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A Conceptual Framework For The Integration OfPsychology And Christianity In Clinical Supervision

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NOTE TO USERS

VITA

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Aten, J. (2004). The Rubik's Cube: A therapeutic metaphor. *Journal of Psychology and Christianity, 23,* 258-260.

Aten, J. (2004). The college campus ministry training site: Interfacing religion and counseling. *Counseling and Values, 49,* 64-68.

Aten, J., & Hernandez, H. (2004). Addressing religion in clinical supervision: A model. *Psychotherapy: Theory / Research / Practice / Training, 41,* 152-160.

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A CONCEPTUAL FRAMEWORK FOR THE INTEGRATION OF PSYCHOLOGY AND CHRISTIANITY IN CLINICAL SUPERVISION

A Dissertation

Presented to

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In Partial Fulfillment

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Doctor of Philosophy

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by

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CERTIFICATE OF APPROVAL

DOCTORAL DISSERTATION

This is to certify that the Doctoral Dissertation of

Jamie Dean Aten

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has been approved by the Examining Committee for the dissertation requirement for the Doctor of Philosophy degree in

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ABSTRACT

Using a multiple case study design and grounded theory approach, Evangelical supervisors were interviewed to determine how they integrate psychology and Christianity in clinical supervision. In-depth interviews were conducted with eight participants who had been peer-nominated by leaders in the field of Christian integration. A conceptual framework for integrating psychology and Christianity in clinical supervision emerged. This framework is comprised of supervisor influences, supervisor conceptualizations, supervisor indicators, supervisor roles, and supervisor actions. The specific themes that make-up this framework are discussed in detail.

Issues of supervisor training readiness and recommendations for integrating psychology and Christianity in clinical supervision were also explored. Six of the participants reported mixed preparation, one reported adequate preparation, and one reported inadequate preparation for integrating psychology and Christianity in clinical supervision. Positive and negative training experiences are noted. Recommendations for preparing supervisors to integrate psychology and Christianity in the supervisory role were also outlined by participants.

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PUBLICATION READY MANUSCRIPT

Introduction

According to Bernard and Goodyear (1998), supervision is a distinct form of intervention that is comprised of unique processes and skills that extend beyond those required for counseling and psychotherapy. Along with the large conceptual models that have been proposed to aid clinical supervisors' work with supervisees (e.g., the integrative developmental model), additional models have been developed specifically for addressing multicultural issues (e.g., Lopez's cultural competence model) (Watkins, 1997).

Though some researchers have recently offered theoretical methods for addressing the multicultural issue of religion and spirituality in clinical supervision (e.g., Polanski, 2003; Aten & Hernandez, 2004), no data driven studies on the topic have been published in the psychological literature. This study was originally designed to explore how clinical supervisors address religion. Because mainstream psychologists' interest in addressing religious and spiritual issues (Miller, 2003) and clinical supervision (Bernard & Goodyear, 1998) is relatively new, it was difficult to identify possible exemplars from mainstream psychology for this study. However, a subgroup of Evangelical psychologists have been dialoguing about the integration of spirituality and psychology for over 40 years (Johnson & Jones, 2000). Doctoral level training programs devoted to the study of integrating psychology and Christianity also emerged over this time period.

Though this subgroup may not necessarily be representative of mainstream psychology, they offer some expertise in this area and provided an identifiable participant pool. Thus, Evangelical clinical supervisors were chosen because of their history of researching and attending to spiritual issues and their accessibility. It is hoped that their

insights, which focus specifically on integrating psychology and Christianity in clinical supervision, will prove useful to supervisors interested in developing methods for working with spiritual and religious issues from other faith traditions. A conceptual framework for integrating psychology and Christianity in clinical supervision follows. This conceptual framework that emerged from the data is offered as a starting place. Ultimately, it is up to the reader to determine the applicability of these findings to their own clinical supervision practices.

"Religion plays an important and influential role in every culture known" (Taylor, 2002, p. 2). In particular, the prevalence of religion in the United States has been well documented. According to recent findings, 95% of Americans believe in God, 87% state that God answers prayers, 84% try to live according to their religious beliefs, and 93% identify with a specific religious group (Gallup, 1994). Melton (1996) identified a sum of 2,135 different religious groups in America. While the vast majority of these groups have been experiencing declining numbers, Evangelical Christian groups have been experiencing substantial growth. Overall, the Evangelical Christian movement has become one of the largest and fastest growing religious movements in the United States (Rourke, 1998).

Members of Evangelical groups have increased in members, social economic status (SES), and education level (Thurston, 2000). One result of these changes appears to be an increased acceptance of, and interest in, psychology by Evangelicals. For instance, there has been an increase in the number of (a) members belonging to Evangelical psychology organizations (e.g., the Christian Association for Psychological Studies), (b) psychology books from an Evangelical perspective, (c) subscriptions to the

Journal of Psychology and Theology and *Journal of Psychology and Christianity*, and (d) number of psychology doctoral programs at Evangelical institutions. These advances have led to a distinct approach to psychotherapy within Evangelical circles known as "integration" (Johnson & Jones, 2000).

"Integration has been the dominant term used over the past few decades to describe the relationship between psychology and the Christian faith [within Evangelical circles]" (Kauffman & Hill, 1996, p.99). Tan (1996) argues that integration is best conceptualized as a continuum, with implicit and explicit approaches as the two primary anchors. Across the continuum noted by Tan (1996), Hall and Hall (1997) have distinguished three interconnected categories that they believe reflect the full "spectrum of clinical integration" (p. 88).

The therapist operating from the first category identified by Hall and Hall (1997), the implicit category, is able to understand the client's religious beliefs and values, and is aware of how the client's belief system may impact therapy. The therapist is also aware of her or his own religious beliefs and values, and the impact they may have on treatment. The second category, which is more explicit in nature, is categorized by spiritually oriented content. A therapist who has the ability to discuss, assess, and work with spiritual issues would likely fall into this category. At the other end of the spectrum lies the third category, which is marked by a form of integration that utilizes spiritually oriented goals and techniques in therapy. "In addition to psychological growth, spiritual growth is an explicit goal of therapy. Moreover, techniques originating from a spiritual tradition are used within the therapy context" (Hall & Hall, p. 92). For example, a

therapist using this explicit approach to integration might incorporate prayer or scripture reading as a therapeutic intervention.

According to Worthington (1994), writings on the integration of psychology and Christianity can also be divided into unique categories or waves. He described the first wave of integration literature that occurred before 1975 as an initial aberrant attempt to interface psychology and Christianity. The second wave, which lasted until 1982, was characterized by the development of complex theoretical models aimed at uniting psychology and Christianity. Worthington postulated that the lack of applicability of these models to practice has resulted in a stagnant period, or third wave. However, Collins (2000) suggests that a fourth wave marked by reevaluation and renewed interest in integration is currently in progress among Evangelicals.

Despite this increased attention on integration highlighted by Collins, the theory and practice of integration still appears to be largely disconnected (Aten, 2004). Why the void? What has been missing? Though not likely the only factor, one conceivable answer is the lack of dialogue in the integration literature about clinical supervision. For many therapists, it is in supervision that therapy is learned; supervision is where theory and practice meet (Bernard & Goodyear, 1998). According to Bob (1999), "Supervision is a socialization process in which the supervisee learns a new, presumably more effective, way to be with people who are clients" (p. 148). Walker (2003) found that students in Evangelical doctoral programs report that it was in clinical supervision that they learned how to integrate psychology and Christianity, more so than in any of their other educational experiences. Yet, despite this influence, there is a large deficit in this area of the literature.

Within the religion and spirituality literature and supervision literature, there has been a call for qualitative research by several prominent leaders. For instance, Richards and Bergin (1997) urged psychotherapists to "study spiritual issues in personality and psychotherapy creatively and rigorously using qualitative methods" (p. 330). With reference to the supervision literature, Stoltenberg, McNeil, and Crethar (1994) suggested that future endeavors should include more qualitative research methods and paradigms. According to Marshall (1999), qualitative research methods offer several advantages over other methodological approaches in several specific instances. Qualitative methods are particularly applicable to investigations that include research that examines intricate processes, in areas lacking investigation and understanding, and subjects void of established variables.

Purpose Statement

The purpose of this qualitative investigation is to understand how Evangelical supervisors integrate psychology and Christianity in clinical supervision. A combination of multiple case study design (Stake, 1995) and grounded theory (Strauss & Corbin, 1994) was used. Semi-structured interviews were conducted and data analyzed using the constant comparative method to address the following research questions: (a) What are the factors that influence supervisors' decision to integrate psychology and Christianity in clinical supervision? (b) How do supervisors conceptualize the role of Christianity in clinical supervision? (c) How do supervisors integrate psychology and Christianity in clinical supervision?

Method

Philosophical Paradigm

This study was conducted from a constructivist philosophical paradigm. Underpinning this perspective lay five primary assumptions. The construction of reality is highly subjective in nature. Interpretations of reality are largely based on perceptions and personal experience. Individual experience may differ from person to person or group to group. Interpretations of reality can change over time. Knowledge is contextually based (McGrath & Johnson, 2003).

Researcher-as-Instrument

The interviewer is a 27-year-old European-American male counseling psychologist in training from a medium sized Midwestern state university. He is currently completing a predoctoral internship at a Christian affiliated site that emphasizes the integration of psychology and Christianity. The researcher has provided supervision to practicum students at a secular state school and recently to practicum students from an Evangelical Christian school. His primary supervision theoretical orientation is the integrative developmental model (Stoltenberg & Delworth, 1987). He has also published on issues related to qualitative research and spirituality, religion and clinical supervision, and the integration of psychology and Christianity.

Participants

Eight participants who graduated from explicitly Evangelical American Psychological Association (APA) accredited programs dedicated to the integration of psychology and Christianity participated in this investigation (see Table 1). The participants represented five different integration programs. All participants work full-

time in applied settings: two private practice, two community mental health, two university counseling centers, one primary care, and one residential. Five of the supervisors practice in facilities that have a clear affiliation with the Evangelical Christian belief system. The sample consisted of four female and four male supervisors. Seven of the participants are Euro-American and one is Multiracial. They range from age 31 to 53 with a mean age of 40.50. Participants' supervision experience ranged from 2 to 15 years with a mean of 6.75 years (see Table 1).

Sources of Data

Procedures

Participants were peer-nominated for inclusion in this study by recognized leaders and researchers in the area of integration. These informants were identified through brief interactions with the author at the 110th APA conference and by searching on the internet department faculty profiles of APA accredited Evangelical doctoral psychology programs.

Informants were sent an e-mail asking them to participate in a focus group at the Christian Association for Psychological Studies International Conference in Anaheim, California. Two mini-focus groups and one individual interview were conducted for the primary purpose of assisting in the development of this study and identifying participants. Suggestions regarding language, sample characteristics, and interview questions were made and incorporated into this investigation.

The informants recommend 21 potential participants. Each potential participant was contacted by telephone or by e-mail and provided with an overview of this study. Eleven of the 21 potential participants gave the author permission to send them a

participant packet. Participant packets that included: (a) cover letter, (b) consent form, (c) scheduling form, and (d) interview questions were sent to potential participants. Two of the participants withdrew from the study after receiving a participant packet because of increased professional responsibilities. Interview times and dates for the initial interview were then scheduled with those who agreed to participate. Taping problems were encountered during the first interview with PA, making the interview unintelligible. Because of these technical difficulties PA was not included in the study.

Measures

The demographic form contained basic questions regarding participant characteristics: (a) sex, (b) age, (c) ethnicity, (d) highest degree, (e) supervisor experience, (f) denomination, (g) clinical setting, and (h) name of doctoral program attended.

Each participant took part in an individual semi-structured phone interview that lasted between 45 and 90 minutes. Participants were asked questions pertaining to (a) supervisor influences, (b) conceptualizations, (c) practices, and (d) training. Examples of the questions included on the interview protocol were: (a) "What are the factors that have impacted or influenced your decision to integrate psychology and Christianity as a supervisor?" (b) "How do you conceptualize the integration of psychology and Christianity in clinical supervision?" (c) "Can you provide me with an example of a time when you integrated psychology and Christianity in clinical supervision?" (d) " How do you integrate psychology and Christianity in clinical supervision?" and (e) "Are there specific steps that you follow when integrating psychology and Christianity in clinical supervision?"

After each interview was transcribed and analyzed a brief 2 to 4- page interview summary was constructed for each participant. Participants were e-mailed the participant summary as a follow-up procedure known as member checking. They were asked to carefully read the interview summary to insure that the researcher's impressions accurately captured their responses. The participants were invited to make suggestions, comments, and to provide feedback. Information gained from this procedure was taken into account when interpreting and discussing the results.

Field notes were taken during the course of each interview. The field notes were comprised of researcher observations and impressions along with key participant responses. Post interview reflections were also included in the field notes.

All interviews were taped for the purpose of transcription. The tapes were transcribed by a professional transcription service and reviewed by the researcher while listening to the tapes for accuracy. To protect the identity of each participant an identification letter was assigned to each transcript and all participant tapes will be erased subsequent to the completion of this project.

Data Analysis

Data was analyzed using the constant comparative method for each individual case (Table 2). Cross case analysis was then performed (Table 3). The constant comparative method consists of three types or stages of data analysis, (a) open coding, (b) axial coding, and (c) selective coding. Open coding is the process of examining the data, naming elements in the data, and categorizing the data. Axial coding consists of further developing, expanding, and organizing the categories (Strauss & Corbin, 1998). Selective coding is the "process of selecting one category (core), systematically relating it to other

categories, validating relationships, and fitting in categories that need refinement" (Schreiber & Stern, 2001, p. 146). Data analysis was complete when the researcher reached conceptual redundancy (i.e., when no new concepts or information emerge from the data) (Johnson & Christensen, 2000). Miles and Huberman's (1994) recommendations for visually displaying the analysis process (i.e., charting participant phrases, codes, clusters, meta-clusters, and labels) and findings (i.e., exhibiting the frequency of themes) were also followed during the data analysis phase.

Evaluative Criteria

According to Whittermore, Chase, and Mandle (2001), "Lincoln and Guba's (1985) translated criteria remain the gold standard" (p. 527) for evaluating qualitative research. The evaluative criteria set forth by Lincoln and Guba (1985) are (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. To ensure that each criterion was attended to, several strategies were incorporated to enhance the qualitative rigor of this study.

The degree to which the findings and researcher interpretations correspond with the contextual constructions of participants is known as *credibility* (Lincon & Guba, 1985). To satisfy this criterion triangulation was obtained by comparing individual cases through cross-case analysis. Member checking was also used to attend to credibility.

The extent to which hypotheses can be applied to similar settings is called *transferability*. Following the advice of Stake (1995), thick descriptions of the (a) procedures, (b) findings, (c) sample, and (d) participant quotations are provided. This was done so that the reader can judge the applicability and relevance of this study to her or his

own professional experience, thus, increasing the likelihood of transferability (Stake, 1995).

A study that meets the *dependability* criterion has accounted for factors of instability and design in such a fashion that the findings could be reproduced. As suggested by Johnson and Christensen (2000), the researcher utilized memos that outlined how conclusions were made and identified and demonstrated how problems encountered throughout the study were solved. An outside auditor was obtained to review and work the data using the author's coding strategy. Qualifications of the outside auditor include being an associate graduate faculty member and supervisor at an Evangelical APA-approved doctoral program. He also has a broad qualitative research background and has been apart of numerous qualitative dissertation committees. In addition, he has published on the topic of integration. The auditor came to similar coding and thematic conclusions that further fulfilled this criterion.

The ability to support one's findings with data is known as *confirmability*. One of the largest threats to confirmability is researcher bias (Morrow & Smith, 2000). To protect the confirmability principle, reflexivity practices were engaged in prior to beginning the study and over the course of the investigation. The researcher discussed potential biases, assumptions, and expectations with his dissertation committee. These topics were also recorded as a dissertation appendix (see Appendix D). Memoing and obtaining an outside auditor to review findings further addressed this requirement.

Results

A conceptual framework for the integration of psychology and Christianity in clinical supervision emerged from the data (see Figure 1). Below is an account of major

themes that emerged from the participants' narratives followed by novel themes that represent unique insights and ideas (see Table 4). Participant quotes have been noted to provide "richness" and context for each theme.

Supervisor Influences

All of the participants reported their personal faith was the primary influence behind their decision to integrate psychology and Christianity in clinical supervision. Participants reported their belief in the Divine informs the way they view humanity, psychology, and interpersonal relationships (i.e., with supervisees and clients). PG explained, "My worldview has impacted my understanding of the world and the psychological world as well as how it relates to just about all facets of life."

The participants also shared that their personal faith acted as a catalyst for entering the field of psychology. They believed that psychological training would provide them with the necessary clinical skills needed to successfully provide counsel to people suffering from emotional, behavioral, and spiritual problems, thereby allowing them to fulfill their spiritual "calling" to service. PH's comment highlighted this belief:

> The biggest thing is my own spirituality and how I have seen spirituality impact the lives of others. I come from a very rich faith based heritage and my parents ran a center for the homeless. Sometimes their needs went beyond praying for them. They needed other services. Psychology allowed me a place to integrate both of these.

Over half the participants stated they chose Evangelical doctoral programs in psychology because of the departments' emphasis on the integration of psychology and Christianity. Participants said they had a significant amount of training focused

specifically on the integration of psychology and Christianity. As a result, participants reported developing a personal approach to integration that stemmed from the training they received. The supervisors reported these programs shaped the way they thought about and approached spiritual issues. Consider PF's remarks, "I had some great classes on integration...These classes helped us develop a personal approach to integration and introduced us to several models of integration. Also, I had several seminary courses and Biblical studies courses that aided in this process."

Two of the participants made special note of their undergraduate experiences at secular institutions. They said their decision to integrate psychology and Christianity stemmed from their dissatisfaction with the secular conceptualization of psychology, which they believed minimized spirituality. The participants wanted to learn how to integrate their faith with their chosen field of study. PB's narrative supported this theme:

> ...it started when I started my training as an undergraduate in that I went to a secular state based school for my undergraduate training and in that environment was where I decided to become a psychologist in the first place. Through that process, not having a whole lot of exposure to "faith-based" principles and values, I knew that for my graduate training I wanted that perspective. I wanted to get that level of training. So that led me to choose a Christian college to do my graduate training...

Based on their secular undergraduate training, these two participants did not think that a secular graduate program would be able to provide them with the training experiences they desired. As a result, they chose to attend Evangelical training programs.

Supervisor Conceptualizations

More than half of the participants took a faith-based approach to supervisor conceptualizations. Participants viewed spirituality as an underlying conceptual factor. They looked for both the presence and absence of the spiritual. Supervisors sought to understand how spirituality impacted client problems (positively or negatively) and looked for ways consistent with clients' belief systems to incorporate spirituality (i.e., encourage client involvement in a faith community). Participants also believed supervisor-supervisee-client relationships could be impacted by spirituality. PG stated that his faith guided the way he treated supervisees; he sought to be an encourager and to treat each supervisee with respect and kindness. PD said, "I cannot believe that it [spirituality] doesn't effect how they [supervisees and client] deal with other people." Furthermore, participants were aware that transference and countertransference issues could result from differences or similarities in worldviews, thereby influencing the supervisor-supervisee-client relationship.

