Integration of Clients' Spirituality Among Christians in Social Work

Holly K. Oxhandler, PhD
Baylor University
School of Social Work

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Beacons of Hope During Challenging Times
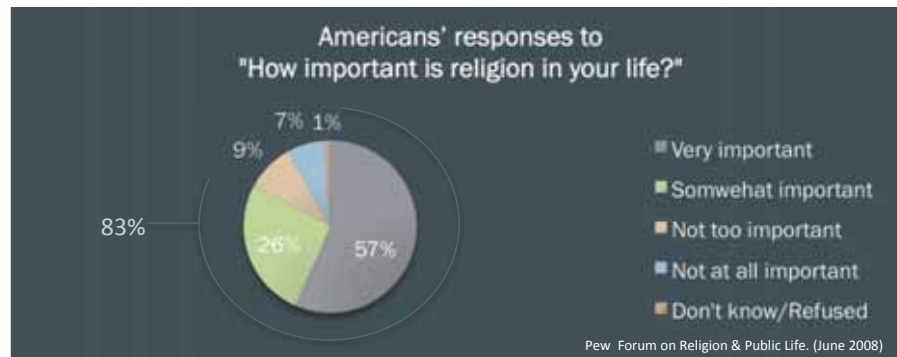
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Directions

- Background

- Introduce Religious/ Spiritually Integrated Practice Assessment Scale (Oxhandler & Parrish, 2014)

- Describe current study, including Christians' views and integration of clients' RS
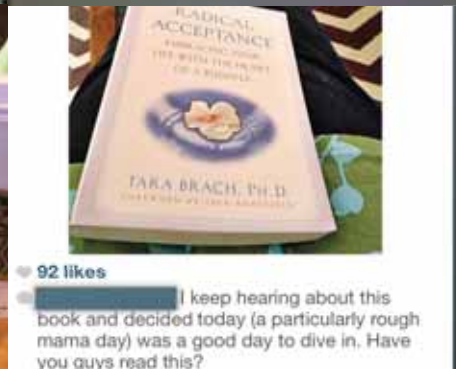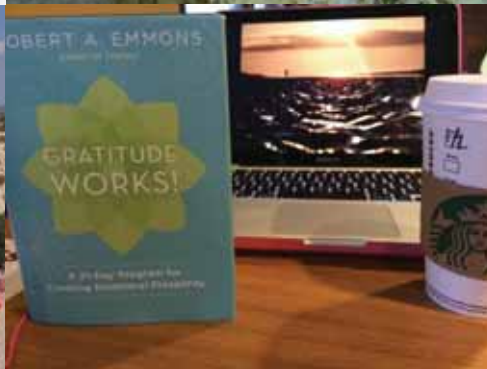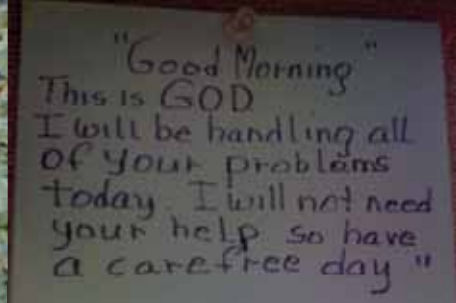
- Implications

- Conclusion

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Significance

- 26% of adults receive mental illness diagnosis (NIMH, 2008)

- Attending to clients' religious/spiritual (RS) practices contributes to positive health outcomes (Koenig, King, & Carson, 2012; Koenig, McCullough, & Larson, 2001)

- Role of religion and spirituality in many people's lives

Americans' responses to "How important is religion in your life?"

