

INTERNSHIP AT THE FAMILY LIFE BUREAU
INCLUDING A RESEARCH PROJECT:
A SURVEY OF THE INCLUSION OF
SPIRITUALITY IN SCHOOL COUNSELLORS' PRACTICE

CENTRE FOR NEWFOUNDLAND STUDIES

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INTERNSHIP AT THE FAMILY LIFE BUREAU INCLUDING A

**RESEARCH PROJECT: A SURVEY OF
THE INCLUSION OF SPIRITUALITY IN
SCHOOL COUNSELLORS' PRACTICE**

by

Doreen Westera, MscN, BN

**This internship report is submitted to the School of Graduate Studies
in partial fulfillment of the requirements for the degree of Master of
Education**

FACULTY OF EDUCATION

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Abstract

This report focuses on a counselling internship completed at the Family Life Bureau, St. John's, Newfoundland, as part of the requirement for the Master of Education (Educational Psychology) degree. This internship was of thirteen weeks duration, and was completed between January 12, 2000 and June 30, 2000.

Chapter One of this report identifies the rationale for choosing the internship alternative. In addition, the rationale for choosing the Family Life Bureau as the setting within which to complete this internship is discussed. A description of the setting of the Family Life Bureau is given, as well as the services available at the Bureau. The chapter ends with a description of internship goals and supervisory activities and responsibilities.

Chapter Two of this report includes a comprehensive discussion of the activities undertaken by the intern while at the Family Life Bureau. Chapter Three describes the research component of the internship, discussing the background, purpose and significance of the research, as well as giving a literature review, research questions, methodology, results and their implications, and the limitations of the survey. This research component was not completed at the Family Life Bureau. Rather, a questionnaire was distributed to school counsellors in the province who are working with junior or senior high school students to

determine the nature, extent and attitudes toward spiritual care in counselling practice. The results of this study indicate that these counsellors are not including aspects of the spiritual dimension as an integral part of their counselling practice, and did not feel a high level of skill in this area. Most perceived their counsellor training programs to be deficient in instruction in the spiritual dimension and identified time and lack of knowledge as the greatest obstacles to attending to the spiritual dimension. Based on relevant findings in the study, Chapter three offers recommendations for practice and research.

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I would also like to thank Jocelyn Stuart-Power and Marie Wall who co-supervised my experience in the internship setting. Both are outstanding mentors who provided excellent supervision, guidance and helpful support.

To the provincial School Boards who gave permission, and the guidance counsellors who participated in the research component of the internship, I express my thanks.

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CHAPTER ONE

INTRODUCTION

Rationale for the Internship

As part of the requirements for a Master of Education degree (Educational Psychology), students may choose to complete either a thesis, a paper folio, a project, or an internship. The internship is a practical counselling experience which the intern engages in for a minimum of ten weeks, normally undertaken after or near the completion of the required course work for the degree. Settings for the internship vary, depending on the background and needs of the intern.

The internship provides the opportunity for the intern to build upon his/her personal and professional competencies in counselling. Additionally, there is a requirement for the intern to complete a research project, which may or may not be intricately connected to the internship setting.

The writer chose the internship option because it would provide the best opportunity to gain practical experience in counselling, a main goal of the writer (hereafter referred to as the intern). During the internship, the intern would have the opportunity to further apply counselling theories and strategies, a process which began earlier in the program. Additionally, the intern would receive professional supervision from experienced counsellors. As the intern views the Master of Education degree as the first step towards certification with the American Association of Marriage and Family Therapists (AAMFT), the

experience of being supervised would not only provide valuable feedback to the intern, but would also approximate a process, i.e. supervision of counselling practice, which is a requirement for certification. The opportunity to complete an internship in a setting which was different from the earlier practicum setting (the Clinical Institute) would also have the potential to expose the intern to additional theories of counselling beyond the narrative approach, the main theoretical orientation of the Clinical Institute. Finally, choosing the internship option would enable the intern to begin conducting research in the area of spirituality in counselling practice. This research is seen by the intern as foundational to further research which she intends to conduct in this area, perhaps in a doctoral program.

The Internship Setting

The Family Life Bureau was chosen as the site for the completion of the internship. The Family Life Bureau was founded in 1979, and is operated by the Roman Catholic Archdiocese of St. John's. It is located in a wing of the Archdiocese building. There are three full-time counsellors, one half-time counsellor and one Marriage Preparation Coordinator employed by the Bureau, although one counselling position was terminated during the course of the internship experience. One counsellor was also on educational leave during this period of time.

Programs provided by the Family Life Bureau include marriage preparation courses, group counselling, individual counselling, marriage counselling, and family therapy. One of the counsellors at the Bureau travels regularly to Placentia and Marystown to provide counselling services in these areas.

The intern chose the Family Life Bureau for a number of reasons. Firstly, it would provide the opportunity to engage in marriage counselling and family therapy, an area which the intern plans to develop further in the future. Secondly, there would be the opportunity to be co-facilitator for a ten week group counselling experience. Working with groups is also a long-term goal of the intern. Thirdly, the intern's interest in educational aspects of counselling would be able to be met through being able to participate in a marriage preparation course, and being involved in a psychoeducational group counselling experience. Fourthly, the fact that the Family Life Bureau was affiliated with the Roman Catholic faith provided some opportunity and support for the inclusion of spirituality into counselling practice, if deemed appropriate by the client. The intern has had a longstanding interest in the place of spirituality in counselling practice. Finally, the Family Life Bureau closely approximates the type of setting the intern would prefer to work in the future.

Supervision

Supervision of the intern was shared by the Faculty of Education (Educational Psychology), and the Family Life Bureau. The Family Life Bureau suggested that supervision there be shared by two counsellors, Jocelyn Stuart-Power and Marie Wall. This suggestion was agreed upon by the intern and Dr. Norm Garlie, the University Supervisor. When Ms. Stuart-Power left the agency mid-way through the internship experience, Ms. Wall continued the supervisory responsibilities.

The field supervisors were responsible for:

1. Consulting with and interviewing the intern during the period when the internship proposal was being formulated.
2. Orientating the intern to the Family Life Bureau.
3. Supervising the intern's activities while at the Family Life Bureau.
4. Referring appropriate clients to the intern.
5. Providing activities which would enable the intern to achieve her objectives.
6. Including the intern in staff meetings.
7. Meeting with the intern and the faculty supervisor at the beginning of the internship, mid-way through, and at the end, to discuss concerns and issues relevant to the internship/intern's progress.

The faculty supervisor was responsible for:

1. Consulting with and guiding the intern during the proposal development phase.
2. Meeting with the intern and field supervisors three times during the internship period, as discussed earlier.
3. Providing feedback and guidance to the intern as she was completing the internship and during the writing and completion of the internship report.

The intern was responsible for:

1. Preparing an internship proposal in collaboration with the university and field supervisors.
2. Obtaining approval from the Interdisciplinary Committee on Ethics in Human Research for the research component of the internship.
3. Seeking out experiences which would enable her to meet the objectives of the internship.
4. Keeping the university supervisor informed regarding activities/issues/progress in the clinical and research components of the internship.
5. Meeting regularly with field supervisors for ongoing case consultation and discussion of intern responses to clients/client issues.

6. Attending three meetings, as outlined earlier, with field supervisors and the university supervisor.
7. Following ethical guidelines for counselling practice as set out by the Canadian Guidance and Counselling Association.
8. Completing a research project, adhering to guidelines for ethical research involving human subjects.
9. Submitting an internship report.

At the Family Life Bureau, regular, biweekly supervisory meetings were held to discuss client situations and counselling strategies. In addition, impromptu meetings were held as issues arose. The intern was able to draw on the theoretical perspectives of the supervisors, namely, the psychodynamic approach and Satir's approach, although both field supervisors were somewhat eclectic in their theoretical orientations.

The intern regularly contacted the university supervisor, Dr. Garlie, to update him with respect to internship activities and issues. As well, Ms. Stuart-Power, Ms. Wall, Dr. Garlie and the intern met at the beginning of the internship, mid-way and at the end (Ms. Stuart-Power did not attend the latter two meetings as she was no longer at the Bureau).

Internship Goals and Objectives

The main goal for the internship was to gain practical experience to increase the intern's competence in counselling a variety of clients. To meet this goal, specific objectives were developed. A detailed description of the activities engaged in to meet these objectives is found in Chapter Two of this report. In this chapter the intern will present the objectives and the process through which these objectives were accomplished.

Objective 1: To become familiar with, and participate in the various activities carried out by the Family Life Bureau.

This objective was met through: a) attending an orientation which informed the intern of the scope of services provided by the Family Life Bureau; b) attending a weekend marriage preparation course; c) engaging in individual counselling with thirteen clients; d) co-facilitating a ten-week psychoeducational group for separated and divorced women; e) engaging in marriage counselling with one couple. The intern was unable to participate in family counselling as there were no families on the wait list or who contacted the Bureau for counselling during the internship period.

Objective 2: To develop competence in counselling a variety of people who present with a variety of problems/issues in their lives.

This objective was met through a) engaging in counselling thirteen clients whose problems/issues ranged from relationship problems to parenting issues to spirituality/religious concerns to depression/anxiety to concerns about inadequate housing; b) co-facilitating a group for separated or divorced women with a variety of contexts under which they became single as well as a myriad of issues about which each woman was concerned; c) engaging in marital counselling with one couple; d) reading and compiling an annotated bibliography of journal articles/books pertaining to client issues; e) discussing problems and issues encountered in the counselling process with field supervisors and implementing their suggestions within counselling sessions; f) attending teleconference education sessions on depression and suicide and a two day intensive workshop on narrative therapy.

Objective 3: To build upon existing counselling skills.

Basic counselling skills had been acquired through the intern's educational experiences within nursing and in earlier clinical practice experiences in the Master of Education degree program. The intern built upon and expanded these skills through a) analyzing her strengths and weaknesses in working with clients through a journal and through supervisory meetings with field supervisors; b) implementing suggestions of field supervisors for counselling sessions; c) reading

articles/books on how to approach various client problems; d) co-facilitating ten psychoeducational group counselling sessions; e) meeting with the field supervisors and the university supervisor at the mid-way point and at the end of the internship period; f) attending two teleconferences, one on depression, the other on suicide; and attending a two day intensive workshop on narrative therapy.

Objective 4: To develop a personal approach to counselling while examining a variety of approaches carried out at the Family Life Bureau.

This objective was met through: a) co-facilitating a psychoeducational group counselling experience in which a number of strategies and skills pertaining to this type of group experience was implemented and/or observed; b) reading and developing an annotated bibliography of various counselling theories/approaches; c) attending staff case conferences during which various approaches of the counsellors at the Family Life Bureau were discussed; d) attending a two day intensive training workshop on narrative therapy; e) building upon the experience the intern received in working with clients from a narrative approach in an earlier practicum by using this approach, as appropriate, with several clients; f) adopting an eclectic approach, that is, choosing approaches as deemed relevant to the client situation, for example, cognitive behavioral approaches; and g) ongoing reflection and review of counselling sessions.

Objective 5: To further develop expertise in spiritual dimensions of counselling.

This objective was met through: a) counselling a client referred to the intern by another counsellor for whom spiritual/religious issues were his main reason for seeking help; b) conducting spiritual assessments of clients as deemed appropriate to the client context/situation; c) participating in a labyrinth walk which was conducted by one of the counsellors at the Family Life Bureau, and discussing the potential of this activity in nurturing the spirituality of the client; d) reading and compiling annotated bibliographies of articles pertaining to spirituality; e) where appropriate to the client context, discussing spiritual interventions such as prayer and scripture reading as means of coping with/dealing with problems; and f) suggesting strategies for spiritual development which were congruent with the client's belief system, for example, informing a client of the various activities available within the Catholic church when this client expressed a desire to learn more about Catholicism and to deepen her faith experience.

Objective 6: To participate as a member of the team at the Family Life Bureau, further developing skill in interdisciplinary collaboration.

This objective was met through: a) participating in biweekly staff meetings; b) assuming responsibilities of counsellors at the Family Life Bureau in terms of client intake calls, answering inquiries by phone, and referring, giving information, etc; c) co-facilitating a ten week psychoeducational group with the other two counsellors at the Family Life Bureau; d) discussing issues/clients from the intern's professional perspective, which is nursing, while the other three counsellors would contribute their professional perspectives (psychology, social work and educational psychology; and e) providing a file of articles/books read by the intern to the other counsellors for their use as deemed appropriate by these counsellors.

Objective 7: To investigate agencies which are used by the Family Bureau in terms of referring/receiving clients.

This objective was met through on-site visits to the Mental Health Crisis Centre and Addictions Services (in Pleasantville) for an orientation to these agencies and their services. Both of these agencies were identified as the most prominent cross referral agencies by counsellors at the Family Life Bureau. In addition, the intern visited the offices of Human Resources Development and Employment (on Parade St.) for two reasons: several clients were candidates for referral to this agency, and the intern wanted to investigate the services and programs provided.

Objective 8: To attend workshops and teleconferences relevant to the internship experience.

This objective was accomplished through: a) attending a two-day intensive workshop on narrative therapy, at the Clinical Institute, School of Social Work; and b) attending two teleconferences offered by the Faculty of Medicine: an update on the management and treatment of depression, as well as, a teleconference on suicide assessment and intervention.

Objective 9: To conduct a research project as part of the internship requirements.

This objective was met through a) development of a proposal for the intended research; and b) conducting a survey of guidance counsellors in the province with respect to their attitudes towards and inclusion of spirituality/religion in the counselling of junior and senior high school students.

CHAPTER TWO

A DESCRIPTION OF INTERNSHIP ACTIVITIES

This chapter presents a detailed description of activities undertaken during the internship period which occurred between January 12 and June 30 (the intern was on site 10 hours a week between January 12 and April 10, increasing the hours after that time to complete 408 hours of internship by June 30).

Table 2.1
Internship Activities

Activity	Number of Hours
Individual counselling	90
Marriage counselling	5
Group Counselling/Preparation/Debriefing	70
Supervision	15
Maintaining client files/journal	60
Agency Visits	5
Workshop/Teleconferences	19
Research and Reading	105
Office Responsibilities (intake, answering phone, case finding)	10
Staff Meetings	20
Marriage Preparation Course	9
<i>Total Number of Hours</i>	<u>408</u>

Orientation Activities

During the first week of the internship the intern was taken on a tour of both the Family Life Bureau and the Roman Catholic Archdiocese building to meet relevant staff and to show where office equipment was located. At that time she was also oriented to the case file system, programs offered by the Family Life Bureau, various protocols, and the telephone system. An orientation meeting was also held between the intern, the field supervisors and the university supervisor.

Individual Counselling

During the internship period the intern provided individual counselling to 13 clients (with an additional client continuing on as an individual client after four sessions of marriage counselling), for a total of 90 hours. These clients ranged in age from late 20's to late 50's, with the majority being 30 - 45 years of age. Only one client was male (most clients on the waiting list were female and although the intern tried to obtain more males, she was unable to do so for a variety of reasons such as expired phone numbers, change of address with no forwarding address, etc). The number of sessions each client received ranged from one to eleven with the exact number of sessions for each client depicted in Table 2.2 (one client dropped out after only one session because she became employed and was unable to keep daytime appointments. One did not return after the initial appointment, one did not return after two sessions, while another attended only three sessions.)

Table 2.2
Number of Sessions for Each Client

Client	Number of Sessions
1	1
2	1
3	2
4	3
5	9
6	8
7	10
8	6
9	11
10	9
11	9
12	5
13	4

Clients presented with a diversity of issues, and throughout the course of counselling, additional issues emerged. The main issues which were dealt with are depicted in Table 2.3, although other issues which surfaced included sexual abuse, low self-esteem, communication issues with partner, financial stress, suicide ideation, sexuality problems, drug abuse, assertiveness issues, family of origin issues, and job re-entry issues.

Table 2.3
Predominant Issues by Client

Client	Predominant Issues
1	Socialization Anxiety
2	Marriage Separation
3	Divorce/Parenting
4	Abusive Relationship
5	Co-dependency/Depression
6	Co-dependency/Conflictual partner relationship
7	Spirituality/Religious following clergy abuse
8	Abusive relationship/Parenting
9	Marriage separation/Depression
10	Depression/Parenting/Self Development
11	Divorce/Housing Crisis/Dis-Empowerment
12	Marriage Separation
13	Abusive Relationship

The intern compiled client notes after each session which included presenting issues/problems, interventions and follow-up plans. Supervisor comments/suggestions and notation of intern response to clients, for example, countertransference (projections by the intern) were also noted as they arose, as such projections can potentially get in the way of helping a client. These notes proved to be invaluable in terms of the counselling process over time, and for supervision discussions. They also stimulated self-reflection which contributed to the personal and professional development of the intern.

Theoretical frameworks used in guiding the individual counselling sessions consisted primarily of the narrative approach, cognitive-behavioral approaches, psychodynamic theory and gestalt therapy. For example, with the narrative approach, it was helpful to several clients to externalize problems they presented with (for example, fear of the future). Through this process they felt empowered in that part of the externalization process which looks at how the person impacts on the problem. The concept of an audience "witnessing" preferred new ways of being (part of the narrative approach) was also helpful in enabling clients to maintain their preferred ways of being.

With other clients, cognitive-behavioral approaches seemed to work best using strategies such as thought stopping, normalizing, legitimizing experience, cognitive restructuring, and relaxation techniques. Such strategies seemed to enable these clients to change thinking and behavior patterns which were not helpful to them in their lives.

