

# A Closer Look at the Role of Spirituality in Psychology Training Programs

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Should psychology training programs take steps to incorporate content related to spiritual and religious diversity in their curriculum? This article provides a critical discussion of research demonstrating minimal integration of spiritual and religious issues in psychology training, supervision, and course work. Unique aspects of training related to spiritual diversity and interventions across various subdisciplines in psychology are highlighted. Suggestions for integrating spiritual and religious diversity into psychology training are presented. For the benefit of students, clients, and their communities, psychologists are encouraged to obtain specialized training to enhance their spiritual and religious competency.

*Keywords:* spirituality, training, diversity

The authors are not human beings having a spiritual experience; the authors are spiritual beings having a human experience.

—Pierre Teilhard de Chardin

While evidence suggests that psychologists, in principle, support the notion of expanding cultural training to include spiritual and religious diversity, few graduate programs actually do so (Hage, Hopson, Siegel, Payton, & DeFanti, in press). Clinical faculty and program leaders report minimal competence in spiritual and religious diversity and interventions, as well as little actual integration of spiritual and religious themes in their training curricula (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Kelly, 1997; Schulte, Skinner, & Claiborn, 2002; Shafranske & Malony, 1990). Further, studies suggest that few efforts have been made to introduce students to content related to spiritual and religious development, and faculty members and supervisors were not expected to be knowledgeable about diverse religious and spiritual traditions (Schulte et al., 2002). Alternately, psychology faculty members appear receptive to classroom discussion and research on spiritual and religious issues and willing to supervise students on these issues (Brawer et al., 2002; Schulte et al., 2002). Hence, one likely explanation for reluctance on the part of psychology training programs to adapt their training curricula to include spiritual and religious diversity is that the faculty members lack competency in these areas.

Healthy spiritual or religious functioning has been consistently associated with positive mental health outcomes (Plante & Sharma, 2001). For example, certain types of religious involvement, such as frequency of church attendance, have consistently been found to be related to greater subjective well-being and life

satisfaction (McCullough, Larson, & Worthington, 1998), whereas other factors, such as difficulty forgiving God (Exline, Yali, & Lobel, 1999) and “negative” religious coping styles (Pargament, 1997), have been shown to be related to negative mental health outcomes (e.g., increased depression, stress, and suicidal behavior). Trainees lacking knowledge of research on the role of spirituality and religion in health may inappropriately disregard significant aspects of their clients’ spiritual or religious background that could provide therapeutic benefit. Hence, the failure to integrate content related to spiritual and religious issues into psychology training may have significant consequences for the overall mental well-being of individuals and families.

This article provides a critical discussion of the implications of research demonstrating minimal integration of spiritual and religious issues in psychology training, supervision, and course work. A definition of spirituality and religion and a rationale for enhancing the spiritual and religious competency of psychologists are presented. Unique aspects of training related to spiritual diversity and interventions across four subdisciplines in psychology are also presented. A discussion of findings concludes the article, with particular focus on the following questions: What is the impact of the lack of spirituality-related training on clients who present with spiritual or religious issues? How can training programs encourage positive exploration of spiritual and religious issues among students? How do training programs ethically incorporate spirituality and religion into their training zeitgeist?

## Defining Spirituality and Religion

Agreement on the exact definition of the terms *spirituality* and *religion* does not exist (Fukuyama & Sevig, 1999; Richards & Bergin, 1997). Although the terms are not entirely interchangeable, they have overlapping meanings and are most often used together in the literature. Spirituality is often described as the broader of the two terms. The word *spirituality* is derived from the Latin *spiritus*, meaning breath or life force. Spirituality generally refers to meaning and purpose in one’s life, a search for wholeness, and a relationship with a transcendent being. One’s spirituality may be expressed through religion or religious involvement, which generally refers to participation in an organized system of beliefs, rituals, and cumulative traditions (Fukuyama & Sevig, 1999).