83%

7% 1%
9%
26% 57%

- Very important
- Somwehat important
- Not too important
- Not at all important
- Don't know/Refused

Pew Forum on Religion & Public Life. (June 2008)

Role of Religion & Spirituality in Clients' Lives

EBP Process

- Clients prefer their religious/spiritual (RS) beliefs be discussed in practice... and that the *practitioner* initiate the conversation

- Emerging spiritually-sensitive, empirically-supported interventions

- Evidence-based Practice Model

Clinical state & Circumstances

Practitioner Expertise

Client Values, Preferences & Actions

Research Evidence

Adapted from Haynes, Devereaux, & Guyatt (2002)

Social Work Practitioners

- Social work practitioners
  - Account for 45% of clinically-trained helping professionals (SAMHSA, 2010)

- Social work education
  - Limited training in this subject (Canda & Furman, 2010; Marshall, 1991; Russel, 1998, 2006)

2009 GcSW Incoming Class

Social Work Practitioners' Integration of Clients' Religion and Spirituality in Practice: A Literature Review

Holly K. Oxhandler and Kenneth I. Pargament

Emerging research on religion, spirituality, health, and mental health has begun to catch the attention of helping professionals. Some clients are expressing a desire for their health and mental health practitioners to initiate discussion of their religious or spiritual beliefs as they relate to their care. Social workers are the most represented group among personnel providing mental health services, so it is important to understand their attitudes, views, and behaviors regarding integrating clients' religion and spirituality (RS) into practice. Few studies have assessed such an integration; those that are available focus primarily on practitioner characteristics and use of specific helping activities to integrate clients' RS in treatment. This article discusses how RS have been integrated into social work practice and education and reviews instruments used to assess such practices. In addition, the findings from previous studies examining social workers' integration of clients' RS are compared with those of other helping professions. Finally, implications for education and practice are discussed.

KEY WORDS: education; practice; religion; social work; spirituality

Religious/Spiritually Integrated Practice Assessment Scale
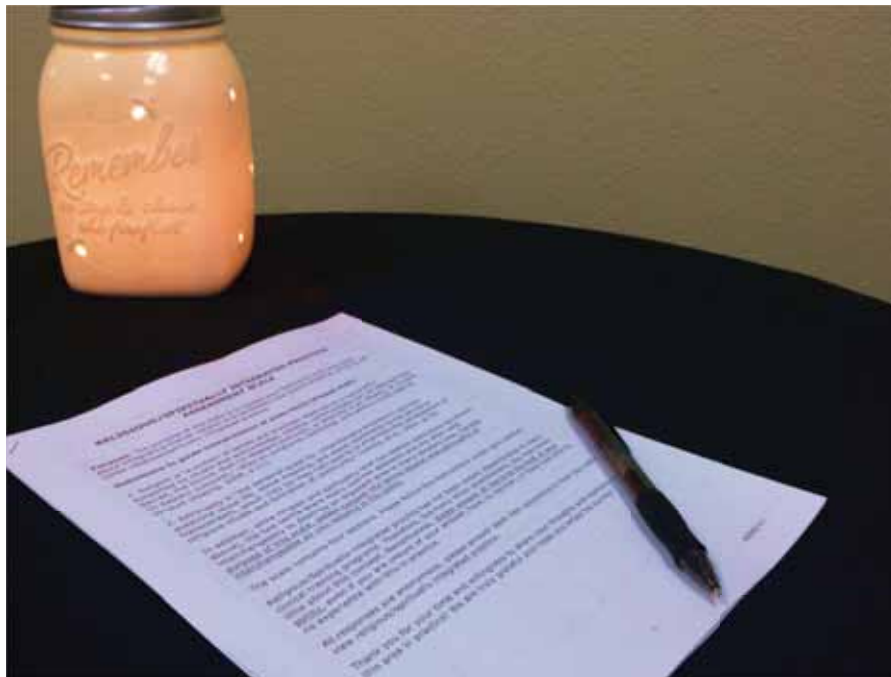
Religious/Spiritually Integrated Practice Assessment Scale

- 4 Subscales:
  - Self-Efficacy
  - Attitudes
  - Perceived Feasibility
 - Behaviors

- 40 items

- Reliability (a=.95)

- Validity

Table 4. Coefficient α, Mean Score, and SD for Entire Scale and Each Subscale (Based on Final 40-Item RSIPAS).

