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A Spiritual Approach for Licensed Professional Counselors in Private Practice: Treating African-American Women's Psychological Pain

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A SPIRITUAL APPROACH FOR LICENSED PROFESSIONAL COUNSELORS IN

PRIVATE PRACTICE: TREATING AFRICAN-AMERICAN WOMEN'S

PSYCHOLOGICAL PAIN

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Education

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Indiana University of Pennsylvania

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Title: A Spiritual Approach for Licensed Professional Counselors in Private Practice:
        Treating African-American Women's Psychological Pain

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African-American women's ability to cope with painful life experiences through their spiritual connection with God has been linked to positive life satisfaction and therapeutic results. By embracing this beneficial change agent, counselors can begin to learn how to effectively integrate spirituality and religion into the counseling process.

   This study aimed to find out what Licensed Professional Counselors (LPCs) knew about the Christian religion and spirituality and whether they use this intervention throughout treatment. The knowledge and intervention domains of the 1998 ASERVIC Spiritual Competencies were used to measure these constructs.

30 LPCs participated in this 20 question survey which was a modification of Cates' (2009) Spiritual Competency survey. The results showed that counselors gave themselves high ratings in both the Knowledge and Intervention domains. Written responses suggested that many counselors use spiritual and religious interventions but at a minimal risk level.

These findings suggest that LPCs should obtain the necessary training in order to be properly equipped to address spiritual and religious issues. Further research in the area of psychological pain as it relates to the coping skills of Christian African-American women is needed in order to create accurate mental health assessments, diagnosis and treatment protocols.

ACKNOWLEDGEMENTS

This dissertation was personal for me because it mirrored some of my own life experiences. I was faced with a lot of obstacles while writing this paper. Even though this process came with a lot of unexpected challenges; it was my personal relationship with Jesus which gave me the boldness and confidence to finish. So I thank God for giving me strength when I was tired, hope when I had doubt, courage when I was fearful, and peace in the midst of the storms.

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Most importantly I want my readers to know that you can go from pain to purpose while enjoying the journey along the way.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

THE PROBLEM

Romans 5:3-5 (NIV) (3) Not only so, but we also glory in our suffering, because we know that suffering produces perseverance; (4) perseverance, character; and character, hope. (5) And hope does not put us to shame, because God's love has been poured out into our hearts through the Holy Spirit, who has been given to us.

Introduction

In the words of a renowned preacher, "if you are always talking about your problems, don't be surprised if you live in perpetual defeat" (Osteen, 2004, p. 129). Life issues can be difficult to handle if you're not equipped with the proper skills needed to navigate through the tests, trials, and challenges of life. Painful experiences add to the already unstable mental and emotional condition that many of us try to balance on a daily basis. The choice to respond in either a positive or negative manner depends on the coping skills one has integrated into their lifestyle. So the question that so many of us ponder is "how can we enjoy the sweetness of this life without being pricked by its jagged thorns?" (Lenzekes, 1995, p. 37).

Far too often, women have sought out places for help (Hung-Bin & Sedlacek, 2004); looking for validation, confirmation, encouragement and hope. Counseling offers a pathway to self-discovery, healing and growth. It provides the necessary tools needed to survive during life's journey. Barrett (1974) made the argument that counseling is limited towards women because it is unjust and a transformation must occur in order for progress to take place. Since then, the literature focused on counseling women has advanced (Choate, 2009; Najavits, 2009; Olchanski, Cohen, & Neumann, 2013). Women's role in society has changed, taking on more dominant positions at home, relationships and careers. It used to be that men were known to be

strong, bold, and fearless. They were the breadwinners and the foundation which held the family together; whereas, women were coined as mild, meek and subservient. Stay-at-home and soccer mom are both terms used to describe this group. As noted in Wesley (1975), Freud depicted women as "passive, submissive, dependent, and non-assertive" (p. 120). These stereotypical labels have played a role in men's position of authority and control over women (Gerber, 1988; Günther, Ekinci, Schwieren & Strobel, 2010), all of which has had an effect on how women choose to respond and cope with life.

Many of the differences between men and women are transparent, leaving the differences amongst female groups not as obvious. Since the world of psychology has recognized that males and females are different but equal (Schwartz, Lent & Geihsler, 2011) it has been researched that these groups need a variety of interventions to address their unique needs (SAMHSA, 2011). The same goes for women of different ethnicities. Different experiences and backgrounds warrant a different approach (Miranda, Siddique, Belin & Kohn-Wood, 2005). Women have been lumped into one group, when in reality; there are as many variations amongst them. These differences should impact the interventions provided by counseling professionals.

Intervention Strategies Commonly used to Treat African-American Women

There are many types of mental health professionals such as psychiatrists, psychologists, social workers and counselors that can provide therapeutic services to individuals, families or groups. For the purpose of this study, a sample of Licensed Professional Counselors (LPCs) in Pittsburgh, Pennsylvania will be the focus of examination. LPCs are trained to handle a multitude of mental, emotional and behavioral issues using a variety of techniques. These practitioners "help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem;

2

and promote behavior change and optimal mental health" (American Counseling Association, ACA, 2014). These interventions are used as a means to elicit a warranted response to unwanted behaviors, attitudes, or mindsets (Poznanski & McLennan, 1995; Winter, 2006).

Not long ago did it occur to counseling and psychology professionals that working with Black women required a different approach (Greene, 1994). Initially, mental health research has been based on Caucasian and European based populations (Bhopal & Donaldson, 1998). African-American women have been treated with the same interventions as other groups (Miranda et al., 2003). These non-ethnic principles are at the foundation of counseling psychology and inadvertently have an effect on mental health assessment, diagnosis and treatment (Parham, White & Ajamu, 2000, p. 95). This is not necessarily beneficial to Black women who have experienced life from a different point of view (Harnois, 2010; Houston, 2000).

Counseling methods typically used on minorities are ones that often do not meet their needs, take into account their background, or highlight their strengths (New Freedom Commission on Mental Health, 2003). Multicultural counseling (Ponterotto, Casas, Suzuki& Alexander, 1995; Sue & Sue 2013; Sue, Arredondo & McDavis, 1992) and feminist therapy (Greene, 1997; Williams, 1999) are some of the more current approaches that are used to take into account the differences many ethnic groups face. Working specifically with African-American women has been looked at by a small amount of researchers. Moore & Madison (2005) proposed a way of treating African-American women in their four-step H.E.R.S. model which focuses on Emergent, Afrocentric, and Integrated Feminist and Psychodynamic models. Passalacqua & Cervantes (2008) acknowledged how vital gender, culture, and spirituality are throughout the treatment process. Roth et al. (2012) was able to gauge the level of religious

beliefs and behaviors in their brief instrument which added to the field of research on religion in African-American women. By focusing on the strengths of these women; interventions that are aligned with these concepts have been shown to be more effective than traditional strategies (Balkin, Schlosser, & Levitt, 2009; Constantine, Lewis, Conner & Sanchez, 2000; Witherspoon & Taylor, 2010).

African-American Women's Perspective of Counseling

It is common for African-American women to be hesitant towards psychotherapy (Smith & Wermeling, 2007; Terrell & Terrell, 1981). Black women are less likely to use traditional forms of therapy and tend to overlook problematic symptoms (Ward et al., 2013). Why is this group less likely to seek help? Black women have kept silent and not sought out help for fear that it "might hurt the family, might ruin their career, people might think they are crazy, they cannot afford to appear weak; and shame" (NAMI, 2009). This group is reluctant to seek out counseling due to "mistrust, economic status, cultural differences, stigma, and sometimes a lack of awareness of available services" (Copeland & Snyder, 2011, p. 79). As a result, African-American women are more likely to subject themselves to psychological distress and not reach out for professional help (Holloway, 2005).

According to the National Alliance on Mental Illness (NAMI, 2016), the number of Black women who have sought help and/or treatment is a mere one quarter compared to much higher rates in other ethnic groups. African-American women are a resilient group due to facing life hardships without contemporary supports (Van Wormer, Sudduth & Jackson, 2011). Despite unfortunate events that may occur, these women take pride in handling misfortune on their own. So, talking to a mental health professional is not necessarily seen as an option. Also, suggesting

4

this approach may be one of the road blocks which lay ground to a Black woman's apprehension to change (Cowan & Presbury, 2000; Fulani, 1988, p. 113).

Psychological Pain Caused by Mental and Emotional Issues

Black women so often put up a face of strength and courage that they tend to forget how much pain they are in (Nelson, 2011). This group has experienced discrimination and unfair treatment (Franklin, 2002; Jones & Shorter-Gooden, 2003; Ludwig, 2003) that has impacted the way they look at the world. Each day these women bear extraordinary life circumstances that lead to psychological issues (Cutrona et al., 2000). According to the National Institute of Mental Health (NIMH, n.d.) mental disorders, including anxiety, attention deficit hyperactivity disorder (ADHD, ADD), bipolar, borderline personality, depression, postpartum depression, eating disorders, and schizophrenia are the disorders most commonly affected by female groups. Black women, in particular, have been diagnosed with more psychiatric disorders such as schizophrenia and mood disorders (Copeland & Butler, 2007; O-Malley, Forrest & Miranda, 2003; Whaley & Geller, 2007). Misunderstanding of this group is one of the major causes of misdiagnosis and mis-treatment (Lloyd & Moodley, 1992; Nazroo, 1997).

The emotional issues Black women face including loneliness, confidence, self-esteem, body issues, sexuality, relationships, and unfair treatment can lead to anger, fear, silence and self-destruction (Morris, 2002). African-American women who deal with this type of torment may expect to see mental, emotional and physical stress repeatedly throughout life if not taken care of properly (Greer, 2011). Choosing to deal with these issues in silence can lead to putting up with "disrespect, sexual harassment, and physical and sexual abuse" (Jones et al., 2003, p.39). This is both detrimental to the woman's life and the lives of those around them. Therefore, having an outlet that refocuses thoughts and changes behaviors is promising (Meyer, 1995).

Spirituality provides significance and purpose in life (Pickard & Nelson-Becker, 2011) and allows Black women to place their troubles, worries and frustrations in the hands of God and out of their own (Banks & Parks, 2004).

The Impact of Spirituality and Religion

A belief in God holds true for many members of society (Froese & Bader, 2007). A Gallup survey reports 91% of Americans "believe in God or a universal spirit" (Newport, 2011). Yet spirituality is one of the least common approaches used in counseling (Eck, 2002). Generett & Cozart (2011) believe that spirituality is the foundation that provides a catalyst for the way that problems are solved (p. 159). Having a better quality of life is a benefit of what can occur when spirituality is embraced (Greenfield, Vaillant & Marks, 2009). Studies have shown spirituality to be connected with improved physical health (Rosmarin, Wachholtz & Ai, 2011), mental health (Bradshaw, Ellison, & Flannelly, 2008; Unterrainer, Lewis, & Fink, 2014), being a better employee (Osman-Gani, Hashim & Ismail, 2013), more equipped to handling life troubles (Krok, 2008) and making wise choices (Dierendonck, 2012). In Pargament's (1997) Religious Coping Theory, the author asserts that focusing on how people cope with life's hardships provides insight into the impact religion has in a person's world (p.17).

The Christian religion seems to be of historical significance to African Americans who have since continued with these traditions (Brade, 2008; Schueneman, 2012). In general, African-Americans have a greater sense of spiritual connection than other groups (Hunt & Hunt, 2001). Many African-American women consider spirituality to be one of the essential and necessary components in their life (Mattis, 2000; Starks & Hughey, 2003). Spirituality is even more important to Black women than Black men (Taylor et al., 1996; Washington Post, 2012). To these women, spirituality is more than just a feeling; it is a conscious effort to make a

connection and establish a relationship with God through Jesus Christ. Okpalaoka & Dillard (2011) describes this experience as "connecting to Christ as a source of inspiration and wholeness" (p. 70). In a religious coping focus group of Black women, it was indicated that "prayer was being viewed as effective in reducing stress and easing worries about a particular problem" (Chatters, Taylor, Jackson, & Lincoln, 2008, p. 373). Since these women use spirituality as a means to survive, they should be affirmed for their beliefs (Bacchus & Holley, 2004). Taylor (2012) used the term "spirit practices" (p. 125) to describe the actions one could take to fully experience life without the concern of being knocked off course. By cultivating awareness, facing fear, and being present you can expect to see a light that will steer you into a place of personal accountability and hope (p. 125-130).

Statement of the Problem

Several studies suggest that African Americans find counseling pointless or a waste of time (Anglin, Alberti, Link & Phelan, 2008; Smith, 2002; Williams & Justice, 2010). According to Keating & Robertson (2004), African Americans have viable reasons to why they are hesitant towards therapeutic services. These cultural differences make it difficult to bond and build a rapport with counselors of different ethnicities. Unfortunately, there are not a lot of African-American therapists to provide a perspective and bring a voice to this group's concern (Johnson, Bradley, Knight & Bradshaw, 2007). Literature based on the Black community is lacking and increased knowledge in this area needs to occur (Brooks, 1997).

Black women tend to use spirituality or a belief in God as a source of strength when facing life difficulties (Harris-Robinson, 2006; Heath, 2006). The problem, in fact, is that most therapists don't use spirituality during counseling even when the client proposes it as their means to cope with problems (Tolliver, 1997; Young, Wiggins & Cashwell, 2007). Generally, most

7

counselors are ill-equipped to handle the specific needs of African-American women (Vontress & Epp, 1997). The lack of training, experience, or personal beliefs pushes some counselors into ignoring spiritual issues (Keeling, Dolbin-MacNab, Ford, & Perkins, 2010) and issues pertaining specifically to African-Americans (Mckenzie-Mavinga, 2004).

Determining if spirituality has a place in the counseling arena is a reason why this issue has been left untouched by both clinician and client (Parker, 2009). Few have sought out an answer. The focus of this study is seeking to find out what Licensed Professional Counselors know about the Christian religion and spirituality and if they are integrating it into the treatment process. If counselors are using spirituality, are they utilizing it effectively? In the words of Hoffmann (2008) "it is dangerous and often harmful to your client to integrate religious and spiritual issues into practice without adequate training and supervision/consultation" (p. 2). If this statement is true, then counselors will need tools to equip them.

The "One-Size-Fits All" Approach

Studies have shown that a one-size-approach does not work and that integrating spiritual and cultural components throughout the counseling process is beneficial when working with African-American women (Chapman & Steger, 2010, p. 317; Coker, 2002). Counselors today continue to treat African-American women using old techniques that were developed by white males who targeted their white counterparts (Eliason & Amodia, 2006, p. 90; Espin, 1993, p. 103). Lack of awareness and knowledge has allowed the same strategies to continue to be used on a wide range of cultures that have different experiences (Guanipa, Nolte & Guanipa, 2002; Hardin & Sukola, 1998; Kim, 2005). Counselors should take another look at how treatment is being delivered to African-American women "who hold the greatest need for these services among all other ethnic groups but receive appropriate and effective counseling least often"

8

(Pack-Brown et al., 1998, p. 7). Clients will benefit from counselors keeping up to date on new strategies and interventions (McClure, Livingston, Livingston, & Gage, 2005). Once psychotherapists become more sensitive to cultural issues, treatment outcomes should improve (Williams, 2005).

The Need for a Specialized Spiritual Intervention for African-American Women

In the past, spiritual concerns were left for religious professionals to handle (Shafranske, 2009). Mental health providers are currently faced with addressing these issues but have not been adequately prepared (Hage, 2006). When spirituality is not a major focus in graduate programs, clients are left to handle issues of spirituality without the help of a mental health professional (Mcneil, Pavkov, Hecker & Killmer, 2012). Walker, Gorsuch & Tan (2005) looked at Christian counselors and wanted to know their use of religious and spiritual interventions according to six variables including personal religiousness; professional beliefs, attitudes, and values; clinical training with religious clients; intervention-specific training; course work involving religion and the integration of psychology and religion; and personal counseling. The results indicated a mixture of the clinician's religious identity and clinical training as a result of integrating religious and spiritual interventions in counseling. In a study of supervisors and counseling interns at both CACREP and non-CACREP accredited counseling programs it was found that during the supervision process spiritual issues were not often addressed (Gilliam & Armstrong, 2012). What does this mean? Having a deeper understanding of African-American history and its impact on Black women may guide therapists into understanding the role of spirituality in these women's lives (Thomas, 2007).

Private practice offers individual practitioners the range to set up their business in a variety of settings and incorporate interventions as they see fit (Harrington, 2013). Given the

flexibility to work at your own pace (Centone, 2011, p.16); private practice is the perfect opportunity for Licensed Professional Counselors to implement a specialized model targeted towards African-American female clients. Due to the reluctance of the African-American population and difficulty establishing a positive therapeutic relationship; connecting through spirituality is a step towards breaking down existing barriers (Fouch, 1998).