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Hill and Pargament (2003) posit that it is the search for the sacred that lies beneath both spirituality and religiosity. Several studies use the two terms interchangeably, making it difficult to evaluate the findings in these studies. However, in studies where a separation does exist, findings point to disparate meanings for the two terms among participants. Institutional religion may be alienating for some psychology professionals, due to its alliance with particular sets of beliefs, practices, and dogmas. At the same time, these professionals may embrace spirituality as pertaining to universal, existential aspects of life (e.g., such as suffering, good and evil, death). There has been a small movement within psychology to operationally clarify and define the differences between spirituality and religion for the purposes of research, but some theorists surmise that this distinction may not be as useful for the believer (Hill & Pargament, 2003; Miller & Thoresen, 2003).

### Why Integrate Spiritual and Religious Diversity Into Psychology Training?

Interest in spirituality and religion as important aspects of cultural diversity continues to grow (e.g., Constantine, Lewis, Connor, & Sanchez, 2000; Fukuyama & Sevig, 1999; Richards & Bergin, 2000; Smith & Richards, 2005). The integration of spiritual and religious issues in recent conceptualizations of cultural diversity points to stronger awareness of the significance of such issues in the life of the average American. Two of three Americans say religion is important in their lives (Gallup & Bezilla, 1994) and can provide answers for all or most of today's problems (Moore, 2000). This number appears to have increased since the terrorist attacks of September 11 ("Post-Attack Polls," 2001). Gallup polls also find that two thirds of Americans, when faced with a serious problem, would prefer to see a therapist who holds spiritual values and beliefs (Lehman, 1993). Most people who were questioned further indicated that they would also prefer a therapist who integrates their personal values and beliefs into counseling and therapy (Gallup & Bezilla, 1994).

For many Americans, spirituality or religion is also an integral part of their racial and cultural identity, essentially shaping their worldview and sense of self (Cross, 1995; Harry, 1992; Leong, Wagner, & Tata, 1995; Smart & Smart, 1992). Some have argued that spiritual and religious affiliation is a "more potent social glue than the color of one's skin, cultural heritage, or gender" (Shafranske & Malony, 1990, p. 564). For some marginalized groups (e.g., African Americans), spirituality and religion have been identified as a major source of strength and survival (Boyd-Franklin & Walker Lockwood, 1999; Mattis, 2002). Additionally, the vast majority of people in the United States claim affiliation with some religious tradition, and the diversity of these traditions continues to grow as immigration and other factors increase the plurality of American religious life. At present, more than 160 denominations, most of them Christian, and over 700 non-Christian groups (e.g., Jews, Muslims, Buddhists, Hindus) exist in the United States (Richards & Bergin, 2000). It can be expected that mental health professionals will encounter diverse client populations with a broad range of spiritual and religious backgrounds during the span of their career (Richards & Bergin, 2000).

Notably, the American Psychological Association's "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (APA, 2003) supports the

enhancement of training for spiritual and religious competency. Spiritual and religious orientation has been noted as one of several critical dimensions of an individual's cultural identity. Psychologists are encouraged to familiarize themselves with issues related to spiritual or religious identity so as to effectively assist clients and to competently train students. The *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002) also requires psychologists to obtain the training, experience, consultation, or supervision necessary to ensure competence related to factors such as spiritual and religious diversity and to make appropriate referrals in cases where competence is lacking (Standard 2.01b).

### Unique Aspects of Spirituality Competency Training Across Subdivisions

One of the most common findings in the literature related to spirituality and religiosity is that clinical faculty and program leaders across specialty areas have minimal training in spiritual and religious diversity and interventions (Hage et al., in press). Furthermore, distinct differences exist in the way that each mental health subdivision approaches training for spiritual and religious competency. A discussion of differences across four specialty areas in psychology provides possible directions for future efforts to integrate spiritual and religious diversity into psychology training and practice. These subdisciplines include clinical psychology, counseling psychology, marriage and family therapy, and rehabilitation psychology.

