacy for graduate students enrolled in practicum and internship classes. The hypotheses examined were the relationship between perceived spirituality and counseling self-efficacy for counseling graduate students. Additionally, the relationships between perceived spirituality and counseling self-efficacy and four demographic variables (age, gender, practicum versus internship enrollment and graduate hours completed in counseling) were examined.

While spirituality level accounted for just over 11% of the variance in counseling self-efficacy, this is considered statistically significant for the given sample size and significance level (Hair et al., 2006). When the variable of secular versus faith-based institution was added, variance in counseling self-efficacy increased only slightly more to just over 13%.

There was no statistically significant relationship between spirituality and gender, age, course hours completed and whether a student was in practicum or internship class. However, the researcher did determine a statistically significant relationship between these variables and the students' perceived counseling self-efficacy. These demographic variables accounted for nearly 25% of the variance in counseling self-efficacy. According to Hair et al. (2006) this reported variance is considered statistically significant results for a sample size of more than 100, a significance level of .05, and the number of independent variables studied. It is impossible to make a prediction of which specific demographic variables enhance counseling self-efficacy from the MRA.

The purpose of this study was to investigate a relationship between spirituality and counseling self-efficacy for counseling graduate students in faith-based and secular universities. Additionally, this researcher studied the possible relationships between spirituality and counseling self-efficacy with the following demographic variables: age, gender, graduate course hours completed, and practicum versus internship status. Chapter Five will present a discussion of the findings, limitations of the study, implications for counseling education, and opportunities for future research.

CHAPTER FIVE: CONCLUSION

This chapter discusses the study results, limitations, implications for counseling education pedagogy, and future research areas. The purpose of this study was to investigate possible relationships between counseling graduate students' perceived spirituality and counseling self-efficacy in faith-based and secular institutions. Only students enrolled in practicum and internship classes were studied. In addition, the demographics of age, gender, class type and number of completed course hours were examined for potential relationships between them, spirituality, and counseling self-efficacy. There were 109 to 124 sets of valid inventories received from six different institutions. The researcher used a simultaneous Multiple Regression Analysis (MRA) to study these relationships.

Results

The first observations in this study were the mean scores of perceived spirituality and counselor self-efficacy. When comparing this sample's mean scores for spirituality and counseling self-efficacy with the means reported by the developers of both inventories, it should be noted that this sample scored much higher in both the HSS and CSES. In his research, Wheat (1991, p. 71) reported a mean of 82.26 for a highly spiritual group ($n=39$), and a mean of 79.31 for a random group ($n=246$). Other researchers of spirituality and counseling who have used the HSS have also reported lower means in their studies. Cashwell et al. (2001) studied 228 undergraduate students in counseling and educational psychology at a public southern university and reported a mean of 76.40. Young et al. (1998) reported a mean of 79.79 with 152 undergraduate counseling and educational psychology students at a mid-sized southern university. Furthermore a mean of 77.85 was reported in a study of 63 undergraduate business management students (Belaire & Young, 2000).

This study's sample had a much higher mean of 84.85 for the Human Spirituality Scale. This higher mean may be related to the fact that all participants in this study were graduate students in counseling. The higher spirituality score may not be surprising when one considers the factor analysis of the Human Spirituality Scale. During its development, this inventory's creator revealed three significant factors of spirituality—Larger Context, Awareness of Life, and Compassion (Wheat). Content elements of these factors included personal growth, connection with others, compassion, and awareness of pain and suffering. Certainly, one would consider these components to be significant aspects in individuals committed to counseling as their chosen profession. Additionally, this researcher only studied graduate counseling students, who might have more experiences to be introspective and examine their own emotional development. Personal growth is a goal for all counselors and, for most counselors, connection with and compassion for others are foundations of their theoretical perspectives. Counseling also encourages introspection and reflection. As such, one might imagine this sample of graduate counseling students would score higher in the elements composing spirituality than a random sample of individuals. In addition, this inventory was developed in 1991, and spirituality is a construct that has received more focus within the counseling profession and American culture over the last fifteen years.

