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Issues and Insights

144294652**Title:** Multicultural training in spirituality: an interdisciplinary review.**Source:** Counseling & Values, 50 (3): 217, April 2006. ISSN: 0160-7960**Publisher:** American Counseling Association**Subject Area:** Diversity**Geographic Area:** North America; United States**Record Type:** Fulltext **Word Count:** 7973**Publication Type:** Journal**Publication Country:** United States, **Language:** English**Text:**

Is spiritual diversity a neglected dimension in preparation for multicultural competency? The authors present an interdisciplinary overview of research related to **multicultural training in spirituality** and religion to address this issue. Findings indicate that counseling program leaders have minimal preparation in spiritual and religious diversity and interventions. In addition, spiritual and religious themes appear to be minimally included in counseling program curricula. Some evidence also indicates that religious and spiritual diversity is not considered as important in multicultural training as are other kinds of diversity. A movement to include spirituality and religious content in accreditation guidelines, however, points to a possible shift to expand preparation for religious and spiritual competency. The article concludes with implications for counselor preparation and supervision.

Although research indicates that most counseling professionals support the principle of expanding multicultural training to include spiritual and religious aspects of diversity, it is uncertain whether counselor preparation programs actually do so. Graduate programs may be slow to adapt their training curricula to meet new educational requirements when faculty themselves lack competency in these areas. For the benefit of clients and their communities, mental health professionals need to obtain specialized knowledge and preparation in spiritual and religious aspects of diversity (Richards & Bergin, 2000a).

Reluctance on the part of programs to integrate content related to spiritual and religious diversity into training for mental health professionals is not new. Historically, an effort was made to define psychology and mental health in opposition to spirituality and religious experience (Freud, 1927; Watson, 1924/ 1983). Although a minority of early psychological theorists valued the exploration of religion and psychology (e.g., James, 1902; Jung, 1936), psychology as a whole portrayed religious beliefs and behaviors negatively and situated itself within a 19th-century naturalistic science that highlighted deterministic, reductionistic, and positivistic assumptions (Richards & Bergin, 1997). Philosophical underpinnings for the exclusion of spiritual and religious experience from the counseling field have, however, recently begun to shift (Zinnbauer, Pargament, & Scott, 1999). A zeitgeist is now emerging that supports the infusion of the spiritual dimension into clinical theory, practice, education, and research (Bergin, 1980; Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Fukuyama & Sevig, 1999; Pargament, 1997; Yarhouse & Fisher, 2002).

The impetus for this movement appears to come from several developments in the fields of counseling and counseling psychology as well as in U.S. society. The first development is the growth of behavioral health research that has linked clients' spirituality and religiosity with improved health outcomes (W. R. Miller & Thoresen, 2003). A second important development is greater awareness of the prominence of religion and spiritual issues in the life of the general population. Gallup polls have found that two thirds of Americans, when faced with a serious problem, would prefer to see a therapist who personally holds spiritual values and beliefs (Lehman, 1993). Most people who were questioned further indicated that they would prefer a therapist who integrates their values and beliefs into counseling and therapy (Gallup & Bezilla, 1994). The American Counseling Association (ACA) acknowledges the importance of spirituality and religion in clients' lives in its 2005 ACA Code of Ethics by pointing out, for example, the meaning of religious and spiritual support networks (Section A.1d.).

A third development is the significance of the multicultural competencies in the counseling literature and their significance as a foundation for counseling work (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). The multicultural counseling movement has influenced every aspect of the counseling field, providing encouragement for educators, trainers, researchers, and other mental health service providers to gain knowledge and skills to work effectively with individuals and groups of varying cultural backgrounds (American Psychological Association [APA], 2003). One of the major contributions of this movement has been to provide a broad understanding of personal culture as encompassing the "totality of a person's identity comprised by historical moments, unchangeable human factors and a range of developmental, sociocultural, political and economic dimensions including religion" (Arredondo et al., 1996, p. 31). In addition, the multicultural competencies literature has outlined the characteristics of a culturally skilled counselor, which include an awareness of one's own cultural and religious groups in order to more adequately conceptualize a client's religious and spiritual beliefs and community. This awareness helps culturally skilled counselors know what topics are appropriate to discuss, when it is appropriate to discuss them, and when to seek consultation with a client's spiritual or religious leaders.