Gestalt therapy was used with one client in particular who was having difficulty 'connecting' various aspects of herself. She found the techniques of "talking to the chair" and journaling conversations between various aspects of the self to facilitate emotional release.

Exploratory, insight-oriented techniques from the psychodynamic tradition were also used in helping one woman explore not only her conscious thoughts/feelings but also to examine the unconscious, for example, her dreams. Such processes enabled her to 'connect' the past with the present and future, and

to develop insight into possible explanations for her present difficulties. One exciting development in this case was her decision to pursue further therapy to deal with incest experiences as a child which, initially, she did not see as "important to the problem". Throughout the counselling process with the intern, "material" which she had "put to rest" by her emerged, and she was able to see that, although she had repressed these experiences, they were very much 'alive' in her life at present.

Underlying all these approaches was feminist theory, characterized by exploration of the subjective experience of the client, empowerment of the client, facilitation as the norm for the counsellor role, and where problems were set within their sociopolitical contexts. This theory was of particular relevance to several female clients whose problems were intricately connected to their positioning as women.

In choosing a somewhat eclectic approach to counselling, the intern felt that she was attempting to choose what was best for the client situation. She also discovered a high comfort level in this stance, albeit with more of a desire to explore further the narrative approach. The intern viewed this development as part of the process involved in developing a personal approach to counselling.

Marriage Counselling

One objective of the intern was to engage in counselling with at least four couples. It was disappointing to only obtain this experience for one couple, and then, for only three sessions. When the husband was hospitalized for surgery, the intern met with the wife alone. Information received at that session led to a referral to Child Protection and after that happened, only the wife continued as an individual client. One other couple came for one session together (after initial individual sessions with each), after which the husband refused to continue on. His wife continued on in individual counselling. Eight additional couples who were on the waiting list were contacted but either refused counselling for a variety of reasons, or made appointments but did not present for scheduled appointments.

The theoretical approach used by the intern with the one couple she counselled was mainly that of narrative therapy. This approach seemed to be suited for the context as both were blaming each other and seeing "the other" as the problem. Externalizing issues was helpful in separating the problem from the person. Unfortunately, the intern was not able to work with this couple over a period of time for reasons stated earlier.

Group Counselling

During the initial interview with the field supervisors, the intern was informed of the availability of the experience of co-facilitating a ten week, psychoeducational group for separated and divorced women, all of whom were clients of counsellors at the Family Life Bureau (one group member was assigned to the intern for individual counselling as she was referred to the group by an outside source). This experience was a highlight of the internship as the other two co-facilitators (Ms. Stuart-Power and Ms. Wall) were experienced group leaders who were very creative in their activities within the group.

The intern participated in interviewing the woman referred from an outside source to determine her suitability for the group. The other seven members were preselected from the case load of the counsellors, and were all interested in the group, and eager for the group experience.

The group ran for ten weeks with each session lasting two hours. The intern shared co-facilitating responsibilities such as: being the observer for a portion of the group; leading the "transfer in" or "transfer out" exercises; leading discussion or a variety of group activities/exercises (for example, demonstrating an exercise on trust, directing a Time Line activity, leading an iceberg exercise, etc); planning sessions; recording on each client after each session; and debriefing after each session. The framework for the group experience was based on Fisher (1984) with each session focusing on two "building blocks" of rebuilding one's

life when a relationship ends (for example, anger, trust, loneliness, freedom). An outline of the group sessions and the group contract is found in Appendix A.

Before the group began and before each session the intern, Ms. Stuart-Power, and Ms. Wall met, initially to map out the ten week experience, and thereafter, to plan each session in detail, including each facilitator's responsibilities during the group session. After each session, notes were written on each client's progress and each session was evaluated. At the post-session meetings the intern also received valuable feedback about her role as co-facilitator, and the discussion at that time on group dynamics greatly expanded the intern's knowledge of group counselling issues. This group experience was invaluable in building on the intern's previous experiences as a group facilitator. The psychoeducational framework of the group also seemed to fit with the intern's value of and involvement in educational processes.

Supervision

The intern met on a bi-weekly basis with her two field supervisors with several other impromptu meetings occurring as the situation warranted. During that time, client issues were discussed, progress was noted in terms of how the intern was counselling, and concerns were addressed. Both Ms. Stuart-Power and Ms. Wall were challenging mentors, encouraging the intern to address her "blind spots", and affirming strategies and directions taken by the intern in the

counselling process.

Faculty supervision was also helpful in assessing intern progress, affirmation of the intern's concerns regarding difficult client situations (eg. referral to Child Protection), and in guiding the intern through the entire internship process.

Maintaining Client Files/Journal

The intern kept a weekly journal of her activities, including notation of her personal and professional responses to these activities. In addition, notes on each client's session were formulated, with client files being kept in a locked cabinet in the general office at the Family Life Bureau to ensure confidentiality. In addition, the intern completed Intake Forms when required as a result of phone calls to the Bureau and filed these on the wait list. At the end of the internship period, the intern's case notes were sealed in an envelope within a locked cabinet, where they will be kept for seven years after which they will be destroyed according to Family Life Bureau policy.

Agency Visits

Because of the close liaison between the Family Life Bureau, the Mental Health Crisis Centre and Addictions Services, the intern visited the latter two

agencies. During these onsite visits, agency personnel met with the intern and informed her of programs and referral processes of each agency. During the course of the internship period, the intern referred one client to Addictions Services, and received two clients as referrals from the Mental Health Crisis Centre.

In addition to the above two agencies, the intern visited the Human Resource and Development Employment office to familiarize herself with services offered there. The impetus for this visit came as a result of having several clients dealing with job re-entry issues.

The importance of counsellors being aware of a wide range of resources in a community is imperative in order to inform clients of the availability of these resources, which can be a valuable adjunct to counselling. Because of prior work experience the intern was aware of many community resources which she referred clients to during the internship period. Some of these resources referred to are: the Lantern, Kirby House, and various Roman Catholic parish programs.

Labyrinth Walk

One of the counsellors, Ms. Wall, conducted a labyrinth walk in which the intern participated one evening during April (2000). This walk was held at Mary Queen of Peace Church. Those who participated in the walk were clients and acquaintances of Ms. Wall. Rope was arranged in the shape of a labyrinth in the

foyer of the church. We met in a room in the church and were asked to complete a reflection sheet (Appendix B) before walking the path laid out by the rope. We then completed the walk, at our own pace, and in a reflective mood. After finishing the walk we returned to the room and completed a second sheet (Appendix B). The session ended with a discussion of the impact of the walk.

Workshops/Teleconferences

Continuing education is invaluable to counsellors in keeping them abreast of current developments and expanding their areas of competence. During the internship period, the intern attended two teleconferences organized by the Faculty of Medicine, Memorial University. One teleconference, albeit developed from a medical perspective, provided a valuable update on the management and treatment of depression. The second teleconference provided the intern with a review of suicide assessment and intervention for the intern. Both of these topics were timely in that several clients were dealing with clinical depression and/or had suicidal ideation. The update obtained in those teleconferences enabled the intern to more competently deal with these issues with clients. The intern also attended a two day narrative therapy workshop which was sponsored by the School of Social Work, Memorial University. Although the theoretical presentations were familiar to the intern, what she found invaluable were several live interviews which demonstrated various aspects of the narrative approach.

There was also ample opportunity to practice in pairs using this approach. In these ways, the workshop built on the intern's existing foundation in respect to the narrative approach.

Research and Reading

Details of the internship research project are described in Chapter 3 of this report. During the internship period the intern was able to research topics related to the clients she was counselling. It was possible to do this in a reasonably in-depth fashion, because the internship was structured over a six month period. An annotated bibliography of these readings was compiled and can be found in Appendix C. These readings were invaluable in helping the intern to approach certain topics with the client, to ensure that there was focus on appropriate aspects of a situation, and in providing a framework for counselling. For example, Denton (1990), Griffith (1995), Josephson (1993), Doehring (1992) and Whipple (1987) were invaluable resources in how to approach issues with a client from a fundamentalist style church (ie. a church which is evangelical, adhering rigidly to the fundamentals of the Christian religion). This client requested, in an intake interview, that she be assigned a "Christian counsellor". Similarly, Courtois (1988), Griffith (1995), LaPierre (1994) and McBride and Armstrong (1995) were valuable in counselling a man who sought help in sorting out issues of spirituality/religion in connection with reported accounts of being physically,

sexually, and emotionally abused as a child by various clergy within a Roman Catholic Order.

The intern also conducted reading in advance of seeing clients. For example, when conducting one intake interview, the intern found out that the main issue of the client was related to confronting her father about his sexual abuse of her when she was a child. An appointment was set with the client and in the meantime, the intern read relevant sections in Courtois (1988) about confrontation issues. Unfortunately, despite two appointments being made for this client, she did not present for either.

Office Responsibilities

As the Family Life Bureau does not employ a receptionist, counsellors are responsible for processing intake calls. The intern shared this responsibility with the other counsellors, receiving intake calls and dealing with them appropriately (for example, conducting an intake interview and placing people on a wait list, referring people to other agencies as appropriate, giving information about the Family Life Bureau programs.) The intern also contacted people on the waiting list in order to obtain a client caseload. As some people had been on the waiting list for several months, at times, many phone calls needed to be made before securing a client. During the lengthy waiting period, many clients had obtained

counselling elsewhere. Others preferred evening appointments which were not offered at the Bureau, while others were not reachable because of outdated telephone numbers. Others reported that their problems had been resolved. In addition to securing a client caseload all appointments with clients were made by the intern. Appendix D depicts a copy of the Intake Appointment Form as well as the Client Record Form which is completed during the first client appointment.

Staff Meetings

Staff meetings were held every second week when the intern and all counsellors at the Family Life Bureau met for approximately one to one and a half hours. Usually, these meetings consisted of one counsellor presenting challenging client situations for suggestions and feedback from the other counsellors. For example, such issues as malingering clients (or clients who avoid working on their issues) and manipulation by clients were discussed. At times, countertransference issues were discussed as when one counsellor responded to a client in a manner which mirrored earlier responses to a suicidal friend. Another meeting was spent discussing protocols for handling old client records.

The myriad of issues discussed during staff meetings enabled the intern to see the many challenges and issues inherent in day to day counselling practice. It also enabled her to see and experience the value of consultation about client-counsellor issues.

Marriage Preparation Course

Marriage preparation courses are offered by the Family Life Bureau on a regular basis, usually monthly from September to April and more frequently during May to August. This course is coordinated by Linda Maher and is a requirement for couples requesting a Catholic church marriage ceremony.

The intern was interested in this program as she may become involved in a similar program in her church. Therefore, she attended a weekend course, which ran from Friday evening to Saturday afternoon (an outline of the weekend is found in Appendix E). The Coordinator and her husband co-facilitated the course, along with one other couple and with an investment counsellor conducting appropriate parts. Although the weekend followed a set agenda, much effort was required in order to include all participants (approximately 20 couples) in discussion. The intern's role was that of observer. Her appraisal of the course is that it was quite well organized, contained relevant material for couples planning to marry, was presented in an interesting, interactive style, and gave the participants excellent resources for further reading and reflecting.

Conclusion

The internship at the Family Life Bureau was invaluable to the intern in terms of increasing her confidence and competence as a counsellor. Most of her

objectives were met, although she was disappointed with limited access to couples and families to provide counselling for. The opportunity to work with a variety of clients presenting with a myriad of problems/issues enabled the intern to employ a variety of strategies drawing from several theoretical frameworks. She obtained the same result in her exposure to three counsellors, all of whom had varying educational and theoretical orientations.

On reflection of the internship period, and through feedback from field supervisors, the intern assesses her strengths as: the ability to relate well and to 'connect' with a variety of people; a strong commitment to ethical practice; the ability to challenge clients to action; the ability to include theoretical frameworks as a basis for counselling practice; her warm, empathetic stance towards people; and a genuine regard for all persons. Weaknesses include: a tendency to approach counselling from primarily a "head" orientation at the expense of the 'heart' or 'intuitive' orientation; a tendency at times to talk too much during a session; and a tendency to "take client issues home" which has implications for self care. Conscious effort was made to work on these weaknesses during the internship period, with progress being noted by both the intern and the field supervisors.

Perhaps the greatest affirmation for the intern was the way clients responded to her, particularly clients with whom she had ongoing, weekly sessions for six to eleven sessions. Several clients mentioned how the counselling process had enabled them to make effective changes in their lives which resulted in more preferred ways of being. Several told the intern that she had challenged

them to think and to act. One client told the intern how much she appreciated her nonjudgmental, caring attitude and another mentioned how much strength she drew from the counselling experience. All of these impromptu comments, plus affirmations from field supervisors and the university supervisor has made the internship rewarding and growth-producing for the intern and has encouraged her to pursue further studies in the counselling field. Although the intern feels more confident and competent after this internship period, she realizes how much she doesn't know, such as helping clients work through incest/sexual abuse issues, and how to help clients work through family of origin issues. Such realizations serve to guide the intern into further study and the need for further, ongoing supervision of her counselling practice.

CHAPTER THREE

RESEARCH COMPONENT

Introduction

The research component of the internship was undertaken separate from the internship setting. This occurred for a couple of reasons. Firstly, in initial interviews with field supervisors, they could not identify any possible research studies for the intern to conduct in their setting. Secondly, the intern was interested in pursuing research in the area of counseling and spirituality/religion. In particular, the intern was interested in counsellors' use of, and attitudes toward spirituality/religion in their counselling practices. Because the intern had conducted previous research with an adolescent population, she was interested in focusing on counsellors who work with adolescents.

Rationale and Purpose for the Study

Spirituality has been of interest to people since time began, and is a well recognized and generally acceptable phenomenon in virtually all known cultural and social systems. Spirituality is, in a sense, at the heart of what it means to be human.

Spirituality and religion have been known to have a profound influence on peoples' perceptions of their well-being, their coping ability, and their thoughts

and behaviors (Somlai, Kelly, Kalichman, Mulry, Sikkema, McAuliffe, Multhauf, & Davantes, 1996; Ross, 1995; Wright, Frost & Wisecarver, 1993; Simsen, 1988; Frankl, 1959). Within much of Western society there has been a resurgence of interest in spirituality, as evidenced by the proliferation of writing in this area, including within the professional literature. Spirituality and religion, then, are of interest in terms of acknowledging and examining the potential for their contributions to peoples' health, health being broadly defined as a resource for living. Consequently, spirituality and religion need to be of interest to counsellors, who are intricately involved in promoting peoples' health and well-being.

Illness or emotional turmoil often disrupts the harmony of bio-psycho-spiritual integration. Spiritual distress may be one result of this disruption. Spiritual needs may become more intense, more conscious, and more acutely in need of attention. Assessing spiritual well-being is essential to the health of the client (Hungelmann, Kenkel-Rossi, Klassen & Stollenwerk, 1996). Religion is often subsumed under the rubric of spirituality. Therefore, attending to religious characteristics and concerns is also essential in promoting the client's health and well-being.

Recent writings support the need for counsellors to consider spirituality/religion in their clients' lives and to see these phenomena as augmenting the counselling process (Griffith, 1995; McBride & Armstrong, 1995; Ross, 1994b; Worthington, 1993; Burke & Miranti, 1992). The intern sees counselling as a profession focusing on the whole person, which means that there

is an obligation to attend to spiritual/religious dimensions.

One of the factors which contributed to the intern's interest in looking at school counsellors and spirituality was the lack of focused attention in this area within the graduate program she is completing. If spirituality/religion are strong forces in peoples' lives and there is a potential for these forces to enrich lives, such an adjunct to the counselling process would seem, in the intern's opinion, to be one of the foci in a counsellor training program.

Previous research conducted by the intern suggested that, although adolescents in Newfoundland were not connected strongly to organized religion they were, indeed, intrigued with religious and/or spiritual concerns. They were also engaged in a variety of spiritual and religious practices, for example, praying privately (Westera & Bennett, 1991). The findings from this study, plus the potential for spirituality/religion to be a tool of counsellor practice, provided the impetus for this research project. The purpose of the study was to determine the extent to which school counsellors who practice in junior/senior high schools in the province of Newfoundland and Labrador include spirituality/religion in their counselling practice and to determine their attitudes toward including these phenomena within counselling practice.

Literature Review

The literature review is organized according to the following topics: a discussion of the concepts of spirituality and religion; the stage of adolescence in connection with spirituality/religion; counselling practice and spirituality/religion.

Spirituality and Religion

One of the challenges in studying spirituality and religion is that of operationally defining these phenomena. Spirituality, in particular, seems to be somewhat ambiguous and difficult to describe. If one searches the literature, varying definitions and attributes of spirituality can be found:

Spirituality is that element or quality in peoples' lives that permeates their entire being, unifying and yet transcending the physiological and psychosocial.

[Conrad, 1985, p.416]

Spirituality is an extraordinary union with a sacred energy that reaches beyond ordinary knowledge of the everyday world to

embody the ultimate virtues of life in the form of hope, faith, honor, love, acceptance, and meaningful encounter with death.

[Arnold, 1989, p. 324]

The spiritual dimension is that part of the human being that seeks to worship someone or something (such as God) outside one's own powers that controls and/or sustains the person especially in a time of crisis.

