MENTAL HEALTH CLINICIANS’ UTILIZATION OF SPIRITUAL PRACTICES IN THEIR THERAPEUTIC RELATIONSHIPS

A Thesis

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by
Maria De La Luz Vasquez Ramirez

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by

Maria De La Luz Vasquez Ramirez

Approved by:

________________________, Committee Chair
Dale Russell, Ed.D., LCSW

________________________, Second Reader
Chrys C. Ramirez Barranti, PhD, MSW

________________________
Date
Student: Maria De La Luz Vasquez Ramirez

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__________________________, Division Chair  _____________________
Robin Kennedy, Ph.D  Date

Division of Social Work
Abstract

of

MENTAL HEALTH CLINICIANS’ UTILIZATION OF SPIRITUAL PRACTICES IN THEIR THERAPEUTIC RELATIONSHIPS

by

Maria De La Luz Vasquez Ramirez

Due to the taboo belief that religion and/or spirituality should not be explored during therapy, there has been some unwillingness regarding the utilization of spirituality in the mental health arena. The purpose of this study is to investigate the standpoints of mental health clinicians regarding the utilization of spirituality in their direct practice in the Sacramento County. The study’s findings suggest that there is an increased interest from mental health clinicians on spiritual interventions; however, further educational training in spirituality is needed in order to increase its utilization in clinical settings. Moreover, this study highlights the need for social workers to advocate for this particular social problem in order to increase the utilization of spirituality in the mental health arena.

_______________________, Committee Chair
Dale Russell, Ed.D., LCSW

_______________________
Date
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This thesis is dedicated to my family who has always been part of my professional and personal growth. I dedicate my thesis with all my love to my mother Irene Ramirez and father Samuel Vasquez who have supported me throughout this journey and inspire me to be a better person every day. A special dedication to my sister Sonia Vasquez, who has supported me throughout my career and thesis process; and who has always believed in me. I would also like to dedicate this thesis to my brothers Samuel and Juan Carlos Vasquez for their unconditional support. Finally, but not less important, I would like to dedicate this thesis to my husband Asael Servin for his love and support throughout my career.

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Chapter 1

STATEMENT OF THE PROBLEM

One of the strategies mostly used worldwide as a way to cope with life stressors and mental issues has been spirituality. However, what is spirituality? For some individuals spirituality is the connection between life, death, and the afterlife. For others it is a religious connection with “god” and the “holy spirit.” Due to the complexity of defining this term, often it is confused with religion. Indeed, religion places a great part in spirituality; however, this does not mean that a person who is spiritual is necessarily religious or vice versa (Richards, & Bergin, 1997). Due to this complexity, there has been controversy regarding the implementation of spirituality in mental health settings for decades (Miller, 1999). According to Miller (1999), as a result, there has been some unwillingness from mental health clinicians regarding the implementation of spiritual interventions in clients’ mental health treatment. Nevertheless, many clinicians who have used spirituality as a form of mental health interventions have reported that these interventions can be very beneficial to clients’ well-being and positive treatment outcomes (Breedlove, 2005). This qualitative study will focus on exploring viewpoints of mental health clinicians regarding their utilization of spirituality in their therapeutic relationships in the Sacramento County.

Background of the Research Problem

Throughout the twentieth century, mental health clinicians avoided discussing or bringing up religion in their therapeutic process due to the separation of religion and medicine (Matteson, 2008). Since religion plays a great role in most individuals’ spiritual
practices, beliefs, lives, many clinicians are afraid to touch on this topic during mental health therapy to avoid legal issues. Due to this particular situation, many mental health clinicians avoid talking about spirituality and/or using any spiritual interventions in the mental health arena. According to Walsh (2003), many mental health clinicians have been unwilling to raise the issue and uncomfortable in dealing with spirituality when it does come up in a therapeutic setting due to ethical issues. As a result of such avoidance, mental health clinicians are violating the clients’ right to express their beliefs and concerns during therapy sessions.

Walsh (2009) notes that the best way that therapists can respect their clients is by being interested in exploring and understanding their clients’ spiritual values, practices, and concerns, and not avoiding the discussion. Even until this day, spirituality is seen as a taboo topic, contributing to less employment in mental health settings and medical settings by social workers and other clinicians. Due to this taboo belief many mental health clinicians avoid exploring the spiritual life, beliefs, and practices of their mental health clients. It is unethical for social workers and other mental health clinicians to avoid talking about spirituality in a therapeutic setting when the client needs to reach spiritual well-being (Walsh, 1994).

Most social workers do not discuss spirituality with their clients because they are not trained or educated enough about the benefits that this particular topic brings to their clients. It is important for social workers to obtain the proper training and education on spirituality in order to serve their clients’ needs. Spirituality will continue to be a problem in the mental health and social work arena until there is more education, trainings, and
advocacy on this particular subject. This problem is very important to be address in the social work field because if social workers are not exposed to spirituality in their education or career they will continue to lack education, training, and awareness of their biases on this particular subject, which can affect the well-being of their clients and themselves.

Due to the lack of training and education from mental health clinicians regarding the incorporation of spirituality in the mental health field there is a misunderstanding of the benefits that this type of intervention can bring to mental health. The failure to implement spiritual interventions in clients’ mental health treatment has been attributed to the belief that spirituality and religion should not be discussed in a mental health setting. In addition, according to Walsh (2003), spirituality has been left out of clinical education and training due to the belief that it is a taboo topic that should not be address in a mental health setting. Thus, therapists have been reluctant to raise the subject and uncomfortable in dealing with it when it does arise (Walsh, 2003). For some clinicians talking about spirituality in the mental health setting can be unprofessional and unethical.

As a result of the reluctance of exploring this topic, there is an absence of literature and research addressing the effectiveness of spirituality in mental health. Breedlove (2005) highlights that although there have been great interest in recent years on the effectiveness of spiritual interventions in the mental health field, there is still a need for more research and literature providing its advantages when working with mental health patients. Becoming aware of the lack of research will contribute to the increase of interest and research to prove the need and effectiveness of spirituality in the mental
health field. However, there have been some studies providing the effectiveness of spiritual interventions in the mental health field, they have fail to show narrative stories of mental health clinicians on why they prefer to utilize or not utilize spirituality as a therapeutic intervention. For this reason, there seems to be a need for more awareness on the benefits of the utilization of spiritual interventions in the mental health arena.

**Purpose of the study**

The primary purpose of this thesis study is to explore the different standpoints of mental health clinicians regarding the utilization of spirituality in their clinical practice in Sacramento County. By exploring these views and believes this study aims to increase the utilization of spirituality in the mental health field. By exploring the reasons why mental health clinicians utilize or not utilize spirituality in their direct practice, it will contribute to the interest of mental health clinicians in the exploration and implementation of spiritual interventions in the mental health arena. The secondary purpose of this thesis study is to increase the number of mental health clinicians using spiritual interventions with mental health clients. This study aims to increase the interest of mental health clinician in spirituality as a mental health intervention, by providing mental health clinicians facts about the effectiveness of the utilization of spirituality as a therapeutic intervention. The aim of this thesis is to contribute to a positive correlation between becoming educated in spirituality and increasing interest in implementing spiritual interventions in the mental health field. This study’s main goal is to educate incoming mental health clinicians on the importance of exploring the spiritual practices, beliefs, and behaviors of their clients in order to assist their needs. In addition, this study
will assist incoming mental health clinicians in becoming aware of their own biases and cultural competency when working with religious and/or spiritual individuals.

**Theoretical Framework.** The theory that will be used for this particular study will be the Narrative Theory. According to Wade and Tavris (2008), a person’s narrative is an autobiography that is used to organize life events in order to give them meaning. By using this theory, the researcher will allow the participants to discourse their particular standpoints and experiences on spirituality within mental health using their own words. By doing so, the researcher will explore the various standpoints of mental health clinicians regarding their utilization of spirituality in therapeutic interventions. In addition, clinician’s narratives will allow the researcher to provide awareness of the utilization of spirituality in the mental health field to current and coming mental health professionals.

The methods that will be used for data analysis will be qualitative and quantitative methods. Dudly (2010) defines qualitative as an approach which attempts to discover the quality of a particular theme by using open-ended questions to allow participants to use their own words to share their particular perspectives. Thus, it will also allow the researcher to find common themes on why participants use or not use spirituality in their direct practice. In addition, after finding the main themes participants’ responses will be analyzed utilizing a quantitative method in order to determine their statistical significant to the study’s main purpose. According to Dudly (2010), a quantitative method is used as an approach to measure the quantity of something and/or find a wanted outcome by utilizing a statistical method. Specific responses will be selected in order to reflect the
statistical significant of data findings. The researcher will implement both qualitative and quantitative approaches as a way to enrich the data analysis.

