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SPECIAL ISSUE: RELIGION AND SPIRITUALITY IN COMPETENCY-BASED SOCIAL WORK PRACTICE

INTRODUCTION TO SPECIAL ISSUE

ARTICLES

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Social Work & Christianity (SWC) is a refereed journal published quarterly in March, June, September, and December by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. *SWC* welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

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Religion and Spirituality in Competency-Based Social Work Practice

Introduction: Religion and Spirituality in Competency-Based Social Work Practice

Altaf Husain & Michael E. Sherr

This introduction to the special issue on Religion and Spirituality in Competency-Based Social Work practice describes the origin of this collaborative project in the Spirituality and Religion Work Group brought together by the Council on Social Work Education in 2012. This group represents a wide diversity of spiritual and religious traditions and has established a Religion and Spirituality Clearinghouse hosted on the CSWE website of resources to support social work educators and better prepare social workers for competent practice dealing with spirituality and religion. The guest editors briefly introduce the five articles in this issue that highlight the influence of religious and spiritual beliefs in diverse practice settings and illustrate how social workers can competently and ethically deal with these issues in social work practice.

We welcome readers to the special issue of *Social Work & Christianity on Religion and Spirituality in Competency-Based Social Work Practice*. This issue represents what is possible when colleagues engage in collaborative projects built on mutual appreciation and trust in an effort to support educators and practitioners. This issue is the result of collaboration between the Council on Social Work Education, particularly the Religion and Spirituality Workgroup, and the North American Association of Christians in Social Work (NACSW).

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In February of 2012, we (Altaf and Michael) participated in this group of social work scholars brought together to meet all day in the conference room at the CSWE office in Alexandria, Virginia. The group consisted of individuals from very diverse backgrounds. The one thing we shared was a commitment to equipping social workers for ethical and effective practice that accounted for the diverse expressions of religion and spirituality among clients and communities. The primary objective for the meeting was to help CSWE support social work educators to incorporate content on religion and spirituality as part of preparing students for holistic, competent practice.

We spent the first part of the day making introductions. Individuals shared their professional backgrounds, but more importantly, we shared personal information about our families, our religious and spiritual beliefs, and our motivations for attending the meeting. We spent several hours listening carefully to one another as we were seeing if, given our very diverse beliefs and backgrounds, we could find a way to coexist as a group. As we shared, a consensus formed that we could develop the mutual appreciation and trust needed to constitute the CSWE Religion and Spirituality Workgroup.

Moreover, we realized that by coming together to help CSWE in this capacity, the workgroup could serve as a microcosm for operationalizing the engagement of diversity in practice while appreciating and respecting our differences. We then spent the remainder of that day beginning the process of creating the CSWE Religion and Spirituality Clearinghouse. Three years later, the clearinghouse provides peer-reviewed resources for social work educators to support them in equipping students to account for the role of religion and spirituality in competency-based practice.

Forming the workgroup also allowed genuine friendships to develop between colleagues who might otherwise have nothing to do with one another. Working closely on the entire process from the conceptualization of the special issue to readying it for publication also provided each of us (Altaf and Michael) opportunities to make explicit otherwise implicit aspects of our own outlook on the role of religion and spirituality in social work. Since we live in different states, we utilized a combination of communication modalities ranging from emails to conference calls to be sure we were not being overly deferential on the one hand and preserving the substance of our unique frames of reference. To be sure, the timing of some of those emails and conference calls bordered on time blocks committed to professional responsibilities and sometimes to attending to family responsibilities. Spending a few moments debriefing about those responsibilities was especially appreciated by the first editor as he is a junior faculty member and benefitted from the mentoring and advice provided by the more senior (professionally) second editor. Overall, mutual trust and respect characterized our discussions of the abstracts and the final manuscripts. The two of us are grateful for having the opportunity to become friends, to learn from

and respect our different religious and cultural perspectives, and to share in the hope of what is possible in social work when we work together to fulfill our professional mission. On behalf of all the members of the CSWE Religion and Spirituality Workgroup, we invite readers to use the articles as a resource and to celebrate belonging to a social work profession where collaboration across such diverse boundaries is possible.

This collection of articles offers social work educators and practitioners a resource for enhancing competency-based practice. Religion and spirituality are important dimensions of diversity that influence every field of social work practice. Social workers, regardless of practice setting, need to understand and appreciate how diverse expressions of religion and spirituality contribute to a holistic view in support of working with clients to meet basic needs, enhance well-being, and advocate for justice.

The five articles in this issue highlight the influence of religious and spiritual beliefs in diverse practice settings. Korang-Okrah examined how the intersection of culture, religious beliefs, family traditions, and gender contributed to risk and resiliency for Ghanaian widows. Decker and colleagues looked at the role of religion and spirituality as potential factors for whether social work interns experienced compassion fatigue or compassion satisfaction. Callahan described key concepts of spiritual care and outlined an interdisciplinary perspective that can help hospice social workers enhance their competence as practitioners. Bannister and colleagues evaluated the expectations and preferences of couples seeking marital Christian counseling. Stennis and colleagues described an innovative program to address intimate partner violence from a culturally competent perspective that included considering the role of religion and spirituality.

The commitment to support social workers to enhance cultural competence spurred two organizations to work in partnership to provide access to the special issue to as many readers as possible. The leadership of the North American Association of Christians in Social Work (NACSW) dedicated an issue of *Social Work & Christianity* to articles emphasizing the role of religion and spirituality in competence-based practice. The NACSW members working with the journal provided logistical and editorial support to handle the workflow of submissions, from the call-for-papers to final copyediting. The Executive Director of NACSW then agreed to make a free PDF copy of the special issue available. The leadership at the Council on Social Work Education (CSWE) agreed to provide a link to the special issue on their website. CSWE also convened a group of social work scholars and provided the administrative support necessary to make collaboration possible.

The articles in this issue exploring the influence of religion and spirituality in competent practice, the organizations working together to make the special issue available, and the genuine relationships that developed along the way signal a significant step forward in the social work profes-

sion. A step forward that brings social work closer to fulfilling its mission as a profession committed to enhance the well-being of diverse individuals, families, groups, organizations, and communities. As the guest editors, fortunate to work alongside a courageous group of individuals willing to put personal agendas and differences aside for the betterment of the profession, we have never been more proud to call ourselves social workers. ❖

***Altaf Husain**, Ph.D., Assistant Professor, Chair, Community, Administration, and Policy Practice Concentration, School of Social Work, Howard University, Washington, DC. Phone: (202) 439-1817. Email: Altaf.husain@howard.edu.*

***Michael E. Sherr**, Ph.D., LCSW, Professor and Department Head, Social Work Department, University of Tennessee Chattanooga, Department 3133, 209 Hunter Hall, 615 McCallie Avenue, Chattanooga, TN 37403-2598. Phone: (423) 425-5838.*

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Authors' Note: We have included below the list of the members of the Council on Social Work Education Religion and Spirituality Work Group.

Edward R. Canda, The University of Kansas (KS)
Rick Chamiec-Case, North American Association of Christians in Social Work (CT)
Sheldon R. Gelman, Yeshiva University (NY)
Catherine A. Hawkins, Texas State University-San Marcos (TX)
David R. Hodge, Arizona State University (AZ)
Beryl Hugen, Calvin College (MI)
Altaf Husain, Howard University (DC)
Sharon S. Issurdatt, National Association of Social Workers (DC)
George A. Jacinto, University of Central Florida (FL)
Mary Vincentia Joseph, The Catholic University of America (DC)
Helen M. Land, University of Southern California (CA)
Gordon E. Limb, Brigham Young University (UT)
Aneesah Nadir, Islamic Social Services Association (AZ)
Barbara W. Shank, St. Catherine University (MN)
Michael J. Sheridan, The Catholic University of America (DC)
Michael E. Sherr, University of Tennessee at Chattanooga (TN)
David Sherwood, *Social Work & Christianity* (OR)
Frederick J. Streets, Yeshiva University (NY)
Betsy L. Wisner, Texas State University-San Marcos (TX)

We encourage you to visit the Religion and Spirituality Clearinghouse on the CSWE website and explore the education resources which are provided there. http://www.cswe.org/CentersInitiatives/CurriculumResources/50777.aspx

"It's only by God's Grace": Capturing Ghanaian (Akan) Widows' Perspectives on Risk and Resilience

Rose Korang-Okrah

This article, part of a larger ethnographic study, describes the ways in which spiritual themes and rituals become sources of resilience for Ghanaian (Akan) widows who face the immediate trauma of bereavement and complex trauma resulting from human rights violations. The violation of property rights and gendered-structured customary rituals are challenges facing many Akan widows. In-depth interviews and participant observations were conducted with 20 widows from four towns in two regions in Ghana. All 20 widows, seventeen Christians and three Muslims, reported active involvement in spiritual and religious activities and practices. They combine both intrinsic and extrinsic religious activities in their quest for meaning, purpose and survival. Understanding pre-existing sources of resilience for vulnerable individuals and groups, like the Akan widows, provides important clues and starting points for effective culturally-competent interventions. Implications for Christians in social work are discussed.

THIS ARTICLE, PART OF A LARGER ETHNOGRAPHIC STUDY, DESCRIBES THE ways in which spiritual themes and rituals become sources of resilience for Ghanaian (Akan) women who were widowed. Conjugal bereavement is one of the most emotionally, physically, and mentally wrenching experiences that confront many widows. In Ghana the impact of bereavement on widows is compounded by gendered, often demeaning widowhood rites and violations of their property rights (Korang-Okrah & Haight, 2014). In short, these widows not only lose their life partners, they face increased psychological stress from widowhood rites and lose economic

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security through property rights violations. For many of them, the transition to widowhood is followed by a life of physical and emotional challenges.

This article considers Akan widows' use of spiritual and religious resources in making meaning of and responding to their ongoing challenges for survival. Social Workers from around the world recognize multicultural and spiritual competence as an essential component of ethical social work practice. It is important for all social workers, but especially Christians in social work, also to consider how cultural context interacts with spirituality to support or undermine resilience. Akan widows' use of spiritual and religious resources provides one important case study of how cultural context can shape the use of religious resources. Following the introduction, I use the lens of resilience as the theoretical framework for understanding the participants' lived experiences. I provide some background information of Ghana, the research country, and the Akan ethnicity. I explain the method used for this study, the results, implications for social workers, especially Christians in social work, and conclude with some limitations of the study and suggestions.

Theoretical Framework: Resilience

Widowhood causes additional challenges that disrupt and disorganize the widow's daily living activities and worsens her health conditions, both physically and mentally (Stroebe, Hansson, Stroebe, & Schut, 2001; Stein, 2005). Resilience, the ability to function in the face of adversity, is an important framework in western research with vulnerable populations. Nevertheless, "the construct [of resilience] remains largely unknown outside a few Western, English-speaking nations" (Ungar, 2010, p. 404). Thus, for decades, most resilience researchers and the literature dealing with the construct of resilience have focused on individual outcomes in relation to factors that define healthy functioning from the "western-based" perspective. Community and cultural factors that are important in the contextualization of how resilience is defined and experienced in people's everyday practices and throughout their life span have been lacking (Ungar, 2004; Boyden and Mann, 2005).

Resilience is associated with the acquisition of both internal and external assets that work together to enhance the effectiveness of physical and mental well-being when individuals are exposed to varying degrees of psychosocial stress (Ungar, 2010). Culture is relevant to resilience because of its influence on the availability and accessibility of resources that facilitate positive adaptation. Culture includes the everyday practices that are ritualized into sets of values and systems of codified beliefs that reflexively perpetuate orderly social relations (Ungar (2010). Ungar's contextualized definition of resilience to include community and cultural factors provides a framework for considering Akan widows' ability to cope and function despite their experiences of trauma and the challenges of widowhood.

Background and Socio-Cultural Context

Some background understanding of Ghana, the Akan social and family systems, their worldview and the complexities of the customary laws governing marriage, property rights, and succession is essential to a better understanding of the challenges that Akan widows face as well as how these are addressed through their spiritual beliefs and practices. Ghana is located on the southern coast of West Africa and encompasses approximately 92,101 square miles. Ghana is a pluralistic country, in which the customary laws rule side-by-side with the statutory law. It has a unitary republic with a democratically elected parliament and president. Sixty-five percent (65%) of Ghana's population lives in rural areas (Ghana Statistical Service, 2008). It is a diverse country, including 100 ethnic groups speaking over 50 languages and dialects.

The Akans, who speak Twi, constitute about 53% of Ghana's population and are among the main linguistic groups (Ghana Statistical Service, 2008). Sixty-seven percent of Ghanaians report that they are practicing Christians, 9% follow traditional religions, 16% are Muslims, and 8% report participation in other faiths (Ghana Statistical Service (GSS), 2008). Two types of lineage systems are in Ghana, matrilineal (inheritance through the female ancestral line) and patrilineal (succession through the male ancestral line). Despite the difference, a common feature shared by the two systems is the preference of males over females in cases of inheritance (Sossou, 2002). Akans follow the matrilineal system of inheritance.

The Complex Religious Landscape of the Akans

The religious landscape of the Akans is complex. Christianity, traditional religion, and Islam are the three dominant religions in Ghana. Christian and Islamic beliefs were and continue to be shaped and interpreted in relation to Akan spiritual traditions. Traditional beliefs, described below, have existed for centuries. These beliefs provided a context in which Christian and Islamic beliefs were interpreted and integrated. In the fifteenth century, both Christianity and Islam were introduced in Ghana. Christianity was introduced by the Portuguese Basel/Presbyterian and Wesleyan/Methodist missionaries into southern Ghana. Islam was introduced into the northern territories of Ghana by the Mande or Wangara traders and clerics (Owusu-Ansah, 1994). The beliefs of Christians and Muslims were compatible with traditional Akan beliefs in many ways, for example the belief that marriage is for procreation. There also were points of conflict in terms of marriage where the Islamic and traditional beliefs support polygamy while Christian beliefs support monogamy against polygamy. Nevertheless, religious tolerance in Ghana is very high.

Akan Categories of Ontological Beings: The Supreme Being

The underpinnings of the Akan concept of being (ontology) have spiritualistic characteristics. The Akan traditional religious/spiritual thought is basically theocentric and theistic in nature with the Supreme Being, God, at the center of it all (Arthur & Rowe, 2001). The Akan people's perception of, relationships with, and use of objects within the objective world emanates from this worldview.

The Akan people have a strong belief in the "Invisible, Powerful, Supreme Being," who created the wonderful objective world with all its objects. They seek to have a relationship with that Supreme Being, including as expressed in the use of those worldly objects. This quest was the genesis of the traditional religions and spirituality in many African cultures, including the Akan, long before Christianity was introduced in the 15th century by the Europeans. The traditional religious perspectives regard the Supreme Being as remote from daily religious life and therefore use the *lesser gods* as messengers or intermediaries between the Supreme Being and society. The lesser gods are believed to be residing in streams, rivers, trees, mountains, all of which are the creations of the Supreme Being (Owusu-Ansah, 1994).

The Akans use the objects around them to create cultural symbols to portray their beliefs about God, their attitudes towards God and His creation, and their relation to Him and His Creation (Arthur & Rowe, 2001). Through this medium, Akans have developed many names and appellations to express how they perceive God, their belief in Him, and the meanings behind the various names they give to the Supreme Being. Using the Akan vernacular for the names, appellations, and some expressions in reference to God, some of the names and appellations are: *"Onyankopכn or Nyankopכn"* (the Omnipotent); *"Onyame or Nyame"* (God, Our satisfaction); *"Otwieduampon"* (Fortress, Stronghold, Anchor); כ*domankoma* (Infinite, Inventor); כ*badeɛ* (Creator); *Ananse Kokuroko* (The Great Spider; The Great Designer); *"Awurade"* (Lord); *"Ohene"* (King); *"Okokuroko"* (The Almighty); and "*Agya Nyame"* (Our Father God). All these names given to the Supreme Being are in the singular form with the prefix "*O* or כ" to stress God's comparison to the lesser gods and that there is only one Supreme God. Danquah (1968) posits that,

> The true God is not of several kinds, but he can be known under several degrees or colors, for each people have a name for God, and in the name is to be found that quality or color in God which most appeals to their racial mind. To discover the meaning of this name or quality is to discover the doctrine, the teaching and impression of [that race] concerning God. What a race takes God to be, or believes he ought to be, hangs upon the meaning of the name. (p. 1)

In the same vein, samples of the cultural art and symbols the Akan use to express their thoughts, perception and belief in God include: *Gye Nyame* (Except God); *Hyeanhye* (Unburnable, Imperishable) and Kerapa (Sanctity). The *Gye Nyame*  symbol represents the Omnipotence and the Omnipresence of God, actually summing up the message in the strong belief, dependency, and reliance on the One and only True God that, besides God, there is none. This symbol became the national symbol of Ghana, expressing the strong belief in God by Ghanaians as a whole. This actually is expressed in an Akan adage as: "*Abɔde santen yi firi tete; obi nte ase a onim n'ahyɛase, na obi rentena ase nkosi n'awieɛ, Gye Nyame", which* literally translates as, "this great panorama of creation dates back to time immemorial; no one lives who saw its beginning and no one will live to see its end, Except God" **(**Arthur & Rowe, 2001)**.**

Akan categories of Ontological Beings: Concept of a Person

Philosophically, the Akans conceptualize the human being as constituting three elements: ɔkra (soul), sunsum (spirit), and honam or nipadua (body) (Danquah, 1968). The *ɔkra* is believed to be that which constitutes the innermost self, the essence, of the individual (Gyekye, 1995). It is the presence of (invisible) life in the individual and is said to be the embodiment and source of the individual's destiny (*nkrabea)*. It is explained as a radiance of *Nyankopɔn (God)* in man and, thus, it is the divine presence in human beings. It was there before anybody was born and will continue to live after death. In her study among the African-American Christians in Salt Lake City, Haight (2002) draws on Sobel (1979) to explain this *ɔkra* (although she did not call it ɔkra):

> …Central to West African spiritual belief system was the concept of the essential being, 'the little me' within the 'big me.' This 'little me' was regarded as the true self that had existed before life and would continue after death. In narratives of Black visionary experiences, it was the 'little me' who is brought to the brink of Hell, cries for mercy, is led to Heaven, and is reborn (Haight, 2002, p. 22).

Conceptualizing the *ɔkra* as the life within the person makes a strong connection with another concept, *honhom* (breath), which is the noun of breathe *(home)*. When a person dies, the Akan use the expression, *ne honhom kɔ* (his/her breath is gone) or *ne kra afiri ne mu* (his/her soul has withdrawn from the body). These two expressions are basically saying the same thing—the dead person has no breath; the dead person does not possess "life." The belief in the life after death explains why Akans have many rituals at different stages of human development and livelihood from birth to death, including some of the mortuary, funeral, and widowhood rites.

The *Sunsum* (spirit) of the person is said to constitute the personality (*nipa su)* and the character (*nipa ban)* of the person. A generous person could be referred to as having good spirit (sunsum pa). It is believed that while the *sunsum* can leave the body and become the actor during dreams, the *ɔkra* (soul) never leaves the body until death. This also underlies the belief that the spirits of the dead are still "hovering" around, thus, the strong belief in ancestorship, where there can be good spirit (*sunsum pa*) and bad spirits (*sunsum bɔne*). The body (*nipadua)* basically is the physical body that dies, while *ɔkra* and *sunsum are spiritual that never die.*

Death in Akan Tradition: Concepts and Practice

Akan beliefs and responses to death are deeply influenced by traditional spiritual beliefs in the perpetual existence of the *soul & spirit* elements of the human being which explains their strong belief in ancestorship and rites-of-passage for widows. Whether we admit it or not, death is certain and will come when it will. Death remains a great mystery, an undisputable fact in every culture and at every age in human existence. This uncertainty about death evokes in humanity a certain frustration and fear of the unknown as human beings helplessly watch people die and can neither intervene nor interfere. From the moment of birth (coming from the ancestors) through naming the child, puberty, marriage, and death (a journey back to the ancestors), members of the Akan lineage of Ghana pass through different rites and rituals that bind them culturally and spiritually to other members in the lineage (Aborampah, 1999).

The Akan conceptualize death as good or bad depending on a number of factors including age, status, cause of death, place of death, circumstances surrounding the death, and, most importantly, attributes of the person's good and generous life-style. Good death "*owupa"* is perceived as a peaceful, timely, and natural end of an accomplished life, especially in old age (van der Geest, 2002). The Akan concept of good death has a strong basis in their belief in life after death and reincarnation. It is those who return to the ancestral world through this peaceful "good death" who become good ancestors (*nananom nsaman pa)*. They continue communicating spiritually with the living (grant good wishes and health), ensure the continuity of the lineage, form the spiritual foundation of the lineage, and eventually some come back to be reborn.

Belief in reincarnation is a central theme of many Eastern religions, like India, China, and Japan (Rooke, 1980)**.** Reincarnation is also very important ideology of traditional religions of many cultures in Africa including, the Akamba (Kenya), Akan (Ghana), Luo (Zambia), Yoruba (Nigeria), and Shona (Zimbabwe) (Rooke, 1980). Through reincarnation, the ancestors renew the world of the living as they reproduce the group (Crentsil, 2007). Ancestors as the extension of the lineage is fittingly

captured by Meyer Fortes (1965): "Ancestors symbolize the continuity of the social structure and social relations created by kinship and descent" (p. 137). To the Akan, there is a continuum of the living (*ateasefoɔ*), the ancestors (*nananom nsamanfoɔ),* and the yet-to-be-born (*nkyirimma*) that form the Akan family (*abusua*).

Bad death (*owubɔne*), on the other hand, could be one that is premature or caused by certain fearsome diseases like tuberculoses, HIV/AIDS, and leprosy. The 'worst' bad death *(atɔfowuo)* occurs through accident (by car, fallen tree, etc.), suicide, childbirth, abortion, murder, and so on. Souls of people who die under such circumstances are believed to be wandering around because they did not die peacefully. The death of youth, referred to as "abugyen" (forced to break suddenly), causes a lot of confusion, anger, pain and stress because of the belief that it is untimely for any young person to die. Such deaths create scenes of pandemonium and vehement crying, wailing, shouting, and tooting horns (see van der Geest, 2004).

Customary Notions of Marriage

Akan traditional marriage is composed of activities that are based on their spiritual beliefs and practices. At the marriage ceremony (gathering of the two families) there is the belief that the ancestors are also present to witness yet another union through which they will send out more children to increase the family's numbers and prosperity. The Akans regard marriage (*awadeɛ)* as the union between two or more families or communities, primarily for the purpose of procreation, but also to increase the families' resources and continue their traditions. This conception of marriage differs from that of many cultures around the world, especially in the contemporary West where marriage is between two people. In Ghana, all marriages *require* the consent of the two families involved and the establishment of a permanent relationship between them (Fenrich & Higgins 2002). Before the marriage is registered in the courts and before any church weddings are performed, customary marriage rites must be performed completely. Akan rites are comprised of the payment of the brideweath, which includes three bottles of schnapps, some amount of money, personal items for the bride-to-be, and some money for the bride's parents, by the groom's family. Without the completion of these rites, the marriage will not be recognized and there cannot be any church wedding or legal marriage registration at the courts.

Within the traditional Akan home, the man is regarded as the head of the household and the family breadwinner charged with financial responsibility for all household members (family here refers to the nuclear family). In view of this responsibility, the man is given the "authoritative power" to control economic and other resources such as land, labor, and money (Brown, 1996). The husband therefore gains rights to his wife's (or wives') and children's domestic labor. And by customary law, it is the

domestic responsibility of the wife (wives) and children to support their husband and father in the execution of his duties. On the other hand, a husband has no corresponding duty to labor for his wife, but rather a duty to provide her (and children) with economic support.

These asymmetrical obligations, where the wife contributes labor and the husband provides economic support, in turn justify the asymmetrical rights under customary law to property acquired during marriage (Fenrich & Higgins, 2002). The consequence of such asymmetrical rights is that the proceeds of any joint efforts of husband and wife and/or children, and any property that the man acquires with such proceeds are by customary law the individual property of the man. These asymmetrical rights between husbands and wives in Ghana, especially among the Akans, is enshrined in the traditional saying, "Sɛ ɔbaa tɔ etuo a ɛtwere ɔbarima dan mu"—literally translated, "even if a woman buys a gun, it is kept in the man's room." This explains why the widow may not be able to differentiate her personal income and property from that of the husband. In some typical homes, although women are more often than not the family's main source of income, the men are still perceived as the "providers" (Ghana Demographic & Health survey, 2003). According to traditional inheritance rules the property that accrues from the marriage belongs to the man.

Inheritance and Property Rights

Within the Akan matrilineal lineage, where inheritance is through the female ancestral line, cultural traditions in relation to marriage and property rights can present significant challenges to widows in succession and inheritance. Basically, widows and their children are not considered as members of their husbands' lineage. Although Akans are matrilineal, inheritance within Akan families always starts with the uterine brothers (siblings who share the same mother, same uterus, whether from the same father or different fathers). Women are the last resort only if there are no possible inheritable males, including nephews. In considering the successor to any estate in the matrilineal lineage, genealogy comes first, and then gender with men having precedence over women. Succession and inheritance laws stress lineage, sex, age, and other personal qualities. This explains why widows cannot inherit from their husbands. Due to the importance attached to the responsibilities of the successor to serve as trustee for the property-holding group, the personal qualities of the potential inheritor will be screened by the elders of the matrilineal descent group. The successor will not only be responsible for managing the property, but also for any unpaid debts (Schneider and Gough, 1961). In Akan terms, the successor holds the property in trust for the ancestors (*Nananom nsamanfo*), the living (*ateasefoɔ*), and the future generation (*nkyirimma)*.

Widowhood Rites

The Akans refer to someone as a widow only if the customary marriage rites were performed and the brideswealth was fully paid before the husband died. Without meeting this requirement, the marriage will be regarded as a concubinage (*mpena awadeɛ)* . In some cases even if the rites were performed partially and the couple had lived for years with children, the woman will not be recognized as the widow, which can make her vulnerable to stigmatization.

Widowhood rites, considered rites-of-passage, are performed for purification, protection, and healing (Aborampah, 1999). From the moment of birth (coming from the ancestors) through naming the child, puberty, marriage, and death (a journey back to the ancestors), members of the Akan lineage pass through various rites-of-passage which bind them culturally and spiritually to other members in the lineage (Aborampah, 1999). Widowhood rites are deeply embedded in the socio-political and cultural context of Akan marriage and the multiple roles of wives (Cattell, 2003). Widowhood rites vary somewhat but typically consist of rituals such as eating once a day, public crying/wailing for 15 days, cold water bathing three times a day for 40 days, dressing in black and avoiding suitors for one year or more, and sleeping on a mat instead of a mattress (Korang-Okrah, 2011).

Women's Challenges and Sources of Support after being widowed

A woman's ability to care for herself and her children following the death of her husband may be directly related to issues of property rights. Tiwari (2003) argues that the systematic differences in resource tenure rights between men and women contribute to structural inequality and to women's poverty. Natural resource-based assets, land (soils, home sites, crops, grazing and forestland), and water, are very important everywhere, but in countries where the role of agriculture dominates ownership of these resources is politically significant and directly associated with power. Rights to use and control land is central to the lives of women, especially rural women in countries like Ghana, where the main sources of income and livelihood are derived from these natural resources. Therefore, lack of direct access to these resources and control over their use (which forms the basis for food and income production) may place limitations on women's productive roles as well as their power and influence in the household and the community at large (Tiwari, 2003; Tinker and Summerfield, 1999). The widows' lack of rights to these resources impedes their chances of entering the market economy (Summerfield, 2006).

Relatively little research has explored the strategies employed by women who have been widowed in non-Western, developing countries, including how they overcome challenges such as the violation of their

property rights and poverty. However, religiosity/spirituality and social networks that have been emphasized by Western researchers as promoting personal adjustment following the death of a spouse (Roff, Durkin, Sun & Klemmack, 2007) may transfer to developing nations as well. Some researchers have found that engagement in personal spirituality (intrinsic religiosity) and religious activities (extrinsic religiosity) can facilitate grief resolution (Walsh, King, Jones, Tookman, & Blizard, 2002) and aid the widows in finding meaning and maintaining a bond to the deceased (Michael, Crowther, Schmid, & Allen, 2003).

The Akan theocentric worldview basically defines the value system as well as their beliefs and practices. Religion is at the root of Akan culture and forms the basis of their life and thought. It follows the individual from the womb to the tomb. In effect, religion rounds up the totality of Akan culture (Danquah, 1968). The Akan will say that, "*Obi nkyerɛ akwadaa Nyame,"* (literally, "Nobody shows a child who God is"). In other words, getting to know who God is and that one's existence depends on Him is so infused in children's socialization within the Akan family that no explicit introductions are required.

My study considered various ways in which women who have been widowed navigate the intrinsic and extrinsic religious resources to meet the challenges of their everyday lives. My goal was to engage in a deep and respectful cross-cultural "conversation" to consider what social workers (in the U.S. and beyond) might learn from the widows in Ghana regarding the roots of their religious and spiritual resources they apply for survival and functioning. The specific research questions were: 1) How do Akan women describe their religious and spiritual lives following the deaths of their husbands? And 2) To what extent do these women draw upon religious and spiritual resources to make meaning of their challenges and to function in their everyday lives?

Method

Setting

This study took place in two regions of Ghana, the Ashanti and Brong-Ahafo Regions. Research sites were the two regional capitals Kumasi and Sunyani, and two towns/villages, Kotei (Ashanti) and Nsuatre (Brong-Ahafo). These two regions were purposively selected because they are predominantly matrilineal Akan regions where males inherit through the maternal line. Akans here typically observe traditional widows' rites, and reports have been made of the violations of widows' property rights (Robertson, 2010). The cities and towns /villages within the two regions were chosen because of their similar characteristics to those of the larger regions in which they are embedded in terms of ethnicity and the observance of traditional widowhood rites.

Participants

All 20 participants, five from each of the four sites, are Akan women who had been widowed. In each site, local women leaders acted as gatekeepers for introductions, recruitment, and continued contact with participants. The gatekeepers were basic school teachers and residents of those sites. Widows were sampled to maximize variation in rural/urban residence, age, social class, level of education, and religious affiliation. All widows had been married within the Akan tradition, had been widowed within the last ten years, and had not been remarried. They ranged in age from 30 to 81 years (M=54.8, SD=11.2) and had been married for 1 to 45 years (M=24.4, SD=13.0). Thirteen women had monogamous marriages, and seven (four Christians and three Muslims) had polygamous marriages. The women had been widowed from one month to 10 years (M=5.7 years, SD=3.9). At the times of their bereavements, 14 widows had a mean of three children with a mean age of 13 ranging from 0 to 21 years. Two widows were pregnant when their husbands died. Eight widows were raising 16 children under 10 years of age. In terms of education, 10 widows had never been to school and four had some basic, elementary-level education. Four widows had post-secondary/professional education, and two were university educated. At the time of the interviews, seven widows were government employees, seven were doing some kind of petty trading, and six widows had no jobs or regular source of income.