[Piles, 1990, p. 38]

The spiritual variable (of persons) is an innate component that permeates all other variables, whether or not it is acknowledged or developed. Persons are energized through their "spirit" resulting in internal movement toward wellness and external enthusiasm in relationships as energy flows between persons. When illness, loss, grief, or pain strikes persons, energy is depleted and one's spirit is affected, evoking spiritual needs and concerns.

[Clark, Cross, Deane, & Lowry, 1991, p. 68]

The spiritual dimension is... a quality that goes beyond religious affiliation, that strives for inspiration, reference, awe, meaning, and purpose, even in those who do not believe in any God.

[Murray & Zentner, 1985, p. 474]

Functionally, worldview can be taken as a synonym for spirituality... A person's worldview, or fundamental beliefs, attitudes, and values, determining or constituting a comprehensive outlook on life..... is what gives coherence, direction and meaning in life. The worldview model of spirituality focuses on the more visible indicators of spirituality, and the meanings of six basic relationships - of the self with the self, with others, with the environment, with Ultimate Reality, and in the context of past and future.

(Hoshiko, 1994, p. 21-22)

When different definitions and descriptions of spirituality are examined, several themes emerge:

- a relational connection to God, self, others, and nature (Goddard, 1995; McBride & Armstrong, 1995; Piles, 1990; Burkhardt, 1989; Highfield & Cason, 1983)
- the essence of the person, an animating and unifying force (Burkhardt & Nagai-Jacobson, 1994; Haase, Brit, Coward, Leidy, & Penn, 1992; Clark, Cross, Deane & Lowry, 1991; Stuart, Deckro & Mandle, 1989).

- a sense of meaning and purpose in life or in some life event (LaPierre, 1994; Donley, 1990; Nagai-Jacobson & Burkhardt, 1989).
- a developmental process (Bradford, 1995; Carson, 1989; Salladay & McDonnell, 1989).

There are a number of spiritual needs described in the literature which are deemed to be common to all people regardless of their religious orientation: the need for love and relatedness; the need for meaning and purpose; the need for forgiveness; the need for hope and creativity; and the need for belief and faith (Ballard, Green, McCaa & Logsdon, 1997; Ross, 1994a; Raleigh, 1992; Seale, 1990; Carson, 1989; Fish & Shelly, 1988; van Kaam, 1972).

Spirituality is expressed in various ways which are shaped by peoples' worldviews and by the accepted practices and beliefs of a particular culture/subculture. For example, spirituality may be manifested through: any of the world religions; mystical experiences which inspire people and provide hope, faith in the future, and a sense of meaning in life; meaningful work; and creative expression such as writing or art works. During times of crisis and distress, spirituality may be expressed in such distressing ways as spiritual pain, spiritual alienation, and spiritual anger. (Labun, 1988).

Religion seems to be worded in more concrete terms in its descriptions and is often subsumed under the rubric of spirituality, although for some people, they may be one and the same. Distinguishing between the two, however, can be helpful in that there is the possibility that if counsellors only attend to religion and religious issues, they may not be attending to the clients spiritual needs and concerns.

According to the ITP Nelson Canadian Dictionary (1997), religion is defined as "belief in and reverence for a super-natural power or powers regarded as creator and governor of the universe.... A set of beliefs, values, and practices, based on the teachings of a spiritual leader" (p. 1158). Lapiere (1994) describes religion as "a collection of rituals, rules, patterns of life, and other behavior to which one must adhere in order to be accepted in particular religious groups... what a person does in response to specific personal beliefs about a divine being or beings" (p.157). Emblem (1992) describes religion as organized, institutionalized, and one of the many possible means of spiritual expression. So, for example, in the province of Newfoundland and Labrador, where the population is predominantly oriented to Christianity, one of the ways that spirituality may be expressed is through practices associated with this particular religion, such as prayer, church attendance, celebration of the Eucharist and meditation.

The definitions of religion and spirituality given in this discussion show these concepts to be consistent with the aims of counselling, that is, to help people

to grow, personally, to develop their potential, and to reflect on the meaning of their lives and of various life events.

What is evident from this discussion of religion and spirituality, is that there is much variability and individuality in how these terms are conceptualized. This points to the need for counsellors to determine each client's concept of spirituality and religion and how these are manifested in his/her life. (Worthington, 1993; Burke & Miranti, 1992).

Adolescence and Spirituality/Religion

The review of the literature on adolescence and spirituality/religion was restricted to the Judeo-Christian (Western) framework simply because Christian-secular tend to be the predominant themes in Newfoundland and Labrador in terms of spirituality/religion.

Mitchell's comments on adolescents can be seen to set the stage for a discussion of adolescence and spirituality/religion:

Adolescents are human beings and as such, they share in the larger pains and joys of humanness. Like the rest of us, they must...learn how to satisfy their basic needs...how to make themselves more worthwhile and human... However, these realities of humanness

are lived, negotiated and satisfied within the context of adolescent-ness. And in this regard, adolescents are profoundly different from the rest of us.

(Mitchell, 1992, p. 10)

Mitchell's statement is of significance in exploring the essence of adolescent spirituality. If spirituality is part of being human, then it is part of being an adolescent. This means that adolescents share the same spiritual needs as other people, for example the need for meaning and purpose in life, the need for forgiveness, and the need for hope. If the realities of being human are experienced in a unique manner during adolescence, knowing aspects of adolescent experiences will better prepare counsellors and other professionals who work with youth to engage in therapeutic relationships.

Adolescence is a developmental period in which the capacity to know the self and to integrate the self into life is increasing dramatically. Piaget saw the period of 14-20 years of age as being the period of formal operations, which means "...the developing capacity to think through thoughts... rearrange and manipulate facts, ideas, and events in order to come up with new possibilities, new rules, and new courses of action" (Newton, 1995, p. 40). Carson uses Piaget's stages to describe spiritual development within a Judeo-Christian framework. She describes adolescence as the stage in which a person sees God as a personal friend and confidant, and in which he/she focuses on such attributes of God as mercy, omnipresence and omnipotence. At this stage, Carson maintains,

prayer is a private conversation with God with a greater sharing of intimacies than in previous stages. The adolescent is able to be introspective, idealistic, and philosophical, establishing his/her own value system based on internal rationale. He/she is also concerned about meaning and purpose in life. Other authors have varying perspectives on spiritual development (Hill, 1996; Aden, 1976; Fleck, Ballard & Reilly, 1975; Fowler, 1975).

Ozorak (1989) identifies factors which make adolescents particularly vulnerable to changes in their religious [spiritual] practices and beliefs such as a spurt in cognitive growth which prompts a reevaluation of previously accepted knowledge, and a propensity toward existential experiences which motivate a search for answers. Erickson (1992), in a review of adolescent religious development, concludes that religion seems to have an important and pervasive impact on adolescents and their development.

Mitchell (1992) identifies adolescents to be "... preoccupied with the soul, eternity, eschatology, axiology and epistemology" (p. 27). He identifies a key ingredient for a healthy adolescent identity to be "... a stable set of beliefs [religious, political, spiritual...] by which to make important choices and decisions and a set of values by which to chart one's course into the future" (p. 136). In developing these beliefs, values and identity, it is logical to assume that questions related to spirituality will be asked by adolescents during this process. Who am I in relation to what others believe? Who am I in relation to God or some Supreme Force in the universe? What meaning do I have in the universe? These questions

are part of forming an identity which will result in commitment to a set of ideological values that are self-chosen, a necessary step for mature adulthood. Markstrom-Adams, Hofstra, & Dougher (1994) express their dismay over the dearth of research into the role of religious background in the identity formation of adolescents, even through, in Erickson's psychosocial stages (which are widely used in explaining adolescent development), religiosity and faith are conceptualized as having particular relevance. Bibby & Posterski (1992) state that 60% of the adolescents they surveyed readily acknowledged that they had spiritual needs as defined in the literature (for example, the need for meaning and purpose in life).

Newton (1995) contends that, allied to identity development, is the adolescent's spiritual quest for the meaning of life. He sees spiritual development at this stage of life as involving withdrawal of the self from family control which leads to questioning authority - given beliefs [including spiritual beliefs], isolation, exposure to alternative value systems which may create an antithesis belief system in relation to family/church belief systems, and synthesis and reentry which occurs as the mature adolescent "personally owns" her/his belief system.

In a curriculum guide which was developed by the province of Newfoundland and Labrador, a comprehensive summary of the characteristics of adolescents is given which highlights key phrases pertinent to spirituality/religion:

- emotional development, including reflective thinking:

- evaluation and definition of themselves in their search for identity (Who am I in this world? Who am I in relation to God?);
- development of an identity on groups (Who am I in relation to my peers, my family, a faith community?);
- moving from a morality based on convention or precept to one based on personal value (Whose values do I accept to guide my life?);
- need for meaning in life, a powerful force operating below the surface presented to the world;
- questioning of values, cultural expectations and religious teachings;
- maturing conscience;
- feelings of guilt common;
- have rigid standards of right and wrong;
- have a heightened sense of justice or fairness.

(Government of Newfoundland, 1993)

There have been numerous studies pertaining to the religiosity of adolescents and its impact on teenage pregnancy, depression, juvenile delinquency, substance use/abuse, and sexual permissiveness (Benda, 1995; Donahue, 1995; Kinner, Metha, Okey & Keim, 1994; Wright, Frost & Wisecarver, 1993; Wann, 1993). The results of these studies have varied,

depending partly upon how religiosity is operationally defined, often, as church attendance. However, most of these studies suggest that religiosity may indeed, provide a "protective prophylactic" to these life situations.

Several studies have been conducted which look at the relationship between family religiosity and adolescent behavior. For example, Hardesty & Kirby (1995) found that family religiosity (described primarily as attending religious services, praying, talking about the meaning of religious holidays) was related to lower use of illicit drugs among adolescents. Francis & Gibson (1993) found that parental religiosity (measured by church attendance) had a clear, direct influence on adolescents' public and overt religious behavior, such as church attendance. Family religiosity is deemed to be of interest in that it provides the adolescent with a connection to a positive community group (a church) which has the potential to help meet the adolescent's social and emotional needs.

Several studies have examined the place of religious and spiritual practices in adolescents' lives. Prayer is one such practice, which is common to all major world religions. Gibson (1995) found that 40% of 12 to 15 year olds in his study claimed to pray occasionally or regularly, even though 60% of the sample claimed no denominational affiliation. Close to 40% believed God listened to their prayers and 20% claimed prayer helped them with personal issues. Francis & Evans (1996) found that there was a positive correlation between prayer and perceived purpose in life in 12 to 15 year old adolescents, suggesting a positive effect of a

religious/spiritual practice on adolescent development.

Janssen, de Hart & den Draak (1990) conducted a content analysis of the prayers of youth and Francis & Brown (1991) looked at how prayer influenced adolescents. Both of these studies showed that the main motivation for prayer was to enable these adolescents to cope with life problems, such as bereavement, suffering and unhappiness, a finding shared by Tamminen (1994). Of interest in the study by Janssen et al is that even adolescents who were unaffiliated with a church prayed, and used the word 'God' in their descriptions of their prayers.

Elliott (1992) sees prayer as enabling adolescents to "be with self" (p.67), to develop their self-images, and to help them to instill positive feelings about responses to the many perplexing and complex feelings they experience on a daily basis. Elliott maintains that prayer can be a valuable catalyst to help adolescents face themselves and begin to make needed changes in their lives, a process that leads to maturity and growth, and a process which is akin to the goals of counselling.

Janssen, de Hart & Gerardts (1994) found that adolescents personalize descriptors of God in ways unique to each person. Generally, God was seen as honest, good, and powerful in terms of correcting, helping, and supporting them, similar to the findings of Hutsebaut & Verhoeven (1991). One significant finding in the latter study is that 15 seemed to be the average age at which the adolescent chose his/her own religious position on a more personal basis than previously, a similar finding to that of Ozorak (1989).

Lealman (1991), in a study of 16 to 19 year olds, found that the majority of these young people claimed to have had some sort of "mystical experience" and used theistic terms in their descriptions of these experiences. She distinguished between explicit religious beliefs and practices, and implicit religious beliefs and practices, the latter measuring a wider range of thoughts and beliefs than the former. Implicit beliefs and practices are also nurtured, not by organized religion, but more through participation in the arts and in creative imaginings.

In most of the aforementioned studies, females scored higher than males on a number of indicators (e.g. church attendance, engaging in private prayer), suggesting that spirituality and religion may figure more predominantly in the lives of adolescent girls than adolescent boys. Janssen et al (1994) discovered that adolescent girls tended to describe their images of God in words that denoted support, whereas adolescent boys chose words which indicated power, a finding worthy of note.

In the province of Newfoundland and Labrador, where the present study was carried out, Westera & Bennett (1991) conducted a broad-based survey of adolescents 15-19 years of age. Significant findings pertaining to spirituality and religion include:

- thirty-five percent (35%) claimed to experience God's presence in their lives, with 40% indicating that acceptance by God was very important to them;

- eleven percent (11%) indicated in an "other" category, that they go to God as a source of help with personal problems;
- twenty-five percent (25%) considered themselves to be committed Christians;
- over 80% actively reflected on questions of meaning and purpose, for eg. "What is the purpose of life?" and "Why is there suffering in the world?" Questions of meaning and purpose are recognized as spiritual questions;
- close to 90% indicated that being loved was very important to them. The need for love and relatedness is a recognized spiritual need in the literature;
- seventy-five percent (75%) felt that they had a need for forgiveness with 25% being very concerned about feelings of guilt. Again, the need for forgiveness is a recognized spiritual need; and
- close to 40% claimed to pray privately on a daily/weekly basis

The findings from these studies, coupled with the essence of the discussion on spirituality/religion and adolescence suggests that spirituality and religion are operational in the lives of adolescents, including adolescents in the province of Newfoundland and Labrador. Spirituality and religion are complex, multifaceted phenomena which interact with health (broadly defined) along a number of dimensions of adolescent life. Religious communities may provide social support for adolescents, social support being widely recognized as positively related to physical, psychological and spiritual well-being .

Spiritual/religious beliefs and practices appear to provide a sense of meaning and purpose in the lives of adolescents. They also seem to figure prominently as sources of help and support for adolescents dealing with personal problems in their lives. Religious and spiritual beliefs and practices may also provide a protection against problems which may impact negatively in an adolescent's life, for example, illicit drug use or abuse. Such findings have clear implications for counsellors who work with this age group in providing a mandate for the inclusion of spirituality/religion in their counselling practices. Such a mandate may be timely in an era where adolescents are plagued with unhappiness, alienation and psychosocial dysfunctioning, spiritual illness, and a search for self fulfillment (Le Fanu, 1995; Rutter, 1995).

Counselling Practice and Spirituality/Religion

Historically, there seems to have been a reluctance on the part of counsellors to work with clients' religious/spiritual beliefs, with a tendency for counsellors and other mental health professionals to see religious and spiritual experiences as being associated with pathology. Counsellor training has largely been devoid in terms of attending to spiritual/religious dimensions of counselling practice (Ross, 1994b; Burke & Miranti, 1992; Theodore, 1992; Denton, 1990; Schnorr, 1983). More recently, there has been an increasing interest expressed in spirituality within the professional literature, no doubt paralleling the interest in spirituality in society at large.

Worthington (1993) defines counselling as "...systematic helping that assists the helpee deal with troublesome problems in living that have produced emotional distress, interpersonal tensions, or other disruptions in normal living" (p. 30). The British Association for Counselling defines counselling as:

...the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth, and the optimal development of personal resources. The overall aim is to provide an opportunity to work towards living more satisfyingly and resourcefully... The counsellor's role is to facilitate the client's

work in ways that respect the client's values, personal resources and capacity for self determination.

(Tschudin, 1991, p. 32)

It is clear from these definitions that counselling is involved in promoting the mental health of clients. "Good mental health can be defined as the balance and integration of all the dimensions of personhood" (Burke & Miranti, 1992, p. 2). Given the premise that the spiritual dimension is integral to wholeness, then it is clear that counsellors have a mandate to explore this dimension in counselling practice. As Burke & Miranti (1992) assert that, "For counsellors, the challenge for the 1990s is not whether the issues of spirituality, values and ethics should be addressed, but how they can best be handled" (p. 4).

Several authors discuss how to approach the spiritual/religious dimension in counselling practice. Assessment, a key component of counselling, is an appropriate place to begin. Fitchett (1993a) discusses the place and process of spiritual assessment, presenting models which counsellors can utilize in their practice (Fitchett, 1993b). Likewise, Burnard (1987) discusses the issue of spiritual distress and presents the implications of this "diagnosis" for counselling.

Griffith (1995) conducted research in which clients indicated a desire to reflect on their spiritual experiences in therapy. These clients expressed a sense of fragmentation which they experienced in not being able to address spiritual concerns and issues in the counselling process. Based on this research, Griffith

advocates for counsellors' opening the therapy space to include significant conversations of the client to be heard and understood, including conversations about God. Griffith goes as far as to say that censoring conversations about God is a form of professional oppression. She suggests that counsellors move from "certainties" they have about spirituality/religious issues of clients (for e.g., that the counsellor knows what a client believes based on their religious denomination) to a sense of wonder and curiosity, the latter opening up greater possibilities for conversations about God to be therapeutic for clients. Schultz-Hall (1995) also advocates for counsellors creating space for conversations which include exploration of spiritual matters, cautioning counsellors not to impose this kind of conversation, but seeing such conversations as a means of clients accessing their spirituality as a healing resource in their lives.