Awareness of a client's religious background is becoming even more important as the diversity of

religious traditions continues to increase because of immigration and other factors that have increased the plurality of religious life in the United States. At present, more than 160 denominations, most of them Christian, and more than 700 non-Christian groups (e.g., Jews, Muslims, Buddhists, Hindus) exist in the United States (Richards & Bergin, 2000b). 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, 2000b).

In sum, the multicultural competencies affirm what a number of theorists have begun to articulate, namely that religion or spirituality is an integral part of many people's racial and cultural identity, shaping their worldview and sense of self (Cross, 1995; Harry, 1992; Leong, Wagner, & Tata, 1995; Smart & Smart, 1992). Some have argued that for many people, spiritual and religious affiliation is a "more potent social glue than the color of one's skin, cultural heritage, or gender" (Shafranske & Malony, 1996, p. 564). For some marginalized groups (e.g., African Americans), spirituality and religion have also been identified as major sources of strength and survival (Boyd-Franklin & Lockwood, 1999; Mattis, 2002).

In this article, we address the status of preparation related to spiritual and religious diversity and interventions across various mental health disciplines as it is reflected in the literature between 1990 and 2005. Given the fairly small number of studies available and the infancy of research in this area, an interdisciplinary approach was chosen to provide readers with a broad range of findings from a number of subspecialties. The following six disciplines were included in our review of the psychotherapy training literature: counselor education, clinical psychology, counseling psychology, marriage and family therapy, rehabilitation psychology, and psychiatry. Specifically, the following questions guided our review: What is the nature of course work and practicum course work related to spirituality and religiosity in psychotherapy training programs? What role does spiritual and religious diversity play in supervision? How open are faculty and clinical supervisors to the integration of spiritual and religious issues in clinical training, supervision, and research? What do accreditation bodies for the various clinical training programs say about spiritual and religious diversity and education? We also introduce specific recommendations for increasing the involvement of counselors and other practitioners in enhancing professional competency in spiritual and religious diversity.

Definitions

As we begin this review, it is helpful to define the terms spirituality and religion. These terms, although not entirely interchangeable, have overlapping meanings and are used together in this article for maximal inclusiveness. The root meaning of spirituality is taken from the Latin word *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 collective traditions (Helminiak, 2001). More and more people, however, are turning to sources outside of organized religion for nurturance of a spiritual life (Fukuyama & Sevig, 1999). Hill and Pargament (2003) posited that it is the search for the sacred that lies beneath both spirituality and religiosity. There has been a movement within psychology to operationally clarify and define the

differences between spirituality and religion for the purposes of research, but some theorists (Hill & Pargament, 2003; W. R. Miller & Thoresen, 2003) surmised that this distinction may not be as useful for the believer himself or herself. Because research has not yet consistently addressed spirituality and religion separately, for the purpose of this review, we will consider them together.

Preparation for Spiritual and Religious Competency

Within each of the six fields addressed, aspects of training related to spiritual and religious diversity, including general attitudes, class activities and courses, supervision, research, and accreditation standards, are examined as indicators of how well graduate programs are preparing professionals to effectively integrate spiritual and religious diversity into their work.

Counselor Education

A number of authors of theoretical articles (Bishop, Avila-Juarbe, & Thumme, 2003; Burke et al., 1999; Hall, Dixon, & Mauzey, 2004; Matthews, 1998; Myers & Williard, 2003) have argued for greater inclusion of spiritually oriented competencies in the field of counseling. Many of these scholars have pointed to the key role that the Council for the Accreditation of Counseling and Related Educational Programs (CACREP; 2001) plays in advocating for preparing counselors in spiritual diversity issues. CACREP is the only accreditation body in this review that explicitly mentions both spirituality and religion throughout its Standards. For example, CACREP's 2001 Standards include a core requirement of curricular experiences and demonstrated knowledge of the social and cultural context related to a host of diversity factors, including spiritual and religious values (section 2, K2). CACREP's accreditation standards may be due to the influence of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a member association of ACA. ASERVIC organized the first Summit on Spirituality in 1995. At this meeting, a set of nine spiritual competencies addressing four domains--(a) knowledge of spiritual phenomena, (b) awareness of one's own spiritual perspective, (c) understanding clients' spiritual perspective, and (d) spiritually related interventions and strategies--was developed (G. Miller, 1999).