**Definition of terms.** *Spirituality-* Refers to a dimension of human experience involving personal transcendent beliefs and practices, within or outside formal religion, through family and cultural heritage, and in connection with nature and humanity (Walsh, 2009).

*Religion-* Can be defined as an organized, institutionalized beliefs system, set of practices, and faith community (Walsh, 2009).

**Assumptions.** This research study is based on the premise that the utilization of spirituality in the mental health field will increase the well-being of mental health clients and clinicians. By clinicians utilizing spiritual therapeutic interventions, they will increase positive treatment outcomes for patients who might have spiritual concerns, which might contribute to their mental health issues. In addition, it will contribute to the awareness of mental health clinicians in the utilization of spirituality in mental health and their personal lives. Moreover, this study will explore the clinicians’ believes on the utilization of spirituality in their direct practice in order to prove the effectiveness of this particular therapeutic intervention in the mental health arena.

**Justification.** Due to the taboo belief of some professions including social worker regarding spirituality in therapy, many social workers hesitate to ask their clients questions regarding their religion and/or spirituality affiliations or concerns. Walsh (2009) highlights that most individuals who seek help for physical, emotional, or social problems; are in some type of spiritual suffering as well. Therefore, there is a need for
social workers understand the spiritual aspect of their clients’ lives in order to fully assist their suffering (Walsh, 2009). One of the purposes of social work is to promote and assist with tools to reach social well-being. By helping clients reach spiritual well-being, social workers will also help clients reach mental, physical, and social equilibrium.

In addition, due to the seldom education and training on spirituality that most social workers obtained during their career, they are less likely as clinicians to utilize spiritual therapeutic interventions in therapy. This thesis will benefit social workers by educating them on the advantages that spiritual therapeutic interventions can bring to clients who might or might not have spiritual concerns. Though this thesis focuses mainly on mental health clinicians, it will not only benefit mental health clinicians, but it will benefit other social workers and therapists by uncovering the advantages of this particular subject and therapeutic intervention.

Moreover, this thesis will contribute to the education of social work clinicians and other social workers by informing them about the differences between religion and spirituality, and on the benefits of exploring these topics with their clients. By providing the participants’ narratives, social workers will be exposed to various tools and techniques that they can utilize when using spiritual interventions in their work arena. Overall, this thesis will be of great contribution to the social work profession by providing research base evidence regarding the need for social workers to obtain the proper education and training on spiritual therapeutic interventions in order to assist clients on reaching spiritual and social well-being.
**Limitations.** The researcher will only be collecting research data from the Sacramento County; therefore, the data collected will only represent one county of California. In addition, most participants are from one particular agency (Kaiser Permanente), which limits the variety of the participants participating in this study. Moreover, most of the data will be collected and analyzed utilizing a qualitative approach; which provides a greater opportunity for risks to occur on face validity (Dudley, 2010). Finally, since this study will only focus on personal narratives of the utilization of spirituality in the mental health field, it might not represent the general population.
Chapter 2

REVIEW OF THE LITERATURE

The literature review for this chapter will be organized in four sections. The first section will introduce the background of the relationship between spirituality and mental health. This section will illustrate the relationship between spirituality and mental health in the past, historical controversies between both, and positive finds supporting the role of spirituality within mental health. The second section will explore the importance of spirituality within mental health. This section will focus on the utilization of spirituality in different cultures and with multiple mental health disorders. The third section will focus on the utilization of spirituality within social work. This section will discuss the usage and need of spiritual interventions, assessments, trainings, and education within the social work arena. To conclude, the fourth section of this chapter will discuss current and future practice and the need of the exploration of spirituality overall. This section will focus on the overall utilization and needs of spirituality within mental health, social work, and other professional fields.

Historical Background

Historically, there has been research supporting the impact of spirituality in human life. According to Sperry, the relationship between spirituality and psychotherapy is not new (Sperry, 2001). Over time there has been proves of the connection between spirituality/religion and mental health. According to MacGuire (2007), religious and spiritual concerns surrounding health and healing can be trace back through all cultures in human history (McGuire, 2007). Throughout human life, spirituality and/ or religion have
played in important role in how people define their life experiences. Sperry (2001) argues that just as other aspects of culture influence individual’s constructions of norms, problems, and solutions; so does the spiritual aspect of their lives. For this reason, body, mind, and spirit were viewed and treated as one entity. Walsh (2009) discusses that in the past the physical, psychological, and spiritual were viewed as interconnected and not as separate. In fact, psyche in Greek means spirit (Walsh, 2003). Due to this connection between mental and spirituality, many individuals with mental health concerns were treated by spiritual healers. In fact, many of the first mental hospitals were located in monasteries and run by priests decades ago (Koenig, 2009).

Past research indicates that psychological and spiritual concerns of individuals were largely dominated by priest and/or cultural spiritual healers until the late seventeen and early eighteenth century (Sperry, 2001; Koenig, 2009). The separation between mental health and spirituality occurred due to the questioning of religion within mental health. The separation of spirituality and mental health occurred during the seventeen century, when the religious wars in Europe instigated many individual to question the effectiveness of religion in life and its role within mental health (McGuire, 2007). According to Walch (1994), there was no separation between psychology, spirituality, and the physical health of people until the industrial revolution. As a result, according to Abeyta, Butler, and Flores (1982), negative arguments against spirituality and religion began to emerge. When science became a more accepted practice in society, false spiritual and religious practices became known (Abeyta, Butler, & Flores, 1982). Due to
this event, during the seventeen century, science based interventions became more acceptable in society (McGuire, 2007).

According to McGuire (2007), the age of enlightenment introduced a new and improved approach for mental health, based on scientific reason-oriented rational, in which new principles and spirituality were like oil and water, did not mix. This new and improve approach was well accepted and applied in the mental health arena (Matteson, 2008). According to Matteson (2008), by the end of the nineteenth century and the beginning of the twentieth century, Sigmund Freud and other mental health clinicians began to apply this new scientific technique/approach in the field of mental health; As a result, mental health therapist started to separate spirituality/religion from mental health therapy. Nichols (2011) highlighted how during the course of the twentieth century, psychotherapists avoided bringing religion or spirituality into the therapeutic scope. Due to this situation, mental health clinicians became less interested in spiritual interventions in mental health (Nichols, 2011). Consequently, according to McGuire (2007), spirituality in the psychiatric/mental health field slowly declined. Thus, research on spirituality was not only controversial, but also ignored (McGuire, 2007). For this reason, to this day there are still mixed emotions and points of view regarding research on and the implementation of spirituality within the mental health arena (Breedlove, 2005).

Breedlove (2005) argues that besides the lack of research on the benefits of spirituality in mental health, there has been a lack of clarity with its definition. According to Breedlove (2002), after the separation between religion and mental health during the twentieth century, there has been a controversy regarding the utilization of spirituality
within mental health due to the complexity of its definition. According Miller (1999), Bein (2008), and Swinton (1957), there are many ways to define spirituality reflecting the different ways how people interpret and view spirituality. Miller (1999) illustrates how just like personality and health, spirituality is complex because it is not defined by one single classification but rather by many scopes. For this reason, there is a controversy regarding the role of spirituality in mental health (Miller, 1999). One good example of how spirituality is defined is as an outward expression of the inner workings of the human spirit (Swinton, 1957). Bein (2012) defines spirituality as a relationship between the divine and life pleasing as an approach to understand and connect beyond self and language. However, spirituality can also be defined as a dimension of human experience involving personal transcendent beliefs and practices, through family and cultural heritage, and in connection with nature and humanity; which can be through practices of prayer, meditation, and/or traditional faith healing rituals (Walsh, 2009). Therefore, it is possible to be religious without being spiritual and spiritual without being religious (Richards & Bergin, 1997). Understanding the difference between religion and spirituality can be very important for therapists in order to assist clients when facing spiritual stress. The big distinction between spirituality and religion is that religion is a set of beliefs, customs, practices, and other methods to express spiritually, and spirituality is the relationship of all these methods (Bein, 2012).

