The Spiritual Competency Scale

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This study describes the development of the Spiritual Competency Scale, which was based on the Association for Spiritual, Ethical and Religious Values in Counseling's original Spiritual Competencies. Participants were 662 counseling students from religiously based and secular universities nationwide. Exploratory factor analysis revealed a 22-item, 6-factor solution with internal consistency. The data highlighted areas for remediation, suggested that a stand-alone spirituality in counseling course may be the most effective instructional strategy, and provided a template for revisions to the Spiritual Competencies.

Over the past few decades, spiritual and religious beliefs have become relevant constructs in the multicultural and holistic philosophies that guide the counseling profession. The empirical relationship that has recently been established between spiritual and religious beliefs and well-being is probably of little surprise to a majority of Americans, who have consistently voiced the significance of these beliefs in their lives (Gallup, 1986; The Gallup Organization, 1993; Russell & Yarhouse, 2006; University of Pennsylvania, 2003). So important are these beliefs that many people would like to include them in their counseling experience (Kelly, 1995; Quackenbos, Privette, & Klentz, 1985; Worthington, Kurusu, McCullough, & Sanders, 1996). Until recently, this preference may have been disregarded because of the tension that has long existed between the mental health professions and religion.

Psychology was born in an era when science was driven by deterministic, mechanistic, and reductionistic philosophies (Nielsen & Dowd, 2006). Influential theorists, such as Freud, Ellis, Watson, and Skinner, discounted religious beliefs or equated them with pathology. Early therapists were reportedly less religious than was the general public, and perhaps as a consequence, this topic was seldom approached in counseling (Bergin & Jensen, 1990; Richards & Bergin, 1997; Shafranske & Gorsuch, 1984). On the other side of the relationship were religiously oriented clients, who may have feared that their spiritual or religious beliefs would be misunderstood or undermined by the therapist and either hesitated to seek secular counseling or refrained from sharing these perspectives (Worthington et al., 1996).

Despite the opposition, other theorists recognized the pervasive influence of spirituality and religion on mental health and well-being and kept these ideas alive in the literature (Allport, 1960; Erikson, 1966; Frankl,

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1963; James, 1902/1985; Jung, 1958; Maslow, 1971). In the past 20 years, a prolific body of multidisciplinary research has repeatedly substantiated the relationships between spiritual and religious beliefs and physical health (Koenig, McCullough, & Larson, 2001), mental health (Mohr, Brandt, Borras, Gilliéron, & Huguelet, 2006; Trenholm, Trent, & Compton, 1998; Wink, Dillon, & Larsen, 2005), wellness (Dixon, 2007; Thompson, 2008), quality of life (Saxena, O'Connell, & Underwood, 2002), adaptation (Pargament, 1997), healthy lifestyles, and prosocial functioning (Chatters, 2000). Counselors themselves have reported a level of personal spirituality and religiosity that parallels that of the general public (Myers & Truluck, 1998). Most counselors now believe that spirituality and religion are important and valid topics in counseling (Carlson, Kirkpatrick, Hecker, & Kilmer, 2002; Weinstein, Parker, & Archer, 2002; Young, Wiggins-Frame, & Cashwell, 2007).

The governing body of the counseling profession further substantiates this position. Spiritual and religious beliefs are very much a part of the multicultural approach that is mandated by the *ACA Code of Ethics* of the American Counseling Association (ACA; 2005). The *ACA Code of Ethics* also requires that counselors practice within the boundaries of their competence. The Multicultural Counseling Competencies (MCC; Sue, Arredondo, & McDavis, 1992), which typically guide training, have been instrumental in facilitating ACA's agenda by describing the knowledge, attitudes, and skills required for multicultural competency. Although the MCC have recently included spiritual and religious beliefs as aspects of diversity, racial and ethnic variables continue to be their primary focus (Constantine & Ladany, 2000). Thus, someone who demonstrates multicultural competency, according to the MCC, is not necessarily competent in all areas of diversity (e.g., spirituality, sexual orientation, disability). Admittedly, it is impractical to expect that a single document could address all the nuances associated with every aspect of diversity. Indeed, Helms (1994) has commented on the limitations of using the term *multiculturalism* without specifying a variable of interest. Thus, competency for a given cultural characteristic is best described by guidelines specific to that aspect of diversity (Constantine, Gloria, & Ladany, 2002).

The Association for Spiritual, Religious and Ethical Values in Counseling (ASERVIC) recognized this in the area of spirituality (Cashwell & Young, 2005). At the first Summit on Spirituality in 1995, ASERVIC developed the Spiritual Competencies (Miller, 1999). These competencies addressed nine points that should be mastered before counselors can effectively and ethically include spiritual and religious material in counseling (e.g., self-awareness, cultural implication, development, assessment, treatment; Cashwell & Young, 2005). The guidelines help counselors meet ACA's mandate to both address spirituality and religion and become competent before doing so. They also inform educators of the material that should be included in counselor training.