#### *Clinical Psychology*

Though most clinical psychologists value spirituality, they are less likely to endorse the importance of religion. The majority of clinical psychologists surveyed report that they are not actively involved in religious practices and that they have a preference for spiritual approaches that are not associated with an organized religion (Shafranske, 1996). This finding is consistent with other studies that report lower levels of religiosity among mental health professionals (e.g., Bergin, 1991; Bergin & Jenson, 1990). Similarly, most clinical psychologists describe discussion of spiritual and religious issues in clinical psychology programs as rare or nonexistent (Brawer et al., 2002; Shafranske & Malony, 1990). One exception to this absence of discussion on spiritual and religious issues is the area of supervision. A survey of clinical psychologists (Brawer et al., 2002) indicates that religion and spirituality are most frequently addressed in clinical supervision. A set of conceptual guidelines for developing supervisee competence in working with religious clients has also been recently presented in the psychology literature (Aten & Hernandez, 2004). These guidelines highlight eight domains that address specific supervisor actions that encourage supervisee competency in working with spiritual or religious clients and issues. These domains include (a) spiritual and religious intervention skills; (b) spiritual and religious assessment approaches and techniques; (c) cultural sensitivity to spiritual and religious differences; (d) supervisee awareness of what her or his theoretical orientation teaches about spirituality and religion; (e) case conceptualization that includes spiritual or religious themes; (f) development of treatment goals that fit with a client's spiritual or religious beliefs, values, and practices; and (g)

familiarity with ethical guidelines that relate to spiritual or religious clients and issues.

In addition, significant attention in the literature has been devoted to issues related to collaboration among psychologists and clergy (e.g., Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Edwards, Lim, McMinn, & Dominguez, 1999; McMinn, Aikins, & Lish, 2003; Plante, 1999). Several factors have emerged from these studies as being important to effective collaboration. These factors include the importance of good communication (e.g., McMinn et al., 2003), mutual respect (e.g., Edwards et al., 1999), and common values and goals (e.g., McMinn et al., 2003).

### *Counseling Psychology*

Historically, counseling psychologists have taken an active leadership role in the area of multicultural issues (Heppner, Casas, Carter, & Stone, 2000; Sue, 2001) and have given expanded recognition to issues of spirituality and religion as important aspects of a person's culture and cultural identity (Constantine, et al., 2000; Fukuyama & Sevig, 1999; Worthington, Kuru, McCollough, & Sandage, 1996). For example, at the 1999 National Multicultural Conference and Summit, spirituality arose as an important multicultural theme. Conference participants concluded that "people are cultural and spiritual beings" and that "spirituality is a necessary condition for a psychology of human existence" (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1065).

At the same time, findings from studies addressing spiritual and religious diversity and training in APA-accredited counseling psychology programs indicate that relatively little effort is being made to introduce spiritual and religious content into course work. Although counseling psychology faculty express openness to research and supervision related to spiritual and religious issues, faculty and supervisors in these programs are not necessarily expected to be knowledgeable about diverse spiritual and religious traditions (Kelly, 1997, 1995; Schulte et al., 2002). In addition, some evidence suggests that spiritual and religious diversity is not considered as important as other kinds of diversity, such as race and ethnicity or gender (Schulte et al., 2002).

Within counseling psychology programs, this apparent discrepancy between espoused attitudes and beliefs regarding the importance of spiritual and religious diversity and actual efforts to integrate such issues into training programs is disconcerting. A number of explanations for this discrepancy exist, including the neglect of spiritual and religious diversity in accreditation standards and a history of segmenting multiculturalism and spirituality in the counseling psychology field (Smith, & Richards, 2005). For example, despite evidence of increasingly positive attitudes toward spirituality among both counseling and clinical psychologists, APA's guidelines for accreditation of programs in professional psychology make no mention of spirituality and refer to religion only once when providing personal and demographic characteristics that define "cultural and individual diversity" (APA Committee on Accreditation, 2005, Domain A5).