Scale (Number of Items, N)	Coefficient α	Mean Score	SD
Entire scale (40, 393)	0.95	153.53	21.05
Self-efficacy with R/S integrated practice (13, 439)	0.91	52.92	7.28
Attitudes toward R/S integrated practice (12, 445)	0.88	48.07	6.65
Feasibility to integrate clients' R/S in practice (6, 454)	0.84	24.05	3.73
Frequency of engaging in R/S integrated practice (9, 437)	0.87	28.10	6.67

Oxhandler & Parrish (2014)

Confirmatory Factor Analysis: Second-Order Model
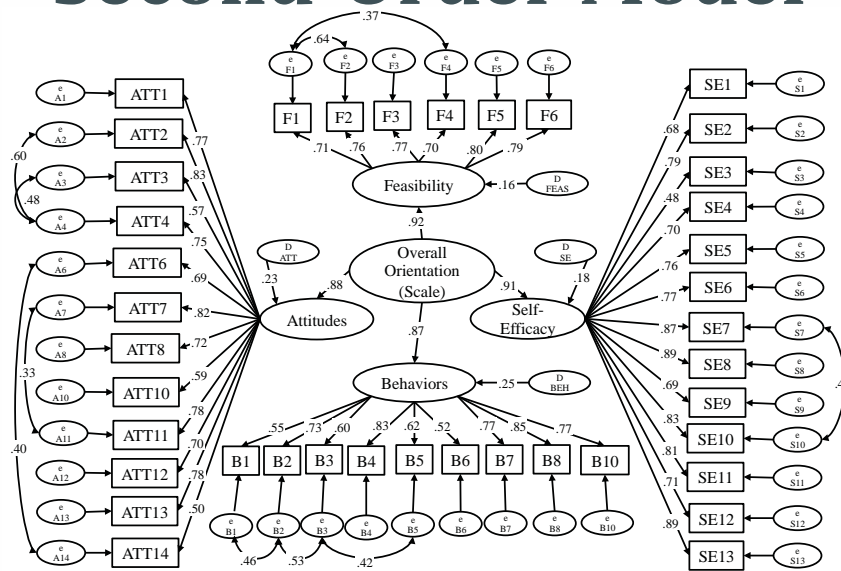
Model	Items	df	χ²	p	χ²/df	RMSEA [90% CI]	CFI	TLI
Baseline CFA	41	773	3,489.76	0.00	4.51	.086 [.084 .089]	0.90	0.89
Final CFA Model	40	724	2,653.06	0.00	3.66	.075 [.072 .078]	0.93	0.92
Second Order CFA	40	726	2,753.89	0.00	3.79	.077 [.074 .080]	0.92	0.92

Oxhandler & Parrish (2014)

Criterion Validity

Relationships Between Amount of Prior Training or Education in RS Integrated Practice, Practitioner Religiosity, and Scores on the RSIPAS and its Subscales

	Overall Scale Score (all subscales) (N)	Self-Efficacy (N)	Attitudes (N)	Feasibility (N)	Behaviors (N)
Any courses taken as a student that focused primarily on integrating R/S in practice? (Yes or No)[a]	.18** (391)	.15** (424)	.14* (435)	.10* (445)	.19** (428)
Any prior continuing education on integrating R/S in practice? (Yes or No)[a]	.39** (391)	.33** (424)	.25** (435)	.24** (445)	.42** (428)
Knowledge of any empirically-supported treatments on integrating clients' R/S in practice? (Yes or No)[a]	.31** (388)	.27** (421)	.24** (432)	.16** (442)	.33* (425)
How often do you attend church of other religious meetings? (ORA)[b]	.21** (446)	.18** (446)	.23** (446)	.09 (p=.07) (446)	.20** (446)
How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)[b]	.42** (449)	.35** (449)	.39** (449)	.31** (449)	.42** (449)
DUREL Intrinsic Religiosity Subscale[c]	.46** (443)	.40** (443)	.42** (443)	.31** (443)	.43** (443)