Results from studies involving master 's-level counselor education suggest that CACREP-accredited institutions are among the programs that are more adequately equipped to provide spiritual and religious diversity training. That they appear relatively more suitably prepared may reflect the CACREP standards that reinforce the significance of training in spiritual and religious aspects of counseling. Young, Cashwell, Wiggins-Frame, and Beldair (2002) surveyed CACREP-accredited program liaisons (N = 94) regarding their perception of ASERVIC spiritual competency recommendations. Respondents expressed moderately strong agreement, with an overall mean of 3.85 out of 5, that the competencies were important in the professional preparation of counselors (Young et al., 2002). Yet, the researchers found that 78% of counselor education programs had no specific course that addressed spirituality and religion. However, 69% of the program heads reported that issues of spirituality and religion were addressed in one or more places within the curriculum. Young et al. also found that respondents believed themselves to be moderately equipped (mean of 3.3 out of 5) to integrate spiritual competencies into their work as

teachers and supervisors.

Results similar to Young et al.'s (2002) were found in Pate and High's (1995) survey, which also focused on the integration of spiritual and religious issues into curricula in CACREP-accredited programs. Findings revealed that 75% of respondents perceived spiritual and religious issues as somewhat important to very important in counselor education; however, only 53% reported that religion was incorporated into curricula, and 67% said that the issue was included in practica. Although these results are less encouraging than those of Young et al., Pate and High's sample (N = 60) is relatively small. The fact that Pate and High's study predates Young et al.'s and ASERVIC's recommendations by several years could suggest a trend toward increasing spiritual and religious diversity training. This theory is further supported by Kelly's (1997) study, which included heads of master 's-level counselor education programs. Kelly (1997) found that only approximately half (52.4%) of CACREP-accredited programs integrated spiritual and religious issues into their curricula.

In a more recent empirical study, Cashwell and Young (2004) explored how counselor education programs are training future counselors in accordance with recommendations from the 1995 Summit on Spirituality. The authors conducted a content analysis of 14 syllabi from introductory courses on spirituality in counselor education programs. The Summit's nine spiritual competencies were used as categories for evaluating course objectives and course topics. Although the researchers found that all competencies were addressed throughout the sample's 73 course objectives, only 3 syllabi had objectives that met the criteria of at least seven competencies. Such inconsistency was also found among course topics, in which Competency 1 (i.e., explain the relationship between religion and spirituality, including similarities and differences) and several others (i.e., Competencies 2, 3, 4, 7) were addressed frequently, whereas remaining ones (e.g., Competency 5, demonstrate sensitivity to and acceptance of a variety of religious and/or spiritual expressions in the client's communication) occurred less often.

Cashwell and Young's (2004) study indicates that some counselor education students who take introductory spirituality courses receive instruction relatively often, albeit unevenly, in spiritual competencies. It is unclear, however, whether students required this training for graduation or if it was optional learning (i.e., elective course work). Last, it is difficult to generalize these results because the small sample size is probably not representative of CACREP programs as a whole. Although Cashwell and Young's research provides an overview of some programs, other authors have published specific descriptions of courses that they teach. These articles on pedagogy (Curtis & Glass, 2002; O'Connor, 2004) illustrate a variety of skills, techniques, and self-awareness lessons that counselor trainees study. Training such as this suggests that some future counselors will have adequate spiritual know-how. In conclusion, broader evidence from Cashwell and Young's study, as well as from studies such as Young et al. (2002), Pate and High (1995), and Kelly (1997), shows that spiritual diversity education is steadily on the rise in counselor education.

