

**ASSESSMENT OF INTEGRATION OF RELIGION AND SPIRITUALITY IN SOCIAL
WORK FIELD EDUCATION AMONG STUDENTS AND FIELD INSTRUCTORS**

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Abstract

In recent years, there has been an increase in the interest to integrate spiritual and religious perspectives into social work practice. Understanding religion and spirituality in practice is developed through and supported by exposure in social work education programs and field education. As more social work programs integrate religion and spirituality into practice, a reliable instrument to measure student perceptions and attitudes about its integration into practice is needed. The purpose of this study was to determine if the Religious and Spirituality Integrated Practice Assessment Scale (RSIPAS) was a reliable instrument for use with social work field students. This study also explored the extent to which educational courses and training have been provided to those affiliated with social work programs. Furthermore, the study compared the views of self-efficacy, attitudes, perceived feasibility, and behaviors with integration into practice between social work field instructors and field students and again between MSW and BSW field students.

The research was collected utilizing a correlational research design using a quantitative cross-sectional survey. Participants included students in their field placements at accredited social work programs and field instructors affiliated with those programs. The study found that the RSIPAS was a reliable instrument to assess student familiarity with and views about integrating religious and spiritual needs into practice. The study also revealed significant correlations between education and the impact on the agreement to items in the instrument. Lastly, there were statistically significant differences between the responses of social work field students and social work field instructors regarding their views around self-efficacy and between MSW and BSW students regarding the frequency of engaging in practice behaviors. The results of this study support opportunities to increase course content around religion and spirituality and that those

who receive education around the content can better integrate religion and spirituality into social work practice.

Keywords: religion, spirituality, social work, field education, RSIPAS

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Introduction

The path where social work and religion cross can be traced back to the development of social work as a service. The relationship between religion and social work has ebbed and flowed over time, but in recent years there has been a renewed interest and desire to incorporate religion and spirituality into practice (Buckey, 2012; Hodge, 2015). Several barriers to its inclusion into educational interventions exist. First, there is a lack of an agreed upon definition that is inclusive and supports the values of the social work profession (Barker, 2007; Barker & Floersch, 2010a; Crisp, 2011; Hodge, 2015; Phillips, 2014; Senreich, 2013). Additionally, the Code of Ethics lacks specific guidance for practitioners around ethical spiritual care (National Association of Social Workers [NASW], 2021). Lastly, there is a lack of understanding around the knowledge, views, and attitudes of religious and spiritual integration into practice with social work students (Oxhandler, 2019) and how it is delivered in social work programs (Moffatt, Oxhandler, & Ellor, 2021; Wilmoth, 2019). This has been primarily attributed to the lack of integration into education and interventions.

Social work programs across the country are challenged with the task of graduating competent, ethical, and well-rounded social workers ready to engage complex social justice issues with diverse populations. There is an identified need for its inclusion in social work education (Council on Social Work Education [CSWE], 2015a, 2021; Harris et al., 2017; Moffatt, Oxhandler, & Ellor, 2021; Street & Moyle, 2019). To increase the ability of social workers to integrate religion and spirituality into their practice, educational shortcomings must be identified and addressed. This includes a call for research around current attitudes and beliefs around religion and spirituality with social work students and field instructors at bachelor and master levels. It also includes identifying educational pedagogies or curricula content to increase

competence.

The purpose of this study is to identify a reliable instrument in evaluating these attitudes and beliefs with social work field students. Then the study will determine if prior education impacts the attitudes and beliefs of social work students and field instructors. Additionally, the study seeks to answer if the completed self-assessments differ between field instructors and field students and between MSW and BSW field students. Finally, the study seeks to identify key areas of educational opportunities for field educators and social work programs.

Review of the Literature

Current literature was examined to evaluate and synthesize existing information related to religion and spirituality in social work education and social work practice. There are three critical themes in the literature related to religion and spirituality in social work. The first theme is the lack of consistent definitions of these terms and how religion and spirituality are used interchangeably despite having different meanings. The second is the impact of religion and spirituality in social work education and practice. The third theme involves the inclusion of social work and spirituality into social work educational frameworks and its impact on social work field placements, with specific attention placed on the intersection of social work education and practice. As a result, the literature reviewed examined students in social work education settings, students in field placements, field instructors, and practicing social workers. Several trends emerged that exist across three identified themes.

Defining Religion and Spirituality

One of the most consistent findings across the literature is the difficulty of reaching uniform, accepted definitions of spirituality while an understanding of the meaning of religion exists. Studies vary on the definition used for study participants, and literature acknowledges the

limitations that emerge due to this lack of definition. Barker (2007) noted that constituting set definitions of spirituality before moving into discussions is of specific importance. The lack of universally used definitions is not unique to social work. Medical-based professions are also working toward defining spirituality (Barker & Floersch, 2010b; Hodge, 2015). It is particularly important to note that the definitions and conceptualizations of these terms become reflective of the values of those who develop them (Hodge, 2015). This poses a concern to the inclusivity of definitions that are not representative of all views and belief structures.

Literature addresses the difficulty of providing an accurately conceptualized and operational definition of religion and spirituality. Findings assert that most respondents view spirituality as an individual construct and personal entity, while religion is one's personal beliefs that include community-supported practices (Hodge, 2015). As a result, there are many ways to define spirituality that may be applicable to specific populations. Senreigh (2013) noted that there are at least twenty-four differing definitions of spirituality. These definitions differ based on the person using them as they individually attempt to describe what is known to exist outside the concept of religion. Currently, attempts are underway to assign a definition based on theory rather than data-driven support (Barker & Floersch, 2010b). Some researchers seek a definition that is more foundational and identifies spirituality as a sacred concept that provides emotional and motivational footings to seek meaning. One proposed definition of spirituality seeks purpose or meaning beyond the understanding of the current world and its connection between the self, others, and a higher authority to find belonging and purpose that surpasses one's own power (Barker, 2007; Barker & Floersch, 2010b). Others take a more broad approach to defining the term and state that it is one's own personal state of existence that may or may not be religious in meaning (Crisp, 2011). Some describe spirituality as being related to the connection with others

and supports self-fulfillment. These definitions may not be valid for social work practice as it definitions do not represent the professions values (Phillips, 2014), are not fully inclusive, or are framed in the bias and beliefs of those defining the terms (Barker, 2007; Barker & Floersch, 2010a; Hodge, 2015). When these terms are used within these definitions, it may violate inclusivity and lack support of diverse experiences and views that represent the populations social worker engage since existing definitions support specific perspectives about what is only known to exist (Senreich, 2013).

The social work profession continues to struggle with adopting definitions that align with the profession's core values and beliefs. As the profession continues to move toward more holistic approaches and seeks cultural inclusivity, the definitions continue to evolve in the same direction (Phillips, 2014). Spirituality is often used interchangeably with terms like 'religion' or 'faith' and in a more broad, larger sense (Barker & Floersch, 2010b; Crisp, 2011; Street & Moyle, 2019). Due to these varied definitions, the concept of religion and spirituality is not viewed from an individual's viewpoint of what is known or unknown and the relationship to it. Barker and Floersch (2010) describe spirituality as a multidimensional concept that is metaphysical and humanly constructed and has been previously used to identify meanings of oppressed and marginalized cultural groups.

To resolve this and mitigate further ethical violations, a definition for use in social work education and practice must be inclusive. The definition must represent every client, support social work values, and be understandable without limiting any specific views (Senreich, 2013). Two definitions of spirituality have emerged in recent research and are proposed to meet those requirements. The first definition of spirituality that has emerged is as follows:

Spirituality refers to a human being's subjective relationship (cognitive, emotional, and

intuitive) to what is unknowable about existence and how a person integrates that relationship into a perspective about the universe, the world, others, self, moral values, and one's sense of meaning. (Senreich, 2013, p. 553)

The second definition of spirituality which has been recently used by Oxhandler (2019) to assess religion and spirituality in social work field education:

The personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community. (Koenig et al., n.d., p.18)

As noted previously, the term religion has a more consistent and tangible definition than spirituality. Religion is often tied to organized belief structures (Phillips, 2014). Religion is frequently tied to practices that occur in a common setting and are based on specific beliefs, rituals, and values. These may or may not be related to or be independent of spirituality (Barker, 2007). The definitions of religion tie it to one's own person or an institutional system of values, practices, and beliefs (Crisp, 2011; Street & Moyle, 2019). A specific, inclusive definition of religion that relies on specific teachings or moral code has been used by Oxhandler (2019) and Szaflarski (2013) in recent research:

A system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God (in Western cultures), or Ultimate Truth, Reality, or nirvana (in Eastern cultures).” (Koenig, 2008)

Despite the difficulties presented, the literature reveals that people who are religious may not be spiritual, and those who are spiritual may not be religious. Others may be both religious

and spiritual or neither religious nor spiritual (Crisp, 2011; Hodge, 2015). The two are different concepts that are overlapping and connected. It is essential for social workers to work across both concepts. One term may be practiced within or be the expression of the other. Social workers must clarify what is meant by these terms to draw inferences about them and the impact they have on the clients social workers serve. The definitions may differ among clients based on where they live and work. (Barker & Floersch, 2010b).

Impact of Religion and Spirituality in Social Work

The intersection between religion and social work can be seen as early as the development of social work as a service. The idea of social work as a set of services has strong foundations in religion and spirituality (Crowder, 2013). The influence of religion and spirituality has varied throughout the profession's history. Additionally, social worker practice and the clients they serve have been influenced through a broad range of sociopolitical impacts and the diverse belief systems that exist in clients' lives. This section explores these three impact areas according to the literature.

Historical Influences and Impacts

Early social work foundations were influenced by Judeo-Christian Principles in the 1800s (Barker, 2007; Harris et al., 2017). In the mid-1900s, there was a push for social work to organize as a profession formally. As a result, the profession began to separate itself from this religious foundation and transitioned to having a curriculum based on methods of practice (Barker, 2007). In the mid-1980s, there was a new push for the inclusion of religion and spirituality in the profession of social work (Barker, 2007; Harris et al., 2017). Since this transition, social work as a profession has subscribed to the idea of holistic care of the person, which examines all factors of a person's life rather than a singular issue (Crisp, 2011).

In recent years, there has been an increase in the interest and desire to understand and incorporate clients' spiritual and religious perspectives into the social work practice arena (Buckey, 2012; Hodge, 2015). Social work practice is developed and supported through social work education. The accreditation of social work programs has focused on competencies instead of content areas since 2008. The change in focus provided social work programs the flexibility to add mission-specific areas (Harris et al., 2017). However, despite the flexibility, few social work professionals have received education or training regarding the integration of spirituality and religion into social work practice (Oxhandler, 2017b).

The inclusion of curricula that features religion and spirituality remains unclear but appears to be increasing. Inclusion of this content in social work courses has increased from less than 20 programs in 1990 to around 75 programs in 2005 (Buckey, 2012). Moffatt et al. (2021) conducted an analysis in December 2017 on MSW programs that were accredited by CSWE. They sought to measure the inclusion of religious and spiritual content in course curricula. Of those that responded, only 36.7% noted they offer a specific course on religion and spirituality. The study found that content on this topic was most often included in courses across social work curriculum, specifically in practice courses, field seminars, and human behavior and social environment (HBSE) courses. Of those offering a specific course on this topic, 80.6% are offered as an elective. Of those offering such courses 72.2% are offered every other semester. Alarming, 48% of the MSW programs surveyed indicated that they had no plans to develop a religion/spirituality related course (Moffatt, Oxhandler, & Ellor, 2021). Wilmoth (2019) contends that little is known about how this content is delivered in social work programs. This is reviewed in more depth in the section on Social Work Education and Practice below.

Sociopolitical Impacts

Barker & Floersch (2010) describe the inclusion of spirituality and religion as being relevant to the holistic understanding and intersection of biological, social, cultural, and spiritual factors. In the current political climate, one cannot ignore the impact religious beliefs and spirituality have on social welfare policy and programs (Barker, 2007). Social workers are mandated to fight and challenge oppression and social exclusion (NASW, 2021). However, religious and political climates have created various barriers to the inclusion of spirituality and religion in social work practice. For example, religious views and practices have historically been aligned with the oppression of marginalized populations (e.g., women, victims of domestic violence, socioeconomically disadvantaged, and racial minorities), which further contribute to negative attitudes about religion and spirituality with social workers (Crisp, 2011).

Those who are identified as being elite were more likely to favor harsher, stricter punishments. Those who identify as being politically conservative are more likely to support capital punishments. However, there was no link between Christian fundamentalism and the support for the same punishment despite there being a link between the two identities (Unnever & Cullen, 2006; Unnever et al., 2005). How people perceived their God also determined how compassionate or strict one was regarding harsher punishments. The study suggests there are divergent effects when looking at religion and crime (Unnever et al., 2005). Those who identify as Christian fundamentalists support conservative social policies but may support more humanistic social programs due to the nature to oppose specific ‘sins’ but serve those who have ‘failed’ (Unnever & Cullen, 2006).

LGBTQ youth experiencing homelessness noted that their experiences with religion were multi-faceted. There was a consistent finding that their experiences with religion originated from

social stigma and institutional support. Some found religion to increase one's ability to deal with stressors, avenues for growth, and support. Others rejected religion and religious doctrines due to finding them harmful and oppressive based on negative encounters with religious individuals or institutions. As such, religion may be seen as both a source of strength and negative stigma, and these experiences impact the life experiences of marginalized groups. When examining religion and spirituality as a supplier of strength, there is positive health potential for this population (Schmitz & Woodell, 2018). The study specifically notes that policymakers and those who provide direct services should understand the variety of roles spirituality and religion play in the life experiences of socially marginalized populations. As a result of the discrimination around LGBTQ+ identities, religion may not be as supportive of this population when compared to the support for heterosexual or cisgender identified populations (Schmitz & Woodell, 2018; Stone, 2016).

Existing social welfare programs have been negatively impacted by conservative political parties who identify with religious beliefs and religious-based lobby organizations (Crisp, 2011), resulting in a loss of funding or services. One's political orientation can shape religious orientations and, as a result, nonpolitical social choices (Baker & Whitehead, 2016; Campbell et al., 2018). Interestingly, the association of religion with those who identify as Republican has resulted in Democrats noting a lack of religious affiliation and identifying as more secular. This research posits that combining politics and religion increases the polarization and cultural conflict in the political arena (Campbell et al., 2018). While there are no gender differences between secularity and educational attainment, secularity affects women more than men when looking at political affiliation. There is a strong relationship between education and secularity that is dependent on a political position. Those with more liberal leanings and higher education

attainment had higher probability of being religiously nonaffiliated than those of conservative affiliations. The difference between political position and religious affiliation increased as education increased (Baker & Whitehead, 2016).

Despite the partial inclusion in social work curricula, there is hesitancy to address religion and spirituality as part of client care unless it was deemed to be part of the identified problem. The topic is often viewed as an issue related to cultural competence and not as a potential resource that is part of one's identity (Crisp, 2011). This may lead to discrimination and a violation of one's autonomy.

Role in Clients' Lives

Hodge (2015) examined the general population's perspective on religion and spirituality using data from a 2012 General Social survey. The study revealed that over 66% of the respondents noted being moderately or very spiritual, with only 11% noting they were not spiritual. Over 58% of the respondents identified as moderately or very religious, with 20% stating they were not religious. This supports the notion that religion and spirituality are not viewed the same by all people and suggests that the two are related but does not address the content attributed (Hodge, 2015). Literature designates four categories of religious and spiritual self-identity. A person can be both spiritual and religious or neither religious nor spiritual. A person can be religious, but not spiritual, or spiritual, but not religious (Crisp, 2011; Hodge, 2015)

Research also shows a positive correlation between spiritual and religious identity and a person's mental, physical, and psychosocial well-being. Those who identified as female are noted to be more religious than males. Those identified as male are noted to be more spiritual than females (Soyal & Singhvi, 2019). This correlation carried over to other character traits.

Females were described as more sympathetic and compassionate than males. Males were noted to have an increased sense of transcendental awareness and understanding of the meaning of life when compared to their female counterparts (Soyal & Singhvi, 2019). In another study that assessed spiritual well-being and its impact on those facing a terminal illness, Caucasian males living in urban settings were at greater risk for decreased levels of spiritual well-being. African American women living in non-urban settings had increased levels of spiritual well-being (Alford, 2017). Szaflarski (2013) describes religion and spirituality as being multidimensional and its use with those living with HIV to be a source of coping and strength, specifically when facing discrimination and stigma.

Social Work Education and Practice

Social workers utilize the person-in-environment (PIE) perspective, a holistic practice guiding principle that views one's ability to function in social roles and allows social workers to classify problems in social functioning (Karls & O'Keefe, 2008; Karls & Wandrei, 1992). As part of implementing this perspective, social workers must maintain competence around beliefs and identities that impact the lives of the populations they serve. This includes religious and spiritual identities. The profession of social work turns to the National Association of Social Workers (NASW) for the profession's Code of Ethics. The Code of Ethics defines religion as one of the markers that social workers seek education and understanding, specifically as it relates to diversity and oppression (National Association of Social Workers [NASW], 2021). This mandate is also supported by the national body that accredits social work education programs, the Council of Social Work Education (CSWE). CSWE requires social work students to understand how religion and spirituality impact one's ethical practice, and to be accredited by CSWE, social work programs must demonstrate the inclusion of these concepts (Barker, 2007;

Council on Social Work Education [CSWE], n.d.).

Even with these mandates, the words “religion” or “religious” are mentioned only six times in the NASW Code of Ethics - Standard 1 regarding cultural competence and conflicts of interest, Standard 2 regarding respect, Standard 4 regarding discrimination, and Standard 6 regarding social and political action. The term spirituality or related spellings (e.g., spirit and spiritual) is not mentioned in the Code of Ethics (NASW, 2021). Arguably some will note that one is implied by the other; however, as explored earlier, while the terms are connected, they may have different meanings. Social work educators and professionals continue to engage in the discussions of these concepts without having articulated consistent definitions (Crowder, 2013).