* p values are significant at the .05 level; ** p values are significant at the .01 level
[a] Point-biseral coefficient; [b] Spearman's rho correlation; [c] Pearson's r correlation

Oxhandler & Parrish (2014)

Aims of Current Study

- Utilize secondary data collected anonymously from social workers across the United States
  - Assess the views and integration of clients' RS in practice among the self-identified Christian sub-sample
  - Compare views and integration of clients' RS in practice among social workers who self-identified as Christian with social works' who did not self-identify as Christian

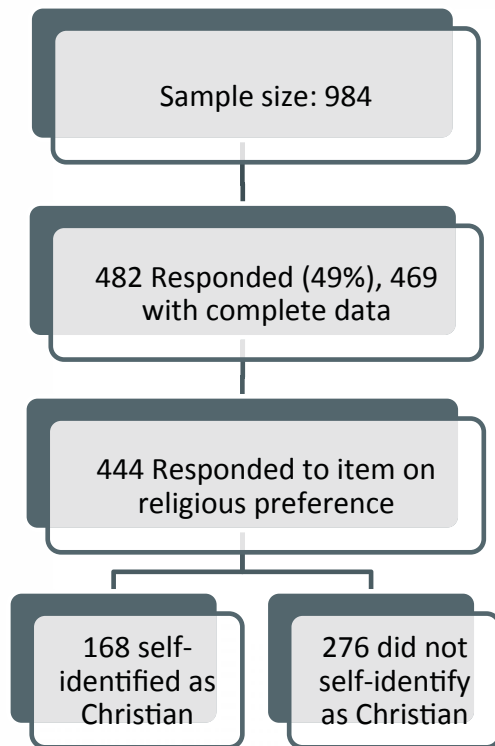# Sample & Data Collection

- Survey Monkey Link
  - RSIPAS
  - 26 Background questions and 2 open-ended items
  - Approx. 15 minutes to complete

- Sample: Social workers advertising services on HelpPRO

- Dillman Method
  - Pre-invitation email
  - Initial invitation email
  - Letter/token incentive
  - Follow-up email

Oxhandler, Parrish, Torres, & Achenbaum (In press).
Oxhandler & Parrish (2014).

Sample

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┌─────────────────────────────┐
│      Sample size: 984       │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│  482 Responded (49%), 469   │
│    with complete data       │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│  444 Responded to item on   │
│    religious preference     │
└─────────────────────────────┘
         ┌────┴────┐
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168 self-identified as Christian	276 did not self-identify as Christian

Christian Subsample

- Age: 56.8 years (SD=11.3)

- Gender: 77.8% female

- Race/Ethnicity:
  - 85% Caucasian
  - 7% African American
  - 6% Hispanic/Latino
  - 2% Other

- Region
  - 31% Northeast
  - 24% Midwest
  - 30% South
  - 15% West

- Licensure: 93% LCSW

- Years in Practice: 24.2 (SD=11.3)

Data Analysis

- Collapsing data

- Cross-tabulation/Chi-Square

- Independent samples t-tests

- Missing data

General Findings

- Self-efficacy (82% - 98%)
  - Exception: Items 3 (67%) and 6 (78%)

- Attitudes (63% - 99%)
  - Exception: Items 3 (58%) and 10 (52%)

- Perceived Feasibility (82% - 97%)
  - Exception: Item 6 (55%)

- Behaviors (25% - 68%)
  - Exception: Items 1 (11%) and 5 (14%)

Self-Efficacy

- **96-98%** are able to recognize positive/negative RS coping strategies

- **96%** consider the unique needs of diverse clients with different RS backgrounds

- **78%** are able to ensure clients have access to RS resources if it's an important aspect to their healing