Seventeen widows self-identified as Christians and three as Muslims. Note, however, that all 20 widows were primarily socialized as children as Akans. Thus, their understanding and responses to Christian and Islamic beliefs are shaped by this primary childhood socialization in the family.

Procedures

Participant Observation

During the four months of data collection, I spent time with local women's leaders (the gatekeepers) who introduced me to participants. These indigenous women shared accommodations, food, transportation, and companionship as is culturally appropriate. The informal time spent together as part of the ethnographic methods allowed me to view the homes and communities of women who had been widowed, ask questions, and engage in conversation during everyday activities.

More focused observations occurred during my visits to each participant's home. I engaged the widowed women as well as other people in their households in informal conservations about issues involving topics such as the owner of the property, inhabitants of the home, children, and siblings. I also observed the interactions between the widows and others

in the household, and the characteristics and conditions of the houses in which they lived (mud block, bricks, or wooden structures). Participant observations were recorded daily, as field notes.

Interview

Following participant observation, I conducted individual, in-depth, semi-structured, audio and/or video recorded interviews with participants lasting 60-90 minutes. Most of the widows were not familiar with and had not participated in formal interviews. As a cultural insider, I was able to establish rapport with them. I explained that my primary interest in talking with them was to allow their voices and stories to be heard. They were informed of the voluntary nature of their participation and confidentiality. The interviews were conversational in nature and took place in and around their homes, typically during daily activities. Women were asked to describe what happened after their husbands' deaths in terms of their religious and spiritual lives, the religious and spiritual resources they use as survival strategies, and how they make meaning of their experiences of widowhood and other challenges.

Data Analysis and Interpretation

All interviews were transcribed verbatim in Twi by two Akan Basic School teachers in Sunyani and me. Emic codes were developed through repeated readings of the transcripts (Schwandt, 2001) and discussion between the teachers and me. All transcripts were independently coded by all three of us with disagreements resolved through discussions. Teachers also critiqued translations of excerpts from Twi to English. Peer debriefing with an Akan faculty/researcher at the University of Ghana and member checking with participants further enhanced the validity of our interpretations (Lincoln & Guba, 1985). Field notes were used to aid in the interpretation of interviews.

Results

Spirituality/Religious Sources

In their response to the question, "*What would you say are the factors that have contributed to your continuous existence and functioning?* All 20 widows attributed their continuous survival and functioning first and foremost to the Grace of God, *"Onyame Adom."* These widows described their relationships with God, their quest for finding meaning and understanding of the challenges confronting them, as well as the meaning of their involvement in the community and the purpose of their existence. Like

many humans confronted with tragedy, participants described questioning God: Why me? Why at this time? Why such a burden? Why should their husbands die? (For confidentiality, pseudonyms are used.) One widow, Akosua, reported questioning God as to why He should take her husband but not her because she was the one weaker in health. Yet in their quest for answers, many participants reported a new awareness and understanding that God does love them and that death is natural. They become "healed" by these "answers" they believe they received from God.

All 20 of them employed extrinsic and intrinsic religious sources for "positive" coping, survival, and functioning. Becoming more involved in the church and community activities helped them to build new relations and support as well as understand the purpose of their existence. Prayers resulted in a deeper faith and relationship with God for these widows. Through prayer, fasting, and reading the word of God, most of them were encouraged and empowered to withstand all challenges and survived.

Akosua's husband was the controller of the family finances. The 62-year old Muslim described how she had wished to be the one dead instead of the husband because she thought her husband could better support their many children (9) and was also healthier than she was. She described how her constant relationship with God has strengthened her and helped her to understand the purpose of her life:

> It's only by the grace of God. I can't even know and understand how He does it. Sometimes I wonder why He didn't take me first because I was the sick one. I don't have any income, just few stuff from my small farm but to be able to survive, me and my children, it's only God who can do this. I pray always for our survival. Like I said, I wished I was dead. Then I thought about it and said, 'Lord, help me to cater for these orphans till they are grown and can be on their own before you take me away. That's what has been my prayer every day.

A 40-year old Christian widow, Joana, whose husband died in a car accident, is rearing five children. She had this to say about her continuous survival:

> It's God. It's just by His Grace, I wouldn't have survived. The love I had for my husband could have destroyed even my faith in God when he died. But it has been 10 months since he died. God's ways are not our ways. On the day that my husband died I had been dry-fasting and it was all prayers even when I had no money. I believe God's time is the best and God does not hate me. It is in the Bible that God will never give us what we cannot handle. I know my burden is heavy, but I believe God will give me the strength to carry it through.

Cynthia, a Christian and a teacher with three children, all of whom have sickle cell disease, was financially cheated by her bother-in-law after her husband died. She described her dependence on God for survival:

> I would first of all attribute my current state of life to God, by whose Grace my family and I are still alive…. I completely trusted my brother-in-law who is a pastor. He lied to me and robbed me of all the financial donations friends and family gave for me and my children. Look at what a supposed man of God did to me, a widow with sick children! I put all my trust in God and not in man…. I am very serious with my church attendance, prayers and involvement in church activities. I pray with my children fervently and unceasingly…it is God almighty who keeps my family and me alive.

Seven of the twenty widows reported that they depended on their husbands for their needs and those of the children. Five of these seven were working on farms with their husbands where the husbands were the ones taking care of all financial problems. One of them, Beth, a Christian, was in a polygamous marriage with a wealthy man who provided for all of her financial needs during his life. She was shattered by his death and described her use of spiritual and religious sources for survival:

> By the grace of God, I was able to survive. I realized that it was by the grace of God that he (husband) had all his wealth. I resolved then to fend for myself and my children without him and do well at it. His family members took care of us till the forty days, after which they asked all of us, the 3 wives, to go our ways. We didn't even know the successor… The grace and mercies of the Lord are what kept me going… By His grace, I have deepened my prayer and fasting life, very much involved in church activities…and have been healed of my temperament and being insolence. …now I'm not moved to react to what people do or say to me.

Another Christian widow, 81 year-old Betty, was sick and impoverished prior to her husband's death. Yet she lamented that with the two of them, things were better. Now single and still sick, she described the sources of her continued survival:

> How could I go through all those painful situations and be still alive even with my sickness? I didn't know or have answers to what happened. I used to go to church and involved in church activities when I was strong but now I cannot. So the priest brings me the Holy Communion

> at home. I depend on the body and blood of Jesus for my strength and continuous survival. I pray my rosary and sometimes sing, too.

All 13 widows who reported encountering bitter relationships with their in-laws after their husbands' death also reported that it was in the state of their 'double jeopardy' (widowed and maltreated by in-laws) that they found solace in God and continued to deepen their relationships with Him. Another Christian widow, Rosa, whose in-laws physically assaulted her and ejected her and her children from her matrimonial home, described how God answered and continues to answer her prayers when she thought all was lost:

> Due to the treatment that was meted out to me after my husband's death, I never thought I could survive in this life. I looked at my empty pockets and bank accounts; my children's school fees, electricity bill, hospital bills and I really lost all hope. How was I going to survive with my children? Where were we going to get some roof over our heads, after we've been thrown out of my matrimonial home? God is my everything because he is the one who has kept us till now…. God is good and His grace is amazing. I always pray and thank him…. Every morning I have morning devotion with my children. I am a member of a group in my church; they advise and console us every time to see to it that we are happy. They are a loving group. God is good all the time.

Some widows go beyond what they believe God can do for them. They take the word of God as their banner, as the truth statement and live on the message it provides. They believe God is speaking to them directly through those messages. Those messages, according to the widows, strengthen their faith and their belief in God, open their minds to understanding that life and death are God's creation, and in addition, energize them to live positive and productive lives. Comfort, a university educated Christian, whose in-laws continue to worry her over her husband's property, reported that drawing on God's word helped her to have a positive livelihood:

> It is by God's grace and His word because like I was telling you about the book of Proverbs, I know that I am not supposed to be idle and feed on sorrow. I have to do my best. As His word says in the Bible, the manner in which my husband died, some people alleged that he was murdered; some even told me he was used for ritualistic purposes. That is something that puts fear and disbelief in people, not me… God's word says, He holds David's key. If He closes a door, no one can open it and if He opens a door, no one can close it…. I

> use the strength I get from the word of God and go out to help widows whose situations are worse, encourage them and let them know that God loves them. I do believe that God will help me in whatever I do in order to progress… I take it as the legacy my husband gave to me. That is why I am not so bothered about having to haggle with my in-laws or relatives over inheritance issues.

Discussion

The importance of religion as a source of resilience for the bereaved has been documented in many different studies (Neil and Kahn, 1999; Hodge & Derezotes, 2008). In this article, Akan widows described their spiritual and religious beliefs as sources of resilience when facing the challenges of bereavement and customary laws. Although participants self-identified as Christian or Muslim, these spiritual resources were interpreted through an Akan lens.

The central point of the Akan cosmological order is the Supreme Being, with the lesser gods as mediators between Him and the human society. The human being is believed to possess a spirit for the Supreme Being and a soul which never dies, which explains why Akans believe in Ancestorship, meaning the souls and spirits of family members who were good and died a good death are hovering around. Akan cultural ceremonies (child birth, naming, marriage, death, widowhood) are all linked to the traditional spiritual beliefs.

The Akan traditional way of life is inseparably linked with religious beliefs and practices. Akan patterns of socialization imbed strong moral values about the belief in God as the ultimate protector, provider, and justice. This provides a holistic view of life that enables people to understand and accept their status, as well as teaches them how to survive and thrive even under the most difficult circumstances. For the Akan, it is only by the grace of God that we are all alive. Every human being is a child of God; therefore everyone is equal before God. When their problems/challenges are "heavier" than their human selves can bear, the Akan widows looked up to God for solace and solutions. They know they have been cheated; they know they have been maltreated; they know they have been disgraced and degraded. By leaving these burdens to the ultimate judge, protector, and provider, their psychological and spiritual burdens are eased and they feel relieved. Thus, Christian and Muslim religious and spiritual beliefs as interpreted through the Akan cultural lens become a primary source of psychological resilience.

My overarching goal in writing this paper has been to consider what social workers, including Christian social workers in the U.S. and around the world might learn about the application of spiritual and religious re-

sources for coping and survival from the Ghanaian context. The example of the Akan widows can heighten practitioners' awareness of how religion is shaped and elaborated within particular cultural contexts. Christian social workers, for example, may need to engage their skills in multicultural practice when supporting other Christians who are from different cultural communities. An open discussion with Christian clients of religious and spiritual beliefs and their meaning in cultural context can aid Christian social workers in identifying resources, for example, particular Christian themes to underscore during counseling, to support the client.

Competence-based Practice with Clients' Religion and Spirituality

Social workers in the U.S. and around the world provide services for clients from increasingly diverse cultural communities. Understanding clients' spirituality as embedded within particular cultural communities enhances social work practice. The importance for social workers to identify and engage in diversity and difference in practice (CSWE' Educational Policy and Accreditation Standards, 2008) as well as the requirement to develop culturally-competent practice and service provisions (NASW Standards for Cultural Competence in Social Work Practice, 2001) is viewed as central to the profession's growth (Hodge & Limb, 2010).

In practicing culturally competent social work it is vital that we attend to within-group variation. The fact that both the social worker and the client self-identify as Christians does not mean that their beliefs, practices, and use of Christianity as a source of resilience will be the same. The experiences and perspectives of the Akan widows illustrate how individuals' understanding of and response to Christianity is shaped within their cultural contexts.

Akans, like many other cultures, operate from a worldview that is shaped and integrated within traditional spiritual beliefs and practices. Each widow's life is shaped differently according to the type of challenges (risks of losing property and poverty), as well as how she employs her personal spirituality and religious social activities for her well-being and survival. Diversity includes differences of all aspects of human life and that is identified in every individual's story. Therefore the ability to understand the contextual, cultural differences that can impact on any practitioner-client interaction is very important.

Any competence-based approach starts with the social worker's self-assessment. Cultural competency starts with the professional's assessment of self-awareness of knowledge about culture. In the same vein, spirituality competency will require the professional to assess his/her own knowledge and understanding of that construct. For example, in counseling, the professional will have to understand how spirituality related-intervention strategies and techniques are important to the counseling process (Young, Cashwell, Wiggins-Frame, & Belaire, 2002). In working with diverse

populations like the Akan widows, the use of spiritual terms and concepts that are meaningful to the client will enhance the process. Social workers employ the empowerment perspectives for positive engagement and support our clients. The spiritual and religious lives of our clients enable them to make sense of their lives (Baker, 2003).

Implications for Christians in Social Work

Research examining responses to loss in diverse cultural contexts have documented the healing properties of religious sources, traditional rituals, and social support in recovering from loss. Scholarship within African American communities underscores the role of social support, community, and religious beliefs in supporting those experiencing significant loss and other life challenges (e.g., Hudley, Haight & Miller, 2009). In this study, Akan women repeatedly referred to "God's grace" and to religious beliefs and practices (both intrinsic and extrinsic) in making meaning of their experiences of loss as well as the purpose of their existence.

Despite the widespread evidence of spiritual and social resources in supporting those in crisis, it remains critical to evaluate the quality of that support. In this study, women's marriage, their experiences of death, widowhood rites, and violations of their rights to property they had enjoyed with their spouses (when they were alive) are all deeply connected with the Akan cultural and spiritual beliefs and practices. It could therefore be argued that, much as the Akan cultural beliefs and practices prepared and provided those widows with resources for resilience, women's plight and challenges in connection with widowhood and violations of property rights are deeply embedded in the same culture. Understanding these interconnections will help practitioners to better provide services to women who are widowed.

As I discussed under spiritual competency, the Akans perceive God from a deeper-related perspective, yet through their socialization process, which continues at every stage in life, the traditional spiritual beliefs and practices may have influence on them. The knowledge and understanding of the within group variations discussed under spirituality competency is very important.

Limitations and Future Research

Although I was a participant observer during the research period, I relied primarily on the interview data for this article. As a method, interviews are limited by participants' insights, their ability to remember and articulate their experiences, and social desirability. While some of the participants were widowed for only two or few weeks at the time of the interview, some had been widowed for ten years. In addition, the four months I spent in

the field with these 20 widows provided a glimpse into their lives. More sustained engagement in the field is necessary for a deeper analysis of the role of religion/spirituality in their lives. Moreover, widowhood and property rights violations are highly contextual phenomena; therefore more study time was needed for better understanding of the traditional and cultural practices inherent in these constructs.

Future research needs to examine the extent to which challenges and religious sources of support and survival for Akan widowed women transfer to other Ghanaian widowed women in other ethnic groups.

Conclusion

This study makes a new contribution to the growing literature examining the impact of personal spirituality and religious social activities on the well-being of widowed women based on a diverse contextual worldview of the participants. The application of a qualitative framework, using phenomenological and ethnographic methodologies, allowed for individual voices of the widows to be heard. All 20 participants of this study are examples of widows who report that their experiences of challenges as widows grow out of their contextual socioeconomic, political, and cultural characteristics. Many of them stated that they were much worse off economically as widows than they were as wives. Another new contribution of this study to the social work knowledge base is the explanation of the complex spirituality and religious landscape from the Akan worldview that shapes the widows beliefs, actions, and practices for survival and functioning. ❖

References

Aborampah, O-M, (1999). Women's roles in the mourning rituals of the Akan of Ghana. *Ethnology, 38*(3), 257.

Arthur, G. F. K & Rowe, R. (2008). Akan cultural symbols project. Retrieved from, http://www.marshall.edu/akanart/AKANARTINTRO2.HTML

Baker, D. (2003). Studies of the inner life: The impact of spirituality on quality of life. *Quality of Life Research, 12*(Suppl.1), 51-57.

Brown, C. K. (1996). Gender roles in household allocation of resources and decision-making in Ghana. In E. Ardayfio-Schanndorf (Ed.), *The changing family in Ghana* (pp. 21-41). Accra: Ghana Universities Press.

Cattell, M. G. (2003). African widows: Anthropological and historical perspectives. *Journal of Women & Aging, 15*(2/3), 49-66.

Crentsil, P. (2007). Death, ancestors and HIV/AIDS among the Akan of Ghana. Unpublished PhD Dissertation presented to the University of Helsinki, Finland.

Danquah, J.B. (1968). *The Akan doctrine of God: A fragment of Gold Coast ethics and religion.* London: Frank Cass & Co. Ltd.

Fenrich, J. & Higgens. T. E. (2001). Promise unfulfilled: Law, culture and women's inheritance rights in Ghana. *Fordham International Law Journal 25*, 259-336.

Fortes, M. (1965). Some reflections on ancestor worship in Africa. In M. Fortes, and G. Dieterlen (Eds.), *African systems of thought (pp. 122-142)*. London: Oxford University Press.

Ghana Statistical Service (2008). Ghana living standards survey of the 5th round (GLSS 5).

Gyekye, K. (1995). An essay on African philosophical thought: Akan conceptual scheme. Revised ed. Philadelphia, PA: Temple University Press.

Haight, W. (2002). *African American children at church: A sociocultural perspective*. New York, NY: Cambridge University Press.

Hodge, D. R., & Derezotes, D. S. (2008). Postmodernism and spirituality: Some pedagogical implications for teaching content on spirituality. *Journal of Social Work Education, 44,*103- 123.

Hodge, D. and Limb, G. E. (2010). Conducting spiritual assessments with Native Americans: Enhancing cultural competency in social work practice courses. *Journal of Social Work Education, 46*(2), 265-284.

Korang-Okrah, R. and Haight, W. (2014). Ghanaian (Akan) women's experiences of widowhood and property rights violations: An ethnographic inquiry. *Qualitative Social Work, (*Published online: doi: 10.1177/1473325014526275)

Lincoln, Y. S. and Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, NJ: Sage.

Michael, S. T., Crowther, M. R., Schmid, B. and Allen, R. S. (2003). Widowhood and spirituality: Coping responses to bereavement. *Journal of Women & Aging, 15*(2/3), 145-165.

Neill, C. M. and Khan, A. S. (1999). The role of personal spirituality and religious social activity on the life satisfaction of older widowed women. *Sex Roles, 40*(3/4), 319-329.

Owusu-Ansah, D. (1994). The Society and Its Environment—Religion & Society. In LaVerle Berry (Ed.). *Ghana: a country study/Federal Research Division, Library* Of Congress (3rd ed., p.102).

Roff, L. L., Durkin, D., Sun, F. & Klemmack, D. L. (2007). Widowhood, religiousness, and self-assessed well-being among older adults. *Journal of Religion, Spirituality and Aging, 19,* 43-59.

Rooke, A. (1980). Reincarnation in African traditional religion. Retrieved from http://www.theosociety.org/pasadena/sunrise/30-80-1/af-rook2.htm.

Schneider, D. M. & Gough, K. (1961). (Eds.). *Matrilineal kinship*. Los Angeles, CA: University of California Press.

Schwandt, T. A. (2001). *Dictionary of qualitative inquiry* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Sossou, M-A, (2002). Widowhood practices in West Africa: the si-

lent victims. *International Journal of Social Welfare, 11,* 201-209.

Summerfield, G. (2006). Gender equity and rural land reform in China. In J. S. Jaquette, & G. Summerfield, (Eds.), *Women and Gender Equity in Development Theory and Practice: institutions, resources and mobilization* (pp. 137-158). Durham, NC: Duke University Press

Strobe, M. S., Hansson, R. O., Stroebe, W. & Schut H. (Eds.). (2001). *Handbook of bereavement: Consequences, coping and care*. Washington, D.C.: APA.

Tinker, I. & Summerfield, G. (Eds.). (1999). *Women's rights to house and land: China, Laos, Vietnam*. Boulder, CO: Lynne Rienner Publishers, Inc.

Tiwari, S. (2007). Literature review: Gender and resource tenure. Retrieved from, http://idl-bnc.idrc.ca/dspace/handle/123456789/31232.

Ungar, M (2010) Cultural dimensions of resilience among adults. In J. W. Reich, A. J. Zautra & J. S. Hall (Eds.) *Handbook of adult resilience*. New York, NY: The Guilford Press

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society,* 35(3), 341–365.

van der Geest, S. (2004). Dying peacefully: Considering good death and bad death in Kwahu-Tafo, Ghana. *Social Science and Medicine, 58,* 899-911.

van der Geest, S. (2002). Funeral for the living: Conversations with elderly people in Kwahu, Ghana. *African Studies Review, 43*(3), 103-129.

Walsh, K., King, M., Jones, L., Tooman, A. & Blizard, R. (2002). Spiritual beliefs may affect outcome of bereavement: Prospective study. *British Medical(BMJ), 324,*1551-1554.

Young, J. S., Cashwell, C., Wiggins-Frame, M. & Belaire, C. (2002). Spiritual and religious competencies: A national survey of CACREP-accredited programs. *Counseling and Values, 47*(1), 22-33

Rose Korang-Okrah*, Ph.D., MSW, Assistant Professor, Western Kentucky University, Department of Social Work, AC 210 C, 1906 College Heights Blvd. #11039, Bowling Green, KY 42101-1039. Phone: 270-745-4149. Email: rose.korang-okrah@wku.edu.*

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Mindfulness, Compassion Fatigue, and Compassion Satisfaction among Social Work Interns

James T. Decker, Jodi L. Constantine Brown, Jacqueline Ong, and Crystal A. Stiney-Ziskind

This exploratory study examined the relationship between mindfulness, an evidence-based practice model, and the risk for compassion fatigue and potential for compassion satisfaction among master's level social work student interns. MSW student interns (N=111) completed the Professional Quality of Life Scale (Stamm, 2010) and the Five Facets of Mindfulness Questionnaire (Baer, Smith, Hopkins, Krietemeyer & Toney, 2006) to examine the effects of mindfulness as it relates to compassion fatigue and compassion satisfaction. Data revealed that greater levels of mindfulness positively correlated with greater potential for compassion satisfaction ($r = .46$, $p < .00$) while lower levels of mindfulness increased a student's risk for compassion fatigue ($r = -.53$, $p < .00$). Results suggest that mindfulness may be an important variable in mitigating compassion fatigue and increasing compassion satisfaction for helping professionals.

Many social workers are motivated to enter their chosen profession due to compassion for others and an "altruistic desire to improve individual and societal conditions" (Radey & Figley, 2007, p. 207). However, the cost of that compassion may be high. Stebnicki (2007) shared that an ancient Native American teaching holds that "each time you heal someone, you give away a piece of yourself until, at some point, you will require healing" (p. 317).

This paper explores the relationship between compassion fatigue, compassion satisfaction, and mindfulness. The paper begins with a brief introduction of spirituality that includes an overview of mindfulness. Following the definitions of key concepts, previous literature about compassion fatigue, compassion satisfaction, and mindfulness is reviewed in depth. Methods for the current study are described, followed by results, discussion, and implications for Christians in social work.

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Spirituality, Mindfulness, Compassion Fatigue and Compassion Satisfaction

Social workers are at high risk for compassion fatigue, and many empirical studies have shown that religiosity or spirituality is an important personal coping skill for managing stressful life events, such as health problems and grief over loss or death (McCormick, Holder, Wetsel, & Cawthon, 2001; Sowell, Moneyham, Hennessy, Guillory, Demi, & Seals, 2000). The presence of these attributes in people relates positively to their psychological well-being and health (Kendler, Liu, Gardner, McCullough, Larson & Prescott, 2003; Yoon & Lee, 2004). Researchers have indicated that specific religious or spiritual factors such as forgiveness, religious support networks, or transpersonal experiences are associated with life satisfaction, depression, emotional distress, happiness, or physical health (Bono, Mcullough, & Root, 2008; Ellison, 1983; Lee, Besthorn, Bolin, & Jun, 2012).

Numerous definitions of spirituality exist (see Holloway & Moss, 2010) and a universal definition of the term "spirituality" has yet to be accepted (Gilham, 2012). According to Griffith and Griffith (2002), "spirituality is a commitment to choose, as the primary context for understanding and acting, one's relatedness with all that is" (p. 15). The focus is on relationships between the self and other people, the environment, heritage and traditions, ancestors, and a "Higher Power, or God" (Griffith & Griffith, 2002, p. 15). Spirituality places relationships at the center of awareness, whether they are relationships with the world, other people, God, or other nonmaterial beings (Griffith & Griffith, 2002, p. 16).

Practicing spirituality takes myriad forms including, but not limited to, prayer, meditation, breathing exercises, giving back, and mindfulness. The origin of mindfulness comes from Buddhist practice and philosophy; however, the experience of mindfulness can be found in many cultural, spiritual, and religious customs. Interest from social work into the benefits of mindfulness has grown considerably in the last ten years. Mindfulness, as it relates to social work practice, can be defined as "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding moment to moment" (Germer, Siegel & Fulton, 2005, pp. 6-7). Mindfulness in relation to psychotherapy includes the components of awareness, present experience, and acceptance (Germer et al., 2005).

Previous studies have shown the benefits of mindfulness as an intervention for caring professionals which suggests a positive relationship with compassion satisfaction (Baker, 2003; Bush, 2009; Christopher & Maris, 2010; Figley, 2002), but mindfulness training, like many spiritual or religious activities, is not readily available to social workers. The purpose of this study is to explore the relationship between mindfulness, compassion fatigue, and compassion satisfaction in MSW interns who have had no particular exposure to mindfulness.

Compassion Fatigue

Working with suffering individuals is an unavoidable component of being in a care-giving profession. For social workers, the use of empathy is a necessary part of the work that is done, while at the same time it creates greater risk to the professional for what is known as compassion fatigue. This term, first introduced by Joinson (1992), describes the gradual lessening of compassion among care-giving professionals who work with traumatized individuals. Figley (1995) referred to this as "the cost of caring" (p. 103), and it can exact a spiritual cost that reduces one's capacity or interest in "bearing the suffering of others" (Figley, 2002, p. 434). Symptoms of compassion fatigue emerge suddenly and without warning and can include emotional and physical exhaustion, a tendency to withdraw, and high levels of stress (Gough, 2007). Irritability, helplessness, a sense of isolation, depression, and confusion are all common symptoms among those suffering from compassion fatigue (Bush, 2009; Huggard, 2003). After a period of time, compassion fatigue may produce distrust, negativism, and inflexibility, ultimately isolating social workers from helping their clients in a personal way (Decker, Bailey, & Westergaad, 2002).

Compassion fatigue is often used interchangeably with other terms such as vicarious traumatization, secondary traumatic stress, and burnout, defined as a breakdown of the psychological defense that workers use to adapt to and cope with intense job related stressors (Kreisher, 2002). As compassion fatigue develops, workers might feel emotionally exhausted or fatigued, withdraw emotionally from clients, and perceive a diminution of their achievements or accomplishments (Kreisher, 2002). Stress also may lead to increased burnout (Spickard, Gabbe, & Christensen, 2002), demarcated as a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment. Shanafelt, Bradley, Wipf, and Back (2002) found that burnout was significantly associated with suboptimal self-reported patient care.

Previous literature reveals that mental health professionals are at an extremely high risk for burnout and compassion fatigue (Christopher & Maris, 2010). As the clinician engages the client there is often indirect exposure to client trauma, which naturally creates the risk of "significant emotional, cognitive and behavioral changes in the clinician" (Bride, Radey, & Figley, 2007, p.160). Factors that may increase the chance for being "at risk" for compassion fatigue include prolonged exposure to suffering, our ability to empathize, our response to the client, our sense of satisfaction (self-efficacy; self-esteem), our own traumatic memories, and our own life demands (Figley, 1995). It has also been noted that idealistic, highly motivated, and highly empathic helpers are at greater risk for burnout due to the lack of clear boundaries as to what their role consists of and the disappointment that arises if they feel they are not moving toward their care goals or are ineffec-

tive in changing the environment to do so (Bush, 2009). There is also direct evidence suggesting that staff who are exposed to more frequent and more challenging behaviors are at increased risk of stress, burnout and mental health problems (Rose, Horne, Rose & Hastings, 2004).

Age has been positively correlated with burnout among younger helpers, possibly due to their lack of preparation, role ambiguity, heavy caseloads, and changing environments (Bush, 2009). Younger people in general also tend to be more idealistic, which may factor into their vulnerability as well. Some of the most common origins of compassion fatigue are linked to large caseloads, limited supervision or lack of good supervision, and the disappointment and frustration that takes over when our expectation of ourselves as helpers is vastly different from the reality of what we are able to do (Bush, 2009; Figley, 1995).

Compassion Satisfaction

Stamm (2002) encourages an equal emphasis on compassion satisfaction when discussing the effects of compassion fatigue, as compassion satisfaction is an important component of the whole. Compassion satisfaction is the enjoyment obtained from the work that one does. Positive connections between helping others, including colleagues, and a mental health professionals' feelings about their overall contribution to society through their work add to their overall sense of satisfaction. Put simply, if compassion fatigue is the "bad stuff" that comes from helping others, compassion satisfaction is the "good stuff" (Stamm, 2010, pp. 12-13).

Much of the literature reveals the costs of being compassionate or empathic (e.g. Figley, 2002; Walsh, 2009). Some of those costs include recurrent bouts of the flu, gastrointestinal problems, headaches, fatigue, insomnia, substance abuse, poor self-esteem, withdrawal behavior, difficulty in interpersonal relationships, rigid adherence to rules, inability to concentrate, and intolerance toward and tendency to blame clients for problems (Arches, 1991; Bush, 2009; Figley 2002; Hill, 1991; Walsh, 2009). The harmful effects of compassion fatigue tremendously affect counseling professionals' and counseling students' capacity for attention, concentration, and decision-making, thus lessening their overall effectiveness and success (Christopher & Maris, 2010), and providing additional evidence for the importance of enhancing the experience of compassion satisfaction felt by social workers.

A review of the literature reveals many suggestions on how to improve and increase compassion satisfaction, including stress management (Figley & Bride, 2009), concentrative practices, and relaxation techniques (Brown, Marquis, & Guiffrida, 2013), and the general panacea for self-care, which includes exercise, rest and good diet. Several articles call for reflection and inner awareness, the practice of "responsible selfishness," the balance of giving what we give to others to ourselves, and forgiveness (Bush, 2009;

Hill, 1991; Walsh, 2009). Figley's (2002) article explores how the practice of mindfulness may be the best option for enhancing compassion satisfaction and avoiding compassion fatigue in a profession where empathy is acknowledged to be a double-edged sword.