Despite the history of the profession, it was not until 2011 that CSWE established a workgroup to specifically promote the inclusion of religion and spirituality as part of diversity (CSWE, n.d.). In the decade since social workers and students of social work are still navigating how to include religion and spirituality into practice ethically. This inclusion is widely accepted as necessary, but how to incorporate religion and spirituality into the social work education curriculum remains uncertain (Barker & Floersch, 2010b). The inclusion of religion and spirituality into practice has the potential to create ethical concerns due to a social worker’s lack of understanding of religion and spirituality, the impact of beliefs, and the difference in a social worker’s own beliefs (Openshaw & Harr, 2005). Social workers guide their practice through their personal spiritual values rather than ethical guidelines, placing client autonomy at risk (Hodge, 2015). Additional work around how students integrate it without violating a client’s rights to self-determination is needed (Harris et al., 2017). However, one of the most considerable challenges to incorporating it is the existence of multiple broad and inconsistent definitions of spirituality and religion (Barker, 2007; Senreich, 2013).

Although the importance of inclusion, reservations, and barriers exist to its inclusion in practice, there is some fear that service delivery will be based on religious beliefs instead of values of social work, and clients may become victimized (Crisp, 2011). Crisp (2011) recognizes that social workers may keep their personal values, which include religion, separate from their professional values out of the prior experience of their expertise being undermined by religious belief or view of religion as being oppressive. However, Hodge (2015) found that social workers guide their practice through their personal spiritual values rather than ethical guidelines, placing client autonomy at risk. Social workers agree that spirituality is relevant but feel it may not translate into their practice. This extends into the practice setting as some agencies ban the display or wearing of religious symbols and discussion of religions and spirituality. Being given respect for one's own beliefs should lead to a difference in how social workers will practice professionally. Social workers are generally aware of the need to not project with their own beliefs onto others as it may result in a violation of one's rights to self-determination, and as a result, praying with a client may be deemed unprofessional despite some social workers doing it (Crisp, 2011). As a result, additional education and ethical guidance around incorporating religion and spirituality into practice must be provided.

Course Specific Content

Oxhandler (2017) identified five competency areas established by CSWE's 2015 Educational Policy and Accreditation Standards (EPAS) that support the inclusion of content to increase knowledge and practice behaviors related to spirituality and religion. The first is Competency 1, which includes demonstrating ethical and professional behaviors. The second is Competency 2, which indicates social workers should engage diversity and difference in practice. The third is Competency 4, which states that social workers must engage in practice-

informed research and research-informed practice. The fourth is Competency 6, which applies theories and knowledge through engagement with individuals, families, groups, organizations, and communities. The final competency noted is Competency 8, which addresses social workers' intervention with individuals, families, groups, organizations, and communities (Oxhandler, 2017). I would expand this by identifying Competency 7, which addresses the social worker's responsibility to assess individuals, families, groups, organizations, and communities (Council on Social Work Education [CSWE], 2015a). At the time of this review, the draft of the 2022 EPAS for social work programs was released by CSWE for feedback and comments. While there were notable changes to the standards, the references to competence around religion and spirituality are largely left unchanged from the 2015 EPAS. In fact, there are only two references to each of the two words – spirituality and religion – in the entirety of the document. The first set was in Competency 2, and the second was in Educational Policy 2.0 (CSWE, 2021).

A lack of cultural narratives exists in social work education and literature. As a result, there is a need for a diverse representation of marginalized and underrepresented groups in social work education (Crowder, 2013). This could be problematic for educational programs as they should be established before discussions around the topic occur (Barker, 2007). The inclusion of spirituality and religion into the biopsychosocial framework should exist in social work educational frameworks. Such would provide the inclusion of new perspectives that are not already included in the social work model to include how a client is impacted by their points of view and its relationship to other physical, psychological, and social issues – for a source of strength or a source of psychosocial distress (Senreich, 2013). Specific educational content should include spiritual and religious factors in assessment and treatment is essential, and such training should include understanding one's own spirituality, the role of spirituality, and

preparing for providing spiritual support to others (Alford, 2017). Mandates from NASW and CSWE support a thorough and critical assessment of coursework featuring religion and spirituality, and such a knowledge base should acknowledge the overlapped concepts of spirituality and religiosity (Buckey, 2012).

Courses should be structured in a way that has varied conceptualizations of these concepts that represent the demographics of the geographic regions the social work students will practice after graduation (Buckey, 2012). Course instructors should invite religious educators, chaplains, or other religious professionals to the classroom to facilitate workshops or lectures on topics related to religion and spirituality. It would also be beneficial to incorporate a social worker who engages in spiritual practice to facilitate similar workshops (Crisp, 2011).

Field Education

Field education is the signature pedagogy for social work education. It is where students integrate their knowledge and skills into a practice setting (CSWE, 2015; CSWE, 2021). As part of the educational requirement to graduate from an accredited social work program, the student must complete a field education experience. During this portion of the program, students demonstrate the outlined competencies and behaviors of the profession as established by CSWE (Harris et al., 2017). Religion and spirituality should be included in field practice evaluations and assignments. The usage of process recordings as a supervision tool to recognize and process the impacts of biases is recommended (Street & Moyle, 2019). However, if students, field instructors, and practitioners are hesitant to integrate religion and spirituality into unique, individualized assessments and interventions, social work students may not receive adequate experience in conducting ethical practice around the topic.

Previous Studies on Religion and Spirituality in Social Work Education and Practice

Assessments that include and address religion and spirituality should be included in the biopsychosocial assessment to obtain a holistic understanding of the client and their coping mechanisms. Spiritual assessment is helpful for all groups and must be used in ways that fit the specific, unique needs of the individual being served. For example, those with higher scores on spiritual well-being assessments would benefit from increased spiritual support, and those with lower scores may need other support addressing one's own mortality. However, social workers do not feel adequately trained in this area (Alford, 2017). For example, Tschida (2012) found that one-third of the social workers studied indicated they had no formalized training in spiritual assessment, and Paal, Helo, and Frick (2015) noted a lack of understanding vocabulary, it not being part of their role, and encountering resistance from others as barriers in conducting spiritual assessments (as cited in Alford, 2017).

Buckey (2012) found no existing empirical studies that measured the impact of course content related to spirituality and found a deficiency in the preparation of social work students for practice. The study found strong support in increasing student attitudes and awareness around religion and spirituality through exposure, journaling, and reflection, specifically in a world that is becoming more religious and spiritually diverse. Ethical use of spirituality and regulations requires that social workers understand what it means personally, the impact of its use in practice, and the ability to separate their own values and beliefs from their clients (Barker & Floersch, 2010). Students are interested in courses related to the concepts, and practitioners require education to support practice (Buckey, 2012).

Phillips (2014) conducted a qualitative study on the impact of spirituality in social work education and practice related to indigenous populations. This study examined both a social work

education program and a practice setting involving indigenous populations. The study noted that spirituality has consistently been a part of holistic social work with indigenous populations. The study also found that the importance of including spirituality is being recognized on a more global concept and is starting to influence Western social work concepts. Phillips (2014) also found evidence to suggest that religious-based welfare programs are becoming more secularized and reliant on government funding. As a result, there is a decrease in faith-based services in trade for professional services.

In a study of Licensed Clinical Social Workers (LCSWs) using a national sample of LCSWs who had public profiles on HelpPRO, Oxhandler et al. (2015) noted that social workers address a broad area of practice-related issues but do not know the impact that religion and spirituality impact clients and are integrated into their cultures. This study found that LCSWs are optimistic and able to integrate religion and spirituality in practice, but few are engaging in behaviors of integration. Approximately 40% link clients with resources tied to religion and spirituality when it may help the clients. Oxhandler and colleagues (2015) note that only 13% completed a graduate course on religion and spirituality. Nearly twice that amount completed post-MSW training on the concepts, but the quality and length of the training were noted to be varied. These authors note that this has an impact on educating future practitioners on how to maintain proper boundaries when integrating spirituality and religion and the importance of including it in their assessments (Oxhandler et al., 2015).

Harris et al. (2017) conducted a mixed-method study utilizing secondary data to examine the ethical integration of faith and practice in a social work educational program. This was done by analyzing field evaluations for over 600 BSW and MSW students over a five-year timeframe for evidence of such integration. The research found that some religiously affiliated social work

programs add additional competencies that focus on the integration of spirituality and religion with social work practice, but this may not be common with non-affiliated programs. They found that students reflected more about religion and spirituality than any other topic noting that faith was either a source of strength or a source of pain and challenge for their clients (Harris et al., 2017). In reflection of their own faith, the most common theme was ethical issues related to faith (e.g., supervision, appropriate boundaries, and self-awareness). Students also communicated the importance of supervision in relation to the intersection of faith and practice, and students often include more than just field instructors in these conversations. Students noted in their evaluations how they kept their own faith in balance and noted the use of agency policy, ethical principles, and conducting independent research about other faiths. However, some concerns emerged around unethical integration. Some students noted that they felt they could not express their own faith in order to honor the client's while other students disclosed praying with and over clients (Harris et al., 2017).

Oxhandler and Parrish (2016) identified and evaluated the three previously existing instruments designed to measure the integration of religion and spirituality into social work practice. These instruments were the Role of Religion and Spirituality in Practice Scale (RRSP), Spiritually Derived Intervention Checklist (SDIC), and Religion and Prayer in Practice Scales (RPPS). Oxhandler and Parrish (2016) also noted that there were limited validity and reliability established for these three instruments. They also found that these instruments were limited due to the primary focus of the practitioner's attitudes, questions about evidence to support the use of these instruments in clinical settings, and the lack of including feasibility and self-efficacy of religion and spirituality in practice (Oxhandler & Parrish, 2016).

Based on the limitations of existing instruments, Oxhandler and Parrish (2016) sought to

develop and establish a new instrument that expanded the assessment across four factors: attitudes, behaviors, feasibility, and self-efficacy. They developed the Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS). Their initial instrument was comprised of forty-three questions using a five-option Likert scale which was narrowed to forty questions following feedback during the establishment of content validity. Content validity was established by presenting the scale to a group of thirteen content experts around spirituality, religion, and health and another meeting with experts in religion, spirituality, and behavioral health. The revised scale was piloted with thirteen social workers for content and wording (Oxhandler & Parrish, 2016).

Oxhandler (2017) sought to build upon their prior work by using secondary data through anonymously submitted surveys using the RSIPAS with only one demographic item. This item only sought to identify if the participant was a field instructor to explore the inclusion of spirituality and religion in practice by field instructors and their orientation toward integrating the religion and spirituality of their clients into professional practice. This study was noted to be the third of its kind, with only two prior studies in 1988 and 2003 that examined the views and integration of religion and spirituality in field instruction. This study also sought to compare the views around the four-factor areas between those professional social workers who were field instructors with those who were not field instructors (Oxhandler, 2017b).

In that study, a total of 469 respondents were utilized for evaluation. Field instructors had only slightly higher scores than non-field instructors. The exception to this was with self-reported behaviors where field instructors reported higher levels of engagement. Those in a field instructor role reported few barriers to integration, positive feelings about integration, and self-efficacy. However, few reported engaging in such practice. Respondents noted that they felt the

integration of spirituality and religion was feasible and that their practice supported such integration. However, only half of the respondents noted having been adequately trained to integrate it into practice. Nearly 90% of the field instructors knew how to gather information relating to the spirituality and religion of their clients, but only 65% reported doing it. That study found that field instructors largely hold positive views across self-efficacy and attitude and are interested in learning about a client's beliefs that are different from their own and meeting their clients' specific needs (Oxhandler, 2017b). This study affirmed the validity and reliability of the new tool and found that the majority of clients favor the inclusion of religion and spirituality into practice, but are not sure who should begin the discussions (Oxhandler et al., 2018).

Oxhandler (2019) revalidated the instrument across five helping professions. It specifically looked at the four factors with a sample of psychologists, nurses, marriage and family therapists, counselors, and clinical social workers. The researcher found that it was a reliable ($\alpha=.95$) and valid instrument for use with these professions. In addition, Oxhandler noted that it could be utilized to identify training needs and evaluate existing training efforts regarding integrating religion and spirituality in clinical practice (Oxhandler, 2019).

The work of these three studies involving the RSIPAS informed fifty other articles based on a Google Scholar search. The RSIPAS was used to help inform the development of two additional assessment scales. The first is the Social Worker's Integration of their Faith – Christian (SWIF-C) Scale that seeks to explore the impact of social work on one's faith, the impact on one's practice, the impact on one's social work identity, and the conflict between one's faith and social work (Oxhandler et al., 2019). The second was the development of a variation of the RSIPAS which was developed to measure client attitudes toward religion and spirituality, the Religious/Spiritually Integrated Practice Assessment Scale – Client Attitudes

(RSIPAS-CA).

Additionally, the research supported the study of a new theory, Namaste Theory, that assists in understanding the impact of the mental health practitioners views on religion and spirituality has in clinical practice (Oxhandler, 2017a), and the testing of a relational spirituality model of psychotherapy and the impact of spiritual struggles on psychosocial wellbeing (Sandage et al., 2020). This research was used to support the application of religious elements and issues in counseling sessions and its use through an Islamic spiritual approach (Hanin Hamjah et al., 2020), the importance of inclusion and competency in mental health care (Alvarado-Diaz & Pagan-Torres, 2021; Can Öz & Duran, 2021; Crabtree et al., 2020; Dimmick et al., 2021; Garrison, 2021; Singh & Bhagwan, 2020; van Nieuw Amerongen-Meeuse et al., 2020; Vieten & Lukoff, 2021), and barriers to including it in academic curricula based on graduate program support, lack of faculty and student interest, and religious affiliations (Moffatt, Oxhandler, & Baldwin, 2021; Park et al., 2018). From a training perspective, these studies informed the development of the Spiritual Competency Training in Mental Health (SCT-MH) a seven hour synchronous online program (Pearce et al., 2019) and the use of spiritual and existential issue training (SERT) groups to address spirituality and religious issues in clinical practice (Rupert et al., 2019).

In addition to the discussed 2016, 2017, and 2019 studies by Oxhandler and colleagues above, the RSIPAS tool has been used in research regarding social work views on religion and spirituality and its integration into social work practice internationally. The RSIPAS was translated into Arabic and used in a study involving 235 clinical social workers in Kuwait. This study found the instrument to be reliable as translated and found significant relationships on feasibility and frequency of behavior subscales. It also found a relationship between one's

monthly income and the feasibility to integrate religion and spirituality into social work practice. The study notes that one's personal religiosity is a "predictive factor" about a practitioner's awareness around the integration of religion and spirituality into clinical social work practice (Al-Ma'seb, 2019).

Theoretical Framework

This research presents terms, definitions, and perspectives relevant to the study of religion and spirituality informed social work field practice. Establishing a common knowledge base, especially regarding broad terms like religion and spirituality, is beneficial. I view the presenting issue through four theoretical approaches and used three additional approaches to inform the facilitation of my research.

The first perspective is that through the use of Transpersonal Theory. This theory presents a broad understanding of spirituality from a non-religious standpoint and allows one to expand consciousness to address issues. It assumes that all humans are spiritual beings and provides a perspective around the human experience and spiritual awareness that is not usually provided through traditional social work methods. While it does focus on knowledge from a non-religious standpoint, it does accept that religion is a way to express spirituality but does not limit that expression to only religion (Barker, 2007).

The next three are sociological perspectives that span from the micro level to the macro level and explain social forces and human behaviors related to defined issues. The first of the three is the Symbolic Interactionist Perspective that uses symbols and spoken words to examine the micro-level and individual identities. This impacts face-to-face interactions between those that are sending information and those that receive that information. This allows one to gain an understanding of the relationship between individuals and society through how people act toward

things based on the meaning they give to them, how those meanings arise out of socialization, and the social actions or responses that result. This perspective focuses on how individuals learn and how learning is impacted through social interaction and societal expectations (Ballantine & Hammack, 2012; Serpe & Stryker, 2011).

One limitation of the Symbolic Interactionist Perspective is that it only views the issue from a micro level. Using a Functionalist Perspective, the issue can be explored regarding its interdependence on and contributions to society and its function on a macro level to find stability and cohesion. It views religion as a force that reinforces social norms and increases solidarity between those with similar identities. However, it does not recognize that it may also promote conflict within the religious identity or between identities and that it can facilitate or oppress social change (Thompson, 2018). In education, this illustrates that society's needs are met through the educational development of skills and the preparation of students to become productive contributors to society (Russell, 2021).

To address the limitation of conflict in the prior perspective, the third sociological perspective was also applied. This is through Conflict Theory. Conflict Theory recognizes that religion and spirituality are used to control, oppress, or create competition. This often occurs between those deemed to be 'powerful' or 'elite' and those who are deemed 'vulnerable' and 'marginalized.' This theory asserts that those in religious power are the ones who dictate beliefs, norms, and practices and explores how religious institutions have used this power differential to reinforce class structures (CUNY, n.d.) It suggests that educational institutions may replicate social inequity and that larger social forces may influence outcomes that favor those with more resources and maintain the status quo (Chernoff, 2021).

In addition to establishing common knowledge around religion and spirituality using

theoretical frameworks, additional frameworks were used to inform and guide this project's research. The Transpersonal Theory was used here again to view and expand knowledge from a non-religious standpoint which allows perspectives about spiritual awareness and the human experience to emerge.

It accepts religion as a way to express spirituality, but that the expression is not solely limited to religion (Barker, 2007). The use of this theory is under two assumptions. First, that spirituality and religiosity are viewed differently from one person to the next. Second, these beliefs are an essential aspect of quality of life – as a source of both strength and oppression. Failure to utilize theories that do not acknowledge and incorporate the higher level of consciousness may result in mistreatment of clients in practice (Cowley, 1993). This allows the research to work toward understanding what it means to be fully human and seek an understanding of the human consciousness (Cowley, 1993; Cowley & Derezotes, 1994).

The Transtheoretical Model acknowledges that people change. and that this change occurs over time and progresses through six stages of change from pre-contemplation to termination (Prochaska & Velicer, 1997). It also recognizes that not all people are at the same stage or readiness for change. Changes occur through actions and adaptations (Glanz et al., 2008; Sharma & Romas, 2008). This model assists in explaining one's hesitancy or resistance to change.