It is also possible that emerging theorists (e.g., Fukuyama & Sevig, 1999) who provide strong arguments for the contribution of spiritual processes to multicultural understanding have not yet made their way into traditional counseling psychology programs. It is likely that as spirituality literature continues to expand, so too will recognition of the interrelationship between the multicultural

counseling competencies (Sue, Arredondo, & McDavis, 1992) and the spirituality competencies (Miller, 1999).

### *Marriage and Family Therapy*

As was found for professionals in the field of clinical and counseling psychology, most studies indicate that marriage and family therapists (MFTs) receive minimal training in spiritual and religious diversity and interventions (Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Prest, Russel, & D'Souza, 1999). A study by Kelly (1997), however, found divergent results in programs with single American Association for Marriage and Family Therapy (AAMFT) accreditation ( $N = 15$ ), indicating that these programs give the greatest attention to issues of spirituality and religion in clinical training.

In addition, like their colleagues in counseling and clinical psychology, MFTs have been found to value spirituality as an important aspect of their and their clients' lives. They also appear to support expanding training and supervision to include spiritual issues. However, unlike their colleagues in counseling and clinical psychology, most marriage and family therapy graduate students appear to identify with an organized religion (Prest et al., 1999). The influence of religion in the marriage and family therapy field may be due in part to the close relationship that has existed between this field and the pastoral counseling field (Bohler, 1993; Weaver, Koenig, & Larson, 1997; Weaver, Revilla, & Koenig, 2002).

Marriage and family therapy's relatively closer affiliation with religion may account for the recent inclusion of spirituality and religion in the AAMFT's standards of accreditation (2002, 300.01). According to these standards, programs in marriage and family therapy are expected to infuse their curriculum with content that addresses issues related to diversity, including spirituality and religion. This change may point to a movement within this field to begin to remedy the discrepancy between MFTs' espoused belief in the importance of spirituality and religion and actual training in marriage and family therapy programs.

### *Rehabilitation Psychology*

Increased awareness of the need for further integration of a spiritual or religious perspective in the field of rehabilitation psychology is apparent in the writings of major theorists, many of whom have come to recognize spiritual or religious beliefs as being essential to understanding a client's views of recovery (Yamey & Greenwood, 2004). Similarly, practitioners within the field of rehabilitation counseling and psychiatry have observed that integration of a client's spiritual or religious beliefs into therapy provides an additional coping mechanism for the client and further supports rehabilitative efforts (Longo & Peterson, 2002).

Yet in spite of theoretical support for the inclusion of spiritual issues in rehabilitation, evidence suggests that the record in training programs in rehabilitation is similar to that found in other areas in psychology, that is, students receive little exposure to spiritual and religious issues in their preparation (Elliot, Kilpatrick, & McCullough, 1999; McCarthy, 1995; Shafranske, 1998). Although significant numbers of faculty and training directors in these programs generally agree that spirituality and religiosity are im-

portant elements of rehabilitation work, they are also ambivalent about or opposed to adopting required training in such areas (Green, Benshoff, & Harris-Forbes, 2001). It is possible that rehabilitation psychologists' traditionally close ties with government facilities such as Department of Veterans Affairs hospitals and centers have contributed to their ambivalence, because of the historical separation between church and state.

Nevertheless, the Council on Rehabilitation Education's (2004) *Standards for Rehabilitation Counselor Education Programs* (Standard C.2.9) requires that students be able to articulate an understanding of the role of several diversity characteristics, including spirituality and religion, as part of their social and cultural diversity education requirement. This recognition of spiritual and religious issues as a significant aspect of multicultural education is an encouraging step in enhancing rehabilitation psychologists' spirituality and religious competency.