In a previous study, the Counseling Self-Efficacy Scale reported a mean of 76.4 (Melchert et al., 1996, p.642) for second-year counseling psychology students while this sample reported a mean of 82.36 utilizing the same inventory. Perhaps this is a function of the fact that all of this sample's respondents were actually utilizing their counseling skills as practicum or internship students. Mastery experiences positively impact self-efficacy overall. Additionally, the higher CSES mean score may have also been related to the higher perceived spirituality mean

score since there was a statistically significant relationship between those two variables with this sample.

This study demonstrated a definite relationship between practicum and internship counseling students' perceived spirituality and their counseling self-efficacy. In fact, spirituality accounted for over 11% of the variance of counseling self-efficacy. This discovery seems consistent with the research on self-efficacy and spirituality, and the inventories utilized in this study. Self-efficacy is built through modeling, encouragement, mastery experiences, and positive self-beliefs. It is tied to the optimistic beliefs in one's abilities *and* the anticipation of expected positive outcomes. Spiritual practices have the potential of making individuals more mindful, positive, and connected to others. The Human Spirituality Scale did not address religiosity—it explored a person's connection to other living things, finding meaning/value in life, compassion for others, and truthfulness. It seems consistent that individuals who rated themselves higher in these areas might also rate themselves as possessing solid counseling skills. Another consideration is that those who see themselves as spiritual, or have regular spiritual practices, might be less anxious and more optimistic individuals. Self-efficacy theory purports that these two factors would be components of higher self-efficacy (Bandura, 1986). Another possibility of this positive correlation might be that spiritually-minded people—those that scored higher in this particular inventory—are more likely to be drawn to the helping professions overall. Perhaps these individuals view their talent in counseling as a calling to be shared with others.

In comparing faith-based to secular institutions, there was not a large increase of explained variance demonstrated (13% versus 11%). This study did not uncover that the faith-based institutions studied have students who are significantly more spiritual than the secular

institutions. As reported earlier, most counseling education programs do not include required or elective courses on counseling and spirituality. A perusal of the web sites of the six institutions examined in this study revealed no spirituality and counseling course as part of the required curriculum. In reviewing descriptions of multicultural/diversity courses, one secular institution did mention religious perspectives as part of the characteristics studied in becoming diversity competent. At least one of the institutions studied—a secular one—offers a spirituality course as an elective. Perhaps this paucity in spirituality and counseling classes offered is because all institutions in this study are CACREP-accredited. This accreditation already mandates much of the elements required in counseling education curriculum. Programs must still be manageable for students to complete in a reasonable time frame either on a part-time or full-time basis. Adding additional courses that are not part of CACREP requirements may not seem like a reasonable option at this point in time.

There was no statistically significant relationship uncovered between level of perceived spirituality and the demographics of age, gender, class type, and course hours completed. While some research does purport that women may score higher in spirituality, and that spirituality levels may increase with age (Wheat, 1991), this study did not determine that to be a statistically significant factor. The number of course hours completed and whether a student was in practicum or internship did not impact the level of perceived spirituality. Indeed, the programs these students attended do not require or offer specific classes in spirituality as part of the curriculum. Therefore, it is not surprising that the study did not demonstrate a statistically significant relationship in regard to this variable.

In regard to the relationship between age, gender, class type, course hours completed, and perceived counseling self-efficacy, the study did determine a statistically significant relationship.

In fact, these four demographic variables explained almost 25% of the variance in counseling self-efficacy. While determining predictive and directional relationships is beyond the scope of this study, one might reasonably assume that class type (practicum versus internship) and course hours would impact one's self-efficacy. It appeared that, with this sample, the further along in their studies they were, the more efficacious the students reported feeling. According to self-efficacy theory, one would expect that counselors increase in self-confidence as they acquire additional clinical training and experience. Self-efficacy is, in part, determined by knowledge and skills. However, it is also affected by the optimistic belief in one's abilities to perform behaviors with successful outcomes, support and encouragement, and reduced emotional arousal. It is possible that, even though students go into internship class after completing one or two semesters of practicum, perceived self-efficacy could actually drop for students in internship classes. Students in practicum often have very close contact with professors (vicarious learning, support and encouragement) and may be continually monitored during their work with clients. Often, in internship, a student is truly on his or her own for the first time. Anxiety may increase and support may drop which could negatively impact self-efficacy.