Due to its complex definition, some mental health clinicians are against the incorporation of spirituality in the mental health field. According to Schriver (2011), science and spirituality are often considered two incompatible worldviews in the mental
health field due to assumptions that spirituality should not be synthesized with mental health due to historical scientific evidence. One assumption has been that spirituality is not the proper realm of mental health professionals due to the rigid boundaries that were develop over the 20th century in order to keep spiritual concerns of patients outside of the therapeutic arena (Walsh, 2009). Religion and spirituality have been used as therapeutic interventions in Eastern medicine for centuries (Buddhist, Chinese, and Indian cultures); however, American culture attitudes toward spirituality/religion within mental health have not allowed the fusion between scientific and spiritual interventions (Badaracco, 2007). Moreover, not only is the lack of research and un-clearity of the definition impacting spirituality within the mental health field; but the personal beliefs of mental health professionals regarding spirituality within the mental health arena as well (Walch, 1994). Past research shows that another barrier to the incorporation of spirituality into therapy is biases among some mental health professionals against formal spirituality (Walch, 1994; Badaracco, 2007). According to Walsh (2003), due to these biases spirituality has been view as a taboo subject in therapy. Therefore, therapists have been reluctant to raise this subject and uncomfortable in dealing with it when it does arise (Walsh, 2003).

Previous research shows that throughout the mental health field spirituality has been purposefully left out of clinical training and practice and viewed as a taboo topic that should only be addressed outside of therapy (Walsh, 2003; Bein 2008; Walch, 1994; Badaracco, 2007). According to Bein (2008), there are numerous reasons why clients’ spirituality appears like a taboo topic. One of the many reasons might be that most mental
health professions have been train on focusing only on clients’ bio-psycho-social
problems, and despite any other outside concerns (Bein, 2008). However, it is important
for clinicians to be aware of clients’ spirituality in order to assist their needs (Bein, 2012).
Bein (2008) argues that it is an ethical responsibility for mental health professionals to
make an effort to recognize the role that spirituality have in their clients’ life; since it is a
very important factor that should not be left out of their treatment plan. Spirituality is a
very important part of individuals’ lives, whether they are religious or not (Bein 2012).

Currently there has been more research conducted showing positive evidence of
the utilization of spirituality in the mental health field (Walsh, 2003). However,
according to Walch (1994), many mental health therapists have continued to avoid
dealing with client’s spirituality issues. Some of this avoidance might be connected with
the lack of training in spirituality from some mental health professionals (McGuire,
2007). Research shows that the avoidance of dealing with clients’ spiritual concerns
might be attributed to inadequate training and education available to mental health
professions as part of their career preparation (McGuire, 2007). Nevertheless, in the past
Psychotherapy was been consider a healing art, yet this has been a hidden aspect of
mental health work (Walsh, 2009). In addition, Sperry (2001) argues that even in the
Diagnostic and Statistical Manual of Mental Disorders spiritual concerns are only briefly
explained as a ‘V’ code and it might not even appeared in future editions. As a result,
many mental health professionals view spirituality as a legal or ethical issue and prefer
not to talk about it during therapy (Sperry, 2001). However, current research shows that
not only is it adequate to not talk about issues related to religion and spirituality with
clients in therapy; but it would be unethical to avoid such discussions with clients (Kahle & Robbins, 2004). The reason for this argument is that spirituality can play an important part in the mental health stability of an individual (Breedlove, 2005).

Miller (1999) argues that the spiritual well-being of individuals is an important and too often overlooked aspect of their health. According to Miller (1999), the aim of spirituality is to relief mental, emotional, and spiritual distress in individuals (Miller, 1999). Since spirituality can bring great benefits for human life, there has been an interest in exploring this topic in the mental health arena in recent years (Walsh, 2009).

According to research, there has been a growing interest in spirituality by many mental health professionals (Walsh, 2009; Walch 1994). Several professional groups in mental health and other fields have been interested in the interrelationships between psychology and spirituality (Walch, 1994). The reason for this new interest appears to be a combination of western culture’s curiosity on spirituality and an increased number of studies that support the positive impact of religion and spirituality in psychological well-being (Sperry, 2001). There have been a number of studies throughout the years, which have attempted to measure some type of relationship between mental health and spirituality and found a positive relationship between spirituality and mental stability (Breedlove, 2005).

**Benefits of spirituality within mental health**

Traditionally, the psychological and the spiritual concerns of individuals have been perceived as separate problems (Vaughan, 1995). However, do to the role that spirituality plays in human life; it is believe that mental health professionals should be
aware and trained on this topic in order to fully assist the whole person (Koenig, 2009). Numerous studies have shown that spirituality plays an important role in the recovery process for many individuals (Lukoff, 2007). For many individuals, spiritual distress contributes to their physical, emotional, and relational problems (Walsh, 2009). According to Koenig (2009), clinicians need to be more aware of the religious/spiritual and cultural activities, beliefs, and value of their clients before implementing interventions. By being aware of patient’s spiritual and cultural beliefs and values clinicians will have a better understanding of the interventions that might be appropriate for patients’ concerns (Koenig, 2009). Recent research indicate that it is important for clinicians to understand the relationship between spirituality, religion, culture, and mental health in order to assist patients whose beliefs or practices might clash with other cultural views and beliefs (Vazquez, & Rosa, 2011; Koenig, 2009). For instance, individuals from both Jewish and Christian traditions might hesitate to utilizing counseling to treat their psychological health due to cultural, religious, and spiritual values, practices, and beliefs (Kahle & Robbins, 2004). Meanwhile, eastern religions and medicine throughout time have integrated the body, mind, and spirit in health and healing (Walsh, 2009).

In complementary and alternative medicine, cognitive psychology, positive thinking, neuroscience, Buddhist mental training, and Christian prayers are incorporated for healing purposes (Badaracco, 2007). One aspect of the alternative medicine is the focus of mind, body, and spirit in order to heal and reduce stressful situations (Badaracco, 2007). All cultures recognize the potential of spirituality in healing (McLean, 2004). Chevez (2005) highlights that many Mexican individuals, especially those who are less
acculturated, tend to go to curandero/a (healers) to treat their medical and/or mental health conditions since curanderos provide healing therapies for individuals who are looking for an explanation to their illness or personal issues. The Latino cultures utilizes organic plans, animals, religious symbols, and spiritual interventions for the purpose of cleansings or remove holistic feelings, airs, or any other negative energy that might be impacting their spirit, mind, or body (Chevez, 2005). These Meso-American healing traditions have an enormous impact on how some Mexican-American clients view their particular health difficulties (Chevez, 2005). Chevez (2005) argued that being culturally competent when working with multicultural populations is essential for mental health professionals. Thus, clinicians should be open to explore and talk about spirituality during therapy in order to provide the support for these cultural, religious, and spiritual struggles (McLean, 2004). According to Bein (2012), it is very important for mental health professionals to be aware of their patients’ religious, spiritual, and cultural beliefs in order to assist them on their particular concern. For this reason, spiritual interventions have been implemented in mental health little by little (Dalmida, 2006).

The flexibility of spiritual interventions has provided therapeutic benefits in patients (Strosahl & Robinson, 2008). Spirituality has been incorporated into mental care by allowing patients to discuss the role of spirituality on their psychological well-being (Dalmida, 2006). In addition, Hick (2009) argues that mental health professionals can utilizes spiritual techniques like mindfulness in therapy as a form of therapeutic interventions, advocacy, and self-care. According to Foster (2004), there has been strong positive evidence regarding practice of mindfulness, meditation, and yoga relaxation
meditation in mental health and the benefits that these spiritual practices have in psychological well-being. Moreover, According to Strosahl & Robinson (2008), current studies have proved that practicing mindfulness has a generally positive impact on health and well-being. Additionally, mindfulness interventions can assist therapists build when positive therapeutic relationship with clients (Hick, 2009). Spiritual interventions can assist therapist to find ways to connect with clients, build the trust, and obtain positive treatment outcomes (Hick, 2009). Moreover, according to Bein (2008), spiritual interventions like breathing techniques can provide clients a sense of grounding, peace, and acceptance of their particular situation/s.