Clinical Psychology

Existing studies examining training related to spirituality and religion in clinical psychology programs

reveal that clinical psychologists are receiving less than adequate training in these areas. Shafranske and Malony (1996) found that although clinical psychologists generally viewed spiritual and religious issues as being relevant to their clinical work, only a third of respondents expressed having personal competence in counseling clients in matters of spirituality. Shafranske and Malony also found that 85% of clinical psychologists reported the frequency of discussion of psychology and religion in their training to be rare or never. In contrast, a study reported by Shafranske (1996) found that when examining case studies, 72% of clinical training directors reported that spiritual and religious issues were integrated into the case. It is difficult, however, to generalize the results of this study because it is limited by the absence of details about the methodology, including response rate and number of training directors surveyed. Furthermore, regarding supervision, Aten and Hernandez (2004) suggested that supervisors have little training in how to competently address religion, and therefore they proposed a set of guidelines for working with these issues. Finally, Brawer et al.'s (2002) survey of 98 directors of clinical training at APA-accredited clinical programs echoed the experience of the clinical psychologists surveyed by Shafranske and Malony (1996). When looking at how spirituality and religion were incorporated into training programs, including course work, supervision, and training, Brawer et al. found that only 17% of directors reported covering the content systematically, and 16% of directors indicated that their programs did not cover these issues at all.

Regarding specific course work, Brawer et al. (2002) found that only 13% of directors reported that their programs offered a course devoted to spirituality and religion in psychology and that the frequency of these classes was anywhere from once a semester to once every other year. Brawer et al. also reported that 77% of respondents indicated that religion and spirituality were most likely to be addressed in clinical supervision, although there was some discrepancy in how frequently or consistently they were addressed. It should be noted that in Brawer et al.'s study, the term religion/spirituality was used without definition.

To date, there is no available research on the attitudes of faculty and clinical supervisors in clinical psychology toward the integration of spiritual and religious issues into research. It is also notable that APA's guidelines (American Psychological Association Committee on Accreditation, 2002) for accreditation of programs in professional psychology, including both clinical and counseling psychology, make no mention of spirituality and refer to religion only once when providing personal and demographic characteristics that define "cultural and individual diversity" (Domain A5). This absence appears inconsistent with other recent APA guidelines, such as the 2002 Ethical Principles of Psychologists and Code of Conduct and the Multicultural Guidelines (APA, 2003), both of which urge psychologists to obtain the training and competency to effectively address issues of spiritual and religious diversity.

Counseling Psychology

Schulte, Skinner, and Claiborn (2002) conducted the only major study addressing spirituality and religion in APA-accredited counseling psychology programs. They found that of 40 training directors surveyed, a majority (87%) reported that faculty in their programs were not making intentional efforts to introduce content related to religious and spiritual development, whereas 73% were doing so for

religious and spiritual manifestations of psychological disorders. Indeed, 65% of faculty surveyed believed that religious and spiritual diversity was not considered as important in their program as were other kinds of diversity, such as ethnicity or gender, and, in addition, 69% replied that religious and spiritual diversity was not being discussed as an issue of diversity. Supporting this finding, researchers also found that both faculty members (91%) and supervisors (76%) were not expected to be knowledgeable about diverse religious and spiritual traditions. Eighty-two percent of training directors reported that their departments did not offer courses with specific spiritual and religious themes. Moreover, 33% of respondents indicated that their programs did not have any courses that included spiritual and religious content, and 53% indicated that they had only one or two courses with some spiritual or religious content. Similarly, Kelly's (1997) survey of 343 heads of counselor education programs, including counseling programs accredited by the APA, found that issues related to spirituality and religion were not being introduced into supervision related to either client's (68%) or counselor's (64%) religion, nor were they being integrated into the curriculum (54%).

In seeming contrast to these findings that indicate a lack of training and supervision in spirituality and religion, the majority of faculty (69%) in Kelly's (1997) study also indicated that spirituality and religion in counselor education were either very important or important. In addition, Schulte et al. (2002) found that 75% of program directors expressed openness to including spiritual and religious themes in class discussion and written assignments, as well as to discussing clients' religious and spiritual background in supervision. An overwhelming majority of faculty also expressed openness to research on spiritual and religious issues (90%) and a willingness to supervise students' research in these areas (83%).