The only other study identified by this researcher to study spirituality and counseling self-efficacy was conducted by Matthews in 2004 as her doctoral dissertation. In this study she explored the relationships between counseling/social work trainees' spirituality and religion/spirituality awareness to their self-efficacy in counseling clients with religious/spiritual issues and/or backgrounds. Like this researcher, she also assessed the influence of several demographic variables to spirituality and self-efficacy—specifically, religious/spiritual affiliation, ethnicity, program affiliation, age, and gender. Matthews used a correlational research design with a web-based survey and had 423 respondents. Like this researcher,

Matthews also found a statistically significant relationship between total spirituality score and counseling self-efficacy. However, she further compared seven distinct factors of spirituality according to the Psychomatrix Spirituality Inventory (divinity, mindfulness, intellectuality, community, extrasensory perception, childhood spirituality, and trauma) with counseling self-efficacy. All factors, except childhood spirituality, did demonstrate a relationship to counseling self-efficacy. Matthews also discovered that religion/spirituality awareness accounted for minimal variance in counseling self-efficacy but much more variance in spirituality, mindfulness, and intellectuality. However, she posits that awareness did influence spirituality which in turn influenced self-efficacy. Like this researcher, Matthews showed that gender and age did not significantly affect spirituality levels. Regarding counseling self-efficacy, there was no difference based on gender but she did find an increase in efficacy with increases in age. In contrast to this study, Matthews also explored ethnicity and religious/spiritual affiliation. She found statistically significant differences in counseling self-efficacy, total spirituality, divinity, community, and intellectuality based on ethnicity. Affiliation did not affect counseling self-efficacy but did account for significant variance in the areas of total spirituality, divinity, childhood spirituality, community, mindfulness, and intellectuality. Again, it should be noted that Matthew's study, while investigating similar constructs as this one, was only interested in students' efficacy in counseling clients with religious/spiritual issues and backgrounds.

Limitations of the study

There were several limitations to this study. First, this study utilized convenience sampling—respondents were chosen from institutions where there were professors personally known to the researcher. This would limit the random nature of the sample. All the participants were voluntary. Therefore, it is possible that students already ensconced in spiritual practice

were more likely to respond. This could skew the results as respondents might appear more highly spiritual than a random sample of counseling graduate students. Additionally, most respondents were based in the southern United States which might be associated with a culture more open in religious expression and practice. As noted, the mean spirituality score of this sample was much higher than the means reported by the Human Spirituality Scale developer. In addition, both the Human Spirituality Scale and Counselor Self-Efficacy Scale are self-report inventories. Students might score themselves as more highly spiritual or self-efficacious in an effort to present themselves in a more positive light.

Only institutions that were CACREP-accredited were studied. Other schools that are non-accredited, or accredited by a different body might offer different curriculum. One cannot assume these results are generalizable to non-CACREP accredited universities.

Only Catholic faith-based universities were studied. One cannot state that this sampling represents all faith-based or even all Christian institutions. Most of the respondents attend school in the southern United States. This may imply a culturally based response to the self-report items that are not representative of all geographical locations in the United States.

The majority of this sample identified as White/Not Hispanic(67%) and female (84%). As such these results may not be generalizable to other ethnic groups, such as Black, Asian, Hispanic and Native Americans, where there is a strong emphasis on the interdependence of spirituality and healthy functioning (Sue & Sue, 2003).

Another limitation to note would be the use of the Counselor Self-Efficacy Scale. While this inventory is used at the University of Central Florida, and the developers report adequate psychometric qualities, it has not been widely used in research since its development over ten

years ago. Therefore, it does not have much empirical support. There are other inventories that measure counseling self-efficacy with more empirical support of psychometric data.

In regard to the statistical data analysis, there are several considerations. First is the issue of multicollinearity. Because there were a total of four independent variables in one of the hypotheses which uncovered a statistically significant relationship, it is impossible to determine specifically which variable affected counseling self-efficacy. The researcher did run statistical data to determine possible interaction effects. However, dummy coding was also utilized, due to the nominal nature of some of the variables, which creates a situation of higher multicollinearity.

There is also another consideration of external validity and generalizability. While 135 inventories were collected, this would not be considered an adequate sample size to assure generalizability for the entire population of counseling education students in the United States which would number in the thousands (Krejcie & Morgan, 1970). Therefore, these data are only representative of the specific sample studied.