Ross (1994b) contends that some secular therapists hold negative stereotypes about religious practice and beliefs, which can limit objectivity and therapeutic work with clients. For example, one stereotype is that clients use religion as a crutch and are unable to think for themselves. Ross sees religious practice of clients as augmenting counselling, providing a basis for reframing various problems and life situations, a process which can aid clients in working through their problems. Ross describes how religious beliefs and practice can lessen anxiety and serve as meaningful sources of support for clients, thereby implying that counsellors need to be "...as open-minded about religious and spiritual issues as we are about other aspects..." (p. 9). Doehring (1992) and

Filippi (1991) discuss models of feminist pastoral counselling which include references to spiritual/religious concepts.

Hall (1986), conducted research which showed crisis to be an opportunity for spiritual growth. She calls for counsellor training programs to focus on ways in which clients experiencing crises can be assisted, by the counsellor, to..."make transitions to increased spiritual awareness...[cultivating] sources of strength..." (p. 15). Josephson (1993) and Denton (1990) both describe the characteristics of religious fundamentalist families and the resulting implications for counsellors who work with such families (for example, the necessity of having spiritual sensitivity and of knowing theology/misapplied theology). Denton, in particular, stresses the importance attached to counsellor self-knowledge, and to self-reflection on his/her beliefs, assumptions, and responses. As Nouwen (1979) stated, those who would seek to include a spiritual dimension to the care they provide must concurrently wrestle with their own spiritual needs. Such investment of time, according to Stiles (1990) can result in spiritual growth, new insights and interpretations, and protection from "burn-out" for the professional.

McBride & Armstrong (1995) report on the spiritual dynamics of Post Traumatic Stress Disorder (PTSD) and suggest that, given the potential of their impact on the client, spiritual components of PTSD be addressed in counselling. These authors present a framework for treatment to enable counsellors to complete this task. Wright, Frost & Wisecarver (1993) point out that professionals interested in adolescents might benefit from including religious and

spiritual leaders in their practices, based on their research on depression in high school students. What these, and other researchers/authors show, is that there is benefit in counsellors attending to the spiritual dimension in their counselling practice and perhaps even an ethical obligation to do so.

This present study seeks to determine school counsellors' attitudes towards including spirituality/religion in their practices and the extent of their inclusion of the same. If these counsellors are not attending to the spiritual dimension, the literature suggests that they may well be missing a potentially valuable resource to consider when working with their clients.

Research Questions

The overall goal of this research is to determine the extent to which school counsellors who practice in junior/senior high schools in the province of Newfoundland and Labrador include the spiritual dimension/religion in their counselling practice, and to determine their attitudes towards the inclusion of these two phenomena in counselling practice. More specifically, this research attempts to examine six research questions, explained as follows:

1. To examine the extent to which school counsellors include spiritual assessment in their practice, and their attitudes and beliefs about doing so/not doing so;

2. To identify the school counsellors' abilities in attending to the spiritual dimension;
3. To determine the extent to which school counsellors include spiritual distress within their diagnostic formulation;
4. To identify how school counsellors respond to the spiritual needs of adolescents;
5. To determine the school counsellors' perceptions of the extent of inclusion of the spiritual dimension in their counsellor training programs; and
6. To determine school counsellors' perceptions of obstacles to including the spiritual dimension in practice;

Definition of Terms

For the purposes of this study, the following definitions were employed:

Adolescent: junior and senior high school students (Grades 7-12).

Spiritual Dimension: that dimension which permeates and gives meaning to all of life. It is that dimension of a person which seeks to worship or acknowledge someone or something (God) outside his/her own powers. The spiritual dimension controls and/or sustains the person, especially in times of crisis (Piles, 1990).

Religion: organized beliefs, practices, norms, and rituals that nurture the spiritual dimension of the person (Piles, 1990).

Spiritual Need: the need for meaning and purpose, the need for love and relatedness (including relatedness, to God or a Higher Power), the need for forgiveness, the need for hope, and the need for belief and faith (Carson, 1999).

Christian: those people who follow the Christian religion based on the life and teachings of Jesus (ITP Nelson, 1997).

Secular: those people who do not follow a religion or are part of a religious body (ITP Nelson, 1997).

Methodology

The total population of school counsellors who practice in junior/senior high schools in the province of Newfoundland and Labrador (150 counsellors) were included in the study, and will hereby be referred to as participants. Forty one percent (41%) participated in the study. The participants were evenly distributed according to gender (51% male, 49% female). Fifteen percent (15%) had been practicing as a school counsellor more than twenty years whereas 43% had practiced either less than ten years or between ten and nineteen years. Seventy-five percent (75%) described themselves as committed Christians, 8% indicated that they were not committed to any religion, and 15% indicating that they were 'other', for example, ascribing to Taoism, Plotinus' "Oneness", or "uncommitted".

The Instrument

A questionnaire was used to collect data for this study (Appendix F). This questionnaire was slightly adapted from that used by Piles (1990), who conducted a similar survey of the spiritual dimension within nursing practice.

The questionnaire was comprised of four parts. Each part was comprised of no more than sixteen items. The first section was designed to explore the inclusion of, and perceived ability to attend to the spiritual dimension, in the assessment, diagnostic and intervention processes in counselling practice. Section two identified the participants' perception of the extent of inclusion of the spiritual dimension in their counsellor training programs. The third section explored the participants' attitudes and beliefs about the spiritual dimension and counselling practice, including their perceptions of obstacles to attending to the spiritual dimension. The final part was designed to obtain demographic data, in particular, gender, length of time working in the counselling field, and description of their religious positioning. All sections, except for section four, asked participants to respond to the item using a three or four-point Likert scale.

Procedure

After receiving permission from the Interdisciplinary Committee on Ethics in Human Resources, Memorial University (Appendix G) and from the eleven School Boards in the province, all school counsellors working in schools in which Grades 7 to 12 is taught were mailed a questionnaire. An accompanying letter was included explaining the purpose of the study and addressing such issues as confidentiality and anonymity (Appendix H). Return of the questionnaire

signified the counsellor's consent to participate in the study. Follow up was done four weeks after the initial mailing to remind counsellors to consider completing the questionnaire as well as to thank those who had already done so. Forty one percent (41%) of the counsellors returned the questionnaire.

Data Analysis

Data was analyzed using the Statistical Package for Social Sciences (SPSS). Cross tabulations were conducted for gender, length of time as a school counsellor and descriptions of religious positioning.

Results

In this section, the findings will be reported in four sections: A) participant inclusion of and perceived ability to attend to the spiritual dimension in assessment, diagnosis, and intervention; B) perception of the inclusion of the spiritual dimension in counsellor training; C) participant attitudes and beliefs about the spiritual dimensions and its place in counselling practice; and D) participant identification of the obstacles to attending to the spiritual dimension.

In all tables, percentages are rounded. Cross tabulations were completed for gender, religious positioning, and length of time participants had practiced.

Where pertinent, findings regarding these three categories will be reported. A percentage difference of greater than 10% is considered significant (Gay, 1992).

Because 75% of the participants indicated that they were committed Christians, comparisons will be made between this group and the remaining 25% who either were not committed to any religion, committed to a religion other than Christianity, or 'other'.

Inclusion of and Perceived Ability to Attend to the Spiritual Dimension.

Participants were asked to determine the extent to which they included various spiritual/religious components in their assessment of adolescents. Table 3.1 delineates their responses:

Table 3.1
Inclusion of Spiritual Dimension in Assessment

Assessment Item	Frequency of Inclusion (%)			
	Often	Sometimes	Seldom	Never
Spiritual Status	13	33	38	16
Religious Affiliation	3	18	33	46
Spiritual/religious practices	7	49	30	15
Need for clergy referral	2	41	36	21
Spiritual/religious support	5	36	34	23
Impact of problem on feelings about God/religious practices	2	26	28	43

Less than 50% of the participants assess most aspects of spirituality/religion in adolescents, even sometimes. An exception is the assessment of religious/spiritual practices where 56% conduct some assessment. Fewer than 15% include the spiritual dimension as an integral part of assessment (i.e. 'often'), close to 20% never include the assessment items listed in Table 3.1, and 46% never assess religious affiliation.

Participants were asked to indicate their perceived ability to engage in assessing the items in Table 3.1. Responses given were H - highly skilled, M - moderately skilled and P - poorly skilled (Table 3.2).

Table 3.2
Perceived Ability to Assess Spiritual Dimension

Assessment Item	Frequency of Inclusion (%)		
	H	M	P
Spiritual Status	12	62	21
Religious Affiliation	12	57	21
Spiritual/religious practices	12	64	18
Need for clergy referral	18	61	16
Spiritual/religious support	16	51	18
Impact of problem on feelings about God/religious practices	5	56	26

As can be seen from Table 3.2, the majority of participants feel at least moderately skilled in assessing the items listed, although less than 20% feel highly skilled in this area. It is significant to note that the assessment item which would likely require more extensive probing on the part of the counsellor, that is, how the problem(s) brought to counselling impacts on feelings about God/religious practice, yields the lowest percentage (5%). This five percent feel that they are highly skilled, while a correspondingly highest percentage (26%) feeling poorly skilled.

Female participants were less likely than their male counterparts, to assess the spiritual status of adolescents and were also less likely to assess spiritual/religious practices important to adolescents as integral aspects of their

assessment. However, they were more likely to sometimes assess for the need for referral to clergy to assess spiritual/religious supports available to the client (Table 3.3). They also perceived that they were less skilled, at least moderately so, in all areas of assessment (Table 3.4)

Table 3.3
Inclusion of Spiritual Dimension in Assessment by Gender

Assessment Item	Frequency of Inclusion (%)							
	Often		Sometimes		Seldom		Never	
	M	F	M	F	M	F	M	F
Spiritual Status	19	7	32	33	35	40	13	20
Religious Affiliation	3	3	19	17	32	33	45	47
Spiritual/religious practices	10	3	52	47	32	27	6	23
Need for clergy referral	3	0	35	47	45	27	16	27
Spiritual/religious support	3	7	26	47	47	23	23	23
Impact of problem on feelings about God/religious practices	0	3	29	23	19	37	52	33

Table 3.4
Perceived Ability to Assess Spiritual Dimension by Gender

Assessment Item	Perceived Ability (%)					
	Highly Skilled		Moderately Skilled		Poorly Skilled	
	M	F	M	F	M	F
Spiritual Status	13	11	77	54	10	36
Religious Affiliation	11	15	75	52	14	33
Spiritual/religious practices	11	14	79	59	11	28
Need for clergy referral	17	21	69	59	14	21
Spiritual/religious support	13	25	71	50	17	25
Impact of problem on feelings about God/religious practices	7	4	71	56	21	40

When the data were analyzed according to years counselling, participants who had been practicing more than 20 years were significantly more likely to assess the spiritual dimension, but did not perceive themselves to be more highly skilled, for the most part, than their counterparts in assessing most aspects of the spiritual dimension (Tables 3.5 & 3.6).

Table 3.5
Inclusion of Spiritual Dimension in Assessment by Years of Practice

Assessment Item	Frequency of Inclusion (%)		
	Often/Sometimes		
	‡ 20 years	10 - 19 years	‡ 10 years
Spiritual Status	89	50	27
Religious Affiliation	22	15	27
Spiritual/religious practices	78	58	46
Need for clergy referral	56	38	42
Spiritual/religious support	67	46	28
Impact of problem on feelings about God/religious practices	56	19	28

Table 3.6
Perceived Ability to Assess Spiritual Dimension by Years of Practice

Assessment Item	Frequency of Inclusion (%)		
	Highly/Moderately Skilled		
	‡ 20 years	10 - 19 years	‡ 10 years
Spiritual Status	89	75	76
Religious Affiliation	75	78	75
Spiritual/religious practices	88	83	76
Need for clergy referral	78	83	84
Spiritual/religious support	75	78	81
Impact of problem on feelings about God/religious practices	78	67	70

Whether participants identified themselves as committed Christians or not was significant in that committed Christians generally did not include the spiritual dimension in assessment as much as those participants who did not identify themselves as committed Christians. One exception was in assessing the need for clergy referral and assessing spiritual/religious support (Table 3.7). They also perceived themselves to be less skilled in assessing the spiritual status of adolescents (75% felt moderately or highly skilled compared to 85%) and in assessing religious affiliation (74% felt moderately/highly skilled compared to 85%). This is an interesting finding which could be explored in future research endeavors.

Table 3.7
Inclusion of Spiritual Dimension in Assessment by Religious Positioning

Assessment Item	Frequency of Inclusion (%)	
	Often/Sometimes	
	Committed Christian	Not Committed Christian
Spiritual Status	41	60
Religious Affiliation	15	40
Spiritual/religious practices	52	67
Need for clergy referral	43	40
Spiritual/religious support	42	40
Impact of problem on feelings about God/religious practices	24	40

Formulating a clinical diagnosis is usually part of the assessment process, either formally or informally. When participants were asked whether they made clinical diagnoses which included spiritual distress/concern, only 26% indicated that they sometimes do so. There was no significant difference between male and female participants in their frequency of formulating such diagnoses, but female participants felt significantly more poorly skilled in doing so (48% compared to 29%).

Only 20% of participants who described themselves as committed Christians made diagnoses pertaining to spiritual distress/concern, at least sometimes. Forty seven percent (47%) of participants who did not describe themselves in this way made such diagnoses. Only 7% of the committed Christians felt highly skilled in diagnosing spiritual concern, although the percentage climbed to 58% when "moderately skilled" was included. Of the participants who describe themselves as other than committed Christian, 71% felt at least moderately skilled in diagnosing within the spiritual dimension.

Participants who had been in practice more than 20 years were significantly more likely to make clinical diagnoses which included spiritual distress/concern (67% compared to 20% for both counsellors with 10 - 19 years experience and participants with less than 10 years experience). They also perceived themselves to be more skilled, 77% at least moderately so compared to 54% for those practicing 10 - 19 years and 62% for those with less than 10 years of counselling experience.

In formulating the clinical plan, about 50% of the participants indicated that they considered spiritual needs, goals, and interventions, at least sometimes. Only 7% indicated that they often consider these aspects of the plan. Sixty percent (60%) indicated that they felt at least moderately skilled in formulating such plans, with less than 5% feeling highly skilled in doing so. Close to one quarter of the sample felt that they were poorly skilled in this area.

Gender made no difference in whether participants formulated plans which include the spiritual dimension, although males considered themselves to be more skilled in doing so (79% claimed to be at least moderately skilled compared to 67%). Close to 69% of the participants who claimed to be committed Christians seldom or never considered spiritual aspects of the clinical plan, with 26% perceiving that they were poorly skilled in this activity. In the case of participants who described themselves as other than committed Christians, 33% seldom or never considered spiritual aspects in their planning, with 21 % considering themselves to be poorly skilled in this area.

Participants who had practiced longer than 20 years were significantly more likely to consider spiritual dimensions in planning than their counterparts, at least sometimes (77% compared to 38% for those practicing 10 -19 years and 46% for those practicing less than 10 years). More also felt at least moderately skilled in this type of planning (89% compared to 65% for those practicing 10 - 19 years and 75% those practicing less than 10 years).

When engaging in the counselling process, counsellors have a wide array of interventions to choose from, including spiritual interventions. One can view any intervention as spiritual in that it is one person responding to the person of the other. As Bradshaw (1996) says "...historically, compassionate, altruistic care of the person, physically, socially and mentally is the spiritual expression of care....spiritual care is lived out in the daily actions of care....the very way of love, lived out in the relationship of care" (p. 43). Some interventions though, are particularly geared towards the spiritual dimension. In this study, interventions such as touch, showing empathy, being concerned and reflecting content/feeling are considered general, more generic interventions. Interventions such as discussing God/spiritual matters, praying with clients, and referring to clergy/lay ministers are considered to be more specific to the spiritual dimension.

Participants were asked which interventions or responses they engaged in addressing the spiritual needs of adolescents. Table 3.8 depicts their responses.

Table 3.8
Interventions for Spiritual Needs

Intervention	Frequency of Use (%)			
	Often	Sometimes	Seldom	Never
Being concerned	64	25	7	5
Listening/Empathizing	69	21	3	7
Using touch	7	34	31	28
Reflecting content/feeling	49	26	12	8
Discussing God/spiritual matters	2	46	34	18
Using prayer	0	3	20	75
Referring to clergy/lay minister	3	31	44	20

The majority of participants engage often in the more general, generic interventions of being concerned and listening/empathizing to address spiritual needs. Close to 50% also often reflect feeling/content. Given the ethical and legal issues surrounding the use of touch, particularly with a minor, it is not surprising that 59% of the participants seldom or never use touch. Fifty two percent (52%) of participants seldom or never discuss God/spiritual matters and 95% seldom or never use prayer as an intervention. Less than 35% refer clients to clergy/lay ministers, even sometimes. Thus, fewer participants engage in the interventions more specifically focused on the spiritual dimension.

Counsellors are expected to be skillful in their use of interventions and

techniques. When asked whether they felt so when it came to intervening when a spiritual need was evident, the participants felt more highly skilled when it came to the more general, generic interventions (Table 3.9).

(Table 3.9)
Perception of Skill in Interventions for Spiritual Needs*

Intervention	Perceived Ability (%)		
	H	M	P
Being concerned	44	32	5
Listening/Empathizing	48	28	5
Using touch	28	36	13
Reflecting content/feeling	41	34	5
Discussing God/spiritual matters	16	49	18
Using prayer	12	34	34
Referring to clergy/lay minister	23	41	16

H = highly skilled; M = moderately skilled; P = poorly skilled

With respect to gender, as can be seen from Table 3.10, the greatest difference was in the use of touch as an intervention. Fifty percent (50%) of female participants use touch, at least sometimes compared to 32% of male participants. Thirty five percent (35%) of male participants never use touch.