There is little empirical evidence concerning relevant marriage and family therapy (MFT) graduate training in spirituality and religion (Weaver, Koenig, & Larson, 1997). Instead, much of the literature regarding spirituality and MFT involves theoretical investigations and suggestions for practice (Frame, 2000; Prest & Keller, 1993; Stander, Piercy, Mackinnon, & Helmke, 1994; Wolf & Stevens, 2001). There are, however, two quantitative studies that provide some evidence upon which speculation regarding the state of spiritual education in the field as a whole can be based. Kelly (1997) found that roughly half of 15 MFT participants in that study received supervision related to their client's religion, and a little more than half received supervision related to their own religion; however, this sample was rather small. Other studies with larger samples suggest that MFT students receive minimal curricular and supervisory training (Patterson, Hayworth, Turner, & Raskin, 2000; Prest, Russel, & D'Souza, 1999). Carlson, Kirkpatrick, Hecker, and Killmer (2002) found that most (76%) of the 153 members of the American Association of Marriage and Family Therapy (AAMFT) surveyed reported receiving no training (i.e., neither in course work, supervision, or training) in which spiritual and religious issues were stressed. Prest et al.'s findings provide further confirmation of a lack of training in spiritual and religious issues in MFT programs, revealing that 92% of the 66 MFT graduate students surveyed were not receiving training to address spiritual and religious issues. It is difficult to interpret these findings with much certainty, however, given that Prest et al.'s and Carlson et al.'s studies were limited by small samples sizes and that Carlson et al.'s study had a low response rate.

These findings indicating that MFT students receive minimal training in spiritual and religious diversity and interventions are surprising given the systemic and contextual orientation of the field of MFT and

the fact that spirituality and religiosity seem important to many couples and families in the United States (Prest & Keller, 1993). However, the recent inclusion of spirituality in the AAMFT (2002) Standards of Accreditation (Version 10.3) points to a movement within this field to begin to remedy the disparity between MFT's espoused belief in the importance of spirituality and religion and actual training in MFT programs. According to the Standards, programs in marriage and family therapy are expected to infuse their curriculum with content that addresses issues related to diversity, including religion and spirituality (AAMFT, 2002, Standard 300.01).

Rehabilitation Psychology

Professionals in counseling and psychiatry are increasingly considering the significance of spiritual or religious beliefs in conceptualizing clients' strengths and meaningful work toward recovery (Richards & Bergin, 1997; Sperry, 2000). Similarly, practitioners in the field of rehabilitation counseling and psychiatry have found that spiritual or religious beliefs are integral to understanding clients' views of recovery and their ability to draw on potential strengths or sources of resiliency (Yamey & Greenwood, 2004). In their literature review, Longo and Peterson (2002) described recent studies that suggest that integrating a client's spiritual or religious beliefs into therapy provides an additional coping mechanism and further supports rehabilitative efforts. On the basis of the results of their review, they contended that "Although the separation of spiritual beliefs from the medical model was essential for the advancement of science and treatment of mental illnesses, it is now time for the return of spirituality as an adjunct to treatment" (Longo & Peterson, 2002, p. 338).

However, although spirituality and religion are increasingly considered salient to clinical rehabilitation work, there is a noticeable paucity of instruction and training related to these issues in rehabilitation training. Research indicates that rehabilitation psychology students have little exposure to literature that directly addresses clients' spirituality and religiosity (Elliot, Kilpatrick, & McCullough, 1999). In a study that examined the infusion of spiritual and religious issues into rehabilitation psychology curricula, McCarthy (1995) noted the "dearth of spiritual topics in rehabilitation counseling textbooks and courses" (p. 192). McCarthy's keyword search of spiritually themed topics in the content of syllabi submitted by professors of rehabilitation counselor education from 28 U.S. universities identified "virtually no relevant readings or assignments" (McCarthy, 1995, p. 192).