Licensed Professional Counselors require specific tools to address the specific needs of Black women. These women are a distinct group who carry their own values, behaviors, and norms (Cole & Zucker, 2007). The call for a specialized intervention which would meet the needs of African-American women is being investigated. This dissertation provides a rationale for the development of a spiritual model specifically targeted towards addressing psychological pain caused by mental and emotional issues when trying to cope with everyday life issues. These pressures create a unique set of conditions that are more effective when treated spiritually and therapeutically.

Purpose of the Study

Integrating spirituality with Black women has shown to improve clinical outcomes (Baetz & Toews, 2009; Jones, 1992; Musgrave et al., 2002). Therefore, the purpose of this study is to assess what Licensed Professional Counselors in various settings know about the Christian religion and spirituality and if they use this intervention with Christian African-American women clients. This study identifies the need for a specialized spiritual model targeted towards this group because it decreases symptoms and provides a better quality of life (Dalmida, 2006; Morgan, Gaston-Johansson, & Mock, 2006). The possibility that a lack of available resources for Licensed Professional Counselors to use when treating African-American women clients exists. This study does not label all African-American women, but rather provides some insight

into understanding the deep feelings, motivations, and intentions behind some Christian African-American women's thoughts and behaviors.

Definition of Terms

Black/African-American women/Women of color: A woman who identifies herself of African heritage or descent.

Christian: "Name given to a believer in Jesus Christ" (Parrinder, 1998, p. 65).

Coping: The ability to maintain some sense of mental and emotional stability when faced with distressing situations.

Counseling: "A professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (ACA, 2010).

Intervention strategies: An approach used to assist in the development and growth in client's particular needs (Barrio Minton & Myers, 2008).

Licensed Professional Counselor (LPC): "Provide quality mental health and substance abuse care to millions of Americans. Professional counselors have a master's or doctoral degree in counseling or a related field which included an internship and coursework in human behavior and development, effective counseling strategies, ethical practice, and other core knowledge areas" (ACA, 2012).

Life issues: Daily occurrences, both positive and negative, that happen either intentionally or unintentionally.

Mental health: "Mental health includes our emotional, psychological, and social well-being" (Medline Plus, 2016).

Mental illness: "A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning" (National Alliance on Mental Illness, 2013).

Private Practice: A business that is owned and operated by an independent provider who handles all of the components of the business. Counselors typically collaborate with a number of insurance providers and managed care in order to sustain the practice (Walsh & Dasenbrook, 2011).

Psychological pain: A term used to describe the pain felt in the mind as a result of a perceived negative experience.

Religion: "To encompass personal and social, traditional and nontraditional, and helpful and harmful forms of religious search" (Pargament, 1997, p .39)

Spirituality: "Christian spirituality is the process of general spirituality brought under the direction of and in submission to the Holy Spirit in the life of a professing believer in Jesus" (McClendon, 2012, p. 216).

Psychotherapy: "Any psychological approach used to assist positive changes in behavior, personality or in life's adjustments" (Morella, 2006, p. 8).

Research Questions

What spiritual and religious knowledge do Licensed Professional Counselors possess with Christian African-American women?

What spiritual and religious interventions do Licensed Professional Counselors possess with Christian African-American women?

What spiritual and religious interventions do Licensed Professional Counselors report to integrate into the counseling process with Christian African-American women?

Significance of the Study

Licensed Professional Counselors are faced with the challenge of treating African-American women; a group that is usually misunderstood and misrepresented (Thomas, Hacker & Hoxha, 2011). With African-American women's strong spiritual beliefs it would be wise for counselors to understand the culture and integrate spirituality into the counseling process (Williams & Wiggins, 2010). Examining how counselors are currently treating African-American women's issues will assist with seeing how this group is navigated through the treatment process. The mental and emotional issues that African-American women struggle with have led to psychological pain which has interfered with their quality of life (Nejtek, Allison & Hilburn, 2012). Improving the therapeutic relationship and understanding the impact that spirituality has on Black women may make Licensed Professional Counselors more cognizant of the interventions they use when treating this group. Taking care of mental and emotional issues leads to better physical symptoms and overall well-being (Rogers, Skidmore, Montgomery, Reidhead & Reidhead, 2012). Increased knowledge on these issues will add to the field of counseling and psychology concerning mental health, spirituality, psychological pain, prevention and intervention as it pertains to African-American women.

Assumptions and Limitations

It is required that Licensed Professional Counselors are at least Master's level clinicians and have met the Pennsylvania State Board of Social Workers, Marriage and Family Therapists and Professional Counselors requirements to become a Licensed Professional Counselor. A limitation of this study is that it is targeted specifically towards African-American women and not to other populations. For the purpose of this study Christianity will be the focus since a large number of African-American women identify with this religion (Barnes, 2009; Lee, 2008). This

research may not appear to be useful to Licensed Professional Counselors who do not treat African-American women. However, gender and cultural issues are beneficial to all mental health professionals in the field of counseling and psychology.

Summary

The movement to address psychological pain as a result of not addressing the mental and emotional issues in African-American women adequately continues. The perception of counseling held by Black women has slowly progressed over the years but there are still a large number of Black women who are reluctant to seek treatment (Matthews & Hughes, 2001). Consequently, the mysterious nature of this group has left practitioners at an impasse. Licensed Professional Counselors can improve the level of participation and positive outcomes amongst African-American women by becoming more aware of their needs and gain a greater understanding and respect of their cultural background and spiritual beliefs. Once more studies are conducted to measure how spirituality impacts African Americans then these women's voices will be brought to light (Lewis, 2008).

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

African-American women face insurmountable challenges, pressures and stresses that affect how they cope with life issues (Everett, Hall & Hamilton-Mason, 2010). Whether it is a result of a mental health issue or an emotional response to one of life's common struggles, these issues are unique to these women alone. While women's burdens are gender-specific, cultural factors can also be significant, particularly for African-American women (Settles, 2006). The psychological pain felt can lead to increased mental, emotional, physical, and spiritual problems which interfere with the quality of one's life. Therefore, clients like these could greatly benefit from a specifically tailored intervention (Norcross & Wampold, 2011).

Traditional interventions may not be meeting the needs of female African-American clients (Bradley & Sanders, 2003; Moore & Madison-Colmore, 2005), leaving a hole in how modern therapeutic techniques approach this group. Licensed Professional Counselors are capable of addressing those needs in private practice and other mental health settings by offering tailor-made therapy that precisely targets problems faced by this demographic. This dissertation focuses on the need for a spiritual therapeutic intervention for counselors to use who routinely treat Christian African-American women.

African-American Women's Mental Health/Illness Issues

Issues of mental health and illness focused on African-American women have received increased attention over the years (Ismail, 1996). As of recently, African-American women have started to consider the fact that mental issues are a real health concern that needs to be addressed. It is considerably hard trying to capture what mental illness in Black women looks like (Louis,

15

2013). Unfortunately, lack of trust, symptom recognition, perception of mental illness, seeing it as a lack of faith, not having insurance or not being able to get to the doctor (Office on Women's Health, OWH, 2010) are all some of the reasons this group hasn't sought out treatment sooner. Therefore, further study is needed due to the psychological and emotional impact it has on them (Pittman, 2005).

Definitions of Mental Health/Mental Illness

Mental health and mental illness have been used interchangeably but actually they have distinct differences. As indicated in the Surgeon General's report (1999), "mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and an ability to adapt to change and to cope with adversity" (p. 4-5). Based on the information from Vega & Rumbaut (1991), "the term mental health was originally intended to reflect psychological well-being and resilience; in essence, a satisfactory if not optimal state of being" (p. 355). According to the World Health Organization (WHO, 2010), "mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." How we take care of our mental health "determine how we handle stress, relate to others, and make choices" (U.S. Dept. of Health & Human Services, USDHHS, 2014) and "affects how we think, feel and act as we cope with life" (Medline Plus, 2016).

Mental illness is attributed to a variety of factors including genes, family history, life experience, and biological factors (Medline Plus, 2016). According to the Centers for Disease Control and Prevention (CDCP, 2013) "mental illness is defined as collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning".

16

In addition, WHO (2014) adds that mental disorders are "characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others." The Fifth edition of the DSM provides a complete list of psychiatric disorders which clinicians use as a framework to determine a diagnosis and help guide their treatment approach (APA, 2013). These symptoms and behaviors are subject to change periodically (Thompson, 2007, p. 5) which makes mental health professionals leery of labeling their clients (Pierre, 2012, p. 655). Clients perceive, feel, experience, and report symptoms differently which makes diagnosing complex (Miranda, Siddique, Belin & Kohn-Wood, 2005, p. 258). These differences have been interpreted according to perceived gender and ethnic standards and represented in clinical assessment and treatment planning.

The Difference in Mental Health/Illness Issues Affecting Men and Women

Does the way in which men and women take care of their mental health differ due to the physical and biological make-up between the two (Schwartz, Lent, & Geihsler, 2011, p. 347)? Can we conclude that men do not need counseling as much as women due to their ability to handle emotional problems better (Judd, Komiti, & Jackson, 2008, p. 25) or is it that society and other factors play more of a role (Forchuk et al., 2009, p. 495-496)? It's undeniable that men and women look at problems differently (Nimrod, 2011). Society makes it taboo for men to express any vulnerabilities (Reigeluth & Addis, 2010, p. 308). According to Haddad (2013) men are less likely to pay attention to psychological and emotional issues. Similarly, women face some of the same societal judgments that affect them maintaining a mentally healthy lifestyle (Raphael, Taylor & McAndrew, 2008; Wills-Bransdon, 2000). These societal taboos suggest that more attention needs to be paid to men (Morrow, 2013, p. 61; Smith, Robertson, & Houghton, 2006, p.

258) and women's mental health concerns (Doucet, Letourneau & Stoppard, 2010; Lesesne & Kennedy, 2005; Whitchen, 2010).

The National Institute of Mental Health (NIMH, n.d.) reports that there are gender differences associated with mental illness. According to Hewitt (2006) "women are more often diagnosed with so-called passive or inwardly oriented disorders...men are diagnosed more often than women with disorders that act upon others, such as sociopath or sex offender, or more active (and usually more violent) forms of self-destruction like substance abuse or suicide" (p.159). Bellinir (2012) posed a question regarding the differences between the genders associated with depression. It was concluded that several factors may play a part. As it relates to men "genes, brain chemistry and hormones, and stress" (p. 448) arose and "genetics, chemicals and hormones, premenstrual dysphoric disorder, postpartum depression, menopause and stress" (p. 456-458) in women were highlighted. Eaton et al. (2012) conducted a study which found apparent differences with mental illness in men and women. The study found that women internalize which is a reason why they are diagnosed with more mood and anxiety disorders, whereas men externalize and have higher rates of antisocial and substance abuse diagnosis. A gender-focused prevention and treatment intervention was recommended in that study. Wittenborn et al. (2012) agrees that there should be specialized forms of assessments developed since gender differences are evident.

The Difference in Mental Health/Illness Issues Affecting Blacks and Whites

According to the Surgeon General's Mental Health Report Supplement on Culture, Race, and Ethnicity (2001), there are proven racial and ethnic differences in mental health care for African-Americans. The lack of adequate representation amongst researchers of color is apparent when looking at who has been the target of research over the years (Vega & Rumbaut, 1991, p.

356). The US Department of Health and Human Services (USDH, 2012) reports that "African-Americans are 20% more likely to report having serious psychological distress than Non-Hispanic Whites." The rate of distress in this group has steadily increased (Sosulski et al., 2010) but has not been a severe issue with the majority population (Williams, YanYu, Jackson, & Anderson, 1997). There are a variety of factors that contribute to African-Americans' declining mental health, such as poverty (Bellinir, 2012, p. 530), inequality (Neblett & Roberts, 2013 Smith, Hung & Franklin, 2011, stress (Utsey et al., 2008) and housing (Green et al., 2013). There are many obstacles that get in the way of the African-American population receiving help (Harrison, 2012; Biegel, Johnsen & Shafran, 1997) which exacerbates these symptoms.

African-Americans keep their mental issues discreet (Hamm, 2012); whereas Caucasian people are more open with these diagnoses and seek help (Goff, 2013). Race has been shown to have an effect on mental health assessment and diagnosis (Feisthamel & Schwartz, 2009). Historically, African-American individuals were diagnosed with more severe clinical and psychotic diagnoses (Schwartz & Feisthamel, 2009), such as schizophrenia (Barnes, 2008; Chen, Swann & Burt, 1996). Jenkins (2014) believes that the way African-Americans portray themselves, which is unlike the majority population, is one of the reasons this group was initially misdiagnosed and labeled with these disorders. Since discrimination was highly noted amongst African-American respondents in a national survey, it was more likely that psychiatric disorders would exist (McLaughlin, Hatzenbuehler & Keyes, 2010). As a result of continued discrimination African-Americans are more likely to have higher symptoms of depression due to these stressors (Abu-Bader, S. H., & Crewe, S. 2006, p. 4). In addition, higher symptoms of anxiety are also seen in Black people compared to White people (Neal-Barnett et al., 2011). Both

mental and physical health will continue to suffer as long as these unfair clinical practices exist (Rudow, 2011).

Mental Health/Illness Issues Affecting African-American Women

Before one can grapple with the needs of Black women, the social injustices this group has faced must be recognized (Canady, Bullen, Holzman. Broman, & Tian, 2008). African-American women's mental health issues differ from all other racial and ethnic groups (Hunn & Craig, 2009, p. 83); including Black men (Robinson & Robertson, 2011). Carter & Parks (1996) explored mental health in Black women compared to White women and found racial differences amongst the groups. These experiences open the door for increased mental instability (Springer, 2009). Jackson & Greene (2000) cited Williams and Trotman's (1984) contribution to identifying what makes African-American women different, including: 1) physical characteristic; 2) historical/social/cultural dynamics; 3) emotional/intellectual characteristics; and 4) sex roles and male-female relationships (p. 253). These factors contribute to how African-American women take care of their mental health and address symptoms of mental illness.

Physical health problems are a major concern for Black women which makes mental illness not a top priority (Jeffries, 2012, p. 338). Reports have been made that African-American women are more susceptible to mental illness due to their race and gender (Nelson, 2006). Due to the lack of research, African-American women have been inadequately treated and diagnosed (Brown, Milburn, & Gary, 1992; Carrington, 2006, p. 780). The way in which African-American women express themselves is interpreted in ways that are mistakenly represented in mental health diagnosis (Ashley, 2014). Sometimes the obvious symptoms of depression aren't apparent in Black women because their outward actions portray something different (Beauboeuf-Lafontant, 2008, p. 395). Increased attention needs to be paid to African-American women

suffering from anxiety, depression and other mood disorders (Jackson, 2006; Jones, 2008; Sosulski & Woodward, 2013; Watson, Roberts, & Saunders, 2012). Looking deeper into the daily lives of these women may bring clarification and understanding of mental illness and other societal factors (Nicolaidis et al., 2010).

<center>**African-American Women's Emotional Issues**</center>

Arguments have been made whether or not one is able to manage emotions or have a sense of control when unwanted feelings occur (Lively, 2008). In most cases "individuals modify their emotional experiences and expressions by employing different emotion regulatory strategies" (Yeung, Wong, & Lok, 2011, p. 414). When not handled correctly, these issues lead to problems in relationships, health, finances, career/work and self-esteem (Brown & Gary, 1988). Rothschild (2007) anticipates a lifestyle full of problems and predicts its uncertainty, knowing they are there to "challenge us, drain us, isolate us, and perplex us" (p. 45). With these problems comes a set of emotional strains. The ups and downs of life make it more difficult to stay hopeful and optimistic. Contrary to what some may say, a little conflict can be healthy (Ortega & Karch, 2010). Self-reflection can lead to growth which may have not ordinarily occurred without the stressor present (Luthar & Zigler, 1991). Depending on the perspective of the individual determines the response towards the situation.

Common Emotional Issues Women Face

There are plenty of life issues that most women face on a daily basis including "illness, financial troubles, insecurities, relationship conflict, fear, sadness" (Rothschild, 2007, p. 45). According to Malveaux & Perry (2003) equal pay, work and family, education, the economy and taxes, the economic safety net, crime and violence, race matters, reproductive rights, foreign policy and globalization, and the environment are the top 10 women's issues. Based on a poll of

<center>21</center>

women in the United States in an attempt to understand women's concerns, they found that women are more eager now to go out into the world while recognizing the stresses of family and finances still exists (Lake & Conway, 2005, p. 220). In a more recent study, Turner (2013) asserts that getting paid as much as men, being fairly and proportionally represented in the media, becoming President, getting a cheap haircut, occupational sex segregation, pregnancy discrimination in the workplace, sexual violence, getting access to free birth control, getting blamed and shamed, and menstruation frustration are what women in the United States are up against. Although trying to maintain a lifestyle that allows women to live out their dreams while taking care of the needs of others can be challenging yet rewarding (Eikhof, Warhurst, & Haunschild, 2007; Galbraith, 2000; Greenwood, 2003).