The third framework is Social Cognitive Theory. This theory posits that people learn through observations, specifically of those from their own experiences. One's personal factors, external environmental influences, and behavior interact to stimulate the learning processes. This theory recognizes that an individual may be both a responder to change and a change agent. Application of this theory allows us to explore how one's self-efficacy, or their ability to carry

out culturally sensitive assessments and interventions related to this study, can carry on despite challenges and barriers (Bandura, 1991, 1999; Conner & Norman, 2015).

The final model utilized supports and expanded upon the application of Social Cognitive Theory by understanding the impacts of the social environment. This is the Social-Ecological Model. It posits that there are factors that impact behavior and interventions, specifically from five levels of one's social environment. The first level is that of the individual examining knowledge, attitudes, and skills. The second is the interpersonal level or one's network and resources. The next is the organizational level (e.g., ethos). The fourth level is the community, precisely the values and norms that exist. The fifth level is that of public policy, specifically rules, legislation, and laws (Sallis et al., 2008).

Project Rationale and Aims

Regardless of the mandate and demand, students may not receive sufficient experience in ethical religious and spiritually integrated practice. This is especially true if those involved in social work field education are hesitant to integrate religion and spirituality in field practice. Students may lack the level of competence required as they begin their professional careers and later serve as field instructors for future social work field students. Social workers make up the largest group of trained mental health professionals (Council on Social Work Education [CSWE], 2015b; National Association of Social Workers [NASW], n.d.). The field of social work is expected to grow at a rate faster than the average of other occupations through 2029 (U. S. Bureau of Labor Statistics, 2021).

There is an identified need for the inclusion of spirituality and religion in social work education. The vast majority (77%) of adults in the United States indicate that religion is at least 'somewhat' important, with over half (53%) indicating it is 'very important' in their lives (Pew

Research Center, 2015). Adults in the United States also report becoming more spiritual, with 59% reporting they have a 'deep sense of spiritual peace and well-being' (Pew Research Center, 2015). However, more must be known about the attitudes around religion and spirituality before developing interventions to address the inclusion.

Students may not be open to the negative experiences of clients with respect to religion and spirituality, especially when beliefs may differ from their own. There is also a need to further explore the preparation of field supervisors in integrating these concepts into field education settings. Field students, field instructors, educators, and social work practitioners hesitate to integrate religion and spirituality into professional practice. As a result, students in field education settings may not receive adequate experience and exposure to the ethical inclusion of religion and spirituality in the assessment, engagement, and treatment of the populations they serve. Subsequently, those in practice settings may not be comfortable engaging in the negative experiences clients face with respect to religion and spirituality or be prepared to work with clients whose beliefs differ from their own (Barker, 2007; Crisp, 2011; Harris et al., 2017).

Despite the inclusion of this area of competence by the Council on Social Work Education (Council on Social Work Education [CSWE], 2015a), little remains known about the extent to which religion and spirituality are incorporated into the social work curriculum (Barker & Floersch, 2010a; Buckey, 2012; Wilmoth, 2019). Only 36.7% of social work programs offer a specific course focusing on religion and spirituality (Moffatt, Oxhandler, & Ellor, 2021). The National Association of Social Workers (NASW) Code of Ethics identifies religion as an area that social workers must seek competence, specifically as it relates to diversity and oppression. However, the Code only references "religion" or "religious" six times, and spirituality or related spellings are not referenced (National Association of Social Workers [NASW], 2021).

Social work programs have the opportunity to explore the integration of spirituality and religion across practice settings (Harris et al., 2017). However, before the development of educational interventions, existing barriers need to be addressed. First, the identification of a consistent, appropriate definition for spirituality that is inclusive to all persons without imposing specific belief structures is needed. Second, the Code of Ethics should be expanded to include the practice of ethical, spiritual care and provide guidance for practitioners and educators. Such will not be able to occur until there is increased understanding around the knowledge, views, attitudes, inclusion feasibility, and practice behaviors regarding the integration of religion and spirituality into field education, specifically with field students and field instructors. The results of such research can inform educational frameworks to address the identified shortcomings in social work education and field education.

This lack of a comprehensive, unified understanding of religion and spirituality, its impact on clients' lives, differences in one's own beliefs systems, and how to ethically incorporate religion and spirituality into practice poses threats for ethical violations (Openshaw & Harr, 2005). For example, if a social worker practices only using their views and belief systems rather than what is ethically mandated, a client's autonomy is placed at risk (Hodge, 2015). Social work education must represent diversity and difference to include marginalized and underrepresented groups, including diverse views and experiences related to religion and spirituality (Crowder, 2013). Social workers must recognize perspectives that religion and spirituality may be both sources of strength and oppression (Senreich, 2013).

Based on the literature previously reviewed, only three studies of this kind have been completed thus far. The first was in 1988, with the second in 2003. Each of these examined the views and integration of religion and spirituality in social work field instruction. The most recent

study was published in 2017 that also examined the views of integration but sought to expand the views around four factor areas between those professional social workers who were field instructors with those who were not field instructors (Oxhandler, 2017b). This study found that the majority of participants felt the inclusion of religion and spirituality into clinical practice was feasible. However, only half felt they had adequate training to integrate it. In addition, only 65% conduct complete biopsychosocialspiritual assessments with clients, and only 51% connect clients to spiritual and religious resources (Oxhandler, 2017b).

Additional research is needed to fully understand the need for educational interventions and the focus of those interventions. Oxhandler (2019) noted through the revalidation of the RSIPAS that it would be a suitable instrument to help identify educational and training areas which need to be addressed to increase practice behaviors across the four factors explored. This study seeks to inform the need of educational interventions regarding religious and spiritually integrated practice and what areas those interventions should focus.

Methodology

As schools of social work continue to integrate religious and spiritual education for practice interventions, an objective evaluation needs to be conducted to measure social work field student's attitudes, behaviors, and competency levels. Such assessment is essential as it helps identify strengths and weakness of students in field education, the final stage of their academic programs prior to graduating and becoming social work practitioners. This knowledge allows social work educators to redress existing content and curriculum to increase practice competency involving religion and spirituality with diverse samples. Social work literature supports improvement in religious and spiritual interventions that are culturally competent. While existing research has explored attitudes, behaviors, self-efficacy, and feasibility of

religious and spiritually integrated practice with helping professionals including social workers, limited research has been performed exploring social worker students, specifically those in field placement practice settings.

The purpose of this study was to expand upon Oxhandler's (2017) study by exploring the attitudes, self-efficacy, behaviors, and feasibility of inclusion with field instructors and field students to inform educational interventions to address identified weak areas in the four assessed factor areas. This research supports existing research on field instructors and introduces new research using the tool with social work students completing field placements. This research study answered the following four research questions:

1. Is the Religion and Spiritually Integrated Practice Assessment Scale (RSIPAS) reliable for assessing familiarity with and views about integrating religious and spiritual needs into social work practice with field students in social work educational programs?
2. To what extent have courses/educational training been provided to those affiliated with social work programs?
3. What are field instructors' views of self-efficacy, attitudes, perceived feasibility, and behaviors with integrating clients' religion and spirituality in practice, and how do they compare to those of students in field placements?
4. What are master level field students' views of self-efficacy, attitudes, perceived feasibility with integrating clients' religion and spirituality in practice and how do they compare to those of bachelor level field students in field placements?

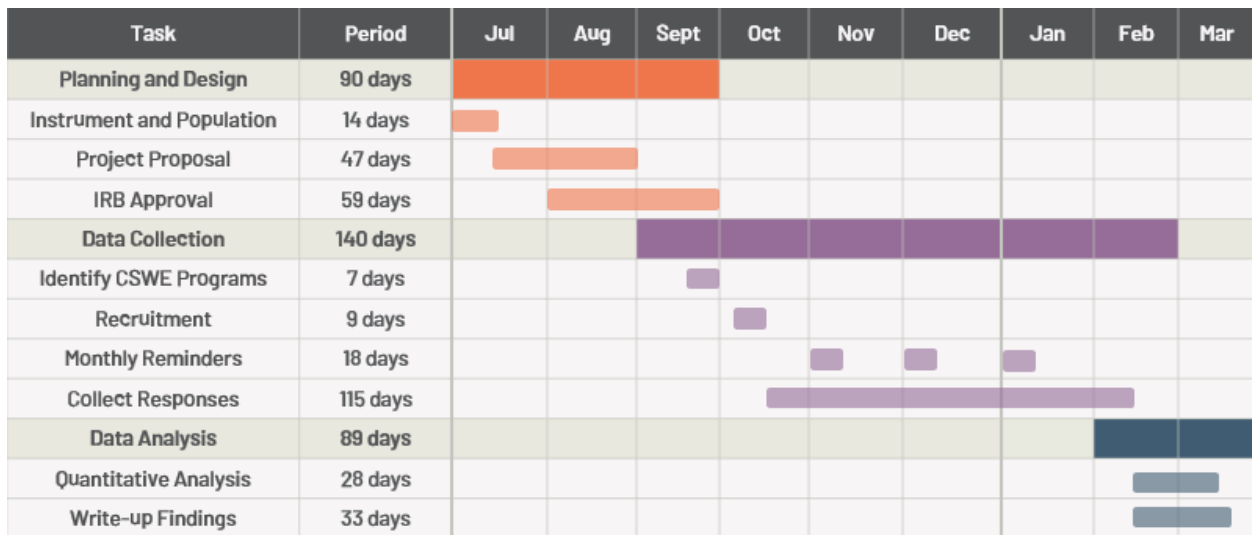
Project Design

This study utilized a correlational research design using a quantitative cross-sectional survey. The study was an IRB approved study. No more than minimal risks were posed to

participants. Please refer to Appendix A for the IRB approval letters. Only basic demographic information that is essential to the research activity was collected. The identities of the subjects outside of basic demographic information were not collected. Data was collected and stored through a single source, Qualtrics, via web submission. A brief overview of the research study was provided in the recruitment material in advance of the study. Refer to Appendix B for the recruitment letter. Refer to Appendix C for the informed consent. The study was carried out over a period of 261 days. Reference Figure 1 for a complete project timeline.

Figure 1

Project Implementation Timeline



The study utilized Oxhandler’s (2019) Religion Spiritually Integrated Practice Assessment Scale (RSIPAS) version 2. Participants were solicited through accredited social work programs. Participants were provided with a link to complete an electronic survey which required participants to provide consent before continuing. After providing informed consent, participants participated in completing a brief demographic questionnaire. After completion of the demographics section, participants completed the RSIPAS instrument. It was comprised of

40 Likert scale questions that measure responses across 4 domains of religious/spiritually integrated practice (self-efficacy, attitudes, feasibility, and frequency of behaviors). Each question utilizes a five-point Likert scale. The first factor domain is regarding self-efficacy, specifically related to integrating a client's religion and spirituality into practice. This is a thirteen-question domain. The second factor domain assesses attitudes about religion and spirituality integrated into practice. This is a twelve-question section. The third section measures feasibility of the practitioner engaging in religious and spiritually integrated practice. It is a six question section. The first three sections measure the questions using levels of agreement from 'Strongly Disagree' to 'Strongly Agree.' The fourth and final section measures the frequency of engagement of religious and spiritually integrated practice. It measures nine behaviors across a frequency scale from 'Never' to 'Very Often' (Oxhandler, 2019; Oxhandler & Parrish, 2016). Refer to Appendix E for a copy of the RSIPAS section of the survey instrument

As previously noted, consistent, agreeable, and workable definitions of religion and spirituality are essential when addressing practice integrated with these topics. While the concepts overlap and are connected, social workers need to work across both concepts (Barker & Floersch, 2010a; Crisp, 2011; Hodge, 2015). Therefore, I sought to maintain consistency with the definitions used by Oxhandler (2019) in the prior deployments of this instrument. The definition of spirituality which has been used by Oxhandler (2019) to assess religion and spirituality in social work field education, was as follows:

The personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community. (Koenig et al., n.d., p.18)

A specific, inclusive definition of religion that relies on specific teachings or moral code has been used by Oxhandler (2019) and Szaflarski (2013) in recent research. This definition was as follows:

A system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God (in Western cultures), or Ultimate Truth, Reality, or nirvana (in Eastern cultures). (Koenig, 2008)

In this study, I first established the reliability of the instrument's use with field instructor and field student sample. I then compared the instrument's four sub-scale factors in two ways, first between students and field instructors and then between BSW and MSW students, to evaluate if there is a difference between these subsamples. The results assist in identifying educational needs and informs future research on educational interventions to address identified weak areas in the four assessed subscales.

Project Sites and Population

The target population included bachelor and master level students enrolled in social work field education classes and field instructors/field supervisors providing supervision of students in field placements. The contact information for each of the social work programs were publicly listed. The research design utilized exponential non-discriminative snowball sampling from field contacts to field students and field instructors. Participants were recruited from colleges and universities with accredited bachelor or master social work programs in the State of Alabama. Only programs accredited by the Council of Social Work Education (CSWE) were identified for this study as they are accredited and found to be meeting accreditation standards including those that address educational content around religion and spirituality. A total of 15 baccalaureate and

9 master level accredited field programs across 16 different institutions identified. Contact information for each accredited program was collected from the CSWE website.

Prior to deployment of the survey, I met with the Alabama Field Consortium, a group of field directors and field educators affiliated with each of the accredited schools of social work in Alabama, to present the project, answer questions about the proposed research, and solicit support. Following the meeting, the field departments of those identified schools were contacted via email to request their assistance in identifying participants and providing the survey link to their field students and field instructors that met the defined inclusion criteria. Monthly reminder emails to the programs were sent to encourage participation. There were two primary participant categories: field student and field instructor. The inclusion and exclusion criteria are outlined in Table 1.

Table 1

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Field student in MSW or BSW program OR field liaison/instructor/supervisor for social work students placed in a social work practice setting. • Must be affiliated with a CSWE accredited school in the State of Alabama during Fall 2021 or Spring 2022. • If categorized as a student, they are enrolled in field placement or seminar classes and placed in a field setting approved by their institution in Fall 2021 or Spring 2022. • Must be 18 years of age or older. 	<ul style="list-style-type: none"> • Students in field placements under 18 years of age. • Professional practitioners not serving as field instructors/liaisons/supervisors during Fall 2021 or Spring 2022. • Social work students not enrolled in a field placement or seminar class in Fall 2021 or Spring 2022. • Social work students attending institutions outside of the State of Alabama. • Those responding from an institution that is not CSWE accredited. • Previously completed the survey instrument for this study.

Participants completed the survey via a link provided to them, which captured the data

anonymously using Qualtrics, a data software solution. Participants were able to withdraw prior to starting the survey by electing not to consent. They were also able to withdraw from the study at any time by exiting and not completing the survey. Surveys where the participants did not consent or did not complete the full survey were not included in data analysis. Participants faced no penalty for not participating or not completing the survey.

Measurement Instruments

Data collection was completed using a single instrument comprised of two parts. The instrument could be completed in a single sitting. The first part was the demographics section of the instrument. The second is the Religious/Spiritually Integrated Practice Assessment Scale (RSIPAS) version 2. This instrument has previously been found to be reliable and valid. Oxhandler and Parrish (2016) used Cronbach's alpha (α) to establish the internal reliability of the instrument and its four subscales. The study revealed an α of .95 for the full scale, with the subscales ranging from .84 to .91. They utilized point-biserial correlations to determine if education on the topic impacted the favorability of its inclusion in practice settings. They used Person's r and Spearman's ρ correlations between the instrument subscales and other reliable and valid instruments to assess criterion validity. All but one correlation was significant with acceptable levels of fit (Oxhandler & Parrish, 2016). All participants were required to complete both sections of the instrument in order for the survey to be counted as complete.

Demographics Section. The first section had nine basic demographic questions. This section asked participants their age, gender identity, ethnicity, religious preference, and measured the extent of their religious and spiritual identities. This section also identified participant type (e.g., student or field instructor) and if they have had any prior exposure to formal education or training around integrating religion and spirituality into social work practice.

Participants who identified as Field Students were then asked if they were a MSW level field student or BSW level field student, which was used for comparative analyses. Refer to Appendix D for a copy of this section of the survey instrument.

Religious/Spiritually Integrated Practice Assessment (RSIPAS). The instrument used is Oxhandler's (2019) Religion and Spiritually Integrated Practice Assessment Scale version 2. It is comprised of forty Likert scale questions that measure responses across four domains of religious/spiritually integrated practice. These four areas were self-efficacy with religious/spiritually integrated practice (self-efficacy), attitudes about religious/spiritually integrated practice (attitudes), feasibility for you to engage in religious/spiritually integrated practice (feasibility), and how often do you currently engage in religious/spiritually integrated practice (frequency). The first three domains measured the questions using five levels of agreement from 'Strongly Disagree' to 'Strongly Agree.' The attitude domain assessed attitudes about religion and spirituality integrated into practice through a twelve-question section. Self-efficacy examined responses related explicitly to integrating a client's religion and spirituality into practice across thirteen questions. The third domain used six questions to measure the feasibility of the practitioner to engage in religious and spiritually integrated practice. The fourth and final section measured the frequency of engagement behaviors tied to religious and spiritually integrated practice using nine questions across a frequency scale from 'Never' to 'Very Often' (Oxhandler, 2019; Oxhandler & Parrish, 2016). Each of the forty items has a five point scale which is assigned a fixed numerical value in ascending order from 'Strongly Disagree' or 'Never' being assigned a value of 1 to 'Strongly Agree' to 'Very Often' being assigned a value of 5. Scores for each of the subscales are calculated by adding the participant's score from each question in the designated subscale. The full instrument score is from the sum of all forty

questions from each participant. This instrument has been found to be a valid instrument and reliable for use with multiple populations in prior research (Al-Ma'seb, 2019; Oxhandler, 2017b, 2019; Oxhandler & Parrish, 2016). Refer to Appendix E for a copy of the RSIPAS instrument.

Data Collection Procedures

Participants received written explanations of the study and were invited to participate through their field instructors, if a field student, or institutional contacts, if a field instructor. Participants accessed the survey using the link in the informational letter and completed an electronic consent before completing and submitting the survey.