A few of the supervisors said their way of thinking about integration in clinical supervision was consistent with their psychotherapy theoretical orientation. For instance, the participants who noted the possible presence of transference and countertransference issues around spirituality approached therapy from psychodynamic and object relations approaches. One of the participants who reported being cognitive behavioral in orientation, reported looking for distorted thinking around spiritual issues and ways to incorporate spirituality into the cognitive restructuring process. The following quotation highlights how PB draws from her theoretical background to form supervisor conceptualizations, "I tend to be more object relations in nature in seeing that one's

relationship with God is another relationship that needs to be explored and understood and integrated into how we look at the whole process of growth in general."

Though this theme only surfaced in three of the participants' responses, the majority of those interviewed implicated this theme indirectly. The participants mentioned their familiarity with the "integrates model" outlined by Carter and Narramore (1979) in their text *The Integration of Psychology and Theology: An Introduction.* Participants reported that this book had a direct impact on how they conceptualize the integration of psychology and Christianity in clinical supervision. PF brought attention to this occurrence by saying:

> It [integration in clinical supervision] also stems from the way I approach integration in the therapy room. There is also the book by...Carter and Narramore...It outlines several different models of integration...I follow the integrates model. This book and that model turned what I do into a ministry.

Participants viewed psychology and Christianity as complementary rather than competing entities. Granted, participants discussed differences in philosophical underpinnings, but believed that psychology and Christianity could be merged together at the conceptual level. Their psychology informed their Christianity and their Christianity informed their psychology, resulting in what they viewed as a more holistic understanding than could be obtained from a purely psychological or faith based perspective.

Supervisor Indicators

The most salient theme for supervisor indicators, how participants know when to integrate psychology and Christianity, was supervisee indicators (i.e., supervisee cues or characteristics). Each of the participants gave an account of how they looked to the

supervisee to determine the relevancy of spiritual issues for clinical supervision. The participants stated they addressed the clinical competence level of the supervisee before discussing issues of integration. Participants wanted to know that supervisees had a clinical foundation or skill set appropriate for their developmental level (i.e., has the supervisee mastered basic attending skills) before broaching the topic of integration.

Seven of the supervisors identified the importance of assessing the supervisee's spiritual development. Using open questions, discussions, and observing supervisee actions, were the primary ways supervisors went about this assessment. Having a basic idea of where the supervisee was in their own spiritual life (i.e., spiritually committed, non-religious, spiritually struggling) helped participants determine whether or not, or to what degree, to address issues of integration. For instance, PC talked about working with a supervisee who was struggling with his own spirituality and who was counseling a client who recently changed faith traditions. Because the participant was privy to his supervisee's struggles, he was able to help the supervisee differentiate between the supervisee's experience and the client's experience.

Participants also relied on the supervisee's conceptualization of the client when deciding to integrate psychology and Christianity. PI described this process by saying, " ...it [spirituality] comes up in the material. I want to have an overall view of where people are, including spirituality. I get that from my supervisees, from how they talk about their clients." Participants often asked their supervisees to describe their client's spirituality or worldview and the role it played in the client's life. Getting a sense of how the supervisee viewed the client helped the participant determine how to intervene (i.e., to explicitly talk about spiritual themes or issues with the supervisee).

Supervisees asking or requesting guidance and training on the integration of psychology and Christianity, such as asking for resources, was the last supervisee indicator mentioned.

The majority of participants saw client indicators as equally as important as supervisee indicators when making decisions about integrating psychology and Christianity. The participants gave examples of times when clients requested that Christianity be included in treatment. Participants also gave examples when clients reported that they did not feel comfortable talking about faith issues in treatment outside of meeting with a pastor. Client requests were frequently used as a gauge for deciding how to approach integration with a supervisee.

There were other times when participants heard symptoms or cues in the supervisee's report (or case notes) that indicated spirituality should or should not be included in a particular client's treatment, but were missed by the supervisee. In these cases the participants sought to help the supervisees expand their case conceptualizations. One supervisor who worked in a hospital psychiatric unit highlighted a time when integrating Christianity into treatment would have been inappropriate. During the time of the interview he said that there were two clients on the psychiatric unit who thought they were Jesus Christ. He believed that integrating Christianity into these clients' treatment would have exacerbated their symptoms.

PB talked about working with a supervisee who was counseling a client who was noncompliant with her psychotropic medications because it "prevented her from hearing the voice of God." With this supervisee PB chose to integrate the client's Christianity by helping the supervisee separate the client's psychological symptoms and harmful aspects

of her spirituality (i.e., God told me to hurt myself) from the aspects of her spirituality that gave the client hope, "So, how do we take those [voices] away and still have her find meaning in life and purpose and be healthy?...how are we going to help the client? What are we going to do to help her cope?" This participant was able to help the supervisee increase the client's compliance with her psychotropic medications by helping the client utilize healthy religious coping strategies (i.e., reading scriptures). This allowed the client to still feel connected to the Divine without the auditory hallucinations.

A few of the participants stated there were not specific cues they looked for when deciding to integrate psychology and Christianity. Rather, these participants saw the process as continuous. For these participants their Christian faith was the lens through which they saw the world. They reported being constantly mindful of spiritual issues. It was difficult for them to separate their Christian understanding from their psychological understanding of the human experience, seeing the two as interconnected. They were in agreement that it is not always appropriate to discuss issues of spirituality with their supervisees, but as PG acknowledged, "I view myself as someone who thinks this way."

A novel theme emerged from PE who has primarily worked with underserved clients (i.e., inner city youth). She noted social justice issues, as an indicator for integrating psychology and Christianity in clinical supervision, "Is the clinician addressing issues of justice, forgiveness, mercy? You know, how are they bringing the client through that kind of process?" These types of topics sometimes led to discussions about the client's spirituality, and if appropriate, the participant looked for ways the supervisee could use the client's faith tradition as a source of strength.

Supervisory Process

None of the participants reported using a formal model of clinical supervision (i.e., the discrimination model). Five of the participants described their approach as pragmatic. PE commented, "I don't think you can give a formula where you do this." PI reiterated:

> Umm…I don't know if I can really call it approach. I think just basically seeing clients and patients as being made in the image of God and wanting to treat them with respect. I try to treat the whole person. I always keep their spirituality in the back of my mind…

Moreover, the majority of participants said there were not any specific steps that they followed when integrating psychology and Christianity. This pragmatic approach is also reflected in PI's response, "I'd have to say no [specific steps]. It feels more like part of the process. It is not something I'm specifically going down a checklist.

Half of the supervisors stated the setting they worked in determined how they approached integration in clinical supervision. Two of the participants who worked in overtly Christian settings with Christian supervisees and primarily Christian clients felt they needed to regularly address faith issues to meet the needs of their supervisees and clients. Furthermore, they felt it was expected of them to integrate psychology and Christianity within their work environment. Two supervisors practicing in secular settings contrasted this experience. Both participants reported being mindful that few of their supervisees or clients reported any religious affiliation or spiritual beliefs. Consider the following interview excerpt from PB:

> Working in an environment that does not come from the same [faith] perspective

> is different. I definitely know that my use of terminology, my use of religious slang is very different in a more secular setting than it is in a more faith based setting. Like if I'm talking with colleagues that I know are Christians, my conceptual issues sound very different than when I'm talking with colleagues that I know are not people of faith.

Three of the participants stated they took an internalized implicit integrative approach to supervision. The integrative efforts described by these participants were integrative more in principle or philosophy than overt action. Participants described being more integrative in their thinking or conceptualizations than in their outward actions. PC described this process by saying, "...spirituality is sort of the underlying factor or the unifying factor...it's the undercurrent, it's the thing that holds everything else up...it's sort of an implicit way of looking at it [supervision]." Similarly, onlookers (i.e., supervisees, colleagues, etc.) may not be aware of the integrative strategies these participants implemented. For example, instead of praying with a supervisee about a client (explicit integration) the participant prayed for guidance silently during the meeting (implicit integration). The following quote from PD further illustrates this point:

> I make it [integration of psychology and Christianity] an explicit part of the discussion early on...I don't mean to the point of praying with the people that I'm supervising or inviting into prayer or things like that. More of exploring values and ideas, which I think is a necessary part of supervision anyway.

Though the participant reported taking an explicit approach to integration, the supervisee was unlikely unaware the participant was operating from an integrative framework, thereby depicting an implicit approach.

Supervisor Roles

Three primary supervisor roles emerged from the data, (a) teacher, (b) facilitator, and (c) model. Most of the participants assumed each of the three roles at varying times to aid in their integrative efforts. Each role is closely related but serves distinct functions.

Though participants most readily described instances that could be categorized as implicit integrative interactions, each the participants depicted explicit teaching scenarios where they integrated psychology and Christianity with a supervisee. A few of the participants assumed the teacher role to provide direct guidance or to educate a supervisee about spiritual issues or a specific spiritual intervention. PB explained to a supervisee how a client was using scripture to control his wife and provided alternative interpretations for those passages. Participants also taught supervisees strategies and models for integrating psychology and Christianity.

Other participants operated from the teacher role because it allowed them to bring attention to supervisee beliefs and biases that were affecting supervisees' effectiveness. This role allowed participants to provide both positive and corrective feedback to their supervisees. One supervisor spoke of using the role to encourage supervisees. PI spoke about using the teacher role to set boundaries for supervisees, saying, "...you are not here to preach or proselytize."

Most of the participants took on a facilitator role in order to meet the needs of their supervisees and ultimately supervisees' clients' needs. The primary function of the facilitator role was to help supervisees come to their own answers in regard to ways to integrate psychology and Christianity. The facilitator role provided an opportunity for participants to discuss integration issues with supervisees and to find out how supervisees

thought about spiritual issues. PH's remarks gave insight into how participants viewed this process:

> I think of myself as a tour guide. Have you thought about this? Or this looks interesting over here. But ultimately it is their choice of where they decide to go with integration. I'm there to point out things that haven't popped up on their radar screen.

Participants were also able to guide supervisees through internal struggles, like distinguishing between supervisee and client beliefs. Acting as facilitators, participants helped supervisees develop case conceptualizations that included spiritual issues and themes.

PF talked about the possibilities of using this role to facilitate relationships between supervisees and religious leaders. For instance, he said he would refer supervisees who were seeking spiritual guidance to a priest, pastor, or other spiritual leader.

Over half of the participants reported modeling the integration of psychology and Christianity. Participants modeled the integration of psychology and Christianity by sharing personal examples of their own faith and belief system in attempt to, as PE said, "…open up an awareness that these are issues [spiritual issues] that ought to be addressed."

Participants also operated from the model role by giving examples of how they addressed spiritual issues in psychotherapy and case conceptualizations. They believed that discussing their own personal approach to integration provided supervisees with a framework upon which to build their own personal approach.

In addition, one participant talked about using role-playing as another way to model methods of integration.

Supervisor Actions

Participants discussed numerous supervisor actions they implemented when integrating psychology and Christianity in clinical supervision. The degree to which participants reported these actions varied. The most frequently used supervisor action was helping supervisees differentiate between themselves and their clients, which appeared in five of the participants' narratives. The remaining supervisor actions were reported in half or less than half of the participants' narratives. All seventeen of the reported supervisor actions utilized by participants to integrate psychology and Christianity in clinical supervision correspond with a specific supervisor role except for two. The supervisor actions that correspond with the supervisor roles focus on assisting the supervisee. The remaining supervisor actions focus on the participant.

Participants brought attention to five supervisor actions that fit with the teacher role. Assessing supervisee spirituality was often conducted early in the supervisory relationship in order to determine future interventions. Resources on the integration of psychology and Christianity were also provided to supervisees, sometimes at the recommendation of the participant and sometimes at the request of the supervisee. The resources provided to supervisees included theoretical texts like *Soul on the Couch: Spirituality, Religion, and Morality in Contemporary Psychoanalysis* (Spezzano & Gargiulo, 1997) and mainstream Christian books like Phillip Yancey's (1997) *Disappointment with God.*

Participants encouraged client spirituality by giving supervisees permission to explore clients' belief systems. Encouragement was given to supervisees in the form of positive feedback. Some of the supervisors encouraged their supervisees to use spiritual interventions with clients like prayer and assigning scripture reading.

Seven different supervisor actions appeared in relation to the facilitator role. Over half of the participants said they assisted supervisees in differentiating between themselves and their clients. This was the most frequently cited facilitator action noted by participants. Participants helped supervisees distinguish their own personal beliefs from their clients' personal beliefs. Assisting in supervisee case conceptualization was also commonplace. Many times this meant challenging supervisees to broaden their views of clients to include spiritual issues. Participants also sought to facilitate supervisee self-awareness by discussing their experiences with religion and spirituality. Socratic questioning was implemented to further supervisees' self-awareness and to help supervisees draw their own conclusions about integration issues. Supervisees were encouraged to develop their own personal integrative approach. Brainstorming was used in some cases to generate possible strategies for working with spiritual issues in therapy and to aid in problem solving. In addition, PC talked about bringing countertransference issues to the attention of supervisees. He helped them process their feelings toward clients who either had very similar or diverging belief systems.

Participants highlighted three supervisor actions that were in accordance with the model role. Authors have noted that supervisees will address spiritual issues with their clients based on the way their supervisors address religion with them (Aten & Hernandez, 2004). Participants mentioned using this method of parallel process with supervisees in

the hope supervisees would interact with their clients in a similar fashion around issues of religion and spirituality. Self-disclosure was also used by participants, allowing them to share their views on spirituality and integration. PC used role-playing to model strategies that the supervisee could adopt when working with spiritual issues.

Participants depicted two supervisor focused actions. Several of the participants stated they believed integration started with their own spiritual and personal life. As a result of this belief, participants engaged in regular self-examination, which consisted of introspection, reflection, and religious devotions. A few of the participants also reported that they prayed for guidance when working with supervisees. This was always reported as an internal process. However, as a result of participating in this study, PC stated he his now contemplating using prayer during clinical supervision:

> I've been challenged myself, as a supervisor to consider being more prayerful about supervision sessions and even being more prayerful within supervision sessions. Maybe taking the opportunity to pray for a client as I'm meeting with a supervisee...That's something I haven't done as of yet...

Discussion

Researchers have shown that clinical supervision is a distinct process that differs from counseling and psychotherapy. Though similar to the skills used in counseling and psychotherapy, a unique skill set (which may be an adaptation or extension of clinical skills in certain instances) is required for effective clinical supervision (Bernard & Goodyear, 1998). It is also believed that being a skilled clinician does not guarantee success as a clinical supervisor (Watkins, 1997). Despite these findings, few psychologists receive the training necessary to become competent clinical supervisors

(Hoffman, 1994). Similarly, Polanski (2003) suggested that few mental health professionals are prepared to adequately address issues of religion and spirituality in clinical supervision. On the whole, there has been very few articles published that deal with religious and spiritual issues in clinical supervision. Nor have integration researchers tackled the topic of clinical supervision in the literature. These findings are important because they help to set the milieu for interpreting the data from the present study.

A conceptual framework for the integration of psychology and Christianity in clinical supervision emerged from the data (see Figure 2). The research questions proposed at the onset of this study revealed constructs and processes that allow the participants to integrate spiritual matters within the realm of clinical supervision. Participants were incorporated into the interpretation process through member checking to ensure the conceptual framework that developed was representative of their experiences. The conceptual framework for integration in clinical supervision provides insight into how Evangelical supervisors engage supervisees around spiritual matters in an attempt to offer a holistic approach to clinical supervision and ultimately client care.

The supervisor roles (teacher role, facilitator role, and model role) form the core of the conceptual framework highlighted by participants. The way participants express the integration of psychology and Christianity through these roles stems from their supervisor conceptualizations. Specific supervisor influences (i.e., personal faith and choice of graduate education) and supervisor indicators (i.e., how supervisees and clients talk about spirituality) impact participants' supervisor conceptualizations.

The three supervisor roles mirror those outlined in several social role supervision models. The teacher role discussed by participants is similar to the teacher role

highlighted in models by Bernard (1979; 1997), Ekstein (1964), Williams (1995), Hess (1980), and Carroll (1996). In each of these models the teacher role is used to help supervisees overcome deficit areas (i.e., interviewing skills) through educational instruction. The facilitator role highlighted by participants is similar to the facilitator role discussed by Williams (1995) and the consultant roles of Bernard (1979; 1997), Hess (1980), Holloway (1995) and Carroll (1996). Here the emphasis is placed on assisting supervisees by acting like a guide. In contrast to the preexisting social role supervision theories, the model role that surfaced from the data appears to be a novel finding. In this analysis, the model role is used to provide supervisees with an example of how they might think about and approach integration in therapy.

These roles, along with participants overall approach to clinical supervision appear to stem directly from the way they conduct therapy and think about integration rather than a formal supervision theory or model. In fact, no formal supervision theory or model was noted by any of the participants. Considering that few of the participants had any formal supervision course work or supervised supervision experience, it makes sense that they draw heavily from their clinical knowledge and skills. This way of approaching clinical supervision is not unique to the participants in this investigation. Rather, viewing clinical supervision as an extension of therapy rather than a separate process has long been maintained in the field of psychology (Frawley-O'Dea & Sarnat, 2001). According to Bernard and Goodyear (1998), "Supervisors traditionally have employed their theories of therapy to inform their work with supervisees" (p. 33), as was the case in this study. The participants' conceptualizations were consistent with their psychotherapy theoretical orientation (i.e., psychodynamic, object relations, etc.). Participants frequently

incorporated theoretical assumptions of their chosen psychotherapy theoretical orientation into their supervisor conceptualizations. Likewise, the way participants think about integration as a therapist is reflected in their supervisor conceptualizations. Participants seem to utilize the integrates model (Eck, 1996) in their conceptualizations. However, there is some ambiguity surrounding the way participants talk about integration. It could be that the integrates approach is so interwoven into their personhood that issues of integration are difficult to separate and discuss. This corresponds with the way Gary Collins, a leader in the Christian integration movement views integration. He stated that integration impacts every facet of his life and work (Aten, 2004). This ambiguity could also be surfacing because of the lack of agreement on what exactly constitutes integration within Evangelical circles. According to Kauffman and Hill (1996), there is still debate surrounding the definition of clinical integration.

Participants seem to utilize different roles to meet the needs of their supervisees and supervisees' clients. After the needs have been identified and the corresponding role chosen, participants intervene in the supervision process by implementing specific supervisor actions (i.e., addressing countertransference) associated with the chosen supervisor role. Seventeen different supervisor actions were identified. A high prevalence of explicit religious techniques by participants was expected. However, that was not the case. This finding corresponds with Sorenson and Hales's (2002) findings regarding 400 religiously committed psychologists who were at trained Evangelical integrative training programs or secular training programs. Though seemingly counterintuitive, they found that graduates of the integration programs were less likely to use explicit religious techniques in psychotherapy. Participants in the present investigation reported more

frequently relying on psychological (i.e., using open-ended questions) or implicit religious techniques (i.e., praying silently for guidance) than explicit religious techniques (i.e., quoting scripture) to intervene in the supervisory process. Sorenson and Hales (2002) suggested that psychologists trained in secular programs might adopt a more defensive "us versus them" (p. 167) mentality, which serves to keep their religious beliefs intact in an environment they may perceive as unreceptive to religious views. This may promote a more conservative understanding of their faith and how their faith should be incorporated into therapy. Sorenson and Hales reasoned that psychologists trained in integrative programs likely felt their religious convictions were "safe" in a Christian environment, which gave them the freedom to more thoroughly explore and question such views and interventions. This could explain why the participants in this study relied more frequently on what could be considered implicit religious supervisor actions (i.e., praying silently for guidance) than explicit religious supervisor actions (i.e., quoting scripture to supervisees).