So, whether it is planning for an upcoming wedding, dealing with the death of a loved one or meeting with a lawyer to finalize a divorce, these life events can flood the mind and body with a variety of feelings and emotions that may be difficult to handle. Women who chose to respond to stressful life events poorly tend to see an increase in mental, emotional, and physical symptoms (Diamant & Wold, 2003; Olesen, Butterworth & Rodgers, 2012). Ultimately, women will continue to face life's hardships and resolve to manage the emotional toll they may undertake in a variety of ways. However, Black women have another layer to add onto these daily issues due to disparities they have experienced over the years (Johnson-Bailey, 2003, p. 95; Malveaux, 2013).

Emotional Issues African-American Women Face

There are many elements in life that put a burden on the mental and emotional well-being of Black women (Lacey, Mcpherson, Samuel, Powell Sears & Head, 2013; Schulz et al., 2006; Siefert, Heflin, Corcoran, & Williams, 2004). In 2003 The Women's Voices Project produced a

survey focused on prejudicial treatment towards Black women. This project discovered that

prejudicial ways are currently affecting African-American women, including racial and gender

discrimination along with other forms of unfair treatment (Jones et al., 2003, p. 8-10). In *The*

Top Five Issues Facing African American Women in the 21st Century, Tracey (2007) adds that

health, financial freedom, education, interpersonal relationships and communication, and pro-

Black women leadership and political representation are most commonly faced by this group. In

addition, racism, sexuality, marriage, singleness, single parenting, the church, finances,

spirituality, and health and self-esteem arose in *Issues Facing Black Women in America*

(Johnson, 2009). These added pressures weigh on one's mental stability, promotes emotional

distress and is the leading cause of adverse reactions to difficult situations (O'Hanlon, 2004, p.

16).

The image of beauty rarely depicts the reflection of African-American women (Burns,

2005). Typically, African-American women have a distinct look which encompasses many

shades of Black or Brown colored skin and tightly coiled hair (Jefferson & Stake, 2009; Patton,

2006). Within the African-American community, Black women are judged on how light or dark

their skin is (Wilder, 2010). Issues such as the color of one's skin or facial features are a stressor

that most people don't have to think about on a daily basis (Keith, Lincoln, Taylor, & Jackson,

2010; Okazawa-Rey, Robinson & Ward, 1986). Another important aspect of Black women's

lives is their hair (Thompson, 2009). Taking time and pride in maintaining their mane is of high

priority whether it is worn natural or straight. It can be embarrassing when questioned about the

intricate details of your hair, including being asked what part is real and what part is fake

(Grayson, 1995). A lot of how Black women are viewed is depicted in music; particularly rap,

which has given them a substandard look (Zhang, Dixon, & Conrad, 2009). The focus on

physical beauty has both internal and external implications. This has resulted in the lack of self-esteem, self-image and confidence (Thompson & Keith, 2001).

African-American women are least likely to get married (U.S. Census Bureau, 2006) and more likely to raise children on their own (Sharp & Ispa, 2009). Marsh & von Lockette (2011) states that this group has a higher propensity for "increased singlehood, delayed marriage, increased divorce rates, and women's increased labor force participation" (p. 315-316). When Black Christian women search for an African-American husband, the church has come up empty because the number of Black women that go to church outweigh the men (Mcintosh, 2011). The struggle with remaining abstinent while waiting for a man of God has left many Christian Black women depending on the Holy Spirit to extinguish those desires that should be fulfilled within a marriage (Moultrie, 2011). This has made being single a long and lonely journey that makes it hard to find hope (Clarke, 2011). Although, with the Obamas in office (Chaney & Fairfax, 2013) and other positive Black families shown in the media there is hope that a loving Black family is a reality and not just a dream.

Psychological Pain

In general, psychological pain has been used to give meaning to issues of suicide, loss and trauma (Baschnagel et al., 2009; Troister & Holden, 2012; Wiegand, 2012). Trying to figure out how much a person can endure is not an easy feat because "while psychological pain may be unpleasant, the fact remains that it is in our heads, not our bodies" (Biro, 2010, p. 664). Contrary to that belief Dass (2013) contended that "the pain is in your body and your mind" (p. 79-80). Shattel (2009) suggested that emotional pain does not get the same attention as physical pain, leaving emotional measurements scarce. Attempting to make sense out of scattered thoughts and unbalanced emotions in a way that will lead to contentment is a personal challenge that many

have not been able to achieve (Neto et al., 2011, p.1878). Issues of pain in the mind as they relate to African-American women have not been extensively explored. Therefore, further research needs to be conducted in order to examine its impact and discover its source.

Definitions of Pain

Psychic pain, psychache, mental pain, social pain, spiritual/soul pain, suffering, anguish, and despair are all terms used to describe psychological pain. Researchers have attempted to come up with a unifying definition of psychological pain in order to describe the feelings of hurt and pain that are hard to put into words (Fleming, 2006). In a more recent attempt, Meerwijk & Weiss (2011) defined psychological pain as "a lasting, unsustainable, and unpleasant feeling resulting from negative appraisal of an inability or deficiency of the self" (p. 410). Other theorists have contributed to the world of pain and recognize that the mind and body work succinctly together (Golden, 1998, p. 202).

Freud (1989) describes pain as "the actual reaction to loss of object, while anxiety is the reaction to the danger which that loss entails and, by a further displacement, a reaction to the danger of the loss of object itself" (p. 107). Shneidman (1999) defined psychache as the "introspective experience of negative emotions such as anger, guilt, hopelessness, loneliness, and loss" (p. 287). He developed the Psychological Pain Assessment Scale (PPAS) to assess the level of psychache one experiences. Shortly after the PPAS was introduced, the psychache scale was developed to assess suicidality (Holden, Mehta, Cuningham & McCleon, 2001). It helped to identify people who would and would not attempt suicide. The nine-factor scale in Orbach et al.'s (2003) definition of emotional (mental) pain included: the experience of irreversibility; loss of control; narcissistic wounds; emotional flooding; freezing; estrangement; confusion; social distancing; emptiness. This tool was instrumental in evaluating pain due to its high reliability and

consistency of the test. Looking at incidents that occurred in childhood can make one see how the adult was able to overcome such experiences (Holm, Bégat, & Severinsson, 2009). Panksepp (2003) looked at the different areas of the brain and how it was affected when feelings of sadness and social loss were felt. These feelings of emptiness impact the way in which one looks at the world (Frankl, 1963).

Pain associated with spirituality is unlike the other types of mental distress in that it is related to a supernatural being and has implications in one's internal struggle with this force. According to White (2013) "suffering is the origin of spiritual life, for without the experience of pain or disappointment, frustration or destitution, we could not know all the limitations of individual existence which call our being in to question and provoke a reflective response" (p. 15). Fisher (1999) attempted to distinguish the difference between soul pain and spiritual distress. He concluded that "spiritual distress may well be one of the symptoms of a person's soul pain or it could be a distinct condition" (p. 54). Kearney (1996) says "soul pain is the experience of an individual who has become disconnected and alienated from the deepest and most fundamental aspects of him or herself" (p. 60). Millspaugh (2005) developed a formula that encapsulated spiritual pain or suffering: (Awareness of death + Loss of Relationships + Loss of Self) (Loss of Purpose+ Loss of Control)/Life affirming and transcending Purpose+ Internal Sense of Control. This type of pain is a spiritual battle that cannot be fought in human strength alone (Ellison & Lee, 2010; Morris, 2005).

African-American Women's Pain

Life events that cause pain for Black women tend to hurt like a punch in the face. It is an invisible wound felt in the mind, body, and spirit. Many African-American women endure needless suffering without receiving the proper care. Regardless of the cause of emotional

26

distress, the fact remains that African-American women are still experiencing feelings and emotions that are hard for them to manage. Not knowing how to deal with the tough places in life can put you in jeopardy of negative psychological and physical consequences (Sawyer et al., 2012.).

During the time when the "women's movement" arose, African-American women were left out (Brown & Root, 1990). Since then several groups have brought a voice to the oppression that these women face (Evans, Kincade & Marbley, 2005, p. 269). African-American women's issues are similar to most women but differ in that their past and present experiences force them to think, behave and react differently (Coker, 2002). As a result of these life's trials, "failed relationships, sexual confusion, illness, and lonely lives" (Nelson, 2011, p. 174) have injured the inner core of Black women. In the book *Black Women in White America* Anna Cooper (1858-1964), in one of her essays, said "the colored woman of today occupies, one may say, a unique position in this country. In a period of itself transitional and unsettled, her status seems one of the least ascertainable and definitive of all the forces which make for our civilization. She is confronted by both a woman question and a race problem, and is as yet an unknown or an unacknowledged factor in both" (Gerda, 1972, p. 572-573). Roxburgh (2009) agrees with this notion and cannot see how these factors have not been taken into account when reflecting on the experiences of these women.

African-American women are viewed as "strong, dominant, independent types who are capable of taking on multiple roles" (Weathers et al., 1994, p. 1). More than often, Black women are not treated fairly because of their race and gender (Settles, Pratt-Hyatt, & Buchanan, 2008, p. 455). Having to live in a society that neither values your voice nor embraces your presence is a fact of reality that has allowed this invisible form of racism to exist (Krysan, 2002; Franklin,

Boyd-Franklin, & Kelly, 2006). This unfair disadvantage is caused by a history of

discrimination which women of color have dealt with for generations (Marbley, 2005; White,

1999). These effects have an impact on the way Black women perceive themselves (Defrancisco

& Chatham-Carpenter, 2013) and how others view them (McDonald, 2001). Unfortunately, these

inaccurate depictions have been subtly placed into society's subconscious and have come to be

known as truth (Boyd, 1993, p. 5).

Perspectives of Pain

Pain can linger inside of us and act as a constant reminder of what we've been through

(Preston, 1993, p. 75). Rothschild (2007) stated, "our problems usually have less to do with our

circumstances than with the way we choose to feel about them" (p. 86). Troublesome thoughts

take place in the mind yet sorrowful feelings are felt in the soul. Painful life events help shape

who you are. It can either make you grow or leave you feeling hopeless and empty. Life has a

way of showing you who you are; revealing your true character (Taylor, 1993, p. 3). It is an

honest reflection of your innermost thoughts, feelings, insecurities, motivations and fears.

According to Vanzant (1998) "each time we face a challenge, obstacle, or difficulty, we learn

what we can and cannot do" (p. 240). Hawley (2000) notes that "without struggle, resilience

does not exist" (p. 102)." As stated in Hendrix (2009) one can find a sense of peace when faced

with difficult times.

Other cultures have found strength and courage when dealing with pain. Immaculee

Ilibagiza (2006) found her strength in the 1994 Rwandan genocide as she and seven other

women sat for 91 days hiding from the Hutu soldiers who were trying to kill them. She took this

experience as a life lesson that taught her that "in the midst of mass murder, taught me how to

love those who hated and hunted me – and how to forgive those who slaughtered my family"

(xx). Pastor Wurmbrand and others like him who were jailed in Communist prisons because of their Christian beliefs continued to teach of God's love and forgave the ones who tortured them (Wurmbrand, 2013). In his words he said, "these Nazi times had one great advantage. They taught us that physical beatings could be endured and that the human spirit with God's help can survive horrible tortures" (p. 12). Just as these individuals faced unimaginable hardships; like African-American women, they relied on their faith to get them through these tough times.

Learning from your mistakes is more beneficial than focusing on unfortunate circumstances (Vanzant, 1995, p. 22). Wolpe (2008) suggests that "biblical sufferers touch us through their shared pain. In our fractures and difficult lives, reading a chronicle of difficulty and failure can be encouraging and even healing" (p. 159-160). In the words of Warren (2002) "pain is the fuel of passion- it energizes us with an intensity to change that we don't normally possess" (p. 98). One religious author asserts that "we are matured in the midst of suffering" (Bevere, 1995, p. 118). In fact, "…it is pain that seasons and strengthens our souls" (Thoele, 1998, p. 212). Once we can get over the realization that bad things happen to good people, we then can see the benefits that pain can bring (Arthur, 2010, p. 57). Tests & trials come for us to demonstrate how we handle pain. It is possible to have peace in the midst of a storm depending on how you chose to look at it. A positive outlook yields hope whereas a negative outlook yields despair; this has future implications on the status of one's mental health (Cooper et al., 2011, p. 399).

Coping with Mental Issues, Emotional Issues and Psychological Pain

Painful thoughts and feelings that come as a result of everyday life experiences can be difficult to handle; but possible to overcome (Schuller, 1999). There are many elements that have an effect on responding to these burdens including "environmental, psychological, and biological

aspects of stress" (Cohen, 2000, p. 195). Regardless of the severity of the issue or duration of

the problem there are a variety of ways to cope when responding to life's struggles (Rausch,

Auerbach & Gramling, 2008, p. 726). According to Bridges (1980), there is an opportunity with

each transition to learn about inner coping resources and consider what we want out of life. This

period of reflection can lead to self-renewal and growth. According to Bruce & Thornton (2004)

"those with a strong sense of control believe changes in their social world are responsive to their

choices, actions, and efforts" (p. 597). When this mind frame is not adopted it is not uncommon

that painful thoughts and feelings may arise.

African-American women have been thrown into a society that does not look, think, or

behave the way they do (Fulani, 1988, p. 114, Szymanski & Stewart, 2010). How a woman of

color responds or copes with these stressors is vital to their quality of life and development

throughout their lifetime (Cade-Bambara, 2005). This group, in particular tends to respond to

life events differently than what's considered the norm (Hamilton-Mason, Hall, & Everett, 2009,

p. 467; Lykes, 1983, p. 83). It is difficult to gage the coping strategies of African-American

women because research has been so heavily focused on White men and women (Brown, Brody,

& Stoneman, 2000). By adapting a mind frame that sees African-American women "as

strategists – active agents who use resources to achieve goals and cope with the problems of

everyday life" (Rosaldo, 1974, p. 114) may inadvertently change the way they are viewed and

treated.

Definitions of Coping

What does it mean to cope? Mitchell, Hargrove & Collins (2006) describes it as "actions

used to minimize stress" (p. 1504). According to Monroe et al., (2007) "stressors are events,

neutral in themselves, that provide a context for action or change" (p. 200). It can be assumed

that "coping is part of an interactive process of adaptation to stress, and it both reflects and contributes to the development of mental and physical health and disorder" (Skinner & Zimmer-Gembeck, 2009, p. 6). It is defined by Lazarus and Folkman (1984) as the process of "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands appraised as taxing or exceeding the resources of the person" (p. 12). In this progression, Utsey et al. (2000) adds that "an individual attempts to manage through cognitive and behavioral efforts, external or internal demands that are assessed as exceeding one's resources" (p. 73). As stated in Pearlin & Schooler (1978) "by coping we refer to the things that people do to avoid being harmed by life strains" (p. 2). Fondacaro & Moos (1989) suggests that "the strategies people use to cope with specific stressful experiences can be influenced by varied aspects of the psychosocial context such as major life events, ongoing strains, and social resources" (p. 330). The way in which one deals with a situation impacts these steps. Knowing this is beneficial because it offers the opportunity to strategically approach issues that cause stress.

Ways African-American Women Cope

It's easy to manage your feelings and emotions when life is good. When you are married to the man of your dreams, just landed the perfect job, and the kids are at the point where they can pick out their own clothes and make their own food, you couldn't ask for anything more in life. But sometimes life has a way of turning upside down and the person you thought you were in love with leaves you, your job lays you off, and the kids just won't listen to a word you say. How do Black women cope when life is chaotic, unbearable and seems downright hopeless?

Black women have been taught that no matter what you are going through to be strong, figure it out yourself, and put your trust in God. This suggests that when faced with hardship, instead of seeking help, these women rely on themselves (Black & Peacock, 2011, p. 145). In

31

fact, this group's unrelenting selflessness has hindered the self-care that they so desperately need (Ferguson & King, 2006). The assumption is that this group is used to dealing with struggle and can handle it (Poussant & Alexander, 2000, p. 102-103). The "strong Black woman" (Beauboeuf-Lafontant, 2008, p. 400) label had made it difficult for these women to express their feelings due to fear of being judged. Harris-Perry (2011) suggests that this label was created to give Black women a positive image to combat the inaccurate images being portrayed in society. According to Black & Peacock (2011) attributes of being a strong Black women encompass "self-reliance, self-sacrifice, and self-silence" (p. 144). Primarily Black women have chosen to keep quiet when dealing with traumatic events which have made this behavior seem almost normal. When ignored, this emotional prison only grows and resurfaces in other areas of their lives (Williams, 2008, p. 38-39).