Data collection occurred in a single phase during the Fall 2021 and Spring 2022 academic semesters. All participants providing consent were asked to complete the survey. The survey was voluntary and was not part of any course requirements or a prerequisite for the completion of an academic program. Participants could withdraw prior to starting the survey by electing not to consent and could withdraw from the study at any time by exiting and not completing the survey. There were no penalties for not participating or not completing the survey. Please refer to Appendix C for the information and consent and Appendices D and E for the survey instrument.

Participants provided consent and completed the survey via a link generated by Qualtrics and placed into the recruitment materials, which captured survey responses anonymously. Neither the field contacts nor the researcher knows which participants have responded or their responses. The individual identities of the participants and the program they are affiliated with was not captured. The results of the survey were retrieved through the Qualtrics collection tool, which is username and password protected. I was responsible for the handling and storing of all study data.

The survey was untimed, and participants could complete the survey at any point during

the collection period during their field semester of participation. The average length of time of survey completion was 13 minutes. Reminder emails with the survey link were sent out on the first business day of each month (November 2021, December 2021, and January 2022) to encourage participation further.

Data Analysis

Data analysis for this study was completed by the primary investigator who collected and compiled all data sets for analysis. The research assessed information across five areas. First, the research explored the demographics of the participant categories. The study also compared the relationship between the participant groups and the four subscales of the RSIPAS instrument to answer the four research questions.

The Statistical Package for Social Sciences (IBM SPSS 27.0) was used to run descriptive statistics. To assess reliability (internal consistency) of the complete instrument and its subscales, Cronbach's alpha was used. A Chi-square analysis was conducted to determine associations between prior educational training and the sample assessed. Chi-square and t-tests were used to determine associations and compare how the views of field instructors compared to that of social work students in field programs across the four subscales of the RSIPAS and how the views of BSW students compared to MSW students across the same four subscales. Descriptive statistics, Cronbach's α , chi-square, and t-test statistical methods were used to answer the research questions and hypotheses. Reference Table 2 for research questions and the methodological approaches used for data analysis.

Table 2*Research Questions and Method of Analysis*

Research Questions	Method of Analysis
RQ1: Is the Religion and Spiritually Integrated Practice Assessment Scale reliable for assessing familiarity with and views about integrating religious and spiritual needs into social work practice with field students in social work educational programs?	Cronbach's α
RQ2: To what extent have social work field instructors and field students received educational or training on religious/spiritually integrated practice?	Descriptive Statistics
H1: There is a significant association between a participant's role and formal education and training on religion and spirituality.	Chi-square
H2: Those participants who have received prior education or training will be more agreeable to the subscales than those who have not. Therefore, there will be a significant difference in the mean item scores between those with prior education and those without.	t-test
RQ3: What are views of self-efficacy, attitudes, perceived feasibility, and behaviors with religious/spiritually integrated practice among Field Instructors and Field Students?	Descriptive Statistics
H3: As professional experience increases, the agreeability with the instrument's items will also increase. Therefore, there is a difference in the distribution of one's self-efficacy, attitude, feasibility, and behaviors between Field Instructors and Field Students.	Chi-square
H4: Field Instructors will demonstrate more agreeability across the instrument than Field Students. Therefore, there will be a significant difference in the mean item scores between Field Instructors and Field Students.	t-test
RQ4: What are views of self-efficacy, attitudes, perceived feasibility, and behaviors with religious/spiritually integrated practice among MSW and BSW Field Students?	Descriptive Statistics
H5: As one's educational level increases, the agreeability with the instrument's items will also increase. Therefore, there is a difference in the distribution of one's self-efficacy, attitude, feasibility, and behaviors between MSW and BSW field students.	Chi-square
H6: Students with more advanced knowledge will demonstrate more agreeability across the instrument than students with foundational knowledge. Therefore, there will be a significant	t-test

difference in the mean item scores between MSW and BSW Field Students.

Results

The purpose of this research was to compare the responses of field instructors and field students affiliated with social work programs in accredited post-secondary institutions in the state of Alabama. This section presents the results of the analyses of data. A description of the demographic characteristics of the respondents is presented first. This is followed by an examination of each research questions and corresponding analyses of data.

Demographics

The sample for this study was through an exponential non-discriminative snowball sample from field contacts at colleges and universities with accredited bachelor or master social work programs in the state of Alabama. Total enrollment in the study was 247 participants ($n = 247$). Any survey submissions that were incomplete were removed from the sample. An incomplete survey was any survey where any question was not answered. During the first review of data, surveys where respondents did not complete any of the RSIPAS subscales were removed ($n = 29$). This included responses for not completing any questions beyond providing consent ($n = 5$) and those that completed the consent and the demographics sections only ($n = 24$). During the second pass, additional responses were removed for incomplete RSIPAS scales ($n = 20$). This included respondents that only completed the first subscale ($n = 12$), completed the first and second subscales ($n = 1$), and completed only the first three subscales ($n = 7$). This resulted in 198 participants who consented and fully completed surveys being used for analysis ($n = 198$).

The participant sample ($n = 198$) completed a demographic questionnaire section as part

of the survey prior to completing the RSIPAS instrument. Demographic characteristics are presented in Table 3 below. The participant sample consisted of 174 (87.9%) who identified as female, 21 (10.6%) who identified as male, and one (0.5%) participant in each of the remaining gender categories (genderqueer, nonbinary, and prefer not to say). The average age of students was 37.52 years. Field instructors had the highest average age at 47.21 years. This was followed by MSW students at 31.89 years and BSW students at 27.85 years. One hundred fifty-one participants (76.3%) identified as being White or Caucasian, thirty-eight (19.2%) as Black or African American, four (2%) as being multi-racial, one (0.5%) as Asian or Pacific Islander, and one (0.5%) as Other. The remaining three (1.5%) did not wish to disclose.

Most respondents identified as having a religious preference (166, 83.8%). The largest segment of respondents identified as being Christian (152, 76.8%). Of this identity, one-hundred thirty-six (68.7%) identified as being of a Protestant denomination, eight (4.0%) as non-Denominational, six (3.0%) as Catholic, and two (1.0%) as other Christian identity. Five (2.5%) identified as Jewish and 8 (4.0%) as having another religious identity. Those identifying as other comprised of Atheist (2, 1.0%), Agnostic (1, 0.5%), Buddhist (1, 0.5%), Eastern Philosophy (1, 0.5%), Neo-Pagan (1, 0.5%), Pantheist (1, 0.5%), and Wiccan (1, 0.5%). The remaining Thirty-two participants (16.2%) identified as having no religious identity or being spiritual only.

The demographic portion also asked participants if they had exposure to spiritual or religious content through prior education courses or continuing education. Only sixty-two (31.3%) indicated they had exposure to course content involving spiritually or religious integrated practice. Forty-nine (24.7%) had exposure to spiritually or religious integrated practice content through continuing education opportunities. The remaining respondents for each question indicated they had no exposure to spiritual or religious integrated practice content

through these methods.

Table 3

Sociodemographic Characteristics of Respondents

Respondent Groups	All Respondents		Field Instructors		MSW Students		BSW Students	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Age (<i>n</i> = 198)	37.52	13.84	47.21	11.57	31.89	10.87	27.85	10.11
Gender Identity								
Female	174	87.9	68	81.9	70	92.1	36	92.3
Male	21	10.6	14	16.9	4	5.3	3	7.7
Genderqueer	1	0.5	0	0	1	1.3	0	0
Nonbinary	1	0.5	0	0	1	1.3	0	0
Prefer not to say	1	0.5	1	1.2	0	0	0	0
Race Identity								
White or Caucasian	151	76.3	64	77.1	59	77.6	28	71.8
Black or African American	38	19.2	13	15.7	15	19.7	10	25.6
Asian and Pacific Islander	1	0.5	0	0	1	1.3	0	0
Other	1	0.5	0	0	0	0	1	2.6
More than one	4	2.0	3	3.6	1	1.3	0	0
Prefer not to say	3	1.5	3	3.6	0	0	0	0
Hispanic / Latino								
Yes	7	3.5	1	1.2	5	6.6	1	2.6
No	191	96.5	82	98.8	71	93.4	38	97.4
Religious Preference								
Christianity (Protestant)	136	68.7	57	68.7	53	69.7	26	66.7
Christianity (Catholic)	6	3.0	4	4.8	1	1.3	1	2.6
Christianity (Non-denom.)	8	4.0	4	4.8	3	3.9	1	2.6
Christianity (Other)	2	1.0	0	0	1	1.3	1	2.6
Jewish	5	2.5	2	2.4	3	3.9	0	0
Other Religions	8	4.0	2	2.4	5	6.6	1	2.6
Prefer not to say	1	0.5	1	1.2	0	0	0	0
None	32	16.2	13	15.7	10	13.2	9	23.1
Prior Education Courses								
Yes	62	31.3	27	32.5	27	35.5	8	20.5
No	136	68.7	56	67.5	49	64.5	31	79.5
Prior Cont. Education								
Yes	49	24.7	29	34.9	15	19.7	5	12.8
No	149	75.3	54	65.1	61	80.3	34	87.2

Internal Consistency Reliability

To answer RQ1, instrument reliability was determined. Internal consistency was calculated using Cronbach's α for the full RSIPAS and each of the subscales (self-efficacy with religious/spiritually integrated practice, attitudes about religious/spiritually integrated practice, feasibility to engage in religious/spiritually integrated practice, and how often one engages in religious/spiritually integrated practice) for the total sample and each of the sub-samples. Reference Table 4 for the alpha scores.

First, the reliability of the full scale with the total sample was explored. The Cronbach alphas for the full scale was .93 ($M = 140.55$, $SD = 20.04$) indicating the scale has very good internal consistency reliability for this sample ($n = 198$). The sample size was adequate for a reliability study using Cronbach's alpha test (Bujang et al., 2018). Responses were averaged with each subscale resulting in measures of *self-efficacy* ($\alpha = .92$, $M = 49.06$, $SD = 8.77$), *attitudes* ($\alpha = .85$, $M = 46.12$, $SD = 6.18$), *feasibility* ($\alpha = .22$, $M = 18.76$, $SD = 2.65$), and *frequency* ($\alpha = .89$, $M = 26.61$, $SD = 7.74$). This indicates that each of the subscales also demonstrate very good internal consistency reliability for the sample except the feasibility subscale which demonstrated poor reliability for the sample.

The reliability of the full scale was then calculated for each of the sub-samples of field instructors and field students. The Cronbach's alpha for the full scale with all field instructors ($n = 83$) was .90 ($M = 143.63$, $SD = 16.54$). Responses were assessed within each subscale resulting in measures of *self-efficacy* ($\alpha = .89$, $M = 51.93$, $SD = 6.89$), *attitudes* ($\alpha = .84$, $M = 45.83$, $SD = 6.05$), *feasibility* ($\alpha = -.24$, $M = 18.83$, $SD = 2.07$), and *frequency* ($\alpha = .84$, $M = 27.04$, $SD = 6.62$). The Cronbach's alpha for the full scale with all field students ($n = 115$) was .94 ($M = 138.32$, $SD = 22.03$). The responses within each subscale resulted in measures of *self-efficacy* (α

= .93, $M = 46.98$, $SD = 9.41$), *attitudes* ($\alpha = .85$, $M = 46.32$, $SD = 6.28$), *feasibility* ($\alpha = .40$, $M = 18.71$, $SD = 3.02$), and *frequency* ($\alpha = .92$, $M = 26.30$, $SD = 8.47$). This indicates that the full scale and the subscales demonstrated very good internal consistency reliability for each sub sample except the feasibility subscale which demonstrated poor to very poor reliability for these samples.

Finally, the reliability was calculated for each of the field student samples, MSW Students and BSW Students. The Cronbach's alpha for the full scale with all MSW Field Students ($n = 76$) was .94 ($M = 141.70$, $SD = 23.35$). The responses within each subscale resulted in measures of *self-efficacy* ($\alpha = .91$, $M = 48.16$, $SD = 10.07$), *attitudes* ($\alpha = .87$, $M = 49.96$, $SD = 6.78$), *feasibility* ($\alpha = -.49$, $M = 19.04$, $SD = 3.42$), and *frequency* ($\alpha = .93$, $M = 27.54$, $SD = 8.63$). The Cronbach's alpha for the full scale with all BSW Field Students ($n = 39$) was 0.91 ($M = 131.74$, $SD = 17.70$). Responses within each subscale resulted in measures of *self-efficacy* ($\alpha = .87$, $M = 44.69$, $SD = 7.56$), *attitudes* ($\alpha = .78$, $M = 45.08$, $SD = 5.04$), *feasibility* ($\alpha = -.28$, $M = 18.08$, $SD = 1.90$), and *frequency* ($\alpha = .89$, $M = 23.90$, $SD = 7.69$). This indicates that the full scale and the subscales demonstrated acceptable to very good internal consistency reliability for each sub population except the feasibility subscale which demonstrated poor to very poor reliability for the student samples.

Table 4

Reliability Test for Internal Consistency

Population / Subpopulation	Cronbach's α		
	α	M	SD
All Respondents ($n = 198$)			
Full Scale	.93	140.55	20.04
Self-Efficacy Subscale	.92	49.06	8.77
Attitudes Subscale	.85	46.12	6.18
Feasibility Subscale	.22	18.76	2.65
Frequency Subscale	.89	26.61	7.74

Field Instructor Respondents (<i>n</i> = 83)			
Full Scale	.90	143.63	16.54
Self-Efficacy Subscale	.89	51.93	6.89
Attitudes Subscale	.84	45.83	6.05
Feasibility Subscale ^a	-.24	18.83	2.07
Frequency Subscale	.84	27.04	6.62
All Student Respondents (<i>n</i> = 115)			
Full Scale	.94	138.32	22.03
Self-Efficacy Subscale	.93	46.98	9.41
Attitudes Subscale	.85	46.32	6.28
Feasibility Subscale	.40	18.71	3.02
Frequency Subscale	.92	26.30	8.47
MSW Student Respondents (<i>n</i> = 76)			
Full Scale	.94	141.70	23.35
Self-Efficacy Subscale	.91	48.16	10.07
Attitudes Subscale	.87	46.96	6.78
Feasibility Subscale	.49	19.04	3.42
Frequency Subscale	.93	27.54	8.63
BSW Student Respondents (<i>n</i> = 39)			
Full Scale	.91	131.74	17.70
Self-Efficacy Subscale	.87	44.69	7.56
Attitudes Subscale	.78	45.08	5.04
Feasibility Subscale ^a	-.28	18.08	1.90
Frequency Subscale	.89	23.90	7.69

Note. *n* = number of respondents. The full scale had 40 questions. The self-efficacy subscale had 13, attitudes subscale had 12, feasibility subscale had 6, and the frequency subscale had 9 questions. ^a The value is negative due to a negative average covariance among items.

A negative Cronbach's alpha was noted in the feasibility subscale for the BSW Field Student and Field Instructor samples. This subscale was the lowest performing across all samples with its highest alpha in the MSW Field Student sample ($\alpha = .49$). To evaluate for sampling error, an item-wise reliability analysis was performed for the third subscale. The six questions for the subscale were analyzed for the full sample. The results observed indicated that the Cronbach's alpha would increase significantly if question 3, "My primary practice setting does not support the integration of religion/spirituality into practice," and question 4, "I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice" were removed. The Cronbach's alpha reliability analysis was re-performed eliminating those

prompts and the result improved to an alpha value of .77 ($M = 13.78, SD = 2.85$). with the four remaining questions.

A Cronbach’s alpha was conducted again for the full scale and third subscale of each population with the removal of the above noted questions. The alpha for the full scale for the total sample increased from .93 to .94. The Cronbach alpha for the full scale with all Field Instructors increased to .93 ($M = 138.88, SD = 17.68$) and the *feasibility* subscale increased to .80, ($M = 14.08, SD = 2.67$). The alpha for the full scale with all Field Students increased to 0.95 ($M = 133.17, SD = 22.44$) and the *feasibility* subscale increased to .77, ($M = 13.56, SD = 2.96$). The alphas for the full scale with the MSW Field Students was .95 ($M = 136.54, SD = 23.65$) and for the BSW Field Students was .93 ($M = 126.59, SD = 18.42$). Similarly, the *feasibility* subscale for the MSW Field Students increased to .78 ($M = 13.88, SD = 3.21$) and increased to .70 ($M = 12.92, SD = 2.32$) for the BSW Field Students. Each of the alpha scores increased for the full scales and feasibility subscale for each sample population indicating the scales had acceptable internal consistency with the evaluated samples once the two questions were removed. The alphas for the adjusted scales are reported in Table 5 below.

Table 5

Reliability Re-test for Internal Consistency with Impacted Scales

Population / Subpopulation	Cronbach’s α		
	α	M	SD
All Respondents ($n = 198$)			
Full Scale	.94	135.56	20.73
Feasibility Subscale	.77	13.78	2.85
Field Instructor Respondents ($n = 83$)			
Full Scale	.93	138.88	17.68
Feasibility Subscale ^a	.80	14.08	2.67
All Student Respondents ($n = 115$)			
Full Scale	.95	133.17	22.44
Feasibility Subscale	.77	13.56	2.96
MSW Student Respondents ($n = 76$)			

Full Scale	.95	136.54	23.65
Feasibility Subscale	.78	13.88	3.21
BSW Student Respondents (<i>n</i> = 39)			
Full Scale	.93	126.59	18.42
Feasibility Subscale ^a	.70	12.92	2.32

Note. n = number of respondents. The adjusted full scale had 38 questions. The self-efficacy subscale had 13, attitudes subscale had 12, feasibility subscale had 4, and the frequency subscale had 9 questions.

Extent of Prior Education and Training

RQ2 looks at the extent educational courses and training have been provided to those affiliated with social work programs. To address this question, participants were asked two yes/no questions related to prior education in Part 1 of the survey. These questions were explored by examination of 'yes' responses to these questions using simple percentages for each population. This was followed by a chi-square analysis and a t-test on each of the instrument's items.

The eighth demographic question asked, "Have you taken prior educational courses on religion/spirituality integrated practice?" Sixty-two (31.3%) participants responded that they had taken prior educational courses that included content on religion/spiritually integrated practice. MSW Field Students (27, 35.5%) and Field Instructors (27, 32.5%) reported higher percentages of respondents taking prior courses than BSW Field Students (8, 20.5%). To address H1, a chi-square test for independence indicated no significant association between respondent category (e.g., Field Instructor, MSW Field Student, and BSW Field Student) and if they took prior educational courses on religion/spiritually integrated practice, $X^2(2, n = 198) = 2.80, p = .25, \phi = .119$.