Mindfulness

Mindfulness originates from Zen Buddhism and historically Eastern practices, although its access can be as simple as a heightened awareness of one's thoughts, body, and emotions as one moves through the ordinary tasks of the day. Its non-judgmental approach frees the practitioner to explore unpleasant experiences and possibly allows the unconscious mind to reframe the experience with deeper insight (Epstein, 1999). When mindfulness has been employed by psychotherapists, it has also shown to be a useful tool for improving patient outcomes, which suggests that it could be helpful in training therapists (Grepmair, Mitterlehner, Loew, Bachler, Rother, & Nickel, 2007). Mindfulness can potentially advance competence in social work practice by serving as a protective factor for the practitioner, the patient and/or the case outcome.

Much of the growing interest in mindfulness is in large part due to the work of Jon Kabat-Zinn (1990), who developed an eight-week intervention program, mindfulness-based stress reduction (MBSR), and researched its effects on those suffering from chronic illnesses. Kabat-Zinn (1990) defined mindfulness as "paying attention in a particular way; on purpose, in the present moment, and non-judgmentally" (p.14). Similar to other religious and spiritual practices, the purpose of mindfulness, a personal, internal state of being, is to help one recognize habitual, ingrained thinking patterns and other behaviors (Stahl & Goldstein, 2010).

Mindfulness-based stress reduction (MBSR) is a structured group program that employs mindfulness meditation to alleviate suffering associated with physical, psychosomatic and psychiatric disorders (Grossman, Niemann, Schmidt, & Walach, 2004). MBSR is an educationally based program focusing on training in the Eastern contemplative practice of mindfulness. Mindfulness is a form of meditation originally derived from the Theravada tradition of Buddhism (Hanh, 1976). The 2,500-year-old practice known as Vipassana was developed as a means to cultivate greater awareness and insight (Goldstein, 1976). *Mindfulness* is often translated as "to see with discernment" (Shapiro, Astin, Bishop, & Cordova, 2005 p. 165).

Previous research found mindfulness significantly increased positive affect, self-compassion (Shapiro, Brown, & Biegel, 2007), global functioning, and overall well-being (Christopher & Maris, 2010; Grepmair, Mitterlehner, Loew, Bachler, Rother, & Nickel, 2007), and decreased anxiety, depression, and stress (Christopher & Maris, 2010; Grepmair et al., 2007; Shapiro, Brown, & Biegel, 2007). A qualitative study by Christopher and Maris (2010) imple-

mented a 15-week course for student self-care loosely based on Kabat-Zinn's MBSR training. The students reported the positive ways in which mindfulness practices influenced their clinical work, including being more comfortable with silence, being less enchanted by the story, and having the capacity to be more attentive. They also disclosed that when they experienced feelings such as anxiety, confusion, or irritation, they had the grace to view this affect objectively with less pressure to behave differently or change the situation. The benefits of mindfulness from Kabat-Zinn's work legitimized the value of mindfulness as an evidence-based practice model in the health care arena.

As mindfulness emerges as an evidence-based approach to mitigate compassion fatigue, there is an increasing amount of literature on the use of mindfulness in certain healthcare populations such as cancer-care providers (Najjar, Davis, Beck-Coon, & Doebbeling, 2009), physicians (Fortney, Luchterhand, Zakletskaia, Zgierska, & Rakel, 2013), trauma responders (Chopko & Schwartz, 2009), and counselors (Schure, Christopher, & Christopher, 2008). A limited amount of research directly addresses the relationship between mindfulness and compassion fatigue in social workers. Such studies support mindfulness as an effective tool to bring about flexibility, adaptability and empowerment in the social worker while at same time reducing negative patterns of avoidance, panic, and anxiety (Berceli & Napoli, 2006). Research supports that as a state of mindfulness sets in, people sleep better, feel better, cope better, and have a renewed enthusiasm for life and work (Stahl & Goldstein, 2010). In general, mindfulness can play a significant role in improving or increasing psychological and physical well-being (Shapiro, Brown, & Biegel, 2007).

Previous research has identified various suggestions for mitigating or preventing compassion fatigue, including religion. However, little research exists on the use of informal spiritual practices. The purpose of this exploratory study was to examine the relationship between levels of mindfulness with potential for compassion satisfaction and risk for compassion fatigue among masters of social work students. This study explored the correlation between mindfulness and risk for compassion fatigue, positing that higher levels of mindfulness positively correlate with a greater potential for compassion satisfaction and that lower levels of mindfulness positively correlate with greater risk for compassion fatigue.

Method

Participants

Participants were recruited from masters of social work students at a campus of the California State University system. Due to survey questions assessing professional quality of life related to working with traumatized clients, participation was limited to those who reported having at least one

year of clinical experience. Of the 140 people who initially opened the online survey, 12 did not fill in any information resulting in N = 128. Of the remaining 128 participants who filled in some portion of the survey, 17 did not complete the survey in its entirety: 4 with 85% of the survey remaining; 4 with 70% of the survey remaining; 1 with 55% of the survey remaining; 4 with 35% of the survey remaining; and 4 with 16% of the survey remaining. We compared distribution curves and conducted bivariate analyses with and without the missing cases. Finding no difference in the normality distribution of the variables, all subsequent analyses were performed using the remaining 111 participants.

The final sample consisted of 111 participants ranging in age from 22–61 (*M*=32.17, *SD*=8.23). Of the 107 participants who reported their gender, 92.5% (n=99) were female. Practice experience ranged from 1 year to more than 10 years (direct clinical practice (n=109): *M*=3.34, *SD*=2.42; administrative experience (n=104): *M*=3.94, *SD*=3.41; and volunteer experience (n=102): *M*=4.68, *SD*=2.69) with volunteer experience more prevalent than either direct clinical practice or administrative experience. Participation in the study was voluntary and anonymous. This study was approved by the California State University Institutional Review Board.

Measures

The Professional Quality of Life Scale (Stamm, 2010), commonly referred to as the ProQOL, is a 30-item self-report measure that assesses risk for compassion fatigue, level of compassion satisfaction, and risk of burnout. The measure has been in use since 1995. There have been several revisions and the ProQOL 5 (2010) is the current version. Participants are at higher risk for compassion fatigue if they have higher scores on the compassion fatigue subscale. Furthermore, high scores on the compassion satisfaction subscale (*M*=50, *SD*=10) reveal a greater satisfaction with self-efficacy. Higher scores on the burnout portion of the questionnaire (*M*=50, *SD*=10), such as symptoms of helplessness and hopelessness, reveal a greater risk for burnout. Compassion satisfaction and burnout subscales show good reliability (.75-.88) and have been used in numerous previous research studies (Figley, 1995; Figley & Stamm 1996; Stamm, 2002).

The Five Facets of Mindfulness Questionnaire (FFMQ) was created by Baer et al, (2006) following an analytic study of five mindfulness questionnaires that were developed independently. The FFMQ is a 39-item self-report questionnaire that measures five facets related to mindfulness, including non-reactivity and non-judgment of inner experiences, observation, acting with awareness, and description. The FFMQ uses a five-point range of scaling from “very often or always true” to “never or very rarely

true" and "demonstrated adequate to internal consistency, with alpha coefficients ranging from .75 to .91" (Baer, Smith, Lykins, Button, Krietemeyer, Sauer…Williams, 2008, p. 330). Baer et al. (2008) report that correlations between the FFMQ and other mindfulness measures are high, suggesting the usefulness of the FFMQ as a solitary measure of mindfulness.

Results

Preliminary analyses were conducted to check for violation of the assumptions of normality, linearity, and homoscedasticity as well as further examine outliers and missing data. Univariate analyses revealed normal distributions, no extreme outliers, and randomly missing data comprising less than 5% of the sample. Scatter plots revealed linear relationships between variables of interest.

Mean levels for the five facets of mindfulness fell within an average to high score range for the majority of participants (see Table 1). Scoring for the compassion satisfaction section of the ProQOL measure revealed that the majority of the participants in this sample scored quite low on the compassion satisfaction scale: 66% (n=71) scored 43 or lower whereas typically 25% score below 43 (Stamm, 2010). Only two of the respondents in this sample scored 50, compared to the average score of 50 using alpha score reliability .88. Although this sample is not showing compassion satisfaction scores similar to other samples, neither are they showing burnout. Burnout scores ranged from 12-35, (M=22.0, SD=4.8) compared to the average score of 50 using alpha reliability .75 (Stamm, 2010). Low burnout scores translate to a low risk for compassion fatigue. Mean levels of risk for compassion fatigue and potential for compassion satisfaction were also similar to other studies that utilized the ProQOL among helping professionals (Bride, Robinson, Yegidis & Figley 2004; Stamm, 2002).

Table 1: Mean, Standard Deviation, Range, and Potential Range for Mindfulness Facets

Mindfulness Facet	M	SD	Range	Potential Range
Observe (n = 105)	27.4	5.2	12-39	8-40
Describe (n = 104)	29	4.7	17-39	8-40
Act Aware (n = 106)	27.6	5.3	14-40	8-40
Non Judging (n = 105)	27.8	5.5	13-40	8-40
Non Reacting (n = 104)	22.9	3.5	13-33	7-35

The relationship between compassion satisfaction, compassion fatigue, (as measured by the (ProQOL) and mindfulness (and measured by the FFMQ) was investigated using Pearson product-moment correlation

coefficient. There was a moderate, positive correlation between compassion satisfaction and mindfulness, r=.46, n=92, p<.00 with high levels of compassion satisfaction associated with higher levels of mindfulness. There was a strong, negative relationship between compassion fatigue and mindfulness, r=-.53, n=91, p<.00 with high levels of compassion fatigue associated with lower levels of mindfulness. In addition to reporting the correlations between compassion satisfaction, fatigue, and overall mindfulness, Table 2 details correlations between compassion satisfaction, fatigue, and the five separate components of mindfulness.

Table 2: Pearson Product-moment Correlations between Measures of Compassion and Mindfulness

Scale	1	2	3	4	5	6	7	8
1. Compassion Satisfaction	-	-.60*	.46*	.18	.18	.35*	.30*	.34*
2. Compassion Fatigue		-	-.53*	-.12	-.36*	-.42*	-.35*	-.43*
3. Mindfulness			-	.53*	.71*	.74*	.66*	.55*
4. Observe				-	.35*	.08	-.03	.11
5. Describe					-	.37*	.22**	.24**
6. Act Aware						-	.44*	.30*
7. Non-Judgmental							-	.26*
8. Non-Reactive								-

* p<.001 (2-tailed); ** p<.05 (2-tailed)

Discussion

In keeping with previous research, results of these data revealed a positive correlation between mindfulness and compassion satisfaction and a negative correlation between mindfulness and compassion fatigue, suggesting that mindfulness may be a protective factor for those in helping professions. The sample for this study is relevant because it consists of primarily younger, inexperienced helpers, which previous research has shown are at greater risk for compassion fatigue (Bush, 2009). Social workers who engage appropriate spiritual interventions such as mindfulness may find greater satisfaction, increased ability to handle professional stressors, and ultimately remain working in a human service field longer than those who do not maintain spiritual self-care practices.

We did not conduct an intervention study, and therefore can make no statements about the effects of practicing mindfulness vs. not using mindfulness in relation to compassion fatigue or satisfaction. However, previous intervention studies (e.g. Kabat-Zinn, 1990) have established mindfulness as a useful tool for health services practitioners, and the consistency of our results with previous research supports the validity of the findings. Using

the FFMQ to measure mindfulness in a sample of MSW interns who have not necessarily previously been exposed to mindfulness practice allows us to explore possible effects of everyday mindfulness practices such as acknowledging feelings without getting lost in them.

Previous research has focused on examining mindfulness as a formal intervention, instructing participants in specific practices, or following an 8-week intervention. We did not instruct participants in mindfulness practices, instead relying on self-report via the FFMQ to identify mindfulness practices or beliefs. Results suggest that mindfulness may be useful even when not practiced formally, akin to the way many use spiritual or religious practices. One does not need to attend church to be religious, just as one does not need to understand the facets of mindfulness to have awareness.

Griffith and Griffith (2002) state that "religion…provides methods for attending spirituality, most often in terms of a relationship with the God of that religion" (p. 76). However, spirituality is not always a function of religion, as some people believe it to be. According to Zeckhausen (2001), spirituality involves a deepening connection to oneself or to others, to God or a higher power, or to nature. It often produces a deep sense of peace and satisfaction that may facilitate physical healing. Spirituality may evolve over time, or it may come unexpectedly, triggered by a spectacular scene in nature, an intimate moment between a parent and child, a sudden and unexplained healing or a response to an outstanding artistic performance. Spiritual experiences are unique and deeply personal (Walsh, 2009).

Limitations and Future Research

Results of this study must be interpreted with caution given the limitations inherent in the design and sample. The anonymous nature of the data collection process resulted in an inability to assess the potential role of gender in the findings, since the sample did not include enough males. Previous research is mixed regarding the nature of gender differences in spirituality with researchers suggesting that women are more spiritual than men (Mahalik & Lagan, 2001) and other studies finding no difference in spirituality by gender (Simpson, Cloud, Newman, & Fuqua, 2008). It is unclear whether or how findings in the current study would have been different had the sample included an equal number of men and women.

The exploratory nature of the current study and the fairly limited sample size made it unfeasible to control for extraneous or confounding variables. Future mindfulness and compassion fatigue research should include multi-disciplinary mental health professionals as well as consider relevant information that contributes to compassion fatigue such as prolonged exposure to traumatized individuals, support in placement, and relevant personal home life information. A pre-test/post-test with an 8-week mindfulness-based stress reduction intervention specifically focused on

care-giving professionals who rate high on a compassion fatigue scale would also be a worthwhile endeavor to add to the growing body of mindfulness literature. Research shows that while institutions have recognized a need for providing counseling students with tools for self-care, very few actually provide courses in self-care and stress management (Christopher & Maris, 2010). Introducing mindfulness into core social work curriculum as a tool to use with clients, as well as a form of self-care, is a worthwhile endeavor. Upon implementation of these types of courses, future studies should include program evaluations of the classes to determine their efficacy.

Implications for Christians in Social Work

Christian social workers draw upon their faith for strength and compassion in their work and, according to Canda and Furman (2010), recognize "that many of the people we serve draw upon spirituality, by whatever names they call it, to help them thrive [and] to succeed at challenges" (p. 3). The importance of practitioners identifying spiritual strength in themselves and their clients should not be overlooked. Increasing social workers' experience with the positive effects of compassion satisfaction, whether through the use of mindfulness or other means, may act as a protective factor against compassion fatigue. In turn, greater compassion satisfaction on the part of social workers may result in a greater ability to assist clients.

Practitioners recognizing the strength spirituality brings clients may also result in a greater ability to engage with and effectively help clients. Christian social workers are well positioned to understand the importance of spirituality and religion to their clients, and should use that understanding to 'meet clients where they are' throughout the treatment relationship.

The results of this study suggest that MSW interns are using mindfulness practices despite not having formal training to do so. Christian educators might consider exploring the value of including mindfulness and other contemplative practices in the training of social work students as a means of broadening protective factors against compassion fatigue.

Conclusion

Different self-care approaches practiced by helping professionals are essential to help reduce stress levels and be more effective and compassionate when helping clients. Sympathy and empathy are relevant to the social work field; hence it is essential for social workers to practice self-compassion for their well-being (Shapiro et al, 2007) as well as that of their clients. Overall, social work mental health professionals' level of mindfulness may be related to risk for compassion fatigue as well as potential for compassion satisfaction.

Results from this exploratory study reveal a correlation between mindfulness and compassion satisfaction/fatigue, suggesting that mindfulness, whether formally "taught or caught" improves the well-being of social work interns. In general, mindfulness could be an effective spiritual practice and protective factor for social work practitioners and educators. ❖

References

Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social Work, 36*(3), 202-206.

Baer, R. A., Smith, G.T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13,* 27-45.

Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., Duggan, D., Mark, J., & Williams, G. (2008). Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. *Assessment*, 15(3), 329-342. DOI: 10.1177/1073191107313003.

Baker, D. C. (2003). Studies of the inner life: The impact of spirituality on quality of life. *Quality of Life Research, 12*, 51-57.

Berceli, D., & Napoli, M. (2006). A proposal for a mindfulness-based trauma prevention program for social work professionals. *Complementary Health Practice Review*, *11*(3), 153-165.

Bono, G., McCullough, M. E., & Root, L. M. (2008). Forgiveness, feeling connected to others, and well-being: Two longitudinal studies. *Personality and Social Psychology Bulletin, 34*(2), 182-195.

Bride, B., Radey, M., & Figley, C. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, *35*, 155-163.

Bride, B. E., Robinson, M. M., Yegidis B. L., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice, 14*(1), 27-35.

Brown, A., Marquis, A., & Guiffrida, D. (2013). Mindfulness-based interventions in counseling. *Journal of Counseling and Development*, *91*(1), 96.

Bush, N. (2009). Compassion fatigue: Are you at risk? *Oncology Nursing Forum: Clinical Challenges, 36*(1), 24-28.

Canda, E.R. & Furman, L.D. (2010). *Spiritual diversity in social work practice: The heart of helping*. New York, NY: Oxford University Press.

Chopko, B. A., & Schwartz, R. C. (2009). The relation between mindfulness and posttraumatic growth: A study of first responders to trauma-inducing incidents. *Journal of Mental Health Counseling*, *31*(4), 363-376.

Christopher, J. C. & Maris, J. (2010). Integrating mindfulness as self-care into counseling and psychotherapy training. *Counseling and Psychology Research, 10*(2), 114-125.

Decker, J. T., Bailey, T. L., & Westergaard, N. (2002). Burnout among childcare workers. *Residential Treatment for Children and Youth, 19*(4), 61-77.

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology, 11*(4), 330–340.

Epstein, R. (1999). Mindful practice. *Journal of the American Medical Association*, *282*(9), 833-839.

Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* New York, NY: Brunner/Mazel.

Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology/In Session*, *58*, 1433-1441.

Figley, C. , & Bride, B. (2009). Secondary trauma and military veteran caregivers. *Smith College Studies in Social Work, 79*(3), 314-329.

Figley, C. R. & Stamm B. H. (1996). Psychometric Review of Compassion Fatigue Self Test. In B.H. Stamm (Ed), *Measurement of Stress, Trauma and Adaptation* (pp. 127-130). Lutherville, MD: Sidran Press.

Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: A pilot study. *Annals of Family Medicine*, *11*(5), 412-420.

Germer, C. K., Siegel, R. D., & Fulton P. R. (2005). *Mindfulness and psychotherapy,* New York: Guilford Press.

Gilham, J. J. M. (2012). The ethical use of supervision to facilitate the integration of spirituality in social work practice. *Social Work & Christianity, 39*(3), 255-272.

Goldstein, J. (1976). *The experience of insight*. Boston, MA: Shambhala.

Gough, D. (2007). Empathizing or falling in the river? Avoiding and addressing compassion fatigue among service providers. *JADARA, 40*(3), 13.

Grepmair, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: a randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, *76*, 332-338.

Griffith, J. L. & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy,* New York, NY: Guilford Press.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research*, *57*(1), 35-43.

Hanh, T. N. (1976). *The miracle of mindfulness: A manual of meditation.* Boston, MA: Beacon Press.

Hill, H.R. (1991). Point and counterpoint: Relationships in oncology care. *Journal of Psychosocial Oncology, 9*(2), 97–112.

Holloway, M. & Moss, B. (2010). *Spirituality and social work.* New York, NY: Palgrave Macmillan.

Huggard, P. (2003). Compassion fatigue: how much can I give? *Medical Education*, *37*(2), 163-164.

Joinson, C. (1992). Coping with compassion fatigue. *Nursing, 22*(4), 116-120.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York, NY: Bantam Doubleday Dell Publishing Group.

Kendler, K. S., Liu, X. Q., Gardner, C. O., McCullough, M. E., Larson, D., & Prescott, C. A. (2003). Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders. *American Journal of Psychiatry, 16*(3), 496-503.

Kreisher, K. (2002). Burn out. *Child welfare league of America*. Retrieved February 25, 2006 from www.ewla.org/articles.

Lee, K. H., Besthorn, F. H., Bolin, B. L., & Jun, J. S. (2012). Stress, spiritual, and support coping, and psychological well-being among older adults in assisted living. *Journal of Religion & Spirituality in Social Work: Social Thought, 31*(4), 328-347.

Mahalik, J.R. & Lagan, H.D. (2001). Examining masculine gender role conflict and stress in relation to religious orientation and spiritual well-being. *Psychology of Men & Masculinity, 2,* 24-33.

McCormick, D. P., Holder, B., Wetsel, M. A., & Cawthon, T. W. (2001). Spirituality and HIV disease: An integrated perspective. *The Journal of the Association of Nurses in AIDS Care, 12*(3), 58-65.

Najjar, N., Davis, L., Beck-Coon, K., & Doebbeling, C. (2009). Compassion fatigue: A review of the research to date and relevance to cancer-care providers. *Journal of Health Psychology*, *14*, 267-277.

Radey, M., & Figley, C. (2007). The social psychology of compassion. *Clinical Social Work Journal*, *35*, 207-214.

Rose, D. , Horne, S. , Rose, J. , & Hastings, R. (2004). Negative emotional reactions to challenging behaviour and staff burnout: Two replication studies. *Journal of Applied Research in Intellectual Disabilities, 17*(3), 219-223.

Schure, M. B., Christopher, J. & Christopher, S. (2008) Mind–body medicine and the art of self-care: Teaching mindfulness to counseling students through yoga, meditation, and qigong. *Journal of Counseling & Development, 86*(1) 46-56.

Shanafelt, T. D., Bradley, K. A., Wipf, J. E., & Back, A. L. (2002). Burnout and self-reported patient care in an internal medicine residency program. *Annals of Internal Medicine, 136,* 358–367.

Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordona, M., (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management, 12*(2), 165-176.

Shapiro, S., Brown, K., & Biegel, G. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, *1*(2), 105-115.

Simpson, D.B., Cloud, D.S., Newman, J.L., & Fuqua, D.R. (2008). Sex and gender differences in religiousness and spirituality. *Journal of Psychology & Theology, 36*(1), 42-52.

Sowell, R., Moneyham, L., Hennessy, M., Guillory, J., Demi, A., & Seals, B. (2000) Spiritual activities as a resistance resource for women with human immunodeficiency virus. *Nursing Research, 49*(2), 73-82.

Spickard, A., Gabbe, S., & Christensen, J. (2002). Mid-career burnout in generalist and specialist physicians. *Journal of the American Medical Association, 288,* 1447–1450.

Stahl, B. & Goldstein, E. (2010). *A mindfulness-based stress reduction workbook*. Oakland, CA: New Harbinger Publications.

Stamm, B. H. (2010). The Concise ProQOL Manual. Pocatello, ID., The ProQOL. org HTTP://www.proqol.org/ProQol test.html.

Stamm, B. H. (2002). Measuring Compassion Satisfaction as well as Fatigue: Developmental History of the Compassion Fatigue and Satisfaction Test. In C. R. Figley (Ed.), *Treating compassion fatigue,* 107-119. New York, NY: Brunner Routledge.

Stebnicki, M. (2007). Empathy fatigue: Healing the mind, body, and spirit of professional counselors. *American Journal of Psychiatric Rehabilitation,* 10, 317-338.

Walsh, F., (2009). *Spiritual resources in family therapy*, *(2nd Ed)*. New York, NY: Guilford.

Yoon, D. P., & Lee, E. O. (2004) Religiousness/spirituality and subjective well-being among rural elderly Whites, African Americans, and Native Americans. *Journal of Human Behavior in the Social Environment, 10*(1), 191-211.

Zeckhausen, W. (2001). Balancing act: Spirituality and your practice. *Family Practice Management, 8*(5), 60.

***James T. Decker**, LCSW, Ph.D., Professor, Department of Social Work, California State University, Northridge, 18111 Nordhoff Avenue, Northridge, CA 91330. Phone: (818) 677-3710. Email: jdecker@csun.edu.*

***Jodi L. Constantine Brown**, MSW, Ph.D., Associate Chair and Director of Online and Offsite Programs, Department of Social Work, California State University, Northridge, 18111 Nordhoff Avenue, Northridge, CA 91330. Phone: (818) 677-6010. Email: Jodi.brown@csun.edu.*

***Jacqueline Ong**, MSW, Department of Social Work, California State University, Northridge, 18111 Nordhoff Avenue, Northridge, CA 91330. Email: jacquelineong360@gmail.com.*

***Crystal A. Stiney-Ziskind**, MSW, Clarity for Youth Manager, CLARE Foundation, Inc., 909 Pico Blvd., Santa Monica, CA, 90405. Phone: (310) 314-6200. Email: cstiney@clarefoundation.org.*

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Key Concepts in Spiritual Care for Hospice Social Workers: How an Interdisciplinary Perspective Can Inform Spiritual Competence

Ann M. Callahan

It is important for hospice social workers to understand research on spiritual care, particularly when hospice patients rely on spirituality and/or religion to cope. Spiritual competence is essential for hospice social workers to be sensitive to a patient's spiritual worldview. Research across disciplines provides guidance in defining what it means for hospice social workers to be spiritually competent. As such, the following article describes research that defines spiritual care, spiritual needs, spiritual pain, spiritual wellbeing and other concepts related to hospice social work. Examples are provided to help consider one's level of spiritual competence and ways to address patient spiritual needs. It is this type of information that empowers Christian social workers to integrate faith in practice and, ultimately, advance an interdisciplinary dialogue on spiritual care to ensure patient spiritual needs are met.

Professional expertise in hospice social work requires an understanding of theories, research, and practice specific to palliative and hospice care. In the process, hospice social workers draw from the knowledge and services of multiple disciplines to assist their patients. Hospice social workers participate on interdisciplinary teams as well as facilitate transactions between patients and other professionals to achieve treatment goals. Likewise, an interdisciplinary approach can be used to build on advancements made by related fields. This is particularly important when more resources are needed to understand an area that is new.

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Within the past several decades, research on patient spirituality has grown substantially across disciplines. Professionals in the fields of nursing and palliative medicine have largely shaped research on spirituality and hospice care. As a result, key terminology may be less familiar to hospice social workers. It is important, however, for social workers to understand key concepts associated with spiritual care to better assist patients who rely on spirituality and/or religion to cope. This is consistent with the value of cultural diversity, including religious diversity, which distinguishes social work practice (Nelson-Becker & Canda, 2008).

Spiritual competence enables sensitivity to patients with different religious and/or spiritual views (Hodge, 2011; Hodge, Baughman & Cummings, 2006; Gilligan & Furness, 2006). The Council on Social Work Education (n.d) and National Association of Social Workers (2007) both recognize the importance of being spiritually competent. There are employers, specifically in hospice, that require spiritual competence. There are also patients who need help to address their spiritual needs. Thankfully, spiritual competence can be developed over time (Hodge, 2011), provided one is intentional about exploring current research on the topic.

Drawing from interdisciplinary research not only increases the potential effectiveness of hospice social work, but it also enables hospice social workers to participate in an interdisciplinary dialogue about practices that convey spiritual competence. This further allows hospice social workers to advocate for patients to ensure their spiritual needs are met. This article describes the concepts of *spiritual care* along with *spiritual needs*, *spiritual pain*, and *spiritual wellbeing* based on nursing and palliative care research. Additional references from pastoral care, psychology, and social work research will be included for a thorough review.

Spirituality and Religion

Defining spirituality can be difficult given how abstract the concept is and the various ways spirituality may be experienced and, potentially, manifest (Gause & Coholic, 2007; Tucker, 2010). The most common definitions in interdisciplinary research suggest that the experience of spirituality is reflected by an awareness of being an essential part of the world. This awareness can emerge through, for example, a search for existential meaning, life purpose, and morally satisfying connection beyond the self and in relationship with others, higher power, and/or the cosmos (Puchalski, 2008a; Canda & Furman, 2009; Canda, 1999).

Religion involves beliefs, traditions, and rituals used to worship one (monotheistic) or more (polytheistic) deities. A deity is a god or goddess that is believed to have the power to influence the material and nonmaterial world. Religion may inform life choices to help one grow spiritually. Therefore, for some people, spirituality may be experienced through the

practice of religion. Spirituality may also be experienced through an existential connection with nature, relationships, and creative/intellectual endeavors (Canda & Furman, 2009, Canda, 1999).

Religious Diversity

There is significant diversity within and across religious traditions (Pew Research Center, 2008). Even though patients may identify as Catholic or Protestant, religious views can vary widely within each tradition. For example, Protestants as a whole may be more accepting of divorce, birth control, and ministers who marry, but differ denominationally on the role of women in the pastorate (Mead, 1995). There are also Protestants who may not identify with a particular denomination's theology, but choose to affiliate with a church in that denomination due to the worship style, membership, or programs (Van Hook, Hugen, & Aguilar, 2001).

Beyond personal preferences, a patient's spiritual worldview can vary based on socioeconomic factors. Women, those who are separated/divorced/widowed, have lower income, have less education, and live in the South tend to have a stronger religious commitment (Gallup, 2012; 2003). Religious commitment also increases with age (Gallup, 2012). Others may have felt marginalized due to discrimination based on gender, sexual orientation, or disability. There are more people with no religious affiliation, including atheists, however, many still identify as being religious or spiritual (Pew Research Center, 2013.

A patient's spiritual worldview is further informed by race and ethnicity. Some minority groups, like African Americans, have traditionally relied on the Protestant Baptist "Black Church" movement for personal and social empowerment (Canda & Furman, 2009; Hodge, 2003; Reese, 2013). Latin Americans have melded indigenous beliefs into their practice of Catholicism (Canda & Furman, 2009). Even when Asian Americans identify as Christian, Eastern religious beliefs may influence one's personal preferences (Reese, Chan, Chan, & Wiersgalla, 2010; Takahashi & Ide, 2003).

Personal preferences and demographic differences that shape a patient's spiritual worldview can shape beliefs about hospice care as well. For example, it is not unusual for African Americans to rely on familial support and prayer to sustain hope in a miracle rather than choose hospice care. They are more likely to tolerate pain given the value placed on the acceptance of suffering, but African Americans are also likely to accept death as God's will and use funeral rites to celebrate new life in heaven (Reese et al., 2010). Therefore, factors that inform a patient's spiritual worldview are complex and require special consideration by hospice social workers.

Spiritual Competence

To be spiritually competent, the provision of hospice social work must be consistent with a patient's spiritual worldview (Briggs & Rayle, 2005a, 2005b; Gumz, Wall, & Grossman, 2003; Hodge, Baughman & Cummings, 2006; Fukuyama & Sevig, 1997; Gilligan & Furness, 2006). This requires an understanding of how religion and/or spirituality contributed to a patient's development and continues to influence current functioning. Spiritual competence further requires social worker self-awareness and empathic communication of respect for religious diversity (Briggs & Rayle, 2005a, 2005b; Leseho, 2007; Hodge et al., 2006).