In this study, the researcher rejected three of her four null hypotheses. As such, there is the concern of making a Type I error—rejecting the null hypotheses when it is actually true. To reduce this risk, the researcher used a significance level of .05.

Implications for Pedagogy

There has been much written about the lack of spirituality or religiosity being included in counselor education programs. While most research and published articles in this area discuss the need for inclusion of spirituality *into* the counseling sessions—as a response to what clients value and need—this study supports the validity of increased attention to spirituality *for* counselors-in-training themselves. This study exposes another potential benefit of providing

opportunities for spirituality exploration and development into the pedagogy—that it might actually enhance the self-efficacy of students.

Many researchers of spirituality believe that counselors cannot adequately explore clients' value systems until they have fully explored their own (Erwin, 2001; Fukuyama & Sevig, 1997). Most CACREP-accredited programs already require a multicultural counseling course. Perhaps including spirituality as a didactic and experiential component of this course might be beneficial. This researcher believes that counselor educators have a responsibility to intentionally provide greater opportunities for counselors-in-training to become aware of their own spiritual beliefs and practices, and those of other cultures. This has the potential of creating more mindful and diversity competent practitioners. Encouraging students to explore their spirituality beliefs and incorporate practices that strengthen spirituality might also enhance students' level of overall wellness, as spirituality is considered by some to be a foundation of a wellness paradigm (Myers et al., 2000). Research such as Fowler's faith development theory (Muuss, 1996) may offer counseling students another developmental framework with which to more comprehensively understand clients' processes and meaning-making. Perhaps including Fowler's theory as part of teaching developmental theories with counselors-in-training might be a curricular change that would broaden students' understanding.

Implications for Clinical Work in Counseling

Studying the paradigm of spirituality and counseling can make it a safe and acceptable topic to respectfully bring into the therapeutic relationship. The onus is on the counselor to bring the issue of spirituality into the counseling relationship. In this way, clients know it is an appropriate area to discuss. Spiritual practices such as praying, meditation, or listening to inspirational music or words may lessen anxiety levels which in turn could enhance self-efficacy.

Occasionally this author has had counseling students tell her that they pray before working with clients. They do this as a means to lessen their own anxiety levels and be more available to give direction to their clients. As practitioners, being mindful of spirituality as a component of client culture may assist in assessing support systems and symptoms more comprehensively.

Future Research Areas

First, it could be beneficial to expand this study to a much larger sample number. This could increase the potential of generalizability. Increased sampling could also further support the need for inclusion of spirituality into counseling education curriculum. A study comparing the perceived spirituality levels of students who have taken a course in spirituality and counseling with those who have not might provide some direction for future program decisions.

Expanding the role of spirituality and its impact to counselors-in-training could be another research direction. Further empirical support as to whether spirituality enhances counseling self-efficacy, and/or counselor wellness, could have a significant bearing on counseling education curriculum in the future as well as continuing education for practitioners already entrenched in the field. Areas to explore might be the potential relationships of counselor spirituality to counselor burnout, secondary Post-Traumatic Stress Disorder, counselor effectiveness, and client outcome. Another interesting area of research might be investigating the relationship between anxiety and counseling self-efficacy.

It could be helpful to parcel out some of the demographic variables examined to elucidate a clearer understanding of which components directly affect counseling self-efficacy. This might help direct counselor educators in being proactive in guiding counselors-in-training. For instance, researchers might discover that counseling self-efficacy plummets between practicum and internship which might clarify a need for closer mentoring or supervision. Perhaps it

becomes clear that after a certain amount of completed course hours, counseling self-efficacy generally rises; this might help administrators better organize course curriculum and timing of practicum classes.

Conclusion

This study investigated the relationship between perceived spirituality and counseling self-efficacy for counseling graduate students in faith-based and secular universities. In addition the demographic variables of age, gender, class type, and course hours completed were also studied for their potential relationships to spirituality and counseling self-efficacy. A statistically significant correlation was discovered between perceived spirituality and counseling self-efficacy. The four demographic variables examined statistically impacted counseling self-efficacy but not spirituality.