The ninth demographic question asked participants, "Have you taken any prior continuing education courses on religion/spirituality integrated practice?" Forty-nine (24.7%)

participants responded that they had taken prior continuing education courses that included content on religion/spiritually integrated practice. Field Instructors (29, 34.9%) reported higher percentages of respondents taking prior continuing education courses than MSW Field Students (15, 19.7%) and BSW Field Students (5, 12.8%). A chi-square test for independence, further addressing H1, indicated a significant association between respondent category and if prior continuing education courses on religion/spiritually integrated practice were taken, $X^2(2, n = 198) = 8.63, p < .05, \phi = .209$. Refer to Table 6 for the chi-square analysis on prior education and training.

Table 6

Prior Education Responses for Field Instructors and Field Students

Prior Education on Religion/Spirituality Integrated Practice	Field Instructors		BSW Students		MSW Students		X^2	p
	n	(%)	n	(%)	n	(%)		
1. Have you taken prior educational courses on religion/spirituality integrated practice? (Yes)	27	(32.5)	8	(20.5)	27	(35.5)	2.800	.247
2. Have you taken prior continuing education courses on religion/spirituality integrated practice? (Yes)	29	(34.9)	5	(12.8)	15	(19.7)	8.633	.013*

* Association is significant at the 0.05 level.

Additional analyses were performed using SPSS statistical software to determine if prior education or training in religion/spiritually integrated practice impacted the responses on the RSIPAS instrument. First, the impact educational courses had on one's self-efficacy, attitude, feasibility, and frequency responses was examined. A t-test was used to address H2 and test the effects of prior educational courses on responses of religious/spiritual integrated practice, revealing a significant difference between conditions, $t(125) = 3.34, p = .001, d = .51$. On

average, respondents that have taken prior educational courses answered with more agreement or frequency ($M = 147.27$, $SD = 18.77$) than did respondents who have not taken prior education courses ($M = 137.48$, $SD = 19.92$). Three of the four subscales also revealed a significant difference between conditions: self-efficacy subscale, $t(133) = 2.23$, $p < .05$, $d = .33$; attitudes subscale, $t(119) = 1.47$, $p > .05$, $d = .22$; feasibility subscale, $t(127) = 2.20$, $p < .05$, $d = 11.24$; and frequency subscale, $t(129) = 4.29$, $p < .001$, $d = .64$. Thus, the hypothesis, H2, that taking educational courses that include content on religious/spiritually integrated practices does have a statistically significant impact on the agreeability of survey responses across the scales. Refer to Table 7 for the t-test results.

Table 7

Prior Educational Courses and the RSIPAS

RSIPAS Subscales	Prior educational courses ($n = 62$)		No prior educational courses ($n = 136$)		<i>t</i>	df	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Section I: Self-Efficacy	51.00	7.93	48.17	9.02	2.229	133	.027*
Section II: Attitudes	47.06	6.11	45.68	6.18	1.469	119	.144
Section III: Feasibility	19.35	2.49	18.49	2.69	2.202	127	.029*
Section IV: Frequency	29.85	6.98	25.13	7.64	4.286	129	<.001***
Overall Scale	147.27	18.77	137.48	19.92	3.340	125	.001**

RSIPAS Significantly Impacted Questions	Prior Educational Courses (Yes, $N = 62$)				
	<i>M</i>	<i>SD</i>	<i>t</i>	df	<i>p</i>
Section I: Self-Efficacy					
Q4. I consider the unique needs of diverse clients with different religious/spiritual backgrounds in my practice.	4.40	.557	2.461	171	.015*
Q7. I feel as though I have the skills to discuss my clients' religious/spiritual strengths.	4.03	.809	2.533	196	.012*
Q10. I feel as though I have the skills to discuss my clients' religious/spiritual struggles.	3.95	.838	3.166	196	.002**
Q13. I am comfortable discussing my clients' religious/spiritual struggles.	4.11	.791	2.205	196	.029*

Section II: Attitudes

Q3. Practitioners who take time to understand their clients' religious/spiritual beliefs show greater concern for client well-being than practitioners who do not take time to understand their clients' religious/spiritual beliefs.	4.11	.791	1.974	196	.050*
Q11. There is a religious/spiritual dimension to the work I do.	3.95	.913	3.071	196	.002**

Section III. Feasibility

Q3. My primary practice setting does not support the integration of religion/spirituality into practice.	2.27	1.027	-2.982	133	.003**
Q6. I have been adequately trained to integrate my clients' religion/spirituality into treatment.	3.52	1.052	5.208	121	<.001***

Section IV. Frequency

Q1. I seek out consultation on how to address clients' religious/spiritual issues in treatment.	2.98	.967	2.427	196	.016*
Q2. I read about ways to integrate clients' religion/spirituality to guide my practice decisions.	3.06	.939	3.755	196	<.001***
Q3. I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions.	3.05	1.078	4.399	110	<.001***
Q4. I involve clients in deciding whether their religious/spiritual beliefs should be integrated into their treatment.	3.90	1.051	3.352	196	<.001***
Q5. I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment.	3.13	1.016	5.075	128	<.001***
Q6. I conduct a full biopsychosocialspiritual assessment with each of my clients.	3.26	1.366	2.604	127	.010*
Q9. I help clients consider the religious/spiritual meaning and purpose of their current life situations.	3.48	1.067	3.804	196	<.001***

*** $p < 0.001$, ** $p < .01$, * $p < 0.05$

Next, it was examined if completing continuing education on religious/spiritually integrated practice had impact on one's self-efficacy, attitude, feasibility, and frequency responses. A t-test was used to further address H2 and test the effects of prior continuing education on responses, revealing a significant difference between conditions, $t(87) = 4.41$, $p <$

.001, $d = .71$. On average, respondents that have taken continuing education answered with more agreement or frequency ($M = 150.71$, $SD = 18.32$) than did respondents who have not taken prior education courses ($M = 137.20$, $SD = 19.50$). All four subscales revealed a significant difference between conditions: self-efficacy subscale, $t(93) = 3.68$, $p < .001$, $d = .57$; attitudes subscale, $t(82) = 2.61$, $p < .05$, $d = .43$; feasibility subscale, $t(85) = 2.02$, $p < .05$, $d = .33$; and frequency subscale, $t(98) = 4.69$, $p < .001$, $d = .74$. Thus, the assumption in H2 that taking continuing education courses that include content on religious/spiritually integrated practices does have a statistically significant impact on respondent agreeability across each of the scales. Refer to Table 8 for the t-test results.

Table 8

Prior Continuing Education and the RSIPAS

RSIPAS Subscales	Prior Continuing Education ($n = 49$)		No Continuing Education ($n = 149$)		t	df	p
	M	SD	M	SD			
Section I: Self-Efficacy	52.69	7.68	47.96	8.80	3.681	93	<.001***
Section II: Attitudes	48.08	6.06	45.47	6.10	2.613	82	.011*
Section III: Feasibility	19.41	2.56	18.55	2.66	2.017	85	.047*
Section IV: Frequency	30.53	6.38	25.32	7.73	4.692	98	<.001***
Overall Scale	150.71	18.32	137.20	19.50	4.407	87	<.001***

RSIPAS Significantly Impacted Questions	Prior Continuing Education (Yes, $N = 49$)				
	M	SD	t	df	p
Section I: Self-Efficacy					
Q3. I know what to do if my client brings up thoughts of being possessed by Satan or the Devil.	3.33	1.107	2.262	88	.026*
Q4. I consider the unique needs of diverse clients with different religious/spiritual backgrounds in my practice.	4.39	.533	2.023	129	.045*
Q5. I am able to recognize when my clients utilize positive religious/spiritual coping strategies. (e.g., trying to find a spiritual lesson in the presenting issue, etc.)	4.37	.668	2.337	85	.022*
Q6. I am able to ensure my clients have access to	4.20	.707	3.012	111	.003**

religious/spiritual resources if they see this as an important aspect to their healing process. (e.g., religious/spiritual reading materials, pastoral counseling, contact information to local clergy, or a prayer room/place of worship).

Q7. I feel as though I have the skills to discuss my clients' religious/spiritual strengths.	4.22	.798	3.787	196	<.001***
Q8. I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment.	4.06	.899	3.272	196	.001**
Q9. I know when it is beneficial to refer my client to pastoral or religious counseling.	3.94	.899	1.971	196	.050*
Q10. I feel as though I have the skills to discuss my clients' religious/spiritual struggles.	4.00	.842	3.085	196	.002**
Q11. I am able to recognize when my clients utilize negative religious/spiritual coping strategies. (e.g., viewing the presenting issue as punishment from his/her Higher Power, etc.)	4.06	.775	2.148	91	.034*
Q12. I know what to do when my client has religious/spiritual beliefs that I am unfamiliar with.	4.00	.791	2.485	196	.014*
Q13. I am comfortable discussing my clients' religious/spiritual struggles.	4.29	.791	3.772	99	<.001***

Section II: Attitudes

Q2. Integrating clients' religious/spiritual needs during treatment helps improve client outcomes.	4.29	.677	3.014	90	.003**
Q10. Empirically-supported religious/spiritually integrated treatments are relevant to my practice.	4.00	.866	3.143	91	.002**
Q11. There is a religious/spiritual dimension to the work I do.	4.08	.886	3.998	96	<.001***

Section III. Feasibility

Q3. My primary practice setting does not support the integration of religion/spirituality into practice.	2.18	1.034	-3.241	90	.002**
Q4. I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice.	2.08	.997	-2.365	82	.020**
Q5. Given the many issues that must be addressed in treatment, I still find time to integrate my clients' religion/spirituality if they communicate a preference for this.	4.06	.719	3.528	196	<.001***
Q6. I have been adequately trained to integrate my clients' religion/spirituality into treatment.	3.61	.975	5.423	92	<.001***

Section IV. Frequency

Q2. I read about ways to integrate clients'	3.18	.808	4.164	196	<.001***
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religion/spirituality to guide my practice decisions.					
Q3. I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions.	3.27	.836	5.709	196	<.001***
Q4. I involve clients in deciding whether their religious/spiritual beliefs should be integrated into their treatment.	3.90	1.046	2.787	196	.006**
Q5. I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment.	3.24	1.011	5.268	88	<.001***
Q7. I link clients with religious/spiritual resources when it may potentially help them (e.g., religious/spiritual reading materials, contact information to local clergy, or a prayer room/place of worship).	3.61	1.077	2.584	94	.011*
Q9. I help clients consider the religious/spiritual meaning and purpose of their current life situations.	3.61	1.037	4.499	96	<.001***

*** $p < 0.001$, ** $p < .01$, * $p < 0.05$

Population Response Comparisons

The next two research questions, RQ3 and RQ4 examined the differences in the four subscales of the RSIPAS between sample identities. RQ3 sought to determine the views of self-efficacy, attitudes, perceived feasibility, and behaviors with integrating a client's religion and spirituality in practice among Field Instructors and Field Students. RQ4 sought to determine the same among MSW and BSW students. Responses were examined utilizing the responses on five-point Likert scale presented in the RSIPAS. To aid in data analysis, the five-point Likert scales were collapsed into two categories. The first three subscales were evaluated using five categories from *strongly disagree* to *strongly agree*. These categories were collapsed into two categories. The first being *strongly disagree*, *disagree*, and *neutral*, and the second being *agree* and *strongly agree*. The remaining subscale addressing the frequency of behaviors was measured in five categories from *never* to *very often*. Responses were collapsed into two categories of *never*,

rarely, and some of the time, and often and very often.

RSIPAS with Field Instructors and Field Students

To answer RQ3, data was entered into SPSS statistical software and descriptive statistics and a chi-square analysis were conducted to compare each question's response among field students and field instructors. As can be seen by the frequencies cross tabulated in Table 9, there is a difference between the distribution of responses of Field Instructors and Field Students across the self-efficacy subscale with ten of the thirteen questions. In evaluating H3, the chi-square for independence indicated significant association between one's role (field instructor or student) and the following areas of self-efficacy: knowing how to skillfully gather a history from clients about their religious/spiritual practices, $X^2(1, n = 198) = 8.55, p < .01$; recognizing when clients are experiencing religious/spiritual struggles, $X^2(1, n = 198) = 13.14, p < .001$; knowing what to do if their client brings up thoughts of possession, $X^2(1, n = 198) = 24.79, p < .001$; considering unique needs of diverse clients with different religious/spiritual backgrounds in practice, $X^2(1, n = 198) = 5.45, p < .05$; recognizing when their clients utilize positive religious/spiritual coping strategies, $X^2(1, n = 198) = 6.02, p < .05$; having the skills to discuss a client's religious/spiritual strengths, $X^2(1, n = 198) = 4.14, p < .05$; feeling confident in their ability to integrate client beliefs into treatment, $X^2(1, n = 198) = 6.13, p < .05$; knowing when it is beneficial to refer their client to pastoral or religious counseling, $X^2(1, n = 198) = 5.58, p < .05$; recognizing when their clients utilize negative religious/spiritual coping strategies, $X^2(1, n = 198) = 8.40, p < .01$; and knowing what to do when clients have religious/spiritual beliefs they are unfamiliar with, $X^2(1, n = 198) = 10.12, p = .001$. In the attitudes and feasibility subscales, there were no significant differences in the distribution of responses. However, in the frequency subscale a statistically significant difference was revealed in two questions. This was the third

question about reading research evidence on religion/spirituality and its relationship to health to guide practice, revealing a significant association between one's role (field instructor or field student) and frequency of including this behavior, $X^2(1, n = 198) = 4.09, p < .05$. The other question was question seven of the subscale that discussed linking clients with religious/spiritual resources when it may help them, also revealing a significant association between one's role and frequency of the behavior, $X^2(1, n = 198) = 6.04, p < .05$.

Table 9

RSIPAS Responses for Field Instructors and Field Students

Religious/Spiritually Integrated Practice Scale	Field Instructors		Field Students		X^2	p
	$(n = 83)$		$(n = 115)$			
Section I: Self-Efficacy (Agree to Strongly Agree)						
1. I know how to skillfully gather a history from my clients about their religious/spiritual beliefs and practices.	71	(85.5)	76	(66.1)	8.551	.003**
2. I am able to recognize when my clients are experiencing religious/spiritual struggles. (e.g., tension or conflict with his/her Higher Power, religious/spiritual community, spiritual beliefs, etc.)	41	(85.5)	70	(60.9)	13.136	<.001***
3. I know what to do if my client brings up thoughts of being possessed by Satan or the Devil.	51	(61.4)	29	(25.2)	24.793	<.001***
4. I consider the unique needs of diverse clients with different religious/spiritual backgrounds in my practice.	80	(96.4)	98	(85.2)	5.449	.020*
5. I am able to recognize when my clients utilize positive religious/spiritual coping strategies. (e.g., trying to find a spiritual lesson in the presenting issue, etc.)	79	(95.2)	95	(82.6)	6.021	.014*
6. I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process. (e.g., religious/spiritual reading materials, pastoral counseling, contract	67	(80.7)	84	(73.0)	1.175	.278

	information to local clergy, or a prayer room/place of worship).						
7.	I feel as though I have the skills to discuss my clients' religious/spiritual strengths.	66	(79.5)	75	(65.2)	4.137	.042*
8.	I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment.	60	(72.3)	62	(53.9)	6.128	.013*
9.	I know when it is beneficial to refer my client to pastoral or religious counseling.	62	(74.7)	66	(57.4)	5.584	.018*
10.	I feel as though I have the skills to discuss my clients' religious/spiritual struggles.	59	(71.1)	68	(59.1)	2.498	.114
11.	I am able to recognize when my clients utilize negative religious/spiritual coping strategies. (e.g., viewing the presenting issue as punishment from his/her Higher Power, etc.)	72	(86.7)	78	(67.8)	8.395	.004**
12.	I know what to do when my client has religious/spiritual beliefs that I am unfamiliar with.	67	(80.7)	67	(58.3)	10.116	.001**
13.	I am comfortable discussing my clients' religious/spiritual struggles.	65	(78.3)	85	(73.9)	.297	.586

Section II: Attitudes (Agree to Strongly Agree)

1.	It is essential to assess clients' religious/spiritual beliefs in practice.	64	(77.1)	90	(78.3)	.000	.985
2.	Integrating clients' religious/spiritual needs during treatment helps improve client outcomes.	66	(79.5)	91	(79.1)	.000	1.000
3.	Practitioners who take time to understand their clients' religious/spiritual beliefs show greater concern for client well-being than practitioners who do not take time to understand their clients' religious/spiritual beliefs.	54	(65.1)	90	(78.3)	3.596	.058
4.	Integrating clients' religious/spiritual beliefs in treatment helps clients meet their goals.	61	(73.5)	82	(71.3)	.032	.858
5.	I am open to learning about my clients' religious/spiritual beliefs that may differ from mine.	80	(96.4)	108	(93.9)	.207	.649
6.	Attending to clients' religious/spiritual needs is consistent with the principles	72	(86.7)	98	(85.2)	.010	.992

	of meeting the client where he/she is at.						
7.	Sensitivity to clients' religious/spiritual beliefs will improve one's practice.	76	(91.6)	106	(92.2)	.000	1.000
8.	I am open to referring my clients to religious or pastoral counseling.	73	(88.0)	94	(81.7)	.978	.323
9.	Attending to clients' religious/spiritual beliefs is consistent with my profession's Code of ethics.	70	(84.3)	98	(85.2)	.000	1.000
10.	Empirically-supported religious/spiritually integrated treatments are relevant to my practice.	46	(55.4)	63	(54.8)	.000	1.000
11.	There is a religious/spiritual dimension to the work I do.	42	(50.6)	70	(60.9)	1.672	.196
12.	I refuse to work within my clients' religious/spiritual belief system if it differs from my own.	6	(7.2)	14	(12.2)	.811	.368

Section III. Feasibility (Agree to Strongly Agree)

1.	I have enough time to assess my clients' religious/spiritual background.	48	(57.8)	58	(50.4)	.784	.376
2.	I have enough time to identify potential strengths or struggles related to my clients' religion/spirituality.	53	(63.9)	70	(60.9)	.078	.780
3.	My primary practice setting does not support the integration of religion/spirituality into practice.	21	(25.3)	30	(26.1)	.000	1.000
4.	I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice.	10	(12.0)	21	(18.3)	.978	.323
5.	Given the many issues that must be addressed in treatment, I still find time to integrate my clients' religion/spirituality if they communicate a preference for this.	55	(66.3)	73	(63.5)	.065	.799
6.	I have been adequately trained to integrate my clients' religion/spirituality into treatment.	32	(38.6)	32	(27.8)	2.070	.150

Section IV. Frequency (Agree to Strongly Agree)

1.	I seek out consultation on how to address clients' religious/spiritual issues in treatment.	16	(19.3)	27	(23.5)	.284	.594
2.	I read about ways to integrate clients' religion/spirituality to guide my practice decisions.	14	(16.9)	30	(26.1)	1.867	.172
3.	I read about research evidence on	11	(13.3)	30	(26.1)	4.086	.043*

	religion/spirituality and its relationship to health to guide my practice decisions.						
4.	I involve clients in deciding whether their religious/spiritual beliefs should be integrated into their treatment.	49	(59.0)	61	(53.0)	.479	.489
5.	I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment.	18	(21.7)	24	(20.9)	.000	1.000
6.	I conduct a full biopsychosocialspiritual assessment with each of my clients.	29	(34.9)	46	(40.0)	.332	.565
7.	I link clients with religious/spiritual resources when it may potentially help them (e.g., religious/spiritual reading materials, contact information to local clergy, or a prayer room/place of worship).	48	(57.8)	45	(39.1)	6.039	.014*
8.	I help clients consider ways their religious/spiritual support systems may be helpful.	52	(62.7)	58	(50.4)	2.440	.118
9.	I help clients consider the religious/spiritual meaning and purpose of their current life situations.	31	(37.3)	46	(40.0)	.053	.818

*** $p < 0.001$, ** $p < .01$, * $p < 0.05$

A t-test was also completed on each subpopulation's (respondent category) subscale scores and overall instrument scores to determine how field instructors compare with field students regarding the agreeability across items (H4). This test was completed twice, once for the original RSIPAS instrument (Table 10) and again for the adjusted instrument based on the removal of two questions due to the reliability score discussed previously (Table 11). The results were consistent between both sets of analysis. The t-test revealed a significant difference between in the mean item scores in the self-efficacy subscale between Field Instructors and Field Students, $t(196) = 4.27, p < .001, d = .60$. There was no significant difference between conditions on the remaining three subscales.