Foster (2004) argued that patients who are exposed to spiritual and cultural practices often report a state of peace, calmness, clarity, and openness; which in return reduces anxiety, depression, and an abundance of stressors that affect mental, emotional, and physical well-being. In addition, mindfulness can assist clients by helping them accept their situations and find solutions instead of being consume by them (Strosahl & Robison, 2008). Nevertheless, visualization has been another spiritual technique that has been use in psychotherapy since the 1930s in order to reduce stress and other mental health concerns (Abeyta, Butler, & Flores, 1982). Another popular way that psychologists have tried to combine psychology and spirituality during therapy has been by encouraging positive thinking (Matteson, 2008). This technique has shown positive results when working with multiple mental health disorders (Lukoff, 2007). Recent research findings show the connection between mental disorders and spiritual distress (Lukoff, 2007). Lukoff, (2007) highlights that some of the individuals suffering
from mental health disorders find spirituality as a strengths and support to manage their mental illness. Recent research has shown that Psychotic disorders which have religious/spiritual affiliations can be explored to find sources of strength, hope, and belief that can provide spiritual support (Lukoff, 2007; Strosahl & Robinson, 2008). These Psychotic disorders include Depressive Personality, Narcissistic Personality, OCPD, Passive-Aggressive Personality, Borderline Personality, and Hypomanic Personality (American Psychiatric Association, 2000). According to Strosahl & Robinson (2008), spiritual interventions can be very effective when working with depressed individuals. Current research found that people recovering from depression are less likely to have problems with depression in the future if they received training in mindfulness after recovering from depression (Strosahl & Robinson, 2008; Lukoff, 2007). Therefore, mental health clinicians should be aware and knowledgeable about the role of spirituality in mental health (Strosahl & Robinson, 2008). Moreover, current research indicates that it is important for clinicians to understand how faith and spirituality can assist eating disorder patients to recover from their trauma (Berrett, Hardman, O’Grady, & Richards, 2007; Lukoff, 2007). Spirituality can provide individuals with a sense of hope, understanding, and acceptance of their current situation (Bein, 2008). According to Lukoff (2007), spirituality is an important coping mechanism as individuals seek meaning when experiencing severe illnesses. Therefore, the utilization of spirituality within mental health can bring multiple benefits to mental health patients (Lukoff, 2007). For this reason, clinical social work focuses not only on mental health related concerns.
but on spiritual concerns as well, as a way to serve clients with their particular need (McLean, 2004).

**Spirituality within social work.** Human services such as Medicine, Psychology, and Social Work have recently begun to realize the potential benefits of spirituality on clients’ well-being (Breedlove, 2005). Therefore, spiritual well-being is an essential component in clinical social work theory and practice (Breedlove, 2005). According to Breedlove (2005), by avoid or exclude religion and/or spirituality from therapy would be like denying patients access to social services. Thus, Social Work’s main emphasis is on client-centered theories, in order to meet clients where they are; which includes understanding their spiritual beliefs (McLean, 2004). Social Work pays close attention to the importance of spirituality in the lives of individuals, families, and communities when assessing and implementing intervention (Schriver, 2011). Most clinical social workers know that spirituality shapes the way clients view and manage their mental concerns (McLean, 2004).

Just as psychotherapy applies to Psychology, spiritual interventions apply to theology as a strong component of the client’s sense of existence (Hepworth, Rooney, Rooney, Strom-Gotgried, & Larsen, 2010). Thus, clinical social workers are becoming more and more interested on the exploration of the spiritual aspects of clients’ lives (Marsiglia & Kulis, 2009). Spirituality can shape the beliefs of individuals, and provided strength during times of adversity (Hepworth, Rooney, Rooney, Strom-Gotgried, & Larsen, 2010). Many individuals who seek help for physical, emotional, or mental problems are also in spiritual distress (Bein, 2008). For this reason, therapists and human
service professionals need to understand the spiritual aspects of human experience in order to understand the needs of clients; Especially, because many times faith can be a great source of strength and support in times of crisis for many clients (Hepworth, Rooney, Rooney, Strom-Gotgried, & Larsen, 2010; Walsh, 2009). Current research indicates that from a holistic perspective, spirituality affects all areas of life including occupational, social, and physical (Breedlove, 2005; Koenig, 2008). Therefore, social work clinicians should discuss religious/spiritual concerns with patients in order to learn and identify their spiritual needs (Koenig, 2008). As research show, spiritual practices and beliefs can play a role in a client’s recovery, and for this reason, social workers should be more interested in improving their understanding of spiritual resources, assessments, and interventions (Marsiglia & Kulis, 2009).

However, in order for mental health practitioners and social to advance their understanding on the impact of spirituality in clients’ well-being, they should be train on proper assessment tools and interventions (Breedlove, 2005). Spirituality based interventions have the potential for bringing transformation and lightness to practice (McLean, 2004). Thus, therapeutic approaches and services need to be sensitive to spiritual diversity (Walsh, 2003). Walsh (2003) highlights that spiritual interventions in the social work content are and can be extremely effective when implemented culturally accurately. Moreover, social work therapists should develop a spiritual orientation in order to be open to clients of all cultures and beliefs (Matteson, 2008). Nevertheless, social workers are expects to utilize multicultural interventions in their therapeutic work as a form of cultural competence (Breedlove, 2005).
Clinicians should explore their clients’ spirituality and cultural beliefs during therapy (Vazquez & Rosa, 2011). According to Vazquez and Rosa (2011), if professionals are not familiarize with the Latino’s spiritual and religious affiliations, there is a risk that treatment is not provided in a culturally competent manner and could violate the guiding ethics of psychologists and other mental health professions. Research suggest that clinicians need to understand their clients’ spiritual beliefs, practices, and experiences; especially if these factors are bringing them into therapy, or helpful in therapy (Miller, 1999; Vazquez & Rosa, 2011). If clients see their own spirituality as a source of strength, it makes sense to connect clients’ spirituality and mental concerns (Matteson, 2008). In some cases, spirituality can be one of the positive ways that clients cope with life stressors (Bein, 2008). Therefore, it is extremely important to adequately assess clients’ spirituality during therapy (Vazquez & Rosa, 2011).

There are many ways to assess spirituality; however, some interventions can be more effective than others (Marsiglia & Kulis, 2009). One assessment tool that clinical social works have and can utilize when assessing the spiritual stability of clients is a spiritual assessment (Hepworth, Rooney, Rooney, Strom-Gotgried, & Larsen, 2010). According to Hepworth, Rooney, Rooney, Strom-Gotgried, & Larsen (2010), a “spiritual assessment,” can assist clinical social workers to understand clients’ belief system and resources. This spiritual assessment can provide social work therapist the freedom to choose the religious and spiritual interventions that best match the needs of a given client rather than applying any given intervention (Richards & Bergin, 1997). Another tool that has continued to assist social work clinicians when implementing proper spiritual
interventions has been a spiritual lifemap. According to McGuire (2007), the “Spiritual Lifemap” is a consumer-centered instrument used for spiritual assessment, planning, and intervention. In addition, a spiritual genogram can display spiritual affiliations and strengths. McGuire (2007) defines the spiritual genogram as a generational approach that assess clients’ spirituality in order to identify their spiritual and religious strengths within their family systems across time. Clinicians have utilized these particular spiritual approaches thought out time due to the effectiveness that they have had to provide clients’ spiritual affiliations, experiences, beliefs, values, and strengths (McLean, 2004).

McLean (2004) highlights that spirituality has been utilized within mental health by social workers as a strength perspective. Thus, the strength perspective approach can assist clients to identify their existential belief and within resources which can empower them to achieve well-being (McLean, 2004). Spirituality offers power and resilience to clients in order for them to overcome their particular struggle and reach physical, social, mental, and spiritual well-being (McLean, 2004). According to Walsh (2009), resilience is an action of survival and self-determination during crisis or life challenges. According to Dalmida (2006), since spiritually can offers power and resilience for clients, social work clinicians should be open to assess the role of spirituality in their clients’ life and not integrate personal values during therapy. Social work clinicians should not integrate personal spiritual views or values in their therapeutic work, but instead allowed clients to express their spirituality within their own religious frame of reference (Dalmida, 2006). Regardless of their own religious beliefs and/or affiliations, mental health professionals must be spiritually sensitive (McGuire, 2007).
Mental health social workers should explore their own spiritual beliefs and religious experiences in order to assist their clients with their spiritual concerns and on finding their spiritual strengths (McGuire, 2007). Past and current research shows that the social work profession has struggled to integrate spirituality into practice due to its religious aspect (McLean, 2004). Clients’ spiritual life is too important to be left out of therapy, and ethically, every social worker must attempt to understand its role in our client’s lives (Bein, 2008). Social workers can better respect clients not by avoiding discussion of spirituality, but by exploring clients’ spiritual values and practices (Walsh, 2003). Yet there are many reasons why clients’ spirituality seems like a taboo topic for social workers (Walsh, 2003). One reason can be that not all social workers have been taught how to answer clients’ spiritual problems in nonscientific approaches (Bein, 2008). Another reason can be the lack of training and education on the topic (McGuire, 2007). McGuire (2007) argued that most therapists feel a lack of training regarding how to approach spirituality with clients in their therapeutic practice. For this reason, research shows that clients would benefit from the mental health professional that have been properly train on conducting spiritual assessments and interventions (McLean, 2004). Due to this situation and findings, advocates on social justice are collaborating with mental health providers and government agencies to incorporate spirituality into mental health in order to serve mental health clients (Lukoff, 2007).