The absence of religious beliefs can be significant as well (Furness & Gilligan, 2010). For patients who do not identify as being religious, Furness & Gilligan (2010) suggest that it may be more appropriate to address with them existential meaning, life purpose, and/or a transpersonal connection, which, by definition, denotes the experience of spirituality. Regardless, based on Callahan's (2013a) model of spiritually-sensitive hospice social work, it is important for hospice social workers to be sensitive to a patient's spiritual needs to support the patient's experience of spiritual wellbeing.

Social work and related professions promote spiritual competence relative to discipline-specific practice guidelines. For hospice social workers, spiritual competence has been associated with culturally competent care by the National Association of Social Workers (2007, 2004) and the Council on Social Work Education (2012, n.d.). Additional organizational guidelines have been established by professional bodies like the Joint Commission on the Accreditation of Healthcare Organizations (2008, 2005) that require specific expertise in, for example, spiritual assessment by hospice staff.

There are models across disciplines that delineate levels of spiritual competence. Gordon & Mitchell (2004) developed a competency framework based on the work of an interdisciplinary group of health care providers associated with Marie Curie Hospices. The model is organized in order of progressive application of spiritually competent practice knowledge and skills. As seen in Appendix A, this model suggests that individuals with different levels of competence can provide some form of spiritual care if the intervention falls within one's level of expertise, otherwise, a referral would be in order.

Canda and Furman (2009) provide a detailed description of social work knowledge, attitudes, and behaviors associated with spiritual sensitivity, a concept that seems closely related to, if not the same as spiritual competence. As previously mentioned, Callahan (2013a, 2012, 2009a) applied the concept of spiritual sensitivity to hospice social work. Spiritually-sensitive hospice social work is described as the cultivation of a life enhancing therapeutic relationship. Callahan suggests that it is the patient's experience of this meaningful relationship that transforms a social work intervention into a form of spiritual care.

According to Callahan (2012, 2009a), hospice social workers can provide spiritually-sensitive hospice care both directly and indirectly, depending on patient needs and worker expertise. Spiritual support may be provided indirectly through the expression of unconditional positive regard, engagement in active listening, and empathic compassionate connection with the patient. The skills required for this type of intervention would be generalist in nature. Social workers with advanced generalist or clinical expertise may address spiritual issues directly with interventions such as spiritual assessment and spiritually oriented psychotherapy detailed later.

Spiritual Needs and Spiritual Pain

A patient's experience of spiritual needs and spiritual pain requires the provision of spiritually competent hospice care. Spiritual needs are associated with the desire "to integrate goals, values, and experiences in search of meaning and sense of purpose" (Millison, 1988, pp. 37-38). By making these connections, patients are better able to understand their place in the world and the implications of death. As such, having a terminal illness can evoke spiritual needs (Belcher & Griffiths, 2005; Nelson-Becker & Canda, 2008; Puchalski, 2001; Hodge & Horwath, 2011; Miller, Chibnall, Videen, & Duckro, 2005; Harrington, 2004).

When patients have difficulty integrating life events and experiences in a manner that supports life satisfaction, spiritual pain can result (Millison, 1988). The concept of spiritual pain has also been described as spiritual distress that sometimes requires clinical intervention to address. Spiritual pain represents a deep and profound experience of existential suffering. The experience of spiritual pain can be difficult to discern, thus appropriate intervention is likely to require an interdisciplinary approach. As such, a patient's biopsychosocial needs should be met to ensure they are not contributing to the experience of spiritual pain (Appendix B).

Spiritual pain can manifest through a change in psychosocial functioning that includes meaninglessness, anguish, isolation, alienation, and emptiness. Patients in spiritual pain may detach from others and express confusion or hopelessness. They may ask questions like "Why is this happening to me," "What is the meaning of my life," and "Do others value me and see me as a person of worth?" Patients who are religious may believe God abandoned them, begin questioning their religious beliefs, and refuse to engage in religious practices (Puchalski, 2008b, 2007; McCormick, 2007; Bratton, 2005; Knight & von Gunten, 2004a; Wintz & Cooper, 2003).

Based on psychology research, questions about one's faith can severely strain coping skills that lead to a spiritual crisis or spiritual emergency (Sperry & Miller, 2010). The *Diagnostic and Statistical Manual of Mental Disorders V* (American Psychiatric Association, 2013) has a V code for

religious or spiritual problems. Such problems can likewise evoke anxiety, confusion, and functional impairment. A differential diagnosis is required to ensure the problem is spiritual in nature rather than a symptom of a psychiatric disorder like religious delusions due to major depression (Hodge, 2005, Sperry & Miller, 2010).

Spiritual Coping and Spiritual Wellbeing

It is natural to consider spiritual and/or religious issues when faced with the end of life (Nelson-Becker & Canda, 2008). Despite a decline in religious affiliation, there remains a critical mass of people who are religious as well as those who are spiritual (Chaves, 2011; Gallup, 2012; Pew Research Center, 2013, 2012). Spirituality can be a significant resource for these people as patients (Koenig, 2005; Collins, Furman, Hackman, Bender, & Bruce, 2007). According to Puchalski (2008a), spirituality can help patients "move from hopelessness to wholeness, from despair to peace, and from meaningless to purpose and dignity" (p. 114).

Spiritual coping is rooted in the expression of spiritual and/or religious beliefs. Spiritual practices facilitate a connection with God, higher power, or some other source that nurtures a sense of wholeness known as spiritual wellbeing (Carpenito-Moyet, 2006). For some, spiritual practices are also considered religious practices. Examples of spiritual and/or religious practices include visiting with religious clergy/church/community members, reading inspirational literature, prayer/mediation, listening to inspirational music, and participating in worship services/religious rites/sacraments (Kellehear, 2000).

There are many indicators of spiritual wellbeing that have been cited across disciplines (Leseho, 2007). To help narrow the scope, based on in-depth interviews with 149 patients with terminal cancer, Murray, Kendall, Boyd, Worth, & Benton (2004) found that spiritual wellbeing was related to:

1. Inner peace and harmony
2. Having hope, goals, and ambitions
3. Social life and place in community retained
4. Feeling of uniqueness and individuality, dignity
5. Feeling valued
6. Coping with and sharing emotions
7. Ability to communicate with truth and honesty
8. Being able to practice religion
9. Finding meaning

Based on these results, it seems as though spiritual wellbeing involves the meeting of psychosocial and spiritual needs through related coping practices. What informs an individual's spiritual wellbeing requires further exploration, though, given potential implications for hospice social work.

Callahan (2013a) conjectured that spiritually-sensitive hospice social work could enable the experience of relational spirituality. Relational spirituality is described as the experience of enhanced life meaning through a morally fulfilling relationship with the self, someone/something else, or higher power. Here the caregiving relationship becomes a resource for coping that contributes to the patient's spiritual wellbeing. In theory, both patient and hospice worker could experience relational spirituality, but additional research is needed to test this model.

Spiritual Assessment

A spiritual assessment may be conducted to determine if a patient has spiritual needs, is in spiritual pain, or has spiritual resources. Such information may be collected in different ways throughout the treatment process. In fact, the Joint Commission (2008, 2005) requires a spiritual assessment with all hospice patients, although does not specify a particular hospice professional or specific questions to ask to conduct this assessment. A spiritual assessment is particularly important when a patient has a spiritual and/or religious worldview, expresses spiritual pain, and medical status suggests decline (Knight & von Gunten, 2004b).

A spiritual assessment can be conducted in a variety of ways (Dameron, 2005; Hodge, 2005, 2003, 2001). Some are identified by acronyms such as FICA (Faith, Importance/Influence, Community, and Address/Action) (Puchalski & Romer, 2000) and HOPE (Hope inspiring resources/Organized religious affiliation/Personal spirituality and practices/Effects on care) (Anandarajah & Hight, 2001). However, hospice social workers may conduct a spiritual history, which is another type of spiritual assessment. A spiritual history involves asking a series of open-ended questions about a patient's religious and/or spiritual background.

For example, as part of a spiritual history, hospice social workers may visually depict current spiritual resources in the patient's environment (spiritual ecomap), key moments in one's spiritual journey (spiritual lifemap), and intergenerational spiritual and religious trends (spiritual genogram) (Hodge, 2005, 2003; Gause & Coholic, 2007). As described by Hodge (2005, 2003), a spiritual ecomap depicts the strength of a patient's current connection with, for example, religious rituals, God/transcendent, religious community, spiritual leadership, parents' spiritual tradition, and transpersonal beings (e.g., angels or deceased loved ones) like in Appendix C.

Therefore, conducting a spiritual assessment provides essential information for spiritually competent hospice social work. This information facilitates a multifaceted understanding of the patient's religious and/or spiritual beliefs, provides an opportunity to communicate respect for the patient's spiritual worldview, and clarifies potential religious and/or spiritual resources that may be used throughout the intervention process

(Bratton, 2005; Puchalski, 2001; Puchalski, Lunsford, Harris, & Miller, 2006). These results may further highlight the need for the intervention of a board certified chaplain or other expert in spiritual care that requires a coordinated referral.

Spiritual Care

A variety of spiritual care models have emerged across disciplines (Holloway, Adamson, McSherry, & Swinton, 2011), with the majority coming from nursing and palliative care literature. One model that may be used to inform social work is by Puchalski (2008a, 2008b, 2007, 2006, 2001) and associates (Puchalski, Ferrel, Virani, Otis-Green, Baird, Bull, Chochinov, Handzo, Nelson-Becker, PrincePaul, Pugliese, & Sulmasy, 2009; Puchalski et al., 2006). These authors suggest that spiritual care requires interdisciplinary collaboration based on the biopsychosocial and spiritual model. Spiritual care is thus considered a component of holistic care that is patient-centered. It is also inclusive of spiritual care interventions that can be seamlessly infused into treatment.

Puchalski and associates (2009) suggest that illness challenges active engagement in activities and relationships that preserve life quality. Thus, the goal of spiritual care is to help patients experience a renewed sense of life meaning, purpose and connection with self, others, and the sacred. This spiritual care model provides a reference point for spiritual competence that is compatible with hospice social work in that it is congruent with the professional value of human diversity, including respect for the dignity and worth of all people. The delivery of spiritual care is associated with intrinsic and extrinsic practices that are also familiar to hospice social workers and can be integrated into the standard provision of care (Puchalski, 2008b; Puchalski, 2007).

The intrinsic components of spiritual care define the quality of engagement in the therapeutic relationship. Examples include the communication of compassion, unconditional positive regard, instillation of hope, and cultivation of a meaningful connection (Puchalski et al., 2009; Puchalski, 2008b); variations of such components are included in Appendix D. Hence, based on psychology and social work research, intrinsic components of spiritual care would require the application of spiritually sensitive, generalist practice skills (Briggs & Rayle, 2005b; Canda, 2005, 1999; Canda & Furman, 2009; Yardley, Walshe, & Parr, 2009; Callahan, 2013a, 2012, 2009a).

Extrinsic components of spiritual care are task-oriented. This includes the collection of patient information through the conduct of a spiritual assessment (Puchalski et al., 2009) and other interventions that are advanced generalist in nature (Appendix D). These extrinsic components of spiritual care would further require clinical skills to deliver spiritually oriented,

integrated, or modified psychotherapy as seen in Appendix E. Hospice social workers may draw from advanced generalist or clinical skills to help patients engage in faith sharing (Appendix F).

It is important to recognize when the provision of spiritual care is not appropriate. As previously suggested, a hospice social worker may not have the training, comfort level, or time to engage adequately in spiritual care. Knight & von Gunten (2004b) posed the following questions to assess a practitioner's personal readiness to provide spiritual care:

1. Do I have time to explore in further depth the impact of this person's religious beliefs upon their treatment decisions?
2. Do I know how to assess whether this patient's "pain" is physical or spiritual in origin?
3. Am I comfortable talking with this family about their religious beliefs and practices?
4. Am I likely to impose my own set of values or beliefs upon them in the process of assessing their needs?
5. Will I be comfortable in the face of strong emotions that may arise in the process of a more in-depth assessment of spiritual suffering?
6. Will I have the time and skills to provide comfort if my questions evoke great sadness or distress?
7. Who could best meet the needs of this patient and family at this time?

When additional help is needed, hospice social workers may seek the help of professionals with more expertise on the patient's interdisciplinary team such as a board certified chaplain or patient clergy in the community (Sperry & Miller, 2010).

Conclusion

This article highlights key constructs in spiritual care for hospice social workers. Even though these concepts span across disciplines, there is enough uniformity to clarify what defines spiritually competent care for hospice social workers. At times, the provision of spiritual care may stretch the boundaries of hospice social work, so coordination with other professionals may be the best expression of spiritual competence. It is important, however, for hospice social workers to build spiritual competence by seeking additional education and skilled supervision.

Implications for Christians in Social Work

Spiritual competence is essential for Christian social workers to manifest God through their work, but also to be sensitive to the fact that

not all patients are Christian. The practice of social work allows one the opportunity to express Christian virtues like faith, hope, and love (e.g., 1 Corinthians 13). Religious practices such as prayer can help one cope with compassion fatigue or inspire advocacy efforts to combat moral distress. Information relative to spiritual competence is particularly important for Christians in hospice social work. Christians in hospice social work may encounter patients with spiritual and religious struggles they identify with, such as why they are suffering, how to seek forgiveness, and how to sustain hope in eternal life. Hence, the potential for difficulty as well as the many opportunities for spiritual growth requires Christian social workers to learn more about how faith informs practice and how practice informs faith.

Future Research

This review suggests many directions for future research. Directions for future research include the need for more work to validate key constructs, which includes the development of measures to begin quantifying and testing potential relationships between factors that are believed to be associated with spiritually competent care. This trajectory will certainly involve research on specific treatment areas and patients in effort to determine the circumstances under which particular factors influence the *spiritual* quality of care.

It is also important to test training programs designed to help social workers develop spiritual competence. There is a substantial body of research about course curriculum related to spirituality and religion in university settings. This body of research needs closer examination to determine best teaching practices as well as factors associated with learning retention and application. Such research is essential for social work educators to use evidence-based teaching practices to cultivate spiritual competence in social work students and professionals.

Professional Responsibility

Spiritual competence has been established as a priority by professional and regulatory bodies across disciplines. New research and educational opportunities have emerged with implications for spiritually competent care by hospice social workers. It is appropriate to take a moment to marvel at these advancements and consider new directions in research, education, and practice. One important step is for hospice social workers to build spiritual competence so they may become active members on interdisciplinary teams that share in responsibility for spiritual care. To engage in such dialogue, hospice social workers must take time to learn the language that has emerged in research on spiritual care. ❖

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders.* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Anandarajah, G. & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questionnaire as a practical tool for spiritual assessment. *American Family Physician, 63*(1), 81-89.

Belcher, A., & Griffiths, M. (2005). The spiritual care perspectives and practices of hospice nurses. *Journal of Hospice and Palliative Nursing*, *7*(5), 271-279.

Bratton, D. (2005). *Spirituality: Faith and healthcare* [PowerPoint slides]. Retrieved from http://www.wdbydana.com/Spirituality.ppt.

Byock, I. R. (1996). The nature of suffering and the nature of opportunity at the end of life. *Clinics in Geriatric Medicine, 12*(2), 237-252.

Briggs, M. K., & Rayle, A. D. (2005a). Incorporating spirituality into core counseling courses: Ideas for classroom application. *Counseling and Values, 50,* 63-75.

Briggs, M. K., & Rayle, A. D. (2005b). Spiritually and religiously sensitive counselors. In C. S. Cashwell & J. S. Young (Eds.), *Integrating spirituality and religion into counseling: A guide to competent practice* (pp. 85-104). Alexandria, VA: American Counseling Association.

Callahan, A. M. (2009a). Spiritually-sensitive care in hospice social work. *Journal of Social Work in End-of-Life and Palliative Care, 5*(3-4), *169-185.*

Callahan, A. M. (2009b). Alternative therapies [Review of the book *The zen of helping* and *Mindfulness and the therapeutic relationship*]. *Families in Society Online*, *90*(0). Available at http://www.familiesinsociety.org/bookreviews.asp.

Callahan, A. M. (2010a). [Review of the book *Spirituality in counseling and psychotherapy: The face-spirit model*]. *Social Work & Christianity, 37*(4), 471-473.

Callahan, A. M. (2010b). [Review of the book *Spiritual resources in family therapy*]. *Social Work & Christianity*, *37*(1), 97-99.

Callahan, A. M. (2010c). [Review of the book *Social work and spirituality*]. *Journal of Religion and Spirituality in Social Work: Social Thought, 29*(3), 271. DOI: 10.1080/15426432.2010.495635

Callahan, A. M. (2011a). [Review of the book *Humanistic social work: Core principles in practice*]. *Journal of Religion and Spirituality in Social Work: Social Thought, 30*(2), 181. DOI: 10.1080/15426432.2011.567122

Callahan, A. M. (2011b). [Review of the book *Religion and spirituality in psychotherapy: An individual psychology perspective*]. *Social Work & Christianity, 38*(1), 101-103.

Callahan, A. M. (2012). A qualitative exploration of spiritually-sensitive hospice care. *Journal of Social Service Research, 38*(2), *144-155.*

Callahan, A. M. (2013a). A relational model for spiritually-sensitive hospice care. *Journal of Social Work in End-of-Life and Palliative Care. 9*(2-3), 158-179. DOI: 10.1080/15524256.2013.794051

Callahan, A. M. (2013b). [Review of the book *Spiritually integrated psychotherapy: Understanding and addressing the sacred*]. *Journal of Religion and Spirituality in Social Work: Social Thought, 32*(1), 104-108. DOI: 10.1080/15426432.2013.750523

Callahan, A. M. (2013c). [Review of the book *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*]. *Social Work & Christianity, 40*(1), 124-126.

Canda, E. R. (1999) Spiritually sensitive social work: Key concepts and ideals. *Journal of Social Work, Theory, and Practice, 1*(1). Retrieved from http://www.bemidjistate.edu/ academics/publications/social_work_journal/issue01/articles/canda.html

Canda, E. R. (2005). Integrating religion and social work in dual degree programs. *Journal of Religion and Spirituality in Social Work, 24*(1/2), 79-91.

Canda, E., & Furman, L. (2009). *Spiritual diversity in social work practice: The heart of helping* (2nd ed.). New York, NY: Free Press.

Carpenito-Moyet, L. J. (2006). *Handbook of nursing diagnosis* (11th ed.). Retrieved from http://books.google.com/books?id=sM3hizKy3OkC&pg=PR13&lpg=PR13&dq=handbook+of+nursing+diagnosis+spiritual+well-being&source=bl&ots=5NS4FoJXEP&sig=SDt-N2u9CAXG6YSjqyNGQkLHsOw&hl=en&ei=eAyiTZqTE8agtwerxviMAw&sa=X&oi=book_result&ct=result&resnum=1&ved=0CBQQ.

Carson, V. B., & Koenig, G. H. (2004). *Spiritual caregiving: Healthcare as a ministry.* Philadelphia, PA: Templeton Foundation Press.

Chaves, M. (2011). Religious trends in America. *Social Work & Christianity, 38*(2), 119-132.

Collins, K. S., Furman, R., Hackman, R., Bender, K., & Bruce, E. A. (2007). Tending the soul: A teaching module for increasing student sensitivity to the spiritual needs of older adults. *Educational Gerontology, 33*, 707-722.

Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counseling and Psychotherapy Research, 5*(2), 87-95.

Council on Social Work Education. (n.d.). *Religion and spirituality educational resources.* Retrieved from http://www.cswe.org/CentersInitiatives/CurriculumResources/50777/58508.aspx

Council on Social Work Education. (2012). *Education policy and accreditation standards.* Retrieved from http://www.cswe.org/File.aspx?id=41861

Dameron, C. M. (2005). Spiritual assessment made easy…with acrononyms! *Journal of Clinical Nursing, 22*(1), 14-16.

Eilberg, A. (2006). Facing life and death: Spirituality in end-of-life care. *Journal of Jewish Communal Service, Spring,* 157-166.

Eisenhandler, S. A. (2005). Religion is the finding thing: An evolving spirituality in late life. In H. R. Moody (Ed.), *Religion, spirituality, and aging: A social work perspective* (pp. 85-103). Binghamton, NY: The Haworth Press, Inc.

Fukuyama, M. A., & Sevig, T. D. (1997). Spiritual issues in counseling: A new course. *Counselor Education & Supervision, 36*(3), 233-244.

Furness, S., & Gilligan, P. (2010). Social work, religion and belief: Developing a framework for practice. *British Journal of Social Work, 40*, 2185-2202. DOI:10.1093/bjsw/bcp159

Gallup (2003, March 18). Marriage, income, and spiritual commitment [Graphs]. Retrieved from http://www.gallup.com/poll/8014/Marriage-Income-Spiritual-Commitment.aspx.

Gallup (2012, December 4). Seven in 10 Americans are very or moderately religious [Graphs]. Retrieved from http://www.gallup.com/poll/159050/seven-americans-moderately-religious.aspx?version=print.

Gause, R., & Coholic, D. (2007). *Spiritually-influence social work practice: A descriptive overview of recent literature.* Retrieved from: http://www.stu.ca/~spirituality/gauselitreviewspiritualityandpractice.pdf

Gilligan, P., & Furness. S. (2006). The role of religion and spirituality in social work practice: Views and experiences of social workers and students. *British Journal of Social Work, 36,* 617–637.

Goldstein, E. (2007). Sacred moments: Implications on well-being and stress. *Journal of Clinical Psychology*, *63*(10), 1001-1019.

Gordon, T., & Mitchell, D. (2004). A competency model for the assessment and delivery of spiritual care. *Palliative Medicine, 18*, 646-651.

Gumz, E. J., Wall, J. C., & Grossman, S. F. (2003). Ignatian spirituality: The spiritual exercises and social work. *Social Thought, 22*(1), 143-158.

Harrington, A. (2004). Hope Rising Out of Despair: The Spiritual Journey of Patients Admitted to a Hospice. In *Spirituality of later life: On humor and despair* (pp. 123-145). Binghamton, NY: The Haworth Press, Inc.

Heyse-Moore, L. H. (1996). On spiritual pain in the dying. *Mortality, 1*(3), *297-315.*

Hills, J., Paice, J., Cameron, J., & Shott, S. (2005, August). Spirituality and Distress in Palliative Care Consultation. *Journal of Palliative Medicine*, *8*(4), 782-788.

Hodge, D. R. (2001). Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work, 46*(3), 203-214.

Hodge, D. R. (2003). *Spiritual assessment: A handbook for helping professionals*. Botsford, CT: NACSW Press.

Hodge, D. R. (2005). Spiritual lifemaps: A client-centered pictorial instrument for spiritual assessment, planning, and intervention. *Social Work, 50*(1), 77-87.

Hodge, D. R. (2011). Using spiritual interventions in practice: Developing some guidelines from evidence-based practice. *Social Work, 56*(2), 149-158.

Hodge, D. R., Baughman, L. M., & Cummings, J. A. (2006). Moving toward spiritual competency: Deconstructing religious stereotypes and spiritual prejudices in social work literature. *Journal of Social Service Research, 32*(4), 211-231.

Hodge, D. R., & Horwath, V. E. (2011). Spiritual needs in health care settings: A qualitative meta-synthesis of patients' perspectives. *Social Work, 56*(4), 306-316.

Holloway, M., Adamson, S., McSherry, W., & Swinton, J. (2011, January 26). *Spiritual care at the end of life: A systematic review of the literature* [PDF document]. Retrieved from https://www.gov.uk/government/publications/spiritual-care-at-the-end-of-life-a-systematic-review-of-the-literature.

Joint Commission on the Accreditation of Healthcare Organizations. (2005). Asked and answered: Evaluating your spiritual assessment process. *The Source, 3*(2), 6-7. Retrieved from http://www.professionalchaplains.org/files/resources/reading_room/evaluating_your_spiritual_assessment_process.pdf.

Joint Commission on the Accreditation of Healthcare Organizations. (2008). *Standards faq details: Spiritual assessment.* Retrieved from http://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFaqId=290&ProgramId=47.

Kaeton, E. (1998). Pastoral care at the end-of-life: Listening for the question beneath the question. *Journal of Palliative Medicine, 1*(3), 285-289.

Kellehear, A. (2000). Spirituality and palliative care: A model of needs. *Palliative Medicine, 14*(2), 149-155.

Kelly, E. W., Jr. (1995). *Spirituality and religion in counseling and psychotherapy*. Alexandria, VA: American Counseling Association.

Knight, S. J., & von Gunten, C. (2004a). *Part III. Spiritual pain/spiritual suffering.* Retrieved from http://endlink.lurie.northwestern.edu/religion_spirituality/pain.cfm.

Knight, S. J., & von Gunten, C. (2004b). *Part 1. How to assess spirituality.* Retrieved from http://endlink.lurie.northwestern.edu/religion_spirituality/part_one_when.cfm.

Koenig, H. G. (2005). *Spirituality in patient care: Why, how, when, and what*. West Conshohocken, PA: Templeton Press Foundation.

Kubler-Ross, E. (1997). *On death and dying: What the dying have to teach doctors, nurses, clergy and their own families*. New York, NY: Scribner.

Leseho, J. (2007). Spirituality in counselor education: A new course. *British Journal of Guidance & Counseling, 35*(4), 441-454. DOI: 10.1080/03069880701594803

Mako, C. A., Galek, K., & Poppito, S. (2006). Spiritual pain among patients with advanced cancer in palliative care. *Journal of Palliative Medicine, 9*(5), 1106-1113.

McCormick, T. R. (2007). *Spirituality in medicine and healthcare* [PowerPoint slides]. Retrieved from http://courses.washington.edu/bh518/Spirituality Medicine UW-2007 (1).ppt

McCormick, T. R., & Conley, B. J. (1995). Patients' perspectives on dying and on the care of dying patients. *Western Journal of Medicine, 163*(3), 236-243.

Mead, F. S. (1995). *Handbook of denominations in the United States* (10th ed.). Nashville, TN: Abingdon Press.

Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy: Theory and technique*. Hoboken, NJ: John Wiley and Sons, Inc.

Miller, D. K., Chibnall, J. T., Videen, S. D, & Duckro, P. N. (2005). Supportive-affective group for persons with life-threatening illness: Reducing spiritual, psychological, and death-related distress in dying patients. *Journal of Palliative Medicine, 8*(2), 333-343.

Millison, M. B. (1988). Spirituality and the caregiver: Developing an underutilized facet of care. *The American Journal of Hospice Care, March/April,* 37-44.

Murray, S. A., Kendall, M., Boyd, K., Worth, A., & Benton, T. F. (2004). Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers. *Palliative Medicine, 18,* 39-45.

National Association of Social Workers, (2004). *NASW standards for palliative & end of life care* [Brochure]. Retrieved from http://www.socialworkers.org/practice/bereavement/standards/standards0504New.pdf.

National Association of Social Workers. (2007). Indicators for the achievement of the NASW standards for cultural competence in social work practice [Brochure]. Retrieved from http://www.naswdc.org/practice/standards/NAswculturalstandards.pdf.

Nelson-Becker, H. B. (2008). Integrating spirituality in practice: From inner journey to outer engagement. *Journal of Geriatric Care Management, 18*(2), 10-16.

Neslon-Becker, H., & Canda, E. R. (2008). Spirituality, religion and aging research in social work: State of the art and future possibilities. *Journal of Religion, Spirituality & Aging, 20*(3), 177-193.

Pew Research Center, (2008, February). *U.S. religious landscape survey - Religious affiliation: Diverse and dynamic* [PDF document]. Washington, DC: The Pew Forum on Religion & Public Life. Available at http://religions.pewforum.org/pdf/report-religious-landscape-study-full.pdf.

Pew Research Center, (2012, October 9). *"Nones" on the rise.* Available at http://www.pewforum.org/2012/10/09/nones-on-the-rise/

Pew Research Center, (2013, October 23). *5 facts about atheists*. Available at http://www.pewresearch.org/fact-tank/2013/10/23/5-facts-about-atheists/

Puchalski, C. M. (2001). The role of spirituality in health care. *Baylor University Medical Center Proceedings, 14*(4), 352-357.

Puchalski, C. M. (2006). *A time for listening and caring: Spirituality and the care of the chronically ill and dying*. New York, NY: Oxford University Press.

Puchalski, C. M. (2007). Spirituality and the care of patients at the end-of-life: An essential component of care. *Omega, 56*(1), 33-46.

Puchalski, C. M. (2008a). Honoring the sacred in medicines: Spirituality as an essential element of patient-centered care. *Journal of Medicine and The Person, 6*(3), 113-117.

Puchalski, C. M. (2008b). Addressing the spiritual needs of patients. *Cancer Treatment and Research, 140*, 79-91.

Puchalski, C. M. & Romer, A. L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine 3*(1), 129-137.

Puchalski, C., Ferrel, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., Chochinov, H., Handzo, G., Nelson-Becker, H., PrincePaul, J., Pugliese, K., & Sulmasy, D. (2009). Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference. *Journal of Palliative Medicine, 12*(10), 885-904. DOI: 10.1089/jpm.2009.0142.

Puchalski, C. M., Lunsford, B., Harris, M. H., & Miller, T. (2006). Interdisciplinary spiritual care for seriously ill and dying patients: A collaborative model. *The Cancer Journal, 12*(5), 389-416.

Reese, D. J. (2013). *Hospice social work*. New York, NY: Columbia University Press.

Reese, D. J., Chan, C. W., Chan, W. C. H., & Wiersgalla, D. (2010). Cross-national comparison of Hong Kong and U.S. student beliefs and preferences in end-of-life care: Implications for social work education and hospice practice. *Journal of Social Work in End-of-Life & Palliative Care, 6*, 205-235. DOI: 10.1080/15524256.2010.529021.

Rice, S., & McAuliffe, D. (2009). Ethics of the spirit: Comparing ethical views and usages of spiritually influenced interventions. *Australian Social Work, 62*(3), 403-420.

Sandage, S. J., & Shults, F. L. (2007). Relational spirituality and transformation: A relational integration model. *Journal of Psychology and Christianity, 26*(3), 261-269.

Sheldon, J. E. (2000). Spirituality as part of nursing. *Journal of Hospice and Palliative Nursing, 2*(3) 101-108.

Sperry, L., & Miller, L. (2010). *Spirituality in clinical practice (Theory and practice of spiritually oriented psychotherapy)* (2nd edition), New York, NY: Routledge.

Staude, J. (2005). Autobiography as a spiritual practice. *Journal of Gerontological Social Work*, *45*(3), 249-269.