Counseling programs that are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) are mandated to facilitate students' understanding of cultural and diversity issues, including

spiritual and religious values (CACREP, 2009). Many counselor educators agree that it is important to include spirituality and religion in counselor training, and they support the Spiritual Competencies as a guide for this process (Young, Cashwell, Wiggins-Frame, & Belaire, 2002; Young et al., 2007). Because this information has not previously been included in counselor training, however, many instructors do not feel prepared to introduce these topics to their students (Kelly, 1995; Weinstein et al., 2002; Young et al., 2002). As a result, spiritual and religious perspectives continue to be neglected in counseling programs (Cashwell & Young, 2004; Kelly, 1994, 1997; Pate & High, 1995; Young et al., 2002).

Course work for including spirituality and religion in counseling has been proposed by several authors (Curtis & Glass, 2002; Fukuyama & Sevig, 1997; Ingersoll, 1997; O'Connor, 2004). The widespread use of these recommendations is limited, however, by the following concerns. First, although there were parallels between the course work and the original Spiritual Competencies, the extent to which these guidelines informed the curriculum is unclear. In 2004, Cashwell and Young noted that although the original Spiritual Competencies had not been empirically evaluated, they did represent the best existing guidelines and should, therefore, drive training endeavors. Second, the course work components varied from one proposal to the next, which suggests that they developed from hypotheses of what should be taught rather than from empirical evidence. For a profession that values evidence-based practice and education (Wester, 2007), students' knowledge deficits of the material in the competencies must first be identified so that decisions about course components can be informed by the data. Finally, when outcome measures were used in these studies, they were informal and did not indicate the extent to which competency was acquired. Therefore, the efficacy of training for facilitating spiritual competency remains in question.

In this study, I describe the development of the Spiritual Competency Scale (SCS), which was created in response to these concerns. First, the SCS includes items that directly correlate with the original Spiritual Competencies. The items are based on the literature, collectively define spiritual competency, and comprehensively represent the large body of material that should be included in counselor training. Second, the SCS was designed to yield a baseline measure of students' knowledge of spirituality in counseling. It was anticipated that students' scores would point to areas for remediation and would, therefore, inform course work development. Finally, given a valid and reliable instrument, the future utility of the SCS lies in its potential to assess the efficacy of training and measure the acquisition of spiritual competency for certification purposes.

An additional incentive for developing the SCS was the Spiritual Competencies themselves. Prior to this study, these guidelines had not been empirically validated and there were concerns about ambiguity in their current state. For example, Cashwell and Young's (2005) book, *Integrating Spirituality and Religion Into Counseling*, devotes a chapter to each of the competencies. Competencies

8 and 9, however, were difficult to separate and so were combined into one chapter (C. S. Cashwell, personal communication, September 19, 2007). The reader of this book will also note that some of the information presented for one competency was necessarily repeated when describing another. The challenges associated with clearly differentiating between the competencies gave rise to discussions about revising these guidelines during the second Summit on Spirituality in the summer of 2008. Thus, it was anticipated that the current study would reveal the factor structure of the original Spiritual Competencies and empirically support this revision process.

Method

Participants

Participating institutions were chosen from a randomly generated list of all regionally accredited universities with counseling programs in the United States. Participants were 701 students from 28 universities, including 18 secular schools (SSs) and 10 religiously based schools (RBSs) in 17 states (i.e., Arkansas, Connecticut, Florida, Idaho, Kansas, Louisiana, Missouri, Montana, New York, North Carolina, Pennsylvania, Tennessee, Texas, Virginia, Washington, West Virginia, and Wisconsin). After questionnaires with missing scores and extreme outliers were deleted, the sample consisted of 662 participants. Although a variety of RBSs were approached, only those that were rooted in the Christian tradition agreed to participate. Thirty-five percent of the participants ($n = 234$) were enrolled in RBSs, and 65% ($n = 428$) were enrolled in SSs. The religious affiliations of the RBSs, as reported by the participants, were as follows: Catholic (12%, $n = 81$), Christian (7%, $n = 46$), Friends (4%, $n = 29$), Church of Christ (4%, $n = 26$), Mennonite (4%, $n = 24$), and Protestant (2%, $n = 10$). Eighteen participants (3%) did not indicate their school's religious affiliation.

The sample was composed of 537 (81%) females and 125 (19%) males. Sixty-five percent of the participants were younger than 30 years ($n = 431$), 17% were between the ages of 30 and 39 years ($n = 115$), and 18% were 40 years or older ($n = 116$). The following racial and ethnic groups were represented: Caucasian/European American (82%, $n = 544$), African American (7%, $n = 45$), Hispanic/Latino American (6%, $n = 38$), Asian American (3%, $n = 18$), American Indian/Alaskan Native (< 1%, $n = 3$), Native Hawaiian/Pacific Islander (< 1%, $n = 1$), and other (2%, $n = 13$). (Percentages reported in this section may not equal 100% because of rounding.)