Table 3.10
Interventions for Spiritual Needs by Gender

Interventions	Frequency of Inclusion (%)							
	Often		Sometimes		Seldom		Never	
	M	F	M	F	M	F	M	F
Being concerned	65	63	26	23	6	7	3	7
Listening/Empathizing	71	67	23	20	3	3	3	10
Using touch	3	10	29	40	32	30	35	20
Reflecting content/feeling	54	50	25	30	14	10	7	10
Discussing God/spiritual matters	0	3	45	47	39	30	16	20
Using prayer	0	0	3	3	17	23	80	73
Referring to clergy/lay minister	0	7	37	27	50	40	13	27

Male participants perceived themselves to be more skilled with respect to all interventions, at least at the moderate level. However, female participants felt significantly more skilled in listening/empathizing, and in reflecting content/feeling (Table 3.11).

Table 3.11
Perception of Skill in Interventions for Spiritual Needs by Gender

Interventions	Perceived Ability (%)					
	H		M		P	
	M	F	M	F	M	F
Being concerned	50	58	50	31	0	12
Listening/Empathizing	52	65	48	23	0	12
Using touch	35	38	52	42	13	21
Reflecting content/feeling	46	56	54	32	0	12
Discussing God/spiritual matters	24	15	64	54	12	31
Using prayer	16	13	52	33	32	54
Referring to clergy/lay minister	33	24	54	48	13	28

Whether participants described themselves as committed Christians or not made no significant difference in their use of or skill in the interventions identified in this study. Some interesting findings emerged, however, depending on the number of years participants had been in practice (Table 3.12)

Table 3.12
Interventions for Spiritual Needs by Years of Practice

Interventions	Frequency Inclusion (%)		
	Often/Sometimes		
	‡ 20 years	10 - 19 years	‡ 10 years
Being concerned	100	84	88
Listening/Empathizing	100	88	88
Using touch	55	47	31
Reflecting content/feeling	88	79	77
Discussing God/spiritual matters	67	42	46
Using prayer	25	0	0
Referring to clergy/lay minister	33	28	42

Participants who had practiced more than 20 years were significantly more likely than their counterparts to often or sometimes engage in the interventions of being concerned, listening/empathizing, discussing God/spiritual matters, and use of prayer. Participants who had practiced less than 10 years were less likely to use touch than their counterparts.

The amount of time in clinical practice was not significant in terms of perceived level of skill in engaging in the interventions of being concerned, listening/showing empathy, use of touch, and reflecting feeling/content. When it came to discussing God/spiritual matters, participants who had practiced less than 10 years felt significantly more skilled, at least moderately so, than participants

who had practiced more than 20 years (83% compared to 71%), and were slightly more skilled than those practicing 10 - 19 years (83% compared to 76%).

Participants who had practiced more than 20 years felt significantly more skilled than their counterparts when it came to use of prayer as an intervention (71% compared to 53% and 57%). They were less likely to feel skilled in referring adolescents to clergy/lay ministers than those participants who had practiced less than 20 years (71% compared to 84% and 78%).

Inclusion of Spiritual Dimension in Counsellor Training Programs

Participants were asked to what extent various aspects of the spiritual dimension were included in their counsellor training programs. Their responses are found in Table 3.13.

Table 3.13
Spiritual Dimension in Counsellor Training

Instructional Categories	Amount of Time (%)			
	Considerable	Moderate	Little	None
Assessing spiritual needs	0	0	38	61
Formulating clinical diagnoses related to spiritual distress/concern	0	0	36	62
Developing plan to meet spiritual needs	0	3	18	77
Listening/showing empathy	82	8	2	5
Therapeutic use of self/touch	13	31	34	18
Therapeutic discussion of faith/religion/God	0	8	43	48
Use of prayer with clients	0	2	8	87
Referral of clients to clergy/lay ministers	0	13	34	51
Distinguishing psychosocial from spiritual needs	0	7	53	39
Distinguishing psychosocial from spiritual dimensions	0	3	53	43

From the above table, it is evident that the vast majority of participants say that there was little or no time allotted for instruction/discussion regarding the spiritual dimension in their counsellor training programs. In particular, they noted that there was little time for assessing spiritual needs (99%), formulating diagnoses (98%), and developing plans pertaining to spiritual concerns (95%). It

was also considered that there was little or no time for the use of interventions which are tailored to meet the spiritual needs of clients (91% for therapeutic discussion of faith/religion/God; 95% for appropriate use of prayer with clients; and 85% for referral of clients to clergy/lay ministers). What is particularly interesting is the lack of instruction in distinguishing psychosocial needs and interventions from spiritual needs and interventions.

Counsellor Attitudes/Beliefs About the Spiritual Dimension

Participants were asked to identify what their attitudes and beliefs were regarding the spiritual dimension and counselling. Table 3.14 tabulates their responses about the spiritual dimension and counselling.

Table 3.14
Counsellor Attitudes/Beliefs About the Spiritual Dimension

Statements about Spiritual Dimension	Degree of Agreement (%)			
	Strongly Agree	Agree	Dis-agree	Strongly Disagree
The spiritual dimension is separate from and distinct from physical and psychosocial dimensions	0	16	46	38
Attending to the spiritual dimension is part of ethical practice	13	66	13	3
Spiritual interventions assist a person to establish and/or maintain a dynamic personal relationship with God (however defined by the client)	12	74	8	3
How to attend to the spiritual dimension should be part of counsellor training programs	13	69	13	5
If counsellors were taught about the spiritual dimension in their training programs they would attend to this dimension in clinical practice	5	64	21	3
My counsellor training program should have better prepared me to assist clients who are dealing with spiritual concerns	10	62	20	5
Every client has a right to have their spiritual needs addressed	28	64	5	0

As can be seen from Table 3.14, the majority of participants (84%) do not see the spiritual dimension as separate from the physical/psychosocial dimension. The majority (79%) also see attending to spirituality be part of ethical practice and

as a right of every client (92%). Most participants agree that spiritual interventions occur within a Judeo-Christian framework (86%).

With respect to counsellor training, the majority felt that instruction regarding the spiritual dimension should be part of such programs (82%) and that such training would encourage counsellors to attend to the spiritual dimension (69%). Seventy two percent (72%) agreed that their training programs should have prepared them to attend to the spirituality of clients.

When the items in Table 3.14 are analyzed according to gender, the only point at which males differed significantly from females is that males were more likely to agree that the spiritual dimension is separate from physical and psychosocial dimensions (23% compared to 10%).

Length of time in clinical practice was significantly related to many of the items in Table 3.14, particularly in the case of participants who had practiced more than 20 years (Table 3.15).

Table 3.15
Counsellor Attitudes/Beliefs About the Spiritual Dimension by Years of Practice

Statements about Spiritual Dimension	Degree of Agreement (%)		
	Strongly Agree/Agree		
	≥ 20 years	10 - 19 years	≤ 10 years
The spiritual dimension is separate from and distinct from physical and psychosocial dimensions	33	15	12
Attending to the spiritual dimension is part of ethical practice	78	83	84
Spiritual interventions assist a person to establish and/or maintain a dynamic personal relationship with God (however defined by the client)	100	84	88
How to attend to the spiritual dimension should be part of counsellor training programs	100	77	81
If counsellors were taught about the spiritual dimension in their training programs they would attend to this dimension in clinical practice	89	63	76
My counsellor training program should have better prepared me to assist clients who are dealing with spiritual concerns	89	68	76
Every client has a right to have their spiritual needs addressed	89	100	92

As can be seen from Table 3.15, participants who had practiced for less than 20 years seemed to have more similar attitudes and beliefs than those who had been in practice more than 20 years. Exceptions to this statement occurred

around the beliefs about a client's right to have spiritual needs addressed, and that the spiritual dimension is part of ethical practice, where all participants, irrespective of years of clinical practice, were in closer agreement with these statements. Generally, participants who had practiced more than 20 years were more strongly in agreement with the statements in Table 3.14.

When beliefs and attitudes were analyzed according to religious positioning, participants who described themselves as committed Christians were similar to those who did not for all items except those found in Table 3.16.

Table 3.16
Counsellor Attitudes/Beliefs About the Spiritual Dimension by Religious Positioning

Statement About Spiritual Dimension	Degree of Agreement	
	Strongly Agree/Agree	
	Committed Christian	Not Committed Christian
The spiritual dimension is separate from and distinct from physical and psychosocial dimensions	13	67
Spiritual interventions assist a person to establish and/or maintain a dynamic personal relationship with God (however defined by the client)	91	79
My counsellor training program should have better prepared me to assist clients who are dealing with spiritual concerns	77	67

Obstacles to Attending to the Spiritual Dimension

Participants noted obstacles which challenge them in terms of attending to the spiritual dimension in their counselling practice (Table 3.17). The greatest obstacles noted were lack of time (56% agree) and lack of knowledge (61% agree).

Table 3.17
Obstacles in Attending to the Spiritual Dimension

Obstacle	Extent of Agreement (%)			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Lack of time	28	28	36	7
Lack of knowledge	20	41	31	8
Uncertainty about own spiritual beliefs	2	21	39	38
Belief that spiritual concerns are not relevant because they can't be scientifically tested	2	7	51	39
Belief that client's relationship with God is a private matter and should not be addressed by counsellors	5	18	49	26
Belief that spiritual needs are the domain of clergy/lay ministers only	5	13	51	28

When the items in Table 3.17 were analyzed according to gender, female participants tended to agree that these obstacles were present in significantly larger percentages than their male counterparts for all except "Being uncertain about own spiritual beliefs". "Belief that spiritual concerns are not relevant to clinical practice because they cannot be scientifically tested" and "Belief that a client's relationship with God is a private matter and should not be addressed by counsellors" (Table 3.18).

Table 3.18
Obstacles in Attending to the Spiritual Dimension by Gender

Obstacle	Extent of Agreement (%)	
	Strongly Agree/Agree	
	Male	Female
Lack of time	48	66
Lack of knowledge	52	70
Uncertainty about own spiritual beliefs	26	20
Belief that spiritual concerns are not relevant because they can't be scientifically tested	10	7
Belief that client's relationship with God is a private matter and should not be addressed by counsellors	19	26
Belief that spiritual needs are the domain of clergy/lay ministers only	13	25

Participants who identified themselves as committed Christians were no more likely than their counterparts to view lack of knowledge and uncertainty

about their beliefs as obstacles to attending to the spiritual dimension. They were, however, more likely to perceive that a client's relationship with God is a private matter which should not be addressed by counsellors (27% compared to 13%). They were also more likely to believe that only clergy or a lay minister could help with spiritual needs (22% compared to 7%). Although both of these factors can be obstacles, it is important to note that less than a third of the group felt this way.

Limitations of Study

Because the sample was not randomly chosen, the results cannot be generalized to school counsellors at large. The questionnaire was also biased toward the Judeo-Christian framework, which might have been problematic for the 25% of participants who did not ascribe to this particular framework. Additionally, the response rate was low (41%). Finally, with respect to religious positioning, grouping those who had no commitment to any religion with those who were "uncommitted Christian" or committed to a variety of other positionings is a limitation.

Discussion

The counselling process can be considered to include the dimensions of assessment, diagnosis (formal or informal), planning, and intervention. It is clear from the findings that these participants do not include aspects of spirituality/religion as an integral part of this process (integral being correlated with their choosing the 'often' category for the inclusion of various dimensions). This is in spite of the fact that most of them saw attending to the spiritual dimension as ethical practice, and that they did not see a person's relationship with God to be so private that it should not be addressed by counsellors. It was also despite their affirmation of the client's rights in terms of having their spiritual needs attended to, implying that these participants do see a mandate for counsellors to focus on spirituality in their practice, a mandate which is not being fulfilled. It is interesting to note that participants who had been in practice longer tended to incorporate the spiritual dimension into the counselling process, and tended to be more moderately skilled in doing so, suggesting that, with experience, perhaps both personally and professionally, the spiritual dimension is increasingly included, and skill is developed. If one accepts the premise that all people are spiritual beings, and that counselling is wholistic in its intent, it would appear that a whole dimension of personhood is largely ignored in the practice of these participants. Such findings are consistent with what several authors have

concluded about the void of the spiritual dimension in counselling practice (Ross, 1994; Burke & Miranti 1992; Theodore, 1992; Denton, 1990; Schnorr, 1983).

The characteristics of adolescents which are intricately connected to issues of spirituality have been discussed earlier in this report. Furthermore, the view of spirituality as an integrating dimension of the person which has been discussed in the literature review is a viewpoint shared by most of the counsellors in this study. It follows, then, that issues which adolescents bring to counselling will impact on their spirituality. As well, the spirituality of the adolescent can provide a valuable resource in their sorting through these issues. The counsellors in this study are, largely, ignoring this resource.

Perhaps one explanation for the lack of attention to the spiritual dimension as an integral part of counselling is related to the fact that these participants did not perceive themselves to be highly skilled in this regard. This lack of skill may be due, in part, to lack of experience, as generally, counsellors who had been practicing for a longer period of time felt more skilled, at least to a moderate degree. Another contributing factor to this lack of skill may be the dearth of instruction which these counsellors experienced on the spiritual dimension in their counsellor training programs which likely contributed to a poor knowledge base. Most of the participants felt the instruction in this area was inadequate and if present, would result in more attention to the spiritual dimension in practice. A similar finding was noted by Narayanasamy (1993) in a survey of nurses. Although these nurses identified spiritual needs in their clients, the majority felt

ill-prepared, educationally, to address these needs. The nature of spirituality as a complex integrating phenomenon may make it more difficult to incorporate, both in practice and in education, observations noted by several authors (Myers, 2000; Oldnall, 1995; Worthington, 1993; Emblem & Halstead, 1993; Ryan, 1984; Sampson, 1982). As well, various obstacles identified by the participants are significant deterrents to including the spiritual dimension in practice, for example, lack of time. Denton (1990) noted the additional obstacles of the counsellor's strong personal feelings (positive or negative) towards religion, fears of inserting their own values into treatment, or the simplistic understanding of the religious experience which counsellors may have. Most of these findings pertaining to lack of inclusion of the spiritual dimension and lack of skill with respect to the spiritual dimension in practice have been noticed by authors in other helping professions, for example, nursing (Hall & Lang., 1993; Narayanasamy, 1993; Emblem, 1992; Morrison, 1992; Piles, 1990; Sodestrom & Martinson, 1987).

It is interesting to note that, overall, female participants felt less skilled than their male counterparts at including the spiritual dimension in the counselling process. This is in spite of the fact that, in the literature on spiritual/religious dimensions, females consistently tend to more inclined to be religious and to engage in spiritual/religious practices (for example, Francis & Evans, 1996; Tamminen, 1994; Westera & Bennett, 1991). One may hypothesize that this general orientation in the personal life of the female is not being integrated into her professional life. Alternatively, the perception that one is less skilled may be

related to the general positioning of women in society at large.

One's religious or faith positioning can be experienced either as a private affair, to be lived out exclusively in one's personal private life, or as something which is to be integrated into all of one's life, including one's professional activities. In the latter instance, if one were to identify oneself as a committed Christian (as opposed to a nominal Christian), then one might be committed to the values and ideals of Christianity and a key question would be "How can I integrate my faith with my practice as a counsellor?" One plausible answer to this question might be to incorporate, in one's practice, a focus on the spiritual dimension as a legitimate aspect of one's work.

In this study "committed Christian" was deliberately not operationally defined, as "being committed" means so many different things to different people, all perhaps "acceptable" and "legitimate". What was important to the intern was that the word "committed" was even there, denoting a demarcation from nominal Christianity or being Christian as one's societal/familial heritage. Although the majority of participants in this study claimed to be committed Christians, it is not clear, in the data, that these participants saw their positioning as something to be integrated into their practice. In fact, these participants were generally less inclusive of the spiritual dimension and less skilled in incorporating it into the counselling process, with perhaps the exception being with respect to interventions. They did perceive the spiritual dimension to be integrated with the physical and psychosocial dimensions more than their counterparts and it is

possible that their integration is so complete as to not separate the spiritual. They also more strongly perceived spiritual interventions as being connected to a relationship with God, which might restrict them in terms of instances where spirituality is not connected to God. As well, they were more likely than their counterparts to see a clients relationship with God as private, with clergy and lay ministers more suitable to addressing spiritual needs. They also did not perceive their positioning as committed Christians to have given them more knowledge than their counterparts. All of these factors, plus a fear of prosletizing and thus breaching ethical guidelines might explain their positioning with respect to the spiritual dimension.

One finding worthy of note is the fact that relatively few participants use touch as an intervention, especially male participants. Given the controversy around touch as a therapeutic intervention within counselling, generally, and considering the increasing attention given to ethical and legal issues surrounding touch, this finding is not surprising. The fact that these participants work with adolescents, many of whom are minors, is also significant. What may be somewhat surprising is that close to 40% do use touch, at least sometimes, (one half of all female participants and one third of all male participants). One explanation for this may lie in the cultural orientation within the province, which is oriented towards informal, close relationships between people, generally, and in the common use of touch, generally, between people.

