

The Ethical Use of Supervision to Facilitate the Integration of Spirituality in Social Work Practice

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Although the use of spirituality and religiosity in social work intervention has been growing over the past few decades, little information is available regarding the supervisor's contribution to this process. This article outlines some of the difficulties inherent in the process and recommends twelve tasks required of supervisors in facilitating the effective integration of spirituality in social work practice. It also explores how each of these tasks relates to social work values, ethics, and principles. Finally, it identifies policy implications related to this process.

Since the 1980s, the social work profession has experienced a renewed interest in spirituality and religion (Canda & Furman, 1999). The National Association of Social Workers (NASW) *Code of Ethics* mandates that social workers obtain education about and seek to understand the nature of diversity and oppression with respect to religion (NASW, 2008). Current Council on Social Work Education (CSWE) standards require schools of social work to demonstrate their commitment to diversity throughout their curriculum. Furthermore, graduates must demonstrate competence in engaging diversity and difference in practice (CSWE, 2008).

While numerous definitions are offered for spirituality, religion, and faith, no universally accepted definitions exist, and the terms are often used interchangeably. Holloway and Moss (2010), as well as Spencer (1961), one of the earliest social workers to offer a definition of spirituality, explain that spirituality is a broad concept that can include religion, but also has a secular appeal. Canda (1997) offers the following definition, which embraces these ideas. He defines spirituality as a search for purpose, meaning, and connection between oneself, other people, the universe and the ultimate reality, which can be experienced within either a religious or a nonreligious framework. A religious person, according to Hugen (2001, p. 13), is one who belongs to or identifies with a religious group; accepts and is committed to the beliefs, values, and doc-

trines of the group; and participates in the required practices, ceremonies, and rituals of the chosen group. Various social work authors, including Derezotes (2006), Canda and Furman (2010) and Holloway and Moss (2010) have discussed the ritualistic as well as the social aspects of religion. Faith, according to Fowler (1981), must be understood in order to comprehend a person's relationship with the transcendent. He identifies three components of faith, including centers of value, images of power, and master stories. Spirituality serves as a more encompassing term (Rose, Westefeld, & Ansley, 2001) and will be utilized in this article.

Spirituality and Lifestyle

Walsh and Pryce (2003) point out that we are experiencing numerous changes in our world, including the hectic pace of life, changing family forms, the inundation of images of violence and sex, and a sense of isolation. They contend these changes have left many people yearning for inner peace, a connection to others, and a sense of purpose and coherence in life. Derezotes (2006) concurs as he notes our world has become increasingly frightening, and our culture has experienced a spiritual hunger. Hugen (2001) and Zastrow (2007) assert that there are numerous issues that individuals confront today, many that have spiritual or religious dimensions. A few examples include reproductive technology, physician-assisted suicide, divorce, abortion, and prayer in public schools. Spirituality and faith are part of the daily lives of many people and Hage (2006) observes, "a significant component of one's identity is spiritual and religious heritage" (p. 306). Many decisions people make on a daily basis, such as what to eat or choices about their health, frequently involve faith and spiritual beliefs. Numerous ceremonies and celebrations are centered on religious or spiritual events and various developmental or life stage transitions, such as the birth of a child, marriage, and death, frequently involve religion or spirituality.

Evidence reveals that we live in a culture that is largely Christian. According to the U.S. Census Bureau, of the two hundred and twenty eight million adults in the United States, in 2008, nearly one hundred seventy five million identified as Christian (Statistical Abstract of the U.S., 2011). Findings from Pew research in 2008 with over 35,000 U. S. adults revealed that eighty percent of those surveyed identified as Christian. In addition, 92% believe in the existence of God, 61% over 18 hold membership in a religious

group, and 80% say they pray with 60% of respondents praying daily. Miller and Thoresen (2003) found similar results whereby in their study 90% of U. S. adults expressed believe in God or a higher power.

Spirituality and Intervention

According to Parker (2009), greater numbers of clients are seeking to address spiritual and religious issues in treatment. A national survey of professional social workers (Canda & Furman, 1999) revealed that many social workers find it acceptable to use spiritually related interventions with clients, and a majority of workers admit to using spirituality as a resource for clients. The data revealed that 59% of respondents used spiritual books, 58% prayed for a client, 54% encouraged spiritual journal keeping, and 71% have helped clients consider the spiritual meaning of life. A study by Hathaway, Scott, and Garver (2004) revealed, however, that most therapists do not regularly assess client's spiritual issues, nor are these issues part of their treatment planning for clients. This tendency might neglect to identify resources and issues, which might otherwise be important. Griffith and Griffith (2002) assert that opening a conversation about spirituality or religion depends more on careful listening to spontaneous sharing than knowing what questions to ask. They conclude that clients are freer to share about religion or spirituality when they feel their personhood is respected. According to Richards and Bergin (2005), there definitely are situations in which religious or spiritual interventions are contraindicated. Petzet (1981) offers this important juxtaposition regarding the use of a client's spiritual and religious issues. He says, "Therapists who avoid discussion of religious issues miss opportunities to help patients integrate their religious and emotional selves; those who focus their attention on religious issues risk losing sight of their therapeutic task (p. 563)." Kochems postulates that when a practitioner does not ask a client about religion, that he or she is actually isolating religion rather than being neutral or objective. Furthermore, there may also be countertransference issues at work in situations like it.