Table 10*RSIPAS Subscales – Mean Differences Between Field Instructors and Field Students*

RSIPAS Subscales	Field Instructors (<i>n</i> = 83)		Field Students (<i>n</i> = 115)		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
	Section I: Self-Efficacy	51.92	6.86	46.98			
Section II: Attitudes	45.83	6.05	46.32	6.28	-.550	196	.583
Section III: Feasibility	18.83	2.06	18.71	3.02	.327	195	.744
Section IV: Frequency	27.04	6.62	26.30	8.47	.982	195	.496

*** *p* <0.001, ** *p*<.01, **p*<0.05

Table 11*RSIPAS Adjusted Subscales – Mean Differences Between Field Instructors and Field Students*

RSIPAS Subscales	Field Instructors (<i>n</i> = 83)		Field Students (<i>n</i> = 115)		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
	Section I: Self-Efficacy	51.92	6.86	46.98			
Section II: Attitudes	45.83	6.05	46.32	6.28	-.550	196	.583
Section III: Feasibility	14.08	2.67	13.56	2.96	1.288	196	.199
Section IV: Frequency	27.04	6.62	26.30	8.47	.982	195	.496

*** *p* <0.001, ** *p*<.01, **p*<0.05

RSIPAS with MSW Field Students and BSW Field Students

To answer RQ4, data was entered into SPSS statistical software and descriptive statistics and a chi-square analysis were conducted to compare each question's response among MSW and BSW field students. As can be seen by the frequencies cross tabulated in Table 12, there is a difference in the distribution of responses between MSW field students and BSW field students with only one of the forty questions. H5 was explored using chi-square for independence indicated significant association between one's field placement level (MSW or BSW) and the

frequency of conducting complete biopsychosocialspiritual assessments with each of their clients, $X^2(1, n = 198) = 6.02, p < .05$. There were no significant differences in the distribution of responses in the self-efficacy, attitudes, and feasibility subscales.

Table 12

RSIPAS Responses for MSW and BSW Students

Religious/Spiritually Integrated Practice Scale	BSW Students		MSW Students		X^2	p
	n	(%)	n	(%)		
Section I: Self-Efficacy (Agree to Strongly Agree)						
1. I know how to skillfully gather a history from my clients about their religious/spiritual beliefs and practices.	22	(56.4)	54	(71.1)	1.856	.173
2. I am able to recognize when my clients are experiencing religious/spiritual struggles. (e.g., tension or conflict with his/her Higher Power, religious/spiritual community, spiritual beliefs, etc.)	21	(46.2)	49	(64.5)	.817	.366
3. I know what to do if my client brings up thoughts of being possessed by Satan or the Devil.	8	(20.5)	21	(27.6)	.367	.545
4. I consider the unique needs of diverse clients with different religious/spiritual backgrounds in my practice.	35	(89.7)	63	(82.9)	.493	.483
5. I am able to recognize when my clients utilize positive religious/spiritual coping strategies. (e.g., trying to find a spiritual lesson in the presenting issue, etc.)	33	(84.6)	62	(81.6)	0.22	.883
6. I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process. (e.g., religious/spiritual reading materials, pastoral counseling, contact information to local clergy, or a prayer room/place of worship).	27	(69.2)	57	(75.0)	.192	.661
7. I feel as though I have the skills to discuss my clients' religious/spiritual strengths.	24	(61.5)	51	(67.1)	.149	.699
8. I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment.	20	(51.3)	42	(55.3)	.043	.835

9. I know when it is beneficial to refer my client to pastoral or religious counseling.	17	(43.6)	49	(64.5)	3.783	.052
10. I feel as though I have the skills to discuss my clients' religious/spiritual struggles.	19	(48.7)	49	(64.5)	2.036	.154
11. I am able to recognize when my clients utilize negative religious/spiritual coping strategies. (e.g., viewing the presenting issue as punishment from his/her Higher Power, etc.)	22	(56.4)	56	(73.7)	2.777	.096
12. I know what to do when my client has religious/spiritual beliefs that I am unfamiliar with.	23	(59.0)	44	(57.9)	.000	1.000
13. I am comfortable discussing my clients' religious/spiritual struggles.	27	(69.2)	58	(76.3)	.354	.552

Section II: Attitudes (Agree to Strongly Agree)

1. It is essential to assess clients' religious/spiritual beliefs in practice.	28	(71.8)	62	(81.6)	.932	.334
2. Integrating clients' religious/spiritual needs during treatment helps improve client outcomes.	30	(76.9)	61	(80.3)	.031	.861
3. Practitioners who take time to understand their clients' religious/spiritual beliefs show greater concern for client well-being than practitioners who do not take time to understand their clients' religious/spiritual beliefs.	31	(79.5)	59	(77.6)	.000	1.000
4. Integrating clients' religious/spiritual beliefs in treatment helps clients meet their goals.	28	(71.8)	54	(71.1)	.000	1.000
5. I am open to learning about my clients' religious/spiritual beliefs that may differ from mine.	38	(97.4)	70	(92.1)	.518	.472
6. Attending to clients' religious/spiritual needs is consistent with the principles of meeting the client where he/she is at.	34	(87.2)	64	(84.2)	.022	.882
7. Sensitivity to clients' religious/spiritual beliefs will improve one's practice.	36	(92.3)	70	(92.1)	.000	1.000
8. I am open to referring my clients to religious or pastoral counseling.	32	(82.1)	62	(81.6)	.000	1.000
9. Attending to clients' religious/spiritual beliefs is consistent with my profession's Code of ethics.	34	(87.2)	64	(84.2)	.022	.883
10. Empirically-supported religious/spiritually integrated treatments	20	(51.3)	43	(56.6)	.117	.732

are relevant to my practice.

11. There is a religious/spiritual dimension to the work I do.	27	(69.2)	43	(56.6)	1.242	.265
12. I refuse to work within my clients' religious/spiritual belief system if it differs from my own.	2	(5.1)	12	(15.8)	1.834	.176

Section III. Feasibility (Agree to Strongly Agree)

1. I have enough time to assess my clients' religious/spiritual background.	18	(46.2)	40	(52.6)	.212	.645
2. I have enough time to identify potential strengths or struggles related to my clients' religion/spirituality.	24	(61.5)	46	(60.5)	.000	1.000
3. My primary practice setting does not support the integration of religion/spirituality into practice.	9	(23.1)	21	(27.6)	.091	.762
4. I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice.	8	(20.5)	13	(17.1)	.037	.847
5. Given the many issues that must be addressed in treatment, I still find time to integrate my clients' religion/spirituality if they communicate a preference for this.	25	(64.1)	48	(63.2)	.000	1.000
6. I have been adequately trained to integrate my clients' religion/spirituality into treatment.	8	(20.5)	24	(31.6)	1.069	.301

Section IV. Frequency (Agree to Strongly Agree)

1. I seek out consultation on how to address clients' religious/spiritual issues in treatment.	6	(15.4)	21	(27.6)	1.524	.217
2. I read about ways to integrate clients' religion/spirituality to guide my practice decisions.	8	(20.5)	22	(28.9)	.564	.543
3. I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions.	7	(17.9)	23	(30.3)	1.439	.230
4. I involve clients in deciding whether their religious/spiritual beliefs should be integrated into their treatment.	18	(46.2)	43	(56.6)	.745	.388
5. I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment.	7	(17.9)	17	(22.4)	.096	.757
6. I conduct a full biopsychosocialspiritual assessment with each of my clients.	9	(23.1)	37	(48.7)	6.015	.014*

7. I link clients with religious/spiritual resources when it may potentially help them (e.g., religious/spiritual reading materials, contact information to local clergy, or a prayer room/place of worship).	14	(35.9)	31	(40.8)	.094	.759
8. I help clients consider ways their religious/spiritual support systems may be helpful.	16	(41.0)	42	(55.3)	1.559	.212
9. I help clients consider the religious/spiritual meaning and purpose of their current life situations.	11	(28.2)	35	(46.1)	2.718	.099

*** $p < 0.001$, ** $p < .01$, * $p < 0.05$

A t-test was completed on student respondents' level of placement (BSW or MSW) subscale scores and overall instrument scores to determine how the mean item scores for MSW field students compare with BSW field students (H6). This test was completed twice, once for the original RSIPAS instrument (Table 13) and again for the adjusted instrument based on the removal of two questions due to the reliability score discussed previously (Table 14). The results were consistent between both sets of analysis. The t-test revealed a significant difference in the mean item scores in the frequency of behaviors subscale between MSW and BSW students, $t(113) = -2.22, p < .05, d = .45$. There was no significant difference between conditions on the remaining three subscales.

Table 13

RSIPAS Subscales – Mean differences between MSW Students and BSW Students

RSIPAS Subscales	BSW Students ($n = 39$)		MSW Students ($n = 76$)		t	df	p
	M	SD	M	SD			
Section I: Self-Efficacy	44.69	7.56	48.16	10.07	-1.891	113	.061
Section II: Attitudes	45.08	5.04	46.96	6.78	-1.681	98	.096
Section III: Feasibility	18.08	1.89	19.04	3.42	-1.940	112	.055
Section IV: Frequency	23.89	7.69	27.54	8.63	-2.221	113	.028*

*** $p < 0.001$, ** $p < .01$, * $p < 0.05$

Table 14

RSIPAS Adjusted Subscales – Mean differences between MSW Students and BSW Students

RSIPAS Subscales	BSW Students ($n = 39$)		MSW Students ($n = 76$)		t	df	p
	M	SD	M	SD			
Section I: Self-Efficacy	44.69	7.56	48.16	10.07	-1.891	113	.061
Section II: Attitudes	45.08	5.04	46.96	6.78	-1.681	98	.096
Section III: Feasibility	12.92	2.32	13.88	3.21	-1.832	100	.070
Section IV: Frequency	23.89	7.69	27.54	8.63	-2.221	113	.028*

*** $p < 0.001$, ** $p < .01$, * $p < 0.05$

In summary, the research addressed four research questions. Data from the first research question (RQ1) was examined to determine the reliability of the RSIPAS instrument with the sample population. A Cronbach's alpha was performed and established internal consistent reliability with the full sample and each population in the sample. The alpha was improved by removing two questions in the feasibility subscale. The second research question (RQ2:H1-H2) examined the impact of education on religious/spiritually integrated practice with field instructors and field students. A chi-square analysis was completed and indicated a significant association between one's respondent category and prior continuing education. However, there was not a significant association between the respondent category and prior education courses with the sample. A t-test was used to test the impact of prior educational courses on the instrument responses. This revealed a significant difference between one taking prior educational courses and the full instrument as well as three of the four subscales (self-efficacy, feasibility, and frequency). Another t-test was used to test the impact of continuing education on responses by the sample. This revealed a significant difference between the conditions and the full

instrument, including all four of the subscales. Data from the remaining two research questions examined the differences in the four sub-scales of the instrument and the roles/identities of the respondent samples. The third question (RQ3:H3-H4) explored the views of self-efficacy, attitudes, feasibility, and frequency of behaviors in religious/spiritually integrated practice between field instructors and field students. A chi-square for independence analysis revealed a significant difference in the distribution between Field Instructors and Field Students regarding twelve prompts provided to the sample, ten items in the self-efficacy subscale and two in the frequency subscale. A t-test was also completed and revealed a significant difference between the mean items score in the self-efficacy subscale, but there was no significant difference between the conditions on the other subscales. The final question (RQ4:H5-H6) explores the views of self-efficacy, attitudes, feasibility, and frequency of behaviors between MSW field students and BSW field students. The chi-square and t-test analyses were conducted again. The chi-square for independence indicated a significant difference in the distribution of conducting biopsychosocial assessments with each of their clients between BSW and MSW students, but there was no significant association between one's level and the other thirty-nine items on the instrument. The t-test revealed significant difference in the mean item scores in the frequency subscale between one's field placement level. There was not a significant difference in mean item scores with one's level in the remaining three subscales. Discussion of the findings, implications and limitations of the research, and recommendations for future research is discussed in the discussion section.

Discussion

Social work education programs across the country are committed to graduating competent, ethical social workers. As our nation's population becomes increasing diverse and the

problems they face more complex, so does the goal of producing social workers capable of practicing in challenging and conflicting environments. Social workers utilize holistic practice principles, like person-in-environment, to understand these complex challenges and how they impact the functioning of those social workers engage in practice (Karls & O'Keefe, 2008; Karls & Wandrei, 1992). Part of these approaches require competence around the diverse beliefs and identities, including those of religion and spirituality, of the populations served. Social workers are mandated to seek education and understanding around religion (NASW, 2021) and social work education programs require the demonstration of the inclusion of religion and spirituality in practice (Barker, 2007; CSWE, n.d.). Understanding religion and spirituality in social work practice is developed through exposure in social work academic programs and the signature pedagogy of the profession, field education (CSWE, 2015, 2021; Harris et al., 2017).

Despite the mandate, hesitancy to integrate religious and spiritually informed practice may result in insufficient experience and competence in ethical practice (CSWE, 2015b, NASW, n.d.). With the majority of adults in the U.S. indicating that religion or spirituality are important in their lives (Pew Research Center, 2015) and the profession of social work to continue growing through 2029 (U.S. Bureau of Labor Statistics, 2021), it is critical that students receive adequate experience and exposure to the inclusion of religion and spirituality in assessment, engagement, and treatment of populations served (Barker, 2017; Crisp, 2011; Harris et al., 2017). It is concerning that the NASW Code of Ethics only references religion six times and spirituality is not mentioned (NASW, 2021). This is further complicated by the lack of widely accepted, operational definitions of religion and spirituality which align with the social work professions beliefs and values (Barker 2007; Crisp, 2011; Barker & Floersch, 2010b; Hodge, 2015; Phillips, 2014; Senreigh, 2013).

There is little information about the extent to which students are exposed to religion and spirituality in social work education curriculum (Barker & Floersch, 2010a; Buckey, 2012; Moffatt, Oxhandler, & Ellor, 2021; Wilmoth, 2019). An instrument in social work education used to evaluate the attitudes and behaviors of students is needed to allow social work educators to identify specific attitudes and behaviors with ethical practice behaviors and competencies. How religion and spirituality is included into social work education curricula remains uncertain (Barker & Floersch, 2010b). Such inclusion of religion and spirituality should be included in social work field education (Street & Moyle, 2019). If there is hesitancy by social work faculty and field to integrate religion and spirituality into field practice, students may not receive adequate practice experience around the topic. The RSIPAS is a suitable instrument to help identify educational training areas (Oxhandler, 2019). By utilizing this information, new educational approaches could be developed to help eliminate the knowledge to practice gap.

A gap in the literature also exists in examining the current social work field students around attitudes and beliefs with religious and spirituality integrated practice. No other research studies were found linking the use of the RSIPAS instrument to evaluation of student outcomes in accredited social work education programs. This study informs the need of educational interventions regarding religious and spiritually integrated practice and identifies areas focus for educational interventions. The purpose of this study was to build on existing research and determine if an existing tool, the RSIPAS, was reliable for use with social work students. The study then compared the attitudes and beliefs of religious and spirituality integrated practice between social work students and social work field instructors. The study also compared these attitudes and beliefs between two student groups, MSW field students and BSW field students. Furthermore, the study investigated the impact of receiving education on religious and spiritually

integrated practice through formal educational courses and continuing education on the beliefs and behaviors of social work students and field instructors. In this section, significant findings, research implications, limitations, and recommendations for future research are discussed.