### Discussion of Findings Related to Spiritual and Religious Issues in Psychology Training

The final section of this article presents implications of research that has examined the extent of integration of spiritual and religious diversity in psychology training and supervision. These implications relate to several areas within clinical work and multicultural training and development, including the impact of the absence of spirituality competency training on clients, possible ways to expand such training in psychology training programs, and ethical considerations that are connected with incorporating spiritual and religious issues in training.

#### *What Is the Impact of the Neglect of Spirituality-Related Training on Clients?*

Although there is little research specifically examining client beliefs about the inclusion of spiritual issues in therapy, a study by Rose, Westefeld, and Ansley (2001) found that most clients indicated a preference for discussing spiritual and religious issues in therapy. This finding is consistent with other studies indicating that 95% of Americans profess a belief in God or a higher power and that this figure has never dropped below 90% in the last 50 years (Miller & Thoresen, 2003). In addition, religiously committed clients also view therapists who integrate spiritual and religious issues into therapy more optimistically and as being more competent than therapists who do not integrate these issues (Keating & Fretz, 1990).

Although a recent study found that the majority of psychotherapists recognize a client's spiritual or religious functioning as being an important domain of adjustment, most therapists report that they do not regularly assess for clients' spiritual or religious functioning nor address these issues in treatment planning (Hathaway, Scott, & Garver, 2004). This finding, consistent with research presented in this article, likely reflects the lack of training psychotherapists receive in the areas of spiritual and religious aspects of diversity. Hence, ultimately, the lack of training in spiritual and religious diversity risks alienating clients who present with these issues, particularly if the psychologists are unaware of their own spiritual or religious beliefs or values (Hinterkopf, 1994). Psychologists who lack cultural self-awareness may have stereotypic attitudes and biases about people of different spiritual and religious

backgrounds than their own. These attitudes and biases influence interpretations and judgments about people's behavior and may lead to misunderstanding and miscommunication between counselors and clients (Kunda & Thagard, 1996).

Additionally, when graduate training programs fail to share relevant findings related to the efficacy of spiritual or religious beliefs and practices with trainees, trainees in turn begin their practice with little or no information about alternative spiritual interventions (e.g., prayer or meditation) that may provide significant benefits to their supervisees and clients in therapy. For most clients, religious beliefs and practices have been shown to have a positive effect on their physical and mental health (Koenig, McCullough, & Larson, 2001; Powell, Shahabi, & Thoresen, 2003). For example, spirituality or religiosity has been associated with better physical health (Seeman, Dubin, & Seeman, 2003), improved recovery from addiction (Pardini, Plante, Sherman, & Stump, 2000), better coping responses in terminally ill patients (Jenkins & Pargament, 1995; Pargament, 1997), and greater life satisfaction (Ellison, 1991; Fabricatore, Handal, & Fenzel, 2000). Psychologists lacking competency in spiritual and religious issues may fail to inform their clients of the availability of spiritual interventions as one type of alternative treatment that may assist in their therapy. Clients also may not ask about such interventions, assuming that it is not appropriate to discuss such issues in therapy, because their therapist has not initiated such discussion. Thus, the lack of training in spiritual and religious diversity also likely impacts the outcome of therapy, because the type of interventions available to a client is limited by a therapist's knowledge about possible benefits of spiritually oriented approaches.

#### *How Could Training Programs Encourage Students to Explore Spiritual Issues?*

As reflected in the APA guidelines on multicultural education (APA, 2003), "all interactions are cross-cultural, and by extension, all classroom interactions are multicultural" (p. 386). Mental health professionals, like all people, form attitudes, values, and biases based on their unique cultural identity. A significant component of one's identity is spiritual and religious heritage. It is important that graduate programs provide psychologists in training with opportunities for self-exploration and reflection related to the potential impact of their spiritual values and biases on others, including clients, students, and supervisees. Because studies indicate that spirituality or religion is most likely to be addressed in supervision, supervision dyads and groups are one place for therapists in training to examine attitudes and prejudices toward spirituality or religion that may bias their work. For example, students should be encouraged to explore spiritual or religious practices and messages in their families and how these practices and messages may impact the way that they relate with their clients. Similar efforts at self-exploration across diversity areas have been shown to increase students' overall sense of therapeutic competence and self-awareness (e.g., D'Andrea, Daniels, & Heck, 1991).