Although several authors have suggested that social work educators should accept responsibility for helping students develop competency in assessing and understanding the religious and spiritual beliefs of their clients and their implications for practice (Canda, 1989; Furman 1994; Zastrow, 1999), many practitioners

feel they did not receive adequate training through their academic program to integrate spirituality and faith in clinical practice. Efforts to incorporate formal training have been slow and limited, and research has revealed that schools of social work have not met the call to prepare social workers to integrate spirituality in practice (Barker, 2007; Dudley & Helfgott, 1990; Miller, 2001; Sheridan, Wilmer, & Atcheson, 1994). Hage (2006) pointed out that psychology training programs face similar limitations, as do counseling programs, according to Bishop, Avila-Juarbe, and Thumme (2003).

Social workers typically become involved with individuals and families when problems arise (Ferraro & Kelley-Moore, 2000), and it is during these trials that people frequently look to spirituality as a resource or coping mechanism. Research by Bart (1998) revealed that 60% of his respondents believed that their faith could be utilized to address most of their problems. In addition, he found that four out of five people wanted to have their values and beliefs integrated into the counseling process, and two out of three preferred to see a counselor with spiritual values and beliefs. In a study of 56 social workers in Utah, 89% expressed that spirituality is an important part of social work practice and 91% said that clients bring up the subject (Derezotes & Evans, 1995). In a study of 142 social workers in North Dakota, 33% indicated they frequently encountered issues of religion and spirituality in practice (Furman & Chandy, 1994). A study by Rose, Westefeld, and Ansley (2001) also found that clients want to include spiritual or religious issues in treatment. They advise that some clients have concerns regarding a clinician's attempt to undermine their beliefs or to convert them, which obviously requires caution on the clinician's part. Sermsbeikian (1994) suggests that a worker who respects the client's values and beliefs may find that therapeutic benefits can be achieved through them.

The positive mental and physical health benefits of spirituality and faith are well documented. According to Koenig, McCullough, & Larson, (2001) and Levin (1994), the vast majority of cohort studies have shown that religious beliefs and practices are consistently associated with better health outcomes, both physical and mental. Richards & Bergin (1997) explain that people who pray believe that prayer has helped them overcome physical and psychological suffering. Other research has revealed that patients have successfully managed the recovery process by effectively addressing their spiritual needs (Burns & Smith, 1991; Isaia, Parker & Morrow, 1999; Seeman, Dubin, & Seeman, 2003). In a

meta-analysis of studies involving 126,000 participants, religious participation was associated with reduced mortality, especially for women (McCullough, Hoyt, Larson, & Koenig, 2000).

Integration of Spirituality in Professional Practice

Several recommendations have been offered regarding the needs of practitioners in effectively managing appropriate, ethical integration of spirituality in professional practice. They include being aware of one's personal biases regarding spirituality (Derezotes & Evans, 1995; Young & Cashwell, 2010), the influence of countertransference feelings (Kochems, 1993), understanding the major religions of the world (Dudley & Helfgott, 1990; Hodge, 2002), understanding various models of spiritual and religious development (Barker, 2007; Young & Cashwell, 2010), being informed regarding the religious beliefs and value systems of one's clients (Canda, 1989; Furman 1994; Sermabeikian, 1994; Zastrow, 1999), having knowledge and skill regarding assessment approaches (Hodge, 2002), being willing to include spirituality in practice (Derezotes, 2006), being comfortable addressing the spiritual and religious needs of one's clients (Koenig, McCullough, & Larson, 2001; Matthews, McCullough, & Larson, 1998; Larimore, 2001), seeking specialized consultation when needed (Young & Cashwell, 2010), and providing an atmosphere of understanding and receptivity (Sheridan and Bullis, 1991). Details as to how to successfully prepare practitioners are scarce and not well-tested. As a result, the approaches being used vary widely.

Recommendations for Supervisors

A search in EBSCO host databases including Medline, Social Work Abstracts, Sociological Index, ERIC, Academic Search Complete, Academic Search Premier and Psychological and Behavioral Sciences, reveals a dearth of information regarding issues of supervision and supervisor responsibilities related to integration of spirituality in practice. Of one hundred and twenty articles identified using keywords supervision and spirituality, only about twenty referenced supervision. The absence of information on this topic was particularly evident in social work journals.

Today's supervisors must be prepared to guide supervisees regarding the integration of spirituality in practice and oversee

their efforts in doing so. Several authors, including Coffey, Frame, and Haug (cited in Miller, Korinek, & Ivey, 2004), recommend that spirituality should be discussed in supervision. Miller, Korinek and Ivey (2006) point out there is little certainty regarding the role and significance of spirituality in supervision. They explain that no evidence is available regarding the frequency and form of spiritual issues in supervision.

The role of the supervisor is to further enhance the supervisee's knowledge base, values, and skills while monitoring and evaluating their work. Munson (2002) and Shulman (2005) explain that supervision is an interactional process, whereby supervisor and supervisee work cooperatively in a mutual effort to explore material and make decisions for client benefit. Both authors emphasize the necessity of a trusting relationship between the parties for effective supervision. Furthermore, according to Shulman, the supervisee learns more from the interaction than from what is said in the interaction. That is, supervisor interaction with the supervisee should model the type of relationship that reflects a helping professional relationship. As Williams (1997) explains, the supervisory relationship and the therapeutic relationship both focus on learning, personal growth, and empathy.