Using Spirituality to Cope

Spirituality is a broad term because it has so many meanings to so many people (Speck, 2005, p. 4). Dyer (1992) asserts that the difference between individuals that are spiritual and non-spiritual have to deal with being mindful of a natural and unseen world (p. 40). As much as counselors attempt to define spirituality, clients also struggle for meaning (Souza, 2002, p. 214). According to Pargament (1997) it is "the central function of religion-the search for the sacred" (p. 39). Macquarrie (1972) contends that it "is a seeking for a quality of life, and as such it appears to be more concerned with the feelings and the will" (p. 62). In the words of Campbell (2003) "spirituality is the place in our hearts that holds all of the questions about our purpose in the world and it is reflected in our actions" (p. 20). It is up to those who identify as spiritual beings to demonstrate these actions with a moral foundation based on Christ.

Lewis and Geroy (2000) believe "spirituality is the inner experience of the individual when he or she senses a beyond, especially as evidenced by the effect of this experience on his or her behavior when he or she actively attempts to harmonize his or her life with the beyond" (p. 684). Tolliver (1997) suggests "the nature of spirituality is that it is not bound by time or physicality, it is integral to the human being, it is the renewable life force, the energy that enlivens the physical and the space where human communion is possible" (p. 479). In addition, "spirituality begins in movement-away from what we come to see as unreal, painful, disappointing, trivial, or meaningless and toward the ultimate, true, vital, real, or sacred" (Gottlieb, 2013, p. 7). All of these definitions, although vast, have shaped the way society has viewed this phenomenon.

At the core of Black culture lays a foundation built on spiritual mores (Frame & Williams, 1996). According to Hodge & Williams (2002) this ethnic group is commonly associated with spirituality more than any other group in the world. Spirituality provides "knowledge" (Watt, 2003, p. 38) and "healing" (Hull, 2001, p. 141) for African-American women. Mattis (2000) further sought to define spirituality in a study from the perspective of African-American women and reported that over one half (53%) of women viewed spirituality as a connection to and belief in a higher power, 24% as a transcendent force or energy in life, 23% as an understanding of self, and 22% as life guidance. Wilson-Bridges (2001) attempted to define spirituality from an African-American point of view by saying: 1) its essential nature as cultural resilience or the ability to bounce back into shape or position after being stretched, bent, or compressed by cultural oppression; and 2) its effects or movement as it defines African-American values and cultural expression in the people's quest for identity and the building of community" (p. 165). In a small study of eight African-American women, Banerjee & Pyles

(2004) delved into uncovering what spirituality is and how it impacts their lives. It was found that utilizing this strength is beneficial because it helps them overcome life's afflictions.

African-American women hold spirituality as one of the main ways to cope with the tests and trials of life (Mattis, 2002; Thomas, 2001). When burdens are placed on a higher power, worry takes a backseat and faith steps forward (Taylor, 2003). There is hope in knowing that there is something after this life on earth (Helminiak, 1996, p. 33). Black women get their source of strength and hope from this great phenomena (Hill, Hawkins, Raposa, & Carr, 1995). They talk to God "because no one is there to listen, no one seems to understand just what they are going through" (Heath, 2006, p. 155). In biblical times some women felt acceptance and love from Jesus where they didn't get this from anyone else (Jakes, 2006, p. 165). Nowadays, church has provided a safe haven where Black women could embrace their individuality (Jones et al, 2003, p. 259). That's why these women, over other groups, spend more time in the church (Abrums, 2004; Pickard & Nelson-Becker, 2011; Sharma, Sargent & Stacy, 2005). Licensed Professional Counselors should acknowledge that African-American women's relationship with Jesus is a catapult that brings about change and transformation.

Integrating Spirituality into the Counseling Process with African-American Women

Counseling suggests that one is open to embracing new ways of thinking and handling problems (Gladding, 2005, p. 13). Spirituality has a particularly important function in African-American women (Patton & McClure, 2009; Smith, 2012; Watlington & Murphy, 2006, p. 838). This group is dedicated to the cause of promoting spiritual well-being in their lives and the lives of others (Townsend-Gilkes, 2001, p. 43). This way of existing has offered both comfort and hope; especially during some of life's most difficult struggles. African-American women have been cautious to use counseling as their first means of dealing with life struggles and

inadvertently turn to spirituality to cope (Miller, 1995). An intervention that embraces

spirituality is a tool that psychotherapists can utilize when faced with both natural and spiritual

dilemmas (Gallagher, Wadsworth, & Stratton, 2002; Parker, 2009). The benefits of

incorporating both spiritual and psychological concepts outweigh the question of whether or not

it is a viable intervention to use. The real case in point is that this group of African-American

women views it as an integral part of their life and for that reason alone it should be justified.

Just over 10 years ago, the relationship between psychology and spirituality gave

therapists something to think about when it comes to using spirituality as a therapeutic strategy

(Herrick, 2006; Maloney, 2007; Parker, 2011). Should or shouldn't it be used? Although

theorists are leery of integrating spirituality for fear of the unknown: is it damaging or

beneficial? Lindgren & Coursey (1995) fall on the side of those who believe that there are many

benefits to including spirituality. According to Hodge (2013), incorporating an implicit spiritual

assessment with clients who are comfortable with spiritual lingo will provide clinicians with a

tool they can use to collect events that occurred in clients' lives. This suggests that an open

dialogue on this topic needs to occur. In order to start this discussion, this article proposes that

the therapeutic relationship, growth and change are positively impacted when spirituality is

integrated. On the other hand, lack of preparation, misdiagnosis and inaccurate treatment

approaches are just a few of the detriments that may occur when spirituality is not incorporated

with African-American women.

Benefits of Including Spirituality

Therapeutic Relationship

It is important to create an atmosphere where both client and therapist feel at ease

(Derlega, Hendrick, Winstead, & Berg, 1991). Romanovsky (2014) believes that joining starts

during first contact with a potential client (p. 101). The relationship between the two has been referred to as a "therapeutic alliance" (Khoshnavafomani & Kharazmirahimabadi, 2012, p. 2). Doherty (1995) recommended six characteristics to look for when searching for a competent therapist, these include "caring, courage, prudence, willingness to use moral language, respect for your interpersonal commitments and responsibilities, and respect for your community commitments and responsibilities" (p. 182-183). When a strong therapeutic bond is not formed, clients can be damaged as a result of a poor client-therapist relationship (Buhari, 2013, p. 162). According to Hamstra (1994) clients may not divulge personal information to the clinician due to having many apprehensions. Therefore, establishing a partnership based on mutual respect and trust makes the results of therapy more promising (Werner et al., 1999).

In the Black community counseling services have not been well-received or reciprocated (Marbley et al., 2007, p. 211). The relationship between therapist and African-American women has been compromised due to a history of mistrust (Laughton-Brown, 2010; Snowden, 2001; Terrell & Terrell, 1984). According to Allen-Meares & Burman (1999) knowing this historical background makes "gaining acceptance, rapport, and trust" (p. 53) not an easy feat. African-American women tend to want to discuss spiritual aspects of their life during counseling sessions. Therapists who incorporate spirituality may begin to develop a positive therapeutic relationship with African-American women as a result of these discussions. For this reason, counselors should be prepared to address spiritual issues when they arise so they can begin to join and bond with their client (Poleshuck, Cerrito, Leshoure, Finocan-Kaag & Kearney, 2013).

Growth

Growth represents a maturation process; movement. It is a symbol of development in the midst of life's many storms. Personal growth is generally reported by individuals who have come

up against extreme odds (Park & Helgeson, 2006, p. 791) and commonly described in the teachings of many religious and philosophical traditions. Hey (1960) posed a question for counselors to ponder. He asked "whether it is ever really possible or desirable to make growth easy, and if one should succeed in making growth easy, can real growth take place" (p. 210)? Spiritual growth is progression over time (Werdel, DyLiacco, Ciarrocchi, Wicks, & Breslford, 2014). This process is worthwhile because there is a light at the end of the tunnel (Lenzkes, 1995, p. 29). Vernick (2005) believes "as we grow to see things more truthfully about ourselves, God, others, and life, the next step is figuring out how to live in that different reality" (p. 104). This sense of enlightenment helps to see the greater purpose in life (Bevere, 2009). As a result of this reflection, clients can look forward to a closer relationship with God. Based on the views of Hooks (2005) "living a life in the spirit, a life where our habits of being enable us to hear our inner voices, to comprehend reality with both our hearts and our minds, puts us in touch with divine essence" (p. 142). This type of forging takes emotional strength and mental toughness that will have eternal significance (Lenzkes, 1995, p. 12).

Change

Change occurs after one has made mistakes, learned from them, reflected and then shifted into a different direction. Srebalus (1975) agrees that change is "moving from one state of being to another" (p. 416). When you are changed by the spirit you have walked into a supernatural process that changes both the natural and spiritual state of being. The focus is more on the unseen than what we can quantify in numbers (Kelly, 2010, p. 107). In the natural, the goal is to see change in a person's behavior or a shift in thinking. Spirituality in essence seeks to change the person's character to become more like God. Frenn (2010) suggests that a personal relationship with God is how change begins. Vernick (2005) supports this notion that being

37

close to God results in permanent change. Prayer is a tool that allows one to have a direct connection with Him. MacArthur (2009) views prayer as a way to "express all that is in our hearts to our loving and wise heavenly Father" (p. 59) which inadvertently "brings us into reverent communion with God, worshipping Him and acknowledging Him as the giver of all things" (p. 59). So embracing this lifestyle "changes us internally, the way we think, feel and perceive the world" (Frenn, 2010, p. 138). It is the tool that that links us to this higher power (Cannon, 2013, p. 183). This type of change is transformational and everlasting.

Risk factors for not including spirituality

Lack of Preparation

In order to prevent substandard care towards potential clients a little forefront in thinking should take place. Individuals seeking a career in counseling should find a program that values spirituality, allows students to examine their personal thoughts on these issues and learn strategies to implement with future clients. In reality, a large number of therapists aren't equipped to undertake the sensitive nature of spirituality (Barnett & Johnson, 2011); thus ignoring this existing strength. When a counselor does not acknowledge the client's use of spirituality they run the risk of overlooking this beneficial change agent. Plante (2007) reiterated the fact that counselors have not been adequately prepared from their graduate education to handle spirituality with clients; therefore, counselors should be honest with their level of training and competence on spiritual matters (p. 895). In those instances, counselors have an obligation to inform the client that their spiritual issues are beyond the scope of their expertise (Wood, 2007, p. 193). When counselors continue to work with individuals whom they don't understand, clients may unknowingly disregard their beliefs and turn to other ineffective coping skills since their personal beliefs aren't being acknowledged (Chandler et al., 1992, p. 171).

The American Counseling Association (ACA, Ethics, 2014) sets forth certain ethical guidelines for counselors to follow. The purpose of these standards is to ensure that clients are receiving fair treatment. Practitioners are also required to follow the Pennsylvania code: Chapter 49. State Board of Social Workers, Marriage and Family Therapists and Professional Counselors-Licensure of Professional Counselors which includes the Code of Ethical Practice and Standards of Professional conduct (Pennsylvania Code, 2010). The number of African-American counselor's in the state of Pennsylvania is only a small percentage in the majority pool of licensed counselors (PA Dept. of State, 2016). In fact, due to the low number of African-American females in the counseling field Black women are not typically treated by a counselor from their own ethnicity or gender (Bryant et al., 2005; Haizlip, 2012). Therefore, counselors of all races have an obligation to take into account the differences in the people they serve (Bassett, Lloyd, & Tse, 2008, p. 256). Gaylin (2001) used the term "value-free agent" (p. 246) to describe the attempt of the therapist to make the counseling atmosphere less about their views and more about seeing things from the client's point of view. This shift in thinking may change the dynamics in which counseling services are being delivered today (Montague, 1996).

Misdiagnosis

Common practice of health insurance companies is that clinicians are expected to provide clients with a diagnosis after the initial assessment in order for them to receive mental health services (Braun & Cox, 2005). This rapid response can lead to the wrong type of care (Willie et al., 1995, p. 377). Willie et. al., (1995) believe that "misdiagnosis can lead to inappropriate treatment" (p. 377). The results that derive from a thorough assessment are vital because it sets the tone and direction of therapy (McKenzie, 1999, p. 154). According to Aroyewun (2012) "psychological assessment is most useful in the understanding and evaluation of personality and

especially of problems in living" (p. 22). When the information gathered is misinterpreted then one's own preconceived notions can seep into the findings (Morrow & Deidan, 1992).

Misdiagnosis is common within the African-American community (Bell & Mehta, 1981: Snowden & Pingitore, 2001). The lack of awareness, knowledge, sensitivity and perspective towards the issues and reality of African-American women is a result of them being "understudied, underserved, and misdiagnosed" (Carrington, 2006, p. 780). Mental health services provided to African-American women have been limited due to "poor data collection, poor research design, and inadequate interpretation of results" (Garretson, 1993). In order to prevent misdiagnosis clinicians should have accurate assessment tools (Baker, 1994; Garzon, n.d.) along with spiritual (Pouchly, 2012) and cultural knowledge (Arthur et el., 2005; Bhui et al., 2007).

Treatment Approaches

Clinical treatment is beneficial, especially when life issues are getting in the way of maintaining mental and emotional stability. As indicated by Scherz (2015) "there are many ways to achieve an outcome; however, the method can vary greatly. How we ultimately achieve our goals can have as much to do with feeling successful as the outcome itself" (p. 81). Greenspan (1993) challenged the old ways of conducting psychotherapy with women and went as far as to say that "the traditional approach to therapy is destructive to female clients" (p. 338) and that "help for women in therapy must come from women therapists who have adopted a feminist approach to women and therapy" (p. 339). The first steps a clinician can take in order to understand a woman is (1) recognize the changing roles of women in American society; (2) recognize and evaluate his own sex role biases; and (3) develop some level of expertise with the growing body of recent research on sex differences and on the psychology of women (Pringle,

1971, p. 13-14). Going a step further, in order to provide culturally sensitive counseling towards African-American women King & Alease (2006) recognize: (1) the situational complexities of the Black woman's own cultural and poly-cultural socialization process; (2) the cultural, bi-cultural and poly-cultural contexts in which African-American professionals live; and (3) the Black family situational dynamics that prompt extreme self-sacrificial responses and behaviors.

The methods used on African-American women have been unsuccessful due to differences in the issues and struggles they face. Based on the information from Wyche (1993) there are five models that are beneficial when working with African-American women including (1) The Pathology Model; (2) The Structural-Functional Model; (3) The Emergent Model; (4) The Afrocentric Model; and (5) The Integrated Feminist and Psychodynamic Model (p. 117). Spiritual interventions used with the African-American population can be beneficial to uncovering how it impacts their world (Dunn & Dawes, 1999). Cox (2013) believes that religious and spiritual interventions should be used since it has shown to have a positive impact on therapeutic results. A mechanism of coping, support, higher levels of self-esteem, and hope are the four components that Longo & Peterson (2002) suggests are needed when integrating spirituality in counseling.

<div align="center">**Summary**</div>

Spiritual integration has typically been a deciding factor on behalf of the therapist. All too often have clinicians decided the best course of treatment for their African-American female clients. Restructuring the counseling process can be done once spiritual, feminist and multi-cultural constructs are incorporated into the system (Hoop et al., 2008; Roberts, Jackson & Carlton-Laney, 2000; Wyk & Ratcliffe, 2007). Fortunately, researchers have discovered that incorporating spirituality into the therapeutic process lessons or eliminates symptoms (Blazer,

2009). This strategy is more preferred by most Black women because they use spirituality to cope with problems in life. African-American women are aware of the significance of their spiritual journey and may need the help of like-minded counseling professionals to help navigate them through this process (Falaye, 2013, p.55). Spirituality is focused on eternal significance (Warren, 2002, p. 43) where the reward will be God's affirmation, promotion, and celebration (p. 45-46). With this perspective in mind, therapists can now begin to lay a new foundation of how they will treat African-American women.

CHAPTER THREE

METHOD

The purpose of this study is to evaluate what Licensed Professional Counselors know about Christian spirituality and religion, if they use it, and how they use it in the treatment process with Christian African-American women. This study was based on Cates' (2009) study which looked at spirituality in the context as it applies to the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) spiritual competencies: knowledge, awareness, understanding and interventions. The ASERVIC guidelines of spiritual competency provides a foundation for counselors when attempting to integrate spirituality into the counseling process (Appendix B). In Cates' (2009) study, he surveyed 94 counseling and psychology professionals in the state of Georgia working in either clinical, community, or private practice settings. The author developed the "Spiritual Competency Survey" (Appendix C) which was modified to focus on only Licensed Professional Counselors in private practice and other mental health settings in Pittsburgh, PA. Traditionally, Black women use spirituality to cope with the pains and struggles of life (Mattis, 1997). Therefore, seeking to find out if counselors are using this approach is beneficial since research suggests that integrating spirituality could improve overall life satisfaction (Blaine & Croker, 1995) and clinical outcomes (Richards, Bartz, & O'Grady, 2009).