The neglect of religious and spiritual matters in curricula appears to reflect the attitudes and practices of faculty and training directors toward these issues. Shafranske (1998) found that for 82% of the rehabilitation psychologists surveyed, religious and spiritual issues were never addressed in their training. A pilot survey (Green, Benschoff, & Harris-Forbes, 2001) of faculty members and training directors in 28 rehabilitation counselor training programs reached similar conclusions; although the majority of faculty (79%) believed that spirituality and religiosity are "part of the rehabilitation counseling role" (p. 60), half were ambivalent about or opposed to adopting required training in such issues. Thirty-nine percent affirmed the need for training, whereas 36% believed training was unnecessary, and 14% percent gave ambiguous responses (Green et al., 2001). Thus, although practitioners, faculty, and training directors generally agree that religiosity and spirituality are important elements of rehabilitation work, training for competency in these areas does not necessarily follow.

However, in 1993, the Commission on the Accreditation of Rehabilitation Facilities acknowledged the spiritual needs of rehabilitation patients and mandated availability of spiritual services or resources as a component of accreditation (Peteet, 1993).

Psychiatry

Studies involving training related to spirituality and religion in psychiatry programs reveal results similar to those found in programs for other mental health professionals. A 1988 survey of psychiatry training programs (Sansone, Khatain, & Rodenhauer, 1990) found little academic training on religious issues, although religious issues were more likely to be addressed in supervision than in didactic programs. As in other clinical training programs, psychiatry training programs in the late 1980s included little if any course work on religious or spiritual issues (Sansone et al., 1990). Of the 276 members of the American Association of Directors of Psychiatric Residency Training (approximately 80% of that group) who responded to the Sansone et al. survey, 68.1% reported that their program rarely or never had a course on any aspect of religion. Similarly, a survey of 121 psychiatric residents in five psychiatric residency programs found that 73% indicated that religion was never discussed or presented in their instructional courses (Waldfogel, Wolpe, & Shmueli, 1998). Some limitations of the Sansone et al. survey are that more than one respondent may have represented some programs and that this survey specifically addressed the role of religion in psychiatric education and thus did not include issues of spirituality.

Despite the lack of emphasis on spirituality and religion in the psychiatric course work in the late 1980s, there are some indicators that psychiatry is beginning to see religious and spiritual issues as a more integral part of cultural competency (Hughes & Wintrob, 2000; Shafranske, 2000; Sperry, 2000). Signs of this shift toward recognizing the importance of spirituality and religion in clinical work include the publishing of Guidelines Regarding Possible Conflict Between Psychiatrists' Religious Commitments and Psychiatric Practice: Resource Document by the American Psychiatric Association's Committee on Religion and Psychiatry (1989), the addition of a diagnostic category of Religious or Spiritual Problem to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., American Psychiatric Association, 1994), and the addition of religious and spiritual training in the curriculum of accredited psychiatric residency programs (Josephson, Larson, & Juthani, 2000). Furthermore, the John Templeton Award Program was created to highlight the successful integration of spirituality into psychiatry training (Puchalski, Larson, & Lu, 2000). As of 2001, 16 American psychiatric residency programs had received this award. These award-winning programs included anywhere from 12 to 81 hours of didactic instruction concerning spirituality and religion (Grabovac & Ganesan, 2003), but a recent study of psychiatric residency training programs in Canada found that only 4 of 14 programs included didactic course work on religious or spiritual issues (Grabovac & Ganesan, 2003).

Regarding supervision, just 33.3% of responding members of the American Association of Directors of Psychiatry Residency Training in Sansone et al.'s (1990) study reported that residents were frequently or always supervised on the dynamic impact of patients' religious content. Furthermore, only 16.3% of these same respondents reported that residents were frequently or always supervised in dealing with their own religious content in psychotherapy. These findings indicate there is little emphasis in training

programs on exploring issues of psychiatrists' self-awareness of religion or spirituality. Waldfoegel et al.'s (1998) study found that only 39% of 121 residents in Years 3 to 5 of psychiatry postgraduate training had discussed religion during supervision.

In 1994, the Accreditation Council for Graduate Medical Education mandated training in religious and spiritual issues in psychiatry residency programs. These requirements in turn generated such curriculum as Model Curriculum for Psychiatric Residency Training Programs: Religion and Spirituality in Clinical Practice: A Course Outline (Larson, Lu, & Swyers, 1996).