In addition, content related to spiritual and religious diversity, like other areas of multicultural education, intersects with almost every aspect of clinical training. In the past two decades, several graduate programs have developed course work with a specific focus on spiritual and religious issues (Brawer et al., 2002). Al-

though these efforts are encouraging, the addition of a separate course on spiritual issues may not be realistic for training programs already struggling to include the array of areas mandated by accreditation boards. Tight budgets leave few faculty members available to teach specialty courses. A more feasible option for training programs may be to include content related to spiritual and religious diversity into already existing courses (e.g., racial and cultural counseling, ethics, assessment, supervision) and to support students and faculty who conduct research on the topic. For example, content related to spirituality and religion and coping could be incorporated into personality courses. Research related to spirituality and religion and mental health could be addressed in a course on psychopathology. Techniques for the evaluation of spirituality and religion could be part of practicum course work. Further, grants and funding for research specifically related to spiritual and religious diversity (e.g., APA dissertation grant) could be offered to support students pursuing research in these areas. In sum, the cumulative body of knowledge related to spirituality and religion has enormous potential to inform and enrich clinical training, research, and course work.

An additional critical focus for training for spiritual competency is the area of assessment. Students need specific guidance on how to integrate a client's spiritual and religious history into the assessment process (Miller, 1999). Even though theorists have cautioned that spiritual-religious assessment is still in an early stage, (e.g., Richards & Bergin, 1997), some general principles have begun to emerge to guide such training. For example, spiritually competent therapists are those who seek to understand a client's spirituality within the larger context of her or his worldview and life. To accomplish this task, students need a solid understanding of both psychopathology and the spiritual or religious beliefs and behavior that are considered normative and healthy within a client's religious or spiritual tradition (Kelly, 1995). Also, because no therapist can know all of the varieties of religious context in detail, students need supervised practice related to the process of consultation with a clergy or religious leader.

Additionally, spiritual functioning is not something that is static but rather changes over time. Students need to be taught to track a client's spiritual functioning before, during, and after treatment. The following dimensions of spirituality and religiosity have been identified as significant to a multilevel, multisystemic clinical assessment process: (a) metaphysical worldview, (b) religious affiliation, (c) religious orthodoxy, (d) religious problem-solving style, (e) spiritual identity, (f) God image, (g) value-lifestyle congruence, (h) doctrinal knowledge, and (i) spiritual and religious health and maturity (Richards & Bergin, 1997). Therapists may begin with a global assessment of each of these areas and then proceed with a more in-depth assessment of the areas that seem clinically relevant. Further, students need to know that significant advances have been made in the measurement of spirituality and religion, which means that a variety of measures are available to assist them with gaining a thorough understanding of a client's spiritual functioning (Hill, & Pargament, 2003; Sherman & Simonton, 2001). Because some of these measures were developed for the purpose of research, clinicians need to make a careful determination about their suitability for client use (Richards & Bergin, 1997).

### *How Can Training Programs Ethically Incorporate Spiritual and Religious Issues?*

Psychologists who include spiritual and religious issues in psychotherapy training and supervision frequently face a number of challenging ethical questions (Richards & Bergin, 1997). These questions need to be viewed in the context of a long history in which people in positions of power have imposed their religious beliefs on others. However, recent evidence suggests that most therapists who use spiritual interventions use them cautiously and as part of an integrative approach that includes traditional perspectives and interventions (Payne, Bergin, & Loftus, 1992; Richards & Potts, 1995). Hence, the guiding ethic of psychologists no longer excludes spiritual and religious issues from therapy, but rather encourages inclusion of these issues in psychotherapy and supervision when they appear to be relevant to the client's presenting concerns (Yarhouse & VanOrman, 1999).