Munson outlines several important tasks of supervisors. These include reading professional literature to keep apprised of timely information that must be shared with supervisees, keenly observing the practices and performance of supervisees, and discussing issues and concerns with supervisees. These tasks are needed to direct and guide the supervisee in their work. Munson's principles provide some direction for the following recommended list of tasks, which is also based on the literature and my own clinical experiences. These tasks provide direction for the effective and ethical integration of spirituality in practice through clinical and reflective supervision. How each of these tasks relates to social work values, ethics, and principles is also included.

1. *Just as the supervisee must examine his or her personal beliefs and biases, a supervisor must examine his or her own beliefs and biases.*

This will typically include a review of one's spiritual journey, including family influence and expectations. Frame (2003) and Ripley, Jackson, Tatum, and Davis (2007) point out that having practitioners assess spiritual and religious issues in their own families may influence their effectiveness with clients. Bufford (2007) explains that being cognizant of our worldviews may lead to

greater insight into the beliefs underpinning our supervisory roles and may lead to more effective supervisory relationships.

This self-awareness is addressed in the NASW *Code of Ethics*, which outlines that social workers should be aware of their personal values and cultural and religious beliefs and practices, and how they impact professional decision-making. Brody (2005) explains that the effective manager engages in continuous self-appraisal. Kirst-Ashman and Hull (2009) write that insufficient self-awareness is a barrier to culturally competent social work practice. They add that assuming clients think as you do is a barrier for workers. Furthermore, supervisors must be aware of any conflicts between their personal and professional values, especially if they are to advise supervisees in this regard.

2. *The supervisor must be comfortable with the use of a client's beliefs and values in the intervention process in order to successfully aide the supervisee in this integration.*

Many authors have pointed out the importance of a practitioner's comfort level regarding personal belief systems in addressing the spiritual and religious needs of their patients and clients (Koenig, McCullough, & Larson, 2001; Matthews, McCullough, & Larson, 1998; Larimore, 2001). Bishop, Avila-Juarbe, and Thumme (2003) observe that counselors do not always find it easy to approach clients' concerns about spirituality or religion, and that there has been a negative bias in the past regarding the influence of spirituality on client well-being. Young and Cashwell (2010) maintain that all individuals have a religious history that affects how they view religion and the religious views of their clients. Goldstein (1987) asserts that spiritual bias can be as dangerous as other biases such as racism or sexism. Of course, even a pro-spirituality bias can be potentially problematic. Raines (2003) found that social workers who share similar beliefs with clients tend to underestimate the level of dysfunction in their clients. Interestingly, there is some research that indicates that psychologists have a tendency to perceive religious clients with greater pessimism than those who are nonreligious (cited in Aten & Hernandez, 2004).

According to the *Code of Ethics*, a social worker must be mindful of individual differences and diversity while treating each individual with care and respect. Conversely, shared religious beliefs can serve as a means of resistance in the therapeutic process (Kehoe & Gutheil, 1984.) Spero (1981) cautions that similarity be-

tween therapist and client may limit the former's sensitivity to the client and his or her ability to fully accept the client. A study by Probst, Ostrom, Watkins, Dean, and Mashburn (1992) revealed that shared values may not necessarily enhance therapeutic outcomes. In addition, as explained by Carroll (1997), workers must be alert to the client's point of view as well as their level of awareness of their spirituality. Canda (2005) explains that addressing spirituality is consistent with the mission of promoting dignity, respect, and well-being as well as the person-environment perspective. It is important for supervisors and other social workers to maintain an informed balance between assuming too much when there is a perceived similarity in values or religious beliefs and making intrusive interventions, on the one hand, or conversely being blinded to clients' possible "spiritualized" manipulations in the helping process, on the other.

3. *The supervisor must monitor and oversee the supervisee's willingness to accept the client's perspective, perhaps particularly when their views conflict, and limit any effort to influence the views or beliefs, including religious orientation, of their clients.*

It is entirely possible that a supervisee and client may have conflicting beliefs. According to Richards and Bergin (2005), clients must understand that they have the right to different religious or spiritual views from those of their therapist and that their therapist will not try to proselytize or convert them. Zastrow (2003) states that a social worker should never behave in a way that might be viewed as seeking to convert a client. A supervisee is not justified in overriding a client's belief system (Linzer, 2006; Martin, 2008), and the supervisor is responsible for guarding against correcting a client's belief system. Martin adds that everyone loses when spiritual understanding is missing. Aten and Hernandez (2004) warn that supervisors and supervisees must not make assumptions regarding a person's beliefs based solely on the person's religious affiliation. As many have noted, religion and spiritual practices have both healthy and unhealthy aspects (Koenig, McCulloch, & Larson, (2001; Richards & Bergin, 1997.

This task relates to client self-determination, an ethical responsibility outlined by the NASW *Code of Ethics*. According to the Code, social workers must both respect and promote the right of clients to socially responsible self-determination. This further relates to the value of dignity of the human person. If we are to hon-

or an individual's dignity, we must respect their beliefs and their right to autonomous decision making.