Research Questions

What spiritual and religious knowledge do Licensed Professional Counselors possess with Christian African-American women?

What spiritual and religious interventions do Licensed Professional Counselors possess with Christian African-American women?

What spiritual and religious interventions do Licensed Professional Counselors report to integrate into the counseling process with Christian African-American women?

Theoretical Framework

Pargament's (1997) *Religious Coping Theory* (Appendix A) assumes that focusing on how people cope with life's hardships will provide a better understanding of the impact religion has in their world (p.17). The disconnection between spirituality and counseling has impacted clients' therapeutic experience (Hathaway, Scott, & Garver, 2004). Bridging the gap between spirituality and counseling may help counselors understand why Black women use spirituality to cope. The projected goal of this study is for Licensed Professional Counselors to recognize their own spiritual competency to see where they need to gain relevant spiritual and religious skills. If the counselor is integrating spirituality they can reflect on their current practice to assess if they are using it effectively.

Participants

In this study, participants will include Licensed Professional Counselors that provide counseling services in Pittsburgh and surrounding counties. Participants have met all of the requirements of the PA State Board of Social Workers, Marriage & Family Therapists, and Professional Counselors. Therefore, participants will have a minimum of a Master's Degree and have an active license status. Counselors were both male and female over the age of 21. This sample consisted of a range in experience, gender, racial/ethnic affiliation, education, religious affiliation and number of clients they see.

Instrumentation

Cates (2009) developed the Spiritual Competency Survey (Appendix C) which was relevant for this study due to its focus on spirituality and religion in counseling professionals.

This survey was designed to assess counselors' perceptions in clinical practice based upon the ASERVIC spiritual competencies. There are four domains of spiritual competencies (knowledge of spiritual phenomena, awareness of their own religious and spiritual perspectives, understanding of client's needs and awareness in regards to religious/spiritual issues, and interventions and strategies utilizing religious and spiritual approaches) and nine individual spiritual competencies (differentiation, cultural context, self-awareness, development, acceptance, assessment, respect, therapeutic use of beliefs, and limits of understanding). Cates (2009) survey consisted of 34 questions that reflect those competencies.

For the purpose of this study I will only be focusing on the questions relating to the knowledge of spiritual phenomena domain and interventions and strategies utilizing religious and spiritual approaches domain (Appendix E). Participants will also be able to report how they currently use this approach during treatment. This open ended question was added to give clinicians the opportunity to report specific strategies they use in their clinical settings. There will also be a question added to the survey asking if it would be beneficial to have a specialized spiritual model or tool to integrate into the counseling process with African-American women. This will assess if Licensed Professional Counselors feel they are in need of spiritual interventions to use with this particular population.

The participants will be asked to rate on a 4-point Likert-scale (0-strongly disagree /not at all, 1- disagree / not often, 2-neutral, 3- agree / often, and 4-strongly agree / very often) their interactions with clients regarding the inclusion of spiritual issues and awareness in clinical practice. Additionally, the survey will collect demographic data including a) the participant's professional identity, b) PA license status, c) clinical setting, d) length of professional experience, e) age, f) gender, g) racial/ethnic affiliation, h) religious affiliation, i) highest

45

academic degree obtained, j) total clients seen in all settings, k) total African-American clients seen in all settings, l) total private practice clients (if applicable), and m) total African-American clients seen in private practice.

Procedures (Data Collection)

In order to conduct this study, the Indiana University of Pennsylvania Institutional Review Board gave approval to proceed based upon Cates' (2009) previous approval (Appendix D). Participants were obtained from the Behavioral Health section of the provider directories from three major health insurance agencies in Western Pennsylvania which include UPMC, Highmark Blue Cross/Blue Shield, and Medical Assistance. Participants were called by telephone in order to make them aware of the survey that would be mailed to them. A letter of explanation and consent was also provided to each participant asking them to partake in the survey (Appendix F). These participants have met the requirements set by the state of Pennsylvania's licensing board. Participants were not compensated in any way. Participants were made aware that participation in this study is voluntary and confidential. All information incorporated into the dissertation will be kept anonymous and held in strict confidence.

Data Analysis

Once the results of the survey are received responses will be analyzed using the Statistical Package for the Social Sciences, version 22.0 (SPSS) for data analysis. The purpose of this data is to see if there is a relationship between Licensed Professional Counselors' spiritual knowledge and use in their clinical settings. Survey items measuring these constructs will also be tested for relationship against participants' demographic information: a) the participant's professional identity, b) PA license status, c) clinical setting, d) length of professional experience, e) age, f) gender, g) racial/ethnic affiliation, h) religious affiliation, i) highest academic degree obtained, j) total clients seen in all settings, k) total African-American clients

seen in all settings, l) total private practice clients (if applicable), and m) total African-American clients seen in private practice. The Likert Scale data will be summarized using descriptive statistics by doing a frequency count. Crosstabs was conducted to find out if there was any significance with knowledge and use when compared to the demographic information.

Summary

The research study, instrument, procedures, and analysis were explained in this chapter. Overall, this study's focus was to assess Licensed Professional Counselors knowledge and implementation use or lack thereof of spiritual interventions in the counseling process. Chapter 4 will explain the process of collecting the data and how the results were analyzed.

CHAPTER FOUR

DATA ANALYSIS

The purpose of this study was to assess LPCs spiritual and religious knowledge and

intervention use in clinical settings with Christian African-American women. The knowledge

and intervention domains were taken from the 4 domains (knowledge, awareness, understanding,

and interventions) of the ASERVIC spiritual competencies (Appendix B). The study also sought

to find out if there was a difference in how these two concepts are delivered in private practice

compared to other mental health settings. Demographic information gathered from participants

will be discussed in order to describe the background of this particular group of counselors. The

data collected will be presented in this chapter based on the statistical measures used.

Study Characteristics

This study consisted of 30 participants. All of whom were LPCs within the Southwestern

section of the state of Pittsburgh, Pennsylvania. Demographic information was collected on all

participants and presented in Table 1. This description included: a) the participant's professional

affiliation, b) PA license status, c) clinical setting, d) length of professional experience, e) age, f)

gender, g) racial/ethnic affiliation, h) religious affiliation, i) highest academic degree obtained, j)

total clients seen in all settings, k) total African-American clients seen in all settings, l) total

private practice clients (if applicable), and m) total African-American clients seen in private

practice.

Of the 136 LPCs who were sent the survey there were 32 participants that took part in

this study. 31 were licensed as professional counselors in the state of Pennsylvania, 1 was not

licensed in the state of Pennsylvania, and 1 of the LPCs answered the demographic questions but

not the survey questions. The counselor with no PA license and the counselor who did not

answer the survey questions were not included in this study since they did not meet the criteria. Therefore, there will be 30 participants that will be discussed in this study.

Participants were asked to check all of the positions that they are currently using their license. The LPCs identified they worked in a variety of clinical settings. Since the clinicians were able to check more than one choice only the number of counselor's were reported in each group. 3 counselors identified working in other settings, 20 identified private practice, 5 identified group practice, 9 identified mental health agency, 0 identified hospital setting, 5 identified community setting, 2 identified school setting, and 0 identified corrections. The years of experience showed that 26.7% identified between 0-4 years, 36.7% had 5-9 years, 20% had 10-14 years, 6.7% had 15-20 years, 3.3% had over 21 years, and 6.7% did not identify a number of years. The age of the counselors varied. There were no participants were between the ages of 21-30, 8 were between 31-40, 6 were between 41-50, 10 were between 51 – 60, and 6 were over 61 years of age. This study included 28 females and 2 males of varying racial/ethnic affiliations. 1 identified as Other/None given, 1 Native American/American Indian/Alaska Native/First Nations, 4 Black (African-American), 0 Hispanic, 24 White (Caucasian), 0 Multi-racial, 0 Asian, and 0 Pacific Islander. The Religious/Spiritual affiliation included 1 Atheism/Agnostic, 24 Christianity/Christian, 0 Islam/Muslim, 0 Jewish, 0 Buddhiusm, 0 Hindiusm, and 5 Other. 28 had a Masters (M.A./ M.S./M.Div.), 2 Doctorate, and 0 Other. The number of clients seen per week had a wide range. There was 1 LPCs who saw between 0-4 clients per week, 2 who saw between 5-9, 6 who saw between 10-14, 8 who saw between 15-20, 9 who saw between 21-30, 3 saw more than 31 clients, and 1 was missing. Of those clients, 23 identified that they saw between 0-4 African-American women, 3 saw between 5-9, 1 saw between 10-14, 1 saw between 15-20, 1 saw between 21-30, 0 saw more than 31 African-American women clients per

week, and 1 was missing. For those who identified that they were in private practice there was 1 LPC who saw between 0-4 clients per week, 1 saw between 5-9, 6 saw between 10-14, 4 saw between 15-20, 6 saw between 21-30, 0 saw more than 31, and 12 did not have any clients in private practice. Of those clients 14 identified that they saw between 0-4 African-American women, 3 saw between 5-9, 1 saw between 10-14, 0 saw between 15-20, 0 saw between 21-30, 0 saw more than 31 African-American women clients per week and 12 were not in private practice.

Table 1

Demographic Description

Descriptor	Variable	LPC n	%
Professional Affiliation	0 Other		
	1 LPC	30	100%
PA LPC	0 No		
	1 Yes	30	100%
Clinical Setting	0 Other	3	
	1 Private Practice	20	
	2 Group Practice	5	
	3 Mental Health Agency	9	
	4 Hospital Setting	0	
	5 Community Setting	5	
	6 School Setting	2	
	7 Corrections	0	
Years of Experience	0 0-4	8	26.7%
	1 5-9	11	36.7%
	2 10-14	6	20.0%
	3 15-20	2	6.7%
	4 21-+	1	3.3%
	Missing	2	6.7%
Age	0 21-30	0	
	1 31-40	8	26.7%
	2 41-50	6	20.0%
	3 51-60	10	33.3%
	4 61-+	6	20.0%

Descriptor	Variable	LPC n	%
Gender	0 Male	2	6.7%
	1 Female	28	93.3%
Religious/Spiritual Affiliation	0 Atheism/Agnostic	1	3.0%
	1 Christianity/Christian	24	80.0%
	2 Islam/Muslim		
	3 Jewish		
	4 Buddhiusm		
	5 Hinduism		
	6 Other	5	16.7%
Academic Achievement	0 Master	28	93.3%
	1 Doctorate	2	6.7%
	2 Other		
Total clients	0 0-4	1	3.3%
	1 5-9	2	6.7%
	2 10-14	6	20.0%
	3 15-20	8	26.7%
	4 21-30	9	30.0%
	5 31-+	3	10.0%
	Missing	1	3.3%
Total African-American clients	0 0-4	23	76.7%
	1 5-9	3	10.0%
	2 10-14	1	3.3%
	3 15-20	1	3.3%
	4 21-30	1	3.3%
	5 31-+		
	Missing	1	3.3%
Total Private Practice	0 0-4	1	3.3%
	1 5-9	1	3.3%
	2 10-14	6	20.0%
	3 15-20	4	13.3%
	4 21-30	6	20.0%
	5 31-+		
	Missing	12	40.0%
	0 0-4	14	46.7%
Total African-American in Private Practice	1 5-9	3	10.0%
	2 10-14	1	3.3%
	3 15-20		
	4 21-30		
	5 31-+		

| | Missing | 12 | 40.0% |

Table 2 provides a description of questions 1-19 of the survey. Questions 1-8 correspond with the questions related to knowledge and questions 9-19 correspond to the Intervention questions. Descriptives were done to show the mean and standard deviation of each survey question. The mean Knowledge and mean Intervention is also displayed to provide an overall score for each of the domain areas.

Table 2

Survey Question Descriptive Statistics

Construct	Question	N	Mean	Std. Deviation
Knowledge	1. I can explain the relationship between religion and spirituality, including similarities and differences.	30	2.93	1.172
Knowledge	2. I understand the potential similarities and differences between religion and spirituality.	30	3.20	1.031
Knowledge	3. I understand how spirituality and/or religiousness can manifest in a client's life.	30	3.47	.900
Knowledge	4. I can describe religious and spiritual beliefs and practices within a cultural context.	30	3.03	.809
Knowledge	5. I understand the role religion/spirituality can play in various cultures as well as the role religion/spirituality can have in cultural development and personal cultural identification.	30	3.30	.466

Construct	Question	N	Mean	Std. Deviation
Knowledge	6. I work to develop an understanding of the potential interrelations between culture, religion, and spirituality.	30	3.03	.890

Construct	Question	N	Mean	Std. Deviation
Knowledge	7. I strive to understand specific spiritual/religious issues that may include personal examination or consultation with religious leaders or cultural experts.	30	2.80	1.031
Knowledge	8. I understand and can explain how religious/spiritual development can progress across a life time and influence continuing development and growth.	30	3.07	.944
Intervention	9. I can identify the limits of my understanding of a client's spiritual expression and demonstrate appropriate referral skills and know general possible referral sources.	30	3.17	.648
Intervention	10. I have the knowledge, experience and ability to use, appropriate referral sources that are congruent with a client's belief system.	30	2.93	.691
Intervention	11. I can assess the relevance of the spiritual domains in the client's therapeutic issues.	30	3.23	.504
Intervention	12. I explore with the client their presenting issues and the potential place their spiritual and/or religious beliefs and values have in those issues.	30	3.33	.802

Construct	Question	N	Mean	Std. Deviation
Intervention	13. I explore with the client the resources (emotional, spiritual, cognitive, etc.) that they feel accompany their religious/spiritual values and beliefs.	30	3.27	.868

Construct	Question	N	Mean	Std. Deviation
Intervention	14. I discuss with the client their perceptions of their own spirituality and/or religiousness with emphasis on the place of those perceptions in a client's decision making or belief systems.	30	3.20	.887
Intervention	15. I explore the role of a client's religious/spiritual values and beliefs in the creation and/or resolution of a client's issues.	30	3.10	.759
Intervention	16. I use client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preferences.	30	3.33	.994
Intervention	17. I explore with the client their preferred level of inclusion of religious and/or spiritual themes in the therapeutic process.	30	3.57	.626
Intervention	18. I integrate into the counseling process spiritual and religious components that are significant to a client.	30	3.33	.959

Intervention	19. I only use spiritual and religious components and practices that are accepted within a client's expressed religious/spiritual orientation.	30	3.00	.983
	Mean Knowledge	30	3.12	.621368
	Mean Intervention	30	3.22	.511889605273521
	Valid N (listwise)	30		

Analysis of Research Question One

What spiritual and religious knowledge do Licensed Professional Counselors possess with Christian African-American women?

This question ultimately asks what do LPCs know about Christian spirituality and religion. It relates to the spiritual and religious knowledge that a clinician feels they have acquired. This was represented in Intervention questions 1-8 of the survey (Table 2).   This study found that counselors have an overall mean knowledge of 3.12 on a 4 point Likert scale with a standard deviation of .621. This indicates a relatively high level of knowledge of Christian spirituality and religion. The highest score was question 3 (I understand how spirituality and/or religiousness can manifest in a client's life) (M= 3.47, SD= .900). The lowest score was question 7 (I strive to understand specific spiritual/religious issues that may include personal examination or consultation with religious leaders or cultural experts) (M= 2.80, SD= 1.03).

In order to examine the knowledge domain more carefully, the knowledge domain was compared to each of the demographic descriptors from the survey. These descriptors include: a) the participant's professional affiliation, b) PA license status, c) clinical setting, d) length of professional experience, e) age, f) gender, g) racial/ethnic affiliation, h) religious affiliation, i) highest academic degree obtained, j) total clients seen in all settings, k) total African-American

clients seen in all settings, l) total private practice clients (if applicable), and m) total African-American clients seen in private practice. Crosstabs was done with each descriptor and there were no significant relationships found when knowledge was compared to any of the demographic variables.

<div align="center">**Analysis of Research Question Two**</div>

What spiritual and religious interventions do Licensed Professional Counselors possess with Christian African-American women?

This question relates to the spiritual and religious intervention that clinicians feels they possess. This was represented in Intervention questions 9-19 of the survey (Table 2). The counselors in this study reported to having a high intervention use with an overall mean score of 3.22 and a standard deviation of .5118. The highest score was question 17 (I explore with the client their preferred level of inclusion of religious and/or spiritual themes in the therapeutic process) (M= 3.57, SD= .9626). The lowest score was question 10 (I have the knowledge, experience and ability to use, appropriate referral sources that are congruent with a client's belief system) (M= 2.93, SD= .691). The intervention domain was compared to each of the demographic descriptors from the survey. These descriptors include: a) the participant's professional affiliation, b) PA license status, c) clinical setting, d) length of professional experience, e) age, f) gender, g) racial/ethnic affiliation, h) religious affiliation, i) highest academic degree obtained, j) total clients seen in all settings, k) total African-American clients seen in all settings, l) total private practice clients (if applicable), and m) total African-American clients seen in private practice. Crosstabs was done with each descriptor and there were no significant relationships found when knowledge was compared to any of the demographic variables.