Current and future utilization of spirituality. According to McGuire (2007), today’s mental health system continues to be largely influence by Western science. A discomfort about integrating science and spirituality continues to trend in this and other
fields (McGuire, 2007). However, clinicians and other human services professionals should be aware about the benefits that spirituality can bring in their clients’ lives; especially if it can provide strength to their clients (Bein, 2008). Research supports that during times of crisis and adversity, spiritual beliefs and practices have fostered recovery from trauma, loss, and suffering (Lukoff, 2007). Millers (1999) highlight that no matter what scientists and health care professionals may themselves believe, spirituality remains important to many or most clients, and for this reason, it should not be ignored. Yet, some mental health professionals tend to neglect this vital dimension in their clients’ lives (Walsh, 2003). For this reason, human services and other professionals should be aware of the importance of spirituality their clients’ life with or without mental health problems, although they may not express an interest in or practice formal/traditional spiritual practices as a form of spiritual connection (Swinton, 1957).

Currently, there is a considerable interest in examining the impact of spirituality in the psychological, social, and spiritual aspects of individuals’ life experiences and well-being (Sperry, 2001). According to Kahle & Robbin (2004), due to this interest there has been more research conducted to examine the impact of spirituality in human lives. In addition, according to Sperry (2001), today more and more individuals are seeking greater meaning and fulfillment in their lives due to their beliefs that spirituality is vital and essential for their growth and dealing process. Many individuals are utilizing spirituality as a source of healing and making sense of life (Bein, 2008). Vaughan (1995) argues that there is a necessity of more psychotherapy and spiritual practice for healing in order to balance physical, emotional, mental, and spiritual well-being. However, even
though there is an interest in spirituality, there is a lack of research covering the benefits of spirituality in human life; especially in the mental health field (McLean, 2004).

McLean (2004) remarks that in part, the absence of literature and research on spirituality might due to the reflection of the historical unwillingness to address or incorporate spiritual or religious concerns during therapy in the mental health profession. Most of the arguments for the lack of research on spirituality within the mental health arena have been that spirituality is one of the concepts that cannot be easily measured (McLean, 2004). However, many researchers have been able to successfully measure spirituality in forms of a dependent variable in individuals’ life (Miller, 1999). Miller (1999) argues that spirituality can be measured as a dependent variable where clients’ spirituality is measured as a component of health and resources of their healing process. Due to researchers currently being able to find ways to measure the relationship between spirituality and the well-being of individuals, there has been an increase in research studies examining this relationship (Miller, 1999). According to research findings, it is safe to say that over one thousand quantitatively research studies have examined the relationships between religion, spirituality, and health, and many have reported positive relationship findings (Koenig, 2008; Miller, 1999). Due to these findings and recent interest in spirituality, the research gap has been closing little by little (Miller, 1999). Research highlights that in recent years, there has been a reappearance of spiritual interest and faith within the American population and professional research (Richards & Bergin, 1997; Kahle & Robbins, 2004). Nevertheless, as spirituality has become more and more
accepted as a protective factor for many individuals. Nonetheless, recent studies have suggested for a renewed look at holistic approaches in the mental health field in order to explore nontraditional methods during therapy (McGuire, 2007). Moreover, although twentieth-century physicians made every effort to separate themselves from spiritual healers, research show a significant number of recent doctors and religious leaders collaborating together to find ways in which medicine and spirituality can congregate once again (Badaracco, 2007).

Berrett, Hardman, O’Grady, and Richards (2007) argue that therapists should consider religious leaders and spiritual healers in the community as resources of social support for patients as a way to overcome or manage their presenting concerns. According to research findings, many mental health clinics are bringing into therapy spiritualist, magic users, and other mystical folk healers to assist with clients’ treatment, and increase advocacy for the reconnection of mental health and spirituality in New York, San Diego, Miami, Sacramento and other cities (Abeyta, Butler, & Flores, 1982). In addition, the integration of spirituality into therapy has proved to be effective in the recovery of many clients. For example, spirituality is the foundation of seven out of the twelve steps listed in the alcoholics’ anonymous (McLean, 2004). The incorporation of spirituality into treatment is part of the recovery model, which has become widely accepted in the US and around the world (Lukoff, 2007). Due to this acceptance, there was been more and more research on the benefits of spirituality when assisting clients to overcome or manage life challenges (McGuire, 2007). According to research, more and more research in the United States and in foreign countries has found that in the process
or stage of distress and challenge, spiritual coping strategies have resulted in positive mental health outcomes (McGuire, 2007; Sperry, 2001; Bein, 2008).

Moreover, Vaughan (1995) points out the important for professionals to understand the need and importance of spirituality in human life, and the art of this universal approach. According to Vaughan (1995), integrating psychology and spirituality can be a perfect way to bring modern science and ancient wisdom together in a way that can help professionals and clients build a more positive client-therapist relationship. Empirical findings suggest that integrating spirituality and treatment can have a positive therapeutic impact on clients who are seeking treatment for depression, cancer, anxiety, pain management, or other forms of physical or mental stress (Kahle & Robbins, 2004; Lukoff, 2007). However, Breedlove (2005) remarks the great need for qualitative research on spirituality and its benefits; especially in the clinical arena. By becoming more aware of the beneficial outcomes of spirituality in clinical settings, clinicians will be more likely to implement this approach in their clinical work (McLean, 2004). Walsh (2003) highlights how religious and spiritual interests are expecting to grow significantly over coming decades, and become less affected by institutions. However, society needs to be more aware of the great need for research on this particular topic in order for individuals to understand the importance of spirituality in human life (Breedlove, 2005).
Chapter 3

METHODS

The research methods portion of this study is organized in five sections. The first section will illustrate the study’s objectives and design. The second section will introduce the sampling and data collection procedures utilize to recruit the study’s participants. The third section will described the instruments utilized to conduct the data collection. The fourth section will explicate the data analysis methods. Finally, the fifth section will briefly discuss the Protocol of Human Subjects procedure.

Study Objectives and Design

The primary purpose of this thesis study is to explore the different standpoints of mental health clinicians regarding their utilization of spirituality in their direct practice in the Sacramento County. This study is a descriptive study where the researcher explores a particular group of people; in this case mental health clinicians, in order to identify the utilization of spirituality in the mental health arena. According to Dudley (2010), a descriptive study aims to describe a particular group of people and understand the reasons for their particular viewpoint or situation; which can be a representative sample of a larger population. In addition, the theory used in this particular study was the Narrative Theory. Wade and Tavris (2008) defines a person’s narrative as autobiography that is use to organize life events in order to give them meaning (Wade & Tavris, 2008). By using Narrative Theory, the researcher allowed the study’s participants to express their standpoint regarding the reasons why they utilize or do not utilize Spiritual interventions with the particular population/s that they work with.
**Sampling and data collection procedures**

There were 35 mental health clinicians interviewed for this research study. The approaches in which the participants were recruited for this particular study were the criterion and snowball sampling. According to Dudley (2010), criterion sampling is used in a study where there is a specific criteria that all participants need to meet in order to participate in the study. The participants for this study were selected based on their degree and location. Only licensed mental health clinicians in the Sacramento County were interviewed for the purpose of this study. The researcher defined licensed mental health clinicians as LCSW’s, Marriage and Family Therapist (M.F.T.’s), Psychologist (PhD’s, and PsyD’s,), and Psychiatrist (M. D.’s). The data collection took place in Kaiser Permanente Psychiatry Department in South Sacramento and Elk Grove, South Valley Center in South Sacramento, and Laguna Counseling Center in Elk Grove; from February 12, 2013 through February 22, 2013.

In order to collect the study’s data, the researcher utilized snowball sampling. Snowball sampling was utilized to recruit future participants from interviewees who identified these candidates as candidates who met criteria for this particular study (Dudley, 2010). In other words, participants were recruited by word of mouth and referrals. However, the participants were not recruited or selected based on their spiritual or religious affiliation.