Overall, participants displayed a subjective personal approach to integration in clinical supervision. Participants' displayed a characteristic way of approaching integration in clinical supervision that can be conceptualized and compartmentalized by using the three categories of integration (implicit integration, more explicit integration, and explicit integration) depicted by Hall and Hall (1997). In essence, the implicit to explicit integration continuum described by Tan (1996) was represented across participants' responses. Three participants (PB, PG, PF) fit into an implicit category of integration, which seems to be more about a way of thinking or being than a way of doing. Three participants (PC, PH, PI) fall into the second category, which is

characterized by a more explicit approach to integration that focused on spiritually-oriented content. Two participants (PD, PE) characteristic way of approaching integration can be described as an explicit approach to integration. Setting spiritually-oriented goals for supervisees and clients along with using overt religious or spiritual interventions seemed to set these participants apart from their counterparts.

It appears that participants' years of supervisor experience has an impact on their characteristic approach to integration. Because of the study design utilized in this investigation, causality cannot be determined. Yet, supervisor experience seems to impact participants' characteristic approach to integration. Participants with the least amount of supervisor experience gravitate toward the implicit anchor, while more experienced participants moved toward the explicit anchor.

Bernard and Goodyear (1998) noted, "...for as new supervisors gain experience they will continue to change, not only in skills, but also in perceptions of self and role" (p. 225). Though not focused on integration, several researchers (e.g., Alonso, 1983; Hess, 1986; 1987; Stoltenberg & Delworth, 1987; Watkins, 1990; 1993) have suggested experience impacts how supervisors approach clinical supervision. The majority of supervisor development models propose that supervisors pass through three or four major stages (Bernard & Goodyear, 1998). Rodenhauser (1994) categorized supervisor development across four stages, emulation, conceptualization, incorporation, and consolidation. He believed that supervisors could move onto a new stage in as little as a few years. According to Rodenhauser, supervisors start by emulating past role models, develop their own methods, explore their own style, and finally merge these experiences. The participants' in this study experience appears to mirror these stages. For example,

less experienced participants frequently talked about their role models, where as more experienced participants focused on their own understanding of integration and supervision.

Additional information from other researchers is needed to validate the findings from this study. Due to the small and ethnically homogeneous sample, potential findings from this study should be interpreted cautiously. The peer-nomination process was used to identify exemplar participants, thus the results may not be typical of other Evangelical clinical supervisors. Similarly, the findings of this study are based solely on the experiences of participants who ascribe to the Evangelical interpretation of Christianity, which may not speak to the experiences of (a) supervisors from other Christian denominations, (b) nonreligious supervisors, (c) supervisors belonging to a different world religion, or (d) supervisors whose religious and spiritual beliefs and practices do not fall into a traditional world religion category. Moreover, the participants in this study supervise primarily within an applied setting, and their experiences may differ from those who work predominantly in academic settings.

Additional qualitative and quantitative studies are needed within this field of study. The following are studies that could be investigated using qualitative methods. It would be interesting to study the impact of experience on supervisors' characteristic approach to integrating psychology and Christianity. How supervisors utilize spiritual resources and interventions in clinical supervision could also be examined. More in depth studies that focus on one spiritual intervention at a time may prove useful. Characteristics or actions that constitute a spiritually sensitive clinical supervisor could also be studied qualitatively. There are a number of areas regarding spirituality and clinical supervision

that could be studied using quantitative methods. For instance, there is a need to empirically test the conceptual framework for integrating psychology and Christianity in clinical supervision outlined in this study. It would also be useful to know the percentage of supervisors that receive training on religious and spiritual issues in clinical supervision; this could be accomplished by using survey methods. Similar methodological strategies could also be used to determine how often supervisors incorporate spiritual resources and spiritual interventions into clinical supervision. There is also a need for an empirically based model of supervisor and supervisee development for the integration of psychology and Christianity. Future studies should also include larger samples that are more representative of the population being studied, i.e., studying nonreligious supervisors and supervisors from other world religions. It may prove advantageous to make comparisons between various supervisor groups (i.e., religious versus nonreligious supervisors). Incorporating both qualitative and quantitative methods will lead to a more in-depth understanding and more effective means of integrating religion and spirituality in clinical supervision.

Conclusion

A conceptual framework for the integration of psychology and Christianity in clinical supervision was identified. The framework was comprised of supervisor influences, supervisor indicators, supervisor conceptualizations, supervisor roles, and supervisor actions. Personal faith, attending an Evangelical psychology doctoral program, and dissatisfaction with secular undergraduate training impacted participants' supervisor conceptualizations. Similarly, supervisee and client characteristics influenced their supervisor conceptualizations. The supervisory process participants described was

pragmatic, setting specific, and for a few, a continuous process. Participants assumed a teacher role, facilitator role, and model role in order to meet supervisee and client needs. They utilized supervisor actions (i.e., teacher actions, facilitator actions, and model actions) that corresponded with the three supervisor roles.

Participants' reported a characteristic approach to integration. Their approaches were representative of the entire integration continuum, ranging from implicit to explicit approaches. Years of supervisor experience appeared to have an impact on how participants approached integration in clinical supervision. Less experienced participants' approach to integration in clinical supervision gravitated toward the implicit end of the integration continuum. More experienced participants' approach to integration in clinical supervision moved toward the explicit end of the integration continuum. Overall, this study is unique in that it is the first known investigation that examines how Evangelical supervisors integrate psychology and Christianity. The findings from this study are not meant to be the "last word" on this issue, but rather a starting place.

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Table 1

Participant Characteristics

Participant	Sex	Age	Ethnicity	Degree	Supervisor Experience	Religious Denomination	Work Setting
PB	F	31	European-American	Psy.D.	2	Christian Church	Community Mental Health
PC	M	32	European-American	Ph.D.	6	Baptist	University-Counseling Center
PD	M	45	European-American	Psy.D.	11	Quaker	Hospital
PE	F	53	Multiracial	Ph.D.	15	Pentecostal	Residential Treatment
PF	M	45	European-American	Psy.D.	2	Non-denominational	Private Practice
PG	M	33	European-American	Psy.D.	2	Non-denominational	Community Mental health
PH	F	33	European-American	Psy.D.	6	Non-denominational	Private Practice
PI	F	52	European-American	Psy.D.	10	Non-denominational	University-Counseling Center

Table 2

Coding Strategy for Individual Case Analysis

1.	Read interview transcript in its entirety.
2.	Reviewed each paragraph and section of text line by line and underlined key words and phrases.
3.	Identified codes based on underlined key words and phrases in transcript margins.
4.	Transferred codes onto a qualitative data card.
5.	Grouped interconnected codes and separated individual codes on memo cards.
6.	Made reflective comments about grouping and coding decisions.
7.	Hypothesized about emerging codes and themes on memo cards.
8.	Would then move to the next paragraph or section of text and repeat process.
9.	Connected and linked together qualitative data cards and memo cards.
10.	Reviewed participants' words and phrases and developed codes.
11.	Applied and displayed participant phrases and corresponding codes to qualitative summary chart.
12.	Separated and clustered codes on qualitative summary chart.
13.	Attached labels to individual and clustered codes that captured their meaning.
14.	Began reducing clusters and attaching labels (pattern coding) where applicable. This meant merging together similar clusters into meta-clusters.
15.	Attached labels to meta-clusters that captured their meaning.
16.	Individual case analysis complete when conceptual redundancy was achieved.
17.	Repeated process for each additional case.

Table 3

Coding Strategy for Cross-Case Analysis

1.	Transferred participant codes to qualitative summary sheet for each data section (i.e., supervisor influences and supervisor conceptualizations).
2.	Grouped interconnected codes and separated individual codes on memo cards.
3.	Made reflective comments about grouping and coding decisions.
4.	Hypothesized about emerging themes on memo cards.
5.	Applied and displayed codes to qualitative summary chart.
6.	Separated and clustered codes on qualitative summary chart.
7.	Attached labels to individual and clustered codes that captured their meaning.
8.	Began reducing clusters and attaching labels (pattern coding). This meant merging together similar clusters into meta-clusters.
9.	Attached labels to meta-clusters that captured their meaning.
10.	Cross-analysis became complete when themes reached conceptual redundancy for each data section.

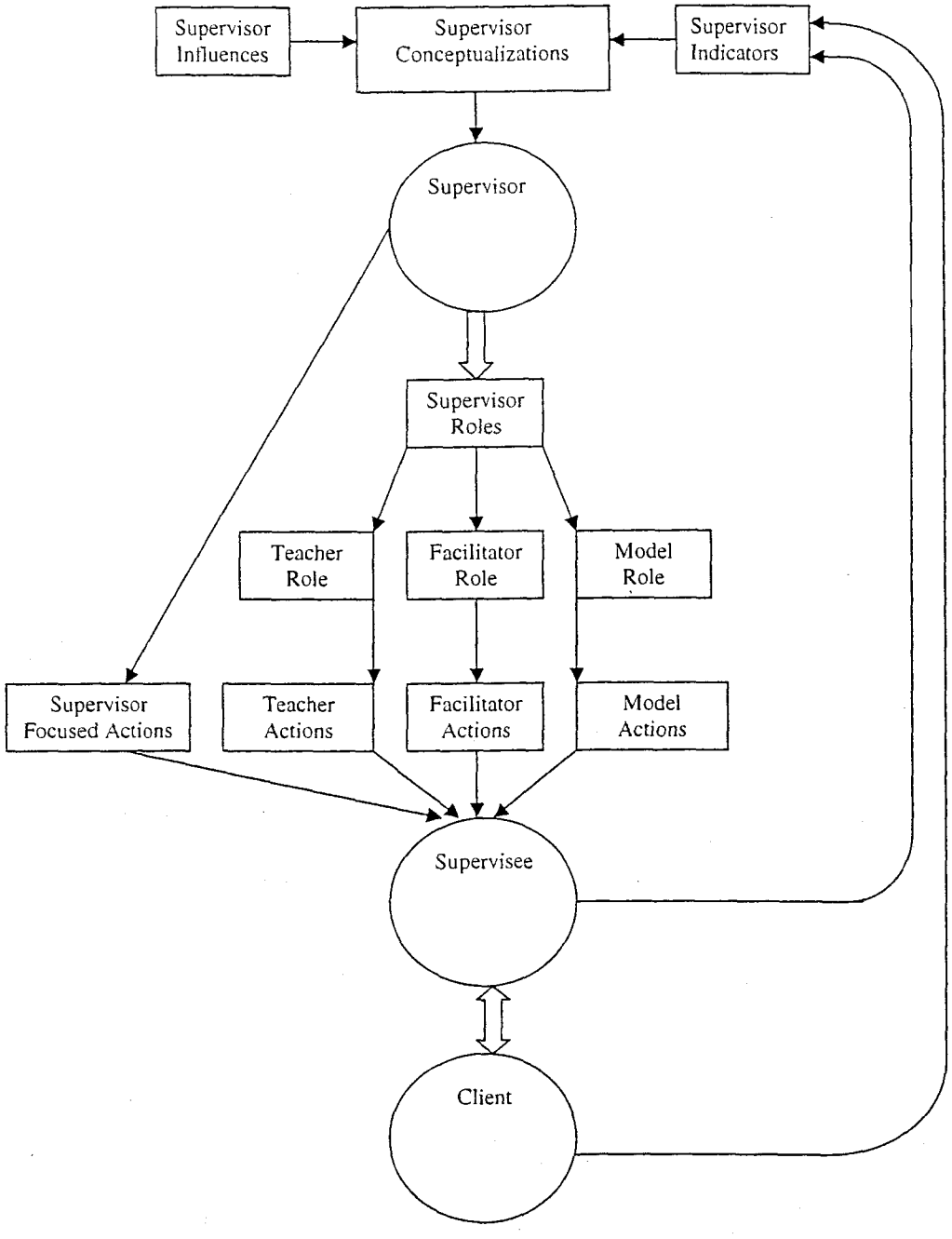
Table 4

Frequency of Cross-Case Analysis Themes

Participants	PB	PC	PD	PE	PF	PG	PH	PI
Themes								
Supervisor influences								
Personal faith	X	X	X	X	X	X	X	X
Graduate education	X	X	X		X	X	X	
Undergraduate education	X			X				
Supervisor Conceptualizations								
Faith based	X	X	X	X	X		X	X
Consistent with theoretical orientation	X				X			X
Extension of integrates model	X				X		X	
Supervisor Indicators								
Supervisee indicators	X	X	X	X	X	X	X	X
Client indicators	X	X	X	X	X	X		X
Continuous process			X	X				
Social justice issues				X				
Supervisory Process								
Pragmatic approach	X	X		X			X	X
Setting specific	X	X		X				X
Lifestyle approach			X			X	X	
Supervisor Roles								
Teacher	X	X	X	X	X	X	X	
Facilitator	X	X	X	X	X		X	X
Model	X		X	X	X		X	
Supervisor Actions								
Teacher actions	X	X	X	X	X	X	X	X
Facilitator actions	X	X	X	X	X		X	X
Model actions	X		X	X	X		X	
Supervisor focused actions	X	X	X			X		

Figure 1

A Conceptual Framework for Integration in Clinical Supervision



APPENDIXES

APPENDIX A

Expanded Themes

A more comprehensive overview of the themes identified in this study follows. The themes outlined in the Publication Ready Manuscript have been expanded to highlight the "richness" of participants' responses. Another purpose of this section is to examine the themes in more depth than could be allotted in the Publication Ready Manuscript.

Supervisor Influences

All of the participants said that their personal faith was one of the primary reasons why they have set out to integrate psychology and Christianity in clinical supervision. Six of the participants thought attending an Evangelical integrative psychology doctoral program had also influenced this decision. The impact of being unsatisfied with undergraduate secular psychology training was a novel theme noted by two of the participants.

Personal Faith

For PB, her understanding of faith was a major influence that impacted her decision to integrate psychology and Christianity in clinical supervision. The following quote gives a brief glimpse of this understanding:

> I think it definitely goes back to a root understanding of what it means to be human and what it means to be a fallen human being. Being made in the image of God, how the fall in the garden has affected our relationship with God.

PC said, "I think that the major factor would obviously be my personal faith and relationship with Christ." PD replied, "...it very much has to do with my personal commitment...to my faith." PE described how a conversion experience and involvement in a church had impacted this process, saying:

> I got saved at a Pentecostal church and then over the next few years in the course of sitting in Bible classes and seeing the dynamics of the church and how they handled counseling and how they handled emotional issues, I became convinced that this was what would work...people needed their spiritual issues addressed as well as the emotional psychological issues...

Personal beliefs, commitment to God, relationship with God, and theology had influenced PF's decision to integrate psychology and Christianity in clinical supervision. He went on to further explain his point of view:

> Theology or biblical teachings such as "all truth is God's truth," that there is no dichotomy between the physical and spiritual. That the psychological, spiritual, medical, social, and spiritual self are all connected, and that integration provides an opportunity to bring everything together. You see, God is the over arching truth that connects everything.

PG reported, "My worldview has impacted my understanding of the world and the psychological world as well and how it relates to just about all facet of life."

PH described her "faith heritage" and own spirituality as the main reasons she integrates psychology and Christianity in clinical supervision. In regard to what had influenced PI to take an integrative approach in clinical supervision, she shared "Well, I'd have to say

couple of things, one would be my personal faith...wanting to be a Christian psychologist which naturally led to becoming a Christian supervisor."

Evangelical Integrative Psychology Doctoral Program

An influence on PB's choice to integrate psychology and Christianity in clinical supervision was her decision to go to "a Christian college to do my graduate training." PC also remarked that, "Part of my goal in enrolling in graduate school was being in a place where I would learn to integrate faith and psychology as a general sort of thing." PE disclosed that after attending a secular undergraduate program, she "wanted to go to a school that integrated the two [psychology and Christianity]." The training program she chose provided her with that experience. PG stated that his choice of graduate study also influenced his thoughts about integration in clinical supervision, "...my education...I attended a Christian doctoral program." PH said that she sought out a Christian psychology program that ultimately affected her supervision:

> ...the school I chose to go to because I wanted to know how to integrate my faith with psychology. I wanted to be someplace where others were integrating their faith with psychology and I wanted help doing this as well.

PI also pointed out that "...getting my doctorate at a Christian school" was one of the reasons why she integrates psychology and Christianity in clinical supervision.

Unsatisfied with Undergraduate Secular Psychology Training

PB acknowledged that her undergraduate training at a secular institution did not provide her with the holistic understanding that she desired. Having gone from not being exposed to faith issues to being immersed in faith issues, she strongly desired to, as she

put it, "Pass that wisdom along [in clinical supervision]." PE had a very similar undergraduate experience. She said:

> Early on in psychology, like when I was an undergrad, I was in a secular program and it just seemed to me like it did not work. You know, people had grief issues or suicidal issues, or whatever the issues were. The secular approach didn't seem to work.

Because PE did not believe the secular approach was effective, she has since chosen to integrate psychology and Christianity in clinical supervision.

Supervisor Conceptualizations

Six of the participants described their supervisor conceptualizations as faith based. Three of the participants' supervisor conceptualizations were consistent with their theoretical orientation. Three of the supervisor conceptualizations were depicted as an extension of the integrates model.

Faith Based

PB stated that her conceptualization of the integration of psychology and Christianity was faith based, "...for me, it always goes back to first, how do I think of it as a Christian, as a person of faith? Then it works into, okay, how does that then affect how I practice as a psychologist..." Evangelical theological themes were also present in the way she viewed the integration of psychology and Christianity in clinical supervision, i.e., that humanity is "fallen" or "sinful." For PC, he saw spirituality as an "underlying factor" and "unifying factor." In more depth, PC said that spirituality is "...the undercurrent, it's the thing that holds everything else up." Spirituality was the scaffolding

that he constructed his supervisor conceptualizations upon. PD maintained a holistic supervision conceptualization that incorporated spirituality, going on to say:

> ...it is my understanding that that's [spirituality] going to affect their [supervisee] work with clients...I cannot believe that it doesn't affect how they deal with other people...I think it's one of the many elements that need to be considered...spirituality so profoundly effects people throughout all aspects of their life.

PF conceptualized psychology and Christianity as two interconnected disciplines: "...psychology and theology are not competing but rather can be used to help others. Any perceived separation of the two are, well, just that, a perception. Both teach us about God's creation and reveal his truth to us." PH integrated psychology and Christianity in her supervisor conceptualizations by "...examining the evidence between a technique and theology and asking myself where the compatibilities are or aren't. I look at the pros and cons. It has to be compatible for me." PI also described integrating psychology and Christianity in his supervisor conceptualizations:

> My Christianity always furthers my work or influences or highlights my works as a psychologist. To integrate psychology and Christianity feels very comfortable to me. Also, I primarily work with Christian clientele as well as the students I supervise. So I feel Christianity is another part of them. So when we are addressing their partnership, their feelings, what happens to them physically, spirituality slips right in with that.

Consistent with Theoretical Orientation

PB explained that her conceptualizations of integrating psychology and Christianity in clinical supervision are consistent with her theoretical orientation, "My theoretical orientation probably fits into that some as well in that I tend to be more object relations in nature in seeing that one's relationship with God is another relationship that needs to be explored and understood." PF's conceptualization of integration in clinical supervision was also consistent with his theoretical orientation, saying that his conceptualization "...extends from my clinical practice." PI stated that his supervisor conceptualization on integration also "...goes back to my own work." More specifically, he approached the conceptualization of integration from a psychodynamic perspective, waiting for the supervisee or client to bring attention to spiritual issues.

Extension of Integrates Model

The integrates model outlined by Carter and Narramore (1979) outlined how psychology and Christianity can be merged together to provide a more complete understanding of personhood and psychological problems. PB viewed psychology and Christianity as going "...hand in hand." She fused object relations theory with Christianity because "It helped me to see more of the similarities between faith values and psychological values than the differences that would then get in the way. Especially in the role as a supervisor in a secular setting." PH also took an integrates model approach to the conceptualization of integration in clinical supervision, focusing heavily on comparing psychology and Christianity:

> I think the way I integrate it is I want to look at how does scripture line up with the different types of therapeutic techniques I am using and I look to see where

> they are compatible and where they are not compatible. When there are gray areas I struggle through it…I examine the evidence about how they fit together.

Supervisor Indicators

Several supervisor indicators were identified by the participants as cues. These helped the participants decide when to integrate psychology and Christianity in clinical supervision. All of the participants said that they looked for supervisee indicators. Seven of the participants reported they utilized client indicators. For three participants, integration was a continuous process.

Supervisee Indicators

PB said she looked to the supervisee when deciding to integrate psychology and Christianity in clinical supervision. She listens to how the supervisee talks about or does not talk about issues of spirituality and religion. PB also took the supervisee's development into account:

> I always cue off of the supervise. I'm always aware of it [spirituality], that it may come up. But I don't initially always bring it up first. I'm sensitive to it. I know it's important, but depending on the developmental level of the therapist, the supervisee, really depends on what I do.

PC reported integrating psychology and Christianity in supervision as it related to "supervisee beliefs." When a supervisee's spiritual beliefs lead to countertransference, clouds the supervisee's ability to distinguish between supervisee-client beliefs, or can be used to promote growth in the client, PC will proceed with integration. For PD, discussions about theoretical assumptions and personal beliefs provided an opening for

him to integrate psychology and Christianity in clinical supervision. Consider his reflections on a story one of his former supervisors told him:

> ...you don't ask a Christian engineer to build a Christian bridge. What you do ask is, when that engineer builds a bridge, that he use Christian principles and practices in how he selected his work crew, how he interacted with the people in the area. I think, what comes to play in terms of Christianity and psychology has more to do with what our persons [supervisees] underlying assumptions about human being and human interaction and how do they come into play. How do they affect what is going on at any given time.

PE said that she often waits for the supervisee to bring up spiritual issues. Social justice issues, like sin, justice, and mercy are other topics that she listened for when talking with supervisees. She believed these topics could provide an opening for integration in clinical supervision. PF also used supervisee indicators when deciding to integrate psychology and Christianity at the supervisory level. He said, "I take a spiritual history with my supervisees..." PF then approached integration with the supervisee's spiritual history in mind. PG reported that she primarily integrates psychology and Christianity in clinical supervision at the request of the supervisee, "When it is determined by the needs of the supervisee, what they are looking for...It becomes relevant when it is needed or requested." The degree to which supervisees are interested in integration and supervisees' level of clinical competence, are two supervisee indicators that PH used to decide when to bring integration into supervision:

> You know a lot of it depends on the supervisee, what level of integration they want to have integration in their lives...First and foremost I want to know that

> my supervisees are competent in clinical practice. Then we move onto talking about how the supervisee's faith is compatible with their clinical work. I am aware of where the supervisee is spiritually, how much integrating they want, what their expectations are, and then what is their level of integration in their development thus far.

PI listened to the way her supervisees talk about spirituality and the way they describe their clients' spiritual issues. Based on these observations she then decided when to integrate psychology and Christianity in clinical supervision, "...hopefully it comes up in the material. I want to have an overall view of where people are, including spirituality. I get that from my supervisees from how they talk about their clients."

Client Indicators

PB takes client indicators into consideration when deciding to integrate psychology and Christianity in clinical supervision. She took what the client said in therapy (based on supervisee report) into consideration. For instance, some of her supervisees have worked with clients who are not compliant with their homework because:

> ..."God told me not to," or "It's not in the Bible," or it gets in the way of them going to church, or some other faith based type of excuse...Then I kind of bring it back to maybe there's something we're missing here. Maybe there's something we're not looking at. How does their faith affect them?

The way her agency is set up, PB also had contact with the clients her supervisees worked with, "Diagnostically, there are certain presentations that our...clients, will give that would indicate something spiritual as part of the treatment or part of the ideology.

Thus necessitating the part of the treatment." PC partly based his decision of when to bring integration into supervision on the client's diagnosis:

> I do have the benefit in the program that I'm in that we review each consumer everyday as far as their status. So as a supervisor in this setting, I really know all the clients well. I know their histories, I know them myself...

Along with diagnostic criteria, PC also takes the overall presenting problem of the client into account. PD has chosen to wait to integrate psychology and Christianity into clinical supervision "after clinical needs are met." PE said that she "...will often address spirituality when the client...brings it up." PF reported that he encouraged his supervisees to conduct a religious history with their clients in the early phases of therapy. The findings of this assessment dictated when he brought integration into the supervisory process (i.e., if spirituality appeared to be a salient issue for the client). PG succinctly replied that along with bearing in mind the needs of his supervisees, he thought about "the needs of their client." PE also relied on client indicators. However, she recommend that supervisees do not address spiritual issues until the client brings attention to such matters, "It is really about where the client is. I supervise people to wait until spirituality is brought up in session by the client."

Continuous Process

PD viewed his approach to integrating psychology and Christianity in clinical supervision as a continuous process, "I guess it's something that begins in our initial interactions and then continues throughout the process of supervision." He also gave a brief description of how he sees this process, "I also believe, as Carl Jung did, that whether God is invited or not, God is always present."

PE remarked that she continuously integrates psychology and Christianity. For PE integration is a way of being, thinking, and acting. Her Christian faith is a template that she compares psychological theories and assumptions against. She brought Christian themes and issues into her case conceptualizations of clients and reported her faith impacts the way she interacts with supervisees. PE also overtly addressed spiritual or religious matters in supervision. The following participant quote speaks to PE's continuous approach:

> It isn't like you choose to do it this time, or "Oh we don't need it now. We can put that on the shelf." It just seems to be part of what you do. That you say it's something that you just don't put on the shelf but that it's always a part of it.

Supervisor Process

Participants described their approach to the integration of psychology and Christianity in clinical supervision as pragmatic, setting specific, and a lifestyle approach. Five participants reported taking a pragmatic approach to integration in supervision. Four participants also said that their approach to integration in clinical supervision was setting specific. Three of the participants viewed their approach to integration in clinical supervision as a lifestyle.

Pragmatic Approach

PB described taking a pragmatic approach to integrating psychology and Christianity in clinical supervision, "...it's not all black and white. It's not all scientific. That there is some of the art in there. There's some of the mystery of the divine, and all of it encompasses that." PC reported that he felt like most supervisors, himself included, struggled to effectively bring integration into the supervisory process, "...I don't know

that we do a great job of it. I don't think it's something that we have a good model for, so it tends to happen haphazardly." PE also reported not having a specific approach to integration. Instead, her approach to integration changed from supervisee to supervisee depending on supervisee and client needs. PH described her approach as "Probably more pragmatic." Rather than specific steps, she took a pragmatic problem solving approach, "I always look at a basic problem solving skills. I sit down and take a problem solving approach...I look at the pros and cons." When asked how he approached psychology and Christianity in clinical supervision, Reflected in PI's narrative was a pragmatic approach that seems to be more integrative in principle (philosophy) than action.

Setting Specific

PB talked about being sensitive to the setting she worked in:

> I currently work at a community health center that is not a faith-based environment. So, always being aware that having trained in a setting where Christianity was always at the forefront and there was always a sense of God is in his place or our calling, our mission, our faith, that was always essential to everything that we did.

PB said she is mindful of the center's mission and policies, which has impacted the way she approached integration in clinical supervision, resulting in a more implicit approach. PC reported that he is contextually sensitive to his surroundings as a supervisor. He practiced the integration of psychology and Christianity within the bounds of his employers' guidelines and policies. Considering he works in a Christian college-counseling center he felt free to discuss spiritual matters. Still, he talked about the possible implications of addressing spiritual issues in this setting. PC said the practicum

students he supervised all take their own therapy, and that some of them have shared they are struggling with their own spiritual issues in counseling. He is watchful of how working in a Christian college-counseling center with primarily Christian students could have an impact on his supervisees, i.e., countertransference issues. Because the setting had an impact on his supervisees, the setting also impacted his approach to integration. PE said she took a more explicit approach to integration because she worked in a Christian setting:

> You know, you walk in our door and it says, "We are a Christ honoring institution." So it's not like it's any surprise to anybody that we're Christian. People that come here as interns or as clinicians, typically they're here because it's Christian. They want to be in a Christian place and that's why they came here as opposed to somewhere else...We're starting from the beginning of "This is a Christian place" and, you know that's part of what we do. There's just assumptions going right in that we are going to pay a lot of attention, for example, to the wisdom of the Bible when we talk about something. If we're talking about something, here's a scripture that someone pulls out about, that's very much a part of the discussion. Nobody blinks twice at that...I think it's a difference of being in an Evangelical Christian agency.

PI disclosed that his setting encouraged a long-term approach to counseling and psychotherapy, and that it is not affected by managed care. Most of the supervisees he worked with also took a long-term approach. As a result, he felt like an implicit approach to integration was appropriate, that he could wait for the supervisee to bring up integration issues.

Lifestyle Approach

PD said that he approached the integration of psychology and Christianity in clinical supervision primarily in an implicit manner, where integration is "...an implicit part of many of the discussions in supervision." He also said that, "I believe a lot of introspection is involved." PG said he sees his approach to integration as "...pretty theoretical and pretty implicit in what I do rather than explicit." He went on to talk about how his faith impacted how he interacts with his supervisees. Based on his understanding of scripture, he believed he is called to encourage and support his supervisees. He said, "I see it as a worldview." PH noted her approach to integration is a lifestyle approach that stemmed from her personal faith. She reported not compartmentalizing her faith from her psychology, seeing both as interconnected. She often expressed integration in an implicit manner; such as the way she treated her supervisees:

> Like I said it [integration] first into all areas of my life. It is not compartmentalized and it is not separated. So the values I hold onto in my faith I try to carry out in my everyday practice and life. In the supervisions context, the way I am treating supervisees, our relationship, those are also a part of integration, treating them in a God honoring fashion. I see it more a lifestyle approach...

Supervisor Roles

Three primary roles that participants utilize to integrate psychology and Christianity surfaced from the data. All of the participants depicted taking on the role of a teacher to educate their supervisees about integration or integration issues. Seven of the participants acted as facilitators in order to incorporate the integration of psychology and

Christianity into clinical supervision. Five of the participants described acting as a model in attempt to integrate psychology and Christianity in their supervisory relationships.

TeacherRole

PB mentioned taking on a teaching role several times during the interview. She described teaching supervisees about spiritual issues, educating supervisees on faith traditions, and providing supervisees with insight about issues of meaning and purpose, "...I might ask do you know that this [faith] tradition is very different than that [faith] tradition...just educating her [supervisee] on...spiritual meaning." PC used the teacher role to teach the supervisee integration strategies, to "look at practical aspects of integration." He also sought to help supervisees understand their clients' spirituality and how to be sensitive to clients' spirituality. Implicit and explicit Biblical or spiritual based interventions (i.e., prayer) were taught to supervisees using this role. PD introduced integrative topics and addressed integrative issues through the teacher role. The teacher role also allowed him to teach supervisees about how spiritual beliefs were impacting their work with clients. PE used the teacher role to educate supervisees about spiritual issues when they arose over the course of supervision. PF found the teacher role useful for helping supervisees develop a personal approach to integration. The teacher role was also utilized by PF to educate the supervisee about client beliefs. PF used the teacher role to provide direct guidance to supervisees when addressing issues of meaning and purpose, "I helped the supervisee help the client develop meaning and purpose and operate with in that belief system." PG assumed the role of teacher when he assigned resources on the integration of psychology and Christianity to supervisees. Though he

described using this role less frequent than the other participants, he viewed himself as a teacher, "My faith dictates that I come along side them [supervisees] as a teacher and encourager." In the teacher role, PH talked with supervisees about how she thought spirituality was impacting their clients. Giving resources, making recommendations, and highlighting integrative strategies for supervisees further illustrated how PH used the teacher role. PI taught supervisees how to discuss spiritual issues with their clients:

> If the supervisee brings a client to me I want to know all about them. One of the things we would address is how to talk to clients about their spirituality. When you're working dynamically though you wait for the client to make that a subject to talk about.

Facilitator Role

PB operated from the facilitator role to engage supervisees in discussions about spiritual issues. From this role she encouraged supervisees to explore spiritual matters. PC used the facilitator role to help supervisees further develop their conceptualizations of integration by "...helping them to work out what integration is going to mean for them, and it does mean different things for different people, I understand that. Helping them to draw out what it is that they see as integrative." PD described operating frequently from the facilitator role, facilitating discussions on client beliefs, supervisee spirituality, and various integration topics, "...it's [integration] an implicit part of many of the discussions in supervision and of my relationship with those people that I'm supervising...More of exploring values and ideas." He also used this role to help supervisees gain a greater sense of self-awareness:

> I guess the first piece is to just ask them to examine their own views. In that

> examination process, to consider how that's impacting their work with clients and their work with other professionals. To just kind of look at what's going on with them, and then to make that an explicit part of the discussion.

The facilitator role allowed PE to engage supervisees in discussions about the impact of spirituality in their clients' lives. PE gave an example of a child who had been abused. She said, "I asked his clinician, you know, how does this kid respond to spiritual sorts of things." This participant found she could raise supervisees' awareness by acting as a facilitator. The facilitator role allowed PF to foster supervisees' personal awareness. PF said, "My goal is to help supervisees examine their own beliefs," and to "facilitate self-exploration." He also engaged in the facilitator role to explore clients' spiritual history. PH readily utilized the facilitator role when integrating psychology and Christianity into clinical supervision. One of her main objectives for using this role was to facilitate supervisees' development of a personal approach to integration by working "...with them to help flesh out issues relevant to integration." She wanted supervisees to gain an understanding of what integration meant to them, to "help them come to their own conclusions." PH also used the facilitator role to help supervisees process their experiences and to encourage critical thinking. PI frequently used open-ended questions to facilitate discussions on integration issues and to aid in supervisees' case conceptualizations.

Model Role

By sharing how she came to develop her case conceptualizations of spiritual issues and clients with supervisees, PB assumed the model role. PD made use of the

model role by talking with supervisees about his own beliefs and how they impacted his clinical work:

> I will introduce it as a topic when I am examining my own approach or my own biases as an example for somebody that I'm supervising...I may indicate, you know, this is one of the areas where my faith impacts how I view this particular client.

PE described using the model role to "...open up an awareness that these are issues [spiritual issues] that ought to be addressed." She hoped that supervisees would internalize the way she approached spiritual issues in supervision and apply this approach with their clients in session. PF worked from the model role when he shared how he thinks about integration with his supervisees. Using self-disclosure, sharing case conceptualizations, and discussing how she approaches integration are methods that PH used when working from the model role, "I use personal examples...share with them how I am thinking about a case...discussing how I approach integration in my own clinical work."

APPENDIX B

Supervisor Training Readiness and Recommendations Results

In addition to finding out how participants integrated psychology and Christianity in clinical supervision, participants discussed the degree to which they felt prepared to integrate psychology and Christianity in clinical supervision. Participants made recommendations they thought would help supervisors become more competent at integrating psychology and Christianity in clinical supervision. Though initially intended to be part of the Publication Ready Manuscript, the data that emerged in regard to training readiness and recommendations seemed to represent a second stream of findings. After consultation with the dissertation chairperson and outside auditor, it was decided to include these themes.

Supervisor Training Readiness

Five participants felt their preparation for integrating psychology and Christianity was mixed. Two participants reported that they felt adequately prepared. One participant stated that he did not feel adequately prepared. All but one reported feeling like they had received a strong foundation in integration and were very pleased with their integration training. Yet, most of the participants did not have a supervision course, and if they did, only one said integration was thoroughly addressed in that course. On the whole, participants did not believe they had received the proper training needed to apply integrative principles to the supervisory process.

Mixed Preparation

Participant B. "I had an excellent training on integrating psychology and Christianity [at the therapy level]," reported PB. She thought she had received a strong foundation that prepared her for integrative work as a psychologist. Her perception changed though when speaking about her supervision training, "I did not receive a lot of training on how to do supervision…I'm using the term training very lightly." This led PB to report feeling mixed in her preparation for integrating psychology and Christianity in clinical supervision. A supervision course was offered as an elective every other year in her training program. Because of scheduling conflicts she was unable to take the course. According to PB, there "wasn't a lot of opportunity to learn how to supervise." Unlike a few of the other participants who reported that integration was vaguely talked about in a few other courses, PB made no mention of these types of experiences.

Some of PB's supervision training experiences came at the predoctoral level, "I attended an internship program that supervising other like students was part of our internship requirement." PB had the chance to supervise two interns at her internship site. She received supervision of the supervision she was providing. Integration issues were not addressed during that time, but she found the experience useful, as it provided her with a basic understanding of the supervisory relationship.

Participant E. Integration was a major topic of discussion and study during PE's graduate studies. The program she attended stressed the importance of each student developing her or his own personal approach. She recalls, "Integration was something that each person kind of came about more individually." Course material and discussions about integration were interwoven into a large portion of her courses.

A supervision course was not part of PE's program of study. Nor did she recollect talking about integration at the supervisory level in her other courses, saying, "I don't remember it [integration] actually being part of the discussion of supervision." PE went on to add, "I felt prepared for integration in the therapy room but not so much in the supervisory role."

The majority of training PE had on integrating psychology and Christianity into clinical supervision was informal, coming from "on the job" experiences:

> You know, being in a Christian agency, we have those discussions. I can sit down with the other people who supervise and have those discussion here. We don't do it in a formal training kind of way, but we have those discussions all the time...if you're kind of out there on your own, I don't know where you would go."

Participant F. There were numerous opportunities to explore the integration of psychology and Christianity in PF's training program. PF stated he took several courses focused specifically on integration, "I had some great classes on integration...These classes helped us develop a personal approach to integration and introduced us to several models of integration. Also, I had several seminary courses and Biblical studies courses that aided in this process." When asked if he took a supervision course, PF said, "Now that I think about it, no. We could take a seminar. So, I guess I really didn't get any training on integration in supervision." PF's experience mirrored the experience of most of the participants who reported feeling as though they had mixed preparation integrating psychology and Christianity in clinical supervision. He was satisfied with his training on integration, but did not take a course on clinical supervision.

Participant I. "Yes and no" is how PI described her preparation for integrating psychology and Christianity in clinical psychology. PI spoke highly of her integration training, feeling prepared to integrate psychology and Christianity as a clinician. This was not true in her role as a supervisor. A clinical supervision course was not offered when she was a student (she reported that one is now offered). PI voiced, "I think it would have been nice when I was in school [to have had a class] that dealt specifically with the integration in the supervision role. We talked about that somewhat, but more would have been better." She essentially learned how to integrate psychology and Christianity in clinical supervision by the example of others (those who supervised her) and by pragmatically applying what she learned in her integration courses to her supervision work.

Participant H. This participant stated she had not been adequately prepared to integrate psychology and Christianity in clinical supervision in her training program. PH said her program did offer a supervision course but found it unsatisfactory. Little attention was paid to integration issues during this course, replying, "I didn't feel like it was direct enough in regard to supervision." The same participant reported there "wasn't as much actual integration as I would have liked in the classroom." Integration was addressed in the majority of her classes but in what she perceived as an "add on" manner. This may have been the result of the fact that the program was, as she put it, "still new" compared to the other Evangelical training programs. However, she believed that her life experience had prepared her for integrating psychology and Christianity in clinical supervision. She also noted, "I had to go on my own journey to figure out how to integrate the two [psychology and Christianity]." This journey she described entailed her

own internal trial and error struggle that evolved into her own personal understanding and approach to integration.

Adequately Prepared

Participant D. Only PD discussed having "received very good training" at the supervisory level on the integration of psychology and Christianity. He credited his training program for providing several opportunities and experiences for preparing supervisors for this task. Integration was modeled "by the example of the academic staff and the clinical training staff." PD was also apart of peer supervision team led by a staff member who met weekly to discuss integrative issues. He also had a class where he supervised practicum students and received supervision of the supervision he was providing, which "...included consideration of how my faith and the faith of the person that I was supervising were impacting our relationship and the person being supervised relationship with their clients." Along with having the opportunity to supervise other students, PH had the chance to be a teaching assistant and assistant manager of the university's counseling and testing center. Here too, PH received additional supervision of his activities that focused on integrative topics and issues. These experiences further added to his training on the integration of psychology and Christianity in clinical supervision.

Participant G. Though he did not have a supervision course during his graduate training, PG felt he had been adequately trained to integrate psychology and Christianity in clinical supervision. He stated he had a significant amount of training on integration at the therapy level. As part of this training, he reported that discussions arose in some of his courses about how integration may be applicable to clinical supervision. His

professors and classmates also "talked about what it [the integration of psychology and Christianity] would be like in the supervisor-supervisee role." The participant commented he integrates the two by "holding that framework [an integrative framework] and allowing it to come in the supervisory process."

Not Adequately Prepared.

Participant C. When PC was asked whether or not he thought he had been adequately prepared to integrate psychology and Christianity in clinical supervision, he replied, "No. I can answer that question in one word for you." He went on to later say, "I don't believe I had adequate training." This participant is the only participant to state not feeling prepared to adequately integrate psychology and Christianity into clinical supervision, saying the "training fell short on supervision." PC thought there was a need for his training program to provide more explicit class work on integration in supervision. The little training he had came from professional seminars. He said a lot of how he thought about integration in clinical supervision also stemmed from his current role as a supervisor.

Supervisor Training Recommendations

Participants were asked what type of training they thought would help supervisors become more competent at integrating psychology and Christianity in clinical supervision. Eight themes were identified.

Integrative Supervision Coursework

Seven of the participants said they thought changes in the way Evangelical psychology programs approached supervision or integration in supervision needed to occur. Most of the participants felt it was important that a supervision course be required

in these programs, highlighting the fact that psychologists often assume supervisor positions. Participants stated that a portion of this course should be specifically devoted to the integration of psychology and Christianity in clinical supervision. PC stated:

> I think there needs to be some explicit class work. I think that should involve some theory...But then also some practice. Having practical settings where folks are working with spirituality in supervision...I think that's something that needs to be worked into the curriculum intentionally.

Professional Workshops

Six of the participants thought professional workshops were needed on the integration of psychology and Christianity in clinical supervision. A few of the participants named the Christian Association for Psychological Studies (CAPS) Conferences as ideal places to host workshops on integration in clinical supervision. Participants said it would also be helpful to offer continuing education credit units (C.E.U.'s) for these types of training experiences. PC stated, "I have to do six units of supervision, C.E.U.'s every two years. I would chomp at the bit to get into one that was specific along the lines that we're talking about [integration in clinical supervision]."

Peer Discussion and Support Groups

Five of the participants recommended peer discussion and support groups should be formed with a focus on the integration in clinical supervisions. Participants wanted to be able to talk with other supervisors to find out how they approached integration in clinical supervision. PI also said "I think being a licensed person meeting with other peers would be helpful to keep myself sharp."

Integrative Supervision Resources

Four of the participants noted the dearth of supervision literature that integrates psychology and Christianity in clinical supervision. These participants said it would be helpful if more research were published in peer-reviewed journal like the *Journal of Psychology and Christianity (JPC)* and the *Journal of Psychology and Theology (JPT)*. PG specifically noted, "I think more case studies in the literature would be great in *JPC* and *JPT*." Participants also called for texts and other educational materials (i.e., supervisor workbook) to be developed on this topic.

Supervision of Supervision

Three of the participants thought it would be helpful for supervisors in training to receive supervision of supervision. Two of the participants recommended this take place as part of a graduate level course. One supervisor noted he could personally benefit from supervision of supervision in his current professional role as a supervisor. Similarly, he pointed out the need for a place where supervisors interested in the integration of psychology and Christianity could go to receive supervision of supervision from more experienced supervisors. For instance, PH reported, "I think while you are learning this you need to be supervising someone and someone supervising you. Live supervision would also be helpful."

Personal Reflection Activities

Three of the participants recommended that supervisors engage in personal reflection activities. Each of these participants brought attention to how important it is for supervisors to aware of their own belief systems and biases. PD said:

I think the first and probably most important thing is for them [supervisors] to

> examine their own belief systems. Whether that would be through therapy or supervision of their supervision. It's something I think that begins very personally with the supervisor.

Utilize Integrative Psychotherapy Models

Two of the participants said that though there is very little literature on spirituality and supervision, supervisors should familiarize themselves with integrative psychotherapy models. Texts like *The Integration of Psychology and Theology: An Introduction* (Carter & Narramore, 1979) were recommended as a starting place for supervisors who were interested in integration.

Develop Personal Integrative Approach to Supervision

PH said supervisors needed to develop their own personal integrative approach to supervision. PF named all of the preceding recommendations outlined above, except for supervision of supervision and personal reflection activities, as potential ways that supervisors could accomplish this task:

> I think it would be helpful for people to read the Narramore and Carter book. They also need to beware of the different integration models out there. Most importantly though, they need to develop their own personal approach to integration. Core work and continuing education courses would also be very helpful. Too, if people could just get together and talk about this stuff. Such as what are the ethics surrounding this topic. When it is okay to pray with a supervisee, when is it not? Discussion groups consisting of other Christian supervisors would be great. That's all I can think of at the moment.

Supervisor Training Readiness and Recommendations Discussion

Supervisor Training Readiness

The pattern of feeling satisfied with integration training but not with supervision training was reported consistently across participants. On the whole, participants report having extensive training in spiritual and religious issues (i.e., Biblical studies and seminary courses). According to survey findings this is not the case in most psychology training programs. For instance, in a national study of practicing psychologists Shafranske and Malony (as cited in Shafranske, 1996) found that over 90% of those who responded said religious issues were rarely, if ever addressed in education and training.

Not having an in-depth supervision course (i.e., a well prepared semester long course that covered models of supervision and the supervisory process) was often highlighted as the primary reason why participants do not feel adequately trained in clinical supervision. The lack of supervision training reported is not unique to this group of participants. In fact, "Hoffman (1994) characterized the traditional lack of formal training for supervisors as the mental health professionals 'dirty little secret' (p. 25)" (as cited in Bernard & Goodyear, 1998, p. 224).

The lack of salient discussions on integration in clinical supervision stands out as another reason why participants do not feel adequately trained in clinical supervision. On the whole, it was left to participants to translate the way they understood integration as a therapist to the supervisory level. Rodenhauser (1994) proposed a four-stage model of supervisor development, including: (a) emulation, (b) conceptualization, (c) incorporation, and (d) consolidation stages. The emulation and conceptualization stages may give insight into why the lack of salient discussions on integration in clinical

supervision was frequently cited by participants as problematic. In the emulation stage new supervisors imitate former role models (i.e., their former supervisors). Based on participants' narratives, few of their former supervisors explicitly discussed issues of integration in clinical supervision. Thus, participants lacked examples from which they can draw when integrating psychology and Christianity in clinical supervision. During the conceptualization stage, supervisors' competences and identity begin to emerge as a result of peer discussions. Here too, participants lacked the dialogue that Rodenhauser suggested is necessary for supervisor development.

Participants' dissatisfaction with their supervision training may have also resulted from a void left between how they think they ought to integrate psychology and Christianity in clinical supervision and how they actually go about integration in clinical supervision. The participants report that they believe their approach to integration in supervision should be applied and practical. However, most describe their approach as theoretical and interpersonal. Glasser (1975) suggests that feelings of dissatisfaction often arise when discrepancies like this exist between one's ideal mental picture book and one's actual experience.

What about the participants who felt adequately trained? One of the participants received supervision of supervision in several roles (i.e., a student supervisor, teaching assistant, and assistant manager of a Christian college-counseling center). Receiving supervision of supervision seems to be the key factor that sets his experience apart from the rest of the participants. This is consistent with findings from Baker, Exum, and Tyler (2002). They compared doctoral students enrolled in a supervision of supervision course to a control group of doctoral students that had not yet taken the course. They found that

supervision of supervision significantly increases supervisor confidence and supervision skills.

Though another participant states he had been adequately prepared to integrate psychology and Christianity in clinical supervision, he struggled more readily than the other participants during the interview (i.e., long pauses, requests to restate the question, and problems articulating answers were frequent). Cognitive dissonance theory (Festinger, 1957) may provide some insight into this participant's response. This participant works in a secular community mental health setting with supervisees and clients who largely report no religious or spiritual affiliation. Thus, supervisees and clients bring up religious or spiritual issues and themes less often. As a result, he has likely had fewer opportunities to interact with his supervisees around integrative issues in an overt manner. This lack of exposure may have shielded him from experiencing internal conflict.

Supervisor Training Recommendations

Participants training recommendations reflect both what they perceive as strengths and deficits of their supervision training. Most of the recommendations could be implemented in graduate school or through post-graduate training methods. Training experiences that facilitate supervisors' ability to develop a personal approach to integration is emphasized. Though not overtly stated by participants, it seems as though participants acknowledge the importance of attending to different learning styles in supervisor training. According to Kolb (1985), people learn differently, and as such, teaching is most effective when tailored to the individual. Moreover, Kolb advocates that when two or more learning styles are applied, learning is more likely occur. Based on

these two tenets, it would seem advantageous to utilize the following learning styles in preparing supervisors for the integration of psychology and Christianity: (a) active experimentation, (b) reflective observation, (c) abstract conceptualization, and (d) concrete experience.

Pragmatists' learning style is concrete experience. Individuals who process information in this learning style appreciate "hands on" type of experiences. Supervision of clinical supervision was the primary concrete experience recommended by participants. Live supervision, group supervision, and watching supervision films may also engage this learning style.

Reflectors' learning style is reflective observation. Learning by observing others and by examining one's own experience characterizes this learning style. Attending professional workshops at conferences (i.e., CAPS Conferences), personal reflective activities (i.e., reflecting on one's spiritual life), and formal and informal discussion groups are reflective observation activities that participants highlighted. Asking supervisors to audiotape or videotape and review their supervision sessions and to maintain supervision process journals are additional methods to promote reflective observation.

Theorists' learning style is abstract conceptualization. Generating theories that explain observations made by the learner activates this learning style. Participants recommended the abstract conceptualization task of having supervisors develop their own personal approach to integration in clinical supervision. Participants also called for required supervision courses that have a didactic component on the integration of psychology and Christianity. Those who teach supervision courses that incorporate an

integration component may also find using analogies and theoretical writing assignments helpful for connecting with students who operate from this learning style.

Activists' learning style is active experimentation. In this learning style, theories are used to solve problems. Becoming familiar with various psychotherapy integration models (i.e., the integrates model) was recommended by participants and is congruent with active experimentation. Role-playing that incorporates the application of theory and conducting case studies are other activities that can incorporate active experimentation.

Several limitations are apparent in this investigation of supervisor training readiness and recommendations. The results of this section are based on self-report. Participants' recommendations may have also been limited to their own supervision training experiences. Participants' statements about the type of training they received from integration programs may no longer be current depending on when they attended graduate school. Potentially, some of their training concerns could already have been addressed. Some of the supervisor training recommendations made are unlikely to occur outside of integration programs.

Additional research is needed on supervisor training readiness and supervisor training recommendations. Qualitative studies that investigate positive and negative integration supervision training experiences may prove useful. Similarly, case study methodology could be used to highlight how the various integration programs approach integration in supervision training. Professors or supervisors in integrative programs could also be interviewed to determine more effective strategies for training supervisors in the integration of psychology and Christianity in clinical supervision. Quantitative studies are also warranted. For instance, survey research could help determine the

continuing education needs of supervisors interested in the integration of psychology and Christianity in clinical supervision. Quantitative methods should be used to test the findings from this study. Directors of training for each of the integration programs could also be surveyed to determine how these programs approach integration in clinical supervision.

Conclusion

On the whole, participants reported mixed preparation for integrating psychology and Christianity in clinical supervision. Most of the participants stated they were pleased with their training in integration. Yet, the majority voiced dissatisfaction with their supervision training. Participants made recommendations they believed could be implemented to help prepare others to more effectively integrate psychology and Christianity in clinical supervision. These recommendations were interpreted and discussed from the perspective of learning style theory.

Table 5

Supervisor Training Readiness

Participants	PB	PC	PD	PE	PF	PG	PH	PI
Themes								
Adequately prepared	X					X		
Mixed preparation			X	X	X		X	X
Not adequately Prepared		X						

Table 6

Supervisor Training Recommendations

Participants	PB	PC	PD	PE	PF	PG	PH	PI
Themes								
Integrative supervision course work		X	X	X	X	X	X	X
Professional workshops	X	X	X		X			X
Discussion and support groups	X	X	X	X	X			
Supervision of supervision			X				X	X
Integrative supervision resources	X	X				X	X	
Personal reflection activities			X	X			X	
Utilize integrative psychotherapy models					X		X	
Develop personal integrative approach to supervision					X			

APPENDIX C

Literature Review

Historical Context

Before the rise of psychology, religious leaders were responsible for their community's spiritual and mental health (Sevensky, 1984).

> It would not be outrageous to suggest that the extraordinary preoccupation with psychology in America...owes something to the heritage of experiential piety; that America became a nation of psychologists in part because it had once been a land of Pietists [priests] (Holifield, 1983, p. 65).

However, from a historical perspective, the relationship between leaders in the religious and psychological communities has been one of mistrust, misunderstanding, and missed opportunities—leading to a schism between the two professions. One of the first major conflicts to arise between these two groups in North America occurred over the Emmanuel movement.

In 1906, Harvard Medical School professor Dr. James Jackson Putnam and Episcopalian minister Dr. Worchester brought together Boston physicians and Episcopalian ministers to care for the impoverished. What started as a public health experiment in Boston quickly grew into a national movement known as the Emmanuel movement. Those involved with the Emmanuel movement provided health and religious education, medical examinations, and minister employed psychotherapy. Caplan (1998) stated, "more than any other single factor, the Emmanuel movement not only raised the

American public's awareness of psychotherapy but also compelled the American medical profession to enter a field that it had long neglected" (p. 118).

By 1908, the Emmanuel movement had come under scrutiny and was being publicly criticized by the American medical profession. A year later, Freud delivered a series of lectures at Clark University, bringing psychoanalysis to the United States. Already under pressure by the American medical profession, the rise of psychoanalysis would end the Emmanuel movement. Psychoanalysis flourished in the United States, so did Freud's beliefs and teachings on the harmful effects of religion. Freud's colleagues and successors would continue to promote religion as a universal neurosis, undeniably impacting the way mental health providers perceived religion and religious clients (Blazer, 1998; Caplan, 1998; Webster, 1995).

With time, psychoanalysis would no longer be the only "force" in psychology. Clinical modalities such as Behaviorism, Rationale Emotive Therapy, and Humanism grew in popularity among academic and applied circles. Psychologists were beginning to expand their view of the human condition. Yet, many of the leading voices from these theoretical camps, such as Skinner and Ellis, also shared Freud's disdain for religion (Brown & Srebalus, 1996). Religion and religious clients were still largely seen in a negative fashion, despite the efforts of theorists like James (1929), Jung (1938), May (1953), Allport (1955), and Frankl (1962), all of whom wrote extensively on the positive nature of religion (Plante, 1999).

Eventually, numerous psychologists began to conceptualize religion differently, and by the mid 1980s, a renewed interest in the topic was evident. Several factors account for this shift in perspective within the psychological community. These factors include: a

decline in psychoanalytic influence, the advancement of diverse psychological and counseling theories, an increase in religiously affiliated doctoral-level psychology programs, an upsurge in multi-cultural sensitivity and awareness, and contributing societal trends (Plante, 1999).

More recently, researchers have begun to document the positive effects and therapeutic benefits of religion (Borman & Dixon, 1998; Frame, 2001; Koenig & Cohen 2002; Koenig & Larson, 2001; Koenig, Larson, & Matthews, 1996; Marcus & Rosenberg, 1995; Pollner, 1989; Polma & Pendleton, 1991; Siegel & Schrimshaw, 2002; Worthington et al., 1996). Psychologists have begun to display a new appreciation and acceptance of religion (Benes, Walsh, McMinn, Domingues, & Aikins, 2000). The increased body of literature that deals with these topics, psychologists' participation in professional activities and groups that interface religion with psychology, and the increased percentages of psychologists who hold religious and spiritual beliefs, are examples of this new appreciation (Brown & Srebalus, 1996; Chaddock & McMinn, 1999; Eck, 2002; Hall & Hall, 1997; McMinn, Chaddock, Edwards, Lim, & Campbell, 1998; Pargament, 1997; Shafranske, 1996; Worthington, Kurusu, McCullough, & Sandage, 1996).

Cultural Context

Based on Gallup Poll findings (1994), over 2/3 of Americans report a belief in God, take part in religious services, and conduct religious rituals (i.e., prayer). Though religious commitment was not strenuously assessed in this survey, it is likely that psychologists will work with religiously committed clients (Eck, 1999; Watts, 2001; Yarhouse & VanOrman, 1999). Keller (2000) wrote, "among clients [who present] for

therapy, those in the United States are likely to be directly active in a religious organization..." (p. 29). Similarly, Eck (2002) wrote that these statistics indicate that the majority of clients seeking therapy "have a spiritual or religious orientation that is important to them" (p. 268). It has been estimated that between 50% and 90% of clients in therapy are religiously committed (Eck, 2002).

Melton (1996) was able to identify 2,135 different religious groups in America. This total consists of (from largest to smallest): 1,299 Christian groups; 274 Eastern groups; 218 spiritualist, psychic, and New Age groups; 100 Ancient Wisdom groups; 125 Magick groups; 104 Middle Eastern groups; and 15 unclassified religious groups (it should be noted that groups are not exclusively equated with denominations, and may exist apart from any formalized religious organizations). Yarhouse and VanOrman (1999) stated:

> Despite increased diversity related to patterns of immigration, the U. S. population is predominantly Judeo-Christian, with Protestants accounting for 56% of the population, Catholics (Roman and Orthodox combined) representing 26% of the population, and Jews representing 2% of the population. Other religious traditions (e.g., Hindu, Muslim, Buddhist) account for approximately 7% of the population, whereas 9% of the general population report no religious preference (p. 557).

In contrast to their clientele, psychologists appear to be less religious (Richards & Bergin, 2000; Shafranske, 1996). For instance, in 1933 Leuba reported that only 14% of psychologists "believe in a God who answers prayers" (as cited in Shafranske, 1996, p. 151). More recently, 51% of psychology faculty members have stated that they have no

religious preference. Correspondingly, 26% of psychologists reported that religion was very important, 22% said religion was fairly important, and 51% thought religion was not very important (Gallup, 1994). In accordance with these findings, Bergin (1991) stated that only 29% of therapists endorsed religious themes as an important part of client treatment. However, more current surveys suggest that psychologists' attitudes toward religion are improving. Psychologists are reporting a higher percentage of religious preference, church affiliation, and identifying religion as a salient therapeutic issue (Shafranske, 1996). It seems that more psychologists are becoming increasingly aware of the need for multicultural sensitivity when working with clients from a wide variety of cultural backgrounds, including religious backgrounds (Richards, & Bergin, 2000; Watts, 2001; Yarhouse, & VanOrman, 1999).

Clinical Context

Researchers who examined the perceptions and practices of religious clients, within the clinical context, have reported several important findings. For example, large numbers of clients seek help from clergy before they seek treatment from mental health providers (Worthington et al., 1996). Fifty-three percent of clients report that they would seek help from a pastoral care center if one were available. Similarly, clients report that they prefer therapy that includes their religious belief system, with 78% stating religious values should be addressed in therapy. Religiously committed clients also prefer therapists who use prayer, scripture, and explicit religious themes in therapy (Quackenbos, Pribette, & Klentz, 1985). Overall, religiously committed clients have been found to view clinicians who integrate religious interventions into therapy more

optimistically and as more competent (Keating & Fretz, 1990; McCullough & Worthington, 1995).

Psychologists on the other hand, appear to share a different perceptive. Researchers have found that a large portion of psychologists do not think that religion should be addressed in psychotherapy. Documented reasons for opposition include: (a) fear of imposing personal values, (b) bias or negative attitudes toward religion, (c) lack of theoretical model and training, (d) trained to minimize or disregard the importance of religion in the lives of their clients (Brown & Srebalus, 1996; Gartner et al., 1990; Gibson & Herron, 1990; Houts & Graham,1986; Johnson & Ridley, 1992; Kelly, 1995; Miller, 2003; Plante, 1999; Russo, 1984). Psychologists also tend to view religious clients more pessimistically than non-religious clients (Gartner, Harmatz, Hohmann, Larson, & Gartner, 1990; Gerson, Rhianon, Gold, & Kose, 2000; Houts & Graham, 1986; Lewis & Lewis, 1985; Tucker, Boyer, Aten, Jones, Price, & Johnson, 2002; Wadsworth & Checktts, 1980). Notwithstanding these findings, there has been an increased interest in, and acceptance of, religion by a substantial number of psychologists over the last twenty years (Benes et al., 2000).

There has been an increase in studies that focus on the integration of religion with psychology (Hall & Hall, 1997; Miller, 2003; Shafranske, 1996; Worthington et al., 1996). Moreover, as reflected in the psychologist-clergy collaboration literature, there appears to be an increase in the number of psychologists and religious leaders who are working together (Benes et al. 2000; Chaddock & McMinn, 1999; McMinn et al., 1998; Meylink & Gorsuch, 1988; Plante, 1999; Weaver et al., 1997). There has also been a boost in participation by psychologists in professional organizations that interface

religion with psychology, i.e., the American Psychological Association's Division 36 (Psychology of Religion) and the Christian Association for Psychological Studies (CAPS). Likewise, the number of books published by the APA that focus on religion and psychology has grown (Eck, 2002; Miller, 1999; Richards & Bergin, 1997, 2000; Shafranske, 1996). In addition, the numbers of religiously affiliated programs that are APA approved have increased (Brown & Srebalus, 1996; McMinn et al., 1998; Pargament, 1997; Shafranske, 1996).

Ethical Context

H. Newton Malony stated that, "When half this country is religiously oriented, it's unethical to avoid it in psychotherapy" (as cited in Roth, 1988, p. 157). It was not until the early 1990s that the APA officially adopted this type of thinking in their ethical guidelines and codes. The APA's Ethical Principles, Principle D (1992; 2002), the APA's Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2002), and the APA's Ethical Principles and Code of Conduct for Psychologists, Section 1.08 (1992; 2002), were developed to guide psychologists' treatment of cultural issues.

The APA's Ethical Principles, Principle D (2002) reads:

> Psychologists are aware of and respect culture, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, *religion* [italics added], sexual orientation, disability, language, and socioeconomic status and consider the factors when working with members of such group (p. 1599).

This principle challenges psychologists to recognize the uniqueness of their clients' religious system and beliefs. In the same way, psychologists should acknowledge these issues throughout the entire course of treatment (Yarhouse & VanOrman, 1999).

The APA's (2002) Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists indicate:

> Multiculturalism, in an absolute sense, recognizes the broad scope of dimension of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, *religious/spiritual orientation* [italics added], and other cultural dimensions. All of these are critical aspects of an individual's ethnic/racial and personal identity, and psychologists are encouraged to be cognizant of issues related to all of these dimensions of culture (pp. 9-10).

This standard encourages psychologists to respect their clients' religious and spiritual beliefs, practices, and experiences. Moreover, Yarhouse and VanOrman (1999) suggest that, "Religious clients may benefit from assurances that their beliefs and values will be respected by psychologists" (p. 560).

The APA's Ethical Principles and Code of Conduct for Psychologists, Section 1.08 (2002) states:

> Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identify, race, ethnicity, culture, national origin, *religion* [italics added], sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or research, psychologist have or obtain the training, experience, consultation, or *supervision* [italics added] necessary to

ensure the competence of their services, or the make appropriate referrals (p. 1601).

This standard maintains that psychologists who work with the religiously committed are responsible for obtaining appropriate training. Likewise, psychologists are to demonstrate competency, based on training, experience, consultation, or supervision, in their work with the religiously committed. The guiding ethics of psychologists no longer promote the exclusion of religion, but rather advocate for the inclusion of religion in psychotherapy and supervision (Eck, 2002; Yarhouse & VanOrman, 1999).

Training Context

Regardless of the ethical guidelines to which psychologists adhere, the majority of psychologists are not prepared to work with religious issues. For example, over 90% of psychologists report that religious issues are rarely if ever addressed in education and training (Shafranske, 1996; Shafranske & Malony, 1990). Furthermore, there are only five APA approved programs that offer a specialization in this area, all of which are at Evangelical institutions (e.g., George Fox University, Regent University, Fuller Theological Seminary, Rosemead School of Professional Psychology, and Wheaton College). Though other faith-based institutions, such as Catholic universities, offer graduate study in counseling and clinical psychology, none of the APA programs maintain an explicit departmental mission focused on interfacing psychology and religion. Likewise, there are very few APA approved predoctoral internship sites available to students that include an explicitly stated religious component to their programs (e.g., Pine Rest Christian Mental Health Services and Philhaven Hospital, the Chicago Area Christian Training Consortium, and the Danielsen Institute at Boston

University). In response to the lack of academic preparation that most psychologists receive in addressing religion, Shafranske and Malony (1996) wrote:

> We believe that graduate programs and internship facilities should provide direct training and *supervision* [italics added] that includes assessment of religiousness...and exposure to implicit and explicit models of addressing religious issues in psychological treatment (pp. 580-581).

Evangelical Context

According to the Institute for Study of American Evangelicals (Defining Evangelism, 2004):

> The term "Evangelicalism" is a wide-reaching definitional "canopy" that covers a diverse number of Protestant groups. The term originates in the Greek word *evangelion*, meaning "the good news," or, more commonly, the "gospel" (para. 1)... [The] four specific hallmarks of evangelical religion [are]: *conversionism*, the belief that lives need to be changed; *activism*, the expression of the gospel in effort; *biblicism*, a particular regard for the Bible; and *crucicentrism*, a stress on the sacrifice of Christ on the cross (para. 3).

While most Judeo-Christian groups represented in the United States have experienced declining numbers, Evangelical Christian groups have been experiencing substantial growth. For example, traditional groups like the Methodist and Presbyterian denominations have experienced a 20%-40% decrease in membership, whereas Evangelicals have grown from 51 million to 77 million members over the last 30 years. As a result of this growth, Evangelical leaders are becoming increasingly aware of their need for knowledge about psychology. The majority of Evangelical colleges and

seminaries are now requiring ministers to take course work in psychology and counseling. Likewise, many of their educational institutions are offering advanced degrees in mental health specialties (i.e., counseling, pastoral counseling, and clinical psychology (Vande Kemp, 1996).

Before the early 1950s Evangelicals had in many respects disengaged from intellectual dialogue with society as a whole. Likewise, despite earlier efforts by Catholics and Protestants, Evangelicals had for the most part largely ignored the advancements of modern psychology (Johnson & Jones, 2000). Those who did take notice often met the emerging field with criticism (e.g., Wickham, 1928). Overall, "During the first half of this century [20th century], there is not much evidence of conservative Christians thinking distinctively about psychology" (Johnson & Jones, 2000, p. 33).

Then, at the conclusion of World War II, several Evangelicals began discussing the relationship between their faith and the academic disciplines. These conversations and exchanges of ideas eventually led Evangelicals to take a proactive role in higher education (Carpenter, 1997). For instance, in 1952 Hildreth Cross published one of the first books written on modern psychology from the Evangelical perspective in a positive manner. Later, in 1956, the Christian Association for Psychological Studies (CAPS) was formed by a group of practicing conservative Christian psychologists. Programs like Clyde Narramore's radio program "Psychology for Living" helped to further expose larger Evangelical audiences to modern psychology (Johnson & Jones, 2003).

By 1964, Fuller Theological Seminary, a leading Evangelical school, began a doctoral program in clinical psychology with the goal of developing psychologists to

serve the church. In addition, Rosemead School of Professional Psychology started a similar program from the Evangelical perspective in 1970. Within a few years the Rosemead School of Professional Psychology began producing the *Journal of Psychology and Theology*, which provided a dissemination outlet for Evangelicals to discuss the relationship between psychology and Christianity. Likewise, the CAPS organization began publishing the *CAPS Bulletin*, which later evolved into the *Journal of Psychology and Christianity*. Over the next decade, Evangelicals began enrolling in applied psychology programs across the nation. There was an increase in the number of Evangelical schools that had begun offering advanced degrees in mental health specialty areas, such as counseling and clinical psychology. Furthermore, a small group of CAPS members formed the American Association of Christian Counselors (AACC). Evangelicals' involvement in psychology continued throughout the 1990s, as reflected by the increased number of: (a) CAPS and AACC members, (b) psychology books from an Evangelical perspective, (c) subscriptions to the *Journal of Psychology and Theology* and *Journal of Psychology and Christianity*, and (d) new clinical psychology doctoral programs at Evangelical institutions. On the whole, these advances have led to a distinct approach to psychotherapy within Evangelical circles known as integration (Jones, 1996; Kauffmann & Hill, 1996).

Integration of Psychology and Christianity

Integration is the multidisciplinary enterprise of bringing psychology and theology (from an Evangelical perspective) together in efforts "to come to a greater, more holistic and unified understanding of human persons and their social/ecosystemic worlds than is possible through any unitary disciplinary window alone" (Eck, 1996, p. 102). The

way in which these two disciplines coexist in theory and application has been a source of debate. Numerous views on the way integration can be conceptualized at the theoretical and applied levels of clinical practice have been noted in the literature (e.g., Adams, 1970; Collins, 2000; Tan, 1996). According to Eck (1996), the majority of these views can be divided into three paradigms. The three paradigm approaches to integration outlined by Eck (1996) include the (a) non-integrative paradigm, (b) manipulative integration paradigm, and (c) non-manipulative integration paradigm.

Theorists whose ideas fall into the non-integrative paradigm believe that the disciplines of psychology and theology should remain separate. For example, Adams (1970) argued for a system of counseling based on biblical revelation that rejected psychological theory. Ellis (1970) also advocated for a non-integrative approach in his earlier writings by rejecting religious ideology. In both cases, Adams and Ellis sought to keep their discipline "unpolluted" by the other.

Approaches to integration categorized in the manipulative integration paradigm seek to either reconstruct or transform data from the other discipline. "In this paradigm, data from the other discipline must be altered to become acceptable as data for the process of integration" (Eck, 1996, p. 104). For instance, Sperry (1988) advocated for a rapprochement between psychology and religion at the cost of excluding the supernatural. Larry Crabb (1977) on the other hand, proposed that psychological tenants needed to be brought in line with Evangelical interpretation of scripture if psychology was to be efficacious.

Those who operate from a non-manipulative integration paradigm attempt to unify psychology and theology, recognize the legitimacy of each discipline while holding

them juxtaposed, or seek to connect similarities innate to both disciplines. In *The Integration of Psychology and Theology: An Introduction*, Carter and Narramore (1979) brought attention to some of the intersecting underpinnings of psychology and theology. The authors proposed that by viewing psychology and theology in tandem rather than as competing entities, a more complete perspective and understanding of the human condition could be garnered. Similarly, Jones and Butman (1991) provided a detailed review of dynamic, behavioral, humanistic, and family system theories, while exploring these psychologies' compatibility with basic Evangelical Christian tenets.

Supervisory Context

Writings on clinical supervision are noticeably absent from the integration literature. No published articles have been found on this topic from an Evangelical perspective or in the *Journal of Psychology and Theology* or the *Journal of Psychology and Christianity*. Similarly, within the larger body of psychological research, the coverage of religion within the context of clinical supervision has been minimal at best (Bernard & Goodyear, 1998). In recent years, several multicultural models of supervision have been developed to help supervisors address diversity issues. Similarly, several preexisting supervision models, such as the Integrated Developmental Model of Supervision, have had a cultural component added (Bernard & Goodyear, 1998; Bradley & Ladany, 2001; Lawton & Feltham, 2000; McNeil, Stoltenberg, & Roman, 1992; Robinson, Bradley, & Butt, 2000; Stoltenberg, 1993; Stoltenberg, McNeil, & Delworth, 1998). Yet, none of the multicultural supervision articles or revised supervision models do more than make note of the topic. There appear to be only four authors to date to address this issue in any depth. Frame (2001) detailed procedures for using a spiritual

genogram to raise supervisee's awareness of their own spiritual attitudes. Polanski (2003) proposed the use of the Discrimination Model to examine process, personalization, and conceptualization skills used to interface spirituality in supervision. Aten and Hernandez (2004) provided a supervision model for addressing religious issues in clinical supervision based on the tenets of the integrated developmental model. Nonetheless, there still remains a large deficit in this area of the literature.

A Call for Qualitative Research

Within the religion, spirituality, and supervision literature, there has been a call for qualitative research by several prominent leaders (Plante & Sherman, 2001; Richards & Bergin, 1997). For instance, Richards and Bergin wrote:

> A relatively small number of qualitative studies have been done on religious and spiritual issues in mental health and psychotherapy...Like the rest of the behavioral sciences, spirituality research has relied on quantitative methods almost exclusively. This seems unfortunate because such methods may, to some extent, limit and distort the understanding of spiritual phenomena (p. 327).

Furthermore, they urged psychotherapists to "study spiritual issues in personality and psychotherapy creatively and rigorously using qualitative methods" (Richards & Bergin, 1997, p. 330). With reference to the supervision literature, Stoltenberg, McNeil, and Crethar (1994) suggested that future endeavors should include more qualitative research methods and paradigms.

An Overview of Qualitative Research

Qualitative research largely evolved out of anthropology, sociology, and linguistic disciplines (Morrow & Smith, 2000). This way of knowing can be defined as research

that relies on nonnumerical data, such as words and images (Johnson & Christensen, 2000). Parse (2001) defines qualitative research as:

> the systematic study of phenomena with rigorous adherence to a design, the data of which comprises oral, written, or artistic descriptions of human experiences, and for which there are no digital findings (p. xxiii).

According to Patton (1990), there are 10 primary characteristics of qualitative research: (a) naturalistic inquiry, (b) inductive analysis, (c) holistic perspective, (d) qualitative data, (e) personal contact and insight, (f) dynamic systems, (g) unique case orientation, (h) context sensitivity, (i) empathic neutrality, and (j) design flexibility.

An Overview of Case Study Research

Case study research has a long and rich history, especially within the disciplines of medicine, law, business, and the social sciences. Yet, this form of qualitative research was not conceptualized as a specific approach until the late 1970s and 1980s (Johnson & Christensen, 2000; Merriam, 1988; Stake, 1978; Yin, 1981). The emphasis of case study research is on understanding phenomena from a specific case or cases within a "bounded system" (Creswell, 2002; Denzin & Lincoln, 1994). The primary function of case study research is "to gather comprehensive, systematic, and in-depth information about each case of interest" (Patton, 1990, p. 384). Stake (1994) suggests that there are three different types of case studies. The primary investigation into one specific case is known as an intrinsic case study. In an instrumental case study, researchers study a particular case as a means to better understanding a specific issue. A collective case study involves the use of numerous cases across different sites to understand a particular phenomenon.

Case study research differs from other qualitative methods in several ways. It seeks to determine and describe the prevailing processes of the phenomena under investigation. Comparing all of the data sources, such as interviews, documents, and observations, within a contextual and historical framework is another key characteristic of case study research. Case study research also attempts to integrate empirical data with theory. This approach to research also focuses on "thick" descriptions of the phenomena being studied; case study research uses "complete, literal description of the incident or entity being investigated" (Merriam, 1988, p. 11). In addition, case study procedures engage the researcher in examining the data from the onset of the investigation (Morrow & Smith, 2000; Stake, 1994).

Innate to case study research are several basic assumptions. First, a case may be chosen because it is unique and therefore is of interest. Second, the phenomenon under study is bound to a specific system, consisting of complex and interrelated elements. Third, an emphasis should be placed on understanding the intrinsic particulars of a phenomenon. Fourth, the research process is influenced by the perceptions of the researcher. Moreover, through careful comparative analysis of the data, and theory, a greater understanding of the phenomena can be obtained (Johnson & Christensen, 2000; Morrow & Smith, 2000; Stake, 1994).

An Overview of Grounded Theory

Grounded theory is considered to be one of the five major qualitative traditions (Denzin & Lincoln, 2000). Sociologists Glasser and Strauss (1967) introduced this qualitative tradition in *Discovery of Grounded Theory*. The goal of grounded theory is to discover and develop comprehensive theories (Streubert & Carpenter, 1995). "Grounded

theory is a general methodology for developing theory that is grounded in data systematically gathered and analyzed" (Strauss & Corbin, 1994, p. 273). The emphasis of grounded theory is on theory generation (developing theory from data) rather than on theory confirmation, or hypothesis testing (Johnson & Christensen, 2000). As a result, researchers have the freedom to modify procedures (i.e., sampling changes) and methods (i.e., reworking interview protocols) in accordance with the data (Henwood & Pidgeon, 2003).

Several basic assumptions are unique to grounded theory. The social phenomenon under study is seen as both complex and repeatedly adapting to the environment (Strauss & Corbin, 1998). Through a systematic approach, researchers can understand, predict, and control human behavior (Glasser, 1995). Grounded theory also recognizes that the research process is subjective in nature and the researcher is viewed as an active participant (Strauss, 2001). Theory emerges through careful comparative analysis of the data (Glaser & Strauss, 1967).

Similarities of Case Study Research and Grounded Theory

In case study research and grounded theory the researcher is viewed as the primary instrument for obtaining theoretical sensitivity (Streubert & Carpenter, 1995). Theoretical sensitivity is the ability to give meaning to data based on the researcher's knowledge of the literature, professional experience, and personal experience. Likewise, the researcher takes on the role of teacher, advocate, evaluator, biographer, and interpreter. Because of these crucial roles, the researcher should make potential biases known at the onset of the study (Stake, 1995; Strauss & Corbin, 1994).

Research questions are process oriented and experience focused in case study research and grounded theory (Morse, Swanson, & Kuzel, 2000). That is, research questions focus on the practices and beliefs of those being studied with the goal of gaining understanding. The initial research question(s) should be broad, yet at the same time should help researchers to narrow the focus of the study. As data is collected and analyzed, given the emerging constructs and theory, the research question(s) may be refined (Creswell, 2002; Stake, 1995).

Purposeful Sampling

In purposeful sampling researchers select participants based on their understanding and experience with the phenomena under investigation (Janesick, 1994; Morse et al., 2000). Patton (1990) suggests that investigators should select informants that are information rich, "rich in the sense that a great deal can be learned from a few exemplars of the phenomenon in question" (p. 54). Information rich cases increase the likelihood of observing the phenomena being studied, and help delineate important factors (Denzin & Lincoln, 2000).

Evaluative Criteria

What criteria should be used to evaluate qualitative research? This question has been the cause of great debate among many qualitative researchers (Hill, Thompson, & Williams, 1997); Johnson, 1997; Johnson & Christensen, 2000; Morrow & Smith, 2000; Morse et al., 2001). Several researchers have attempted to evaluate qualitative research in terms of internal validity, external validity, reliability, and objectivity, which have traditionally been used in quantitative approaches. These criteria largely evolved out of the positivistic paradigm, which "proclaims the suitability of the scientific method to all

forms of knowledge (natural and social) and gives an account of what that method ideally entails" (Devers, 1999, p. 1157). Yet, qualitative research is based in post-positivistic philosophy, which proposes, "reality is dynamic, contextual, and socially constructed" (Devers, p. 1159). The differences in philosophical perspectives lead to a split between many quantitative and qualitative researchers.

During the late 1970s and mid-1980s, several qualitative researchers started challenging the positivistic criteria that had been used to evaluate qualitative research, and began calling for a new set of criteria. Out of this dialogue came several diverse sets of evaluative criteria. Among these new advances was the criteria set forth by Lincoln and Guba (1985): (a) credibility, (b) transferability, (c) dependability, and (d) confirmability.

APPENDIX D

Research Methods

Participants

Participants were nominated for inclusion in this study because of their understanding and experience of integrating psychology and Christianity at the supervisory level. Participants were also chosen based on specific criteria relevant to the phenomena being studied. First, participants had a doctorate of philosophy or a doctorate of psychology in clinical psychology from an explicitly Evangelical APA-approved doctoral program. Second, participants identified as belonging to and adhering to an Evangelical interpretation of Christianity. Third, participants were practicing supervisors in applied mental health settings. Taken as a whole, these criteria allowed the researcher to select information rich cases (Morse, 1994).

These criteria were chosen because they allowed the researcher to investigate the phenomenon of integration in clinical supervision. These criteria also allowed the researcher to select exemplars from applied settings who have experience with the integration of psychology and Evangelical Christianity at the supervisory level. Moreover, these criteria provided the researcher with a homogenous and identifiable group.

Researcher Biases and Assumptions

Hill et al. (1997) suggested that briefly recording one's own biases is one possible way of counteracting the impact of researcher biases and assumptions. Below is an overview of my personal biases and assumptions of which I am aware. I believe that

religion can have a positive impact on the lives of some clients. I feel that, when appropriate, religious issues should be addressed in psychotherapy. I think that religion should be addressed in clinical supervision. My own religious involvement and religious beliefs may have impacted the way I viewed the data. I expected most of the participants to feel adequately prepared to integrate psychology and Christianity in clinical supervision. I expected the majority of participants would take an explicit approach to integration. I also expected participants to utilize a published psychotherapy integration model to guide their supervision actions. To overcome these biases and assumptions, several strategies and techniques (i.e., memoing) were implemented and maintained throughout the course of this study to improve researcher objectivity.

Procedures

Ethical Considerations

Before the study was implemented, the researcher sought approval from the Indiana State University Institutional Review Board by submitting the proper paper work and by submitting all supporting documents. An informed consent form was placed on the top of the packet of research materials that each participant received. It stated that by mailing the materials back to the researcher, participants consented to the study. The participants were also informed in the consent form and before the interview that they could withdraw from the study without penalty at any time. To protect the identity of each participant an identification letter was assigned to each transcript. Transcripts, tapes, and data were contained in a locked and secure space. After this study is complete, all of the participants' tapes will be erased.

Gaining Entry

Six contacts or informants, who are nationally recognized leaders and researchers in the area of psychology and religion, were identified from brief interactions at a national psychological conference. The contacts or informants all teach in APA-approved doctoral programs that have a clear Evangelical Christian mission statement. In quantitative research this may be perceived as contaminating the data. However, as a qualitative research study, this experience provided depth to the study and gave the researcher entry to a group that would have otherwise been inaccessible.

Focus Groups

The contacts or informants were later contacted via e-mail and asked to participate in a focus group or individual interview for the primary purpose of assisting in the development of the potential dissertation topic *How Clinical Supervisors in Explicitly Evangelical Doctoral Programs Address Religion.* Two mini-focus groups and one individual interview were conducted at the Christian Association for Psychological Studies International Conference in Anaheim/Orange County, California. Those interviewed were leading experts in the field of Evangelical Christianity and psychology. Focus group one was conducted with two participants on June 21, 2003 for approximately one hour. Focus group two was conducted with three participants on June 22, 2003 for approximately one hour. The individual interview lasted approximately two hours and was also held on June, 23, 2003. Participants were asked to discuss: (a) their experience addressing religion in clinical supervision, (b) primary issues related to addressing religion in clinical supervision, (c) what information they would personally

want to know about addressing religion in supervision, (d) sample characteristics, and (e) potential changes in language and methods.

Focus Group Results

Overall, the data collected from the two mini-focus groups and one individual interview led to several changes in the original draft of this dissertation proposal. First, The majority of participants reported they do not provide direct clinical supervision to their students. For most, it is their philosophy that providing supervision to students that they teach could potentially create problematic dual roles and relationships. Thus, those present stated they attempt to teach students how to work with religious issues in psychotherapy through their teaching and mentoring. Furthermore, several of the participants reported that they consult with their students about their cases both individually and in-group case consultation formats. Second, the participants suggested major language changes. More specifically, the participants recommended changing "religion" to "Christian faith" or "Christianity" considering that the majority of the supervisors will be supervising Christian therapists who are counseling Christian clients. Fourth, the participants stated that the topic and questions should focus on and use language like "integration" [the interfacing of psychology and Christianity] rather than the general language that was presented. They described integration as a unique enterprise that has received a great deal of attention within the Evangelical community over the last 40 years and as the primary focus of their training programs. Lastly, because of the above recommendations, participants recommended that the researcher sample supervisors who graduated from their programs and who are practicing in Evangelical counseling centers (contact information was also provided). These changes have been

incorporated, and the focus and language for this dissertation proposal has been modified accordingly.

Contacting Participants

After the Indiana State University Institutional Review Board granted approval, participants identified by the focus group members were contacted by e-mail or phone to inquire about their interest in participating in the study. A brief overview and description of the study was provided at that time. Those who demonstrated interest in the study were then contacted through the United States Postal System. Participants received a packet that contained a cover letter, consent form, scheduling form (for an initial phone interview), demographic form, and a copy of the interview questions (see Appendices G-K). Based on the scheduling information provided by the participants, a date and time was selected by the researcher for an initial phone interview. Participants were then notified by e-mail to confirm the selected dates and times.

Data Collection

All participants were asked to participate in semi-structured phone interviews that were audiotaped and transcribed verbatim. The phone interviews lasted approximately 45 to 90 minutes. Participants were asked for permission to be contacted at a later date for a potential follow up phone interview or to engage in member checking. Phone interviews were used for several reasons: (a) they decreased social desirability influences, (b) prevented researcher nonverbals from influencing participants, and (c) allowed the researcher to interview participants who would have otherwise been logistically unfeasible. Conducting phone interviews also had shortcomings. The researcher was

blind to participants' nonverbal cues and had difficulty establishing rapport over the phone with PG (Hill et al., 1997).

Adaptation of Interview Protocol

The questions pertaining to supervisor influences and conceptualization remained unchanged over the course of the study. However, adaptations were made to questions regarding supervisor practices and training. Originally participants were asked practice oriented questions that focused on how they integrated psychology and Christianity in clinical supervision. This was then followed by "How do you know when to integrate psychology and Christianity in clinical supervision?" That ordering of questions disrupted the flow of the interview. As a result, the above question was moved earlier in the interview protocol. The flow of the interview was also disrupted by the "double-barreled" question found in the section of the protocol devoted to supervisor training. The question was read as follows in the first two interviews, "Do you think that you have been adequately prepared to integrate psychology and Christianity in clinical supervision? If yes, what has prepared you, If no, what type of training do you think would help you?" Subsequent participants were asked how they felt about their training preparation. Depending on their responses (i.e., "Yes," "No," or "Yes and no"), a follow up question was asked about what they believed had prepared them or what training they thought would prepare them to integrate psychology and Christianity in clinical supervision.

Changes to Research Questions

As data was collected, it became clear that two different streams of information were being collected, with one focusing on how participants integrated psychology and

Christianity in clinical supervision and the other on training issues related to integration in clinical supervision. The research question pertaining to participants' perceptions of their readiness to address integration in clinical supervision, along with their recommendations for preparing others, was separated from the former and discussed in depth as an appendix (see Appendix B). The other research questions remained the same.

Field Notes

During the course of each interview field notes were taken. The researcher highlighted what seemed to be important or novel ideas discussed by the participants. Observations about emerging trends or themes in the interviews were noted. The researcher's impressions of the participant and interview process were also recorded. For instance, the researcher noted PG struggled with questions pertaining to supervisor conceptualizations.

Data Analysis

Constant Comparative Method

The constant comparative method was used to analyze the participants' transcripts. This method of analysis is "based on immersion in the data and repeated sortings, codings, and comparisons that characterize the grounded theory approach" (Morrow & Smith, 1995, p. 25). A lengthy coding strategy for individual cases and cross-case analysis was followed. Research by Strauss and Corbin (1998; 1994) and Miles and Huberman (1994) informed the coding strategy.

Member Checking

Participant feedback, or member checking, was used to enhance the rigor of this investigation (Devers, 1999; Lincoln & Guba, 1985). After data analysis was performed,

the researcher developed a 2-4-page interview summary (see Appendix E) of his interpretations for each interview. Summaries were sent to participants in an e-mail attachment. They were asked to carefully read the interview summary to insure that the researcher's impressions accurately captured their responses. The participants were invited to make suggestions and to provide feedback to the researcher. Six of the participants who responded stated that they felt the interview summary accurately depicted their responses. PG added that he did not think his responses during the interview reflected his understanding and ability to integrate psychology and Christianity in clinical supervision. His response was taken into consideration and the researcher listened to the interview again in its entirety. Compared to the other participants, he struggled more frequently with his responses. The researcher allowed silence in certain instances (i.e., when the participant did not reply) so the participant could collect his thoughts or reflect on the questions being asked. Minimal encouragers were also used to prompt the participant. A few of the questions were rephrased to help clarify the question. Based on the review of the interview the researcher has chosen to maintain his initial impression of the participants' readiness for integrating psychology and Christianity in clinical supervision; though the participant reported feeling adequately prepared his responses indicated otherwise. PE did not respond to the initial follow-up e-mail. A reminder e-mail was also sent to PE to which no reply was made.

Auditor Checking

A tenured psychology faculty member who has a background in qualitative methods and in the integration of psychology and Christianity was chosen as the outside auditor. He has been a part of several qualitative dissertation committees, published in the

integration literature, and is an active clinical supervisor. The outside auditor reviewed the: (a) coding strategy for individual case analysis, (b) coding strategy for cross-case analysis, (c) interview transcripts, (d) codes, (e) themes, (f) qualitative data cards, (g) qualitative memo cards, and (h) summary charts used for this study. The auditor conducted an independent analysis of one data set (i.e., one interview) using the outlined coding strategy. The data for the remaining participants, including the case-analysis was thoroughly reviewed by the auditor for consistency of procedures and findings. The auditor came to similar conclusions using this coding strategy.

APPENDIX E

Participant Summaries

To enhance the richness of this study, the summaries that were e-mailed to participants during the member checking phase are included here. The addition of this information enhances the contextual nature of the findings in the study. The inclusion of the participant summaries also speak to Lincoln and Guba's (1985) evaluative criteria by providing the reader with additional information that can be used to judge the applicability and trustworthiness of the findings.

Participant B

Demographic Information

PB is a 31-year-old European-American female. The Christian Church is her religious denomination. She received a Psy.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PB is a supervisor at a community mental health center and has two years of clinical supervision experience.

Supervisor Influences

One of the primary influences on PB's decision to integrate psychology and Christianity in clinical supervision is her own faith. Attending a secular undergraduate program also impacted PB. She felt unsatisfied with the lack of attention faith-based principles received. As a result of her experience at a secular state school, she knew that she wanted to attend a Christian graduate program. She wanted to study in a program

where she would learn how to integrate her faith with psychology and where she would be around others with the same interest.

Supervisor Conceptualizations

PB's supervisor conceptualizations stem from how she views humanity. She believes that humanity is fallen, that is all people have sinned. PB also believed that people could have a viable relationship with God. This participant acknowledged that her supervisor conceptualizations begin with her Christian faith. She also reported incorporating the role of faith or dimensions of faith in her supervisor conceptualizations, and looks for possible spiritual explanations as well as psychological explanations. PB said that she views the integration of psychology and Christianity as both an art and science, and it encompasses the mystery of the divine. When integrating psychology and Christianity in clinical supervision, she reported relying heavily on object relations theory in her case conceptualizations. This particular approach allowed her to see more of the similarities between psychology and Christianity. She tries to avoid "theological jargon" when sharing her conceptualizations with colleagues who do not share her faith background.

Supervisor Practices

PB stated that she tries to consistently be aware of her own conceptualizations, including her biases and assumptions. She tried to take a practical and concrete approach by using jargon free language and setting realistic goals. PB takes her work setting into consideration when integrating psychology and Christianity in clinical supervision. The participant also looks for opportunities to bring issues of spirituality and faith into the supervisory process. PB stated she takes an informal assessment of supervisee's level of

faith by using open-ended questions and making observations. The participant said that she is open with supervisees about her own faith tradition.

She follows the supervisee's lead when determining whether or not to bring spiritual issues into the conversation (i.e., does the supervisee appear uncomfortable talking about spiritual issues). PB also considers the supervisees clinical development and focuses on psychological skill competencies before looking at spiritual matters with the supervisee. If the client brings up issues related to spirituality, she will also use this as an indicator.

PB helps the supervisee integrate psychology and Christianity by encouraging the supervisee to think more broadly and holistically (which includes faith issues). She also encourages the supervisee to look for opportunities to discuss spirituality when appropriate. PB may also help supervisees sort faith-based issues from delusions for example.

Supervisor Training Readiness

PB thought she had received excellent training on the integration of psychology and Christianity at the therapist level. She stated she had very little training in supervision, resulting in feelings of mixed preparation. PB talked about being made aware that she would likely become a supervisor, but felt her supervisor training was lacking. The course in her department was an elective and she was not able to take it because of scheduling problems. She did however have the opportunity to supervise students while on her predoctoral internship. Yet, the integration of psychology and Christianity was not included with this experience.

Supervisor Training Recommendations

PB said she would like to see more professional workshops, presentations, and continuing education units at conferences like the Christian Association for Psychological Studies. She also thought peer support would be beneficial, such as talking with more experienced supervisors about integration issues. PB thought there is a need for more training on supervision in her former graduate program, which integration issues should be explicitly addressed, and supervision of supervision should be made possible.

Participant C

Demographic Information

PC is a 32-year-old European-American male. The Baptist Church (General Conference) is his religious denomination. He received a Ph.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PC is a supervisor at a Christian university counseling center and has 6 years of clinical supervision experience.

Supervisor Influences

PC said that his personal faith and relationship with Christ influenced his decision to integrate psychology and Christianity in clinical supervision. He also noted that attending an Evangelical doctoral psychology program shaped his thinking about integration. Moreover, PC stated that he felt personally obligated to pass his understanding of integration along to his supervisees.

Supervisor Conceptualization

For PC his conceptualization of integration in clinical supervision is a reflection of how he approaches integration as a therapist. Spirituality is the foundation of his

supervisor conceptualizations. He also stated that his supervisor conceptualizations are often implicit in nature. PC's case conceptualizations are largely supervisee-focused, and are geared toward meeting supervisees' needs. He also describes his approach as eclectic.

Supervisor Practices

PC described his approach to integration in clinical supervision as situational and "haphazardly." He often turns to the needs of his supervisees and their clients when determining when to bring integration into clinical supervision. In more detail, PC takes supervisees' level of experience of working with spirituality issues into account and clients' diagnosis or presenting problem. Examples of how he integrates psychology and Christianity in clinical supervision include: (a) using spiritual resources (i.e., Bible), (b) discussing and role playing ways to integrate faith with supervisees, (c) assigning integrative readings, sharing own values, discussing meaning behind Biblical texts, (d) and silently praying to himself for guidance. This participant also said he looks to see how spirituality may be impacting the client-supervisee relationship. He further helps supervisees integrate psychology and Christianity by helping supervisees understand their client population and their clients' understanding of spirituality. Likewise, he primarily encourages implicit approaches to integration. When needed or requested by the client he may also give the supervisees guidance in incorporating spiritual-based interventions into treatment.

Supervisor Training Readiness

PC reported he did not feel adequately trained to integrate psychology and Christianity in clinical supervision. Most of his training came from post-graduate

experience as a clinical supervisor. He has gotten some training through seminar but sees his himself as "still in development."

Supervisor Training Recommendations

PC stated that he thought there needed to be explicit class work on the theory and practice of integration in clinical supervision. He also felt strongly about providing supervisees in training with supervision of supervision opportunities. This participant thought continuing education training would be beneficial for supervisors. He also said that he thinks there is a need for more discussion groups where supervisors can get together to talk about how they are integrating psychology and Christianity. Lastly, PC noted that research and readings on the integration of psychology and Christianity in clinical supervision are missing, and called for their development.

Participant D

Demographic Information

PD is a 45-year-old European-American male. He belongs to the Quaker religious denomination. He received a Psy.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PD is a supervisor at a hospital psychiatric unit and has 12 years of clinical supervision experience.

Supervisor Influences

PD stated his personal faith commitment impacted his decision to integrate psychology and Christianity in clinical supervision. He believes his religious beliefs impact his supervisory practices. PD thinks that spiritual issues influence his supervisees and their clients directly or indirectly.

Supervisor Conceptualizations

PD views spirituality as one of the many elements that needs to be considered in supervisor conceptualizations because he believes spirituality impacts a large majority of the population. He stated his supervisor conceptualizations stem directly from his own belief system, which impacts the way he views the world.

Supervisor Practices

PD invites supervisees to discuss their own beliefs and to encourage their spiritual development. He also asks them to talk about their theoretical orientation and to examine the assumptions made by their chosen theoretical orientations about spirituality. This participant also finds it helpful to discuss how his own beliefs impact his work with clients, thereby acting as a model. He tries to bring spiritual issues in naturally and avoids forcing the subject. PD said he makes integration an explicit part of his discussion early on by exploring values and ideas, and then raises the topic time to time. On an implicit level, he believes "God is always there" and integration is often taking place below the surface of supervision. He also reported praying for supervisees and clients in his own personal time. PD noted he examines himself and how his own beliefs are impacting the supervisory process. He looks to the American Psychological Association's and his state psychological association's ethical guidelines to be sure he is not overstepping ethical boundaries. Overall, PD said he helps supervisees integrate psychology and Christianity in clinical supervision by helping them examine their own beliefs and how their beliefs impact their clinical work. He also stated that he relies on having explicit discussions on integration throughout the supervisory process.

Supervisor Training Readiness

PD felt that he had been adequately trained to integrate psychology and Christianity in clinical supervision. He said he had strong role models in the professors and clinical staff at his training program. Supervision of supervision was also part of his training, which aided to his growth as a supervisor. As a teaching assistant and helping manage the schools testing and counseling center, he had the opportunity to get additional training in integration. Integration in clinical supervision was not a prevalent part of his predoctoral internship training.

Supervisor Training Recommendations

PD made several training recommendations regarding integration in clinical supervision. He thought it was important for supervisors to be aware of their own belief system and how their beliefs impacted them personally and professionally. PD recommended didactic training in integration in clinical supervision be implemented through individual study, workshops, and college coursework. He also recommended discussion groups be formed around integration in clinical supervision. PD also recommended that supervisors seek out supervision or consultation from more experienced supervisors on this topic.

Participant E

Demographic Information

PE is a 53-year-old Multiracial female. She identifies with the Pentecostal religious denomination. She received a Ph.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PE

is a supervisor at a Christian residential treatment center and has 15 years of clinical supervision experience.

Supervisor Influences

PE reported several different factors that have influenced her decision to integrate psychology and Christianity in clinical supervision. She felt unsatisfied with secular psychology's understanding of humanity or approach to helping the hurting. While an undergraduate student she converted to Christianity. This made her convinced that people needed spiritual issues addressed as well as psychological issues. Her experiences as a therapist have also influenced her decision to integrate psychology and Christianity in clinical supervision.

Supervisor Conceptualizations

PE stated she encourages supervisees to explore spiritual issues and their clients' relationship with God. She wants to know if the clinician is addressing spiritual issues like forgiveness and sin. PE said she also considers her professional ethics when forming supervisor conceptualizations. Thinking about ways she can help supervisees trust God is another part of her supervisor conceptualizations. She said she believes that supervisees can reduce their susceptibility to burn out by nourishing their faith. This participant reported that her supervisor conceptualizations are congruent with cognitive behavioral therapy and psychodynamic theory. She believes the relationship between the client and clinician is integral. PE also describes her approach as pragmatic.

Supervisor Practices

PE reported she doesn't segment psychology from her faith, so she is continuously looking for ways to integrate psychology and Christianity in clinical

supervision. She said, "It's not something you put on the shelf...." Specific issues, such as mercy and justice are cues that she also looks for as openings to address issues of integration. PE integrates psychology and Christianity in clinical supervision by: (a) discussing scripture, (b) examining assumptions of world views and psychological theories, (c) overtly discussing faith issues, (d) exploring issues of forgiveness, (e) helping supervisees to not be judgmental, and (f) helping supervisees to see clients in a moral way. Moreover, PE helps supervisees integrate psychology and Christianity through: (a) individual and group discussions, (b) opening up an awareness to spirituality, (c) encouraging supervisees to assign scripture reading for clients, and (d) encouraging supervisees to use scriptures in group therapy.

Supervisor Training Readiness

PE reported mixed preparation regarding her integration training at the supervisory level. She did not have a supervision course, nor were integration issues in supervision talked about in her other courses. PE did however feel very pleased with the integration courses she took.

Supervisor Training Recommendations

PE's recommendations for supervisor training largely focused on self-reflective activities. She focused on the importance of the supervisors' spiritual development, including their knowledge of scripture. Another recommendation she had was for supervisors to evaluate the underpinning assumptions of psychological theories in light of the Bible. She also recommended that supervisors get involved in group discussions with other Christian supervisors.

Participant F

Demographic Information

PF is a 45-year-old European-American male. He attends a non-denominational church. He received a Psy.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PF is a supervisor at a private practice and has two years of clinical supervision experience.

Supervisor Influences

He cited his personal beliefs as the main reason he has decided to integrate psychology and Christianity in clinical supervision. Moreover, his understanding of theology/Biblical teaching has had an influence, saying, "...all truth is God's truth."

Supervisor Conceptualizations

PF stated that his supervisor conceptualizations are an outgrowth of who is as a person of faith. His conceptualizations also extend from the way he approaches integration in his own clinical work. PF said he follows the integrates model outlined in *The Integration of Psychology and Theology: An Introduction.* This participant's conceptualizations are also congruent with his psychodynamic theoretical orientation. As a result, he incorporates childhood histories into his conceptualizations, and helps supervisees to examine their own beliefs.

Supervisor Practices

PF said he views the integration of psychology and Christianity in clinical supervision as a continuous process, "We are applying our theology to our psychology all the time." He conducts a spiritual history with supervisees in their initial meeting. PF also asks questions about supervisee and client beliefs and purpose and meaning. If a

supervisee is looking for spiritual guidance, he may refer the supervisee to a pastor or other spiritual leader. PF reported he helps supervisees integrate psychology and Christianity by encouraging supervisees to examine their own personal growth and being aware of how God is active in the therapeutic process. He summarized his approach as promoting personal awareness, growth, and exploration.

Supervisor Training Readiness

PF stated he had several classes on the integration of psychology and Christianity at the therapist level. He also reported that he had several seminary and Bible classes that he took during graduate school. These courses provided him with a strong foundation in clinical integration. However, he noted that he did not have a supervision course.

Supervisor Training Recommendations

PF recommended that supervisors interested in integration in clinical supervision should read *The Integration of Psychology and Theology: An Introduction.* He also thought it would be beneficial for supervisors to be aware of the various different models of integration in the literature, and to ultimately develop a personal model of integration. PF suggested that Evangelical programs include a supervision course and to devote a portion of the class to integration. PF also called for continuing education opportunities on integration in clinical supervision. He recommended that supervisors also participate in discussion forms/groups with other supervisors to talk about integration issues.

Participant G

Demographic Information

PG is a 33-year-old European-American male. He is non-denominational. He received a Psy.D. from an Evangelical doctoral psychology program that has an explicit

mission to the integration of psychology and Christianity. PG is a supervisor at a community mental health center and has two years of clinical supervision experience.

Supervisor Influences

PG stated that his worldview influenced his decision to integrate psychology and Christianity in clinical supervision. He also noted that his understanding of psychology and faith have led him to integrate the two in clinical supervision. PG disclosed that attending an Evangelical doctoral psychology program shaped his view of integration, and is one of the reasons he integrates psychology and Christianity in clinical supervision.

Supervisor Conceptualizations

PG said he implicitly integrates psychology and Christianity in his supervisor conceptualizations. He reported that he finds an ad-hoc approach helpful, seeing integration as a backdrop to supervision. He also includes spiritual issues related to clients' personality or pathology. PG draws from cognitive behavioral therapy and interpersonal dynamic perspectives when forming supervisor conceptualizations.

Supervisor Practices

PG reported that he integrates psychology and Christianity into clinical supervision when it is determined by the needs of his supervisees or their clients. He said he views integration as a worldview that is interwoven with his education. Furthermore, his approach to integration is largely theoretical and implicit. He also takes an interpersonal approach to integration, encouraging and supporting his supervisees. PG said that for him, integration is more about process than content. To aid in his integrative efforts, PG regularly practices self-examination and life-study, such as reading

philosophy and Biblical texts. No specific steps to integrating psychology and Christianity were reported. PG said that he helps supervisees integrate psychology and Christianity by sharing his own interest in integration, dialoguing with them about integration issues, and referring them to helpful integration texts.

Supervisor Training Readiness

PG stated he felt adequately prepared to integrate psychology and Christianity in clinical supervision. He noted that he had several courses on integration at the therapist level, which included a few discussions on what integration would be like as a supervisor. PG reported that he did not have a specific course on clinical supervision during his graduate studies.

Supervisor Training Recommendations

PG recommended that supervisors interested in integrating psychology and Christianity in clinical supervision take a seminar course directed toward integration. He also called for more case study literature that highlighted integration at the supervisory level.

Participant H

Demographic Information

PH is a 33-year-old European-American female. She classified herself as being non-denominational. She received a Psy.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PH is a supervisor at a private practice and has six years of clinical supervision experience.

Supervisor Influences

PH named her faith heritage as one of the primary influences on her decision to integrate psychology and Christianity in clinical supervision. She shared that her parents worked at a homeless shelter, which exposed her to hurting people. This too influenced her decision to bring integration into clinical supervision. Attending a Christian psychology doctoral program also influenced her decision to take an integrative approach to clinical supervision.

Supervisor Conceptualizations

PH said she did not think she could separate her faith from her supervisor role. Comparing scripture with different theoretical orientations is a key component to her supervisor conceptualizations. She also incorporates the client's presenting problem and for commonalities and differences between her understanding of psychology and theology.

Supervisor Practices

PG integrates psychology and Christianity in clinical supervision based on the needs of the supervisee and where they are developmentally. She also wants to know if there is clinical evidence for integrative techniques before implementing them in supervision. PG said she goes about integration in clinical supervision by providing personal examples of how she approaches integration and discussing ways supervisees can integrate their faith in practice. She reported helping supervisees integrate psychology and Christianity by questioning, giving integrative resources, and encouraging them to develop a personal approach to integration. Theses strategies may or

may not be overt. Overall, she takes a pragmatic approach to integration. She also views her approach as a lifestyle and a way of interacting with others.

Supervisor Training Readiness

When asked if she felt she had been adequately prepared to integrate psychology and Christianity in clinical supervision, PH said, "Yes and no." She reported that she had been mildly prepared in academic training. She stated that she did not have a supervision course. She also felt that her training in integration was not as satisfactory as she had hoped. PH said she felt that most of her preparation came from her own heritage. This participant also found it helpful being supervised by Christian supervisors who had attended secular schools. She said they shared how they came to learn integration, which she was able to learn from and ultimately able to build upon when developing her own personal approach to integration.

Supervisor Training Recommendations

PH recommended that a supervision course be required for all Evangelical programs and that supervision of supervision be offered as part of that course. She also recommended opportunities for live supervision of supervision be developed. PH stated it would be beneficial for supervisors to familiarize themselves with various models of supervision and integration. Moreover, she recommended that supervisors examine themselves and choose a model(s) that fits them best as they seek to develop their own personal approach.

Participant I

Demographic Information

PI is a 52-year-old European-American female. She classified herself as non-denominational. She received a Psy.D. from an Evangelical doctoral psychology program that has an explicit mission to the integration of psychology and Christianity. PI is a supervisor at a Christian college-counseling center and has 10 years of clinical supervision experience.

Supervisor Influences

PI stated her own personal faith played a major role in her decision to integrate psychology and Christianity in clinical supervision. This participant also said her Christian education influenced her decision. PI noted that she takes an integrative approach to clinical supervision based on the needs of her supervisees.

Supervisor Conceptualizations

PI said her supervisor conceptualizations stem from her own clinical work. Her Christianity furthers and highlights her work as a psychologist and supervisor. This participant's supervisor conceptualizations also represent an extension of her faith system. She sees spirituality as a part of personhood, and views people as spiritual beings. PI reported taking a holistic view of people that includes faith. She also finds a long-term and psychodynamic model helpful for forming supervisor conceptualizations.

Supervisor Practices

PI said she integrates psychology and Christianity in clinical supervision when spiritual issues arise in the supervision material. She said it largely depends where the supervisees and clients are spiritually. This participant approaches integration in clinical

supervision by talking with supervisees about their clients' spirituality. She also wants to gain information about clients' presenting problem and how it may be impacted by spirituality. PI also works to help supervisees avoid or work through issues of countertransference. There are no specific steps that she follows when integrating psychology and Christianity in clinical supervision. She said that it is part of a process that is not teased out. PI uses open-ended questions and tries to create an open environment for supervisees to discuss issues of spirituality. She helps supervisees integrate psychology and Christianity by encouraging supervisees to be: (a) open to spirituality, (b) aware of their own biases and assumptions, (c) non-judgmental, and (d) aware of boundaries (i.e., not preaching to a client).

Supervisor Training Readiness

PI reported mixed levels of preparation for integrating psychology and Christianity in clinical supervision. This participant felt prepared for integration at the therapist level. Integration courses and role models (i.e., faculty) provided her with a strong integrative foundation. However, PI stated she did not have a supervision course, and would like more training on integration at the supervisory level.

Supervisor Training Recommendations

PI recommended that Evangelical programs offer a supervision course, with a portion of the course dedicated to integration. She also recommended that opportunities for peer supervision and consultation be developed for practicing supervisors. This participant said it would be helpful if discussion groups were formed around integration in clinical supervision. PI also recommended seminars and continuing education units be developed that focused on integration in clinical supervision.

APPENDIX F

COVER LETTER

Dear (Name of Supervisor):

Thank you for considering participation in my dissertation study. The purpose of this qualitative study is to understand how Evangelical supervisors integrate psychology and Christianity. You have been chosen as a possible participant based on the recommendation of members of the Christian Association for Psychological Studies who participated in an informal interest/discussion group. You were recommended because of your supervision experience at a Christian counseling center and because you attended an institution that has largely been at the forefront of the integration movement.

I have enclosed a scheduling form that requests possible times for an initial phone interview. When finished, please mail this form back to me in the self-addressed stamped envelope provided. The interview questions have also been included for you to view. Measures have been taken to protect confidentiality. The initial phone interview should take approximately 40-90 minutes of your time. You may also be asked to participate in an additional phone interview or to review and respond to my qualitative findings by e-mail.

If you have any questions, you may contact Jamie D. Aten at (812) 268-0053 or Dr. Michele C. Boyer (dissertation chairperson and faculty supervisor) at (812) 237-7693.

If you have any questions concerning your rights and welfare as a research participant, please contact Indiana State University's Institutional Review Board at (812) 237-8217 or irb@indstate.edu.

Your participation will be valuable to this study. Thank you for your time.

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APPENDIX G

CONSENT FORM

You are invited to participate in a qualitative research project conducted by Jamie D. Aten, M.S., Ph.D. Candidate under the supervision of Michele Boyer, Ph.D., and the Department of Counseling at Indiana State University. Furthermore, by mailing this material you agree that you have read and consent to the following statements.

This study requires that you participate in an initial phone interview that should take approximately between 40-90 minutes. In addition you may be asked to review and evaluate a summary of your interview. Approximately 5-10 respondents will participate in this study. All interviews will be audio-taped and transcribed verbatim. To protect your identity you will assigned an identification number. Transcripts, tapes, data, and the scheduling form will be contained in a locked and secure space. After this study is complete, all of the participants' tapes will be erased. Your responses will not have any personal identifying information, and the researchers will take every reasonable precaution to protect participants' confidentiality. Similarly, the name of your institution will not be revealed, but a brief description will be provided, i.e., participants are supervisors in applied settings with a clear Christian affiliation. The findings of this research may be published or presented to professional groups, but your identity will not be divulged in any publications or reports.

Your participation in this study is voluntary. No compensation will be provided for participation and there is no consequence for refusal to participate. You may withdraw from the study at anytime without penalty. This study is not expected to involve risks or harm any greater than is normally experienced in daily practice.

By completing the enclosed scheduling form and mailing it to the researcher, you voluntarily agree to participate in this project. You acknowledge that you have read the above statement and understand your rights as outlined. If you have any questions or if a problem arises, you may contact Jamie D. Aten at (812) 268-0053 or Dr. Michele C. Boyer (dissertation chairperson and faculty supervisor) at (812) 237-7693.

If you have any questions concerning your rights and welfare as a research participant, please contact Indiana State University's Institutional Review Board at (812) 237-8217 or irb@indstate.edu.

Your participation will be valuable to this study. Thank you for your time.

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APPENDIX H

SCHEDULING FORM

Please provide your scheduling and contact information below. When finished, please mail this form back to researcher in the self-addressed stamped envelope provided. Based on the dates and times provided below, you will be contacted by e-mail to schedule an initial interview. You may also be asked at a later to date to participate in an additional phone interview or to review and respond to my qualitative findings by e-mail.

PART I: Contact Information

Name:_____

Phone number: _____

E-mail address: _____

Mailing address:_____

_____

PART II: Scheduling Information

Possible Times and Dates (please include two evening times if possible)

1 CHOICE: Date_____Time_____(include time zone)

2 CHOICE: Date_____
Time_____

3 CHOICE: Date_____
Time_____

4 CHOICE: Date_____
Time_____

APPENDIX I

DEMOGRAPHIC FORM

SEX (circle)
Male
Female

AGE (fill-in)
____ years

ETHNICITY (circle)
European-American
African-American
Asian-American
Latino-American
Native American/American Native
Multiracial
International _____ (Country)

HIGHEST DEGREE (fill-in)_____

SUPERVISOR EXPERIENCE (fill-in) _____

DENOMINATION (fill-in)_____

WORK SETTING (fill-in)_____

GRADUATE PROGRAM (fill-in)_____

APPENDIX J

INTERVIEW PROTOCOL

Question specific to supervisor influences

1) What are the factors that have impacted or influenced your decision to integrate psychology and Christianity as a supervisor?

Questions specific to supervisor conceptualization

2) How do you conceptualize the integration of psychology and Christianity in clinical supervision?

3) What approach do you find most helpful when integrating psychology and Christianity in clinical supervision?

Questions specific to supervisor practices

4) How do you know when to integrate psychology and Christianity in clinical supervision?

5) How do you integrate psychology and Christianity in clinical supervision?

6) Are there specific steps that you follow when integrating psychology and Christianity in clinical supervision?

7) Can you provide me with an example of a time when you integrated psychology and Christianity in clinical supervision?

8) How do you help a supervisee integrate psychology and Christianity?

Questions specific to supervisor training

9) Do you think that you have been adequately prepared to integrate psychology and Christianity in clinical supervision?

10) If yes, what has prepared you? If no, what type of training do you think would help prepare you?

11) What type of training do you think would help supervisors to become more competent at integrating psychology and Christianity in clinical supervision?

APPENDIX K

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