Stephenson, P., Draucker, C. B., & Martsolf, D. S. (2003). The experience of spirituality in the lives of hospice patients. *Journal of Hospice and Palliative Nursing, 5*(1), 51-58.

Takahashi, M. & Ide, S. (2003). Implicit theories of spirituality across three generations: A cross-cultural comparison in the U.S. and Japan. *Journal of Religious Gerontology, 15*(4), 15-38. DOI: 10.1300/J078v15n04_03

Tan, H. M., Grief, M., Couns, P. C., Braunack-Mayer, A., & Beilby, J. (2005). The impact of the hospice environment on patient spiritual expression. *Oncology Nursing Forum, 32*(5), 1049-1055.

Tucker, L. M. (2010). Quest for wholeness: Spirituality in teacher education. *Encounter: Education for Meaning and Social Justice, 23*(2), 1-10.

Van Hook, M., Hugen, B., & Aguilar, M. (Eds.) (2001). *Spirituality within religious traditions in social work practice.* Pacific Grove, CA: Brooks/Cole.

Watson, N. J. (2006). Martin Buber's I and thou: Implications for Christian psychotherapy. *Journal of Psychology and Christianity, 25*(1), 34-43.

Wintz, S., & Cooper, E. (2003). *Learning module: Cultural and spiritual sensitivity* [PDF document]. Retrieved from http://www.healthcarechaplaincy.org/userimages/Cultural_Spiritual_Sensitivity_Learning_%20Module%207-10-09.pdf.

Yardley, S. J., Walshe, C. E., & Parr, A. (2009). Improving training in spiritual care: A qualitative study exploring patient perceptions of professional educational requirements. *Palliative Medicine, 23*, 601-607.

Appendix A: Spiritual Competency Framework

This competency framework is based on the work of Gordon & Mitchell (2004) with some modification to clarify further the differences between each level of competence:

Level 1 – This level applies to hospice staff and volunteers who have any casual contact with patients and their families/carers. To operate at this level, staff and volunteers must have self-awareness, understand that all people have spiritual and/or religious needs, have the ability to build relationships, identify potential unmet spiritual and/or religious needs, and refer to members of the interdisciplinary team for these needs to be met.

Level 2 – This level applies to hospice staff and volunteers who have formal contact with patients and families/carers. To operate at this level, staff and volunteers are able to build upon the competences expected of level 1 with increased self-awareness, ability to identify the presence of spiritual and/or religious needs, ability to recognize how spiritual and/or religious needs may be met, collaborate with the interdisciplinary team to ensure these needs are met, and seek additional training to build spiritual competence.

Level 3 – This level applies to hospice staff and volunteers who are members of the patient's interdisciplinary team. To operate at this level, staff and volunteers are able to build upon the competences expected of level 1 and level 2 with the ability to conduct formal spiritual assessments, develop a care plan inclusive of spiritual and/or religious needs, recognize potential ethical issues, sensitive handling of related patient information, and seek additional training to build spiritual competence particularly in areas of weakness.

Level 4 – This level applies to hospice staff and volunteers who are primarily responsible for the spiritual care of hospice patients. To operate at this level, staff are expected to have extensive professional training, authority, and expertise to manage and facilitate complex spiritual and/or religious needs of those associated with the patient's care. These individuals are likely to be board certified hospice chaplains or volunteer clergy. Examples of these needs involve existential needs associated with addressing end of life issues.

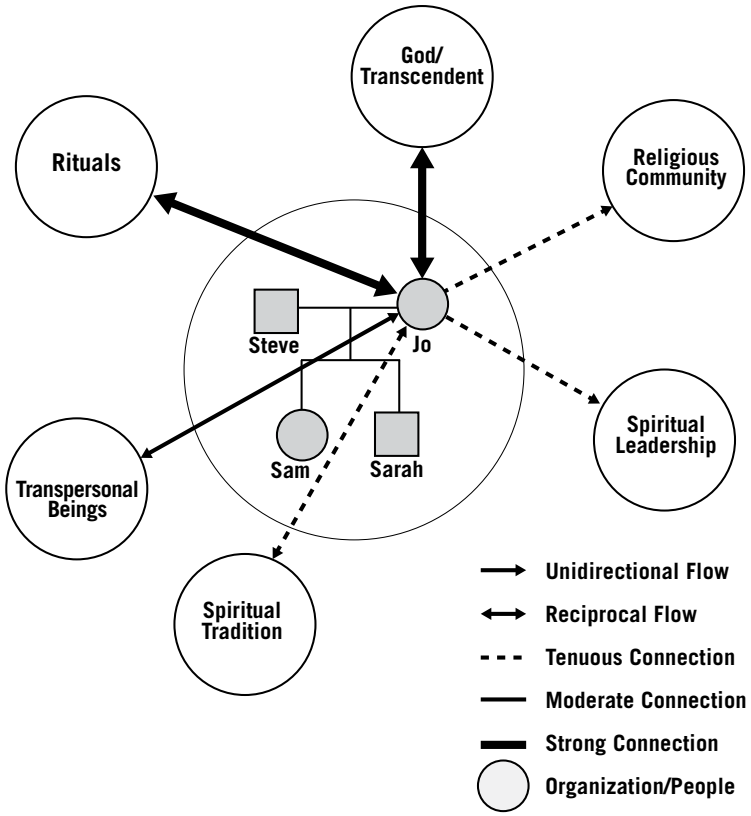
Appendix B: Biopsychosocial and Spiritual Needs

This review of biopsychosocial and spiritual needs is based on the work of Callahan (2009a). The close convergence of these needs demonstrates the importance of spiritual assessment:

Biological	Psychological	Social	Spiritual
Adequate treatment and care	Hope	Closure, finish business, and goodbye	Experience of nature
Caring health providers	Authenticity	Forgiveness and reconciliation	Divine forgiveness and support
Prudent medical management	Positive outlook	Legacy	Discussion about God and eternal life
Symptom control	Respect	Presence of loved ones	Meaning, purpose, and value in life
Physical comfort	Life review	Reunion with others	Visits by clergy
	Reflection	Mutuality and connectedness	Religious literature, items, and music
	Control	Final arrangements	Religious services, rites, and sacraments
	Acceptance	Permission to die	Prayer
	Fulfillment	Open communication	Inner peace

Appendix C: Spiritual Ecomap

There are a variety of ways to conduct and visually depict a spiritual history. Below is an example of a spiritual ecomap:



This ecomap depicts Jo's relationship with social systems associated with Jo's spiritual history and current functioning. Jo has a tenuous but reciprocal relationship with her spiritual tradition, based on her Catholic upbringing, as it continues to inform her spiritual worldview. Jo also has a tenuous relationship with her church and priest. Even though Jo has sought their spiritual support, she has been unable to maintain church participation due to being homebound. Jo has a strong, reciprocal relationship with God and relies heavily on religious rituals for spiritual coping. Jo has a moderate, reciprocal relationship with transpersonal beings identified as her guardian angel, Catholic saints, and Virgin Mary through prayer.

Appendix D: Spiritual Care Interventions

Based on research across disciplines[1], below are examples of interventions that hospice social workers may employ to provide spiritual care:

Generalist "Intrinsic" Interventions*:

1. Recognizing Personhood
2. Therapeutic Touch
3. Being Present
4. Listening
5. Reframing
6. Affirming
7. Self-disclosure
8. Normalization
9. Advocacy
10. Referral/Coordination

***Sources:** Callahan, 2009a, 2009b, 2010a, 2011b, 2012, 2013a, 2013b, 2013c; Canda, 1999; Briggs & Rayle, 2005b; Kaeton, 1998; Byock, 1996; Eilberg, 2006; Sheldon, 2000; Puchalski, 2001, 2006; Puchalski et al., 2009; Puchalski et al., 2006; Furness & Gilligan, 2010; Heyse-Moore, 1996; McCormick & Conley, 1995; Kubler-Ross, 1997; Mako, Galek, & Poppito, 2006; Cooper, 2005; Nelson-Becker, 2008; Sandage & Shults, 2007; Sperry & Miller, 2010; Stephenson, Draucker, & Martsolf, 2003; Watson, 2006; Eisenhandler, 2005; Tan, Grief, Couns, Braunack-Mayer, & Beilby, 2005; Miller et al., 2005; Rice & McAuliffe, 2009.

Advanced Generalist/Clinical "Extrinsic" Interventions*:

1. Visualization
2. Mindfulness
3. Bibliotherapy
4. Journaling
5. Reminiscence
6. Groupwork
7. Relaxation Response
8. Autobiographical Work
9. Guided Imagery
10. Focusing

***Sources:** Callahan, 2009a, 2009b, 2010a, 2010b, 2011b, 2012, 2013a, 2013b, 2013c; Bratton, 2005; Briggs & Rayle, 2005b; Staude, 2005; Miller, 2003; Kelly, 1995; Goldstein, 2007; Sheldon, 2000; Carson & Koenig, 2004; Furness & Gilligan, 2010; Puchalski, 2001, 2006; Puchalski et al., 2006; Puchalski et al, 2009; Hills, Paice, Cameron, & Shott, 2005; Sperry & Miller, 2010; Miller, Chibnall, Videen, & Duckro, 2005; Rice & McAuliffe, 2009.

Appendix E: Spiritually Modified Psychotherapy*

Traditional psychotherapeutic interventions may be adapted by a clinical social worker to address patient spiritual needs. Below are some examples:

1. Cognitive behavioral therapy – e.g., reframing self-defeating religious messages
2. Acceptance and commitment therapy – e.g., meditating to accept self/others
3. Existential therapy – e.g., creating sense of meaning to motivate life purpose
4. Psychodynamic therapy – e.g., transferring religious conflicts for resolution
5. Family therapy – e.g., building meaningful connections between family members

***Sources:** Callahan, 2010b, 2010c, 2011a, 2011b, 2013b; Sperry & Miller, 2010

Appendix F: Patient-Assisted Faith Sharing

In patient-assisted faith sharing, the patient elicits the help of the hospice social worker to engage in spiritual and/or religious practices. Below are some examples:

1. Verbal support and encouragement of spiritual beliefs
2. Read scripture or religious material for/with patient upon request
3. Share faith-related affirmations based on patient example
4. Prayer led by patient
5. Religious rituals arranged upon patient request

***Ann M. Callahan**, PhD, MSSW, LCSW, Psychotherapist, GeroPsych, a division of Key Rehabilitation, 1335 Northwest Broad Street, Murfreesboro, TN 37129. Phone: 865-383-7006. Email: acallahan@gero-psych.com.*

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Clients' Expectations and Preferences for Marital Christian Counseling: A Chronological Literature Review and a Contemporary Evaluation

Shaynah Neshama Bannister, Hae Seong Park, Stephanie Taylor, and Emily Neuman Bauerle

This study explores Christian clients' expectations and preferences for Christian marital counseling and identifies factors that have a formative effect on clients' expectations and preferences for this service. A chronological literature review identified three periods with distinctive conceptual frameworks for application of spiritual interventions in Christian and secular counseling practices. An original classification table sums up the findings and serves as a navigating visual aid for practicing clinicians. A survey asked Christian couples to rate their expectations and preferences on 16 therapeutic interventions: eight secular and eight spiritual interventions. Analysis revealed that Christian clients expect Christian marital counselors to be equally competent with secular counselors in applying secular therapeutic techniques and they strongly prefer that counselors utilize explicit spiritual interventions but not at the pastoral level of expertise.

THE INSTITUTION OF MARRIAGE, AS THE SMALLEST SELF-SUSTAINABLE UNIT of society, is currently undergoing unprecedented socioeconomic, cultural, and political changes. From the 1980s the national divorce rate has maintained a relatively stable rate of 50% for every marriage (Cherlin, 2010; William, 2002). The divorce rate among Christians follows the same century-long pattern. In 2009, the Barna Group reported similarly high divorce rates among Christians and clergy: 28 percent of Catholics, 34 percent of Protestants, and 33 percent of born-again Christians (Mahoney, 2010). Even when controlling for faith commitment, Wright (2010) finds

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high divorce rates among regular church attendees (38%) compared to less-committed members of the faith community (60%).

Despite variations in divorce rates among different groups, the data is overwhelmingly indicative that the incidence of divorce besieges Christian and secular couples alike. This fact compelled us to examine the services through which distressed Christian couples could find help. The perception of Christian counselors, members of the American Christian Counseling Association, is that Christian couples counseling is popular and widely practiced (Hook & Worthington, Jr., 2009). At the same time, earlier studies have shown that Christian clients associate counseling services with mainstream American culture, which they highly distrust on the issues of marriage and divorce (Keating & Fretz, 1990; King, 1978; Ripley, Worthington & Berry, 2001).

With these thoughts in mind, we specifically set for ourselves a two-fold task: 1) Examine Christian clients' current expectations and preferences of counseling techniques used in the treatment of marital distress; and 2) Identify factors that may have had a formative effect on Christian clients for Christian counseling services. To achieve these tasks we first conducted a chronological review of the professional literature on Christian clients' attitudes towards counseling since the 1950s, when Christian counseling began to appear on the therapeutic field. Second, we piloted a survey with married Christian couples from diverse congregations within the larger Los Angeles area.

Research Question

Based on our professional experience we hypothesized that there was reluctance among the Christian client population for seeking marital counseling services due to the expectations that Christian and secular counselors alike utilize the same theoretical frameworks that don't address clients' spiritual needs. We expected that our study would not find significant differences in clients' expectations between the services of Christian and secular counselors.

Factors Affecting Expectations: Chronological Literature Review

Our initial expectations, however, have not been evidenced by recent field studies. Existing studies on Christians' expectations of counseling are mostly from the 1980s and 1990s and have been deemed inconclusive (Belaire, Young, & Elder, 2005). Research from that period indicates that Christian clients are split in their preferences between choosing Christian (Bergin, 1980; Keating & Fretz, 1990; King, 1978) or secular counselors (Haugen & Edwards, 1976; Netzky, Davidson, & Crunkleton, 1982). Explanation for this inconsistency most likely is imbedded in the fact that these studies didn't distinguish between highly religious and nominal Christians and most of the studies targeted college student populations

only (Belaire & Young, 2000). When controlling for the level of religiosity, Ripley, Worthington and Berry (2001), found that highly religious Christian couples perceived marital counseling differently from Christian couples of low-to-moderate levels of religiosity and demanded to see service providers who can deliver spiritually sensitive counseling services (Belaire & Young, 2002; Ripley et al., 2001). Further, recent differences in Christian clients' expectations towards couples counseling may be triggered by changes in therapeutic modalities which, during the last decade, began to include spiritual interventions as an integral part of the counseling process. This assumption will be tested throughout our chronological literature review.

There are no recent studies examining clients' expectations and preferences of Christian marital services. Belaire, Young & Elder (2005) conducted a study of conservative Christian clients' attitudes towards counseling centered mostly on clients' expectations for acceptance of a counselor's religious beliefs and values rather than on attitudes towards the application of specific therapeutic modalities and techniques. The highest ranked expectation for a counselor was the respect of clients' religious autonomy followed by the use of prayer during counseling (the only therapeutic technique mentioned by the study).

When the Belaire, Young, and Elder (2005) study of Christian clients' preferences is compared to Hook and Worthington's (2009) study on therapeutic approaches and techniques used in marital counseling by professional, pastoral, and lay counselors, we find an obvious difference: all counseling providers in Worthington's study ranked praying with the client the lowest among the implicit and explicit spiritual techniques they use. Instead, preferences were given to mostly implicit spiritual techniques, such as knowing the client's religious background, praying privately for the client, and addressing forgiveness.

Contrary to the results above, when Weld and Eriksen (2007) simultaneously studied Christian clients' expectation of prayer and Christian counselors' use of prayer during counseling, they found that a counselor's willingness to use prayer interventions was greater than a client's desire for the same interventions. The authors, however, didn't control for the client's level of religiosity, which previous research has confirmed to be a high predictive factor for clients' preferences and anticipated effects of marital therapy (Guinee & Tracey, 1997; McCullough, Worthington, Maxey, & Rachal, 1997; McCullough, 1999; Ripley et al., 2001; Rose, Westfeld, & Ansley, 2001). The importance of this factor is confirmed by Hook (2011) who conducted field studies on the Christian couples' preferences of religious techniques as prayer and Scripture and found them to be predicted by the couples' religious commitment (Hook, Worthington, Ripley, & Davis, 2011).

The differences found in the field studies between clients' expectations of techniques applied in Christian counseling and the counseling providers' preferences about using these techniques may have had an important

clinical implication: the discrepancy between expectation of services and the deliverance of services may have resulted in clients' reluctance to use them, as previous research has suggested.

Clients' expectations for integration of spirituality in mental health services are an expression of their self-determination. This is a fundamental ethical principle in the NASW (1996) *Code of Ethics* that provides ethical guidelines for social work practice. These guidelines compel professionals to tailor the use of religious techniques based on the different religious commitment of different couples.

Drawing from the studies published in the professional literature, we identified several historical and methodological factors that may have a contributive role in the formation of Christian clients' current expectations and preferences of marital counseling services.

Factor 1: Development of Spiritual Therapeutic Modalities Used by Counseling Providers

A historical overview of the development of spiritual treatment modalities applied by different counseling providers gives an insight into their formative effects on Christian clients' expectations and preferences. During the 20th and the beginning of the 21st centuries, based on professional publications, we identified three periods dominated by distinctive conceptual frameworks that guided the application of spiritual interventions in secular counseling practice:

Period I (1900–1950)	Total exclusion of religion and religious interventions in counseling
Period II (1950–1997)	Resurgence of spirituality in psychotherapy
Period III (1997–2013)	Infusion of diverse spiritual techniques in counseling practice adapted from diverse belief systems around the world

We also identified studies that investigated clients' expectations of secular and Christian counseling services during the corresponding periods. Further, we identified the corresponding theoretical and clinical developments of Christian counseling services and the consequent clients' response to them. An analysis of the chronological data demonstrates that theoretical and clinical modalities used in counseling have a strong formative effect on Christian clients' expectations towards counseling services (See Figure 1).

Figure 1: Tri-dimensional, Chronological Classification of Secular Counseling Providers' Spiritual Therapeutic Modalities, Christian Clients' Expectation of Counseling Services, and the Corresponding Development of Christian Counseling's Therapeutic Modalities

TIMELINE	**1900s _____1950s_____2014**		
PROVIDERS OF SECULAR COUNSELING SERVICE	The period is dominated by the Freudian view of human nature as dichotomy, which completely excludes the significance of spiritual component of the human nature in the healing process. Any religious/spiritual experience was described as pathological and understood as a clinical manifestation of neurosis.	Resurgence of spirituality in public and private life drives the professional field to reconsider its position on the role of spirituality in the counseling process. Secular counselors adopt and implement spiritual tools like forgiveness and meditation in the counseling process.	Reclaimed back psychology's primary subject matter of the human psyche. Consumers' demand for spirituality in counseling drives the development of new therapeutic modalities that include the application of explicit spiritual techniques. Infusion of diverse spiritual techniques in counseling practice adapted from diverse beliefs system around the world.
TIMELINE	**1900s _____1950s_____1997 _____2005_____ 2014**		
CHRISTIAN CONSUMERS OF COUNSELING SERVICES	Clients' expectation is for strict separation between spiritual and secular issues and their treatment by secular counselors and clergy, respectively.	Dissatisfaction with secular and Christian counselors alike due to the use of secular techniques and approaches for healing.	Explicitly spiritual techniques like prayer and forgiveness are highly desired. Distrust in secular counseling due to the use of eastern philosophies as framework for practice.
TIMELINE	**1950s_____1997_____2009_____2014**		
CHRISTIAN COUNSELORS PROVIDERS OF COUNSELING SERVICES	Struggled to establish itself as a distinctive service provider to a distinct client population. Rejected boldly by secular counselors and clergy alike. Pastoral and secular counseling strictly distinguished.	Adapted and implemented secular theoretical and therapeutic approaches. Blurred the boundaries between secular and Christian approaches in counseling.	The importance of human spirituality in the healing process is recognized. Explicit and implicit spiritual interventions like prayer and forgiveness are widely applied. Shifted its academic interest from developing conceptual frameworks for clinical practice to implementing practical therapeutic tools for spiritual integration.

Period I (1900–1950). During the first half of the 20th century Freud's psychotherapeutic framework dominated the counseling practice (Slife & Whoolery, 2006; Miller & Delaney, 2004). His view of human nature as dichotomy often excluded the significance of a spiritual component as part of human nature in the healing process. Any religious/spiritual experience tended to be described as pathological and understood as a clinical manifestation of neurosis. Consequently, spiritual interventions or references to religious experiences during most of the 20th century became obsolete in the professional practice.

Period II (1950–1997). During the 50s and 60s, resurgence of spirituality in public and private life forced the professional field to rethink its position on the role of spirituality in the counseling process. Studies exploring the effectiveness of Christian counseling during this period as it compares to the effectiveness of secular counseling didn't find statistically significant differences between them (McCullough, 1999; Wade, Worthington, & Vogel, 2007). Close examination of the spiritual interventions applied in these studies, however, shows that these were often modified secular techniques. McCullough's (1999) metaanalysis reported that researchers have taken standard cognitive-behavioral techniques, such as Beck's cognitive restructuring, Meichenbaum's cognitive coping skills, and Ellis' appeals to rational thinking and have developed religion-friendly versions of these techniques, applying imagery of Christ as a tool for replacement negative thought processes (McCullough, 1999). These religiously oriented techniques are conceptually very different from the techniques Belaire, Young & Elder (2005) and Hook & Worthington (2009) described that Christians expect to be applied in Christian marital counseling. Of the explicit techniques, prayer during counseling ranked on the top in both studies and praying privately and addressing forgiveness ranked the highest under the implicit techniques. These techniques, however, were omitted from earlier comparative studies.

The described counseling practices during this period have consequently blurred the boundaries between secular and Christian counseling. Christian clients have become dissatisfied with secular and Christian counselors alike due to the use of secular techniques and approaches for healing. In response to this integration, Hodge (2005), found that couples referred to Christian counseling reported that they were reluctant to enroll such services due to the belief that Christian and secular counselor alike rely heavily on secular approaches for healing. Earlier in this period, King (1978), Larson, Dohanue, Lyons, & Benson (1989), Lovenger (1979) and Worthington (1988), also found that conservative Christians were hesitant to seek counseling from non-Christian counselors (as cited in Belaire et al., 2005).

Period III (1997–2013). During the last decade of the 20th century, spirituality began to be viewed as an important, and often necessary, force for healing. Chandler, Holder, & Kolander (1992) note that behavioral changes that are not supported by spiritual changes may be vulnerable to recidivism.

Growing academic interest in the issue attests to the increased significance spirituality and religion have in the private and public life (Butler, Habermas, Taylor, & West, 2011). Since the 1950s, references to religion and psychotherapy/counseling in academic research have increased 20 percent (Nielsen & Dowd, 2006). This practice is a significant departure from the profession's century-long disavowal of religion that resulted in much narrower defining of *psyche,* first as mind and then as behavior or even neural activity (Miller & Delaney, 2004). This is a dramatic shift in mental health practice. The attitude swung from Freud's view on faith as neurosis and Ellis' total condemnation of spirituality as the unhealthiest among all human practices to become far more open towards working with religiously committed individuals.

Later in the period, research data evidences changes in clergies' willingness to refer parishioners with difficult mental health issues to professional counselors who have been known as professing Christians (Bledsoe et al., 2013).

Factor 2: Christian Clients' Attitudes and Expectations Towards Providers of Counseling Services

A chronological literature review on Christian clients' expectations and preferences of therapeutic techniques used in counseling revealed trends and dynamics that are influenced by the predominant spiritual therapeutic modalities used throughout the corresponding periods.

Period I (1950–1997). There is no research data available prior to this period. The largest body of research on clients' preferences and expectations towards counseling was done during the 1950s and 1960s (Danskin, 1957; Forgy & Black, 1954; Friedenburg, 1950; Grant, 1957; Grigg & Goodstein, 1957; Koile & Bird, 1956; Thrush, 1957). Reason for this high interest was founded in social learning theories which were the dominant conceptual framework governing one-to-one psychotherapeutic relationships in the counseling process (Tinsley, Bowman, & Ray, 1988). Since knowledge of clients' expectations and preferences was considered an eminent part of the success of the therapeutic treatment, it became the subject of intense investigation. Research on the topic expanded further with investigation on the effect of diverse strategies for manipulation of clients' expectations for outcome enhancement. Research established that clients' expectations could affect not only the process and outcome of counseling, but also whether a person chooses to enter counseling (Tinsley, Brown, De St. Aubin, & Lucek, 1984).

Thus, enhancing the social learning experience prior to counseling was considered essential for therapeutic outcome. The scientific community, however, didn't reach consensus on whether meeting clients' expectations had a formative effect on the therapeutic outcome. Danskin (1955), Geller

(1966), and Gladstein (1969) asserted that counseling outcome is not related to clients' expectations, while Isard & Sherwood (1964) found this relationship highly correlated. Yet Duckro, Beal, & George (1979) reported to have arrived to split results. Further, a metaanalysis done in 1988 on the effectiveness of applying diverse manipulation strategies to change clients' expectations for counseling found this effort to be both unnecessary and unfruitful (Tinsley et al., 1988, p.105).

In congruence with a social learning theory framework, numerous practical clinical tools were created to capture clients' expectation of spiritual integration in counseling and help clinicians tailor their practice accordingly: Kass, Friedman, Leserman, Zuttermeister, & Benson's (2001) Index of Spiritual Experiences; Gordon & Mooney's (1950) Religion Section of the Mooney Problem Check List–Adult Form (Rose et al., 2001); Allport & Ross' (1967) Religious Orientation Scale (as cited in Hodge, 2005).

Toward the end of the period, the predominant conceptual framework became empirical research for evidence-based practice and research on clients' expectations, and preferences of counseling services significantly subsided. The 10-year review of empirical research on religion and psychotherapy by Worthington, Kurusu, McCullough, & Sandage (1991) acknowledged the trend and the lack of research exploring clients' spiritual expectations and preferences during therapy. Interest resurfaced during the last decade of the 20th century. A metaanalysis by Glass, Armkoff, & Shapiro (2001) reported that while seven studies were published between 1956 and 1963, there were only eight in the following 25 years from 1965 to 1989 and nine during the last decade of the last century. Authors, however, failed to explain the observed trend. We view this fluctuation in academic interest as a response to the predominant methodologies governing the clinical practice over the studied period. As mentioned earlier, the prevailing theoretical framework of social learning theories during the 1950s and 1960s was superseded by interest in empirical research on treatment modalities that were aimed to satisfy the evidence-based practice. We view the renewed interest in clients' expectations as a response to clients' increased interest in integrating spirituality into counseling. This is evidenced by the type of expectation that was studied over this period of time. The focus of the majority of research during the 1950s and 1960s on counselor/counselee role expectation was replaced by investigating outcome expectation based on treatment modalities, which clinical studies found to be accountable for at least half of the effectiveness of the treatment (Kirsch, 1990).

Research data during this period show clients' greater satisfaction and confidence with secular counselors (Fouque & Glachan, 2000; Guinee & Tracey, 1997; Morrow, Worthington, & McCullough, 1993). Studies show that even among Christian clients preferences were for non-Christian therapists (Pecnik & Epperson, 1985). Wall (1989) asserted as a "good thing" the spiritual value system discrepancy between client and therapist.

Metz (1990) strongly opposed the utilization of any religious interventions during marital therapy. According to him, applying spiritual interventions as prayer, Scripture reading, confession, forgiveness seeking, etc. have a confounding effect on the therapeutic process and should not be permitted. This period emphasizes as therapeutically sound the total secularization and the avoidance of any spiritual references during counseling services. As a result, research data attest to diametrically opposite attitudes of clients with conservative Evangelical backgrounds who avoided professional counseling services and preferred to address their issues within the church (Chalfant et al., 1990; Clements, Corradi, & Wasman, 1978; Weaver, 1995).

Period III (1997–2013). Most studies from this period are conducted on providers rather than on consumers of counseling services. Late 1990s academic reviews attest to a shift of client's expectations concerning spiritual and religious matters. Various surveys of diverse client populations from this period indicate strong desires for incorporation of spiritual interventions into the counseling practice (Hodge, 2005; Rose et al., 2001). A Gallup study found that 81 percent of the general public desired to have their own spiritual values and beliefs integrated into the counseling process (Bart, 1998).

Morrison et al. (2009) found that 89.6 percent of Christian clients desired spirituality to be included to higher degree in their counseling sessions. The same study found that discussions about spirituality were equally initiated by counselors and clients, but praying aloud as an intervention, however, was mostly initiated by clients. This finding corresponds to the expectation of counselors' mindfulness of honoring clients' self-determination for services as stipulated by the NASW (1996) *Code of Ethics*.

Further, Rose, Westfield, & Ansley (2001) studied in depth clients' beliefs about appropriateness of spiritual discussion in psychotherapy beyond the Christian tradition. By 2009, counselors regarded highly the incorporation of spirituality in their practice and viewed it to be an acceptable, effective, and important part of their theoretical orientation (Morrison et al., 2009). This finding is quite different from earlier research when Gubi (2004) and La Torre (2002) found that mental health professionals accepted spirituality theoretically but failed to implement it in their clinical practice.

Over 50 years of time, empirical research for evidence-based practice expanded its research to include back into its scope of interest clients' preferences and expectations for services. Inevitably, the field practices have changed and the academic literature attests to the fact. Consequently, clients' attitudes and expectations have changed accordingly, but these changes have not been thoroughly followed and recorded by the available field research. Our study was designed to capture the new dynamics in clients' expectations and preferences for therapeutic services.

Studies show that Christian clients expect that Christian and even non-Christian counselors should explicitly integrate spiritual interven-

tions as Scripture reading and prayer during therapeutic sessions (Belaire & Young, 2002; Belaire, Young & Elder, 2005). Cragun & Friedlander (2012) investigated Christian clients' positive and negative experiences in secular therapy and found that Christian clients are more open to seek secular therapists for individual sessions but for marital issues they prefer Christian therapists due to values and beliefs in the sanctity of marriage they perceived a Christian therapist would exhibit.

During the first decade of 21st century, Christian counseling professionals have developed new frameworks for integration of explicitly spiritual interventions as prayer, Scripture reading and forgiveness. No field or academic research has identified Christian clients' response to this change. Our study is an attempt to explore Christian clients' expectations towards Christian counseling and inform the professional community of the recent changes in Christian clients' expectations and preferences towards Christian counseling and specifically towards martial Christian counseling.