Analysis of Research Question Three

What spiritual and religious interventions do Licensed Professional Counselors report to integrate into the counseling process with Christian African-American women?

This question asked clinicians to provide up to three written responses on how they would integrate spiritual and religious Christian practices into the counseling process. The Licensed Professional Counselor's Self-reports of Interventions used in the Counseling Process with African-American Women (Appendix G) shows a variety of ways this group of counselors demonstrate spiritual and religious skills within their clinical settings. Hoffman (2008) introduced some guidelines for the types of training counselors should obtain when addressing issues of a religious and spiritual nature (Appendix H). This tool provides a framework for counselors to have when attempting to increase their skill level.

Table 3 shows the 4 spiritual and religious intervention levels that the strategies could fall into. Interventions that fall under the "minimal risk" category include creating a safe place for the client to talk about their religious and spiritual beliefs, asking questions about the clients' religious and spiritual beliefs, and making reflections utilizing language consistent with what the client uses. Examples of interventions in the "lower risk" category are encouraging use of scriptures, encouraging a client to find scriptures to challenge cognitive distortions, encouraging clients to engage in religious rituals, helping client identify religious beliefs that help coping, encouraging client to be more active in their religious community, and encouraging the use of forgiveness. The "moderate risk" factors include praying with clients, teaching clients to mediate, quoting scriptures or use of scriptures in therapy with therapist's guidance, helping clients identity connections between religious or spiritual beliefs and depression, anxiety, etc.,

encouraging confession, bibliotherapy with religious books, guided religious imagery, empty chair with God, and collaborating with religious professionals. Including aspects of worship or religious rituals in therapy, offering forgives (implied from higher power), moral instruction, scripture instruction or interpretation, and spiritual direction are examples from the last category called "higher risk".

Table 3

Hoffman's (2008) Spiritual and Religious Levels of Intervention

Category	Intervention
1	Minimal Risk Intervention
2	Lower Risk Intervention
3	Moderate Risk Intervention
4	Higher Risk Intervention

Each clinician was given a score (1, 2, 3, or 4) according to the highest intervention level they reported. If a response was unclear or did not fall into any of the categories, it was placed into the "minimal risk" intervention level. 36.7% fell into the minimal risk category, 16.7% were at the low risk, 33.3% placed in the moderate risk level, 0% were in the higher risk level, and 13.3% did not provide a response (Table 4).

Table 4

LPCs Level of Intervention Use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Minimal Risk	11	36.7	42.3	42.3
	Lower Risk	5	16.7	19.2	61.5
	Moderate Risk	10	33.3	38.5	100.0
	Total	26	86.7	100.0	
Missing	System	4	13.3		
Total		30	100.0		

Summary

This chapter attempted to see if there was a relationship between what LPCs knew about the Christian religion and spirituality and if they used it in the counseling process with African-American women. It also examined if there was any significance between LPCs knowledge and intervention use compared to the demographic information described. This study suggests that counselors perceive themselves to having high knowledge and use of Christian spirituality and religion with African-American women. The written responses showed that these interventions are used at a minimal risk intervention level. Therefore, integrating this beneficial change agent may increase client's overall counseling experience.

CHAPTER FIVE

CONCLUSION

Spirituality and a belief in God are at the foundation of the lives of Christian African-American women (Harvey, 2011, p. 137). This supernatural grounding gives reason to why this group has lower suicide rates (Borum, 2012), strong family connections (Marks et al., 2008; Revell & McGhee, 2012) and a high sense of resiliency (French, Lewis, & Neville, 2013). Experiencing societal judgments have played a major role in the adversity, discrimination and prejudice that is faced (Capodilupo & Suah, 2014; Hall, Everett, & Hamilton-Mason, 2012). As a result of struggling with mental and emotional issues; these women seek strength and endurance they believe can only come from God (Brodsky, 2000; Gregg, 2011; Nelson, 2007). This type of perseverance has sustained them in society, developed their character and is a demonstration of their growth.

Chapter one provided an introduction for why it is important for LPCs to integrate a spiritual approach in the counseling process with Christian African-American women. Research shows the benefits that spirituality has in African-American women's lives especially when it is used to address life issues (Reed & Neville, 2014). This chapter also touched on the differences and similarities of mental and emotional issues in African-American women compared to other groups. Studies have supported why there is a whole in the research when it comes to African Americans women (Brooks, 1997). The significance of this study is whether LPCs have the religious and spiritual knowledge to be able to efficiently treat Christian African-American women in therapeutic settings.

In chapter two, the difference between mental health and mental illness was explained. African-American women's issues were shown to be unique from other races and gender.

Psychological pain was introduced because of the significance it has in relation to African-American women's quality of life when to responding to painful experiences. This type of stress exacerbates mental and emotional symptoms. It has a negative impact on daily living tasks when not handled properly. Spirituality is a major factor that African-American's have embraced in order to deal with these crises. The benefits of LPCs using spirituality within the counseling setting have proven benefits of successful treatment outcomes (Cashwell & Young, 2011).

Chapter three introduced the "Spiritual Competency Survey- Modified" (Appendix E). The items in this revised survey pertained only to a counselor's knowledge and use of the Christian religion and spirituality with African-American women during the therapeutic process. This chapter also described the methodology used to answer the research questions posed. It touched on how the data will be analyzed and what statistical tests will be used.

In chapter four the results of the data collected were described. It showed that counselors have a high knowledge of the Christian religion and spirituality also have high use of this intervention. The self-reported written responses demonstrated that counselors are using this strategy more often at a minimal risk level (Table 4). This lends for a discussion on just how these interventions are being delivered and ways it could be improved.

There are many ways to approach the delivery of spirituality and religion in a counseling setting. In this final chapter a deeper examination will be provided on the study. There will be different ways that counselors can integrate spirituality and religion into the counseling process. Suggestions on what could be done to improve this study for future researchers will also be discussed.

Discussion of Research Question One

What spiritual and religious knowledge do LPCs possess with Christian African-American women?

This question wanted to find out what counselor knew about the Christian religion and spirituality with African-American women. There are many standards and ethical practices for clinicians to adhere (ACA, 2014; CACREP, 2016). The high level of knowledge reported by counselors also align with the ASERVIC Spiritual Competencies:

1. A counselor should be able to explain the relationship between religion and spirituality, including similarities and differences.

2. A counselor should be able to describe religious and spiritual beliefs and practices within a cultural context.

3. A counselor should engage in self-exploration of his/her religious and spiritual beliefs in order to increase sensitivity, understanding, and acceptance of his/her belief system.

4. A counselor should be able to describe his/her religious and/or spiritual belief system and explain various models of religious/spiritual development across the life span.

5. A counselor should demonstrate sensitivity to and acceptance of a variety of religious and/or spiritual expressions in the client's communication.

6. A counselor should assess the relevance of the spiritual domains in the client's therapeutic issues.

7. A counselor should be sensitive to and respectful of the spiritual themes in the counseling process as befits each client's expressed preferences.

8. A counselor should use client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preferences.

9. A counselor should identify the limits of his/her understanding of a client's spiritual

expression and demonstrate appropriate referral skills when necessary (ASERVIC, 1998).

Based on these competencies counselors may have rated themselves so favorably due to a

number of factors. Some may not want to appear culturally or religiously insensitive now that

multi-cultural and religious issues are more prevalent in this country. Personal spiritual and

religious values can steer one's grasp for knowledge especially when a client shares the same

belief system. More counselor education programs strive to have their curriculum meet cultural

and religious standards in order to prepare future clinicians in handling spiritual issues.

Professional development, training and continuing education is one of the best tools to assist

with awareness and growth in order to increase these therapeutic skills. This is a process for

counselors to not only meet licensing requirements but to increase knowledge while mastering

spiritual and religious proficiency.

As discussed in Chapter 2, African-American women use spirituality and religion as a

means to cope with life issues. There are varying degrees to one's walk with Christ. The

counselor can be instrumental in working towards strengthening their client's beliefs or

diminishing this powerful coping tool. Based on that assumption, can counselor's honestly say

they are knowledgeable if they do not have the wisdom and understanding of the Christian faith?

There are no shortcuts when it comes to the complex commands given by God that must be

followed throughout life's journey. So, what does it take to gain spiritual and religious

knowledge? The ability to acquire spiritual and religious knowledge takes wisdom and

understanding. When the bible talks about knowledge it says in Proverbs 1: 5 (NIV) let the wise

listen and add to their learning, and let the discerning get guidance. In order to grow in this area

one must "read the bible, meditate upon His word, listen to instruction, study the scriptures,

practice what you learn, and teach others" (Sochor, 2012). These skills are basic steps that can

cultivate a counselor's knowledge before transferring these skills to the client.

Discussion of Research Question Two

What spiritual and religious interventions do LPCs possess with Christian African-American

women?

This question wanted to find out if counselors used Christian spirituality and religion

with African-American women. As with knowledge, counselors also rated themselves highly on

using this approach with this particular group. It could be assumed that the more counselors

know about the Christian religion and spirituality the more they are likely to use it with their

clients. This could also be attributed to other aspects as well. A counselor's spiritual and

religious preference may have influenced their decision for integration. Prior experience

working with this specific religion and demographic group may lead to an ease when

incorporating this strategy (Greene, 1994; Greene, 1997). Also, providing ethically sound

practice could be a priority in order to meet any ethical guidelines (ACA, 2014).

Counselors who choose not to use this technique have their own reasons as well. Not

being properly educated or trained to handle spiritual and religious issues is a major concern.

Having a belief that counseling is not the place to handle these matters and should be left to the

church or clergy to address is a conflicting battle. Unresolved spiritual or religious matters in a

counselor's life can also lead to having these issues left untouched. Based on the information

stated in previous chapters, having a spiritual connection has resulted in positive mental,

emotional, physical, and overall life satisfaction (Greenfield, Vaillant & Marks, 2009). These

beneficial outcomes cannot be overlooked. Despite the counselor's personal opinions, the

priority should be in the best interest of the client. Ultimately, the choice for or against

integrating spirituality and religion into the counseling process should be a decision based on education, training and skill.

Discussion of Research Question Three

What spiritual and religious interventions do LPCs report to integrate into the counseling process with Christian African-American women?

When it comes to the practical implementation of spiritual and religious interventions used the participating counselors were able to come up with a variety of ways that those practices are used in their clinical settings (Appendix G). However, there were a number of strategies that were overlooked. None of the counselors in this study reported to do interventions that fell into the "higher risk intervention level". In fact, most spiritual interventions were done at the "minimal risk intervention level". Most therapist are trained to the "minimal risk intervention level" and it is assumed that the therapist should be able to avoid leading the client and remain just in exploration on the client's part (Appendix H). This suggests that there is still room for improvement in the way that spiritual and religious interventions are being delivered to Christian African-American women.

In Table 5, the clinicians gave a mean score of 3.03 with a standard deviation of 1.066. This related to question 20 of the survey which says: It would be beneficial for them to have a specialized spiritual model or tool for them to integrate into the counseling process with African-American women. This score is indicative of counselors agreeing that it is important to have a specifically-tailored intervention to use with this group of women.

Table 5

Descriptive Statistics

Construct	Question	N	Mean	Std. Deviation
Need	20. It would be beneficial for me to have a specialized spiritual model or tool to integrate into the counseling process with African-American women.	30	3.03	1.066
	Valid N (listwise)	30		

So the question…. what are the most efficient ways to integrate Christian spirituality and religion into the counseling process with African-American women… still needs to be addressed. In "Three Approaches to Religious Issues in Counseling," Pressley (1992) found that avoidance, eradication, and integration are the main paths that counselors are taking when addressing religious and spiritual needs. As leaders in the field of cultural competency, Sue & Sue (2007) believe the criteria of cultural knowledge, self-knowledge, attitude, and skill will equip counselors to handle spiritual matters. Richards & Bergin (2005) suggests that clinicians should get the proper preparation depending on how religious and spiritual proficient they are with the following interventions: include prayer, discussions of Scripture themes, Scripture study, devotional meditation, forgiveness, therapist spiritual self-disclosure, confrontation of sin, values exploration, church involvement, encouragement of confession, spiritual books/websites, spiritual direction, and pastoral consultation/referral. Acquiring these skills will increase the depth of the counseling experience and incorporate a strategy that has been long since overlooked.

Overall Implications

The purpose of this study was to uncover spiritual and religious knowledge and use amongst Licensed Professional Counselor's in clinical settings with Christian African-American women. When it comes to the sensitive issues of race and religion it is important to pay close attention to the needs of that particular group. The data collected showed that the practitioners in this study recognize the usefulness of a spiritual intervention. Literature supports the integration of spirituality including the benefits it has in the counseling process and future outcomes (Faiver & O'Brien, 2004; Gallagher, Wadsworth & Stratton, 2002; Piedmont, 2001). Taking the steps to become familiar with African-American women can lead to more accurate assessments, diagnosis, and treatment.

Counselor Knowledge

The role of the counselor is to construct an atmosphere where clients are able to rebuild themselves by working towards necessary changes in their lives (Schlauch, 2009, p. 27). According to Wood & Wood (2008) clients should view the therapist "as an expert teacher who's helping you cope more effectively with a part of life that you're struggling with" (p. 20). Therefore, therapists should become educated on African-American women including the history of Black people in the United States (Harris, 2006), how African-American women are viewed in this country by the majority population (Gaston & Porter, 2001, p. 294) and within the African-American community (McLoyd, 2005; Murphy, 1998). Gaining awareness on African-American women's issues may increase counselor use of spiritual interventions in clinical settings (Adkison-Bradley& Sanders, 2006). Also, becoming educated on the Christian religion and its implications on Black women will be useful when trying to understand how they cope with life and make decisions based on Christian beliefs.

Counselor education programs are responsible for preparing future clinicians to handle spiritual matters by teaching principles aligned with cultural and religious standards (ACA; 2014). For therapists who currently hold a license and did not have the benefit of receiving an education that met those standards they can seek further supports on their own. This knowledge can be gained in a variety of ways. As a Licensed Professional Counselor there is an expectation to fulfill continuing education requirements set by the states licensing board. These standards will allow counselors to seek out trainings in the area of religion and spirituality if they so choose. Seeking supervision is another alternative to explore one's level of confidence in using religion when working with this group of women. Supervision is unique in that it provides a qualified counseling professional's expertise in an individual or group atmosphere. By periodically doing spiritual and religious self-examinations counselors can begin to assess how this phenomenon relates to them personally and in practice.

Counselor Use of Spiritual Interventions

Steps have been made to recognize the benefits of spiritual integration in the counseling field (Corey, Corey & Callanan, 2003; Miller, 2003). Research has shown positive physical, mental, social and emotional changes when a spiritual lifestyle is embraced (Salsman, Garcia, Lai, & Cella, 2012; Touchet, Youman, Pierce, & Yates, 2012; Young & Guo-Ming, 2013). African-American women have a connection with God which allow them to see life problems through a spiritual lens. This makes life dilemmas more bearable to deal with. Black women are looking for therapists who value the impact that spirituality has in their lives (McKinney-Hammond, 2008). The majority of counselors tend to use spirituality when they feel they are adequately equipped to handle spiritual matters. Many counselors struggle with their own

religious and spiritual issues which have affected how spirituality is represented in therapy (Cornish, Wade & Post, 2012).

Chopra (2012) posed the question.... "What has a crisis done to you personally"? (p. 3). He answered it by saying "how you meet your challenges makes all the difference between the promise of success and the specter of failure" (p. 3). Life difficulties tend to shade our view of the world and distort its beauty. How we overcome these battles depend on what we use to fight mental and emotional strains. In the words of Myers (1991) "coping helps to provide some explanation of resources used by Black women in adjusting to the various social pressures they experience in everyday life" (p. 3). The people in our circle, places we go, and things we value either help to highlight the problem or draw us closer to a solution. How we interpret these experiences is even more meaningful. Counselors can assess what spiritual tools they have and then identify what they need to expand their toolkit.

Recommendations for Practice

When compared to the majority population African-American women are reluctant to seek out mental health services (Alvidrez, Snowden, & Patel, 2010; Wilson, 2001). Therefore, the clinicians approach to therapy is vital because it provides a platform for what treatment will look like. Kaiser (2009) allocated a percentage to what he felt the benefits of therapy are by giving 40% to outside factors, 30% to client therapist relationship, 15% to a client's hope and expectation of therapy, and 15% to the technique used by the therapist (p. 15-16). The relationship between the client and therapist coupled with the intervention the counselor chooses can be very instrumental in transforming lives. According to Zwolinski (2009) there are 5 elements that should be encompassed in therapy which elicit change: 1. The therapist must be motivated, experienced professional., 2. The therapist must use evidence-based treatments; that

69

is, proven methods and techniques., 3. Therapy must be carried out in a reasonable treatment time frame., 4. The therapist's per-hour fee and the entire cost of the course of treatment must be fair and reasonable., 5. The patient must be a motivated patient." (Zwolinski, 2009, p. 23). A lot of emphasis is placed on what the therapist brings to the counseling atmosphere since clients come to therapy seeking some resolve and searching for hope.