Seventy-six percent ($n = 505$) were enrolled in CACREP-accredited programs. The following counseling tracks were represented: mental health (36%, $n = 239$), school (25%, $n = 166$), marriage and family (25%, $n = 164$), rehabilitation counseling (1%, $n = 5$), pastoral/Christian counseling (1%, $n = 5$), more than one track (9%, $n = 62$), and other (3%, $n = 21$). Most of the participants in the latter group were school psychologists who were enrolled

in counselor education classes. Sixty percent of the participants ($n = 396$) had completed more than 12 hours of course work, 11% ($n = 72$) had between 9 to 12 hours, and 29% ($n = 194$) had accrued 3 to 6 hours. A substantial finding of this research was that 93% ($n = 615$) of the participants were not familiar with the ASERVIC Spiritual Competencies. An additional 2% ($n = 13$) did not provide an answer.

Regarding the belief systems that they currently followed, participants responded in the following way: Christian (63%, $n = 420$), Buddhist (7%, $n = 45$), Muslim (4%, $n = 29$), Jewish (2%, $n = 14$), agnostic (3%, $n = 19$), atheist (3%, $n = 19$), other (6%, $n = 40$), and none (4%, $n = 28$); 7% ($n = 48$) of the participants did not respond. It is interesting that although most participants reported an affiliation with a specific religious group, 36% ($n = 237$) indicated that their personal level of religiousness was spiritual but not religious and 4% ($n = 27$) reported being neither spiritual nor religious. Of the remaining participants, 25% ($n = 163$) were liberal, 20% ($n = 133$) were conservative, 10% ($n = 63$) were evangelical, 3% ($n = 19$) were fundamental, and 3% ($n = 20$) did not respond.

Forty-three percent of the participants ($n = 282$) stated that their personal beliefs played a role in their choice to become a counselor. Forty-one percent ($n = 271$) believed that their program had prepared them to address spiritual and religious issues in counseling. Of those who felt prepared, 52% ($n = 141$) had been exposed to this material as a component of another course and 31% ($n = 85$) had taken a course specific to spirituality in counseling. Of those who did not feel prepared (56%, $n = 371$), 32% ($n = 119$) stated that they would like to have these topics included in their other classes and 53% ($n = 196$) said that they preferred a spirituality in counseling course. Twenty participants (3%) did not indicate how well their program prepared them.

Measure

The SCS includes 90 statements that are based on ASERVIC's original Spiritual Competencies and are drawn from the professional literature. In particular, Cashwell and Young's (2005) *Integrating Spirituality and Religion Into Counseling* was a comprehensive resource for item generation. It was decided that 10 items for each of the nine competencies were required to satisfy the minimum item count recommended by Netemeyer, Bearden, and Sharma (2003).

Two hundred sixty-three items were generated from the literature. Using a computerized card sort procedure, seven members of an expert panel validated the items by matching them with the competency that they believed best represented the item. There were multiple cases of pairing an item with two or more of the competencies, despite the detailed descriptions of the original Spiritual Competencies that were given to the sorters. Of the 90 items that were retained, the item competency assignment of 61 items was agreed upon by the entire panel, 17 items reached an 86% level of consensus,

and 11 items reached a 71% level of consensus. One item with a 57% level of consensus was retained to satisfy the 10-item-per-competency criteria for Competency 7. The face validity of the instrument was substantiated by a panel of master's students, which led to rewording a few of the items and clarification of the instructions.

In an attempt to reduce response bias, the items were presented as indirect statements, rather than self-declarations (e.g., "Counselors . . ." vs. "I . . ."), and were worded as closely to the literature as possible. Conceptually, each item had a desired response—either the participants answered in accord with the literature or they did not. Although a dichotomous response format may have been more appropriate for this analysis, the statistical challenges associated with this format (e.g., variability and correlation; Netemeyer et al., 2003; Nunnally & Bernstein, 1994) prompted the use of a 6-point, forced-choice, Likert-type scale. Response options ranged from *high disagreement* to *high agreement*. A neutral option was not offered to limit the number of response choices and to control for ambiguous responses.

After 10 of the items were reverse coded, the responses were assigned a score ranging from 1 to 6 points (i.e., 1 = *high disagreement*, 2 = *midrange disagreement*, 3 = *low disagreement*, 4 = *low agreement*, 5 = *midrange agreement*, and 6 = *high agreement*). In light of this unique response format and in the absence of a comparative measure, the scoring protocol was based on the logical assumption that higher scores would suggest competency. It seemed impractical to expect perfect scores (i.e., 6 points for each item), so the cutoff was set at 5. Therefore, desirable scores on the full instrument were between 450 and 540 (i.e., 5 or 6 points, respectively, for each of the 90 items). Although a score of 4 represented an endorsement in the appropriate direction, it was not considered a desirable score. This was based on the assumption that a low level of endorsement failed to indicate mastery of the material represented by an item.