4. *The supervisor can help the supervisee to determine how the client's worldview and beliefs are impacting their situation.*

In some cases this influence will be positive and can serve as a source of strength in dealing with their circumstances. In others, a client's belief system may actually have a negative influence. Sermabeikian (1994) explains that we can allow preconceived notions about what may be helpful to enter into our thinking. A worker must determine whether the beliefs provide trust and hope in the midst of difficulties or foster fear and guilt (Frame, 2003; Sermabeikian, 1994). Bishop (1995) asserted that it is important for workers to help clients see that religious values are an accepted part of the therapeutic process as well as part of the solution. A plethora of studies support the use of one's spirituality as a helpful resource, and the benefits for dealing with health and mental health issues are clearly evidenced (Burns & Smith, 1991; Isaia, Parker & Morrow, 1999; Koenig, McCullough, & Larson, 2001; Levin, 1994; Richards & Bergin, 1997; Seeman, Dubin & Seeman, 2003).

This supervisory task is associated with the notion of client empowerment. Gutierrez (1990, p 149) defined empowerment as "the process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situations." According to Kirst-Ashman and Hull (2009), empowerment allows clients to nurture their strengths, in this case spirituality, to assert control over their life. Where beliefs are perceived to be negative, a worker may seek to alter or neutralize the influence of the belief system. The supervisor can assist the supervisee in this process of helping clients explore and evaluate their beliefs without the imposition of the supervisee's beliefs or evaluations. Richards and Bergin (2005) state that therapists should avoid condemnation of clients for value and lifestyle choices. Rather, they should help clients examine consequences of their choices. Furthermore, the authors suggest that it is inappropriate for a therapist to tell a client that they are bad or deficient because of their behavior or choices or attempt to shame them.

5. *The supervisee and supervisor must be willing to acknowledge any ideological or philosophical issues that might interfere with their re-*

relationship and their ability to address spiritual issues in intervention.

The potential for differences is particularly likely as it relates to personal belief systems. On the other hand, similar views or beliefs may serve as an obstacle or barrier in the relationship, just as it may in the relationship between therapist and client (Kehoe & Gutheil, 1984). Peteet (1981) and Spero (1981) agree that workers can over-identify with clients and inflate their level of functioning, which may also impact the supervisor and supervisee relationship. From the work of Young and Cashwell (2010), we understand that individuals, such as supervisor and supervisee, may be at differing points in their spiritual development, which will lead to differing perspectives and expectations.

Bufford (2007) explains that a Christian worldview may influence one's choices about the means, motives and goals of supervision, consequently affecting the supervisor and supervisee. Rosen-Galvin (2005) found that supervisors are more willing than therapists to discuss issues related to values and spirituality. Bishop, Avila-Juarbe and Thumme (2003) recommend that in the future researchers further investigate the impact of similarities and differences between supervisor and supervisees' spiritual values on the supervision process.

The professional relationship between worker and client is vital to the helping process, and a healthy relationship between supervisor and supervisee is equally essential. According to Brody (2005), effective leaders and supervisors must create a climate in which staff members feel positive about how they are being treated in order to perform at their highest level. He asserts that the trust that develops between them is a result of a commitment to one another that is based on a willingness to challenge issues while maintaining respect for one another.

6. *Supervisors must encourage supervisees to seek knowledge and understanding of various faith and religious traditions, however the supervisee must establish boundaries between his or her role and that of spiritual advisor or teacher.*

The supervisor is responsible for ensuring the supervisee does not attempt to act in the role of spiritual teacher or advisor. Miller, Korinek, and Ivey (2006) and Zastrow (2007) state that the practitioner must clearly delineate their roles and avoid tasks that should be reserved for clergy members. Richards and Bergin (2005) assert that workers must not undermine the authority and

credibility of a client's religious leader by attempting to displace them or neglecting to consult them. Hage (2006) explains that while both therapists and pastors provide counseling, therapists must not carry out the functions of the clergy such as performing religious rituals or giving blessings. A supervisor's job is to monitor the supervisee's ability to perform competently and within his or her area of expertise.

Staff members and agencies must have community or clergy members whom they can call on for consultation and advice in cases where they need such guidance (Young & Cashwell, 2010). The *Code of Ethics* is clear in stating that social workers must seek advice and counsel whenever such consultation is in the clients' best interest. Clearly, social workers are not trained for the role of spiritual advisor or leader and must not assume this role, regardless of their personal values or convictions. Further, the worker must be aware of an individual's area of expertise when seeking information and guidance from that individual.

7. *The supervisor must protect clients by ensuring the supervisee does not impose his or her values on the client.*

Although one study found no evidence that those therapists who use a client's spirituality in practice are more likely to impose their values on clients (Smith & Richards, 2005), there is always the potential for it to occur. Richards and Bergin (2005) offer many suggestions for clinicians to respect client values and avoid imposition of their own values. Lannert (1991) tells us of the importance of self-monitoring regarding personal resistances, countertransference issues and value systems regarding spiritual and religious issues so that we are both ethical and efficacious in our work with clients.

The Codes of Ethics of all the helping professions mandates that professionals must honor and respect their clients and their personal values (Codes of Ethics, 2007). Indeed, empowerment, autonomy, and self-determination are highly valued principles of social work practice and must be safeguarded.