**Instruments.** The instruments utilized in this study were the consent form, nine interview questions, note pad/paper, pencil/pen, and Starbucks gift cards. Prior to the interview, the participants were provided with a consent form (See Appendix A). This
consent form included a brief description of the study’s purpose, participant’s right of participation, clarification on confidentiality, as well as, any potential risks. The participants were provided enough time to read and understand their rights of participation in the study by the researcher before each interview initiated. In addition, the researcher answered any questions that the participants had regarding the study before the participants signed the consent form. After signing the consent form, each participant was provided with a copy of the consent form by the researcher. Researcher collected the original consent form for data purposes only.

The nine interview questions utilized in this study touched on the topic of spirituality within the mental health field. Each interview consisted of asking participants nine questions regarding their level of education, their utilization of spirituality, their points of view on advantages and disadvantages of the utilization of spirituality with mental health clients, their personal utilization of spiritual therapeutic mediations, and their standpoint on the need of educational and professional spiritual trainings for mental health clinicians. At the end of each interview, the researcher provided each participant with a $5.00 Starbucks gift card for their participation in the study. Besides the consent form, interview questions, and gift card, there were no further instruments utilize in this study. However, in order for the researcher to conduct and write down each interview, a note pad/paper, pen/pencil, and the list of the nine interview questions were utilized (See Appendix B).

The way the participants’ rights to privacy and safety were protected in this study was by not including any personal information; i.e., name, age, gender, or ethnicity, of
the interviewees in notes and/or data entries. The only identification noted for data purposes was a number in order to identify each participant’s responses and their degree. The only time the participants were asked to write down their name was when they had to sign the consent form. However, the researcher was the only person conducting the interviews, analyzing the data, and handling and accessing the data collected as a way to protect confidentiality. In addition, after the data was collected and completed data noted during interviews was destroyed for confidentiality, privacy, and safety purposes.

Data analysis. The research methods employed for data entry and analysis were the qualitative and quantitative methods. Dudly (2010) describes a qualitative method as an approach which attempts to discover the quality of a particular theme by using open-ended questions to allow participants to use their own words to share their particular perspectives on a particular subject, theme, or topic. The researcher utilized this particular research method by asking open-ended questions as part of the interview process in order to allow participants to discuss their particular experiences and viewpoints on the utilization of spirituality in mental health. The interviewees’ responses were recorded in writing by the researcher during each interview.

In addition, some interviewees’ responses were analyzed by using a quantitative method in order to determine their statistical significant to the study’s main purpose. According to Dudly (2010), a quantitative method is used as an approach to measure the quantity of something and/or find a wanted outcome by utilizing a statistical method. In order for the researcher to analyze the data collected utilizing a quantitative approach, the researcher reviewed all the responses carefully, selected the common themes, and then
coded similar responses. Researcher created labels for each response (i.e., yes or no). Specific responses/quotes were selected and graphs were designed in order to reflect statistical significance and visual summary of data findings. Researcher implemented both qualitative and quantitative approaches to enrich the data analysis.

**Protection of human subjects.** Before conducting the interviews, the Protocol of Human Subjects was submitted by the researcher to the California State University, Sacramento Division of Social Work Committee for the Protection of Human Subjects and approved as exempt from any risks to participants. The application was reviewed by the California State University, Sacramento Division of Social Work committee and approved on January 2, 2013 (Approval #12-13-040). The researcher allowed the participants to skip any questions that they did not feel comfortable answering, or leave the interview at any point in time during the interview without any penalty to their participation, in order to insure any potential risks or harm to the participants’ mental or emotional well-being.

There were no risks expected for the participants in this study as the researcher was well trained to implement the study’s interviews. Moreover, the researcher utilized the same interview questions and monotone expressions in order to avoid any potential conflict of interest as a researcher. Finally, the researcher reduced participants’ participation risks by not utilizing and/or administrating any physical procedures, devices, drugs, or pharmaceuticals in this particular study. In addition, after data was collected and interpreted, notes collected for data purposes were destroyed for confidentiality purposes.
Chapter 4

STUDY FINDINGS AND DISCUSSIONS

The primary purpose of this study is to explore the different standpoints of mental health clinicians regarding their utilization of spirituality in their clinical practice in the Sacramento County. The data collection consisted of interviewing mental health clinicians regarding their standpoints on spirituality within mental health. This study only focused on licensed mental health social workers (LCSW’s), Marriage and Family Therapist (MFT’s), Psychologists (PsyD’s), and Psychiatrists (M. D.’s). There were thirty-five participants in this study, who consisted of ten LCSW’s, fifteen MFT’s, six PsyD’s, and four M.D.’s. There were nine questions asked during the face-to-face interviews. All thirty-five interviews were conducted and recorded by hand by the researcher. For the purpose of this study, spirituality was defined as an intervention including meditation, mindfulness, prayer, writing, music, breathing techniques, drawing, and/or other cultural rituals. Each interview took approximately forty-five minutes.

Some narratives of the interviews were provided to illustrate the findings and trends in the data collection. Only the most statistically significant responses were selected. Findings were as followed:

Thirty-four out of thirty-five participants reported believing that spirituality should be explored in the mental health field; and all thirty-five participants reported having come across mental health clients with spiritual concerns in their therapeutic practice. Some responses were as reported:
“Spirituality should be explored as a way to meet patients where they are. However, therapists should follow the patients’ guide of where they want to go in therapy.”

“Spirituality should be explored in the mental health field because it can serve as an assessment tool during therapy.”

“Research shows that spirituality can be beneficial to individuals in mental health.”

“Spirituality should be explored and not ignored during therapy because it can be harmful and dangerous to clients if ignored by therapist.”

“I come across patients with spiritual concerns all the time.”

“I have come across patients with mental health concerns; especially, teens with faith or identity concerns and patients who are depressed or going through grief process who question if there is a god.”

“Last year I can across a patient who was Muslim who was going through spiritual concerns about his beliefs and family’s beliefs.”

In addition, thirty-five out of thirty-five participants reported that they believe that it is important to explore spiritual concerns with clients during clinical sessions; and all thirty-five participants reported that discussing about spiritual concerns with patients can have a positive and/or negative impact on their well-being. Common responses included:

“It is important to integrate mind, body, and soul. If a therapist does not explore the spiritual part of their patients, then they are neglecting a big part of their patients’ healing process and strengths.”

“Any factor that is contributing to patients’ mental health should be addressed and explored during therapy.”
“It is our ethical responsibility as therapist to provide services needed for our patients.”

“Research shows that mindfulness and meditation can help patients improve their well-being. However, it can be harmful when therapists impose own believes.”

“It can have a positive and negative impact on our patients because everything that we as therapists do can have a positive or negative impact on our patients.”

“Positive impact because it can bring a sense of hope, community, support, and acceptance in patients. Also because it can help with building report with patients.”

Moreover, thirty-two out of the thirty-five participants reported using spiritual therapeutic interventions with patients during clinical sessions; and only thirteen out of the thirty-five participants reported praying and/or performing cultural rituals with patients during therapy. Some general statements included:

“I utilize breathing techniques, grounding, mindfulness, music, encourage to pray if applicable, and Tai Chi with my patients during therapy.”

“Recommend prayer and rituals if applicable.”

“I utilize guided imagery and books if applicable. But no personal religious therapeutic interventions.”

“I utilize radical acceptance and DBT”

“I particularly utilize Psychoeducation and Buddhism techniques.”

“I have recommended prayer, serenity techniques, rituals as a form of support, belonging, and passage.”

Moreover, twenty-seven out of thirty-five participants reported having had training in spirituality and spiritual interventions in their career and/or education; and
thirty-two out of the thirty-five participants believed that spirituality should be part of the educational and professional training of all mental health clinicians. General responses were as followed:

“I had some course education on spirituality during graduate school.”

“I have career, educational lectures, and continuing education courses training on spirituality.”

“Attended one mindfulness seminar last year.”

“I am trained on Psychoeducation, and teach spiritual techniques.”

“I am trained on Mindfulness, deep breathing, and cognitive spiritual therapy.”

“Spiritual courses should be implemented in graduate school because they will contribute on increasing cultural competence in order to be sensitive and aware of how to explore this topic and which interventions to utilize.”

“It should be part of the professional training of all mental health clinicians because it is seen as strength for most patients at some level and we as therapists should be trained and educated on this therapeutic approach.”

“It should be required for all mental health clinicians to be trained on spirituality in order to explore personal strengths and biases. It is important to be educated about in order to not view spirituality as a taboo topic in therapy.