Spirituality is a construct which is gaining more momentum in the counseling profession. Research shows that it is an important issue to clients and may enhance their functioning, meaning-making, and coping skills. Becoming more spiritual may offer counselors the same strengths in their work. Clients often expose themselves completely to their counselors—they entrust them with their secrets, fears, and ultimate vulnerabilities. Counselors and counselors-in-training who are encouraged to become more mindful, altruistic, just, and compassionate may also turn out to be more efficacious practitioners. Ideally, counselor educators can guide their students with a holistic perspective to develop personally as well as professionally.

This chapter discussed results of the study, implications for pedagogy and clinical work, and limitations of the study. Possible explanations of the relationship between counseling self-efficacy and perceived spirituality were offered. Potential areas of future research were explored.

APPENDIX A: COUNSELOR COMPETENCIES

Counselor Competencies: Spirituality in Counseling

1. Believing that a general understanding of spiritual phenomena is important to the counseling process, the counselor can:

A. Explain how the varieties of spiritual phenomena are understood from the perspective of diversity.

B. Discuss possible relationships, including similarities and differences, among various views of spirituality: psychospiritual, religious, spiritual, and transpersonal.

C. Describe basic beliefs of various spiritual systems, including the major world religions, indigenous people's spirituality, agnosticism, and atheism.

D. Explain at least two models of human spiritual development across the life span.

E. Describe research, theory and clinical evidence that indicate the relationships between spiritual phenomena, on the one hand, and mental health, on the other.

F. Explain how the potential power of combining spiritual issues with counseling methods compels the counselor to operate from a solid ethical base.

2. Believing that awareness of one's own spiritual perspective is important to the counseling process, the counselor can:

A. Describe one's own spiritual perspective.

B. Identify key events in one's own life that contributed to the development of one's own spiritual perspective and explain how those events contributed.

C. Identify specific attitudes, beliefs, and values from one's own spiritual perspective that may support or hinder respect for and valuing of different spiritual perspectives.

D. Actively engage in an ongoing process of challenging one's own attitudes and beliefs that hinder respect for and valuing of different spiritual perspectives.

- E. Conceptualize oneself from two different models of human spiritual development across the life span.
 - F. Conceptualize oneself in terms of research, theory, and clinical evidence that indicate relationships between spiritual phenomena and mental health.
3. Believing that an understanding of the client's spiritual perspective is important to the counseling process, the counselor can:
- A. Demonstrate openness to, empathy with, and acceptance of a variety of spiritual phenomena.
 - B. Describe the role of the client's spiritual perspective in an understand of the client as a whole.
 - C. Acquire knowledge needed to better understand a client's spiritual perspective by requesting information from the client and/or outside resources.
 - D. Identify when one's understanding and/or acceptance of the client's spiritual perspective is insufficient to adequately serve the client.
4. Believing that spiritually related intervention strategies and techniques are important to the counseling process, the counselor can:
- A. Assess the relevance of the spiritual domain in a client's therapeutic issues.
 - B. Use spiritual terms and concepts that are meaningful to the client.
 - C. Use the client's spiritual perspective in the pursuit of his or her counseling goals as befits their expressed preferences.
 - D. When relevant to the client's counseling goals and expressed preferences
 - (1) Apply spiritual development theory to facilitate client understanding of their present stage/status of life span spiritual development.

(2) Share research, theory, and clinical evidence with the client to facilitate his or her understanding of the relationship between spiritual phenomena and mental health.

E. Demonstrate competent use of techniques for remediation for problems with, facilitation of, enhancement of, and psychological integration of spiritual phenomena.

F. Consult with professionals in the area of spirituality, including professionals the client considers to hold spiritual authority, when such consultation would enhance service to the client.

G. Having identified limits to one's acceptance or competence, seek consultation, seek further education or training, and/or demonstrate appropriate referral skills (Young, et al, 2002, p. 32-22).

APPENDIX B: HUMAN SPIRITUALITY SCALE

HUMAN SPIRITUALITY SCALE (Wheat, 1991)

INSTRUCTIONS: Your answer to each item is very important. There is no agreement as to what are right and wrong responses to these items, but if the scale is to be useful, you should respond to each item the best you can.

For each item, please select the one response which is most true for you and place a check (✓) in the space provided to the left of that response.