Commentary on Research Findings

Counselor educators, counseling faculty, and clinical training program leaders in these studies reported minimal preparation in spiritual and religious diversity and interventions. In addition, program leaders reported that spiritual and religious themes were minimally included in graduate program curricula. Few efforts to introduce students in counseling education programs to theories of religious and spiritual development or to religious and spiritual manifestations of psychological disorders are apparent in the literature. Some evidence indicates that religious and spiritual diversity is not considered as important in multicultural counseling training as are other kinds of diversity, such as ethnicity or gender. Faculty members, however, were generally open to classroom discussion on spiritual and religious issues and sensitive to the spiritual or religious needs of their clients.

Researchers also found clinical faculty and program leaders to be receptive to classroom discussion and research on religious and spiritual issues and willing to supervise students on these issues. At the same time, many faculty and counseling professionals indicated a lack of competence in counseling clients and in supervising students on issues related to spiritual or religious concerns, which is most likely related to a lack of preparation on these issues. Some theorists have stressed that the lack of training may risk alienating clients who present with spiritual or religious issues, particularly if the counselor is unaware of his or her own spiritual or religious beliefs or values (Hinterkopf, 1994).

At the same time, many accreditation bodies have begun to mandate training in religious and spiritual issues, and two counselor education programs (i.e., CACREP and MFT) are expected to infuse curriculum with content on spirituality and religion. This movement toward further inclusion of spirituality and religious content in the guidelines of many accreditation bodies points to a possible shift toward training counselors to be competent regarding religious and spiritual issues.

One significant limitation of these studies is the failure to clearly distinguish between the concepts of religion and spirituality. There is no agreement on the exact definition of these terms (Fukuyama & Sevig, 1999; Richards & Bergin, 1997). As noted previously, spirituality is often described as the broader of the two terms, generally signifying a sense of wholeness or connectedness, which for some theorists is an innate human quality (e.g., Faiver, Elliott Ingersoll, O'Brien, & McNally, 2001). Religion is often seen as the social channeling of this innate human quality. Several studies appear to use the two terms interchangeably, making it difficult to evaluate the findings in these studies; however, in studies in

which a separation does exist, findings point to disparate meanings for the two terms among participants. It is possible that institutional religion is alienating for some psychology professionals, due to its alliance with particular sets of beliefs, practices, and dogmas. However, these same professionals may embrace spirituality as pertaining to universal, existential aspects of life (e.g., such as suffering, good and evil, death). Hence, we hope that future researchers will distinguish between spirituality and religion in their investigations of both psychology professionals' and clients' experiences.

Finally, it is important to improve the methodology of research on spiritual and religious issues in counseling training. Most of the studies in this review used a relatively small sample size and a cross-sectional survey design. Several studies reported surveying a convenience sample (e.g., training directors or heads of counseling programs). It is not clear from these reports whether these subgroups (e.g., training directors) truly represented the intended population (e.g., counseling faculty). Few studies reported testing the adequacy of the sample, which involves checking how closely the sample resembles the larger population along significant dimensions (e.g., gender, race, or ethnicity; Heppner, Kivlighan, & Wampold, 1999). In addition, too often the researcher, without any pilot or reliability studies, independently developed the survey instrument. Experts recommend using standardized surveys whenever possible or at least pilot testing a survey to make sure the questions are "meaningful, clear, and appropriate for the purpose of the survey" (Heppner et al., 1999, p. 205). Finally, nearly all of the studies relied on self-report questionnaires, which may be vulnerable to distortion by respondents, and few surveyed both students and faculty about their educational experience. Comparing the perspectives of students and faculty regarding the integration of spirituality and religion into counseling training programs would likely increase the validity of results.

Implications for the Preparation of Counselors and Mental Health Professionals

One of the most consistent findings of this overview of research on training related to spirituality and religiosity is that clinical faculty and program leaders reported that students in their programs received minimal preparation in spiritual and religious diversity and interventions. On the basis of these findings, we offer the following recommendations for training in spiritual and religious issues in counseling.