Another finding worthy of comment is with respect to the appropriate use

of prayer and the referral to clergy/lay ministers as interventions for spiritual needs, both of which were chosen by the participants as interventions they use, at least sometimes. Prayer is a practice which can be viewed by many as being personal and private, and therefore, not to be inquired about between persons, even counsellors and clients. Yet, in the literature review, the place of prayer within adolescents' lives would seem to warrant such an inquiry, as in so doing, the counsellor may find a valuable tool to complement any counselling which he/she may be engaged in with this age group. The low percentage of participants who refer to clergy/lay ministers may be reflective of their judgment that this intervention is not appropriate, given the general decline in adolescents' connection to organized religion.

The fact that the vast majority of participants perceived that they received little or no instruction in assessing spiritual needs is significant given that thorough assessment can be viewed as inherent to competent counselling. Similarly, the lack of instruction in distinguishing psychosocial from spiritual needs and interventions is worrisome, as it is deemed by some to be essential in ensuring that the right interventions are employed for the appropriate concerns (Piles, 1990; Carson, 1989; Sims, 1987). For example, a counsellor may respond to a clients needs as being psychosocial and employ psychosocially - oriented interventions. If the root of the issue is spiritual, or if the spiritual figures significantly in the psychosocial problems the client is experiencing, then the counsellor may not be employing interventions which are most appropriate to the

situation. As Sims (1987) says "At times, people need to be treated on a primarily spiritual basis in order to resolve other problems"(p.63).

All of the findings need to be interpreted within the context of the way the school system has operated in Newfoundland, with faith groups intricately associated with educational resources in the province. Some of the participants in this study would likely have been employed in schools that had a definite faith focus which may have impacted on how they practiced counselling and on their responses in this survey.

The findings from this study point to the need for further investigation into the interplay between the spiritual dimension and counselling practice. All components of wellness, including the spiritual dimension, must be addressed if a person is to achieve balance and integration of all dimensions of their personhood, a definition of good mental health by Burke & Miranti (1992). If counsellors in schools are committed to helping adolescents achieve good mental health, the spiritual dimension needs to be explored and the applicable place of spirituality and religion in counselling needs to be examined.

Recommendations

Based on this research study, the following recommendations are made. These are divided into recommendations for further research and recommendations for counsellor training and practice.

Recommendations for Further Research

1. Using interviews and/or qualitative research methodology, more in-depth studies are recommended to further determine school counsellors' perceptions of spirituality and its place in counselling practice;
2. A survey of graduate programs for school counsellors should be undertaken to determine the extent and format of the spiritual dimension in their curricula;
3. A study to determine the impact of the religious positing of school counsellors on counselling practice would be illuminating;
4. More adequate theory construction and model development/testing should be undertaken to best determine how to incorporate the spiritual dimension in counselling practice. For example, LaPierre's model of spirituality (LaPierre, 1994), or Hoshiko's model of spirituality (Hoshiko, 1994) could be operationalized for practice and tested in practice;
5. This study could be replicated, using a random sample, and revising the questionnaire to include a perspective of spirituality beyond the Judeo-Christian framework;

6. School counsellors need to conduct research based on their spiritually focused activities with adolescents, and communicate their findings in order to expand the knowledge base regarding the appropriateness and outcome of these activities;

Recommendations for Counsellor Training/Practice

7. In order to fulfill their mandate as ethical counsellors, school counsellors should include the spiritual dimension (including religion) in their counselling practice. Such inclusion should be respectful of the client's beliefs, rights and values. At the very least, assessment of the spiritual dimension should occur;
8. To better prepare counsellors, counsellor training curricula should include the spiritual dimension adequately within their curricula: Myers (2000) reported that education was one of the ways that nurses overcame their felt dissonance between what they visioned nursing to be (ie. incorporating the spiritual dimension) and what they could carry out in practice;
9. Continuing Education programs for school counsellors need to include a focus on the spiritual dimension and its place in counselling practice. Proposed topics include spiritual assessment, spiritual interventions

(including a distinction between these and psychosocial interventions), and theoretical perspectives on the spiritual dimension;

10. Forums could be conducted with school counsellors who ascribe to a variety of worldviews to discuss the impact of counsellor religious/spiritual values on counselling practice;
11. School counsellors need to examine their own spirituality/religiosity and their impact/potential impact on counselling practice. Accounting for these in practice is important in opening up options for clinical practices, in influencing the perception of client situations, and in engendering sensitivity to spiritual needs, and so on. Discussion and writing about such points of view are part of the process of developing theories and models for incorporating the spiritual dimension into counselling practice.
12. Ethical guidelines for the inclusion of the spiritual dimension in counsellor practice should be developed.

Conclusion

In summary, the internship was a very beneficial activity in terms of expanding the intern's growth and development as a counsellor. It also provided a means to conduct some preliminary research into the interplay of spirituality and counselling practice. Both of these components have provided a good base from which to develop further activities for continuing growth and knowledge development.

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APPENDIX A

Group Contract and Group Sessions Outline

Psychoeducational Group: Making Changes: Taking Charge

Goals:		- empowerment - educational - experiential	
Feb 09, 2000	Week 1	- introduction - ice breakers - agenda - contract - goals	...collage ...give and take
Feb 16, 2000	Week 2	- denial - fear	
Feb 23, 2000	Week 3	- adaptation - loneliness - friendship	
March 01, 2000	Week 4	- guilt/rejection - grief	
March 08, 2000	Week 5	- anger - letting go	
March 15, 2000	Week 6	- self-worth - transition	
March 22, 2000	Week 7	- openness - love	
March 29, 2000	Week 8	- trust - relatedness	
April 5, 2000	Week 9	- sexuality - singleness	
April 12, 2000	Week 10	- purpose - freedom	

**Making Changes - Taking Charge
Group Contract
Winter 2000**

1. The sessions will commence 7:00 p.m., Wednesday, February 8th, 2000 and end at 9:00 p.m., and will continue for that time period each successive Wednesday with the last session being April 12, 2000.
2. One session will be a introductory session in the interest of furnishing a foundation for the group.
3. Group members must keep confidential any and all material shared in the group.
4. If a group member chooses to talk about group outside of group them it "must" be confined to their "own" experience in group.
5. The group can expel members who have demonstrated a breach of confidentiality.
6. Each group member is expected to place emphasis on their own work in group in addition to being challenging and supportive of others.
7. Feedback - is permissible, in consultation with the other and that person is agreeable. At that point the initiator opens themselves to receiving feedback.
8. Each member of the group must receive individual therapy.
9. Group members will use only their first names during group sessions.
10. No physical violence is allowed in the group.
11. No verbally abusive behaviour is allowed in the group (i.e., degrading comments, statements or observations).
12. Limits will be placed on disclosure. Important issues need to be addressed with the individual therapist.
13. If a group member misses more than 2 sessions within the 10 week period, then the person will have to be re-assessed by the group regarding continuance in the group.

14. Group members will be requested to participate in psychotherapeutic techniques in the interest of their group and learning.
15. Group members will be asked to complete some instruments for the purpose of evaluating their group experience.
16. Group members are asked not to come to session if they are impaired by alcohol or drugs.

Group Contract

I AGREE to the terms of the contract attached.

NAME:

please print

signature

WITNESS:

APPENDIX B**Labyrinth Walk**

A Labyrinth Walk

Take a moment to reflect on what is happening in your life. List some of the keys in your life, in your family, in your work, your spiritual life, your relationships. Jot down whatever strikes you as key to your life at this time.

Are there any concrete descriptions of behaviors, attitudes and relationships that come to you?

Identify the areas of your life where you feel you hold out, that you are not fully engaged with life and to which you feel called to relinquish control.

Question or situation for the Labyrinth.

A Labyrinth Walk

Immediate reflections of my experience are...

My body experience is...

The feelings that arise are...

I will take back with me, to my daily life...

APPENDIX C

Annotated Bibliography

Courtois, C. (1988). Healing the incest wound: Adult survivors in therapy. New York: W.W. Norton.

This book is a highly informative, valuable book to help therapists work with adult survivors of incest. It thoroughly discusses the characteristics, categories and dynamics of incest/the incestuous family. They symptoms, aftereffects and diagnosis of incest are thoroughly discussed with an elaborate Incest History Questionnaire presented in the Appendix. Theoretical bases for treatment are described, focusing on feminist theory, traumatic stress or victimization theory, self-development theory and loss theory. The philosophy, process and goals of therapy are described as are treatment strategies and techniques. Careful attention is paid, throughout, to the therapeutic process/relationship between therapist and client. Treating in group format is discussed as well as treatment of special populations or special problems/issues (for example, ethnicity issues, sexual orientation, male victim/survivors, self-damaging behaviors, pregnancy issues, addictions, sexuality/sexual difficulties). Special family issues are also presented, for example, the issues of disclosure, confrontation and legal proceedings. A thorough list of recommended books and audiovisual material is included in the Appendix. A well-researched book written by a highly qualified, experienced therapist.

Denton, R.T. (1990). The religiously fundamentalist family: Training for assessment and treatment. Journal of Social Work Education, (1), 6-14.

Noting the reluctance of helping professionals to work with clients' religious beliefs, the absence of preparation to do this within professional training, and the empirical and theoretical case of religion having significant impact on attitudes/behavior, this author sees it as an obligation for "holistic" helping professionals to attend to the spiritual dimension. The article identifies those differences which appear to exist between fundamentalist families (those who believe the Bible is the authoritative, literal word of God and who believe this word to be available to all who understand) and nonfundamentalist families, with resulting implications for therapist training.

Within fundamentalist families, the church is seen as having authority over the family, with men having dominance over women and the family over the individual. They have a "we vs them" mentality which leads them to seek help from only Christian sources, a faith nurturing stance which emphasizes love and support, a reliance on faith which spawns passivity, a demand for forgiveness which can confirm aggressive behaviors within the family, and strong prohibitions against divorce/remarriage. Often, a patriarchal family structure is the norm. Fundamentalism provides the family with opportunities for socialization, belongingness, role opportunities, etc. Parents often have an authoritarian and "spiritualizing" stance towards children. Guild, dependency and reliance upon authority can be common. Religion is an integral part of the family system and

can function as a stabilizer during system transition.

In training therapists, attention needs to be paid to paradigmatic conflicts (anti-religious bias in therapists test instruments, literature which can cause therapist to be demeaning/condescending if accepted uncritically); ethics/values/countertransference issues (attempting to alter beliefs violates client self-determination principle, ethical responsibility to understand religion, to differentiate legitimate from pathological beliefs, proselytization issues, need to value nonjudgmental, "open to learning attitude," need to know one's orientation); assessment of and impact of religion - meaning of intrinsic/extrinsic use, variability in members of commitment, enmeshment in church community, ascription of religious interpretation to problem, extent of which religion is used as a control mechanism; practice nonconfrontational, respectful, searching for feelings behind theology, recognizing family boundary/role rigidity as a constraint, etc.; specific educational concerns (- exploring own assumptions, use of learning cycle, having threads in curricula, etc).

An excellent article with very good references for follow-up reading.

Doehring, C. (1992). Developing models of feminist pastoral counseling. The Journal of Pastoral Care 46 (1), 23-31.

Doehring's article attempts to explain what she means by feminist pastoral counseling in terms of its perspective, assumption, ethics, goals and tasks and advocates a feminist perspective for pastoral counseling in that it is true to pastoral counseling's ministry of empowerment and liberation. She sees feminist pastoral counseling as counsellors bringing a feminist perspective to their work with clients (belief re. patriarchal structures which create oppression, especially for females and bringing this belief into focus; promoting empowerment and liberation as therapeutic goals which are co-created by client and counsellor, including liberation "into the fullness of being we know through glimpses of our true selves and God; and restructuring the ethical foundation (rule of beneficence) of pastoral counseling to highlight the role of power in therapeutic relationships). Jordan's model of feminist pastoral counseling is presented as a model which creates the potential for empowerment in client - therapist relationships and in relationship with God (in the sense of describing God in ways which reveal the fullness of God and not the traditional patriarchal view of God). This model is, then, both psychological and theological. It encourages acknowledging the unconscious dimension of peoples' experiences and "taking on the false gods that reign there as a consequence of growing up in a patriarchal religious structure." This model is well worth reflecting on for the counsellor who is working from a Christian perspective who wishes also to work from a feminist orientation.

Elliott, K. (1992). Adolescent spirituality: Razzle dazzle or rock solid? Liturgical Ministry 1, Spring, 65-67.

Although this article is written by a youth leader who works with youth within the context of a church parish, the discussion has some interesting points to raise which may have implications for those working with adolescents who are intricately connected to a parish/church. Elliot suggest that adults encourage young people to search and ask questions (as part of faith development), and to admit to not having all the answers. Use of prayer journals, provision of quiet times, music, religious symbols, scripture, prayer, and meditation are presented as tools to enable the adolescent to express their thoughts, reflect, enhance self-esteem, and enhance their ability to have in-depth religious experiences. The importance of adults interacting with youth in a meaningful way is stressed. Counselors might use these tools, if appropriate for the young person to enable them to reflect on their own spirituality.

Erickson, J. A. (1992). Adolescent religious development and commitment: A structural equation model of the role of family, peer group, and educational influences. Journal for the Scientific Study of Religion 31 (24), 131-152.

This study used Cormall's structural model of adult religious development and commitment to develop a model of adolescent religious development which specifically examines the kinds of socialization most likely to be salient in the lives of young people. This model was systematically tested and refined by structural equation modeling. The authors present a detailed review of the literature on adolescent religious development. Adolescents 16-18 years of age were the target group in the testing of the model, and three major influences on adolescent religiousness - the parents/family, religious education and peer group - were the organizing constructs in the model. Measurement techniques were used (eg. Mature Faith scale, Adolescent's Home Religious Behaviour Index) and the results of the study lent support for the model developed. The authors draw important implications of the findings for parents, religious educators and for researchers of adolescent religiosity.

Filippi, L. (1991). Place, feminism and healing: An ecology of pastoral counseling. The Journal of Pastoral Care 54 (3), 231-242.

This article gives a good description of patriarchy as a system which supports all kinds of oppression, values hierarchies and conceptual dualism- "through the violence of patriarchy the integrity of the oppressed is violated and the humanity of the oppressor is destroyed"(p. 232). The relatedness of human to nonhuman nature is a central theme as is the recognition of a lack of focus in pastoral counseling on how environmental degradation affects all aspects of

human experience-"At the core of ecological survival is reconciliation with self, with others, with nonhuman nature and with the body"(p. 234). Transformative feminism is seen as a theory which can prove to be helpful in psychotherapy in that it can: reveal the relationships between all forms of oppression; affirm the diversity of experience; reject domination in all its forms, seeking to create an integrative conceptual framework looking at both conceptual and structural spheres of oppression; enable people to revision what it means to human; invite rethinking of ethical concerns; and challenge the modern, patriarchal emphasis in technology, research, etc. Therefore, therapy is expanded to include social and ecological dimensions, egalitarian models of relationship, counseling within the cultural context and commitment to empowerment and community. Its theological significance is in its focus on reconciliation and regeneration, central pastoral tasks.

Fisher, B. (1984). Rebuilding when your relationship ends. Boulder, Colorado: Fisher.

This book was written for consumers to educate them about and assist them in the adjustment process following a separation/divorce. Fisher describes 19 blocks which comprise the rebuilding process: denial, fear, adaptation, loneliness, friendship, guilt/rejection, transition, self-worth, letting go, anger, grief, relatedness, trust, love, openness, purpose, singleness, sexuality, and freedom. He describes common feelings and challenges for each of these blocks. He presents them pectorally as a triangle, with some blocks being common earlier in the adjustment phase and needing to be worked through before moving on to the next block. He is careful to point out, though, that it is not a clear linear process, but rather like a climb, where one may double back to revisit a portion of the trail, etc. This is a very informative book which is well written and able to be easily understood by the average reader. The book forms the framework for courses conducted by Fisher for people experiencing separation and divorce and also has a workbook which can be used by the participant as an adjunct to the group.

Francis, L. J. & Evans, T. E. (1996). The relationship between personal prayer and purpose in life among churchgoing and non-churchgoing twelve-to-fifteen-year olds in the UK. Religious Education 91 (1), 9-21.

The authors give an excellent review of the research on religiosity and factors associated with it in adolescents (eg. parental influence, personality, empathetic development and attitude toward drug use). Their study explored the relationship between prayer and perceived purpose in life among twelve-to-sixteen year olds via a questionnaire. They found that a third of the young people who never attended church did pray, at least occasionally, (compared to 85% of

those who attended church) and that almost half of this group felt their lives had some sense of purpose (compared to close to 70% of churchgoers). In both groups, there was a positive correlation between personal prayer and perceived purpose in life, suggesting a positive effect of a religious practice in terms of adolescent development. Inquiring about church attendance and personal prayer is warranted as part of assessing purpose in life among adolescents. The authors suggest further research in terms of a more sophisticated study to explore more fully the relationship between religiosity and purpose in life.

Francis, L. J. & Gibson, H. M. (1993). Parental influence and adolescent religiosity: A study of church attendance and attitude toward Christianity among adolescents 11 to 12 and 15-16 years old. The International Journal for the Psychology of Religion 3 (4), 241-253.

Through a questionnaire these authors investigated the personal religious practices and attitudes of youth 11-12 and 15-16 years of age. In addition, parental religiosity (as measured by church attendance) was focused on in terms of its relationship to adolescent religiosity (as measured by church attendance and attitude toward Christianity). Findings indicated that parental church attendance was an important predictor of adolescent church attendance and that adolescents' personal church attendance is the critical predictor of attitudes toward Christianity. The findings showed that parents exert a more clear, direct influence over their children's public and overt religious behaviour (church attendance) rather than over their private and covert religious attitudes.