1. I experience a sense of the sacred in living things.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

2. I experience a sense of connection with other living things.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

3. I set aside time for personal reflection and growth.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

4. I value the relationship between all living things.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Being truthful is important to a successful life.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I find meaning in life by creating close relationships.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

7. We should give to others in need.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. It is important that we be sensitive to pain and suffering.

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. I experience a feeling of being whole and complete as a person.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

Over, Please →

10. It is important that each of us find meaning in our lives.

Strongly Agree Agree Neutral Disagree Strongly Disagree

11. All forms of life are valuable.

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. I feel sad when I see someone else in pain.

Strongly Agree Agree Neutral Disagree Strongly Disagree

13. I find the world of nature boring.

Strongly Agree Agree Neutral Disagree Strongly Disagree

14. I listen closely when people tell me their problems.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

15. I read articles on health and inner peace.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

16. I share my private thoughts with someone else.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

17. I put the interests of others before my own when making a decision.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

18. I actively seek a sense of purpose in my life.

Constantly/Almost constantly Frequently Occasionally Seldom Never/
Almost never

19. I feel guilty when I don't tell the truth.

Strongly Agree Agree Neutral Disagree Strongly Disagree

20. I enjoy guiding young people.

Strongly Agree Agree Neutral Disagree Strongly Disagree

APPENDIX C: COUNSELOR SELF-EFFICACY SCALE

COUNSELOR SELF-EFFICACY SCALE (Melchert, Hays, Wiljanen & Kolocek, 1996)

**Note: Response items range from 1 to 5 (Agree strongly, agree moderately, neutral/uncertain, disagree moderately, disagree strongly).
For each item, please circle the one response which is most true for you.**

1. My knowledge of personality development is adequate for counseling effectively.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

2. My knowledge of ethical issues related to counseling is adequate for me to perform professionally.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

3. My knowledge of behavior change principles is not adequate.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

4. I am not able to perform psychological assessment to professional standards.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

5. I am able to recognize the major psychiatric conditions.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

6. My knowledge regarding crisis intervention is not adequate.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

7. I am able to effectively develop therapeutic relationships with clients.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

8. I can effectively facilitate client self-exploration.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

9. I am not able to accurately identify client affect.
1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

Over, Please →

10. I cannot discriminate between meaningful and irrelevant client data.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

11. I am not able to accurately identify my own emotional reactions to clients.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

12. I am not able to conceptualize client cases to form clinical hypotheses.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

13. I can effectively facilitate appropriate goal development with clients.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

14. I am not able to apply behavior change skills effectively.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

15. I am able to keep my personal issues from negatively affecting my counseling skills.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

16. I am familiar with the advantages and disadvantages of group counseling as a form of intervention.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

17. My knowledge of the principles of group dynamics is not adequate.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

18. I am able to recognize the facilitative and debilitating behaviors of group members.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

19. I am not familiar with the ethical and professional issues specific to group work.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

20. I can function effectively as a group leader/facilitator.

1 2 3 4 5
Agree strongly Agree moderately Neutral/Uncertain Disagree Moderately Disagree Strongly

APPENDIX D: RECRUITMENT LETTER

Dear Dr. -----,

I am a doctoral candidate in counselor education at the University of Central Florida in Orlando. I am starting my dissertation and will be studying the relationship between counseling graduate students perceived spirituality and counseling self-efficacy in secular and faith-based institutions. My dissertation chair is Dr. Montserrat Casado-Kehoe. I was hoping for the opportunity to have your Practicum and Internship students participate in this research project. This would involve your students completing an informed consent, anonymous demographic questionnaire and two inventories—the Human Spirituality Scale and the Counselor Self-Efficacy Scale—all of which should take no more than 15 minutes to complete. I will provide proof of approval from my University’s Institutional Review Board as well as copies of the inventories beforehand. I would be the person introducing the study to your students and collecting the data. Please let me know if you will consider this or if we might talk further about it.

Sincerely,

Sandra Pollock, M.A., LMHC

San8888@aol.com

APPENDIX E: INFORMED CONSENT

Informed Consent

**Please read this consent document carefully before you decide to participate in this study.
You must be 18 years of age or older to participate.**

Dear Participant: I am a doctoral candidate at the University of Central Florida conducting a study on graduate counseling students' perceived spirituality and competence. Your participation in this study is greatly appreciated!