“It should be part of the professional training of all mental health clinicians because it can enrich and is an important part of your career. It is important to take at least one class in spirituality because by being trained in spirituality, it can send the message to your patients that it is okay to talk about spiritual concerns during therapy.”
Specific Findings

After collecting and analyzing the presented data, the researcher selected the most comment themes with statistical significance. These four themes included:

1. Clinicians’ beliefs regarding the exploration of spirituality within mental health.
2. Clinicians’ exposure to patients with mental health concerns in their therapeutic relationships.
3. Utilization of spiritual techniques with patients during therapy.
4. Clinicians’ prior training on spirituality in their educational and professional preparation.

Participants responses to selected themes are illustrated in the first graph presented below (See Graph 1). The first graph will demonstration the findings of the themes selected to indicate the standpoints of mental health clinicians regarding the utilization, and lack of, spiritual interventions in their therapeutic relationships and professional training in the Sacramento County. According to this graph, the study’s findings concluded that MFT’s and LCSW’s participants seemed to indicated a positive correlation between prior training and the utilization of spiritual therapeutic mediations; as well as, their believes on the benefit of exploring spirituality within mental health and the amount of exposure to patients with spiritual concerns in their direct practice. Moreover, these findings also reported a negative correlation between participants’ believes on the exploration of spirituality within mental health and prior training on spirituality.

On the other hand, according to data findings, there was a positive correlation between the believe on the exploration of spirituality in the mental health field and prior
training; as well as, exposure to patients with spiritual concerns and the utilization of spiritual mediations for PsyD.’s. In addition, as this group of participants reported having more exposed to patients with spiritual concerns, findings showed that PsyD.’s were more likely to utilize spiritual interventions in their direct practice. In contrast, findings for M.D.’s concluded that their believe in the exploration of spirituality in mental health, exposure to patients with mental health concerns, utilization of spiritual mediations with patient in their direct practice, and their training on spirituality in their career and education were very constant. These finds show that due to M.D.’s having more training on spirituality, they were more open to expose spiritual concerns with patients, utilize spiritual interventions, and support the exploration of spirituality in the mental health arena in comparison to MFT’s, LCSW’s, and PsyD.’s.

Finally, the second graph demonstrates the affiliation of participants regarding the practice of prayer and cultural rituals with patients in their direct practice (see graph 2). The graph will indicate the number of participants performing prayer, cultural rituals, both prayer and cultural ritual, or none in their direct practice. According to data findings, only twenty-nine percent out of one hundred percent of the participants have prayed in their direct practice; and only eight percent out of one hundred percent of participants have performed cultural ritual during therapy. Additionally, only six percent out of one hundred percent of participants have prayed and/or perform cultural ritual in their therapeutic relationships. Finally, data concludes that fifty-seven percent out of the one hundred percent of participants have never prayed and/or perform cultural rituals in their direct practice.
**Interpretations of the findings**

Data findings indicated that as MFT’s and LSWC’s exposure to patients with spiritual concerns increase, their beliefs on the importance of exploring spirituality in mental health will increase as well. In addition, findings also reported a correlation between their beliefs on the exploration of spirituality within mental health and prior training on spirituality, as well as, usage of spiritual therapeutic mediations and exposure to patients with mental health concerns. This finding indicate that the lack of training in spirituality deceased the probability of MFT’s and LCSW’s utilization of spiritual therapeutic mediations; which consequently increased their beliefs on the exploration of spirituality in mental health.

Similar findings were found with Psy.D’s, indicating that as they were less trained in spirituality they were less likely to believe that spirituality should be explore in the mental health field. In addition, findings showed a positive relationship between usage of spiritual mediations and exposure to patients with spiritual concerns in their direct practice. Moreover, if the participants’ were more trained in spirituality, they were more likely to believe that spirituality should be explored in the mental health field. One of the participants who responded not utilizing therapeutic mediations with patients during therapeutic session responded; “I do not utilize spiritual therapeutic intervention in my direct practice because I have never had much training on it.”

Additionally, findings showed that some of the reasons why clinicians lacked career or educational training on spirituality was because it was not part of their professional training. Furthermore, data indicated that only a few clinicians believed that
spirituality should not be mandatory in professional training for mental health clinicians, that it should only be an option, or that it should only be an elective for people that are interested in spirituality during graduate school.

Moreover, findings indicated that some of the general spirituality mediation utilized by participants in their therapeutic relationships include mindfulness, breathing techniques, visualization, meditation, and explore religious beliefs. Nonetheless, findings indicated that some of the reasons why participants were less likely to utilize formal cultural/religious/spiritual practices were because of the lack of training on these topic and intervention and the taboo beliefs that spirituality and religion should not be explore during therapy. Most participants reported that some of the reasons why they did not prayed or performed cultural rituals were because they believed that it could separate patients and therapist if they have different beliefs, it might offend or harm some patients, it is not ethical to talk about during therapy, and/or because of liability and legal issues.

**Summary.** The overall findings of this research study indicate the need for more educational and professional training on spirituality in order to increase the interest of mental health clinicians and other professionals on the utilization of spiritual practices in their therapeutic relationships. In addition, most of the findings indicated that one of the main reasons why most participants did not utilized spiritual interventions in this direct practice was due to liability issues. Most participants believed that they needed to be professionally train on spirituality before exploring any spiritual concern with patients during therapeutic sessions. In addition, most participants believed that spirituality should be implemented in graduate school as part of clinicians’ professional training. Moreover,
findings illustrated that the most popular form of spiritual practices utilize in the mental health field are relaxation techniques and none formal cultural/religious/spiritual practices. Results of these data findings are illustrated in the following graphs:

Graph 1: Exposure and Utilization of Spirituality

Graph 2: Prayed or Performed Cultural Rituals
Chapter 5
CONCLUSION, SUMMARY, AND RECOMMENDATIONS

The main purpose of this study was to illustrate mental health clinicians’ utilization of spiritual practices in their therapeutic relationships. The aim of this study was to demonstrate the standpoints of mental health clinicians regarding their utilization of spirituality within mental health in the Sacramento County. In addition, to explore the reasons why mental health clinicians utilize or not utilize spiritual interventions in therapy. Some of the major findings of this research study revealed that most standpoints of mental health clinicians regarding the utilization of spirituality in mental health had a lot to do with their training, exposure, utilization, and personal interest on this particular topic. In addition, findings demonstrated the need for more education and training regarding spirituality in order to increase interest and practice within the mental health arena. Moreover, some of the major findings indicated that there is unwillingness from clinicians regarding the utilization of spirituality in the mental health field due to the belief that spirituality is a taboo topic in therapy.

These findings support the literature review in the way that both indicate the lack of utilization of spirituality within the mental health field and the need for more training in this particular topic. In addition, literature and research findings illustrated the effectiveness of spiritual interventions; including mindfulness and other grounding techniques, with patients who present spiritual concerns. Moreover, this study allied with the literature in the way that both reported that there has been an increase of interest from mental health clinicians regarding the exploration of spirituality in their direct practice. In
addition, research finding indicated an increase on the utilization and interest of spirituality within the social work profession.

**Implications for Social Work**

Spirituality can be a big part of individuals’ lives and/or how they view the world around them. Literature indicates that social work is a client-center profession. In other words, it focuses on the needs of clients in order to assist them properly. Therefore, understanding the spiritual side of clients is essential for social workers when assisting clients on reaching social well-being. For this reason, it is important for social workers to be knowledgeable and trained on spirituality in order to explore the role that it plays in clients’ lives. Nevertheless, since social work can be divided into three different categories; the micro, mezzo, and macro level, spirituality can be implemented into the social work practice in many different settings.

In the Micro level, social work clinicians can explore spirituality during therapy to address any spiritual concerns contributing to their clients’ mental health stability. This approach can assist social worker clinicians by finding ways to engage with clients and/or families on finding appropriate solutions for their particular spiritual concerns. In addition, social worker clinicians can utilize spirituality in their therapeutic practice as an intervention to assist clients to find inner strengths contributing to mental and emotional stability. Moreover, spirituality can be implemented in the medical setting to assist patients in accepting their medical conditions and/or finding ways to manage them. Overall, spirituality in the micro level practice can be utilized to help clients in times of crisis. However, it can be implemented in Mezzo level practice as well.
In the Mezzo level, social workers can address spirituality in the way of educating other social workers and professionals on the need for spiritual interventions in the mental health field and in other social work settings. In addition, since literature and research findings demonstrated a lack of education and training on spirituality in the mental health arena, there needs to be a cultural change. It is social workers' responsibility to make this change in order for clients to reach social well-being. In addition, it can benefit social workers and other professionals to become more culturally competent when working with individuals with spiritual concerns. However, in order to make this change happen, social workers need to become more involved in community organizing in order to change this social issue. Nevertheless, in order to be successful on implementing spirituality in individual and institutional practices and change the points of view of mental health clinicians and other professionals regarding this controversy, there is a need for social workers to become involved in Macro level practice.