Methodology

The goals and objectives of the research were partially achieved through conducting a chronological review of the professional literature on Christian clients' attitudes towards counseling since the 1900s. For the purpose of identifying studies related to the research questions, we conducted searches of PsycINFO, SocINDEX, ERIC, MEDLINE, and CINAHL, Christian Periodical Index, and ALTA Religion Database from 1900 to 2013, using keywords related to clients' attitudes (e.g., clients' expectations, preferences) and type of counseling/therapy (e.g., marital, individual, Christian). Search parameters were defined linguistically to "English language" and academically to "peer reviewed".

Studies on clients' expectations and preferences of Christian marital counseling alone are limited, and for this reason we have extended our search to include data available from individual Christian and secular counseling as well. Our search found 224 publications related to the following key words: marital counseling, Christian, clients' expectations, and clients' preferences. We use this retrospective analysis to understand current developments and project future trends among spiritual therapeutic modalities during a certain period and the corresponding clients' expectations and attitudes towards them.

Further, to capture the contemporary dynamic of this relationship, we piloted a survey with married Christian couples from diverse congregations within the greater Los Angeles area.

Instrumentation

Researchers designed an original survey with 10 closed and open-ended questions. The survey asked about demographic information, years of practicing faith, and strength of religious commitment. Using a 5-point Likert scale, participants were asked to rate the level of their satisfaction—from *Very helpful=1* to *Very unhelpful=5*—with past Christian counseling by rating four choices of providers: pastor, lay church counselor, licensed secular therapist, and licensed Christian therapist. Questions eight and nine also used a Likert scale to rank participants' expectations and preferences of secular and spiritual techniques applied in counseling from *1=Definitely prefer* to *5=Definitely would not prefer.*

The Survey used a list of 16 therapeutic interventions: eight interventions were from secular practice and eight explicit and implicit spiritual interventions were adapted from Walker, Worthington, E. J., Gartner, Gorsuch, & Hanshew (2011); Hook & Worthington, Jr. (2009); Garzon, Worthington, E. R., Tan, & Worthington, R. (2009); and Walker, Gorsuch, & Tan (2005). The 16 interventions are:

1. Gives non-judgmental support for my decisions even though they might not agree with biblical teaching;
2. Analyzes childhood events and their impact on my adult personality;
3. Explores my thoughts and feelings that trigger my behavior;
4. Explores my family of origin and early childhood;
5. Identifies negative thought patterns;
6. Analyzes my emotional problems as neurosis that come from my unconscious fears and anxiety;
7. Refers for psychotropic medication;
8. Teaches applying a person's willpower for overcoming character flaws;
9. Prays with me during meetings;
10. Applies Bible verses that teach biblical values;
11. Seeks discernment from the Holy Spirit for my problems;
12. Encourages my growth in Christ;
13. Helps me forgive those who hurt or wrong me;
14. Identifies sinful behavior;
15. Helps me confess sinful behavior;
16. Leads me to renounce sinful practices that destroy my marriage.

Participants were asked to identify which of the listed interventions they *expected* to be applied by different counseling providers and which they *preferred* to be used by Christian counselors.

Researchers collected 205 surveys, in English and Spanish, from participating couples from nine congregations within the greater Los Angeles

area, as well as from participants in a local marital conference. Data collection venues included an online *SurveyMonkey* website and face-to-face interaction with an investigator. Consent forms were obtained according to IRB requirements for digital and paper versions of the surveys.

All main analyses were conducted using the Statistical Package for the Social Sciences (SPSS). Further, StatPac (Walonick, 2010) software was used for two group comparisons based on the percentages of the groups.

For the inferential statistics, the chi-Squared test, t-test, ANOVA, Pearson correlation analysis, regression, and exploratory factor analysis were employed. Pearson correlation was computed to explore the strength of the association between "Age" of the participants and "Clients' satisfaction rating with prior Christian couple counseling", and "Clients' perceptions and expectations of therapeutic techniques applied in Christian couple counseling". ANOVA and t-test analyses were conducted to explore differences between four "Counseling providers" (pastor, lay counselor, secular counselor, Christian counselor) and "Clients' preferences for therapeutic interventions" variables. The Chi-Squared test was used to identify the significance between frequencies with which clients expressed preferences over a particular counseling technique. Simple linear regression analyses were conducted between two interval scaled variables to determine predictor factor. Variables "Age" and "Clients' prior satisfaction with Christian couple counseling" were used to predict "Clients' preferences of therapeutic interventions". Factor analysis was used to cluster the sixteen counseling techniques according to clients' preferences.

Participants

Demographic data of participants' age follows a normal distribution, with larger representation for age group 26-35 (37.9%) and age group 56-65 (18.2%), followed by age group 36-45 (15.2%) and age group 46-55 (13.6%). The youngest group (18-25) and oldest group (over 65) represented 10.6% and 4.5 % of the entire sample respectively. Participants came from nine denominations with the largest (50.8%) representation from nondenominational congregations. The rest of the sample was composed of Pentecostals (21.9%), Baptists (9.1%), Messianic Judaism (8.0%), Presbyterians (6,4%), Vineyard church (2.7%), 2.1 percent Catholics (2.1%), Foursquare church (1.6%), and Methodists (1.1%).

Participants claimed a high level of faith commitment with 68.9% of them indicating to have been practicing their faith for over 20 years, 21.9% over 10 years, 3.6% between 5 and 10 years, 4.6% between 1 and 5 years, and 1% less than a year.

Researchers attempted to match the ethnic diversity of the sample with ethnic diversity represented in the greater Los Angeles area. Thus, the sample constituted 66.% Caucasians, 13.8% Hispanics, 9.2% African

Americans, 6.7% Asians, 0.5% Native Americans, and 3.1% others. According to the 2011 National data census, the major ethnic representation of the sample was compatible with the Nation's and California's, the only exception being California's Hispanic population (See table 1). Most of the data from Hispanic participants was collected through a paper face-to-face interaction. Many surveys were disqualified due to incomplete or missing data.

Table 1: Ethnic Representation Comparison Between the Research Sample, and U.S. and California Census Data

	African American	Asian/ Pacific Islander	Caucasian	Hispanic
Research Sample	9.2%	6.7%	66.7%	13.8%
USA	13.1%	5.0%	78.1%	16.7%
CA	6.6%	13.6%	74.0%	38.1%

Findings

Clients' Choice of Counseling Provider in the Past

The larger segment of the participants (36.3%) had sought counseling in the past with their pastor, 31.1% never had counseling, 30% had counseling with a licensed Christian counselor, and an equal percent had counseling either with a lay clergy or licensed secular counselor (14.2% and 14.7% respectively). Preferences for a counseling provider in the past by age revealed that older couples have the most experience with secular counseling, 29.2% (age group 46-56) and 20.6% (age group 56-65), respectively. Younger couples (age group 18-25) when compared to older couples were more likely to seek pastoral counseling, $t_{(204)}$=3.21; p=.001.

The highest percentage of the participants, 47%, who have never had Christian counseling were the middle age cohort (age group 36-45), compared to 45% of the youngest cohort (age group 18-25) and 35.3% of the oldest cohort (age group 65 and older).

When the ethnicity factor was taken into consideration, a different and more detailed picture appeared. 58.3% of Asian/Pacific Islanders have had pastoral counseling compared to 35.3% of African Americans ($t_{(204)}$ = 3.504, p = .001), 36.3% of Caucasians ($t_{(204)}$ = 3.149, p = .001), and 20% of Hispanics ($t_{(204)}$ = 6.874, p = .001). The differences between ethnicity groups are statistically significant (p<.01).

No statistical differences concerning their past experience with Christian counseling were found between African Americans (23%) and

Asian/Pacific Islanders (25%). Statistical significance was found between Caucasians (34.9%) and Hispanics (12%), $t_{(204)} = 5.08$, $p = .0001$ ($p < .001$). Percentage of Hispanics who never had counseling (48%) differs significantly from other ethnicities, African Americans (29.4%, $t_{(204)} = 3.09$, $p = .001$), Asian/Pacific Islanders, (16.7%, $t_{(204)} = 6.05$, $p = .001$), and Caucasians (29.4%, $t_{(204)} = 3.09$, $p = .001$).

Evaluation of Prior Counseling Experience with Different Counseling Providers

Out of the entire sample, 35.6% of clients indicated that their experience with pastoral counseling was very helpful, compared to 15.5% who stated the same level of satisfaction with a licensed secular counselor, ($t_{(204)} = 3.98$, p=001). 40.2% of clients evaluated their experience with a licensed Christian counselor as very helpful compared to 15.5% who expressed the same level of satisfaction with a licensed secular counselor ($t_{(204)} = 4.78$, p=.001). (See Table 2)

Thirty-seven of the participants indicated that they had counseling in the past with all four types of providers. Descriptive analysis ranked their experience with the pastor the highest, followed by Christian counselor, lay counselor, and secular counselor. Paired sample t-test determined significant differences in clients' satisfaction rating with Christian and secular counselor, ($t_{(37)} = 2.42$, p<.05).

Table 2: Clients' Satisfaction Rating of Previous Counseling Providers

	Pastor		Lay Counselor		Secular Counselor		Christian Counselor		Family Member		Friend		Other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Very Helpful	36	35.6	13	21.7	9	15.5	35	40.2	13	20	14	23	9	18.4
Helpful	33	68.3	10	16.7	9	15.5	20	23	22	33.8	24	12.8	2	4.1
Neutral	30	29.7	35	58.3	31	53.4	30	34.5	26	40	22	36.1	37	75.5
Unhelpful	1	1	1	1.7	4	6.9	—	—	—	—	1	1.6	1	2
Very Unhelpful	1	1	1	1.7	5	2.7	2	1.3	4	6.2	—	—	—	—
Total	101	100	60	100	58	100	87	100	65	100	61	100	49	100

The chi-Squared test found significant linear-by-linear association between age and satisfaction with pastoral counseling ($\chi^2_{(1)}$=7.27, p=.007). (See Table 3). The results indicate that younger cohorts evaluate their experience with pastoral counseling higher than older cohorts. Similarly, strong linear-by-linear association was found between age and secular counseling. The strength of the association, however, is reversed: older age groups indicated higher satisfaction with secular counseling ($\chi^2_{(1)}$=11.2, p=.001). This finding is consistent with our chronological literature review, which also reported that this same age cohort, back in the 60s and 70s, expressed preferences with secular counseling (Pecnik & Epperson, 1985). No association was found between lay and Christian counselors.

Table 3: Chi-Squared Test for Linear-by-Linear Association Between Age Factor and Past Satisfaction with Different Counseling Providers

% Within Age Group	Pastoral Counseling		Lay Counseling		Secular Counseling		Christian Counseling	
	No satisfaction (%)	Satisfaction (%)	No Satisfaction (%)	Satisfaction (%)	No Satisfaction (%)	Satisfaction (%)	No Satisfaction (%)	Satisfaction (%)
18-25	57.1%	42.9%	100%	0.0%	100%	0.0%	81.0%	19.0%
26-35	57.3%	42.7%	80.0%	10.2%	89.3%	10.7%	70.7%	29.3%
36-45	63%	36.7%	86.79%	13.3%	93.3%	6.7%	60.0%	40.0%
46-55	66.7%	33.3%	88.9%	11.1%	74.1%	25.9%	63.0%	37.0%
56-65	75.0%	25.0%	86.1%	13.9%	55.6%	44.4%	77.8%	22.2%
65 +	---------	--------	100%	0.0%	85.9%	14.1%	88.9%	11.1%

Univariate Analysis of Variance was applied to examine and compare satisfaction ratings among different ethnic groups. Unanimously, clients' ratings across the ethnic representation were similar (See Table 4). No statistically significant differences were found between representatives from different ethnic groups. Because the overall ANOVA showed no significant differences among the ethnic groups, no post hoc test was examined.

Table 4: Descriptive Statistics: Ethnicity Factor in Clients' Ratings of Different Counseling Providers

Counseling Provider/ Ethnicity	Pastor			Lay Counselor			Licensed Secular Counselor			Licensed Christian Counselor		
	SD	Mean	n	SD	Mean	n	SD	Mean	n	SD	Mean	n
African American	1.88	.835	8	2.67	.816	6	2.50	1.00	4	2.00	.894	6
Asian/ Pacific Islander	1.86	.690	7	2.50	.577	4	2.25	.500	4	1.80	.837	5
Caucasian	2.07	.909	72	2.66	.847	38	2.94	1.07	36	2.01	1.02	67
Hispanic	1.71	.914	14	1.67	.888	12	2.57	1.22	14	2.11	.928	9
TOTAL	1.99	.899	101	2.45	.910	60	2.87	1.07	58	2.01	.982	87

Note: Lower mean scores indicate client's higher satisfaction.

For further interpretations of the results we applied a two between and one within factor repeated measures design to investigate how clients' past satisfaction with different counseling providers relates to age among different ethnic groups. For this purpose we collapsed the existing six age groups into three cohorts: younger (age group 18-35), middle (age group 36-55), and older (age group 56 and over) cohorts. In addition, we also regrouped the ethnic representation into two groups, Caucasians and Others (See Table 5). This approach was implemented due to recognized limitations of our study. Even though the research sample has a good age and ethnic representation, when the data was broken down to six age groups and four ethnicity groups, the numbers only displayed marginal significance. For this reason, in the interpretation of the data we use the values of the mean to interpret the outcome.

The results displayed no statistical significant or marginally significant differences (p=.05) and the means showed a pattern pointing to the fact that across represented minority groups younger cohorts consistently evaluated their past counseling experience with pastoral counseling (M=1.86) higher than their experience with Christian counselors (M=2.14). In contrast, older minority cohorts evaluated their Christian counseling experience higher (M=2.00) than their experience with pastoral counseling (M=3.0).

Among Caucasians, younger cohorts consistently evaluated their past pastoral counseling experience (M=2.58) and Christian counseling (M=2.67) as satisfactory while older cohorts, consistently evaluated their past experience with all providers as equally unsatisfactory, (M=3.0).

Table 5: Clients' Satisfaction with Past Counseling Experience by Age and Ethnicity Factors

Counseling Provider	Age Group	Ethnic Group	M
Counseling experience with pastor	Young 18-35	Minorities	1.86
		Caucasians	2.58
	Middle Age 36-55	Minorities	2.00
		Caucasians	2.50
	Older 56 and over	Minorities	3.00
		Caucasians	3.00
Counseling experience with lay counselor	Young 18-35	Minorities	2.00
		Caucasians	2.92
	Middle Age 36-55	Minorities	2.20
		Caucasians	2.75
	Older 56 and over	Minorities	3.00
		Caucasians	3.00
Counseling experience with licensed secular counselor	Young 18-35	Minorities	2.71
		Caucasians	2.58
	Middle Age 36-55	Minorities	260
		Caucasians	3.63
	Older 56 and over	Minorities	3.00
		Caucasians	3.00
Counseling experience with licensed Christian counselor	Young 18-35	Minorities	2.14
		Caucasians	2.67
	Middle Age 36-55	Minorities	2.80
		Caucasians	2.50
	Older 56 and over	Minorities	2.00
		Caucasians	3.00

Note: Lower mean scores indicate client's higher satisfaction.

Clients' Preference of Counseling Provider Based on the Exhibited Problem

Clients' preferences for counseling services of a variety of mental health, life events, and spiritual problems show consistency with their choices. Overwhelmingly participants expressed preferences with a Christian counselor. For ten out of fifteen problems, clients preferred to see a licensed Christian counselor rather than their pastor or a licensed secular counselor. Participants expressed a desire to handle issues of finances, physical illness, loss of loved ones, and parenting issues within their family and circle of friends. Their preferences for addressing spiritual issues were

exclusively reserved for their pastor with 25.8 percent expressing willingness to address the issues with a licensed Christian counselor (See Table 6).

Table 6: Clients' Preferences for Addressing Mental Health Problems, Life Events, and Spiritual Issues with Different Counseling Providers

	Pastor/ Rabbi	Lay Counselor	Licensed Secular Counselor	Licensed Christian Counselor	Friends and Family	Would not Seek Help
Finances	13.5%	10.1%	6.7%	10.1%	55.1%	10.1%
Sexual Dysfunction	9.0%	5.1%	11.2%	41.6%	16.9%	16.9%
Extramarital Affair	37.6%	12.4%	8.4%	43.8%	23.6%	5.1%
Anger	25.3%	13.5%	15.7%	47.2%	25.8%	7.9%
Depression	22.5%	14.6%	17.4%	55.6%	26.4%	3.4%
Physical Illness	26.4%	14.0%	9.0%	15.7%	34.8%	10.1%
Loss of Love One	53.9%	16.3%	5.1%	28.1%	57.3%	3.9%
Pornography	28.7%	7.9%	9.0%	41.6%	16.3%	9.6%
Childhood Trauma	21.3%	7.3%	18.5%	55.1%	16.9%	3.4%
Suicidal Thoughts	33.7%	10.1%	17.4%	52.8%	21.9%	2.2%
Addiction	23.6%	11.2%	21.3%	51.7%	22.5%	2.2%
Mental Illness	8.4%	5.6%	28.1%	51.7%	11.8%	2.2%
Parenting Issues	37.6%	20.2%	8.4%	39.9%	40.4%	5.6%
Physical Violence	28.7%	9.0%	16.3%	46.1%	31.5%	3.4%
Spiritual Issues	77.5%	24.2%	1.1%	25.8%	33.7%	2.8%

Clients' Expectations of Counseling Techniques Used by Different Providers

An Exploratory Factor Analysis (EFA) clustered clients' expectations for the use of the sixteen counseling techniques into three latent variables (i.e., factor). The factor with highest preferable weight listed all eight explicit and implicit spiritual techniques; the second factor identified four secular techniques used to address emotional and behavioral issues; and the third factor included four secular techniques—two related to psychiatric issues and two referring to rejection of the fundamental biblical doctrines of free will and scriptural authority (See Table 7).

Table 7: Rotated Component Matrix for Grouping Clients' Expectations for the Use of the Sixteen Counseling Techniques.

Counseling Techniques	Grouping of 16 Counseling Techniques According to Clients' Expectations		
	Factor 1 Most Desirable Techniques	Factor 2 Less Desirable Techniques	Factor 3 Least Desirable Techniques
Explicit and Implicit Spiritual Techniques			
Prays with me during meeting	.752	.080	-.076
Leads me to renounce the sinful practices that destroy my marriage	.809	.010	.177
Applies Bible verses that teach Biblical values	.820	.066	-.036
Seeks discernment from the Holy Spirit for my problems	.608	.504	-181
Encourages my growth and maturity in Christ	.757	.340	.-182
Identifies sinful behavior	.862	.074	.123
Helps me to confess sinful behavior	.839	.116	.042
Helps me forgive those who hurt or wrong me	.580	.466	-.071
Secular Techniques Addressing Emotional and Behavioral Problems			
Identifies negative thought patterns	.266	.698	.349
Explores my family of origin and early childhood	.031	.784	.279
Explores my thoughts and feelings that trigger my behaviors	.225	.773	.238
Analyzes childhood events and their impact on my adult personality	.126	.786	.340
Secular Techniques Addressing Psychiatric Care and Questioning Biblical Authority			
Teaches that I have the willpower to overcome my character flaws	-.008	.360	.683
Gives nonjudgmental support even when in conflict with biblical teaching	-.010	.304	.577
Analyzes my emotional problems as neurosis	.025	.256	.784
Refer me to psychiatrist for psychotropic medications	-.057	.015	.745

When the same data was subjected to manipulation with Univariate Analysis of Variance, no significant relationship emerged between clients' faith commitment (indicated by the numbers of years practicing their faith) and their preferences of counseling techniques. Similar results were found with clients' religious denomination and clients' age as well. The explanation for these homogeneous results may be rooted in the fact that the majority of the sample comes from predominantly conservative churches with 68 percent of all participants practicing their faith for over 20 years.

The result of regression analysis showed a significant difference between clients' past counseling experience with their pastor and lay counselor and their current preferences of explicit and implicit spiritual counseling techniques. A prediction analysis, based on Ojelnik's (1984) determination of the sample size, (p. 190) projected that fourteen percent of clients' expectations for predominantly spiritual techniques was influenced by their past experience, $r^2 = .137$ ($F=2.87$, $p=.007$).

Pearson's 2-tailed correlation derived similar results and added another layer of information: past counseling experience with pastor correlated high with clients' preferences of spiritual techniques ($r=.317$, $p<.01$) and lay counselor with secular counseling techniques ($r=.311$, $p<.05$). Prediction models based on clients' past counseling experiences for secular and Christian counseling did not yield significant correlations for either of the counseling techniques factors groups.

Surprisingly, clients' expectations for the use of secular counseling techniques by Christian counselors yielded similar results: clients ranked highly their expectations with no statistical differences between the Christian and secular counselors. Clients' expectations for the use of secular counseling techniques by their pastor as the counseling provider were significantly different from their expectations of a Christian counselor as the counseling provider ($\chi^2_{(2)} = 121.9$, $p < .001$).

Clients' expectations of spiritual techniques applied by licensed Christian counselor were significantly lower than the expectations of spiritual techniques applied by pastor and significantly higher than the expectations of spiritual techniques applied by secular counselors. However, more than half of the participants indicated very strong expectations in the implementation of spiritual techniques in Christian counseling.

Of the ethnic groups, Hispanics and Caucasians have the highest expectations for the use of prayer in counseling (70.8% and 61.2% respectively) as compared to African Americans (43.8%). All age groups except for age groups 26-35 and 55 and over expressed higher preference in the use of forgiveness in counseling with corresponding levels of 78.7% and 80%.

Expectations for the use of forgiveness in counseling follow similar dynamics across different ethnic groups. Hispanics and Caucasians have the highest expectations for the use of forgiveness in counseling, 79.2% and 74.8%, respectively.

Clients' Preferences of Counseling Techniques Used by Christian Counselors

The paired variables sample t-tests were performed to determine whether there was a significant difference between clients' preferences for spiritual and secular techniques applied by a Christian counselor. T-values for explicit spiritual techniques applied by Christian counselors were significantly different ($p<.01$). For example, "Prayer during sessions" was significantly different from "Analyzes my emotional problems as neurosis" ($t_{(160)} = -6.94$, $p<.01$); "Applies Bible verses" was significantly different from "analyzes my emotional problems as neurosis" ($t_{(160)} = 7.41$, $p<.01$); "Applies Bible verses" was significantly different from "making referral to psychiatrist" ($t_{(160)} = -8.33$, $p<.01$); "Seeking discernment from Holy Spirit" was significantly different from "Identifies negative thought patterns" ($t_{(160)} = 2.51$, $p<.01$); "Help me confess sinful behavior" was significantly different from "Teaches that I have the willpower to overcome my character flaws" ($t_{(160)} = 4.55$, $p<.01$); "Helps me forgive those who hurt or wrong me" was significantly different from "Gives nonjudgmental support for my decisions even through they might not agree with the biblical teachings" ($t_{(160)} = 8.69$, $p<.001$).

The chi-Square test was used to identify the significance between frequencies with which clients expressed preferences over a particular counseling technique. Significant differences were found of clients' preference of the use of spiritual counseling techniques between pastor and Christian and secular counselor. For example, clients' preference of the use of prayer was predominantly favorable with pastors than with Christian counselors ($\chi^2_{(2)} = 145.06$, $p < .01$) and for applying biblical texts ($\chi^2_{(2)} = 13.82$, $p<.01$).

Further manipulation of the data captured clients' preferences of the use of the three counseling techniques groups by different providers (See Table 8). As the data indicates, clients expressed very strong differences in their preferences of the use of the 16 counseling techniques by different counseling providers. Clients indicated their pastor as the first choice in the use of explicit and implicit spiritual techniques, followed by lay church counselor and licensed Christian counselor.

Clients don't expect a licensed secular counselor to use implicit and explicit spiritual techniques with the exception of applying forgiveness as intervention. The degree to which they expect a secular counselor to apply forgiveness, though, was found to be statistically different, favoring the Christian counselor as provider.

The study found that clients equally prefer the use of secular techniques applied by secular and Christian counselors. The second and third clusters of less and least desirable secular counseling techniques ("Addressing emotional and behavioral problems" and "Addressing psychiatric care") were found to score higher on clients' preferences scale, with the exception of a technique that questions biblical authority ("Gives nonjudgmental support even when in conflict with biblical teaching").

Table 8: Providers' Comparative Chart of Clients' Preferences for Spiritual and Secular Interventions

Counseling Techniques	Counseling Providers - Chi- Square				
	Pastor	Lay Counselor	Secular Counselor	Christian Counselor	Chi-Square Value
	n	n	n	n	χ^2
Explicit and Implicit Spiritual Techniques					
Prays with me during meeting	162	115	2	94	145.06 ***
Leads me to renounce the sinful practices that destroy my marriage	156	103	4	107	131.73 ***
Applies Bible verses that teach Biblical values	161	118	1	104	143.73 ***
Seeks discernment from the Holy Spirit for my problems	161	114	2	95	143.55 ***
Encourages my growth and maturity in Christ	156	118	1	103	139.14 ***
Identifies sinful behavior	154	114	5	100	128.20 ***
Helps me to confess sinful behavior	158	114	4	86	139.35 ***
Helps me forgive those who hurt or wrong me	157	120	70	129	33.16 ***
Secular Techniques Addressing Emotional and Behavioral Problems					
Identifies negative thought patterns	88	74	110	139	23.46 ***
Explores my family of origin and early childhood	53	41	116	136	75.30 ***
Explores my thoughts and feelings that trigger my behaviors	60	57	104	139	50.96 ***
Analyzes childhood events and their impact on my adult personality	48	38	112	137	83.64 ***
Secular Techniques Addressing Psychiatric Care and Questioning Biblical Authority					
Teaches that I have the willpower to overcome my character flaws	90	57	98	84	11.54 **
Gives nonjudgmental support when in conflict with biblical teaching	57	46	113	71	36.00 ***
Analyzes my emotional problems as neurosis	21	20	108	111	121.94 ***
Refer me to psychiatrist for psychotropic medications	49	32	109	118	71.61 ***

Note: *$p < .05$; ** $p < .01$; *** $p < .001$

Pearson's correlation coefficient test was applied to compute the relationship between clients' *expectations* of counseling techniques used by all counseling providers and clients' *preferences* of counseling techniques used by Christian counselors (See Table 9). The results showed a strong correlation between clients' expectations and preferences concerning factor one, most desirable, Explicit and Implicit Spiritual Techniques. The highest scores within this counseling techniques factor were given to "Helps me to confess sinful behavior" (r=.845, *p*<.01), "Identifies sinful behavior" (r=.838, p<.01), and "Encourages my growth and maturity in Christ" (r=.817, *p*< .01).

Clients displayed similar strength in their expectations and preference with factor two, less desirable, secular techniques that address Emotional and Behavioral Problems. Within this counseling techniques factor, clients highly expected and preferred that Christian counselors apply the "Analyzes childhood events" technique (r=.848, *p* <.01), "Identifies negative thought patterns" (r=.806, *p* <.01), and "Explores my family of origin and early childhood" (r=.815, *p* <.01).

Within the third and the least desirable counseling techniques factor (Psychiatric Care and Questioning Biblical Authority) clients indicated their highest expectations and preferences for the applications of "Teaches that I have the willpower to overcome my character flaws" (r=.815, *p* <.01), "Gives nonjudgmental support" (r=.805, p<.01), and "Refers me to psychiatrist for psychotropic meds" (r=.671, *p* <.01).

The consistency in the high correlations within each counseling techniques cluster gave evidence of consistency in clients' expectations and preferences of counseling techniques applied by Christian counselors. All across the three preferential counseling techniques clusters, clients indicated their high expectations and preferences of Christian counselors to equally apply spiritual as well as secular techniques in their counseling practice.

Pearson's correlation coefficient test was applied to compute the relationship between clients' *expectations* of counseling techniques used by all counseling providers and clients' *preferences* of counseling techniques used by Christian counselors (See Table 9). The results display a strong correlation between clients' expectations and preferences concerning factor one, most desirable, Explicit and Implicit Spiritual Techniques. The highest scores within this counseling techniques cluster were given to "Helps me to confess sinful behavior" (r=.845, *p*<.01), "Identifies sinful behavior" (r=.838, p<.01), and "Encourages my growth and maturity in Christ" (r=.817, *p*< .01).

Table 9: Correlations Between Clients' *Expectations* of Counseling Techniques Used by All Providers and Clients' *Preferences* of Counseling Techniques Used by Christian Counselors

Counseling Techniques	Correlations between clients' expectations of counseling techniques used by all providers and clients' preferences of counseling techniques used by Christian counselors		
	Cluster One Most Desirable Techniques	Cluster Two Less Desirable Techniques	Cluster Three Least Desirable Techniques
	r	r	r
Explicit and Implicit Spiritual Techniques			
Prays with me during meeting	.763** .	139	-.046
Leads me to renounce sinful practices	.777** .	.240**	.069
Applies Bible verses that teach Biblical values	.821**	.162*	-.031
Seeks discernment from the Holy Spirit	.724**	.350**	.028
Encourages my growth and maturity in Christ	.817**	.240** .	-.014
Identifies sinful behavior	.838**	.230**	.037
Helps me to confess sinful behavior	.845**	.259**	.054
Helps me forgive those who hurt or wrong me	.679**	.362	.096
Secular Techniques Addressing Emotional and Behavioral Problems			
Identifies negative thought patterns	.364**	.806**	.431**
Explores my family of origin and early childhood	.213**	.815**	.471**
Explores my thoughts and feelings	.385**	.771**	.418**
Analyzes childhood events	.300**	.848**	.489**
Secular Techniques Addressing Psychiatric Care and Questioning Biblical Authority			
Teaches my willpower over the power of God	.070	.585**	.815**
Gives nonjudgmental support	.058	.432**	.805
Analyzes my emotional problems as neurosis	.068	.737**	.619**
Refer me to psychiatrist for psychotropic meds	-.067	.409**	.671**

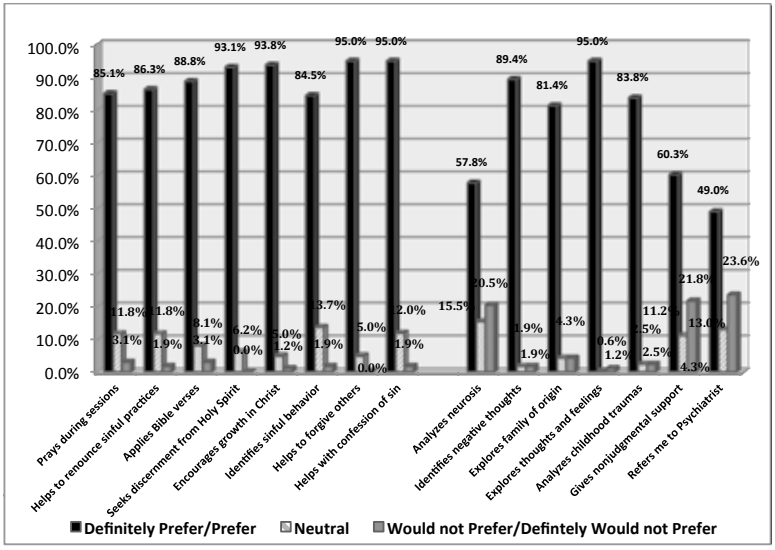
Note: *p < .05; ** p < .01

Clients displayed similar strength in their expectations and preferences with factor two, less desirable, secular techniques that address Emotional and Behavioral Problems. Within this counseling techniques factor, clients highly expected and preferred that Christian counselors apply the "Analyzes childhood events" technique (r=.848, p <.01), "Identifies negative thought patterns",, (r=.806, p <.01), and "Explores my family of origin and early childhood", (r=.815, p <.01).