Practicing psychologists frequently question which client issues might be appropriately addressed within the realm of therapy and which might be better delegated to pastoral counseling or spiritual direction. In other words, are there certain topics or concerns that a client might bring to therapy that would be considered outside the boundaries of traditional psychology? There is no easy answer to this question, because the two fields significantly overlap in terms of techniques, topics of discussion, and outcomes. What is most distinct for each field is the goal of counseling. For example, spiritual direction has been defined as a relationship in which the major objective is the ongoing development of the spiritual self (Ganje-Fling & McCarthy, 1991). In contrast, psychotherapy generally refers to the treatment of emotional, developmental, or behavioral problems using psychological interventions; hence, the goal is to improve client adjustment or to reduce negative emotional symptoms and behavior patterns.

Therapists who integrate spirituality into their work must not confuse therapist-spiritual leader boundaries when working with clients. Both therapists and pastoral counselors may provide counseling for a client, but a psychotherapist should stop short of carrying out spiritual or religious functions, such as performing religious rituals with clients, pardoning sins, or giving blessings. In addition, psychologists who integrate spirituality in therapy need to inform clients about the distinctions and areas of overlap between therapists and pastoral counselors and make sure clients are aware that they have a choice about from whom they seek different types of assistance (Richards & Bergin, 1997).

At present, there is no evidence to suggest that therapists who incorporate spiritual issues into therapy are more likely to impose their values on clients than are other therapists (Smith & Richards, 2005). Psychotherapists routinely address other sensitive topics, such as sexuality and race, making it questionable why issues of spiritual and religious identity cannot also be addressed in therapy. However, psychologists have a responsibility to carefully monitor themselves to make sure they avoid imposing their values on clients, and this recommendation also applies to therapists who exclude spiritual issues from therapy, for they are equally in danger of imposing secular values on clients. In addition, the possibility that a therapist's discomfort with the topic of spirituality and religion will be projected onto a client is also important to explore.

Finally, psychologists who are unable to provide therapy to spiritually or religiously oriented clients—either because the client's beliefs are too complex for the psychologist to understand or because the client's beliefs conflict with the psychologists' beliefs—"will provide ethical service by referral to other therapists who are able to work with such clients" (Aten & Hernandez, 2004, p. 159). It is important to acknowledge that while I favor further integration of spiritual and religious issues in therapy and training, some psychologists might take a different position regarding the inclusion of such issues in training and psychotherapy.

Hence, the decision about whether to incorporate spiritual or religious issues into therapy rests upon several factors, including (a) the extent to which spirituality or religion is relevant to a client's presenting concern, (b) the ability of the therapist to facilitate consideration of a client's spiritual beliefs without advancing a specific expression of spirituality or religion or moving beyond her or his comfort level or boundary of competence, and (c) the extent to which a client is cognitively and affectively prepared to consider alternative ideas and values with free awareness (Kelly, 1995; Richards & Bergin, 1997). Thus, psychologists need to respect a client's right to hold values different from their own and make a conscious effort not to impose their spiritual or religious values upon clients nor attempt to convert clients to a particular religious or spiritual worldview (Richards & Bergin, 1997).

### Conclusion

This article has attempted to demonstrate that for the benefit of students, clients, and their communities, psychologists need to obtain specialized training to enhance their spirituality and religious competency. A challenge in the decade ahead is to create opportunities for both faculty and students in psychology training programs to enhance their awareness, knowledge, and skills in working with spiritually and religiously diverse communities and individuals. One strategy to assist with this goal is to add a specific requirement for training to enhance spiritual and religious competency to APA's guidelines for accreditation of programs in professional psychology, which currently make no mention of the need for training in these areas (APA Committee on Accreditation, 2005). In addition, psychologists need to become involved in culturally sensitive, theoretically based research on spirituality and religion to advance understanding of processes that facilitate effective training outcomes and positive growth for clients of diverse spiritual and religious orientations.

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