In the Macro level practice, social workers can advocate for change on the individual, situational, and state level. Macro social workers can lobby for social policy change in order to implement spirituality in clinical, medical, and educational settings. In addition, if there is a change in social policy regarding this controversial topic, it will contribute to a change on the standpoints of mental health clinicians regarding the utilization of spirituality in the mental health arena. Congruently, this change will contribute to the change in spiritual services and resources provided to clients with spiritual concern in the mental health field. Moreover, advocating for the well-being of our clients is an ethical responsibility for social workers. Therefore, we need to advocate
for social change in favor of the implementation of spirituality in the mental health field in order to assist clients with their spiritual, mental, and medical needs.

**Recommendations**

This study focused on the standpoints of mental health clinicians regarding their utilization of spirituality in their direct practice. Most of this study’s findings indicated that some of the reasons why mental health clinicians do or do not utilize spirituality in their therapeutic relationships is due to the lack of training and education on this particular topic. Due to these findings, one of my recommendations for future research is to focus on mental health clinicians’ amount of training on spirituality to determine the utilization of spirituality in the mental health arena. In addition, findings reported that most of the mental health clinicians interviewed were interested in trainings regarding spirituality. For this reason, a second recommendation would be to design or organize a training course on spirituality for clinicians in order to reduce this lack of training on spiritual practices in the mental health field. Moreover, I would recommend an expansion on the population of interviewees and the area of research in order to obtain broader results. Finally, my final recommendations for future research on this study would be to interview a significant amount of male and female participants and different age groups of mental health clinicians in order to identify any differences between gender, age, and the exploration and utilization of spirituality in their direct practices.

**Limitations.** Though this study revealed many remarkable findings, it included some limitations as well. One limitation in this study was that data was only collected from the Sacramento County. Due to the limitation on the location, it only
represented one county of California. In addition, another limitation was that thirty-four out of the thirty-five participant for this study were acquired from one agency, limiting the diversity of the responses. A third limitation in this study was that only licensed mental health therapist; LCSW’s, MFT’s, PsyD.’s, and M.D.’s, were interviewed for this purpose of this study. These particular qualifications limited the diversity of the population interviewed for this particular research study.

Moreover, because the researcher utilized a narrative approach to represent the standpoints of mental health clinicians regarding the utilization of spirituality in their direct practice, it limited the standpoints of the general population. One thing that the researcher would do differently if the study were to be replicated would be to expand the number of participants in order to obtain broader responses. In addition, utilize electronic questionnaires to provide more flexibility for mental health clinicians to participate on the study. Furthermore, it would be beneficial to include all mental health therapists and not only licensed mental health therapist in order for the study to have a more diverse representation of mental health professionals. Lastly, the researcher would expand the geographical area for data collection in order to have a better representation of the general population in the mental health arena.

**Conclusion.** Though there were some limitations to this study, the researcher believes that the study’s findings demonstrated accurate information on the standpoints of mental health clinicians regarding their utilization of spirituality in their direct practice in the Sacramento County. In addition, the study’s findings indicated some of the reasons why mental health clinicians utilize or not utilize spirituality in their direct practice;
which included the level of education or training on this topic during their career or professional preparation. These findings conclude that there is a great need for courses, seminars, presentations, trainings, and other educational exposure to spirituality in order for mental health professionals to feel comfortable utilizing spiritual practices with their clients. Nevertheless, research findings indicated the importance of cultural competence when working with diverse population who might be experiencing spiritual concerns in order to assist them on find solutions for their particular situations. Moreover, findings showed a great difference between participants’ degrees, training, and level of comfort to explore spirituality with clients during therapy.

Most of the licensed social workers (LCSW’s), Marriage and Family Therapist (MFT’s), and Psychologist (PsyD.’s) participants for this study indicated an interest in exploring spirituality in the mental health arena; however, unwillingness to explore spiritual concerns with clients during therapy because of liability issues due to lack of training in this particular topic. On the other hand, Psychiatrist (M.D.’s) responses indicated that due to M. D.’s being more trained on spirituality, they were more comfortable exploring spiritual concerns with clients, utilizing spiritual interventions, and more likely to believe that spirituality should be explored in the mental health arena. Finally, research findings revealed the need for social workers to advocate for this social problem at the macro, mezzo, and micro level practice. In conclusion, the overall findings of this study indicated that most mental health clinicians believe that spirituality is a big part of human life, and for this reason, it should be explore in the mental health arena.
Appendices

APPENDIX A

Consent Form

Informed Consent to participate in a thesis study of Spirituality within Mental Health

I hereby agree to participate in the thesis study entitled, “Mental Health Clinicians’ Utilization of Spirituality in Their Therapeutic Relationships” and I understand that the participation in the study involves the following:

This thesis study is conducted by the student Maria D. Vasquez Ramirez of California State University, Sacramento with the aim of exploring the reasons why mental health clinicians utilize or not utilize spirituality in their clinical practice in the Sacramento County. I have been requested to take part in this study because I can provide information on my standpoint regarding this particular topic.

I will be one out of thirty-five respondents within the Sacramento County who will be interviewed in order to provide my standpoints regarding the utilization of spirituality in my direct mental health practice.

I will be asked what some people consider sensitive questions regarding my believes of the effectiveness of the utilization of spirituality in the mental health arena, my experience utilizing or not utilizing this particular therapeutic intervention, and my standpoint regarding the incorporation of spirituality in educational and professional trainings. I am aware that the interview may generally take approximately 45 minutes.

I understand that this thesis study is on a voluntary basis. I am under no obligation to participate if I feel that the study’s material makes me feel in anyway uncomfortable. Even when I agree to participate, I can skip any questions that I would rather not answer during the course of the interview. I am also free to leave the study at any point in time if I decide not to participate any longer without any penalty to my participation.

Participating in this thesis study will be contributory on the research of spirituality in the mental health field in order to identify potential benefits for mental health clients and clinicians. I will also receive a $5.00 Starbucks gift card as a demonstration of gratitude for my participation in this study.

I understand that nothing noted or learned about me by the researcher will be told to anyone else. The researcher will remove identifying information from any material utilize in this research study. Moreover, all records will be identified by an identification number for data purposes only, which will only be available to the primary researcher. At
the completion of the study, all identifying information will be destroyed and only the collected content of the interview will be kept. Everything I say will be strictly confidential and any reports or other published data based on this thesis study will appear only in the form of statistics without my name or any other identifying information about me.

There are no risks expected for me as the researcher is well trained to implement the study’s material in a way that ensures my dignity and privacy. In addition, I have the right not to answer any question that I do not want to answer.

If I have any questions about this thesis study, I can e-mail the researcher (Maria D. Vasquez Ramirez) at xx_x_xx@hotmail.com or her advisor (Dale Russell) at drussell@csus.edu.

My signature below indicates that I consent to be part of this thesis study, that I have read and understood the consent form, and that I have received a copy of this consent form.

______________________________  ____________________
Participant’s/ Clinician’s Signature  Date

______________________________  ____________________
Researcher’s Signature  Date
APPENDIX B

Interview Questions

The primary purpose of this interview is to explore the different standpoints of mental health clinicians regarding their utilization of spirituality in their direct practice in the Sacramento County. The questions that will be asked during the course of this interview will be utilized for research purposes only. If any particular question makes you feel uncomfortable or include a potential risk to your mental and emotional health in any way, you have the right to skip the question/s or stop this interview at any given point. Feel free to stop me at any point during the interview process for clarifications or explanations of any given question.

1. What is your highest level of education at this point?

2. Do you believe spirituality should be explored in the mental health field?

3. Have you ever come across mental health patients with spiritual concerns in your direct practice?

4. Do you believe spiritual concerns should be explored with patients during their clinical session? Why or why not?

5. Do you believe that discussing spiritual concerns with patients can have a positive and/or negative outcome on their wellbeing? Why or why not?

6. Do you personally use any spiritual therapeutic meditation with your patients during clinical sessions?

7. In your direct practice, have you prayed or performed cultural rituals with patients who have spiritual affiliations?

8. Have you had any training on spirituality as part of your career and/or education?

9. Do you believe spirituality should be part of the educational and professional training for all mental health clinicians? Why or why not?
References


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