Three tips that counselors should keep in mind when deciding to treat Christian African-American women should include the three P's (prepare, plan and perspective). First, clinicians should be prepared to answer questions relating to their experience working with African-American women. Second, plan the treatment course accordingly so the process is beneficial and rewarding to both client and clinician. Third, having perspective allows therapists to see things from African-American women's point of view. These tips should generate some form of self-reflection and personal awareness amongst counselors with hopes to generate positive bonds with this group and break down existing barriers.

Prepare

Just because you have a degree in counseling doesn't mean you can meet everyone's needs (Reid, 1999). It would demonstrate professional integrity and responsibility if counselors would be prepared to answer questions regarding their experience and treatment approach at first contact with potential clients. Sussman (1992) believed all psychotherapist should uncover their underlying desires of why they got into this field by examining the areas of vocational choice, experience as therapist, experience as patient, family background, personal development and current personal life (p. 261-264). Based on the information from Scharff (2004) five common questions that clients will ask a therapist include: What's your theoretical orientation? What's your professional degree?, What modalities do you work in?, Do you employ any special

techniques in your practice?, Do you have any areas of special interest or expertise? (Scharff, K. (2004, p. 56-57). Stone (2008) suggests that Black women should interview therapists before making a final decision by asking the following questions: "1. What experience do you have working with Black people? 2. Tell me about your credentials and years of experience. 3. Do you have experience or expertise in _____? 4. What is your therapy approach? 5. Would you consider a lower fee?" (p. 88). By asking questions African-American women can be proactive by matching themselves with a therapist who will be able to meet their needs (Workman, n.d.). By answering these questions, clinicians can make a more informed decision if they are capable of handling the client's or if it should be referred to a more qualified therapist.

Plan

Research shows that the African-American population are typically diagnosed with more psychotic diagnosis (Strakowski et al., 1995). Proper assessment and treatment is crucial when it comes to the outcomes of African-American women's mental and emotional well-being. According to Collins (2013) professionals in this field should take into consideration their client's background when labeling or diagnosing any group (p. 102). When clinicians have the necessary tools in place and a process that provides unbiased care than more accurate data can be collected to reflect the experiences of Black women.

LPCs should be equipped with a toolkit of effective spiritual and religious strategies to assist with preparing for sessions. There are many benefits when embracing this approach (Hamilton et al., 2013). Williams (2007) recommends that being concrete, brief, focused, personal, positive, deep, supernatural, ordered to charity, Christ-centered, and realistic are the major components that should be incorporated into spiritual work (p. 235-238). Counselors can begin by asking the client what religious practices they do and discuss how it could be integrated

into the session. Reading scriptures in the bible (Sweeney, 2000) and prayer (Saenz & Waldo, 2013) are the most common strategies that counselors use in treatment. Fasting is another technique which is a spiritual act where one abstains from food in order to show their devotion towards God (Rogers, 2004). Frame, Williams & Green (1999) provides several strategies that can be used with African-American women including: The "God Within" drawing, "Song of Self" exercise, "Letting Loose" exercise, and the "Balm of Gilied" exercise. These simple exercises are just examples of what therapists can do in sessions when incorporating spiritual and religious acts.

In order to create an atmosphere filled with purpose and well-being having a consistent pattern to follow each day would be useful. Therefore, by establishing a spiritual routine the client can begin to develop healthy habits. The counselor will also find it easier to track their progress and development. Rose & Maginel (2014) developed a spiritual growth program which provides step-by-step instructions to help decrease destructive living and thinking patterns in hopes to bring more joyful experiences to the surface. While going through this process it would be beneficial to "have gratitude, relax, cultivate loving relationships, enjoy beauty, read inspirational and devotional literature, meditate, share your journey with a friend or group, perform acts of kindness, be useful, and pray" (119-122). This type of lifestyle brings joy, peace and hope that client's so desire.

Perspective

African-American women have not been accurately depicted in the United States (Jones, 2003). Terms used to describe this group include "angry, loud, sexualized, or welfare mamas on crack" (Griffith, 2012, p. 166-167). Being "too domineering, too strong, too aggressive, too outspoken, too castrating, too masculine" are also terms that have been used to describe this

group (Wallace, 1990, p. 91). This inferiority has placed a large population of black people set aside from the rest of society (Gilkes, 2001, p. 17). By acknowledging these stereotypes, counselors can start to understand that they are treating a population that has not been wanted or totally accepted in this country.

Brown (2010) asserts that "living in this world of double burdens leaves you with no choice but to be strong…… Make these burdens part of a single leadership strategy that will make you stronger, more resilient, and insightful" (p. 17). Dr. Cornish (2000) wanted to steer Black women into making better choices in different areas of their lives.   By providing these 10 tips she hoped to provide harmony within themselves by embracing the skin you're in, accepting better love not bitter love, making money work for you, turning stumbling blocks into stepping-stones, avoiding the only fly in the buttermilk thinking, trusting your own intuition, taking calculated chances not idle ones, giving stress a perpetual rest, rewriting your life's script, and using your praying energy for staying energy. These suggestions would not only build confidence in this group but change the perspective that African-American women may have of themselves.

Black women should feel they are not being forced to change who they are or have their spiritual beliefs challenged in order to conform to majority norms and behaviors. Sometimes a lack of sensitivity towards the African-American community can unknowingly come across from therapists (Thompson, Akbar, & Bazile, 2002). Studies have showed that African-American clients prefer African-American therapists (Atkinson & Lowe, 1995; Easterly, 2009; Thompson, Bazile, & Akbar, 2004). This cultural difference contributes to the distrust that African-American women feel (Thompson & Worthington, 1994, p. 155). Workman (2009) felt a discussion needs to take place with therapist not of color being able to understand or help

African-American women. Armada (2011) suggest that these counselors can obtain a relationship by demonstrating "non-judgmental acts of understanding and empathy" (p. 7). By looking through the lens of Black women may give counselors a clearer view of the burdens these women carry and be able to better assist them.

Limitations

The survey in this study was a modification of Cates (2000) Spiritual Competency Survey (Appendix B). The study wanted to know what LPCs knew about the Christian religion and spirituality and if and how they used it in treatment. It was more specific in that it focused only on Christian spirituality and religion as it pertains to African-American women. The limitation of modifying this survey was that only the knowledge and intervention domains were included. The awareness and understanding domains were excluded but may have proved to show useful information on counselor's perceptions in those areas.

Another limitation of this study was the choice to use the original 1998 ASERVIC spiritual competencies rather than the updated 2009 version. The 2009 Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) Competencies for Addressing Spiritual and Religious Issues in Counseling introduced six new domains: culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis & treatment (Appendix I). According to Cashwell & Watts (2010), the competencies were revised in order to "further promote spirituality and religion within the counseling process" (p.3). For the purpose of this study using the1998 ASERVIC spiritual competencies served its purpose which was to measure the clinician's knowledge and intervention use. Cates (2009) survey was based off of the original competencies which was validated by counseling and psychology professionals.

The process of collecting counselor's emails was tedious because most organizations and insurance companies do not give out email lists. Therefore, phone calls were made to individual practitioners to make them aware of the survey that would be mailed to them. A large amount of the time was spent leaving voice messages for counselors.

The study was also unable to detect if responses were bias since it measured the counselor's perceptions of their knowledge and intervention use. It would have been useful to have shown what has influenced whether or not they choose to incorporate a spiritual and religious approach. The results of the survey were limited in that it only showed a relationship between knowledge and intervention but could not say that one caused another. If the study was able to show statistically that increased knowledge and increased use is shown to be beneficial from the viewpoint of African-American women, then it would provide further justification for practicing mental health professionals to increase their training in this area.

Suggestions for Future Researchers

There are several aspects of this study that future researchers can do to improve this study. African-American women should continue to be researched along with the entire African-American population. This would include male and female children, adolescents and men. This will provide more information on the specific needs of African-Americans and the sub-groups within them.

Surveys should be given to both licensed and non-licensed counselors which include Licensed Professional Counselors, Licensed Clinical Social Worker's, and Marriage and Family Therapists. Mental health agencies should also be looked at to see what approach these organizations use to treat African-American's in their programs and how spirituality plays a part in the treatment process. Conducting interviews or focus groups in conjunction with the survey

would be an added benefit because counselors can give more open-ended responses and provide their own interpretation of any written responses. Another added component would be to include African-American clients in this study to get their views of their experience with their counselors use of spirituality and religion during their counseling sessions. Both client and counselor responses could be compared in terms of delivering and receiving spiritual and religious counseling services.

In the future, researchers should obtain a grant to get email lists or do a bulk mailing to all LPCs in the state of Pennsylvania. This list can be provided from the State Board of Social Workers, Marriage and Family Therapist and Professional Counselors. This will provide a wider audience of participants and give all licensed professionals in the state of Pennsylvania the opportunity to provide some feedback.

Summary

Looking life's pain in the eye can be difficult when it's so hard to confront (Arterburn, 2007, p. 125). Life is a beautiful gift which also comes with a handful of unexpected heartache and struggle. Pain can be a powerful tool depending on how it's used. Instead of turning away from these experiences; facing it can lead to strength and healing. Many successful leaders have attributed their success due to the painful life experiences they persevered through. It's the pushing, passion, and persistence that helps to navigate through troublesome conditions.

African-American women have learned the value and significance that religion and spirituality has in their lives. They acknowledge that God's love surpasses any of their pain and sorrows. A relationship with Christ takes the guilt and shame from self-inflicted wounds and brings peace and forgiveness. It also takes all the unfair, prejudicial, and discriminatory experiences they had and puts it into an eternal perspective. It makes sense out of the sub-par

treatment due to racial, gender and societal inequalities. This type of strain is "physically,

emotionally and mentally" (Birkwood, 1999, p. 1) draining. Counselors can assist in eliminating

these pressures by providing un-biased and non-judgmental care which incorporates Christian

spiritual and religious practices. The proper education, training and support will enable

clinicians to be more knowledgeable on Christian African-American women's issues and better

equipped to handle their spiritual and religious concerns.

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125

Pargament's (1997) Religious Coping Theory

RCOPE Subscales and Definitions of Religious Coping Methods.

Religious Methods of Coping to Find Meaning

Benevolent Religious Reappraisal	Redefining the stressor through religion as benevolent and potentially beneficial
Punishing God Reappraisal	Redefining the stressor as a punishment from God for the individual's sins
Demonic Reappraisal	Redefining the stressor as an act of the Devil
Reappraisal of God's Powers	Redefining God's power to influence the stressful situation

Religious Methods of Coping to Gain Control

Collaborative Religious Coping	Seeking control through a problem solving partnership with God
Active Religious Surrender	An active giving up of control to God in coping
Passive Religious Deferral	Passive waiting for God to control the situation
Pleading for Direct Intercession	Seeking control indirectly by pleading to God for a miracle or divine intercession
Self-Directing Religious Coping	Seeking control directly through individual initiative rather than help from God

Religious Methods of Coping to Gain Comfort and Closeness to God

Seeking Spiritual Support	Searching for comfort and reassurance through God's love and care
Religious Focus	Engaging in religious activities to shift focus from the stressor
Religious Purification	Searching for spiritual cleansing through religious actions
Spiritual Connection	Experiencing a sense of connectedness with forces that transcend the individual
Spiritual Discontent	Expressing confusion and dissatisfaction with God's relationship to the individual in the stressful situation
Marking Religious Boundaries	Clearly demarcating acceptable from unacceptable religious behavior and remaining within religious boundaries

Religious Methods of Coping to Gain Intimacy with Others and Closeness to God

Seeking Support from Clergy or Members	Searching for comfort and reassurance through the love and care of congregation members and clergy
Religious Helping	Attempting to provide spiritual support and comfort to others

| Interpersonal Religious Discontent | Expressing confusion and dissatisfaction with the relationship of clergy or congregation members to the individual in the stressful situation |

Religious Methods of Coping to Achieve a Life Transformation

Seeking Religious Direction	Looking to religion for assistance in finding a new direction for living when the old one may no longer be viable
Religious Conversion	Looking to religion for a radical change in life
Religious Forgiving	Looking to religion for help in shifting to a state of peace from the anger, hurt, and fear associated with an offense

The Brief RCOPE: Positive and Negative Coping Subscale Items.

Positive Religious Coping Subscale Items

1. Looked for a stronger connection with God.
2. Sought God's love and care.
3. Sought help from God in letting go of my anger.
4. Tried to put my plans into action together with God.
5. Tried to see how God might be trying to strengthen me in this situation.
6. Asked forgiveness for my sins.
7. Focused on religion to stop worrying about my problems.

Negative Religious Coping Subscale Items

8. Wondered whether God had abandoned me.
9. Felt punished by God for my lack of devotion.
10. Wondered what I did for God to punish me.
11. Questioned God's love for me.
12. Wondered whether my church had abandoned me.
13. Decided the devil made this happen.
14. Questioned the power of God.

Appendix B

ASERVIC Spiritual Competencies (1998)

1. A counselor should be able to explain the relationship between religion and spirituality, including similarities and differences.

2. A counselor should be able to describe religious and spiritual beliefs and practices within a cultural context.

3. A counselor should engage in self-exploration of his/her religious and spiritual beliefs in order to increase sensitivity, understanding, and acceptance of his/her belief system.

4. A counselor should be able to describe his/her religious and/or spiritual belief system and explain various models of religious/spiritual development across the life span.

5. A counselor should demonstrate sensitivity to and acceptance of a variety of religious and/or spiritual expressions in the client's communication.

6. A counselor should assess the relevance of the spiritual domains in the client's therapeutic issues.

7. A counselor should be sensitive to and respectful of the spiritual themes in the counseling process as befits each client's expressed preferences.

8. A counselor should use client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preferences.

9. A counselor should identify the limits of his/her understanding of a client's spiritual expression and demonstrate appropriate referral skills when necessary.

Appendix C

Spiritual Competency Survey (Original)

Please respond to the following statements by indicating your level of agreement based on the following scale:

1 - strongly disagree / not at all
2 - disagree / not often
3 - neutral
4 - agree /often
5 - strongly agree / very often

1. I can explain the relationship between religion and spirituality, including similarities and differences.

2. I understand the potential similarities and differences between religion and spirituality.

3. I understand how spirituality and/or religiousness can manifest in a client's life.

4. I discuss and clarify with a client their perceptions of spirituality and religiousness.

5. I can describe religious and spiritual beliefs and practices within a cultural context.

6. I understand the role religion/spirituality can play in various cultures as well as the role religion/spirituality can have in cultural development and personal cultural identification.

7. I work to develop an understanding of the potential interrelations between culture, religion, and spirituality.

8. I strive to understand specific spiritual/religious issues that may include personal examination or consultation with religious leaders or cultural experts.

9. I engage in self-exploration of my religious and spiritual beliefs in order to increase sensitivity, understanding, and acceptance of my belief system.

10. I explore diverse religious/spiritual traditions and customs through reading, study and personal experience.

11. I reflect on and attempt to identify my internal motivations, counter-transference issues and potential biases toward diverse spiritual and/or religious beliefs and practices.

12. I continue to develop my own religious/spiritual issues such as spiritual identity, spiritual worldview, and relationship with the world, God, or higher powers.

13. I can describe my religious and/or spiritual belief system and explain various models of religious/spiritual development across the life span.

14. I can explain the role of religion/spirituality in my own life and worldview and how those views manifest in personal values and beliefs.

15. I understand and can explain how religious/spiritual development can progress across a life time and influence continuing development and growth.

16. I demonstrate sensitivity to and acceptance of a variety of religious and/or spiritual expressions in a client's communication.

17. I encourage a client to be open about their religious and spiritual expressions.

18. I support a client's experience and exploration of spirituality and religion through spiritual/religious expressions appropriate to their beliefs.

19. I can identify the limits of my understanding of a client's spiritual expression and demonstrate appropriate referral skills and know general possible referral sources.

20. I understand and can explain my own limits of knowledge and experience as regards diverse religious and spiritual orientations.

21. I know when I have reached my own limits of knowledge, understanding and/or experience in understanding the religious/spiritual needs of a client.

22. I have the knowledge, experience and ability to use, appropriate referral sources that are congruent with a client's belief system.

23. I can assess the relevance of the spiritual domains in the client's therapeutic issues.

24. I explore with the client their presenting issues and the potential place their spiritual and/or religious beliefs and values have in those issues.