8. *Supervisors must know their staff well, including staff members' tendencies regarding the use of spirituality in their work.*

Some workers may be more inclined to address spiritual and religious issues while others may be more hesitant. Bishop (1995) suggested that counselors must be aware of how resistance or caution about religious issues might be perceived by clients. Kochems

(1993) revealed that even clinicians who feel positively about a client's faith may be under-involved with a religious client. West emphasizes that all interventions should be utilized only with client consent and with client benefit in mind. West (2011) and Richards and Bergin (2005) discuss the possible imposition of beliefs on clients based on personal symbols and material found in the practitioner's office. West adds that therapists must be aware of how easily their beliefs can be imposed on clients, especially more vulnerable ones. Campbell (2007) warns that many supervisees may feel pressure to hastily implement techniques that promote spiritualization of problems or to perceive problems as related to sin rather than psychological dysfunction.

Supervisors must be aware of staff intentions and the purity of those intentions. As the core value of service express, workers must elevate client needs above their own. Professional integrity demands that workers conduct themselves honestly and responsibly. Brody (2005) advises that a supervisor must help staff reflect on their work and provide feedback regarding their efforts. In addition, he writes that supervisors must clearly and continually convey expectations to staff since there is a positive association between understanding and performance. Different supervision tasks are needed for different therapists according to their experience and skill level (Gingrich & Worthington, 2007).

9. *The supervisor and supervisee must continuously process changing beliefs or values as a result of their experiences with clients.*

Self-knowledge and understanding are essential to effective practice (Boyle, Hull, Mather, Smith, & Farley, 2006). West (2011) shares Wyatt's conclusion that one's faith and beliefs change over time, but understanding one's current beliefs and being comfortable with them allows the therapist to be present to the client. West emphasizes the positive aspects of the changing nature of one's beliefs and values. Further support of this notion is offered by Young and Cashwell (2010) who express that spiritual and religious life is a developmental construct that can evolve as one's thinking and experience evolve.

The Council on Social Work Education (CSWE) identifies ongoing growth and development as facilitators of professional enhancement. Some states require that licensed professionals obtain continuing education units (CEUs) on values and value issues. Kirst-Ashman and Hull (2009) relate that workers must conduct

ongoing evaluation of personal values and their influence on their effectiveness in intervention.

10. *The supervisor must be aware of and acknowledge the research that demonstrates the benefits of spirituality for dealing with many life situations.*

This empirical evidence must be shared with supervisees so they can utilize the information in practice. A sampling of this evidence was shared earlier in the literature review. Zastrow (2007) tells us that social workers should only use interventions that have evidence of proven therapeutic value.

The current demand for this type of evidenced-based practice in social work cannot be more pronounced than in the expectations of the CSWE and NASW. CSWE standards require that schools of social work prepare students for research informed practice and the *Code of Ethics* mandates that workers are current in their knowledge and utilize research in practice. Hage (2006) explains that a lack of knowledge of spiritual benefits can diminish the supervisee's repertoire of approaches with clients.

11. *Supervisors must recognize when a client should be referred to a clergy member or spiritual advisor or even a clinician who is better prepared to address the client's needs.*

The supervisors' role in this case is to ensure that clients are directed to the appropriate resources (Aten and Hernandez, 2004). According to Young and Cashwell (2010), it is not uncommon for clinicians to see clients who have needs for spiritual development that are beyond the clinician's or supervisor's scope of competence.

According to the *Code of Ethics*, a worker must be dedicated to practicing within his or her area of knowledge, training, and skill level. This includes being sensitive to a client's culture and providing services that are sensitive to a client's spiritual culture.

12. *The supervisor must be keenly aware that some settings are more likely to involve situations regarding religious beliefs or spirituality.*

Some examples of settings more likely to involve religious beliefs or spirituality in one way or another include practice in settings such as mental health, addictions, medical social work, hospice, care of the elderly, church social work, and work with the GLBT population. Accord-

ing to Derezotes (1995), there is not a single bio-psycho-social problem that does not have a spiritual component, but he also acknowledges that a person's spiritual dimension or awareness might be underdeveloped (2006). Green, Fullilove, and Fullilove (1998) said they were struck by how often spiritual issues were part of the conversation with drug abusers. Anticipation of spiritual issues allows workers and supervisors to better plan for potential situations, including countertransference issues.

Agency and Policy Implications

The absence of direction regarding spiritual integration is even more pronounced when the matter of agency policy is introduced. Administrators must consider several questions dedicated to the development of policy in the process of spiritual integration.

(1) The principal or primary question relates to whether an agency has a policy that addresses integration of spirituality in practice. If they do, further questions include whether staff members are aware of the policy and how the policy is to be implemented within the organization. The policy must outline any restrictions regarding the use of spirituality as well as guidelines for assuring its ethical and effective use. Staff must be aware of the policy and expectations for their behavior. Staff must not only be aware of the formal policy, but how the policy is implemented within the agency. That is, some supervisors or staff members may be more open to the process while others are less flexible. This confusion or contradiction may lead to uneven implementation and prohibit the positive aspects of the practice.

(2) The next policy issue relates to clients' rights. One important factor is whether clients have the choice regarding whether they choose a worker with similar or dissimilar beliefs. As has been explained above there are both positive and negative consequences when worker and client share belief systems. Raines (2003) warns that spiritual similarity between therapist and client often leads to countertransference and minimization of perception of client psychopathology. On the other hand, he also points out that there is some evidence that reveals its benefit.

As indicated in the literature, many clients are looking to use their spirituality as a resource and want a worker who is willing to incorporate spirituality in the process. Agencies must consider the practical implications of this practice, including identifying those staff members who are comfortable being identified as willing to use spirituality in practice, those who have been trained to do so, and how these staff members will be supervised.

(3) Each agency must have a policy regarding corrective-action when a worker engages in a boundary violation related to spirituality such as proselytizing or imposing one's values on a client. Agencies must have clear definitions of these violations and specific guidelines for reporting and dealing with these situations. Administrators must not be overzealous in pursuing disciplinary action.

(4) Another policy issue revolves around dealing with workers who prefer not to deal with religious or spiritual issues of clients or who have insufficiently developed skills in this area. Even workers who associate with a faith tradition may not be comfortable using spirituality in intervention. Agencies must consider this possibility and develop a plan for this potentiality.

(5) Agencies must consider the implications for a worker who resists intervention services to a client who holds differing or opposing values or beliefs. Organizations must develop policies and procedures for staff regarding this type of situation. By doing so, agencies will likely reduce or prevent uncomfortable situations and areas of conflict. Furthermore, agencies must address whether workers are to be expected to work with all clients regardless of conflicting value systems.

(6) And finally, an agency will have to make decisions regarding how they will publicize or market their use of spirituality in practice, or if they will do so at all. Some clients may be attracted to an agency on this basis while others may be deterred from seeking services due to reluctance to discuss what may be deemed a highly personal matter. Clearly, agencies will increasingly be faced with these types of questions and dilemmas. Unfortunately, the research will not provide enough direction and answers at this point, leaving this an area ripe for study.

Conclusion

The use of spirituality and religiosity in clinical practice is certain to expand. Sherwood (1999) explains that competent integration is intentional, not accidental, and must be undertaken with integrity and responsibility. Many challenges remain regarding successful integration, especially surrounding choices of both clients and clinicians as partners in the intervention process. While some research outlines the advantages of shared belief systems between client and clinician, other research indicates that there may be a neutral, if not negative, impact of shared beliefs and values. These contradictory findings pose difficult questions for agencies and indicate the need for clear and specific policies. West (2011) offers that all practice regarding spirituality needs to be done from a clear ethical perspective, which protects both client and clinician.

It seems clear that more attention must be directed to the supervisor's role in the integration process. Martin (2008) poses an important question when she asks how we can possibly consider excluding spirituality in supervision if we emphasize the importance of spirituality in assessment and practice. Although some literature is available to guide supervisors in the integration process, and additional guidelines are offered here, these approaches and tasks have not been empirically tested. Research is required to determine the most effective and ethical approach to supervising this process. In any event, further training regarding this integration process must be a priority in social work education programs and social service organizations, for staff at all levels, but especially for supervisory staff. ❖

REFERENCES

- Aten, J. D. & Hernandez, B. C. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy Theory, Research, Practice, & Training, 41*(2), 152-160.
- Barker, S. L. (2007). The integration of spirituality and religion content in social work education: Where we've been, where we're going. *Social Work & Christianity, 34*(2), 146-166.

- Bart, M. (1998). Spirituality in counseling: Finding believers. *Counseling Today*, 41(6), 1,6.
- Bishop, D. R. (1995). Religious values as cross-cultural issues in counseling. In M.T. Burke & J. G. Miranti (Eds). *Counseling: The spiritual dimension* (pp. 59-71). Alexandria, VA: American Counseling Association.
- Bishop, D. R., Avila-Juarbe, E., & Thumme, B. (2003). Recognizing spirituality as an important factor in counselor supervision. *Counseling and Values*, 48, 34-46.
- Boyle, S.W., Hull, G. H., Mather, J. H., Smith, L. L., & Farley, O. W. (2006). *Direct practice in social work*. Boston, MA: Allyn & Bacon.
- Brody, R. (2005). *Effectively managing human service organizations*, 3rd Ed. Thousand Oaks, CA: Sage Publications.
- Bufford, R. K. (2007). Philosophical foundations for clinical supervision within a Christian worldview. *Journal of Psychology and Christianity*, 26(4), 293-297.
- Burns, C. M. & Smith, L.L. (1991). Evaluating spiritual well-being among drug and alcohol-dependent patients: A pilot study examining the effects of supportive/educative nursing interventions. *Addictions Nursing Networks*, 3, (3), 89-94.
- Campbell, C.D. (2007). Integrating Christianity across the supervisory process. *Journal of Psychology and Christianity*, 26(4), 321-327.
- Canda, E. R. (1989). Religious content in social work education: A comparative approach. *Journal of Social Work Education*, 25(1), 36-45.
- Canda, E. R. (1997). *Spirituality*. *Encyclopedia of social work: 1997 supplement* (19th ed.). Washington, DC: NASW Press.
- Canda, E. R. (2005). The future of spirituality in social work: The farther reaches of human nature. *Advances in Social Work*, 6(1), 97-108.
- Canda, E. R. & Furman, L. D. (1999). *Spiritual diversity in social work practice: The heart of helping*. New York, NY: The Free Press.
- Carroll, M. M. (1997). Spirituality and clinical social work: Implications of past and current perspectives. *Arete*, 22(1), 25-34.
- Codes of Ethics for the Helping Professions, 3rd Ed. (2007). Pacific Grove, CA: Brooks/Cole.
- Council on Social Work Education. (2008). *Educational policy and accreditation standards*. Alexandria, VA: Author.
- Derezotes, D.S. (1995). Spirituality and religiosity: Neglected factors in social work practice. *Arete*, 20(1), 1-15.
- Derezotes, D. S. (2006). *Spiritually-oriented social work practice*. Boston, MA: Allyn & Bacon.
- Derezotes, D. S. & Evans, K. E. (1995). Spirituality and religiosity in practice: In-depth interviews of social work practitioners. *Social Thought*, 18(1), 38-56.
- Dudley, J. R. & Helfgott, C. (1990). Exploring a place for spirituality in the social work curriculum. *Journal of Social Work Education*, 26, 287-294.

- Ferraro, K. F. & Kelley-Moore, J. A. (2000). Religious consolation among men and women: Do health problems spur seeking? *Journal of the Scientific Study of Religion*, 39(2), 220-234.
- Fowler, J. (1981). *Stages of faith*. San Francisco, CA: Harper & Row.
- Frame, M. W. (2003). *Integrating religion and spirituality into counseling: A comprehensive approach*. Thousand Oaks, CA: Brooks/Cole.
- Furman, L. E. (1994). Religion and spirituality in social work education: Preparing the culturally sensitive practitioner for the future. *Social Work & Christianity*, 21, 103-115.
- Furman, M.W. & Chandy, J.M. (1994). Religion and spirituality: A long-neglected cultural component of rural social work practice. *Human Services in the Rural Environment*, 17(3/4), 21-26.
- Gingrich, F. & Worthington, E. L. (2007). Supervision and the integration of faith into clinical practice: Research considerations. *Journal of Psychology and Christianity*, 26(4), 342-355.
- Green, L. L., Fullilove, M. T. & Fullilove, R. E. (1998). Stories of spiritual awakening: The nature of spirituality in recovery. *Journal of Substance Abuse Treatment*, 15(4), 325-331.
- Griffith, J. L. & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk with people about their spiritual lives*. New York: The Guilford Press.
- Goldstein, H. (1987). The neglected moral link in social work practice. *Social Work*, 32, 181-186.
- Gutierrez, L. (1990). Working with women of color: An empowerment perspective. *Social Work*, 35(2), 149-153.
- Hage, S. M. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, 37(3), 303-310.
- Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice*, 35, 97-104.
- Hodge, D. R. (2002). Equipping social workers to address spirituality in practice settings: A model curriculum. *Advances in Social Work*, 3(2), 85-103.
- Holloway, M. & Moss, B. (2010) *Spirituality and social work*. New York: Palgrave Macmillan.
- Hugen, B. (2001). Spirituality and religion in social work practice: A conceptual model. In Van Hook, M., Hugen, B., & Aguilar, M. (2001). *Spirituality within religious traditions in social work practice* (pp. 9-17). Thousand Oaks, CA: Brooks/Cole.
- Isaia, D., Parker, V., & Murrow, E. (1999). Spiritual well-being among older adults. *Journal of Gerontological Nursing*, 25(8), 15-21.
- Kehoe, N. & Gutheil, T.G. (1984). Shared religious belief as resistance in psychotherapy. *Journal of Psychotherapy*, 38(4), 579-585.
- Kirst-Ashman, K. K. & Hull, G. H. (2009). *Understanding generalist practice* (5th Ed.). Thousand Oaks, CA: Brooks/Cole.
- Kochems, T. (1993). Countertransference and transference aspects of reli

- gious material in psychotherapy: The isolation or integration of religious material. In M.L. Randour, (Ed.), *Exploring sacred landscapes: Religious and spiritual experiences in psychotherapy* (pp. 34-54). New York: Columbia University Press.
- Koenig, H. G., McCullough, M. E. & Larson, D. B. (2001). *Handbook of religion and health*. New York, NY: Oxford University Press.
- Lannert, J. L. (1991). Resistance and countertransference issues with spiritual and religious clients. *Journal of Humanistic Psychology, 31*(4), 68-76.
- Larimore, W.L. (2001). Providing basic spiritual care for patients: Should it be the exclusive domain of pastoral professionals? *American Family Physician, 63*, 36-40.
- Levin, J. S. (1994). Religion and health: Is there an association is it valid and is it causal? *Social Science and Medicine, 38*, 1475-1482.
- Linzer, N. (2006). Spirituality and ethics in long-term care. *Journal of Religion and Spirituality in Social Work, 25*(1), 87-105.
- Martin, L. (2008) The impact of religion/spirituality in social work supervision. Paper presented at the North American Association of Christians in Social Work (NACSW) Convention, Orlando, FL.
- Matthews, D. A., McCullough, M. E., & Larson, D. B. (1998). Religious commitment and health status: A review of the research and implications for family medicine. *Archives of Family Medicine, 7*, 118-124.
- McCullough, M.E., Hoyt, W.T., Larson, D.V. & Koenig, H.G. (2000). Religious involvement and mortality: A meta-analytic review. *Health Psychology, 19*, 211-222.
- Miller, D. W. (2001). Programs in social work embrace the teaching of spirituality. *Chronicle of Higher Education, 47*(36). Retrieved from EBSCO Host on May 18, 2007.
- Miller, M. M., Korinek, A., & Ivey, D. C. (2004). Spirituality in MFT training: Development of the spiritual issues in supervision scale. *Contemporary Family Therapy, 26*(1), 71-81.
- Miller, M. M. & Korinek, A., & Ivey, D. C. (2006). Integrating spirituality into training: The spiritual issues in supervision scale. *The American Journal of Family Therapy, 34*, 355-372.
- Miller, W. R. & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist, 58*, 24-35.
- Munson, C. E. (2002). *Handbook of Clinical Social Work Supervision*, 3rd Ed. New York: The Haworth Social Work Practice Press.
- National Association of Social Workers (2008). NASW Code of Ethics. Washington, D.C.: Author.
- Parker, S. (2009). Faith development theory as a context for supervision of spiritual and religious issues. *Counselor Education and supervision, 49*, 39-53.
- Peteet, J.R. (1981). Issues in the treatment of religious patients. *American Journal of Psychotherapy, 35*(4), 559-564.

- Probst, L. R., Ostrom, R., Watkins, P., Dean, T. & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology, 60*(1), 94-103.
- Raines, J. C. (2003). Social work countertransference issues with spiritually similar clients. *Social Work and Christianity, 30* (3), 256-277.
- Richards, P.S. & Bergin, A. E. (1997). *A spiritual strategy for counseling and psychotherapy*. Washington, D.C.: American Psychological Association.
- Richards, P.S. & Bergin, A. E. (2005). *A spiritual strategy for counseling and psychotherapy, 2ndEd.* Washington, DC: American Psychological Association.
- Ripley, J. S, Jackson, L. D., Tatum, R. L., & Davis, E. B. (2007). A developmental model of supervisee religious and spiritual development. *Journal of Psychology and Christianity, 26*(4), 298-306.
- Rose, E. M., Westefeld, J. S. & Ansley, T. N. (2001). Spiritual issues in counseling: Clients' beliefs and preferences. *Journal of Counseling Psychology, 48*(1), 61-71.
- Rosen_Galvin, C.M. (2005). Values, spirituality and religious topics discussed in counseling supervision. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 65* (9-A), 3323.
- Schulman, L. (2005). The clinical supervisor-practitioner working alliance: A parallel process. *The Clinical Supervisor, 24*(1/2), 23-47.
- Seeman, T. E., Dubin, L. F., & Seeman, M. (2003). Religiosity/spirituality and health: A critical review of the evidence for biological pathways. *American Psychologist, 58*, 53-63.
- Sermabaikian, P. (1994). Our clients, ourselves: The spiritual perspective and social work practice. *Social Work, 39*(2), 178-183.
- Sheridan, M.J. & Bullis, R.K. (1991). Practitioners' views on religion and spirituality. *Spirituality and Social Work Journal, 2*(2), 2-10.
- Sheridan, M. J., Wilmer, C. M., & Atcheson, L. (1994). Inclusion of content on religion and spirituality in the social work curriculum: A study of faculty views. *Journal of Social Work Education, 30*(3), 363-376.
- Sherwood, D.A. (1999). Integrating Christian faith and social work: Reflections of a social work educator. *Social Work and Christianity, 26*(1), 1-8.
- Smith, T. & Richards, P.S. (2005). The integration of spiritual and religious issues in racial-cultural psychology and counseling. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling: Vol. 4. Theory and research*, pp. 132-159. New York, NY: Wiley.
- Spencer, S. (1961). What place has religion in social work education? *Social Work, 3*, 161-170.
- Spero, M. H. (1981). Countertransference in religious therapists of religious patients. *American Journal of Psychotherapy, 35*(4), 565-575.

- Statistical Abstract of the United States (2011). Self-Described Religious identification of adult population 1990 to 2008. U. S. Census Bureau, p. 61.
- Van Hook, M., Hugen, B., & Aguilar, M. (2001). *Spirituality within religious traditions in social work practice*. Thousand Oaks, CA: Brooks/Cole.
- Walsh, F. & Pryce, J. (2003). The spiritual dimension of family life in F. Walsh, (Ed.), *Normal family processes: Growing diversity and complexity*, 3rd ed., 337-372. New York: The Guilford Press.
- Waring, N. (2000). Can prayer heal? *Hippocrates*, 14, 22-24.
- West, W. (2011). *Exploring therapy, spirituality and healing*. New York: Palgrave Macmillan.
- Williams, A. B. (1997). On parallel process in social work supervision. *Clinical Social Work Journal*, 25(4), 425-435.
- Young, J. S. & Cashwell, C. S. (2010). Religion, spirituality and clinical supervision in J. R. Culbreth & L. L. Brown (Eds.), *State of the art in clinical supervision*, pp. 151-171. New York, NY: Rutledge.
- Zastrow, C. (1999). *The practice of social work*, 6th ed. United States: Brooks Cole Publishing Company.
- Zastrow, C. (2003). *The practice of social work: Application of generalist and advanced content*, 7th ed. United States: Brooks Cole Publishing Company.
- Zastrow, C. (2007). *The practice of social work: A comprehensive worktext*, 8th ed. United States: Brooks/Cole Publishing Company.

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