Within the third and the least desirable counseling techniques factor, "Psychiatric Care and Questioning Biblical Authority", clients indicated their highest expectations and preferences for the applications of "Teaches that I have the willpower to overcome my character flaws" (r=.815, p <.01), "Gives nonjudgmental support" (r=.805, p<.01), and "Refers me to psychiatrist for psychotropic meds" (r=.671, p <.01). These are techniques that clients least desired and preferred but yet they expected to be implemented.

The consistency in the high correlations within each counseling techniques factor cluster evidenced consistency in clients' expectation and preferences of counseling techniques applied by Christian counselors. All across the three preferential counseling techniques factors, clients indicated their high expectations and preferences of Christian counselors to apply equally spiritual as well as secular techniques in their counseling practice.

Figure 2: Clients' Preferences of Counseling Techniques used by Christian Counselors



Note: First cluster of eight counseling techniques are spiritual and the second cluster are secular.

Discussion

Limitations and Future Consideration for Research

Practitioners and researchers should be aware that the findings of this research might be strongly influenced by the homogeneity of the sample. The majority of the participants represent conservative Christian congregations (Pentecostal, Vineyard, and Catholic). The direction and trend in the statistically significant findings may be due to this limitation and for this reason the conclusions of this study should be used with caution.

The research sample is representative of the major ethnic populations of greater Los Angeles with the exception of the Hispanic population. It is therefore necessary to apply the findings to this particular population with caution. Further, it is advisable to compare the findings of this study with future studies that include Hispanics in larger, more adequate proportions.

The survey questions may have presented challenges to some of the participants. Most of the questions were delivered in a form of a matrix that required the responder to check boxes horizontally and vertically. While the electronic version ensured that no empty spaces would be left unanswered, the paper-and-pen version didn't have that enforcement mechanism, thus costing the researcher the loss of a valuable data. Future studies may choose to use an all-electronic version of the survey administered face-to-face with the use of handheld electronic devices.

When studying the association between clients' past satisfaction with different counseling providers, age and ethnicity, we recognized limitations of our study and we implemented an approach that looked for a pattern in the values of the statistical mean of these variables. Even though the research sample had a good age and ethnic representation, when the data was broken down to six age groups and four ethnicity groups, the numbers only displayed marginal significance. For this reason in the interpretation of the data we use the values of the mean to interpret the outcomes.

The study worked with past, current and prospective clients from different denominations. A study with actual Christian couple clients currently enrolled in counseling services would further inform the immediate practice. Moreover, the field would also highly benefit from a comparative analysis between the clients' expectations of services and counselors' delivery of service.

Practical Implications for Christians in Social Work

Our literature review showed that shifts in professional counselors' views and acceptance of spiritual interventions as part of the therapeutic practice are followed by a parallel response from the Christian clients' expectations for counseling services. The following observations were made:

1. A stringent exclusion of religion in psychotherapy during most of the 20th century resulted in distrust of Christian clients towards secular counseling.
2. Between 1950 and 1997, during its initial establishment, Christian counseling tried to earn a professional recognition by adopting secular approaches. Christian client populations responded with mistrust towards secular counseling. As a result, Christian clients aligned with their clergy as preferential providers for counseling services.
3. Recognition of spiritual interventions in counseling by secular counseling in the beginning of the 21st century resulted in the application of diverse spiritual techniques adopted from diverse Eastern spiritual traditions. This practice pushed Christian clients even further away, as they associated eastern philosophy with blasphemy, and as a result increased their interest in Christian counseling.

The professional field is currently experiencing historically unprecedented interest in spirituality in counseling practice. The academic literature attests to the fact with an increased interest in research on spiritual issues and interventions. The counseling and academic practice also mirrors the diffused spirituality of the general population by developing and implementing techniques and interventions borrowed from major philosophies and religious practices around the globe. Our study found that Christian couples responded to this trend by seeking the services of Christian counselors. While during the 1950s, 1960s and 1070s, Christian clients predominantly sought the services of secular counselors, and in the 1980s and 1990s the services of clergy, currently a majority of them prefer to see a Christian counselor. Christian couples expect Christian marital counselors to have the same qualifications as secular counselors in applying secular therapeutic techniques, and they strongly prefer that counselors utilize explicit and implicit spiritual interventions such as prayer and Scripture reading but not at a pastoral level of expertise. Across the three preferential counseling techniques cluster factor groups, clients indicated their high expectations and preferences for Christian counselors to equally apply spiritual as well as secular techniques in their counseling practice.

Our study captured these recent changes in Christian clients' expectations and preferences and found them to differ from previously reported research. When clients' *expectations* of techniques applied by licensed Christian counselors are compared to licensed secular counselors and to pastors, two things were noticeable (See Figure 2):

1. Christian and secular counselors were expected to apply with equal degree secular psychological techniques in their practice—no significant statistical differences were found;

2. Christian counselors were expected to apply spiritual interventions compatible with the interventions applied by pastors but not at their level of expertise. Clients' expectations for both providers were significantly different.

The study partly confirmed our initial hypothesis that there would not be a significant difference in clients' expectations of the secular therapeutic techniques applied by Christian and secular counselors. The findings, however, didn't confirm our hypothesis of similarity between Christian and secular counselors' utilization of spiritual interventions. Clients' expectations for Christian counselors to apply spiritual techniques were significantly higher than for secular counselors. The study further found clients' *preferences* concerning the application of explicit and implicit spiritual techniques to be significantly higher than their preferences for utilization of secular techniques.

Prior counseling experience differs significantly among different ethnic groups. Half of the Hispanic participants never had counseling, compared to only one third of African Americans, and 16.7% of Asian/Pacific Islanders. Similarly, almost half of the youngest and middle age cohorts have never had Christian counseling. Younger couples displayed preferences towards the counseling services of the clergy. The reason for this may be related to the affordability and availability of Christian marital counseling services. These underserved populations may be reached through collaborative initiatives between clergies and Christian counselors that offer affordable marital services.

Christian couples overwhelmingly expressed preferences to see a licensed Christian counselor rather than their pastor or a licensed secular counselor. For ten out of fifteen life problems and situations listed in the survey, clients preferred to work with a licensed Christian counselor. Couples preferred to address their spiritual issues exclusively with their pastor, with only a quarter of them expressing willingness to address spiritual issues with a licensed Christian counselor. Findings also suggest a significant shift for the younger generation of emerging Christian clients who indicated much higher expectations for spiritual integration in counseling.

Couples' expectations of the use of spiritual interventions during marital counseling showed higher preferences towards explicit and implicit spiritual techniques compared to secular counseling techniques and psychiatric referrals. These preferences transcended ethnicity, age, and prior counseling experience factors. Clients' expectations of spiritual techniques applied by licensed Christian counselors are significantly lower than the expectations of spiritual techniques applied by pastors and significantly higher than the expectations of spiritual techniques applied by secular counselors. However, more than half of the participants indicated very strong expectations in the implementation of spiritual techniques in Christian counseling.

The study points out that as confidence in licensed Christian practitioners increases, Christian couples' expectations of integrating spiritual interventions are expected to increase as well. The level of readiness of Christian counselors to meet this growing demand, however, continues to be in question. For many practitioners identification with the Christian faith and values constitutes sufficient credentials for considering themselves Christian counselors.

Following Hathaway's (2009) conclusions that clinical work with religious/spiritual issues currently constitutes a practice niche, we endorse his appeal for professional training and specialization in spirituality in counseling services. Our study identified clients' high expectations for implementation of eight explicit and implicit spiritual interventions such as prayer, confession, and forgiveness. These are Christian practices that constitute essential priestly duties and should neither be taken lightly nor performed inadequately. Obtaining these skills requires additional specialized training. We recommend the inclusion of elective courses in Christian counseling as part of MSW curricula for current graduate level students. In addition, accredited MSW programs, in collaboration with local NASW chapters, could offer continuing education courses for alumni. The offered specialization courses should be compatible with the requirements for certification through the Board of Christian Professionals & Pastoral Counselors (BCPPC), an affiliation of the American Association of Christian Counselors (AACC). ❖

References

Bart, M. (1998). Spirituality in counseling finding believers. *Counseling Today, 41(6)*, 1, 6.

Belaire, C., & Young, J. (2000). Influences of spirituality on counselor selection. *Counseling & Values, 44*(3), 189-197.

Belaire, C., & Young, J. (2002). Conservative Christians' expectations of non-Christian counselors. *Counseling & Values, 46*, 175-187.

Belaire, C., Young, S., & Elder, A. (2005). Inclusion of religious behaviors and attitudes in counseling: Expectations of conservative Christians. *Counseling & Values, 49*, 82-94.

Bergin, A. E. (1980). Psychotherapy and Religious Values. *Journal Of Consulting And Clinical Psychology*, *48*(1), 95-105.

Bledsoe, S., Setterlund, K., Adams, K., Fok-Trela, A., & Connolly, M. (2013). Addressing pastoral knowledge and attitudes about clergy/mental health practitioner collaboration. *Social Work & Christianity, 40*(1), 23-45.

Butler, J., Habermas, J., Taylor, C., & West, C. (2011) *The power of religion in the public sphere*. New York, NY: Columbia University Press.

Chalfant, H. P., Heller, P. L., Roberts, A., Briones, D., Aguirre-Hochbaum, S., & Farr, W. (1990). The clergy as a resource for those encountering psychological distress. *Review of Religious Research, 31*(3), 305-313.

Chandler, C. K., Holden, J. M., & Kolander, C. A. (1992). Counseling for Spiritual Wellness: *Theory and Practice. Journal Of Counseling & Development*, 71(2), 168-175.

Cherlin, A. J. (2010). Demographic trends in the United States: A review of research in the 2000s. *Journal of Marriage & Family, 72*(3), 403-419.

Clements, N. A., Corradi, R. B., & Wasman, M. (1978). The parish clergy as a mental health resource. *Journal of Religion and Health, 17*(17), 4.

Danskin, D. G. (1955). Roles played by counselors in their interviews. *Journal Of Counseling Psychology*, 2(1), 22-27. doi:10.1037/h0047730

Cragun, C. L., & Friedlander, M. L. (2012). Experiences of Christian clients in secular psychotherapy: A mixed-methods investigation. *Journal Of Counseling Psychology*, *59*(3), 379-391. doi:10.1037/a0028283

Danskin, D. (1957). A Role-ing counselor gathers no moss. *Journal of Counseling Psychology, 4*(1), 41-43.

Duckro, P., Beal, D., & George, C. (1979). Research on the effects of disconfirmed client role expectations in psychotherapy: A critical review. *Psychological Bulletin*, 86, 260-275.

Forgy, E., & Black, J. D. (1954). A follow-up after three years of clients counseled by two methods. *Journal of Counseling Psychology, 1*, 1-7.

Fouque, P., & Glachan, M. (2000). The impact of Christian counseling on survivors of sexual abuse. *Counseling Psychology Quarterly, 13*(2), 201-220.

Friedenburg, E. Z. (1950). The measurement of student conceptions of the role of a college advisory system. *Educational Psychology Measurement, 10*, 545-568.

Garzon, F., Worthington, E. R., Tan, S., & Worthington, R. (2009). Lay Christian counseling and client expectations for integration in therapy. *Journal Of Psychology And Christianity*, *28*(2), 113-120.

Geller, M. H. (1966). Client expectations, counselor role-perception, and out-come of counseling. *Dissertation Abstracts*, *26*, 4073.

Gladstein, G. (1969). Client expectations, counseling experience, and satisfaction. *Journal of Counseling Psychology, 16*(6), 476-481.

Glass, C. R., Arnkoff, D. B., & Shapiro, S. J. (2001). Expectations and preferences. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 455-461. doi:10.1037/0033-3204.38.4.455

Grant, C. (1957). How students perceive the counselor's role. *Personnel Guidance Journal, 32*, 386-388.

Grigg, A., & Goodstein, L. (1957). The use of clients as judges of the counselor's performance. *Journal of Counseling Psychology, 4*, 31-36.

Gubi, P. M. (2004). Surveying the extent of, and attitudes towards, the use of prayer as a spiritual intervention among British mainstream counsellors. *British Journal Of Guidance & Counselling*, *32*(4), 461-476. doi:10.1080/03069880412331303277

Guinee, J., & Tracey, T. (1997). Effects of religiosity and problem type on counselor description ratings. *Journal of Counseling and Development, 76*(1), 65-73.

Hathaway, W. L. (2008). Clinical practice with religious/spiritual issues: niche, proficiency or specialty. Journal Of Psychology & Theology, 36(1), 16-25.

Haugen, C. D., & Edwards, K. J. (1976). Religious values and their effect on the perception of a therapist in a psychotherapy analogue. *Journal Of Psychology And Theology*, *4*(2), 160-167.

Hodge, D. R. (2005). Spiritual assessment in marital and family therapy: A methodological framework for selecting from among six qualitative assessment tools. *Journal of Marital and Family Therapy, 31*(4), 341-356.

Hook, J., Worthington, E., Jr., Ripley, J., & Davis, D. (2011). Christian approaches for helping couples: Review of empirical research and recommendations for clinicians. *Journal of Psychology and Christianity, 30*(3), 213-222.

Hook, J., Worthngton, E., Jr., (2009). Christian couple counseling by professional, pastoral, and lay counselors from a Protestant perspective: A nationwide survey. *The American Journal of Family Thrapy*, 37, 169-183.

Isard, E. S., & Sherwood, E. J. (1964). Counselor Behavior and Counselee Expectations As Related to Satisfactions with Counseling Interview. *Personnel & Guidance Journal*, *42*(9), 920-921.

Kass, J. D., Friedman, R. R., Leserman, J. J., Zuttermeister, P. C., Benson, H. H., Rose, E. M., & ... Ansley, T. N. (2001). Index of Spiritual Experience. *Journal Of Counseling Psychology*, *4*861-71.

Keating, A., & Fretz, B. (1990). Christians' anticipations about counselors in response to counselor descriptions. *Journal of Counseling Psychology, 3*7, 293-296.

King, R. (1978). Evangelical Christians and professoinal counseling: A conflict of values? *Journal of Psychology and Theology, 6*, 276-281.

Kirsch, I. (1990). *Changing expectations: A key to effective pscychotherapy*. Pacific Grove, CA: Brooks/Cole.

Koile, E., & Bird, D. (1956). Preferences for counselor help on freshman problems. *Journal of Counseling Psychology, 3*, 97-106.

La Torre, M. (2002). Spirituality and psychotherapy: An important combination. *Perspectives In Psychiatric Care*, *38*(3), 108-110. doi:10.1111/j.1744-6163.2002.tb00664.x

Larson, D. B., Donahue, M. J., Lyons, J. S., & Benson, P. L. (1989). Religious affiliations in mental health research samples as compared with national samples. *Journal of Nervous and Mental Disease,* 177, 109-111.

Lovinger, R. J. (1979). Therapeutic strategies with "religious" resistances. Psychotherapy: *Theory, Research and Practice*, 16, 419-427.

Mahoney, A. (2010). Religion in families, 1999–2009: A relational spirituality framework. *Journal of Marriage & Family,* 72 (4), 805-827.

McCullough, M., Worthington, E., Jr., Maxey, J., & Rachal, K. (1997). Gender in the context of supportive and challenging religious counseling interventions. *Journal of Counseling Psychology, 44*, 80-88.

McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *Journal of Counseling Psychology, 46*(1), 92-98.

Metz, M. (1990). Marriage counseling: A Christian approach to counseling couples. *Counseling & Values, 35*(1), 18.

Miller, W. R., & Delaney, H. D. (2004). *Judeo-Christian perspectives on psychology: Human nature, motivation and change*. Washington, DC: American Psychological Association.

Morrison, J., Clutter, S., Pritchett, E., & Demmitt, A. (2009). Perceptions of clients and counseling professionals regarding spirituality in counseling. *Counseling & Values, 53*(183-194).

Morrow, C., Worthington, J., & McCullough, M. (1993). Observers' perceptions of a counselor's treatment of a religious issue. *Journal of Counseling and Development, 71*(4), 452-456.

Netzky, W., Davidson, J., & Crunkleton, A. (1982). Pertinent consumer issues in choosing a counseling professional. *Journal Of Counseling Psychology*, *29*(4), 406-413. doi:10.1037/0022-0167.29.4.406

Nielsen, S., & Dowd, E. T. (2006). Religion for psychotherapists: The psychologies in religion versus the psychology of religion. In E. T. Dowd & S. Nielsen (Eds.), *The psychologies in religion: Working with religious clients* (pp. 1-18). New York, NY: Springer Publishing Company.

Olejnik, S. F. (1984). Planning educational research: Determining the necessary sample size. Journal of Experimental Education, 53(1), 40-48.

Pecnik, J. A., & Epperson, D. L. (1985). Analogue study of expectations for Christian and traditional counseling. *Journal of Counseling Psychology, 32*(1), 127-130.

Ripley, J., Worthington, E., Jr., & Berry, J. (2001). The effects of religiosity on preferences and expectations for marital therapy among married Christians. *The American Journal of Family Therapy, 29*, 39-58.

Rose, E., M., Westfeld, J. S., & Ansley, T. N. (2001). Spiritual issues in counseling: Clients' beliefs and preferences. *Journal of Counseling and Psychology, 48*, 61-71.

Slife, B. D. & Whoolery, M. (2006). Are psychology's main methods biased against the worldview of many religious people? *Journal of Psychology and Theology. 34*(3), 217-231.

Thrush, R. (1957). An angency in transition: the case study of a counseling center. *Journal of Counseling Psychology, 4*, 183-190.

Tinsley H., Bowman, S., & Ray, S. (1988). Manipulation of expectancies about counseling and psychotherapy: Review and analysis of expectancy manipulation strategies and results. *Journal of Counseling Psychology, 35*(1), 99-108.

Tinsley, H. E., Brown, M. T., de St. Aubin, T. M., & Lucek, J. (1984). Relationship between expectancies for a helping relationship and tendency to seek help from a campus help provider. *Journal Of Counseling Psychology*, *31*(2), 149-160. doi:10.1037/0022-0167.31.2.149

Wade, N. G., Worthington, E. L., & Vogel, D. L. (2007). Effectiveness of religiously tailored interventions in Christian therapy. *Christian Counseling Today 2007*.

Wall, M. D. (1989). Therapeutic Compliments: Setting the Stage for Sucessful Therapy. *Journal Of Marital And Family Therapy*, *15*(2), 159-68.

Walker, D. F., Gorsuch, R. L., & Tan, S. (2005). Therapists' use of religious and spiritual interventions in Christian counseling: A preliminary report. *Counseling & Values* (2) 107-119.

Walker, D. F., Worthington, E. J., Gartner, A. L., Gorsuch, R. L., & Hanshew, E. R. (2011). Religious commitment and expectations about psychotherapy among Christian clients. *Psychology Of Religion And Spirituality*, 3(2), 98-114. doi:10.1037/a0021604

Walonick, D. (2010). *Statistics Calculator.* StatPac Inc.

Weaver, A. J. (1995). Has there been a failure to prepare and support parish-based clergy and their role as frontline community mental health workers: A review. *The Journal of Pastoral Care, 49*(2), 129-147.

Weld, C., & Ericksen, K. (2007). Christian clients' preferences regarding prayer as a counseling intervention. *Journal of Psychology and Theology, 35*(4), 328-341.

William, P. (2002). The death of "Till death us do part": The transformation of pair-bonding in the 20th century. *Family Process, 41*(2), 135-157.

Worthington, E. L. Jr. (1988). Understanding the values of religious clients: A model and its application to counseling. *Journal of Counseling Psychology*, 35, 166-174.

Worthington, E. J., Kurusu, T. A., McCollough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, 119(3), 448-487. doi:10.1037/0033-2909.119.3.448

Wright, B. (2010) *Christians Are Hate-Filled Hypocrites ...and Other Lies You've Been Told*. Minneapolis, MN: Bethany House.

***Shaynah Neshama Bannister**, Ph.D., Azusa Pacific University, Assistant Professor, Department of Graduate Social Work, 901 E. Alosta Ave., P.O. Box 7000, Azusa, CA 91702-7000. Phone: (626) 815-6000. Email: sneshama@apu.edu.*

***Hae Seong Park**, Ph.D., Azusa Pacific University, Professor, Department of Educational Leadership, 701 E. Foothill Blvd., Azusa, CA 91702-7000. Phone: (626) 815-6000 (ex. 5565). Email: hspark@apu.edu.*

***Stephanie Taylor,** MSW, Azusa Pacific University, intern researcher, Department of Graduate Social Work, Department of Nursing and Research Education, City of Hope Cancer Research Center, E. Alosta Ave., P.O. Box 7000, Azusa, CA 91702-7000. Phone: (626) 815-6000. Email: stephanie.taylor@gmail.com.*

***Emily Neuman Bauerle**, MSW, Project Coordinator, Children's Hospital Los Angeles for the USC University Center for Excellence in Developmental Disabilities, 4650 W Sunset Blvd, Los Angeles, CA. Email: neumanbauerle@gmail.com.*

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The Development of a Culturally Competent Intimate Partner Violence Intervention— S.T.A.R.T.©: Implications for Competency-Based Social Work Practice

Kesslyn Brade Stennis, Helen Fischle, Tricia Bent-Goodley, Kathy Purnell, and Hilary Williams

The literature regarding intimate partner violence and communities of faith is growing. Numerous articles affirm the presence of intimate partner violence in communities of faith and the need for heightened education, particularly for faith community leaders and parishioners. However, articles also note a lack of training within the communities as well as the need for culturally sensitive training materials and models that consider the role of religion and spirituality. This article seeks to fill the gap by describing the development of the S.T.A.R.T.© Education and Intervention Model which is a religiously-sensitive and spiritually-based, multi-dimensional intimate partner violence education and intervention model that evolved from one community's experience, collegial reflections, community discussions, and training sessions. The model was developed approximately 15 years ago and has been tested and implemented to train hundreds of people from diverse populations including African American clergy, Hispanic community leaders, Christian and Muslim Ethiopian Women's advocates, and undergraduate and graduate social work students and practitioners. Implications for Christians in competency-based social work practice and recommendations for the future of religious and spiritual competence in practice will conclude this article.

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INTIMATE PARTNER VIOLENCE CONTINUES TO BE PRESENT IN MANY HOMES throughout the world. Although there are variances in defining intimate partner violence, it is generally believed to originate in a need for power and control and be manifested through harm or threats of physical, sexual, and psychological abuse to someone who has been or is currently in an intimate relationship with another. While it is difficult to know with specificity the actual number of intimate partner violence incidents (National Institute of Justice, 2010), the World Health Organization reported that between 15% and 71% of women in their study of 24,097 women in fifteen sites around the world had experienced intimate partner violence (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). According to the Center for Disease Control (Black et al., 2011), one in three women and one in four men have experienced rape, physical violence, and/or stalking by an intimate partner during their lifetime, and over five million Americans experience intimate partner violence, most of them being women.

Intimate partner violence has no face. It impacts all categories of people, regardless of socioeconomic status, gender, religion, sexual orientation, or culture. However, certain groups, including African Americans and Native Americans, reportedly experience intimate partner violence at a higher rate than Whites and other people of color (Black et al., 2011). Additionally, HIV/AIDS, incarceration, child removal, and domestic violence-related fatalities are correlated with intimate partner violence, particularly for communities of color (Bent-Goodley, 2013; Bent-Goodley, 2012; Brade & Bent-Goodley, 2009; Perkins, Voisin & Brade Stennis, 2013). Finally, there is some evidence to indicate that communities of faith and their leaders serve as important responders and members of the support network for many, particularly women of color (Brade, 2009).

Despite these statistics, the existence of intimate partner violence remains taboo for some communities, especially in communities of color and communities of faith (Brade, 2009; Fortune, 1999; Ellison, Trinitapoli, Anderson, & Johnson, 2007; Miles, 2011). Members of faith communities experience intimate partner violence as perpetrators as well as survivors and the impact of intimate partner violence is systemic. However, few members of the community discuss their experiences with intimate partner violence, and widespread discussions, interventions and services that are specifically focused on the faith communities and communities of color are limited (Brade, 2009). Nevertheless, there is a growing acknowledgement for the need to address intimate partner violence in communities of faith and communities of color.

The growing awareness of intimate partner violence among faith communities calls for the development of competent interventions that are sensitive to the cultural nuances and diverse groups. Most models focus on individual level interventions with little consideration of evidence-based practice regarding perceptions and experiences of community members,

cultural values and practices within communities, community practice strategies, or the need for multi-level approaches that consider religiosity and spirituality (Corvo, Dutton & Chen, 2009). A review of the literature regarding intimate partner violence, people of African descent and faith communities written by scholars including Bent-Goodley (2005, 2009), Bent-Goodley and Brade Stennis (in press), Brade (2009), Dyer (2010), Martin and Martin (2003) and Schiele (2000) suggests that implementing a competent intimate partner violence model in and with communities of color must recognize and include several factors including:

1. History, experience and impact of oppression, such as racial loyalty, secrecy, distrust of formal systems;
2. Traditional methods of coping, such as spiritual beliefs and religious practices;
3. Relevance of community and community support, such as the focus on teamwork, communalism;
4. Element of existential and practical hope, such as being able to dream about a positive and fruitful future; and,
5. Culturally-sensitive, research-based education.

This article will address this need to increase the number of culturally competent models that address intimate partner violence by presenting the development of the S.T.A.R.T.© Education and Intervention Model. The S.T.A.R.T.© model is a religiously-sensitive and spiritually-based, multi-dimensional, culturally competent intimate partner violence education and intervention model that evolved from a community's experience, collegial reflections, community discussions, and training sessions. The model was developed approximately 15 years ago and has been implemented to train hundreds of people from diverse populations including African American clergy, Hispanic community leaders, Christian and Muslim Ethiopian Women's advocates, and undergraduate and graduate social work students and practitioners. This article will focus on the conceptual underpinnings of the intervention to share the foundation for the model with implications for competency-based social work practice.

Tragedy and Possibility

In the late 1990s, the realities of intimate partner violence rocked the serenity of a Southern college community in the United States. The community exhibited the friendliness, warmth, and genuine relationships often associated with Southern charm. There were a number of churches and universities in the community with a very large concentration of members of one particular Christian denomination who were attending, employed by, or religiously associated with the denomination's local college. While agencies had engaged in efforts to address intimate partner violence within the area,

limited impact had been felt in faith communities until one family within one of the area's largest churches tragically lost their two daughters in one intimate partner violence incident. The family had held membership in the church for years and had been well known and equally well respected. No one ever knew that the eldest of the middle-aged couple's two daughters had been in a relationship that exuded intimate partner violence red flags for years with the father of her infant child. Nor did they know that the day on which she confronted him about the abuse would be the day that he would shoot her and her younger sister to death.

While recovering from the shock and horror of this event, five members of the local denominationally-affiliated college's social work department and counseling center began discussing the need for exploratory and collaborative processes that would help the faith community and others recognize the signs of abuse that had been unnoticed by most in this tragedy. During an informal discussion, the colleagues began reflecting on what they had discovered about intimate partner violence through the most recent incident, a previously sponsored program, and informal discussions with others. In general, the group concluded that intimate partner violence was more prevalent in the community than most were aware of or understood. Reasons for this limited awareness regarding the presence of domestic violence incidents in the local area were identified as lack of training, the role of secrecy and privacy surrounding incidents of intimate partner violence in African American and faith communities, church-supported perceptions related to gender roles, socialization related to male dominance within cultures, a history of oppression for people of color and limited knowledge of domestic violence support systems. These reflections evolved into the following identified needs:

1. Understand secrecy regarding intimate partner violence in African American communities and communities of faith;
2. Recognize and discuss the impact of history on oppressed peoples;
3. Examine the presence of patriarchy and the use of holy texts from a religious context;
4. Galvanize an informed and supportive community;
5. Review, evaluate, and develop policies regarding gender roles, reporting incidents, planning for safety, and advocating for social justice and human rights;
6. Provide empowering educational opportunities, particularly in African American and faith communities; and,
7. Develop an approach that empowers members of various communities to recognize the signs of domestic violence and respond appropriately.

The group of five professionals, also members of the faith community, was compelled by their religious identity, personal convictions, professional identity as social workers, and their professional code of ethics. They determined to utilize their understanding of and respect for the complexities associated with intimate partner violence in African American faith communities to advocate for human rights and to become deeply involved in intimate partner advocacy, awareness and social justice within their community. They accepted the challenge to consider the most immediate and effective manner by which this information about intimate partner violence could be disseminated to people of faith, particularly those who were also African American.

Overview of S.T.A.R.T.©

The group conceptualized a model that would speak to the need for a culturally competent, multi-systems model for intervention and education that was noted in the literature and further evolved from informal discussions. Through this process, the acronym S.T.A.R.T.© evolved—**S**hatter the Silence, **T**alk About *It*, **A**lert the Public, **R**efer, and **T**rain self and others. The groups sensed that S.T.A.R.T.© provided a message of activism, advocacy, education, and justice in a manner that 1) respected religious, spiritual and cultural traditions and 2) was consistent with the NASW Code of Ethics and CSWE mandates regarding cultural competence. This model incorporated micro, mezzo, and macro components and provided opportunity to introspectively and collectively explore cultural dynamics related to faith, ethnicity, intimate partner education, intimate partner violence practices, and community partnering. More specifically, the S.T.A.R.T.© model focused on how individuals, families, and organizations can effectively address the issue of domestic violence in both communities of color and communities of faith. Additionally, the model addresses awareness and educational needs of the African American community in relation to domestic violence and how available social service providers can be utilized effectively. Finally, the S.T.A.R.T.© model was designed to respect cultural values within the African American community by integrating the five factors identified earlier in the article. Overall, S.T.A.R.T.© addressed the insights about intimate partner violence that members of the group had gained through reviewing the literature, practicing social work in faith-based communities, and training community members about intimate partner violence.