Gibson, H. M. (1995). Adolescents' attitudes to prayer. British Journal of Religious Education 17 (3), 140-147.

This study sought via use of several questionnaires/scales, to examine the influence of sex, age, and church attendance on adolescents' (12-15 year olds) attitudes to prayer. It also included perceptions of these adolescents' attitudes to prayer adopted by their peers. Close to 60% of these adolescents claimed never to pray, with close to 40% claiming to pray occasionally or regularly (it is interesting to note that close to 60% claimed to have no denominational affiliation). Close to 40% did believe that God listens to prayer with about 20% claiming that prayer helped them personally. There was not much variation between the responses of 12 and 15 year olds to prayer items, although a falling away from positive attitudes to prayer seemed to be evident throughout the responses. Adolescents who attended church frequently had more positive attitudes to prayer than non-attenders although it is interesting to note that close to 25% of non-attenders believed that God listens to prayer. An implication of this research is that questions relating to adolescents' perceptions of the casual efficacy of prayer

should be explored in some depth. Do adolescents use prayer to find the strength to cope with the difficult life situations they face?

Griffith, M.E. (1995). Opening therapy to conversations with a personal God. Journal of Feminist Family Therapy 1 (1/2), 123-139.

A basic premise of the author is that the therapy space needs to be open enough for significant others (including God) to be included in the construction of meaning. Power is having space in the discourse. Therapists may prescriptively or prescriptively constrain clients in speaking of experiences with God. Underlying assumptions include "stories of certainty", where the therapist assumes she knows the story of a person's personal experience with God: - "I know what God is like for you...because I know your religious denomination:" "because your image of God is a reflection of your early attachment figures;" "and you need to know God as I do". Each of these assumptions is illustrated well through case studies. Strategies to move from certainty to curiosity are given - eg. "In those moments when God is most real to you/you now you are with God, what do you hear or see or feel that tells you what God is like?" "What human relationship in your life most reminds you of the one you have described with God?"; learning to say client's works; looking for unique outcomes of God's presence, words, feelings... negative for client; help create/encourage alternative stories of God/His presence; co-create rather than provide client with experience of God. Privacy must be given to the client's story as he describes his experiences with the words and meanings the person teaches us. An excellent article with good references for follow-up.

Hall, C. M. (1996). Crisis as an opportunity for spiritual growth. Journal of Religion and Health 25 (1), 8-17.

The hypothesis for this study was that crisis conditions are more conducive to spiritual growth than non crisis conditions. Crisis families and non crisis families were the subjects. Analysis of the data showed that families who were able to reorient their lives according to spiritual/more spiritual values (defined as supernatural, transcendent qualities characteristic of a central power/powers in the universe such as God, life, good or truth) were more able to effectively resolve the crisis they were experiencing, with a resulting experience of more productive and satisfying life experiences. Strong adherence to transcendental spiritual values brought hope and motivation to act effectively on the situation. Bowen's family theory, the evolutionary theory of Teilhard de Chardin, and Jung's emphasis on the significance of religious belief for life-satisfaction were used as theoretical bases for this study. In-depth interviewing was the method chosen. An important prerequisite for articulating spiritual values and transcending present conditions was the ability to reflect. Interesting findings

were that crisis preceded commitment to spiritual values, that formulation of spiritual values resulted in more effective/satisfying lives, and that critically examining and revising beliefs in crises led to a deeper incorporation of spiritual values into lifestyles than merely turning to religion for support. Implications for further research are explored. An important clinical implications is the viewing of crises as opportunity for growth with the counselor assisting clients to accomplish this.

Hardesty, P. H. & Kirby, K. M. (1995). Relation between family religiousness and drug use within adolescent peer groups. Journal of Social Behaviour and Personality 10 (1), 421-430.

A cross-sectional study was conducted among students (16-19 years of age) attending a non-traditional high school to examine the relationship between family religiousness and use of ten illicit drugs by their peers. The authors were interested in illicit drug use, as the early stages of abuse typically begin in adolescence and an understanding of factors associated with this practice can provide insight into which factors are protective or preventative in nature. Family religiousness was of interest in that it might provide the adolescent with a connection to a positive community group (eg. a church), these families may be less conflicted and more cohesive, and provide modeling of pro-social behaviours. After controlling for other family social climate variables, family religiousness was found to be related to lower use of illicit drugs among peers, supporting previous research indicating that religiousness within the family may affect how teens choose their peers. An important point to remember is that the study focused on adolescents who had little success in the traditional educational setting, a specialized group.

Hutsebaut, D. & Verhoevan, D. (1991). The adolescents' representation of God from age 12-18. Journal of Emperical Theology 4 (1), 59-72.

This article summarizes surveys done in Belgium between 1970-1987 regarding the God representation of adolescents (12-18 years of age). Pertinant conclusions are: the age of 15 is of crucial importance in a possible religious development; the relation to a personal God is important to study as it is the central dimension of Christian religion, a predominant religion in Western cultures; a decrease in church attendance occurred between 1970 and 1987 and between the ages of 12 and 18; parental religious practice is important for adolescents' religious practice, but not as important for their religious beliefs; God is perceived multi-dimensionally (transcendent, full of love, moral, creator, ultimate meaning, etc.); personalized answers (God as friend/father) were most important, although from age 12-18, changes were observed in adolescents'

representations of God. The authors discuss the implication of their findings for religious education in the schools.

Janssen, J., deHart, J. & Gerardts, M. (1994). Images of God in adolescence. The International Journal for the Psychology of Religion 4 (2), 105-121.

In two research projects using precoded and open questions, these authors investigated God images in Dutch adolescents. Findings revealed that these adolescents did not use a common language to describe God, but that each made his/her own description, using his/her own words. In terms of concepts, God was mostly described as a form of activity and as having qualities such as honesty, goodness and helpfulness. God was seen to be watching them, knowing all about them and helping them. He was also seen as powerful in terms of correcting, helping, and supporting. It is of interest to note that girls preferred words indicating support and boys, power. Believing in God was only weakly correlated with church membership, another point worthy of note. Some of the questions asked in this study might be of particular relevance to counsellors, particularly if 'God' emerges in the conversation, for example: What, in your view, are the qualities of God?" "Do you think that God has any influence on your personal life?"

Josephson, A.M. (1993). The interactional problems of Christian families and their relationship to developmental psychopathology: Implications for treatment. Journal of Psychology and Christianity 12(4), 312-329.

This article explores the clinical phenomenon of children and adolescents in Christian families who develop serious mental disorders, looking at common patterns of dysfunctional family interaction which are related to psychopathology. Josephson holds that the Christian family may be more stressed than non-Christian families by the problems facing families today (eg. divorce) because for these families their values and creed give clear standards to which to aspire. For nonclinical families, the solution to these pressures lies within the application of Christian principles. The Christian family plus developmental psychopathology are operationally defined, and background is given with respect to the role of family interaction in child psychiatric disorders. Case examples from enmeshed families and of the rigid, rule-bound family are presented, as well as for the cold, "affect bound" family. These three patterns are commonly observed patterns in Christian families who seek therapy. Psychological and theological/spiritual interventions for each of these family types is discussed and would give clear guidance to a therapist who is dealing with such families. Requirements for therapists are given - technical expertise, spiritual sensitivity and knowledge of psychopathology, theology, normal developmental processes and the misapplication of theology. An excellent reference list at the end of the article.

LaPeirre, L. L. (1994). A model for describing spirituality. Journal of Religion and Health 33 (2), 153-161.

This paper describes a conceptual basis for assessing a client's spiritual needs. Spirituality is seen as multidimensional, albeit from a review of the literature, this author describes six fundamental aspects of spirituality: the journey, or responding to a discovery of meaning and purpose which may or may not lead to the person of God; encounter with transcendence or the recognition that there is a level of reality that exceeds the limits of ordinary human experience; community, or an experience of connectedness with the world, a religious group, etc; religion or what a person does in response to specific personal beliefs about a divine being (individual spirituality may/may not incorporate rules, rituals and behaviors of a religious group); the mystery of creation, or an experienced, interpreted relationship between people and the mystery of creation (God may be seen as being encountered in the natural world); transformation, or spirituality as a dynamic process that leads to change and becoming. Evil is seen as anything that contributes to lack of progress, or to regression, in one or more of the six dimensions of spirituality. This conceptualization of spirituality can be used by counselors to assess clients / as a framework for intervention.

Lealman, B. (1991). Young people, spirituality and the future. Religious Education 86 (2), 265-274.

A quantitative study was conducted about religious experience in 16-19 year olds, in particular, to determine attitudes to conventional beliefs and practices of traditionally established forms of religion (EXPREL scale), and to measure a wider range of thought and feeling which is characterized as implicit religion (IMPREL scale). Together, these two aspects provide a concept of spiritual awareness. Findings revealed that the majority of these young people claimed to have had some sort of "mystical experience", and used theistic terms in the descriptions of their religious experience. In the latter instance, these young people were more likely to participate in organized religion, and to frequently participate in social or community experiences. Implicit religion was found to make the most demands on the imagination and was nurtured by participation in the arts. The experiential element in religion was found to be most closely linked with the development and exercise of the creative imagination. Those who participated in organized religion showed more religious awareness than those who did not, although generally, there was a dissatisfaction with organized religion. The authors discuss the implications of their research for religious education in the school system.

Lerner, H.G. (1985). The dance of anger: A women's guide to changing the patterns of intimate relationships. New York: Harper & Row.

This book is written to women, although much of the information can also be applied to men. It focuses on anger as a challenge and a signal that all is not right in their lives. It focuses on the particular issues involved for women in terms of anger recognition and expression. Typical styles of managing anger - the "nice lady" syndrome and the "bitchy woman" - are discussed as not helpful, in terms of women denying their selves and in terms of any likelihood of positive change. The book promotes empowerment in seeing effective anger management as something that can be learned. The cycles of anger between people are presented and illustrated with case examples, with careful attention paid to the "dance" or move - countermove pattern involved in making changes. "Circular dances" in couples, and between daughters and their mothers is described. Seeing anger as a guide to knowing the self better is discussed as well as intergenerational patterns of response which impact on present-day patterns. The issue of anger and responsibility is addressed. Of particular interest is the clear presentation of family triangles as well as clear guidelines for changing ineffective patterns. A very helpful book both for therapists and clients.

Markstrom - Adams, C., Hofstra, G. & Dougher, K. (1994). The ego-virtue of fidelity: A case for the study of religion and identity formation in adolescence. Journal of Youth and Adolescence 23 (4), 453-469.

Through interviewing and a questionnaire adolescents (high school) were probed with respect to their identity formation, examining whether church attendance provided behavioral evidence of identity commitment (as church attendance is conceptualized as a means for the expression of fidelity, the latter being argued to be a sign of identity commitment). The authors give an excellent overview of Erikson's stage of identity formation citing lack of research into the role of religion in identity formation as unfortunate, given that religiosity and faith are conceptualized as having particular relevance at various points in Erikson's psychosocial stages. There is also a good review of the literature of fidelity in adolescence and the connection between fidelity and religion. Results of the study indicated partial support for the prediction that frequent church attendance resulted in higher scores on commitment statuses (fidelity) and higher identity achievement, suggesting, conceptually, that fidelity is a link between identity and religion.

McBride, J. L., & Armstrong, G. (1995). The spiritual dynamics of chronic post traumatic stress disorder. Journal of Religion and Health. 34 (1), 5-16.

The spiritual dynamics of PTSD are discussed, including the belief that unresolved symptoms of PTSD occur when survivors do not resolve their spiritual and emotional responses, and that PTSD is a "spiritual diagnosis". Trauma and spirituality are defined, the latter being seen as a connection or relationship to self, others, the world/universe, and God and a sense of transcendence beyond the ordinary of life in its immediate sense. Trauma is seen as impacting negatively on the spiritual development of the person - numbing, stopping, loss of wholeness, feeling cut off from God, others, self. Trust, hope and intimacy are affected to create loneliness and isolation. Conflict between the false self and true self (the soul) are common with a resultant lack of integration of the total person (ie. spirituality). The wounded self experiences spiritual alienation and emptiness and a crisis of faith. The dichotomy of good and evil is more intense in the traumatized person with the person feeling that they are bad/evil, a characteristic which makes the person most resistant to change. Spiritual disciplines (prayer, meditation, etc) do not provide much relief and religion can be used as a replacement for self rather than a tool for spiritual development. A framework for treatment is proposed - risking and revealing, responding and releasing, reflecting and reconciling, and resurrecting and rebuilding. An excellent article to illuminate and direct treatment of PTSD clients.

Mellody, P., Miller, A.W. and Miller, J.K. (1992). Facing love addiction: giving yourself the power to change the way you love. San Francisco: Harper. Chapters 1-5.

This book explores the patterns of codependency/co addicted relationships. A definition of 'love addiction' is given, as are the signs and symptoms of co-dependency, including primary and secondary symptoms (a key theme is the bruised relationship with the self): difficulty with self esteem, setting boundaries, owning own reality, addressing own needs/wants, negative control, resentment, impaired spirituality, addiction/mental or physical illness and difficulty with intimacy. Aspects of co-dependency recovery are discussed emphasizing the need to deal with any addictions as a primary step. Characteristics of the co-addicted relationship are presented, in particular, of the love addict and the avoidance addict, with very good diagrams to explain the cyclical processes. Of particular help in clinical practice is the love addict cycle - attraction power/adulation of avoidance addict, feeling 'high' as fantasy is triggered, feeling relief from the pain of loneliness, emptiness, showing more neediness/denying the reality of abandonment, developing awareness of abandonment as denial crumbles, entering withdrawal, obsessing regarding getting the avoidance addict to return/getting even, compulsively acting out the obsessive plan and then repeating the cycle.

Missinne, L. E. (1990). Christian perspectives on spiritual needs of a human being. Journal of Religious Gerontology 7 (1-2), 143-152.

Three basic human needs are discussed which each person has - the need for biophysical exchange, the need for psychological exchange and the need for spiritual integrated exchange. The latter need is experienced as the need to maintain and illuminate ourselves beyond our existence, to know our place in the universe, the meaning of our own existence and the search for answers to questions about and beyond our own existence. Examples of this need are provided in religious and spiritual manifestations. Spirituality is seen as a dimension which cannot be separated from the other dimensions of life but is an integrating force. It is also presented as broader than religion, incorporating music, reading, enjoying a sunset and so on. Spirituality is also seen as a basis for coping with loss. The relationship between spirituality or religion can be positive or negative. Spirituality is seen as signifying the search for meaning in life in generally, and in daily events, and is seen as a dimension which separates us from the animal world. The author concludes with trends in Christian spirituality-eg. an action orientation, being responsive and responsible to the poor and oppressed, and being social-oriented.

Neuman, G. M. (1998). Helping your kids cope with divorce the sandcastles way. New York: Random House (Chapters 6&7).

This book is written for the general public as a 'self-help' approach for parents to use in helping their children cope with their divorce. The sandcastles approach is the framework used, a developmentally-oriented approach. For each stage of child development (eg. preschool, 8-12, 13-15, etc) the characteristics (eg. cognitive, emotional) of the child is discussed, including how he/she might conceptualize the divorce process, the parents, himself/herself, and so on. (The two chapters focused on in my reading were pre-adolescent/adolescent to correspond with the ages of children of a client). Strategies for dealing with children of various age groups are given, with some practical information given on what to say, how to say it, etc. The approach seems to be very empowering for parents and helps them to understand the point of view of the child. It also acknowledges the parents' feelings and the struggles that may occur between parents which will impact on the child. This is a very informative, 'easy to read' book which could be recommended to clients.

Neuman, J. (1985). Adolescents: Why they can be so obnoxious. Adolescence 20 (79), 635-645.

The author sees obnoxiousness as developmentally inevitable given the

uneven development of competencies in four areas - cognitive, social cognition, moral judgment and knowledge of the world. He presents a good overview of the development of each of these areas in adolescence. The following points are of relevance in terms of adolescents spirituality/religious development: the attainment of Piaget's stage of formal operations, usually firmly established in most people by age 15, with the implication being that previous to this, thinking is unsystematic and there is difficulty organizing complex material such as friendship alliances; thinking beyond the "here and now"; adolescent egocentrism (imaginary audience) and difficulty with empathy; incompetencies in making moral judgments; and the "personal fable" of adolescence. Implications for adults are drawn - avoid self-filling labels, avoid the routine of daily control fights, do not ignore/tolerate behaviour that is totally unacceptable/hurtful, maintain availability but do not moralize or preach, inculcate early against adolescent difficulties, plan group discussions of social problems, get help if conflict intense to break the cycle, increase sensitivity, and keep cool.

Ozorak, E.W. (1989). Social and cognitive influences on the development of religious beliefs and commitment in adolescence. Journal for the Scientific Study of Religion 28 (4), 448-463.

These authors conducted a survey of high-school and college-age subjects to test the relative impact of affiliation, parent's religiousness, emotional closeness to parents and peers, intellectual aptitude, and personal religious or existential experiences on religious commitment and change. There is an excellent overview of adolescent characteristics which are connected to religious beliefs and practices which could also be true for spiritual beliefs and practices. In this study, social influences, especially those of parents, were found to be more powerful predictors of religiousness than intellectual variables, existential questioning and intellectual aptitude were associated with religious change while emotional closeness to family reduced the likelihood of change as did affiliation with a strong group identity (e.g. Catholicism). It is interesting to note that the average age of change occurred around 14 ½ years of age.