- **67%** know what to do if the client brings up thoughts of being possessed by Satan or the Devil

Attitudes

- **96%** are open to learning about clients' RS beliefs that differ from their own

- **93%** feel that attending to clients' RS needs is consistent to meeting clients where they're at

- **58%** feel practitioners who take time to understand clients' RS beliefs show greater concern for client well-being than those who don't

- **52%** feel empirically-supported RS integrated therapies are relevant to their practice

Perceived Feasibility

- **97%** felt their practice setting supports integration of RS

- **94%** felt even with the many issues to be addressed in practice, they still find time to integrate clients' RS in practice if the client communicates this preference

- **55%** felt adequately trained to integrate clients' RS in therapy

Behaviors

- **68%** help clients' consider ways their RS support system may be helpful

- **65%** involve clients in deciding whether their RS beliefs should be integrated in practice

- **57%** conduct a full biopsychosocialspiritual assessment

- **26%** read about ways to integrate clients' RS to guide practice decisions

- **11%** seek out consultation on how to address clients' RS issues in treatment

General Findings

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RSIPAS items with *differing* responses between those who did and did not self-identify as Christian

Item	Christian SWs**	Non-Christian SWs**	X^2	p
SE6: I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process.	129 (77.7)	161 (58.5)	16.89	<.001
SE8: I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment.	151 (89.9)	212 (77.9)	10.26	.001
SE9: I know when it is beneficial to refer my client to pastoral or religious counseling.	144 (86.7)	196 (71.8)	13.21	<.001
ATT4: Integrating clients' religious/spiritual beliefs in treatment helps clients meet their goals.	121 (72.0)	158 (57.2)	9.77	.002
ATT10: I am open to referring my clients to religious or pastoral counseling.	144 (86.2)	205 (74.8)	8.18	.004
BEH3: I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions.	42 (25.0)	39 (14.2)	8.17	.004

**Number and % based on those who reported agree/strongly agree for Self-Efficacy, Attitudes, and Perceived Feasibility and a frequency of often/very often for Behaviors

Compare views and integration of clients' R/S in practice among social workers who self-identified as Christian with social works' who did not self-identify as Christian

Subscale	Self-identified as Christian (n=168)		Did not self-identify as Christian (n=276)		t	p
	M	SD	M	SD		
Self-Efficacy	54.0	6.00	52.1	8.03	2.84	.01**
Attitudes	48.9	6.01	47.7	7.02	1.84	.07
Feasibility	24.1	3.43	24.0	3.91	.32	.75
Behavior	29.1	6.22	27.3	6.75	2.80	.01**
Total Scale	156.1	18.33	151.0	22.78	2.55	.01**

** p values are significant at the .01 level

Conclusions

- Novel contribution of the Religious/Spirituality Integrated Practice Assessment Scale (RSIPAS)

- RSIPAS is a reliable and valid instrument, available for use

Conclusions

- Social workers who self-identify as Christian:
  - Have overall high levels of self efficacy, positive attitudes, and see few barriers to integrating clients' RS in practice
  - Less frequently integrate clients' RS in practice
  - Have higher self-efficacy and behavior subscale scores, and higher overall orientation than those who did not self-identify as Christian.

Limitations

- RSIPAS's model fit may be improved with ESEM procedures

- LCSWs outside of HelpPRO's website (or zip codes selected)

- Respondents' demographics and practice setting limited

- Response bias

- Social desirability bias

Implications & Next Steps

- Future use of the RSIPAS:
  - SW education programs may use RSIPAS to evaluate students/alumni/ field instructors/faculty orientation to RS in practice
  - Agencies may use RSIPAS to evaluate practitioners and identify areas of needed training.

- Analyze open-ended items

- Explore NACSW members' responses to the RSIPAS

- Future trainings

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Questions?

Holly K. Oxhandler, PhD, MSW

Holly_Oxhandler@baylor.edu