A second section of the instrument included a seven-item short version of the Marlowe–Crowne Social Desirability Scale (MCSDS; Ray, 1984). Participants responded by indicating whether they believed a statement was true or false. This measure was included to determine whether socially sanctioned responses were confounding the SCS scores. Three of the items were reverse scored. A desirable response received 1 point, and a socially sanctioned response received 2 points; thus, a higher total score suggested a tendency to respond in a socially desirable way. Finally, a third section of the instrument included 15 demographic and attitudinal questions. Through forced-choice and free-form response sets, the participants disclosed personal information and shared their thoughts about topics related to spirituality and religion in counseling.

Data Collection

The research packets sent to the programs included an instructor's letter describing the administration protocol, consent letters for the participants, and the

questionnaires. Although the participating programs were randomly chosen, each program was responsible for choosing the classes that were included. Students who did not wish to participate were allowed to either leave the test site or return an unanswered questionnaire. Administration typically took between 20 and 30 minutes. The completed questionnaires were delivered by the class instructors to a single source within the program. This individual returned them in bulk to me in a postage-paid mailer. The recruitment and administration processes took place over 4 months during the summer and fall of 2008.

Results

The full instrument demonstrated high internal consistency (α = .93). The mean total score for the entire sample was 368 (SD = 39) with a range of 233 to 462. Only six items were endorsed in the desired direction (i.e., a score of 5 or 6) by 80% or more of the group (i.e., Items 4, 51, 58, 60, 66, and 80). These items addressed the differences between spirituality and religion; the differences between spirituality, religion, and culture; and a counselor's obligation to remain open to spiritual and religious references by the client. More than half of the group scored less than 5 points on 43 of the items.

There were no significant differences in the full SCS scores on the basis of any of the demographic or attitudinal variables: counseling track, $F(5, 654)$ = 0.99, $p > .05$; age, $F(4, 653)$ = 1.54, $p > .05$; gender, $t(657)$ = 1.65, $p > .05$; race or ethnicity, $F(6, 650)$ = 0.44, $p > .05$; credit hours accrued in program, $F(2, 656)$ = 0.33, $p > .05$; CACREP program, $t(572)$ = 0.03, $p > .05$; current level of religiousness, $F(5, 636)$ = 1.21, $p > .05$; role of beliefs in career choice, $t(656)$ = 0.08, $p > .05$; feeling prepared by program for addressing these issues in counseling, $t(640)$ = 0.36, $p > .05$; or whether training was part of a specific course or a component of another, $t(224)$ = 1.18, $p > .05$. Finally, there were no differences in scores on the basis of familiarity with the ASERVIC Spiritual Competencies, $t(647)$ = 0.46, $p > .05$.

The challenges associated with twice administering an instrument to a nationwide sample led to the decision to assess the temporal reliability of the SCS with a subset of participants who were enrolled in a university that was easily accessible to me. Fifty-three participants completed the SCS twice with a 2-week interval between administrations. Scores from the two administrations were significantly and positively correlated, $r(53)$ = .90, $p < .01$. Nunnally and Bernstein (1994) noted that low internal consistency can erode confidence in test–retest results, so the data were subjected to both a split-half analysis and a Cronbach's alpha analysis. Although the latter is the preferred method, there were concerns that the random combination of items associated with the alpha procedure would not guarantee that each of the nine competencies would be represented equally in each of the halves. Therefore, five items from each competency were randomly chosen to represent each version. Both analyses yielded highly favorable coefficients and, thus, supported the temporal analysis: for the split-half analysis, $r(53)$ = .94, and for the Cronbach's alpha analysis, α_{53} = .94.

A short version of the MCSDS was used to determine whether SCS scores were influenced by a tendency to respond in a socially desirable way. The MCSDS and the SCS scores failed to correlate, regardless of how the scores were analyzed. Thus, it seems that the SCS scores were clearly unaffected by socially sanctioned responses.

The criteria for item retention for the factorial procedures were (a) a significant value for Bartlett's test of sphericity; (b) a Kaiser–Meyer–Olkin measure of sampling adequacy (KMO) in excess of .60 and a measure of sampling adequacy (MSA) greater than .70; (c) a minimum factor loading of .40; (d) a minimum loading of three items per factor; (e) an item-to-total correlation (ITC) of .30 or greater; and (f) the theoretical and conceptual relevance, similarity, and contribution of items to their respective factors. In the initial analysis, 37 items failed to meet the ITC retention criteria and were removed. A principal component analysis of the remaining items resulted in the removal of nine additional items. When a nine-factor solution was reached, the remaining 44 items were analyzed using maximum likelihood procedures with a promax (i.e., oblique) rotation. Despite initial expectations of a correspondence between the nine-factor solution and the nine Spiritual Competencies, the loading patterns of the eighth and ninth factors did not meet the retention criteria. Through subsequent analyses, an additional 16 items were dropped because of low or ambiguous loadings and communality problems. Ultimately, six eigenvalues greater than unity emerged. A varimax rotation produced similar loadings, but relatively high correlations between the factors indicated that the oblique solution was more appropriate. Finally, all the items that were dropped were independently reloaded, but none of them contributed to the solution.

The final six-factor solution included 22 items (see Table 1) that loaded at .50 or higher, with the exception of Item 28, which loaded at .44. Bartlett's test of sphericity, $\chi^2(231) = 4{,}333.75$, $p < .01$, and the goodness-of-fit analysis, $\chi^2(114) = 247.49$, $p < .01$, were both significant. The KMO was high at .89, and the MSAs were all greater than .80. At least three items loaded on each factor, and the ITCs were greater than .40, with the exception of Item 28 ($r = .39$). Although the communalities for some of the items were relatively low (i.e., < .40 for Items 26, 28, 39, 55, and 62), MacCallum, Widaman, Preacher, and Hong (2001) maintained that the effects of low communalities are minimized with large samples. Moreover, Hair, Anderson, Tatham, and Black (1998) contended that the theoretical contribution of an item to the research should take precedence over statistical outcomes. Because these five items conceptually contributed to their respective factors, they were all retained.

The solution accounted for 60.4% of the total variance. Factor 1, named Culture and Worldview (four items, variance = 29.4%, α = .72), highlighted the relationship between cultural factors and spirituality/religion and the necessity to consider these concepts within a multicultural framework. Factor 2, Diagnosis and Treatment (five items, variance = 8.0%, α = .73), contained items concerned with both identifying the influence of spiritual

TABLE 1

Factor Structure of the Revised Spiritual Competency Scale, Reliability, Communalities, and Item Means and Standard Deviations

Item	Factor						h^2	M	SD
	1	2	3	4	5	6			
Factor 1									
58. Spiritual/religious beliefs impact a client's worldview.	.67						.44	5.43	0.89
16. A client's worldview is affected by religious beliefs.	.66						.47	5.14	1.01
73. Coping strategies are influenced by religious beliefs.	.66						.44	4.72	1.10
39. Cultural practices are influenced by spirituality.	.56						.33	4.69	1.11
Factor 2									
77. Prayer is a therapeutic intervention.		.65					.44	4.48	1.27
67. Sacred scripture readings are appropriate home-work assignments.		.61					.40	3.15	1.50
26. Lack of spirituality can cause a sense of help-lessness.		.58					.34	3.92	1.45
62. A client who expresses hopelessness can be out of touch with his or her spirituality.		.56					.35	4.47	1.15
40. A client's perception of God or a higher power can be a resource in counseling.		.55					.40	5.24	0.95
Factor 3									
75. Religious beliefs should be assessed at intake.			.81				.67	4.07	1.31
82. Inquiry into spiritual/religious beliefs is part of the intake process.			.81				.66	3.93	1.24
85. It is essential to deter-mine a client's spiritual functioning during an intake assessment.			.76				.59	3.71	1.26
Factor 4									
61. Understanding human development helps a counselor work with spiritual material.				.73			.53	4.68	1.16
79. There is a relation-ship between human development and spiritual development.				.72			.61	4.60	1.13
74. It is essential to know models of human devel-opment before working with a client's spiritual/religious beliefs.				.66			.50	4.28	1.14

(Continued on next page)

TABLE 1 (*Continued*)

Factor Structure of the Revised Spiritual Competency Scale, Reliability, Communalities, and Item Means and Standard Deviations

| Item | Factor | | | | | | h^2 | *M* | *SD* |
	1	2	3	4	5	6			
Factor 5									
13. Counselors who have not examined their spiritual/ religious values risk imposing those values on their clients.					.76		.61	4.65	1.40
20. Counselors who can describe their own spiritual development are better prepared to work with clients.					.69		.55	4.57	1.28
43. If counselors do not explore their own spiritual beliefs, they risk damaging the therapeutic alliance.					.65		.45	4.10	1.35
Factor 6									
21. A counselor's task is to be in tune to spiritual/ religious expressions in client communication.						.67	.46	4.09	1.23
29. Addressing a client's spiritual or religious beliefs can help with therapeutic goal attainment.						.60	.44	4.83	0.98
55. Clients' use of spiritual language is something for a counselor to be aware of.						.52	.33	5.14	0.87
28. Spiritual/religious terms are infused in clients' disclosures.						.44	.23	4.20	1.11

Note. N = 662. The Cronbach's alpha for the Revised Spiritual Competency Scale was .88 (*M* = 97.80, *SD* = 14.00). A desirable mean score ranges from 5.00 to 6.00 per item. Factor 1 = Culture and Worldview (α = .72); Factor 2 = Diagnosis and Treatment (α = .73); Factor 3 = Assessment (α = .84); Factor 4 = Human and Spiritual Development (α = .73); Factor 5 = Counselor Self-Awareness (α = .74); Factor 6 = Communication (α = .65).

and religious beliefs on presenting concerns and including these beliefs in treatment. The items of Factor 3, Assessment (three items, variance = 7.1%, α = .84), addressed inquiry into beliefs during the intake process. Factor 4, Human and Spiritual Development (three items, variance = 5.9%, α = .73), included items pointing to the relationship between these two aspects of development. Factor 5, Counselor Self-Awareness (three items, variance = 5.4%, α = .74), included items that address the importance of counselors' self-exploration and understanding of their own beliefs and value systems. The items of Factor 6, Communication (four items, variance = 4.6%, α = .65), addressed awareness of the spiritual nuances expressed through language

and counselors' openness to these expressions. Admittedly, reliability for the sixth factor fell below the desired value of .70. Adding relevant items did increase the coefficient, but at the cost of lowering other critical values. DeVallis (2003) asserted that a range of .65 to .70 is "minimally acceptable" (p. 95) for exploratory research, whereas Caplan, Naidu, and Tripathi (1984) stated that values of .50 or higher are adequate for this type of investigation. Thus, the sixth factor was accepted without alteration. Ultimately, the Cronbach's alpha indicated strong internal consistency for the 22-item instrument (α = .88). The ITC for the full factored scale yielded one coefficient at .36 and a second at .39; coefficients for the remainder of the items ranged from .40 to .86. For the item-to-subscale analysis, one coefficient was at .39, six were between .40 and .50, and the remainder ranged from .50 to .70.

The mean of the factored instrument was 97.80 (SD = 14.00), which is far below the desirable range of 110 (i.e., 5 points per item) to 132 (i.e., 6 points per item). Only Items 16, 40, 55, and 58 had a mean score greater than 5.00. The mean for 14 items ranged from 4.00 to 4.80. A score in this range suggests endorsement in the desired direction (i.e., agreement rather than disagreement), but at a low level. Thus, there was little indication that the respondent had mastered the material. The average score of four of the items was less than 4.00. Item 67 (i.e., "Sacred scripture readings are appropriate homework assignments") yielded the lowest score of all (i.e., M = 3.15, SD = 1.50). See Table 1.

The subscales were moderately correlated, and seven of the coefficients exceeded .50. Culture and Worldview was associated with Diagnosis and Treatment (r = .53) and Human and Spiritual Development (r = .53); Diagnosis and Treatment correlated with Counselor Self-Awareness (r = .54); and Communication was related to Human and Spiritual Development (r = .54), Counselor Self-Awareness (r = .54), Culture and Worldview (r = .57), and Diagnosis and Treatment (r = .58). The remainder of the coefficients ranged from .34 to .49. The scoring protocol established for the full instrument was used to calculate the subscale scores. None of the mean subscale scores met the competency criteria (i.e., 5 to 6 points per item), although Culture and Worldview (M = 19.99, SD = 4.07) did approach the low end of this range. The expected range, means, and standard deviations of the subscales, along with the subscale correlations, can be found in Table 2.

Anticipating that the participants from the RBSs would have higher SCS scores than would those from the SSs, I compared the scores by school type. An independent samples t test confirmed that participants from the RBSs had significantly higher scores on the full SCS (M = 372, SD = 40) than did participants from the SSs (M = 365, SD = 38), although the effect was small, $t(660)$ = 2.09, p < .05, d = .17. Similarly, participants from the RBSs scored significantly higher on the factored instrument (M = 100.40, SD = 14.13) than did those from the SSs (M = 96.37, SD = 13.62), $t(660)$ = 3.57, p < .01, d = .29. The primary difference was on the Diagnosis and Treatment subscale, $t(652)$ = 6.41, p < .01, d = .53, whereas scores on the other subscales did not significantly differ. Despite their higher mean, the RBS group met the com-

TABLE 2

**Subscale Correlations, Range of Expected Scores, and
Observed Means and Standard Deviations for the Revised
Spiritual Competency Scale**

Subscale	1	2	3	4	5	6	Range	*M*	*SD*
1. Culture and Worldview	—						20–24	19.99	4.07
2. Diagnosis and Treatment	.53	—					25–30	21.26	6.31
3. Assessment	.36	.35	—				15–18	11.71	3.82
4. Human and Spiritual Development	.53	.47	.35	—			15–18	13.56	3.44
5. Counselor Self-Awareness	.49	.54	.34	.44	—		15–18	13.32	4.03
6. Communication	.57	.58	.46	.54	.54	—	20–24	18.25	4.20

Note. The range of expected scores for the Revised Spiritual Competency Scale was 110–132 (*M* = 97.80, *SD* = 14.00). Range was determined by competency criteria (i.e., 5 to 6 points per item).

petency criteria on only 69% (i.e., at 6 points per item) and 83% (i.e., at 5 points per item) of the full-scale items. These percentages elevated slightly to 71% and 91%, respectively, on the factored instrument. Respectively, the SS group was at 68% and 79% of the items on the full scale and 73% to 88% on the factored instrument. Ultimately, neither group produced scores that would indicate that they had been adequately trained in the material proposed by the Spiritual Competencies. In fact, only 5% (*n* = 34) of the entire sample, including 16 participants from the RBSs, said they were familiar with these guidelines.

Although there were no significant differences in scores on the basis of demographic or attitudinal variables on the full SCS, a post hoc analysis of the factored instrument yielded a few noteworthy differences. The group professing to be evangelical scored significantly higher and the group that was neither spiritual nor religious scored lower than did groups of any other level of religiousness (i.e., evangelical, *M* = 105.37, *SD* = 10.53; fundamental, *M* = 98.42, *SD* = 15.05; conservative, *M* = 98.38, *SD* = 13.15; spiritual but not religious, *M* = 97.80, *SD* = 13.98; liberal, *M* = 96.02, *SD* = 13.29; neither spiritual nor religious, *M* = 88.70, *SD* = 21.59), $F(5, 636) = 6.78$, $p < .01$, $\eta^2 = .05$. Higher scores were produced by participants who said that their personal beliefs played a role in their career choice, $t(634) = 11.17$, $p < .01$, $d = .86$, and by participants who believed that their programs had prepared them to address spiritual and religious material in counseling, $t(640) = 3.38$, $p < .01$, $d = .26$. Of the participants who felt prepared, those who had taken a specific spirituality class had higher scores than did those who were exposed to this material as a component of another course, $t(224) = 2.46$, $p < .01$, $d = .34$.

Discussion

This study provides preliminary support for the SCS as a measure of the material included in ASERVIC's original Spiritual Competencies. The full SCS demonstrated strong temporal stability, and both the full and the factored

instruments were internally consistent. There was no evidence that social desirability influenced SCS scores, regardless of the way the variables were analyzed. Although social desirability is common with self-report measures (Zerbe & Paulhs, 1987), this tendency may have been attenuated by the externalized wording of the SCS items and the anonymous administration format.

The instrument demonstrated validity on several levels. First, a panel of experts validated the items as adequate representations of each of the nine Spiritual Competencies. Second, the SCS was able to discriminate between two contrasted groups (i.e., RBS and SS). The RBS students' strength was primarily in diagnosis and treatment, which was not surprising, given that spiritually based treatment often includes practices (e.g., prayer, scripture) that would be familiar to these students because of the nature of their training. Third, the SCS scores failed to correlate with a measure of a disparate concept (i.e., the MCSDS). Finally, factor analysis yielded well-defined categories that are congruent with the material proposed by the original Spiritual Competencies.

The 22-item, six-factor solution accounted for 60.4% of the variance in scores. The factors were identified as Culture and Worldview, Diagnosis and Treatment, Assessment, Human and Spiritual Development, Counselor Self-Awareness, and Communication. Although the factor structure was clearly defined, there were cross-loadings greater than .40 on the Culture and Worldview subscale, which may have influenced the relatively high correlations of this subscale with three of the others. This was not entirely unexpected, given that culture and worldview shape perceptions associated with many aspects of spirituality (e.g., communication, diagnosis, development). Spiritual competency is a multifaceted construct, and it has been an ongoing challenge to maintain the boundaries between the original competencies. This bleed-over effect is evident in Cashwell and Young's (2005) book. It was also a factor during the sorting phase of this study, when many of the items were assigned to multiple competencies. Despite this phenomenon, the subscales seem to have more clearly delineated the overarching principles of the original Spiritual Competencies. Thus, an empirically driven and comparatively less ambiguous template emerged. In 2009, a working group of the second Summit revised the Spiritual Competencies to the current 14 skill-based guidelines that are organized around the six factors produced by this study (see http://www.aservic.org/).

Given the participants' lack of familiarity with the competencies, it was not surprising that subscale scores were low. The Culture and Worldview subscale approached the low end of acceptable scores, with 50% of items exceeding the 5-point criteria. Similarly, scores were greater than 5.00 on seven of the 10 culture items on the full SCS. Cultural and diversity issues are hallmarks of CACREP programs, and because many of these schools were accredited, it seems reasonable to assume that the MCC-based training was instrumental in increasing awareness of the spirituality–culture connection. Yet, if this is true, the low scores in many other areas of the SCS confirm that the MCC-based training is not sufficient to facilitate spiritual competency,

and recommendations for diversity-specific competencies, training, and assessments are appropriate (Constantine et al., 2002).

The RBS participants did produce significantly higher mean scores compared with the SS participants; however, the effect size was relatively small, the difference was primarily in one subscale (i.e., Diagnosis and Treatment), and the scores failed to reach the criteria for competency. Therefore, it seems reasonable to assume that the RBS curriculum is not competency driven. In fact, these participants were no more familiar with the Spiritual Competencies than were those from the SSs. In all probability, their slightly higher scores were a product of the spiritual and religious values that are typically infused in the RBS curricula. Thus, it seems that exposure to spiritual and religious perspectives can improve awareness of these issues in counseling, but training that is guided by the ASERVIC guidelines seems necessary to ensure that students become spiritually competent.

Although the full SCS scores did not significantly differ on the basis of the demographic and attitudinal variables, differences did emerge in the post hoc analysis of the factored version. For example, participants who claimed to be evangelical produced significantly higher scores than did participants of any other level of religiousness. An evangelical approach is typically gospel based and faith driven. Additionally, those who said that their spiritual or religious beliefs influenced their choice to become a counselor produced higher scores than did students whose beliefs did not play a role. Many further stated that "God led me," "God has given me talents in this area," or "My faith guides me to serve others." Thus, the personal significance of one's belief system may also increase awareness of the role of spirituality in counseling. Conversely, the participants who reported that they were neither spiritual nor religious produced the lowest scores. Nonspiritual and nonreligious students may be unaware of or may even negate the significance of these issues in counseling and may, therefore, have different training needs than do their more spiritual and religious counterparts.

Limitations and Future Research

As with any developing instrument, further reliability and validity studies are necessary to bolster the strength and utility of the SCS. When this project began, there were no known assessments of spiritual competency. In a recent study of the Spiritual and Religious Competency Assessment (SARCA), Fluellen (2008) asked psychology students to evaluate their competency for addressing spiritual and religious issues within the context of their supervisory experiences. The SARCA yielded a single-factor solution and demonstrated high internal consistency (i.e., .91). The instrument was designed around the original Spiritual Competencies and may be an appropriate concurrent measure for future SCS studies.

Admittedly, the factored SCS is not without shortcomings. For example, a few of the items are redundant, and several critical items did not factor at all. One highly relevant item, "Questioning one's faith is part of a *DSM*

[*Diagnostic and Statistical Manual of Mental Disorders*] diagnosis," failed to load yet should be included in training and assessment, particularly because the item yielded the lowest score of the entire scale—only 20% of the participants responded in a desirable way to this item. Other low-score items that were omitted addressed professional boundaries, referral skills, the role of clergy, signs of spiritually related distress, and spiritual interventions—all highly relevant topics. Thus, the full SCS or the factored version with a supplement of critical items may be more functional than the factored version in its current state (Pett, Lackey, & Sullivan, 2003).

Another limitation is related to recruitment. Not all of the 64 schools that were approached agreed to participate in this study. Of particular noteworthiness was the absence of non-Christian RBSs, which may have brought a unique perspective to the study. The time frame for administration undoubtedly contributed to response rates. Summer courses are often laden with a great deal of information to impart over a short period, and the beginning of the fall semester is typically encumbered with an elevated level of activity. These concerns were cited by many of the schools that opted out of the study.

Surprisingly, participants who were familiar with the Spiritual Competencies (i.e., 5% of the sample) did not produce higher scores than did those who were not aware of these guidelines. Initially, it seems as though awareness of the competencies does not influence SCS scores. Nevertheless, the ambiguous phrasing of the question may have confounded these results. For example, by confirming their familiarity, were participants saying that they knew the competencies existed or that they had studied them extensively? It is doubtful that the former situation would facilitate better scores, whereas the latter scenario may. This is obviously an important point of inquiry for future studies.

A final but significant limitation of this study lies in the fact that a relationship between SCS scores and spiritually competent practice has yet to be established. It would be prudent, then, to administer the SCS to professionals who have expertise in the area of spirituality. Given more desirable and consistent responses, the factor structure of the SCS could be reinforced and a threshold for spiritual competency could be established. Additionally, these data would facilitate analyses of the validity and predictive qualities of the SCS. For example, is the SCS able to discriminate between experts and novices, and can it predict the clinical application of skills and counseling outcomes? Ultimately, if self-reported spiritual competency cannot be transferred into practice and does not benefit clients, efforts to measure it are futile. The multicultural literature reports similar challenges (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002).

Implications for Counselor Education

The SCS has produced unequivocal evidence that students' knowledge of the material associated with the Spiritual Competencies is insufficient. Participants produced acceptable scores for only 20 of the 90 items on the full scale. Seven of these items ask about culture, and five address the dif-

ferences between spirituality and religion. Thus, students may not need as much training in these areas. