Spiritual Competency and Cultural Sensitivity

Despite the increased interest in and acceptance of religion by many psychologists (Shafranske & Maloney, 1990) and the revisions in the American Psychological Association Ethical Principles of Psychologists and Code of Conduct that highlight sensitivity to religion, it still appears that most psychologists do not routinely assess or address this domain in treatment planning (Hathaway, Scott, & Garver, 2004). In a sample of 333 APA members only 56% reported asking about client religiousness, and fewer asked about client spirituality (36%). One factor that the researchers identified as contributing to underutilization of spiritual assessments was the lack of training in this area that most psychologists received. Only 34% had received prior training (and there was a significant correlation between receiving training and conducting assessments of religious/spiritual functioning). A recent survey of APA-approved internship programs found that few students in supervision receive the proper training necessary to competently address religion in therapy. In clinical psychology programs, training in diagnosis and treatment of religious and spiritual problems has been found to be absent in the curriculum of most programs(Russell & Yarhouse, 2006).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), reflecting accepted standards of care, maintains that a spiritual assessment should be undertaken with all clients. Gallup surveys (Gallup, 2002)show that religious beliefs are common in the USA with over 95% believing in God, 85% praying regularly, and74% reporting feeling close to God. Yet the United States is a multicultural society with many Judaeo-Christian denominations mingling with Asian and indigenous forms of spirituality. In the landscape of American religious life, one can find a wide range of views of the divine (Shafranske, 1996). Thus psychologists need to be attentive to individual differences in religion/spirituality and avoid stereotypical inferences based on a client's identification with a spiritual tradition while also being aware of the more common health beliefs of a diverse range of religious groups in their practice.

Religious and spiritual concerns are often raised in therapy (Shafranske & Sperry, 2005). A recent survey of religious and spiritual concerns among 5,472 college students from 39 universities found that nearly one-third of the college students seeking help from university counseling centers report experiencing some distress from religious or spiritual problems. The study also found that students who were struggling with religion and spirituality were more likely to be homesick, suicidal, victims of sexual assault, and distressed over a break-up. Furthermore, some students experienced personal and social conflicts with roommates, friends or classmates over religious and spiritual differences (Johnson & Hayes, 2003).

Religious problems involve a person's conflicts over the beliefs, practices, rituals and experiences related to a religious belief system or community. In systematic literature searches of articles reported in the databases of healthcare and scientific literature (Lukoff, Lu, & Turner, 1992; Lukoff, Provenzano, Lu, &

Turner, 1999),common problems included: loss or questioning of faith, changes in membership, practices and beliefs (including conversion), New Religious Movements and cults, and life-threatening and terminal illness.

In contrast, spiritual problems involve distress associated with a person's personal relationship to a higher power or transcendent force that may or may not be related to a religious worldview. Examples include problems with: mystical experiences, near-death experiences, meditation and other spiritual practices, as well as some types of anomalous experiences (Cardena, Lynn, & Krippner, 2000).

Spirituality is also a major coping resource for most people facing crises such as chronic and life-threatening and terminal illnesses (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Many clients wrestling with serious mental disorders such as schizophrenia, bipolar disorder and PTSD report that spirituality plays an instrumental role in their recovery process (Lukoff, 2007a). Among these clients, spiritual experiences often involving a relationship with God have been found to help build hope, a sense of divine support and love, acceptance of what cannot be changed, connection with faith communities, and supported calming practices such as prayer, meditation, religious ritual, religious reading, and listening to religious music (Fallot, 1998).

Psychologists should also assess the potential impairment in religious functioning arising from mental disorders. Psychopathology may result in a clinically significant religious impairment that is defined as a reduced ability to perform religious activities, achieve religious goals, or to experience religious states, due to a psychological disorder (Hathaway, 2003).

During the last 25 years there has also been a significant increase in participation in spiritual practices such as meditation, Tai Chi, yoga, sweat lodges, drumming circles, and other spiritually-oriented new age groups, all of which can induce intense spiritual experiences (Gallup & Jones, 2000). The majority of these experiences are not problematic, do not disrupt psychological/social/ occupational functioning, and do not lead to psychological treatment.

In addition to the increased interest and participation in practices and in groups that induce intense spiritual experiences, individual spirituality gaining prominence on the cultural landscape (Shafranske & Sperry, 2005).Thus it seems likely that the incidence of spiritual problems seen in treatment could be increasing (Lukoff,2007b).

Although the religious/spiritual domain may not be entirely neglected, it does not appear to be receiving an adequate level of clinical attention in routine practice. It is imperative that psychotherapists improve their clinical competence in diagnosing and treating clients with religious and spiritual problems (Pargament, 2007).Psychologists often need to provide spiritual support to the range of faith traditions and contemporary spiritual practices that they see in their practices. Assessment of client religiousness/spirituality should become a more familiar part of the clinical landscape. This workshop will present research and provide training in assessment and intervention approaches that address religious and spiritual issues as part of culturally competent practice(Fukuyana & Sevig, 1999). The spiritual competencies needed for culturally competent therapy can be broken into knowledge, skills, and values as with any other domain of clinical competence. In this workshop, spiritual competency will

be adapted to the IDM integrative developmental model (IDM) (Stoltenberg & Delworth, 1981),often used in developing models for professional competency (Aten & Hernandez, 2004), as a template for identifying specific competences in working with spiritual issues and religious clients. The eight domains delineated in the IDM include (a) intervention skills competence, (b) assessment, (c) interpersonal assessment,(d) client conceptualization, (e) individual and cultural differences, (f) theoretical orientation, (g) treatment goals and plans, and (h) professional ethics. Specific topics will include assessment of spirituality, ethical issues in dealing with spirituality, the use of spiritual interventions such as prayer, meditation and forgiveness, when to collaborate or make referrals, and how to use spirituality more effectively in clinical work with clients. Assessment exercises, role plays and case-based exercises will be utilized throughout the program so that most of the time will be spent in actively practicing specific competencies.

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