Incorporate Spiritual and Religious Diversity Into Multicultural Counseling Competency Training

Multicultural education that is the focus of a specific course or that is infused throughout the curriculum needs to include content related to spiritual and religious diversity. The counseling literature tends to segment multiculturalism and spirituality; however, an understanding of spiritual processes has significant potential to contribute to multicultural understanding (Fukayama & Sevig, 1999). In short, spirituality is an important component of culture. The framework of the Multicultural Counseling Competencies (Sue et al., 1992) and the spirituality competencies (W. R. Miller, 1999) complement one another, in that each involves examination of one's beliefs or attitudes, expanding one's knowledge, and developing counseling skills (Fukayama & Sevig, 1999).

One way to integrate spirituality diversity into an introductory multicultural counseling course would be

to invite students in the course to carefully examine the values, beliefs, and prejudices toward their own and others' spirituality or religion that may bias their work. A key assumption underlying this approach is that all people are multicultural and thus all interactions are cross-cultural. As a result, patterns of relating and life experiences are shaped by one's unique cultural perspectives (Arredondo et al., 1996; Sue & Sue, 2003). In sum, in designing educational experiences aimed at cultural competency, spiritual and religious diversity needs to be considered along with other kinds of diversity, such as ethnicity or gender, as key components of multicultural counseling training.

Provide Appropriate Supervision to Enhance Spirituality and Religious Competency

Findings from this review indicate that religion and spirituality were most likely to be addressed in supervision, although there was some discrepancy in how frequently or consistently they were addressed. It is important that counselor preparation programs provide competent supervision for mental health professionals learning to appreciate spiritual and religious diversity. It is crucial that students be introduced to spiritual and religious interventions while receiving their graduate education and that they do so under the guidance of counselors or other mental health professionals who have expertise in using these interventions.

For example, students need direction in how to integrate a client's spiritual and religious history into the assessment process (W. R. Miller, 1999). Spiritually competent supervisors can assist students in understanding a client's spirituality within the larger context of her or his worldview and life. To accomplish this task, supervisors need a good understanding of both psychopathology and of the religious or spiritual beliefs and behavior that are considered normative and healthy within a client's religious or spiritual tradition (Kelly, 1995). With appropriate supervision from a spiritually competent supervisor, students can distinguish spiritual distress (which may manifest itself as a "spiritual emergency") from either spiritual immaturity or spiritual unhealthiness. Students can learn to recognize that although such distress may involve a difficult personal crisis, it may also involve some kind of spiritual awakening that has the potential to create a positive transformation for the client as well as for the therapy process (Lukoff, Lu, & Turner, 1998).

Expand Awareness About the Distinctive Contribution of Spirituality and Religiosity to Health and Well-Being

Research addressing the connection between spirituality or religion and health has accumulated to the point that there is now a substantial body of high-quality literature that discusses this connection (W. R. Miller & Thoresen, 2003). We encourage faculty in graduate programs to share relevant findings from this body of research with their students across the curriculum. For example, content related to spirituality and religion and coping could be incorporated into personality courses. Techniques for the evaluation of spirituality and religion could be part of assessment or practicum course work. Research related to spirituality and religion and mental health could be addressed in a course on psychopathology. In sum, issues related to spiritual and religious diversity, like other areas of education on diversity, intersect with almost every aspect of counselor education. The cumulative body of knowledge on

spirituality and religion has enormous potential to inform and enrich counseling course work and education.

Conclusion

In closing, this review of literature on spirituality and religiosity and counseling training suggests that faculty and leaders of psychotherapy preparation programs are generally open to further inclusion of spirituality and religiosity in training, and yet they facilitate limited integration of spiritual and religious content into education. The challenge in the decade ahead is to create opportunities for both faculty and students in counseling education programs to enhance their awareness, knowledge, and skills in working with spiritually and religiously diverse communities and individuals. Such preparation is needed to generate role models and professional competency in spiritual and religious diversity. In addition, we hope that counselors and other mental health professionals will become involved in culturally sensitive, theoretically based research on spirituality and religion in training and practice to advance the understanding of processes that facilitate effective educational outcomes and positive growth for the clients with whom we work.

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