Discussion of Significant Findings

The research explored trends in demographic information in addition to the responses to the assessment instrument. The study revealed a disproportionate number of respondents identifying as female (87.9%) completing the survey. It also revealed a considerable proportion of respondents identifying as White or Caucasian (76.3%) with the next largest portion identifying as Black or African American (19.2%). Data revealed the majority of respondents identified as having a religious preference of Christian (76.8%) with the largest segment identifying as Protestant (68.7%). The 2014 United States Religious Landscape Study found that 86% of Alabamian adults identified as being Christian with 78% of adults identifying as Protestant (Pew Research Center, 2014). This is a larger portion of the demographic than recent studies found nationwide. Nationally 70.6% of adults identified as Christian and 46.5% of adults identified as being Protestant. Those identifying as Christian fell 7.8% from 78.4% since 2007. Similarly, those that identified as Protestant declined 4.8% from 2007. Those that reported being of a non-Christian faith grew 1.2% between 2007 and 2014 and those identifying as unaffiliated grew 6.7% during that same timespan (Wormald, 2015). This indicates that the portion of those with Christian affiliation is trending down across the United States. While the representation of the sample is moderately similar to that of the State of Alabama, the religious and spiritual identities and beliefs may not be representative of other geographic regions in the United States.

A recent three year study surveyed a sample of 3,392 social work students completing their MSW and a significant portion (89.9%) of social workers graduating responded that they

were assigned female at birth (Salsberg et al., 2020). That same three year survey found 66.2% of their respondents identified as White and 22.3% as Black/African American. That study did not survey for religious/spiritual identity. The 2020 Census identified that those identifying as White comprised 64.1% of the population and those identifying as Black/African American comprised 25.8% of the population (U.S. Census Bureau, 2021). The Census Bureau does not collect religious affiliation data (U.S. Census Bureau, n.d.). This information reveals that while this study's racial demographic is similar to the demographics of recently graduated social workers across the United States and the population of the State of Alabama, the demographics are slightly more disproportionate.

The first question this study answered is, "Is the Religion and Spiritually Integrated Practice Assessment Scale (RSIPAS) reliable for assessing familiarity with and views about integrating religious and spiritual needs into social work practice with field students in social work educational programs?" To measure the degree to which it is reliable across the populations assessed, Cronbach's α was performed. SPSS was used to calculate Cronbach's α on the full RSIPAS instrument and each of the four subscales. An α score above 0.70 indicates that the internal consistency is acceptable while a score of 0.80 is preferred (Pallant, 2020). An α score above 0.80 indicates a high internal consistency level (Scott & Mazhindu, 2014).

The Cronbach's alpha revealed alpha scores of the instrument for all respondents was 0.93 ($n = 198$). The reliability alpha scores for the assessed subpopulations were found to be as follows: field instructors ($\alpha = 0.90$), all social work field students ($\alpha = 0.94$), MSW students only ($\alpha = 0.94$), and BSW students only ($\alpha = 0.91$). Analysis was also conducted on each of the subscales. This revealed high internal consistency level for all subscales except the third subscale which measured feasibility.

The alpha scores for this third subscale (feasibility) ranged from -0.28 to 0.49 with two (field instructors and BSW students) being in the negative range. Al-Ma'seb (2019) observed a similar suboptimal alpha ($\alpha = 0.50$) for the same subscale in their research with clinical social worker in Kuwait. Due to these scores in the subscale an item-wise reliability analysis was performed on the feasibility subscale to evaluate for sampling errors which could be caused due to inefficient sample size or sample profiles. The results observed indicated that the Cronbach alpha would increase significantly if questions 3 and 4 from the feasibility subscale were removed. The Cronbach alpha reliability analysis was re-performed eliminating those statements and the result improved the alpha score across all samples for the subscale and full scale. When addressing the concerns of the feasibility subscale, the alpha increased for the student population increased ($\alpha = 0.95$) exceeding a 0.80 threshold. The feasibility subscale improved to an acceptable score ($\alpha = 0.77$).

The alpha scores support prior research that the instrument is reliable for use with field instructors (Oxhandler, 2017). The scores also confirm through this research that the instrument is reliable with the social work field student population ($\alpha = 0.94$). Furthermore, this supports Oxhandler (2019) indication that the RSIPAS is a suitable instrument to help identify educational areas that need to be addressed to increase practice behaviors.

The second research question sought to explore the extent that social work field instructors and students receive education and training on religious/spiritually integrated practice. This was explored by examining 'yes' responses to the eighth and ninth demographic questions, which ask if the respondent has taken prior educational courses or continuing education courses on religion/spiritually integrated practice. Chi-square analyses were conducted to determine association and t-tests were used to determine if prior education had an

impact on RSIPAS responses.

Chi-square analyses were conducted to determine if association between the respondent's category and prior exposure to educational coursework or continuing education on religion/spiritually integrated practice. Only one-third (31.3%) of the respondents noted they had taken educational courses on the topic previously while one-fourth (24.7%) noted they had attended prior continuing education. MSW field students had the highest responses rate (35.5%) of respondents that had formal educational courses on religion and spirituality integrated practice. However, there was no significant association between the respondent categories and prior education.

Field instructors reported higher percentages (34.9%) of participation in continuing education than MSW (19.7%) or BSW students (12.8%). This could be attributed to those who are practicing professionals must obtain continuing education hours to maintain licensure while students may only be exposed through attendance at conferences and workshops with their educational programs. This would support why more MSW students have had exposure to continuing education around the topic since some may be practicing at a bachelor level while going back to school while other MSW students may not yet be practicing professionals. However, social workers are not required to obtain specific hours around religious and spiritual content; therefore, those who attend continuing education on the topics are doing so out of their own interests or self-identified need. The chi-square analyses revealed there was a significant association between respondent categories prior continuing education. However, the small effect size indicates there is only a weak association despite being statistically significant.

The results indicated that consistently only one-third of those affiliated with social work field programs have received education regarding spiritual and religious integrated practice. This

finding supports the fact that only one-third of the social work programs offer specific courses on religion and spirituality (Moffatt, Oxhandler, & Ellor, 2021). Oxhandler et al. (2015) found that only 13% completed a graduate course on religion and spirituality and just under one third completed post-MSW training. Oxhandler (2017) found that 18.8% of field instructors noted having prior courses and 52.2% having exposure through continuing education. It also supports prior research that few social work professionals have received formal education or training on the integration of religion and spirituality into social work practice (Oxhandler, 2017b).

T-tests were completed to determine if prior education or training had an impact on the positive/agreement responses, or mean item scores, on the RSIPAS. The tests revealed a significant difference in the responses on the instrument by those who had exposure to prior educational courses or prior continuing education. Prior exposure through course content resulted in answers providing more agreement to items in the self-efficacy, feasibility, and frequency subscales. This indicates that those with prior course work feel they increased skills, find integrating it into practice to be more feasible, and engage in the integration of it into practice more often than those who did not have prior course work. Specifically, the questions that were found to be significantly impacted in the self-efficacy subscale were considering the unique needs of clients in practice, feeling as though they have the skills to discuss clients' strengths, and the skills to discuss clients struggles regarding religious/spiritual practice. Two questions in the attitudes subscale were also impacted including agreement with practitioners who take time to understand clients' beliefs show greater concern for client well-being and that there is a religious/spiritual dimension to the work they do. In the feasibility subscale, two questions items were impacted. The first was that their primary practice setting does not support the integration into practice where respondents showed disagreement. The second showed some agreement with

the item that they have been adequately trained to integrate it into treatment. The final subscale of frequency had the most items showing significant impact with seven items. These items regarded frequency of engaging in the following behaviors: seeking out consultation to address issues in treatment, reading about ways to integrate and guide practice decisions, reading research evidence and its relationship to health to guide practice decisions, involving clients in deciding if it should be integrated into treatment, using empirically supported interventions, conducting full biopsychosocialspiritual assessments with each client, and helping clients consider meaning and purpose of their current life situations.

Prior exposure through continuing education increased all the subscales. This is similar to the impact of educational courses. However, it increased the agreement responses in the attitude's subscale indicating that receiving continuing education impacts the attitudes around the inclusion of spirituality and religion in practice. The items impacted by continuing education in the self-efficacy subscale totaled eleven of the thirteen items. The only two items not impacted were knowing how to skillfully gather a history from their clients about religious beliefs and practices and being able to recognize when their clients are experiencing religious/spiritual troubles. In the second subscale, attitudes, the items with significant impact were those integrating clients' spiritual/religious needs during treatment improving outcomes, empirically-supported integrated treatments being relevant to their practice, and there being a religious/spiritual dimension to the work they do. For the feasibility subscale, continuing education had impact on items relating to having time to integrate religion and spirituality into practice and being adequately trained to integrate it into treatment. Only three items in the frequency subscale were not impacted. This includes seeking out consultation on integrating it into treatment, conducting full assessments with each client, and helping clients consider ways

their religious/spiritual support systems may be helpful.

Exposure to religious/spiritual integrated practice content through prior course work or prior continuing education courses had a statistically significant impact on integrating religion and spirituality into social work practice. As described above, each delivery method of educational content impacted different items on the instrument. The data supports that receiving exposure to content around religion and spirituality integrated practice through formal course work and continuing education would impact twenty-seven of the forty items on the assessment. The results illustrate that prior course work has had less impact on the number of items in the instrument than continuing education. The results for this research question demonstrate the need to increase access to educational content that includes topics on religious and spiritually integrated practice.

The third research question explored self-efficacy, attitudes, perceived feasibility, and behaviors with integrating a client's religion and spirituality in practice among Field Instructors and Field Students. Analysis was conducted by examining the responses to each item on the RSIPAS instrument. First, a chi-squared for independence was used to determine the association between one's role as a field instructor or student and items in RSIPAS. The analysis revealed significant association between one's role and twelve of the forty items. Those items with a significant association on the self-efficacy subscale included the following: knowing how to skillfully gather histories from clients about their beliefs and practices, recognizing when clients are experiencing religious/spiritual struggles, knowing what to do when a client brings up thoughts of being possessed, considering the unique needs of diverse clients with different religious/spiritual backgrounds in their practice, and being able to recognize when clients utilize positive coping strategies.

Field instructors consistently responded with more agreement in each of the thirteen items of this self-efficacy subscale. Of particular interest is that while the majority of field instructors (85%) feel they have the skills to gather a history from their clients about beliefs and practices and to recognize when their clients are experiencing religious/spiritual struggles, only two-thirds of social work students in field settings feel the same. Oxhandler (2017) found that 90% of the field instructors knew how to gather information. Only 25% of the student respondents know what to do if their client brings up being possessed by the Devil or Satan. Two-thirds of the students feel as though they have the skills to discuss their clients' religious and spiritual strengths and fewer (59%) know how to discuss their struggles. Just over half of the field students felt confident in their ability to integrate client beliefs into their treatment (54%) and what to do when their client has beliefs they are unfamiliar with (58%).

The attitudes and feasibility subscales did not reveal significant associations between one's role and the items of the subscales. However, there are some items of interest in each subscale. More students (78%) than field instructors (65%) believe that taking time to understand a client's religious/spiritual beliefs show more significant concern for client well-being than those practitioners who do not take the time. Only half of the field instructors (55%) and field students (55%) believe empirically-supported religious/spiritually integrated treatments are relevant to their practice. Nearly one in ten respondents refuse to work with their client's belief system if it differs from their own. Field instructors and students may question the feasibility of incorporating religion and spirituality into practice. Just half (50.4%) of the students and slightly more (58%) field instructors feel they have enough time to assess their client's religious/spiritual backgrounds. However only 18% of students and 12% of instructors feel they do not have enough time to think about incorporating an integrated approach to practice. One in four noted

that their practice settings do not support integration of religion and spirituality into practice. Approximately one-third of field instructors (39%) and field students (28%) feel they have been adequately trained to integrate their clients' religion /spirituality into treatment. This is in stark contrast to prior research indicating that half of the respondents felt they had adequate training and education (Oxhandler, 2017b).

The frequency subscale revealed two items with significant associations. The first was about reading research evidence on religion/spirituality and its relationship to health to guide practice decisions. Field students responded in agreement at twice the amount of field instructors (field students, 26%; field instructors, 13%). The second item was regarding linking clients with religious/spiritual resources when it may potentially help them. One-third (39%) of students indicated agreement with this item compared to 58% of field instructors. Oxhandler (2017b) found that 51% of practitioners linked clients to resources. Other item response rates were also of interest. Only one in five respondents use empirically supported interventions that outline how to integrate a client's religion/spirituality into treatment. More field students indicate that they conduct complete biopsychosocialspiritual assessments (40%) with each of their clients and help clients consider the religious/spiritual meaning and purpose of their current life situations than field instructors (34.9%). Oxhandler (2017b) revealed a much higher portion of practitioners (65%) completing full biopsychosocialspiritual assessments with each client.

A t-test was also completed to determine the effect (mean item scores) of one's role on the RSIPAS instrument. This test revealed a significant difference in mean items scores on only one subscale, self-efficacy. There was not a significant difference between one's role and the remaining three subscales. This indicates that the most considerable difference in how field instructors and field students answered was on the self-efficacy subscale. Field instructors had a

higher mean rating (51.92) than students (46.98). The scale ranged from 1-5 across 13 questions. Two of the subscales resulted in lower mean scores. Field students and field instructors provided low mean in the feasibility and frequency subscales. This indicates lower agreement in the feasibility of incorporating religion and spirituality into social work practice and lower agreement in the frequency of behaviors around the integration into practice. It is therefore posited that if it is seen as not feasible to integrate, then there would be less engagement in integration into practice.

The final research question also explored views of self-efficacy, attitudes, perceived feasibility with integrating clients' religion and spirituality in practice, but this time it was between MSW and BSW field students. The same analyses were repeated on this question as were done on the previous research question. A chi-square of independence was done to determine the association between student field placement levels and the items on the RSIPAS instrument. Only one item indicated a significant association. This was regarding the frequency of conducting complete biopsychosocialspiritual assessments with each of their clients. Twice as many MSW students (49%) than BSW students (23%) conduct the full assessment with each client. However, less than half of the students are conducting complete assessments with their clients. BSW students appear to be more accepting than MSW students of working with clients with different religious/spiritual belief systems. Only 21% of BSW students and 32% of MSW students feel they have been adequately trained to integrate their clients' religion and spirituality into treatment.

A t-test was completed to determine how the mean item scores for MSW field students compare to BSW students for each of the subscales. The t-test revealed a significant difference between one's field placement level and the frequency they engage in behaviors. The indicates

the largest difference in how MSW students and BSW students answered was regarding the frequency of integrating the practice behaviors. MSW students has a higher mean rating (27.54) than BSW students (23.89). However, both mean scores were low given that the scale ranged from 1-5 across 9 questions.

Implications of Findings

The findings from this study have several implications for social work practitioners, social work educators, and social work students. Social work educators should consider using the RSIPAS as means to evaluate students' views and perceptions around self-efficacy, attitudes, feasibility, and frequency of religion/spirituality integrated practice. This instrument would allow educators to quantify the gained knowledge and skills during the program and assist in identifying areas where students need improvement or a need for additional content around religion and spirituality. If used as part of reflection activities, the instrument could foster feedback and discussion from social work students. Additionally, the instrument could also allow social work programs to evaluate effective inclusion of religion and spiritual content in student course work and field instructor education and compliance with CSWE mandates at the institutional level based on participant outcomes.

Similarly, the study has implications social work practice. Social workers should consider using the RSIPAS as a means to evaluate their own views and perceptions around religion/spirituality integrated practice. This instrument allows practitioners to quantify their knowledge and skills and identify areas of strength and opportunities for additional education/competence. If used as part of the practice setting, the instrument could reveal barriers for client access in relation to attitudes and perceptions of the practice. This would improve direct social work practice with historically marginalized and vulnerable populations.

Results from this study link the impact of education with one's attitudes and perceptions of religion and spirituality integrated practice. The results suggest that exposure to educational content has a positive impact on the assessment results. Being aware of this linkage allows educators and practitioners to identify areas of difficulty and opportunities to remediate attitudes and behaviors through additional education or revision to existing curricula and pedagogical approaches. Results from the study show additional education and training is needed for students and practicing field instructors around the knowledge, skills, attitudes, feasibility of practice, and frequency of practice behaviors surrounding religion/spirituality integrated social work practice.

In addition, this study has research implications. This study contributes to the current but limited understanding of the roles, attitudes, and behaviors of field instructors and field students around the integration of religion and spirituality in social work practice. Findings support existing literature that the RSIPAS is reliable for use with social work field instructors. Findings add to research about the RSIPAS due to the data supporting it being a reliable instrument for use with social work field students. Contributing to existing literature increases the understanding of our profession's current views and attitudes and its relation so the population social workers engage. Data from this study serves as a foundation to expand research in replicating this study to include field instructors and other rural religiously affiliated and non-affiliated social work programs to assess the impact of these culturally sensitive interventions on client and consumer service satisfaction and outcomes in social work field education.

Finally, the research findings have important implications on the profession's Code of Ethics and CSWE's affirmation processes. Results of the research illustrates the need for a revised Code of Ethics that strengthens language around competent practice involving both religion and spirituality. Furthermore, the results support existing literature finding that a

significant portion of practitioners have had no exposure through formal education in social work programs and do not feel they have sufficient skills or knowledge for religion/spirituality integrated practice. Despite it being a mandate from CSWE for its inclusion into curricula, study participants indicate they are not receiving exposure to the content. This information can inform CSWE on the need to address how the Council evaluates program content during affirmation and reaffirmation processes with accredited institutions. It can also serve as a foundation for the development of a specialized practice curricular guide for religious and spiritual competence.

Limitations

While the findings of this study are useful, it is important to note limitations which may affect the generalizability of the results and for considerations in use in future studies. One such limitation is that the study utilizes a relatively small sample of participants from a single state in the southern geographic region of the United States. This does not ensure that a study would reveal comparable results in other regions of the United States. Demographic data from the sample revealed a homogenous group of respondents that largely identified as female, White, and Protestant. The religiosity of this geographic region is largely Christian, specifically Protestant and may not provide ample representation of other religious identities when compared to other geographic regions. This is specifically true with the increasing trend of adults who do not identify with organized religion throughout the United States. While other demographics were similar to other data sources, the use of social work programs throughout other geographic regions may reveal dissimilar findings. Additionally, the sample size may have been impacted by two primary factors. First, the study was conducted during the COVID-19 pandemic where access to students was limited due to a variety of safety protocols across university settings. Second, the study asked individuals to participate in the study during stressful times. Field

Instructors were navigating the challenges of COVID-19 in their practice settings while managing their practice. Students were managing full-time course loads while balancing the stresses of a field placement, any outside work obligations, and family obligations. Although no participants expressed this stress experience, its impact cannot be excluded. Participants may have experienced additional stress by adding this to their plate which could have affected their participation and completion rates. Scheduling and conducting direct contact with field instructor and student groups at individual institutions may yield increased participation. This is something that could not be done during the pandemic due to a variety of safety protocols implemented across university systems.

Another limitation involves the use of self-report data. While there are many advantages of self-report data (e.g., cost and speed), there are limitations to its use. Given the nature of the topic of religion and spirituality, which people may be influenced by social desirability which impacts one's honesty in answering the questions. Allowing the study to be anonymized was done in part to promote truthful responses. However, using a multi-method assessment combining self-report with observations or designating control and test groups following an educational intervention may yield more reliable information.

Despite these limitations, this study is the first known study using the RSIPAS to survey social work student self-efficacy, attitudes, feasibility, and behaviors toward religion and spirituality integrated practice, and is the first to compare field student responses with field instructor responses. The study informs future research and social work education efforts.

Recommendations for Future Research

After considering the results, implications, and limitations of this research, areas of opportunity for future research have been identified. To increase the generalizability of the study

there are two recommendations for future research. First, replication of the study using a larger sample of field students from institutions in multiple geographic regions, including Indigenous populations, of the United States would increase the sample size and provide for a more diverse participant pool that is more representative of the social work student population nationally. Second, future research utilizing the RSIPAS in other languages (e.g., Spanish) would aid in increasing participation from students who do not utilize English as their first language and may assist in a more diverse racial and religious participant pool. Another recommendation for future research is to conduct a comprehensive longitudinal study which measures the impact of educational interventions deployed in social work programs at both pre- and post-intervention. This would investigate the development and retention of knowledge and practice skills related to religious and spiritual integrated practice over the course of the intervention. It would also investigate the effectiveness of teaching methods and content around religious and spiritually integrated practice. Finally, it would be beneficial to conduct additional research around religion and spirituality integrated practice with social work faculty who would be deploying the educational interventions. Such knowledge would increase understanding of the biases and attitudes around inclusion of integrated practice in educational curricula and identify barriers to its inclusion.

Conclusion

The Religious Spiritually Integrated Practice Assessment Scale v.2 is a reliable instrument to use with social work field students to assess their familiarity with and views about integrating religious and spiritual needs into social work practice. However, minimal research has been performed on its use with social work students in field practice settings. A gap in the literature also exists in exploring specific educational content and approaches effective in

increasing competence and ethical practice in this arena. Despite the ethical mandates of the social work profession for social workers to integrate religion and spirituality into practice and the mandate for accredited social work programs to demonstrate the inclusion of religion and spirituality in educational content, social worker field instructors and social works students lack sufficient competence and skills around religion and spiritually integrated practice. Prior research indicated that some of the hesitancy to integrate religion and spirituality into practice may be around practitioner attitudes. Findings from this study finds that it may also be related to the feasibility of including it in their practice due to time restraints and employer mandated restrictions on its inclusion.

The identified need for the inclusion of spirituality and religion in social work education continues. Part of the hesitancy may be attributed to the lack of a consistent, agreeable definition. However, this study supports the claim that there is a lack of education around the content occurring in educational programs. A significant portion of field students and field faculty feel they do not possess adequate skills or knowledge necessary to ethically or effectively integrate religious and spiritual practice into their existing work. Evidence from the study shows that education through course content or continuing education opportunity has a positive impact on the agreement to items in regarding one's self-efficacy, attitude, feasibility, and frequency of integration behaviors. However, this study also found that more items of the instrument were impacted by content from continuing education than formal education courses. This confirms that social work programs have the opportunity to explore further the integration of spirituality and religion in educational interventions and increase this content area in courses and curricula.

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Appendix A

Human Subjects Information



Institutional Review Board for the Protection of Human Subjects in Research
203 Angle Hall
700 Pelham Road North
Jacksonville, AL 36265-1602

August 10, 2021

Dr. Sean Creech
Jacksonville State University
Jacksonville, AL 36265

Dear Dr. Creech:

Your protocol for the project titled "Assessment of Integration of Religion and Spirituality in Social Work Field Education among Students and Field Instructors" protocol number 08102021-2 has been approved by the JSU Institutional Review Board for the Protection of Human Subjects in Research (IRB).

If your research deviates from that listed in the protocol, please notify me immediately. One year from the date of this approval letter, please send me a progress report of your research project.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Mead'.

Jennifer Mead
Assistant Human Protections Administrator, Institutional Review Board

Institutional Review Board (IRB) Authorization Agreement

Institution or Organization Providing IRB Review:

Name (Institution/Organization A): Jacksonville State University

Federalwide Assurance (FWA) #: FWA00005799

Institution Relying on the Designated IRB (Institution B):

 Name: The University of Alabama

 FWA#: 00004939

The Officials signing below agree that The University of Alabama may rely on the designated IRB for review and continuing oversight of its human subjects research described below: (check one):

This agreement applies to all human subjects research covered by Institution B's FWA.

This agreement is limited to the following specific protocol(s):

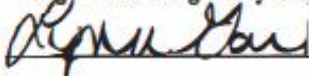
Name of Research Project: "Assessment of Integration and Religion and Spirituality in Social Work Field Education among Students and Field Instructors"

Name of Principal Investigator: Sean Creech

Sponsor or Funding Agency: _____ Award Number, if any: _____

Other (describe): _____

The review performed by the designated IRB will meet the human subject protection requirements of Institution B's OHRP-approved FWA. The IRB at Institution/Organization A will follow written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB's determinations and with the Terms of its OHRP-approved FWA. This document must be kept on file by both parties and provided to OHRP upon request.

Signature of Signatory Official (Institution/Organization A):


Date: 9.29.2021

Print Full Name: Lynn Garner Institutional Title: Assistant Director Office of Sponsored Programs and Associate Human Protections Administrator, Institutional Review Board

Signature of Signatory Official (Institution B):


Date: 09/30/21

Print Full Name: John C. Higginbotham, Ph.D., MPH Institutional Title: Sr. Associate VP for Research & Economic Development

Appendix B

Recruitment Letter/Email

Dear Field Faculty:

I am writing to let you know about an opportunity to participate in a research study assessing the integration of religion and spirituality in social work field education among students and field instructors. The study is seeking current field students at least 18 years of age and are placed in a field agency and field instructors who provide instruction and supervision for students from your university to participate in a research study. Your email was identified as the point of contact for field education on the Council of Social Work Education (CSWE) website.

The study is being conducted by Sean Creech, a doctoral student in the School of Social Work at the University of Alabama and a faculty member in the Department of Social Work at Jacksonville State University. I sincerely request that you forward this information to your field students enrolled in field classes during the Fall 2021 semester and any field instructors providing field instruction or supervision for students in placements.

<<LINK TO SURVEY>>

If one decides to participate in this study, they will complete a single short survey that will take approximately 10 minutes of their time. This is entirely voluntary, and one can choose to participate in the study or not. If you would like more information or have any questions about the study, please email or contact me at screech@crimson.ua.edu or screech@jsu.edu. Thank you again for considering this research opportunity.

Sincerely,

Sean C. Creech, LICSW, PIP
Principal Investigator
Social Work Faculty, Jacksonville State University
DSW Student, University of Alabama

Study Title: Assessment of the Integration of Religion and Spirituality in Social Work Field Education among Students and Field Instructors

Appendix C

Information and Consent

Information and Consent

Assessment of the Integration of Religion and Spirituality in Social Work Field Education among Students and Field Instructors

Dear participant,

You are invited to participate in a web-based online research study that assesses the integration of religion and spirituality in social work field education. This is a research project being conducted by Sean Creech, a doctoral student at the University of Alabama and faculty member at Jacksonville State University. The study will take approximately 10 minutes of your time. Participation in this research study is voluntary. The information you provided below is to help you decide whether or not to participate. If you have any questions, please email the principal investigator, Sean Creech, at screech@crimson.ua.edu or screech@jsu.edu.

PARTICIPATION

Your participation in this survey is completely voluntary. You may elect not to take part in the research or exit the survey at any time without penalty. This study aims to investigate the integration of religion and spirituality in the social work field education setting among social work students and field instructors. The survey will assess your familiarity and views about integrating religion and spirituality into social work practice. Information on integrating these areas into practice has not been widely disseminated in many social work educational programs. You may or may not know about these concepts. Nevertheless, if you consent to participate, please answer all the items to the best of your ability, even if you are unsure of your answer, have no opinion, or had little to no experience with the concepts in practice.

BENEFITS

You will receive no direct benefits from participating in this research study. However, your responses may contribute to research literature that impacts the field of social work and will hopefully help improve culturally competent practice with populations social workers serve.

RISKS

There are no more than minimal risks involved in participating in this study other than those encountered in day-to-day life. You may find some of the questions to be sensitive or uncomfortable. While questions will not ask you to share specific experiences, some of the survey questions ask about religion and spirituality and may be distressing to you as you think about your experiences. However, the potential discomforts or risks associated with the study are minimal.

CONFIDENTIALITY

Your survey answers will be sent to a database using Qualtrics, where data will be stored in a password-protected electronic format. Data will be stored for no less than three years and no

more than five years. We will not be collecting identifying information (e.g., name, address, email, or IP address). Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether you participated or not in this study.

CONTACT

If you have questions about the study or the procedures, you may contact the principal investigator, Sean Creech, at screech@crimson.ua.edu or screech@jsu.edu. If you feel you have not been treated according to the descriptions in this form, your rights as a participant in research have not been honored during this project, or you have any questions, concerns, or complaints you wish to address to someone other than the principal investigator, you may contact the Jacksonville State University Institutional Review Board - Office of Vice Provost at ejwalsh@jsu.edu or chodge@jsu.edu.

ELECTRONIC CONSENT

You may print a copy of this consent form for your records. Clicking on the "I consent" button below indicates that:

- Your participation in the study is voluntary.
- If you have any questions regarding the study after you provide consent, you can contact the principal investigator using the above information.
- You are 18 years of age.
- You are either enrolled as a bachelor or master social work student completing your field placement or serving as a field instructor/field supervisor.
- You are affiliated (as a student or field instructor/supervisor) with a college or university in the State of Alabama.
- You are aware that you may choose to terminate your participation at any time for any reason.

Please select your choice below.

- I consent, begin the study
- I do not consent, I do not wish to participate

Skip To: End of Survey If Information and Consent Assessment of the Integration of Religion and Spirituality in Social Work... = I do not consent, I do not wish to participate

Appendix D

Survey Part 1: Demographics

You are completing this survey as...

- Field Instructor
- Bachelor Level Field Student (BSW/BSSW Student)
- Master Level Field Student (MSW/MSSW Student)

What is your age in years? _____

What is your current gender identity? (Check all that apply)

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Genderqueer/gender non-conforming
- Other _____
- Prefer not to say

Choose one or more races that you consider yourself to be:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other _____
- Prefer not to say

Are you Spanish, Hispanic, or Latino, or none of these?

- Yes, Spanish
- Yes, Hispanic
- Yes, Latino
- None of these

What is your religious preference? (Enter "none" if you do not have an identified religious preference.) _____

Please state the extent you consider yourself to be a religious or spiritual person.

	Not at all	To some extent	Moderate	To a large extent	Very much
To what extent do you consider yourself a religious person?					
To what extent do you consider yourself a spiritual person?					

Have you taken prior educational courses on religion/spirituality integrated practice?

Yes

No

Have you taken prior continuing education courses on religion/spirituality integrated practice?

Yes

No

Appendix E

Survey Part 2: RSIPAS v.2

It is recognized that religion and spirituality may be defined in different ways, and while the definitions may share common elements, they are often used interchangeably. For the purpose of this survey, please consider the terms “religion” and “spirituality” as interchangeable as you respond to the items. To assist in defining the terms, we will utilize the definitions below:

Religion is “a system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God (in Western cultures), or Ultimate Truth, Reality, or nirvana (in Eastern cultures),” relies on scriptures, teachings, and offers a moral code of conduct (Koenig, 2008, p.11).

Spirituality is “the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and formation of community” (Koenig et al., 2001, p.18).

You may also find words like “client” and “treatment.” Please interpret them to include patients and care respectively, depending on your area of practice. Thank you again for your willingness to participate in the survey.

Section I: Self-Efficacy with Religious/Spiritually Integrated Practice

Please indicate the response to the right that best fits how much you agree or disagree with the statements regarding religious/spiritually integrated practice.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I know how to skillfully gather a history from my clients about their religious/spiritual beliefs and practices.					
2. I am able to recognize when my clients are experiencing religious/spiritual struggles. (e.g., tension or conflict with his/her Higher Power, religious/spiritual community, spiritual beliefs, etc.)					
3. I know what to do if my client brings up thoughts of being possessed by Satan or the Devil.					
4. I consider the unique needs of diverse clients with different					

religious/spiritual backgrounds in my practice.					
5. I am able to recognize when my clients utilize positive religious/spiritual coping strategies. (e.g., trying to find a spiritual lesson in the presenting issue, etc.)					
6. I am able to ensure my clients have access to religious/spiritual resources if they see this as an important aspect to their healing process. (e.g., religious/spiritual reading materials, pastoral counseling, contact information to local clergy, or a prayer room/place of worship).					
7. I feel as though I have the skills to discuss my clients' religious/spiritual strengths.					
8. I feel confident in my ability to integrate my clients' religious/spiritual beliefs into their treatment.					
9. I know when it is beneficial to refer my client to pastoral or religious counseling.					
10. I feel as though I have the skills to discuss my clients' religious/spiritual struggles.					
11. I am able to recognize when my clients utilize negative religious/spiritual coping strategies. (e.g., viewing the presenting issue as punishment from his/her Higher Power, etc.)					
12. I know what to do when my client has religious/spiritual beliefs that I am unfamiliar with.					
13. I am comfortable discussing my clients' religious/spiritual struggles.					

Section II: Attitudes About Religious/Spiritually Integrated Practice

Please indicate the response to the right that best fits how much you agree or disagree with the statements regarding religious/spiritually integrated practice.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. It is essential to assess clients' religious/spiritual beliefs in practice.					
2. Integrating clients' religious/spiritual needs during treatment helps improve client outcomes.					
3. Practitioners who take time to understand their clients' religious/spiritual beliefs show greater concern for client well-being than practitioners who do not take time to understand their clients' religious/spiritual beliefs.					
4. Integrating clients' religious/spiritual beliefs in treatment helps clients meet their goals.					
5. I am open to learning about my clients' religious/spiritual beliefs that may differ from mine.					
6. Attending to clients' religious/spiritual needs is consistent with the principles of meeting the client where he/she is at.					
7. Sensitivity to clients' religious/spiritual beliefs will improve one's practice.					
8. I am open to referring my clients to religious or pastoral counseling.					
9. Attending to clients' religious/spiritual beliefs is consistent with my profession's Code of ethics.					
10. Empirically-supported religious/spiritually integrated treatments are relevant to my practice.					

11. There is a religious/spiritual dimension to the work I do.					
12. I refuse to work within my clients' religious/spiritual belief system if it differs from my own.					

Section III. Feasibility for You to Engage in Religious/Spiritually Integrated Practice

Please indicate the response to the right that best fits how much you agree or disagree with the statements regarding religious/spiritually integrated practice.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I have enough time to assess my clients' religious/spiritual background.					
2. I have enough time to identify potential strengths or struggles related to my clients' religion/spirituality.					
3. My primary practice setting does not support the integration of religion/spirituality into practice.					
4. I don't have enough time to think about incorporating a religious/spiritually integrated approach to practice.					
5. Given the many issues that must be addressed in treatment, I still find time to integrate my clients' religion/spirituality if they communicate a preference for this.					
6. I have been adequately trained to integrate my clients' religion/spirituality into treatment.					

Section IV. How Often Do You Currently Engage in Religious/Spiritually Integrated Practice?

For this section, please indicate the response that best fits the *frequency* with which you currently engage in religious/spiritually integrated practice.

	Never	Rarely	Some of the time	Often	Very Often

1. I seek out consultation on how to address clients' religious/spiritual issues in treatment.					
2. I read about ways to integrate clients' religion/spirituality to guide my practice decisions.					
3. I read about research evidence on religion/spirituality and its relationship to health to guide my practice decisions.					
4. I involve clients in deciding whether their religious/spiritual beliefs should be integrated into their treatment.					
5. I use empirically supported interventions that specifically outline how to integrate my clients' religion/spirituality into treatment.					
6. I conduct a full biopsychosocialspiritual assessment with each of my clients.					
7. I link clients with religious/spiritual resources when it may potentially help them (e.g., religious/spiritual reading materials, contact information to local clergy, or a prayer room/place of worship).					
8. I help clients consider ways their religious/spiritual support systems may be helpful.					
9. I help clients consider the religious/spiritual meaning and purpose of their current life situations.					

Survey adapted from:

Oxhandler, H. K. (2019). Revalidating the Religious/Spiritually Integrated Practice Assessment Scale with five helping professions. *Research on Social Work Practice, 29*(2), 223-233. Doi: 10.1177/1049731516669592

Appendix F

List of Abbreviations and Symbols

α	Observed reliability coefficient – Cronbach’s alpha
BSW	Bachelor of Social Work
CSWE	Council on Social Work Education
d	Effect size – Cohen’s d
df	Degrees of freedom
EPAS	Educational Policy and Accreditation Standards
IRB	Institutional Review Board
M	Descriptive statistic – sample mean
MSW	Master of Social Work
n	Number in sample
NASW	National Association of Social Workers
p	Significance level
SD	Descriptive statistic – standard deviation
SPSS	Statistical Package for Social Sciences
t	Observed t test value
ϕ	Effect size - Cramer’s V
X^2	Observed chi-square value
=	Equal to
>	Greater than
<	Less than
%	Percentage