Project title: An Exploration of the Relationship between Graduate Counseling Students' Perceived Spirituality and Counselor Self-Efficacy in Secular versus Faith-Based Universities

Purpose of the research study: The researcher wishes to discover if there is a relationship between graduate counseling students' perceived spirituality and counselor self-efficacy; and if there is a difference for secular versus faith-based institutions.

What you will be asked to do in the study: You will be asked to take two inventories—the Human Spirituality Scale and the Counselor Self-Efficacy Scale—that will assess your perceived level of spirituality and perception of your competence as a counselor. These will each be 20-item inventories that ask you to respond in a likert-scale. You will also be asked to complete an anonymous demographic information sheet.

Time required: Approximately 15 minutes to complete both inventories and demographic sheet.

Risks: There are no anticipated risks from participating in the study.

Benefits/Compensation: There is no compensation or other direct benefit to you for participation.

Confidentiality: Your identity will be kept confidential. The demographic questionnaire and inventories are anonymous; your name will not be on them. Your information and inventories will be assigned a code number for the researcher's purpose only. The information sheets and inventories will be kept separately in a locked file in the researcher's office.

Voluntary participation: Your participation in this study is voluntary. There is no penalty for not participating. You have the right to withdraw from the study at any time without penalty. You do not have to answer any questions that make you feel uncomfortable.

Whom to contact if you have questions about the study: Sandra Pollock, Doctoral Candidate, UCF College of Education, Phone: 407-247-4581 or email: San8888@aol.com *OR* Dr. Montserrat Casado-Kehoe, Assistant Professor, UCF College of Education, Phone: 407-823-4126 or email: mcasado@mail.ucf.edu

Whom to contact about your rights in the study: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF). For information about participants' rights please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

I voluntarily agree to participate in the procedure. I am at least 18 years of age or older

_____/_____
Participant Date

_____/_____
Principal Investigator Date

APPENDIX F: DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

This information is being collected for the researcher's records only. It is anonymous and will be locked in a file cabinet separate from the completed inventories.
Please answer the attached inventories as honestly as you can. Do not spend a lot of time thinking about your answers. Provide the first response that seems accurate for you.

GENDER (please circle) : Female Male **AGE:** _____

MARITAL/PARTNER STATUS (please circle):

Single Divorced Married Life Partner

RACE/ETHNICITY (please circle):

Asian Black White/Not Hispanic
Latino Native American Multiracial

HIGHEST DEGREE COMPLETED: _____

UNDERGRADUATE MAJOR: _____

GRADUATE SCHOOL(please circle) Faith-Based Secular

TRACK (please circle): Mental Health School Marriage/Family Other

Which course are you in? (Please circle) Practicum Internship

How many course hours have you completed? (Please circle)

Less than 12 13-24 25-36 37-48 49+

If you identify as a member of a religious denomination, please indicate what

Denomination that is: _____

How many times in a year do you attend religious or worship services? _____

Do you consider the terms religious and spiritual as interchangeable (circle)?

Yes No

On a scale of 1 to 10 (with 1 being the least and 10 being the highest), please circle how important religion/spirituality is to you:

1 2 3 4 5 6 7 8 9 10

APPENDIX G: INSTITUTIONAL REVIEW BOARD LETTER



July 24 2006

Sandra L. Pollock, M.A.
University of Central Florida
Child, Family, & Community Services
ED 320K
Orlando, FL 32816-1250

Dear Ms. Pollock:

With reference to your protocol #06-3598 entitled, "**An Exploration of the Relationship between Graduate Counseling Students' Perceived Spirituality and Counselor Self-Efficacy in Secular versus Faith-Based Universities**" I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office. **This study was approved on 7/10/2006. The expiration date for this study will be 7/09/2007.** Should there be a need to extend this study, a Continuing Review form must be submitted to the IRB Office for review by the Chairman or full IRB at least one month prior to the expiration date. This is the responsibility of the investigator.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board through use of the Addendum/Modification Request form. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur.

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

A handwritten signature in black ink that reads "Joanne Muratori".

Joanne Muratori
UCF IRB Coordinator
(FWA00000351 Exp. 5/13/07, IRB00001138)

Copies: IRB File
Montserrat Casado-Kehoe

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