25. I explore with the client the resources (emotional, spiritual, cognitive, etc.) that they feel accompany their religious/spiritual values and beliefs.

26. I discuss with the client their perceptions of their own spirituality and/or religiousness with emphasis on the place of those perceptions in a client's decision making or belief systems.

27. I am sensitive to and respectful of the spiritual themes in the counseling process as befits each client's expressed preferences.

28. I strive to understand the place and importance of a client's religious/spiritual values and beliefs in their worldview.

29. I explore the role of a client's religious/spiritual values and beliefs in the creation and/or resolution of a client's issues.

30. I explore the religious/spiritual beliefs of a client but refrain from introducing spiritual beliefs from outside the client's expressed religious/spiritual orientation.

131

31. I use client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preferences.

32. I explore with the client their preferred level of inclusion of religious and/or spiritual themes in the therapeutic process.

33. I integrate into the counseling process spiritual and religious components that are significant to a client.

34. I only use spiritual and religious components and practices that are accepted within a client's expressed religious/spiritual orientation

<center>Spiritual Competency Survey</center>

Demographic Questionnaire

Please select, or type in, the response that best describes you.

Please give only one response per item unless otherwise requested.

1. Please indicate your professional affiliation: (Please check one)
    _____Counseling Professional
    _____Psychology Professional
Other (please briefly describe) _____

2. Are you currently licensed to practice in your professional field?
    _____Yes   _____No
3. Are you currently practicing in your professional field?
    _____Yes   _____No
4. Please identify your years of experience serving as a mental health provider. (Please check one)
    _____0 – 4 years   _____5 – 9 years
    _____10 – 14 years   _____15+ years
5. What is your age? (Please check one)
    _____21-30   _____31-40
    _____41-50   _____51-60
    _____61+

6. What is your gender?

<center>132</center>

_____Female _____Male

7. What is your racial/ethnic affiliation? (Please check one)
_____African-American
_____Asian/Pacific Islander
_____Hispanic
_____Multiracial
_____Native American/American Indian/Alaska Native/First Nations
_____White (Caucasian)
Other (please describe) _____

8. What is your religion/spiritual affiliation? (if any)

_____

9. What is the highest level of academic degree you have earned?
_____Doctorate _____Educational Specialist.
_____Masters (M.A./M.S./M.S.W./M.Div.)
Other (please describe) _____

Appendix D

Survey Approval

Email Consent

Dear Dr. Cates,

My name is Callie Scott and I am a doctoral student at the Indiana University of Pennsylvania. While researching for my dissertation on Licensed Professional Counselor's who provide counseling services to African American women I discovered your dissertation entitled "Counselor Spiritual Competencies: An Examination of Counselor Practices." I wanted to ask your permission to use your Spiritual Competency Survey in my study. The theoretical framework I will be using is Pargaments (1997) Religious Coping Theory. I will be focusing on integrating spirituality into the treatment process with African American women. I hope you will allow me the opportunity to use this tool and adapt it to focus on African American women as it will greatly add to the research of spirituality and Black women.

Sincerely,

Callie Scott M.S., NCC, LPC

HI Callie,

You are more than welcome to use the survey. After completing my dissertation I didn't have the opportunity to follow it up with more research and so would love to see it applied to population specific treatment processes. You topic sounds fascinating and if there is any other way I can help please don't hesitate to contact me.

Keith

Keith Cates, Ph.D., LPC, NCC, DCC
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Appendix E

Spiritual Competency Survey (Modified)

Spiritual Competency Survey

This study is focused on Licensed Professional Counselor's spiritual & religious
knowledge and interventions used with Christian African-American women. Participation
in this study will take approximately 10-15 minutes of your time and is completely
voluntary and anonymous. Please place the survey in the self-addressed envelope and
mail upon completion. Thank-you for your time and I appreciate your feedback. This
research project has been approved by the Institutional Review Board for the Protection
of Human Subjects.

Demographic Information Please select the response that best describes you. Please give only one response per item unless otherwise requested.
1. Please indicate your professional affiliation: (Please check one) _____Other Mental Health Professional   _____Licensed Professional Counselor
2. Are you currently licensed as a Professional Counselor in the state of Pennsylvania? _____No _____Yes
3. Are you currently working as an LPC in any of these settings? (Please check all that apply) _____Other _____ Private Practice _____ Group Practice _____Mental Health Agency _____Hospital Setting _____ Community Setting _____School Setting _____Corrections
4. Please identify your years of experience as a Licensed Professional Counselor.   Years
5. What is your age?   Years old
6. What is your gender? _____Female _____Male
7. What is your racial/ethnic affiliation? (Please check one) _____Other/None given _____ Native American/American Indian/Alaska Native/First Nations _____Black (African-American) _____Hispanic _____ White (Caucasian) _____Multi racial _____ Asian _____ Pacific Islander
8. What is your religion/spiritual affiliation? (if any) _____Atheism/Agnostic _____Christianity/Christian _____Islam/Muslim _____Jewish _____Buddhiusm _____Hinduism _____Other
9. What is the highest level of academic degree you have earned? _____Masters (M.A./M.S./M.Div.) _____Doctorate _____Other
10. On average, how many total clients do you see per week in all the settings you work in? (Only count the client and not the number of times you see that client per week. For example, I see John 3 times a week and Sue 2 times a week at my agency. I see Robert 4 times a week at the hospital. I would enter in the number 3).
11. How many of those clients are African-American women (18 and over)?
12. If applicable, on average how many clients do you see per week only in your private practice? (If you do not have a private practice please enter N/A)
13. How many of those clients in your private practice are African-American women (18 and over)?

List up to 3 examples of how you currently incorporate spirituality and religion into the counseling process with African-American women clients.

1.	
2.	
3.	

-IMPORTANT- PLEASE READ INSTRUCTIONS

*All of the following questions should be answered as it pertains to the **Christian religion and spirituality with African-American women.***

Please respond to the following statements by indicating your level of agreement based on the following scale:

0 - strongly disagree / not at all   1 - disagree / not often   2 – neutral   3 - agree /often   4 - strongly agree / very often

	Strongly disagree/not at all	Disagree/ not often	Neutral	Agree/ often	Strongly agree/ very often
1. I can explain the relationship between religion and spirituality, including similarities and differences.	0	1	2	3	4
2. I understand the potential similarities and differences between religion and spirituality.	0	1	2	3	4
3. I understand how spirituality and/or religiousness can manifest in a client's life.	0	1	2	3	4
4. I can describe religious and spiritual beliefs and practices within a cultural context.	0	1	2	3	4
5. I understand the role religion/spirituality can play in various cultures as well as the role religion/spirituality can have in cultural development and personal cultural identification.	0	1	2	3	4
6. I work to develop an understanding of the potential interrelations between culture, religion, and spirituality.	0	1	2	3	4
7. I strive to understand specific spiritual/religious issues that may include personal examination or consultation with religious leaders or cultural experts.	0	1	2	3	4
8. I understand and can explain how religious/spiritual development can progress across a life time and influence continuing development and growth.	0	1	2	3	4
9. I can identify the limits of my understanding of a client's spiritual expression and demonstrate appropriate referral skills and know general possible referral sources.	0	1	2	3	4
10. I have the knowledge, experience and ability to use, appropriate referral sources that are congruent with a client's belief system.	0	1	2	3	4
11. I can assess the relevance of the spiritual domains in the client's therapeutic issues.	0	1	2	3	4
12. I explore with the client their presenting issues and the potential place their spiritual and/or religious beliefs and values have in those issues.	0	1	2	3	4
13. I explore with the client the resources (emotional, spiritual, cognitive, etc.) that they feel accompany their religious/spiritual values and beliefs.	0	1	2	3	4
14. I discuss with the client their perceptions of their own spirituality and/or religiousness with emphasis on the place of those perceptions in a client's decision making or belief systems.	0	1	2	3	4
15. I explore the role of a client's religious/spiritual values and beliefs in the creation and/or resolution of a client's issues.	0	1	2	3	4

16. I use client's spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preferences.	0	1	2	3	4
17. I explore with the client their preferred level of inclusion of religious and/or spiritual themes in the therapeutic process.	0	1	2	3	4
18. I integrate into the counseling process spiritual and religious components that are significant to a client.	0	1	2	3	4
19. I only use spiritual and religious components and practices that are accepted within a client's expressed religious/spiritual orientation.	0	1	2	3	4
20. It would be beneficial for me to have a specialized spiritual model or tool to integrate into the counseling process with African-American women.	0	1	2	3	4

Callie Scott M.S., NCC, LPC
6545 Hamilton Avenue
Pittsburgh, PA 15206

Dear Licensed Professional Counselor,

My name is Callie Scott. I am a Licensed Professional Counselor and Certified as a School Counselor (K-12). I am also a Doctoral student in the Department of Education at Indiana University of Pennsylvania. I would appreciate if you would assist me with a research study. The purpose of this study is to bring awareness to the issues of religion and spirituality in the counseling process. This study will focus on counselor's knowledge and interventions used in regards to Christianity and African-American women. You are eligible to participate in this study because you are licensed as a professional counselor in the State of Pennsylvania. Participation in this study will require approximately 10 – 15 minutes of your time and will focus on answering a brief questionnaire. There are no known risks or discomforts associated with this research. The information gained from this study may help to improve counseling practices so the quality and effectiveness of mental health services provided to African-American female clients can progress.

Your participation in this study is voluntary. You are free to decide to participate in this study or to withdraw at any time. If you choose to participate, you may withdraw at any time by notifying the Project Director or informing the researcher. Upon your request to withdraw, all information pertaining to you will be destroyed. If you choose to participate, all information will be held in strict confidence. Your response will be considered only in combination with those from other participants. The information obtained in the study may be published in counseling or psychological journals or presented at meetings but your identity will be kept strictly confidential.

Callie Scott, Principal Investigator	Dr. Bieger, Faculty Sponsor
6545 Hamilton Avenue	Indiana University of Pennsylvania
Pittsburgh, PA 15206	Department of Professional Studies
Cell: (412) 512-2524	114 Davis Hall
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Email: lhgp@iup.edu	(724) 357-3285

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730)

Appendix G

Licensed Professional Counselor's Spiritual and Religious Written Responses

ID	Hoffman's (2008) Intervention Level Category	Written Response
001	1	Only if client asks.
	1	My practice is not religiously based.
018	1	Through the 12 step program.
	1	I find out where they are spiritually and do they practice.
	1	I meet the client where they are and then go from there.
022	1	Dealing with self-esteem and identity in Christ.
	1	Relationship guidelines- esp. communication.
	1	Helping clients pursue spiritual growth and goals.
023	2	Biblical scriptures.
	3	Prayer.
	1	Clients view of spiritual principles.
027	1	Discuss it as a part of the assessment of self & family history.

	1	Incorporate it as a part of coping skills if applicable.
029		(No response)
036		(No response)
037	1	I would ask about religious affiliation and the degree of practice and go from there.
	1	I would ask for explanation of customs and practices if I am unclear.
	2	Depending on degree of practice, I would incorporate concepts into coping skills and rationalizing beliefs.
041	1	Through treatment plan goals.
	1	Through given homework to the client.
	3	Through literature and prayer.
048	1	Allow a safe place for them to express their faith.
	3	Offer to pray when appropriate- but let client lead prayer.
	2	Encourage client to connect to local church as a support.
051	3	Pray with clients.
	2	Use scripture to apply to their current situation.
	2	Use a Christian model.

055	1	N/A as a result of doing work with an agency.
	2	I will however encourage the family to utilize spirituality/religion if they share info on having a spiritual commitment in the intake interview (for support).
059	1	Use the concept "Universe" or "Higher Power."
	3	Gave a client the book "Conversations with God" and discuss concepts.
062	1	Discussing purpose/meaning of their lives, developing a legacy.
	1	As a protective factor with those clients who are suicidal.
	2	Encouraging clients to seek guidance, wisdom etc. from God of their understanding, Higher Power, Universe, etc.
076	2	Refer to church affiliation and ask about groups/participation.
	2	Refer to scripture to highlight counseling skill.
	3	Note prayer as an intervention.
078	1	Will ask about needs/wants during intake.
081	1	Asking about religion and spirituality in the intake (initial apt).
	1	Discussing faith in the context of their issues.

	1	Talking about the power pf prayer.
083		(No response)
084	1	Sometimes we talk about what a client is leaving from a specific worship or Bible study experience and how it is influencing their growth.
	1	We talk about discrimination experiences in church.
	1	We talk about relationships in the church that are both helpful & hurtful and where God/the bible interact with these relationships.
087	1	Exploring faith if client brings it up.
	3	Spirituality/church/prayer as strength and supports.
	1	African American cultural views of faith.
091	1	Acknowledge their faith when brought up.
	1	Acknowledge how they use the tenants in their daily life- how it can be supported.
	1	Allow room for them to share if they want.
099	1	Psychoeducation regarding similarities/differences of religion and spirituality.
	2	Recommend faith based options to support the therapeutic process.

	2	Utilize strengths of client's religious beliefs/spirituality to enhance the goals for the client.
114		(No response)
115	1	Ask them how they are taking care of their spiritual health.
	1	Ask what their beliefs are.
	1	Ask what role they would like their spiritual beliefs to play in their therapy and accommodate the request.
116	1	Only if client brings up belief in God.
	1	Teaching self-respect.
118	1	Discussion of the wellness model.
	2	Scripture when appropriate.
	1	Spirituality as it relates to relationships.
119	1	When they bring it up.
	1	When they do ask them to talk about it.
	2	Encourage them to draw on religion & spirituality to resolve their issue.
130	1	They tell me about their prayer life.
	3	I make suggestions regarding turning their anxieties over.

	3	I pray for them.
133	1	Using client-centered therapy. I attune to their faith-based experience and incorporate it into the therapy process to the extent and in the way they prefer.
	3	As a recovering fundamentalist, I can quote Christian scriptures with the best of them when that modality is preferred by a client conversationally.
	2	Refer them to their pastor for specific and focused spiritual guidance.
135	3	Discussing scriptural truth (Biblical).
	3	Prayer during session (to God through Jesus Christ).
	1	Discussing clients experience with religious upbringings.

Appendix H

Hoffmann's (2008) Spiritual and Religious Intervention Levels

	Minimal Risk Interventions	Lower Risk Interventions	Moderate Risk Interventions	Higher Risk Interventions
Example of Interventions	Creating a safe place for the client to talk about their religious and spiritual beliefs Asking questions about the clients religious and spiritual beliefs Making reflections utilizing language consistent with what the client uses	Encouraging use of scriptures Encouraging client to find scriptures to challenge cognitive distortions Encouraging client to engage in religious rituals Helping client identify religious beliefs that help coping Encouraging client to be more active in their religious community Encouraging the use of forgiveness	Praying with clients Teaching clients to meditate Quoting scriptures or use of scripture in therapy with therapist's guidance Helping clients identify connections between religious or spiritual beliefs and depression, anxiety, etc. Encouraging confession Bibliotherapy with religious books Guided religious imagery Empty Chair with God Collaborating with religious professionals	Including aspects of worship or religious rituals in therapy Offering forgiveness (implied from higher power) Moral instruction Scripture instruction or interpretation Spiritual direction
Training Needed	Most therapists are trained to this level Therapist should be able	Some advanced training and supervision or consultation on	Training in the religious tradition being integrating including	Therapist should also have appropriate religious and/or

146

	to avoid leading the client and remain just in exploration on the client's part	religious interventions in therapy	training on the theology, religious beliefs, and/or religious practices Advanced training integrating these approaches into therapy Supervision or consultation for this level of intervention	spiritual credentialing to engage in any of these Therapists should have training on integrating these religious activities with psychotherapy Supervision or consultation for this level of intervention

Appendix I

ASERVIC Spiritual Competencies (2009)

Culture and Worldview

1.   The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism, and atheism.

2.   The professional counselor recognizes that the client's beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

Counselor Self-Awareness

3.   The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

4.   The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.

5.   The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

Human and Spiritual Development

6.   The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

Communication

7.   The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.

8.   The professional counselor uses spiritual and/or religious concepts that are consistent with the client's spiritual and/or religious perspectives and that are acceptable to the client.

9.   The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

Assessment

10.   During the intake and assessment processes, the professional counselor strives to understand a client's spiritual and/or religious perspective by gathering information from the client and/or other sources.

Diagnosis and Treatment

11.   When making a diagnosis, the professional counselor recognizes that the client's spiritual and/or religious perspectives can a) enhance well-being; b) contribute to client problems; and/or c) exacerbate symptoms.

12.   The professional counselor sets goals with the client that are consistent with the client's spiritual and/or religious perspectives.

13.   The professional counselor is able to a) modify therapeutic techniques to include a client's spiritual and/or religious perspectives, and b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client's viewpoint.

14.   The professional counselor can therapeutically apply theory and current research

supporting the inclusion of a client's spiritual and/or religious perspectives and practices.