Ross, J.L. (1994). Working with patients within their religious contexts: Religion, spirituality, and the secular therapist. Journal of Systemic Therapies 13 (3), 7-15.

Ross maintains that many mental health professionals dismiss the power and importance of clients's religious and spiritual experiences, associating such with emotional weakness/pathology. However, Ross maintains that for many people, religious practice provides a framework for an ethical life, gives meaning

to their lives, answers to philosophical questions about life and death, and a social context within which to work through spiritual struggles. Therapists who view religion negatively may be limiting the therapeutic work/relationship they engage in with clients and may show lack of objectivity.

In this article, a distinction is made between religiosity, religious experience and spirituality, an important distinction to make, as, for example, mental health professionals often associate religiosity with psychopathology, while the other two are compatible with the aims of psychotherapy. Ross discusses the need for secular therapists, in particular, to be open-minded, aware of the impact of their secularity on the ability to understand and empathize with clients' beliefs, and to try to understand and judiciously use religious practice to augment therapy. Two case examples are given to illustrate these points, one a Jehovah witness couple, the other a woman from a fundamentalist background who had severe panic disorder/paranoia. The article concludes with the advantages of discussing a client's religious practices. An excellent article, especially for secular therapists!

Tamminen, K. (1994). Religious experiences in childhood and adolescence: A viewpoint of religious development between the ages of 7 & 20. The International Journal for the Psychology of Religion 4 (2), 61-85.

The author set out to examine religious experiences (defined as those to which a sense of dependency or a link with God/the divine and transcendent are connected) of 7 to 20 year olds in Finland. Three issues were of focus: the extent of religious experiences, the situations and contexts these experiences were related to, and their connection to existing religiousness, sex, personality and school/home background of the subjects. It was found that religious experiences were common in all ages although adolescents at the age of puberty (Grades 7-8) had fewer experiences of God's nearness/closeness/guidance. A critical point for counsellors is that the most common situations associated with a sense of God's presence/nearness/guidance were those involving crises (eg. personal illness, illness or death of someone else) or internal states of loneliness and depression). In this study, girls were generally (at all ages) religiously more committed than boys, and experienced God's nearness/guidance more often. Young people with certain personality traits were more likely to have religious experiences (eg. were conscientious, emotional susceptible to fear, altruistic), and religious home background was an important influencing factor. Religious experiences might be something which counselors who work with adolescents can include in their assessment protocol, as well as assessing their connection to intense experiences such as death.

Tan, S. Y. (1996). Practicing the presence of God: the work of Richard J. Foster and its applications to psychotherapeutic practice. Journal of Psychology and Christianity 15 (Spring), 17-28.

Foster's work and focus on the use of twelve key spiritual discipliners for practicing the presence of God are presented: The inward disciplines of meditation, prayer, fasting, and study; the outward disciplines of simplicity, submission, solitude and services; and the corporate disciplines of confession, worship, guidance, and celebration. Tan presents several applications of Foster's work to the practice of psychotherapy. First, he maintains that the spirituality of the therapist is crucial for God's healing power and grace to be released through him/her in helping clients, advocating that therapists (presumably Christian) practice the spiritual disciplines. Secondly, the spirituality of the client is crucial for his/her own growth and healing as a person, advocating that the therapist can suggest practice of appropriate spiritual disciplines if the client so desires. Prayer, use of Scripture in a relevant way, confession and forgiveness, for example, can be used by clients to foster healing and growth and overcome symptoms such as anxiety and depression. Particular client problems may be particularly amenable to certain disciplines, for example, cognitive restructuring based on biblical truth for symptoms of anxiety and depression. Tan warns against indiscriminate use of the disciplines, and gives examples of the same. He advocates for careful history taking, diagnosis, assessment and discernment to ensue ethical and appropriate practice. An excellent article with good references for follow up reading.

Whipple, V. (1987). Counseling battered women from fundamentalist churches. Journal of Marital and Family Therapy 13 (3), 251-258.

This article focuses on the need for therapists to be prepared to address religious issues that arise in abused women who come from patriarchal churches, a factor which can hinder them from stopping the cycle of violence. Religious values, rigid attitudes, unsympathetic clergy (who have the right of the man to control his wife)...are all factors to be considered. Five dominant teachings of fundamentalist churches can reinforce the dynamics of abusive relationships: 1) we - they attitudes, or the tendency to seek help/listen only to those within the fundamentalist community (help the client to talk openly about this, empathize, use literature written by Christians, be willing to be "used" by God to help) 2) faith or a tendency to trust God to take care of them, not to control their own lives (educate re cycle of abuse, false hope, reframe ending violence as act of faith, use Scripture, support 3) forgiveness or 'must' forgive when husband says he's sorry (contrast remorse and repentance, Scripture, Dobson's book on tough love) 4) headshift/submission, or the man as the head of the family, to whom the wife submits (encourage context-examination of Scripture, mutual submission) 5) divorce, where the church has negative attitudes towards the divorced

person/remarriage (explore sanctity of life versus of divorce, Scripture to justify separation/divorce; suggest temporary separation, husband to blame, not wife). The article gives some helpful references to Biblical feminist literature which can be helpful in offering alternative explanations of controversial Bible verses.

White, M. & Epstein, D. (1990). Narrative means to therapeutic ends. New York: W.W. Norton

This book explores the narrative approach to therapy as practiced by White & Epstein. The philosophical underpinnings of this approach are discussed drawing from the work of Michel Foucault. The concept of narrative or story is well described and the advantages of a narrative approach are connected intricately to the concepts of subjective lived experience, meaning, language, authoring/reauthoring life and co-producing of stories. A concept of particular clinical significance is that of externalization of the problem, with very good examples of questions/ process the therapist can use to accomplish this being well presented in the book. Clinical examples highlight features of externalization, clearly connecting the theory to practice. The discussion of relative influence of the problem, defining the problem, drawing out unique outcomes, and tools the therapist can use (eg. letters, documents) are all helpful in understanding the relevance of the narrative approach to clinical practice. One caution is not to see these tools as techniques to be used in isolation from the theoretical perspectives. The outcomes of narrative work looks promising from case studies presented in the book but there is no research presented to identify the advantages of narration over other approaches.

Wright, L.S., Frost, C.J. & Wisecarver, S.J. (1993). Church attendance, meaningfulness of religion, and depressive symptomatology among adolescents. Journal of Youth And Adolescence. 22 (5), 559-568.

The frequency of depression is high among adolescent and the outcome often severe (including suicide). The possibility of religion being an important factor in understanding depression in adolescents was the subject of the research conducted by these authors. A questionnaire (which contained the Beck Depression Inventory) was administered to high school students. Results indicated that those who attended church frequently and who viewed their religion as giving their lives meaning had significantly lower depression scores than infrequent attenders. Thus, church attendance and perceptions of religion can be a positive force in the lives of adolescents. Implications for counselors include the necessity to assess these dimensions in the young people they counsel. As well, there may be some benefit in involving religious/spiritual leaders in adolescent programs. Nurturing a sense of meaningfulness to life in adolescents who are not connected to organized religion can be a challenge.

APPENDIX D

Intake Appointment Form
Client Record Form

INTAKE APPOINTMENT FORM

Intake Date: _____

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Type of Problem: Please Check (✓)

1. Marital ()

2. Individual ()

A). Parent/Child _____

B). Teen Pregnancy _____

C). Separation/Divorce _____

D). Other _____

3. Family ()

Assigned to: _____ Appointment time: _____

Referred to: _____ Appointment kept: Yes ____ No ____

Comments:

Surname	First Names	D/O/B	Incoming Date	Termination Date
Address	Postal Code	Tel. No.	Marital Status MC FAM DIV SEP SINGLE UC SP OTHER	
Incoming Status _____ New to Agency _____ Reopened		Source of Application	Tel. No.	
Family	Age	Employer	Religious Affiliation	
Man		Parish	Income	
Woman				
Names Children		Primary Focus Service	Reason Termination	
		<input type="checkbox"/> Individual	<input type="checkbox"/> Referred Elsewhere	
		<input type="checkbox"/> Marital	<input type="checkbox"/> Planned Termination	
		<input type="checkbox"/> Family	<input type="checkbox"/> Pre-Mature Termination	
		<input type="checkbox"/> Sep & Div	<input type="checkbox"/> Other	
		<input type="checkbox"/> Single Parent		
		<input type="checkbox"/> Parent/Child		
		<input type="checkbox"/> Sexual Abuse		
		<input type="checkbox"/> Other		
			Consultation Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Presenting Problem		

_____ No. of Individual Interviews
 _____ No. of JT/Multiple Interviews
 _____ No. of Group Services

Goals Achieved
 _____ Yes _____ Partially _____ No

APPENDIX E

Marriage Preparation Course Outline

Marriage Preparation Course

- A). Introductions. Ice breaker Exercise: Unscramble words at each table to form a phrase about marriage.
- B). Session 1: Healthy sexuality and intimacy in marriage.
- C). Session 2: Building good communication in marriage.
- D). Session 3: Financial planning.
- E). Session 4: The sacrament of marriage and couple spirituality.

APPENDIX F

Questionnaire

Questionnaire

The following descriptions may aid in answering the questions:

Spiritual Dimension - The spiritual dimension permeates and gives meaning to all of life. It is that part of a person which seeks to worship or acknowledge someone or something (God) outside his/her own powers. The spiritual dimension controls and/or sustains the person especially in a time of crisis.

Religion - Organized practices, beliefs, norms and rituals that nurture the spiritual dimensions of the person.

Spiritual Need - Spiritual needs described in the literature are the need for meaning and purpose, the need for love and relatedness (including relatedness to God or a Higher Power), the need for forgiveness, the need for hope, and the need for belief and faith.

1. **In the following statements, please circle the response which most actually describes your:**

Current Practice as:

1 = Often

2 = Sometimes

3 = Seldom

4 = Never

Perceived Ability in attending to the spiritual dimension as:

H = Highly Skilled

M = Moderately Skilled

P = Poorly Skilled

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|
| 1. | I assess the spiritual status of clients. | 1 | 2 | 3 | 4 | H | M | P |
| 2. | I assess the religious affiliation of a client. | 1 | 2 | 3 | 4 | H | M | P |
| 3. | I assess spiritual/religious practices important to the client. | 1 | 2 | 3 | 4 | H | M | P |
| 4. | I assess the need for appropriate clergy referral. | 1 | 2 | 3 | 4 | H | M | P |
| 5. | I assess the type of spiritual/religious support helpful to the client in the past. | 1 | 2 | 3 | 4 | H | M | P |

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|
| 6. | I determine to what degree the problem/situation brought to counseling has affected the client's feelings about God and/or religious practices. | 1 | 2 | 3 | 4 | H | M | P |
| 7. | I make clinical diagnosis which include spiritual distress/concern. | 1 | 2 | 3 | 4 | H | M | P |
| 8. | In the clinical plan I consider spiritual needs, goals and interventions. | 1 | 2 | 3 | 4 | H | M | P |
| 9. | During client encounters I respond to spiritual needs by: | | | | | | | |
| a. | Being concerned | 1 | 2 | 3 | 4 | H | M | P |
| b. | Listening and showing empathy | 1 | 2 | 3 | 4 | H | M | P |
| c. | The use of touch | 1 | 2 | 3 | 4 | H | M | P |
| d. | Using therapeutic communication in reflecting client content/feeling for further exploration | 1 | 2 | 3 | 4 | H | M | P |
| e. | Discussing God and spiritual matters | 1 | 2 | 3 | 4 | H | M | P |
| f. | Praying for the client | 1 | 2 | 3 | 4 | H | M | P |
| g. | Referring the client to appropriate clergy and/or lay ministers | 1 | 2 | 3 | 4 | H | M | P |

2. **In the following questions, please circle the response which most accurately reflects the amount of time spent on theoretical content related to the spiritual dimension of clinical practice.**

C = Considerable amount

L = Little amount

M = Moderate amount

N = None

- | | | | | | |
|-----|--|---|---|---|---|
| 10. | In your counselor training program, indicate the amount of time allotted for instruction in: | | | | |
| a. | How to assess for spiritual needs | C | M | L | N |
| b. | How to formulate clinical diagnoses related to spiritual distress/concern | C | M | L | N |
| c. | How to develop a plan for spiritual needs of the client | C | M | L | N |
| d. | How to listen and show empathy | C | M | L | N |
| e. | Therapeutic use of self and/or touch | C | M | L | N |

f.	How to therapeutically discuss the client's faith/religion/God	C	M	L	N
g.	The appropriate use of prayer with clients	C	M	L	N
h.	How to appropriately refer clients to a clergy and/or lay ministers	C	M	L	N
i.	The difference between psychosocial and spiritual needs	C	M	L	N
j.	The difference between psychosocial and spiritual interventions	C	M	L	N

3. Please circle the response which accurately reflects your attitude or feeling regarding the following statements

SA = Strongly Agree

D = Disagree

A = Agree

SD = Strongly Disagree

11.	The spiritual dimension of a person is separate and distinct from the physical and psychosocial dimensions.	SA	A	D	SD
12.	Attending to the spiritual dimension is part of ethical practice.	SA	A	D	SD
13.	Spiritual interventions assist a person to establish and/or maintain a dynamic personal relationship with God (however defined by the client)	SA	A	D	SD
14.	How to tend to the spiritual dimension of a persons should be part of counselor training programs	SA	A	D	SD
15.	If counselors were taught about the spiritual dimension in counselor training programs, they would attend to this dimension in clinical practice.	SA	A	D	SD
16.	My counselor training program should have better prepared me to assist clients who are dealing with spiritual concerns.	SA	A	D	SD
17.	Every client has a right to have their spiritual needs addressed	SA	A	D	SD

18. Obstacles I find in attending to the spiritual dimension of clients include:
- | | | | | | |
|----|--|----|---|---|----|
| a. | A lack of time | SA | A | D | SD |
| b. | Lack of knowledge regarding how to attend to the spiritual dimensions of clients | SA | A | D | SD |
| c. | Feeling uncertain about my own spiritual beliefs | SA | A | D | SD |
| d. | That spiritual concerns are not relevant to clinical practice because they cannot be scientifically tested | SA | A | D | SD |
| e. | Feeling that a client's relationship with God is a private matter and should not be addressed by counsellors | SA | A | D | SD |
| f. | Feeling that only a clergy or lay minister can help a client manifesting spiritual needs | SA | A | D | SD |

4. Demographic Data

1. Are you male or female? _____
2. How long have you been working in the counseling field?
- more than 20 years
 - between 10 & 19 years
 - under 10 years
3. Would you describe yourself as:
- a committed Christian
 - committed to a religion other than Christianity
 - not committed to any religion
 - other _____

APPENDIX G

**Letter from Committee on Ethics in
Human Resources**

February 21, 2000

ICEHR #: 199/00-009-ED

Ms. Doreen Westera
Faculty of Education
Memorial University of Newfoundland

Dear Ms. Westera:

The Interdisciplinary Committee on Ethics in Human Research has examined the proposal for the research project entitled "Internship At the Family Life Bureau: Practicum & Research" in which you are listed as the principal investigator.

The Committee has given its approval for the conduct of this research in accordance with the proposal submitted.

If you should make any changes either in the planning or during the conduct of the research that may affect ethical relations with human participants, these should be reported to the ICEHR in writing for review.

This approval is valid for one year from the date on this letter: if research should carry on for a longer period, it will be necessary for you to present to the committee annual reports by the anniversaries of this date.

Thank you for submitting your proposal. We wish you well with your research.

Yours sincerely,

G. Inglis
Chair, Interdisciplinary Committee
on Ethics in Human Research

APPENDIX H

Letter to School Counsellors

March 27, 2000

Dear School Counsellor:

Re: Spirituality in Counseling Practice Survey

I am a graduate student in the Faculty of Education, Memorial University (Educational Psychology-Counselling). As part of an internship that I am completing as a requirement for my degree, I have developed a survey for identifying the place and extent of spirituality in the work of guidance counselors. I am focusing on guidance counselors who work with adolescents in Grades 7 to 12 within the province. I have received approval to complete this survey from the Ethics Review Committee, Memorial University, and from your school district office.

You have been chosen to participate in this survey because you have been identified as the guidance counselor in a school which contains Grades 7-12, or some portion thereof. Please think of students who are in these grades as you complete the questionnaire. Participation in the study is entirely voluntary and anonymity/confidentiality is assured. Return of the questionnaire signifies your consent to participate. The data will be summarized and reported only in group form.

If you have any questions or concerns, then please do not hesitate to contact me, my supervisor, Dr. Norm Garlie (ph: 737-7611, or e-mail at: ngarlie@morgan.ucs.mun.ca), or contact Dr. Bruce Sheppard, Associate Dean of Graduate Studies, Faculty of Education (ph: 737-4460, or e-mail at: bsheppard@calvin.stemnet.nf.ca).

I would greatly appreciate it if you could take a few minutes to complete the enclosed questionnaire, and then, if you could kindly return it before April 14, 2000. I thank you in advance for your cooperation and assistance.

Sincerely,

Doreen Westera
#35 Creston Place
St. John's, NF A1E 5W2
737-7259 (office) 745-1201 (home)
E-mail: dwestera@morgan.ucs.mun.ca