The S.T.A.R.T.© Model for Intimate Partner Violence Intervention and Education

The S.T.A.R.T.© model is based on the Empowerment Approach and uses a five letter acronym to describe a five step approach in addressing intimate partner violence within the African American faith community.

Each step includes specific information and tasks that will assist in the goal of intervening and educating on intimate partner violence in a culturally sensitive way. Because of the importance of religion and spirituality in the African American community, the model incorporates vernacular commonly heard in religious and spiritual settings within this community.

S: Shatter the Silence

Shatter the Silence promotes personal inventory regarding one's beliefs and knowledge as they relate to power, gender, types of abuse, hierarchical structure, and personal and community responsibility. Additionally, the facts related to incidents of intimate partner violence within African American and faith communities are also considered in this step. Holy scriptures, poems, lyrics from songs, and testimonials from survivors are presented to help persons learning the model understand the experiences of people of other backgrounds. In addition, this section of the model includes world, national, and local statistics related to domestic violence, in general, and domestic violence in communities of color and faith, more specifically. Lastly, this component promotes consideration of how holy texts, including Colossians 3:18 and Ephesians 5:22, which encourage wives to be submissive to their husbands may be interpreted and used to consciously or subconsciously support the oppression of specific vulnerable groups, specifically women. The primary task associated with this component of the model is to be introspective about experiences and perspectives surrounding intimate partner violence.

T: Talk About *It*

Following the initial introspective process, the model suggests that persons begin to Talk About *It*. Talking about *It* includes the recognition of secrecy and the taboo that exists regarding the presence of intimate partner violence in communities of color and communities of faith. The model emphasizes the awareness of secrecy through the use of the italicized *It* and discussions are encouraged to dispel the secrecy. The model provides relevant questions to discuss regarding faith, culture, and experience. Some of the questions focus on 1) whether the participants had heard of an incident of IPV which has occurred within their faith or cultural community, 2) whether the participants had ever heard a sermon on IPV, and 3) whether their faith or ethnic community had a formal response or designated ministry that addressed IPV. Talking about *it* also prompts a discussion about beliefs and policies related to power, control, ethnicity, gender, faith and faith-based organizations. Finally, exercises are provided to engage the ethnic community and faith community in the awareness of policies and practices regarding intimate partner violence. For example, participants are divided into working groups

to share anecdotal stories about IPV and the responses of their varied faith and ethnic communities. Participants are encouraged to note strengths and challenges associated with those responses. Finally, participants are encouraged to identify elements that should be included in a culturally-sensitive policy and formal practice regarding IPV.

A: Alert the Public

Once introspection is prompted, discussions have taken place regarding intimate partner violence and an informal or formal infrastructure has been established, this component promotes the development of a campaign designed to heighten public awareness on the issue. The model encourages individuals and small groups to design a holistic intervention and education campaign that considers the information shared in Shatter the Silence and Talk About *It*. The model calls for the development of public service announcements, media blitzes, print media, web-designs, regular public panel discussion, and special community and church intimate partner programs that are sensitive to targeted people of varied ethnic and faith backgrounds. Exercises are provided to facilitate the development and implementation of mechanisms to alert the public about intimate violence. During one of the exercises, participants are divided into smaller working groups that are tasked to develop an IPV media campaign that would be culturally sensitive. Media mediums would include billboards, websites, church bulletins, radio, bumper stickers, and television, and each group is expected to present their results after a designated development period.

R: Refer

Making referrals to specialized community resources is also an important part of the model. Referral information and resources including local agencies, shelters, crisis response units, medical facilities and institutions of higher learning are discussed as potential collaborators and recipients of referrals. Recognizing the challenges that many people of color and people of faith may have to access referral information, the importance of providing formal and informal referral processes is also presented in this segment of the model. The model encourages the use of collaborations with churches to formally refer survivors of intimate partner violence services through the use of a hotline system, resource center, or staff counselor. In addition, collaborations with faith communities can also produce informal referral processes via bulletin announcements, poster tear-offs in public restrooms, and information sheets in donated compact containers and lipstick tubes. Finally, the model emphasizes the importance of safety planning, and one of the assigned tasks is to locate and complete a personal safety plan that can be provided to a referral agent or used as a part of the crisis-referral process.

T: Train Yourselves and Others

The final component of the model identifies the need for continued introspection, growth and expansion of knowledge regarding intimate partner violence. The goal of this component is to encourage advocates to empower other advocates by conducting trainings and providing resources for others through presentations at churches, civic organizations, social service agencies, colleges or universities, and other venues. The model fosters continued learning in as many gathering spaces as possible. Attending and presenting seminars on intimate partner violence and related topics, especially in regard to faith, gender and ethnic groups is greatly encouraged. The primary exercise in this component is to identify and create training opportunities that are appropriate within specified communities.

Outcomes of the S.T.A.R.T.© Model

Since its inception the model has been implemented for more than a decade to train a vast array of people from various ethnic, racial, socioeconomic, age, and religious backgrounds. Among the groups of those trained using the S.T.A.R.T.© model are African American clergy, Hispanic community leaders, Christian and Muslim Ethiopian Women's advocates, and undergraduate and graduate social work students and practitioners. Comments regarding the model have been very positive, with training participants noting appreciation for the opportunity to be introspective about their own personal and professional experiences, an appreciation for ethnic and religious diversity, a regard for the recognition of important racial and faith values, and practical opportunities to work through the process of developing and implementing an intervention and education strategy.

Using a post-training focus group format, the model has been tested for comprehension and ease. Following each presentation of the model, participants have been asked to comment on their thoughts regarding the model's ease, implementation, and usefulness. Several people have commented about the simplicity of the model; one said, "S.T.A.R.T. is very easy to remember. Even if I don't remember all of the steps, I am encouraged to do something simply because of the name of the model." Another person noted the following: "I wish that I'd had this model many years ago when my mother was being abused by her husband who was a Deacon [in the church]." Additionally, many participants noted an ease with using the model to address other sensitive topics, including sexual assault and perhaps human trafficking. "This model is really simple. I can see it being used as a basis to address so many other issues that we don't talk about in the church like child abuse, sexual assault and even prostitution."

In the future, the model will continue to be utilized specifically within communities of faith and color, including at Historically Black Colleges and

Universities and churches across the United States. Additionally, empirical evaluations of the model will be conducted using various methods including a pre-post-test design and a comparison group design. Currently, grant funding opportunities are being sought in an effort to implement the model in non-faith affiliated and younger communities, and to formally measure effectiveness using varied implementation strategies including web-based training and small, gender-based groups. In addition, the model will also be expanded and marketed as a formal curriculum, which will include establishing an online presence and online trainings, making it accessible to national and international entities. Additionally, the S.T.A.R.T. model is currently being copyright protected to an even larger degree so that the trainers can ensure that the presentation of the curriculum is consistent and meets the goal of cultural competency and sensitivity. It is believed that the aforementioned will provide opportunity for further development and implementation of this model within the broader society.

Implications for Christians in Competency-Based Social Work Practice

The conceptualization of the S.T.A.R.T.© model prompts implications for practice, policy, and research, particularly for Christians in practice. The S.T.A.R.T.© Intervention provides an example of how and why competency-based social work practice is important in faith-based communities. Some of the specific competencies to consider are in the areas outlined in the CSWE Educational Policy and Accreditation Standards (CSWE, 2008).

Diversity, Values and the Evolving Context of Social Work Practice

It is vital that social workers be competent in understanding how their values connect back to the communities they serve (EPAS Competency 2.1.2), the nature of diversity in working with faith-based groups (EPAS Competency 2.1.4), and the context of social work practice as evolving and dynamic (EPAS Competency 2.1.9). Specifically, practitioners must be aware of the unique dynamics experienced by people and communities of color and people of faith who encounter intimate partner violence. Unfortunately, the practice literature that connects these minority communities with intimate partner violence is extremely limited. This limitation seems to validate the work of Walls (2009) who found a dearth of literature directly related to practice with minority populations which led him to postulate that "practice with minorities is of marginal interest to the profession" (p. 145).

As a part of heightening diversity awareness and culturally competent practice regarding intimate partner violence in communities of color and communities of faith, we suggest that practitioners must be aware of and build upon the clients' culture, religion, and spirituality. Such a suggestion

is supported by Hodge (2011) who notes that cultural competence includes developing interventions of a spiritual nature while remaining aware of the diverse components of culturally sensitive practice. Hodge (2011) also notes that many social workers are unaware of religious and spiritual differences and culturally competent practices that are religiously and spiritually sensitive. In that regard, practitioners need to be trained to understand their spiritual and religious beliefs and to respect the diverse spirituality and religious practices of others. Christian social workers have a unique opportunity to participate in and develop training sessions with others that explore the correlations between religious and spiritual beliefs and social work practice. By partnering with churches, Christian and non-Christian social workers may be better able to help individuals and communities struggling with these related practice issues, as supported by Ringel (2008).

Policy Implications for Faith- and Competency-Based Social Work Practice

The EPAS Competency on policy practice (2.1.8) stresses the importance of social workers having knowledge of policies, how they affect diverse communities, and how to impact them on multiple levels. Christian social workers must be able to revisit policies that impact intimate partner violence research and practice with people of color and faith communities. Not only should social workers evaluate the effectiveness of current national policies as recommended by Bent-Goodley (2009), policies that are held by connectional and independent faith communities regarding gender roles, patriarchy, use of holy texts and the role of support networks must also be considered. Additional macro level policies that impact intimate partner violence with people of color and faith relate to mandatory arrest laws, the perceived necessity of secrecy, and the removal of children from violent homes. In this regard, social workers can advocate for policies that protect survivors and their children while promoting fairness in the implementation of laws, as suggested by Bent-Goodley, Henderson and McFagion (2014). Mezzo level policies should mandate training and proficiency in cultural competence. Several researchers and practitioners including Sheridan (2009) note the need for additional policies surrounding cultural competence training. Related to IPV within communities of color and communities of faith, we suggest that the policies should educate practitioners as to the unique dynamics of domestic violence in communities of color and should reinforce the use of culturally competent techniques when engaging diverse faith populations. Social workers must be aware of how faith and public policy come together, the parameters of these relationships, and most effective points of influence. In addition, Brade (2009) notes the necessity of social workers being competent in helping to create mezzo level and institutional policies to help faith-based communities chart out specific policies that will work for their congregations.

Research Implications for Faith- and Competency-Based Social Work Practice

An additional EPAS competency acknowledges the importance of research-informed practice and practice-informed research (2.1.6). This competency stresses the importance of social workers being able to inform and develop research for the purposes of improving and expanding effective practice. While there is a growing body of researchers who have conducted intimate partner violence research with African American people of faith (Brade, 2009; Dyer, 2009), there remains a need for more Christian social workers to lead the cause in developing research agendas and strategies that improve practice with members of ethnic groups and faith communities. This research must consider educational needs and community resources within the context of culture. Ensuring quality education and the development of faith-based services within ethnic communities is an important step towards impacting intimate partner violence. More research is needed on practical approaches to engage faith-based communities on intimate partner violence. Training manuals and strategies to engage faith-based communities are needed to provide explicit direction on how to educate diverse religious groups about intimate partner violence. Research that can inform how social workers and faith-based communities can work together to eradicate intimate partner violence is also needed.

Conclusion

Intimate partner violence is a serious issue in all communities and has been particularly devastating in African American communities and communities of faith. While there is growing scholarship in the examination of intimate partner violence in the African American community, more sound research is needed within this population.

This article has presented the development of the S.T.A.R.T.© model which has been implemented within communities of color and communities of faith. The model connects with competency-based social work practice and stresses the importance of developing interventions within the Black community that considers the history of oppression, the need to include traditional methods of coping that include religious practices and spiritual beliefs, relevance of community and community support, presents elements of existential and practical hope, and was developed and evaluated from culturally-sensitive, research-based education.

While this model has been implemented for over 10 years, there is a need for further development and testing of other models within varied communities. Increasing the number of culturally specific interventions will help to address potential misunderstandings of the importance and influence of the church and spirituality among African Americans and

people from other racial and ethnic groups. Additionally, the development of other culturally sensitive models can provide social workers with the tools necessary to help those who have encountered intimate partner violence. It is essential that social workers utilize a competency-based social work approach that infuses knowledge and skills with faith-based communities and effective social work practice. Being able to identify these competency-based strategies is key to furthering faith-based social work practice for the future. ❖

References

Bent-Goodley, T. (2013). Domestic violence fatality reviews and the African American community. *Homicide Studies, 17 (4),* 375-390.

Bent-Goodley, T. (2012). *The ultimate betrayal: A renewed look at intimate partner violence*. Washington, D.C.: NASW Press.

Bent-Goodley, T. (2005). An African centered approach to domestic violence. *Families in Society, 86,* 197-206.

Bent-Goodley, T. (2009). A black experience-based approach to gender-based violence. *Social Work*, 54 (3), 262-269.

Bent-Goodley T., & Brade Stennis, K. (In Publication). Men's violence in African and Bible believing African American churches. In Andrew Johnson (Ed.) *Religion and men's violence against women*. New York, NY: Springer Publishers.

Bent-Goodley, T., Henderson, Z. & McFagion, A. (2014). Domestic violence among African Americans: Strengthening knowledge to inform action. In Lee E. Ross (ed.), *Continuing the war against domestic violence*, pp. 67-82 (2nd ed.; CRC Press, 2014).

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S.G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Brade, K. (2009). *Let the Church Stop Saying "Amen": Domestic violence perceptions and experiences from a cohort of African-American clergy in divinity school*. Howard University. (Doctoral Dissertation). Retrieved from ProQuest 1109078099, 9781109078091.

Brade, K. & Bent-Goodley, T. (2009). A Refuge for my soul: Examining African American clergy's perceptions related to domestic violence awareness and engagements in faith community initiatives. *Social Work & Christianity*, *36*(4), 430-448.

Corvo, K., Dutton, D. & Chen, W. (2009) Do Duluth Model interventions with perpetrators of domestic violence violate mental health professional ethics? *Ethics & Behavior*, *19*(4), 323-340.

Council on Social Work Education (CSWE). (2008). *Educational policy and accreditation standards*. Alexandria, VA: Author.

Dyer, J. (2010), Challenging assumptions: Clergy perspectives and practices regarding intimate partner violence. *Journal of Religion and Spirituality: Social Thought, 29*, 33-48.

Ellison, C. G., Trinitapoli, J. A., Anderson, K. L., Johnson, B. R. (2007). Race/ethnicity, religious involvement, and domestic violence against women, *Violence Against Women, 13*, 1094-1112.

Fortune, M. (1999) *Is nothing sacred?* Cleveland, OH: United Church Press.

Garcia-Moreno, C, Jansen, H., Ellsberg, M., Heise, L. & Watts, C. (2006) Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*, *368*, (9543) 7–13 October 2006. Retrieved from http://www.sciencedirect.com/science/article/pii/S0140673606695238).

Hodge, D. R. (2011). Using spiritual interventions in practice: Developing some guidelines from evidence-based practice. *Social Work, 56*(2), 149–158.

Martin, E. & Martin, J. (2003). *Spirituality and the Black helping tradition*. Washington, DC: NASW Press.

Miles, A. (2011) *What every pastor needs to know*. New York: NY, Fortress Press.

National Institute of Justice (2010) *Measuring Intimate Partner (Domestic) violence*. Retrieved from http://www.nij.gov/topics/crime/intimate-partner-violence/Pages/measuring.aspx.

Perkins, E., Voisin, D. R., & Brade Stennis, K. (2013). Sociodemographic factors associated with HIV status among African American women in Washington D.C. *International Journal of Women's Health, 3*(5), 587-591.

Ringel, S. (2008). Intimate partner violence in the evangelical community: faith-based interventions and implications for practice. *Journal of Religion & Spirituality in Social Work, 27*(4), 341-360.

Schiele, J. (2000). *Human services and the Afrocentric paradigm*. Binghamton, NY: The Haworth Press.

Sheridan, M. (2009). Ethical issues in the use of spiritually based interventions in social work practice: What are we doing and why? *Journal of Religion & Spirituality in Social Work: Social Thought*, *28*(1–2), 245–261.

Walls, P. (2009). Multicultural competence: Are BSW students adequately prepared? *Journal of Baccalaureate Social Work, 14*(2), 141–159.

***Kesslyn Brade Stennis**, Ph.D., MSW, Associate Professor and Chair of the Social Work Department, College of Behavioral and Social Sciences, Coppin State University, 2500 West North Avenue, Baltimore, MD 21216-3698. Phone: (410) 951-3543. Email: kbradestennis@coppin.edu.*

***Helen Fischle**, MSW, Assistant Professor and Interim Chair, Department of Social Work, Oakwood University, 7000 Adventist Blvd, Huntsville, AL 35896. Phone: (256) 726-7340. Email: hfischle@oakwood.edu*

***Tricia Bent-Goodley**, Ph.D., MSW, LICSW, Professor and Director of the Doctoral Program, School of Social Work, Howard University, and Director of the Howard University Interpersonal Violence Prevention Program, Innabel Lindsay Hall, 601 Howard Place, NW, Washington, DC 20059. Phone: (202) 806-7306. Email: tbent-goodley@howard.edu.*

***Kathy Purnell**, Ph.D., MSW, Assistant Professor, Social Work Department, College of Health, Education and Professional Studies, University of Tennessee, Chattanooga, 615 McCallie Ave., Chattanooga, TN 37403, Kathy-Purnell@utc.edu, 423-425-4214.*

***Hilary Williams,** BS in Social Work from Bowie State University, MSSW student at Case Western University, P.O. Box 6144 Largo, MD 20792. Email: Hilary.Williams@case.edu.*

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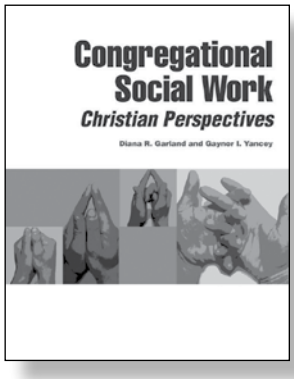
NACSW Announces the Publication of *Congregational Social Work: Christian Perspectives*



NACSW is delighted to announce the publication of ***Congregational Social Work: Christian Perspectives*** (2014) by Drs. Diana Garland and Gaynor Yancey from the Baylor School of Social Work. *Congregational Social Work* offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *Congregational Social Work* shares illuminating stories and experiences from social workers engaged in powerful and effective work within and in support of congregations throughout the US.

This important new work includes chapters on topics such as:

- What is Church Social Work?
- Congregations as Context for Social Work
- Social Workers as Congregational Leaders
- Leading from Charity to Justice
- And much more!

Congregational Social Work: Christian Perspectives (ISBN 978-0-9715318-8-8) is over 300 pages long and includes dozens of photos tracing the history of congregational social work. Copies are now available at the low cost of just $39.95 (or $31.95 for NACSW members or for orders of 10 or more copies). In addition, an e-version (pdf format) of Congregation Social Work is also available for $24.95.

For additional information about ***Congregational Social Work*** or to order a copy:

Email NACSW at info@nacsw.org
Visit NACSW's website bookstore at:
http://www.nacsw.org/cgi-bin/storeman.cgi
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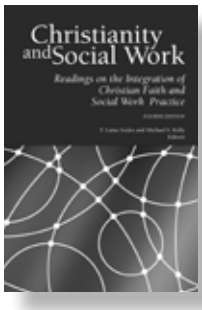
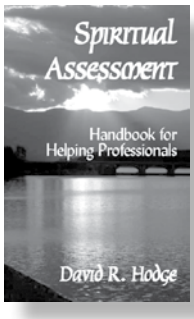
Christianity and Social Work: Readings on the Integration of Christian Faith & Social Work Practice (Fourth Edition)
T. Laine Scales and Michael S. Kelly (Editors). (2012). Botsford, CT: NACSW $55.00 U.S., $42.99 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.



At over 400 pages and with 20 chapters, this revised fourth edition of *Christianity and Social Work* includes six new chapters in response to requests by readers of previous editions. We have included new chapters on issues of sexual orientation, Evidence-based Practice (EBP) as well as an enhanced section on the role of Christianity in social welfare history. It is written for social workers whose motivations to enter the profession are informed by their Christian faith, and who desire to develop faithfully Christian approaches to helping. The book is organized so that it can be used as a textbook or supplemental text in a social work class, or as a training or reference materials for practitioners. Readings address a breadth of curriculum areas such as social welfare history, human behavior and the social environment, social policy, and practice at micro, mezzo, and macro levels.

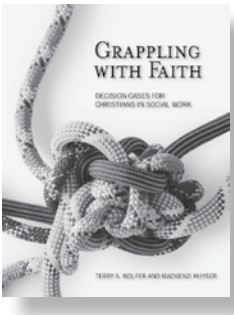
Spiritual Assessment: Helping Handbook for Helping Professionals
David Hodge. (2003). Botsford CT: NACSW $20.00 U.S. ($16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment. David Hodge's *Spiritual Assessment: Helping Handbook for Helping Professionals*, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment "toolbox" containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.

Grappling with Faith: Decision Cases for Christians in Social Work

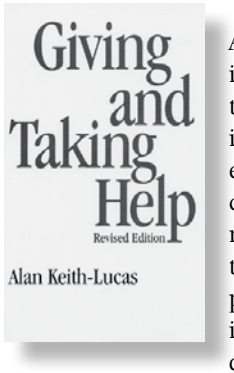
Terry A. Wolfer and Mackenzi Huyser (2010) $23.75 ($18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Grappling with Faith: Decision Cases for Christians in Social Work presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found in a wide variety of areas of social work practice, provoking active decision making and helping develop readers' critical thinking skills. Each case provides a clear focal point for initiating stimulating, in-depth discussions for use in social work classroom or training settings. These discussions require that students use their knowledge of social work theory and research, their skills of analysis and problem solving, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and decide what to do in these complex and difficult situations.

Giving and Taking Help (Revised Edition)

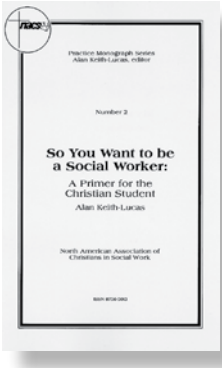
Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. $20.75 U.S. ($16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



Alan Keith-Lucas' *Giving and Taking Help*, first published in 1972, has become a classic in the social work literature on the helping relationship. *Giving and taking help* is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.

So You Want to be a Social Worker: A Primer for the Christian Student

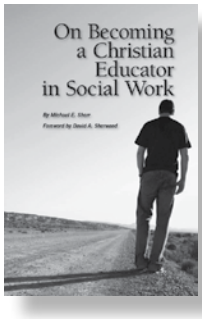
Alan Keith-Lucas. (1985). Botsford, CT: NACSW. Social Work Practice Monograph Series. $11.50 U.S. ($9.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



So You Want to Be a Social Worker has proven itself to be an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of "imposition of values," the problem of sin, and the need for both courage and humility.

On Becoming a Christian Educator in Social Work

Michael Sherr (2010) $21.75 ($17.50 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.



On Becoming a Christian Educator is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to connect their personal faith journeys to effective teaching practices with their students. Frank B. Raymond, Dean Emeritus at the College of Social Work at the University of South Carolina suggests that "Professor Sherr's book should be on the bookshelf of every social work educator who wants to integrate the Christian faith with classroom teaching. Christian social work educators can learn much from Professor Sherr's spiritual and vocational journey as they continue their own journeys and seek to integrate faith, learning and practice in their classrooms."

HEARTS STRANGELY WARMED: REFLECTIONS ON BIBLICAL PASSAGES RELEVANT TO SOCIAL WORK

Lawrence E. Ressler (Editor). (1994). Botsford, CT: North American Association of Christians in Social Work. $9.25 U.S. ($7.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

Hearts Strangely Warmed: Reflections on Biblical Passages Relevant to Social Work is a collection of devotional readings or reflective essays on 42 scriptures pertinent to social work. The passages demonstrate the ways the Bible can be a source of hope, inspiration, and conviction to social workers.

THE POOR YOU HAVE WITH YOU ALWAYS: CONCEPTS OF AID TO THE POOR IN THE WESTERN WORLD FROM BIBLICAL TIMES TO THE PRESENT

Alan Keith-Lucas. (1989). Botsford, CT: North American Association of Christians in Social Work. $20.75 U.S. ($16.50 for NACSW members). For price in Canadian dollars, use current exchange rate.

ENCOUNTERS WITH CHILDREN: STORIES THAT HELP US UNDERSTAND AND HELP THEM

Alan Keith-Lucas. (1991). Botsford, CT: North American Association of Christians in Social Work. $11.50 U.S. ($9.00 for NACSW members). For price in Canadian dollars, use current exchange rate.

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To order a copy of any of the above publications, please send a check for the price plus 10% shipping and handling. (A 20% discount for members or for purchases of at least 10 copies is available.) Checks should be made payable to NACSW; P.O. Box 121, Botsford, CT 06404-0121. Email: info@nacsw.org 203.270.8780.

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Religious and Spiritually-Oriented Interventions with Veteran and Military Populations

Special Issue of *Social Work & Christianity:*

Guest Editors: Dexter Freeman, DSW; Lanny Endicott, D. Min., MSSW; and Laurel Shaler, PhD, LCSW

Paquette (2008) described the relentless and unyielding atrocities of war that soldiers of today and yesterday are continuously enslaved to when she said, "The soldiers also bear witness to their dehumanizing behavior of not only killing the enemy but also innocent civilians…The inability to forget what they experienced and what they did in the name of war is the private hell many veterans live with for the rest of their lives" (p.143). Some refer to the battle-wounds that soldiers return with as wounds to the soul as well as wounds to the body. A plethora of studies have been performed over the past decade and have confirmed the effectiveness and significance of spirituality and religion in the healing process of soldiers and veterans who may be seeking to cope with wounds to their body and soul. This special issue invites practitioners, researchers, and educators to submit papers with an emphasis on demonstrating the effectiveness of integrating religious and spiritually-focused interventions with military populations. This special issue of *Social Work & Christianity* seeks to build upon the current knowledge and interest related to acknowledging the role of religion and spirituality in social work practice with soldiers and veterans. This issue is especially focused on the demonstration of spiritually-focused evidence based practices that have shown to be effective in alleviating the negative effects of the trauma that soldiers and veterans have experienced. In addition, this issue will focus on research that supports the integration of religion and spirituality in the treatment of veterans and military populations.

The intended audience for this special issue will be social work practitioners, researchers, and educators although it is understood that the depth and breadth of the papers selected will be designed to benefit any social work professional or behavioral health provider that may be interested in integrating spirituality and religion in their work with a veteran population. Interested authors may submit empirical studies, program evaluations, program descriptions that demonstrate the integration of religion and spirituality into evidence based treatment, and similar manuscripts for publication consideration.

About the Journal

Social Work and Christianity (*SWC*) is a refereed journal published by the North American Association of Christians in Social Work (NACSW) in order to contribute to the growth of social workers in the integration of Christian faith and professional practice.

For this special issue, the editors welcome articles, book reviews, and letters that deal with issues related to the integration religion and spirituality into social work practice with veterans and military populations.

Instructions for Authors

Please submit abstracts and full manuscripts in Microsoft Word by **June 30, 2015** to dexter.r.freeman.civ @mail.mil . Manuscripts should be written according to the guidelines of the publication manual of the American Psychological Association (6th edition). The editors will review manuscript abstracts for suitability for inclusion in the special issue. Pending the outcome of the review, the editors will inform the author(s) of the status of their manuscript submission and all approved manuscripts will receive a full review according to the manuscript submission guidelines of SWC which can be found at: http://www.nacsw.org/SWCSubmission.htm.

Inquiries may be sent to Dexter Freeman (dexter.r.freeman.civ@mail.mil), Lanny Endicott (lendicott@oru.edu), or Laurel Shaler (doctorlaurelshaler@gmail.com).

Reference Paquette, M. (2008). The aftermath of war: Spiritual distress. *Perspectives in Psychiatric Care, 44*(3), 143-145.

NACSW
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The journal is sponsored by Baylor's School of Social Work and George W. Truett Theological Seminary.

INSTRUCTIONS FOR AUTHORS

Submit manuscripts to *SWC* electronically in the form of two documents: a separate title page that contains the title, a list of key words, and full author information, including names, affiliations, addresses, phone numbers, and email addresses; and a document without author identification that contains the full text of the article, including an abstract of not more than 150 words, references, and any tables or appendices. Use the American Psychological Association Style Manual format (6th edition) for in-text references and reference lists. Submit manuscripts as email attachments to david@sherwoodstreet.com, using either Word or Pages.

At least three members of the editorial board will anonymously review manuscripts and recommend an acceptance decision based on the following criteria: relevance of content to major issues concerning the relationship of social work and Christianity, literary merit, conciseness, clarity, and freedom from language that conveys devaluation or stereotypes of persons or groups. The editor-in-chief will make final decisions.

Authors may also correspond with the editor-in-chief by phone, mail or email: David Sherwood, 2740 Crater Lane, Newberg, OR 97132. Telephone: (503) 537-0675 (H). Email: david@sherwoodstreet.com.

SUBSCRIPTIONS AND INDEXING

Four issues per year of *SWC* are a benefit of membership in NACSW. Information on membership may be obtained by contacting NACSW at info@nacsw.org or 888.426.4712.

Subscriptions are available for $122/year for institutions located in the US, $140/year (US$) for institutions located in Canada, and $140/year (US$) for institutions in all countries outside of North America. This low subscription rate includes both hard print copies as well as on-line access to *Social Work and Christianity.* Please note that on-line access allows access to issues of SWC going back to 1974.

Back orders of most issues of *SWC* (formerly *The Paraclete*) are available for $5 per copy. For more information including a list of contents by issue or questions about advertising in *SWC,* contact NACSW. *SWC* is indexed in *Social Work Abstracts, Sociological Abstracts, Social Services Abstracts, Guide to Social Science and Religion in Periodical Literature, PsycINFO* and *Christian Periodical Index*. Full text articles from *Social Work and Christianity* appear in both ProQuest as well as EBSCO's *SocINDEX with Full Text*, *Academic Search Complete*, *and Social Sciences Full Text* bibliographic research databases.

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North American Association of Christians in Social Work

NACSW's mission is to equip its members to integrate Christian faith and professional social work practice.

Its goals include:

- Supporting and encouraging members in the integration of Christian faith and professional practice through fellowship, education, and service opportunities.
- Articulating an informed Christian voice on social welfare practice and policies to the social work profession.
- Providing professional understanding and help for the social ministry of the church.
- Promoting social welfare services and policies in society which bring about greater justice and meet basic human needs.

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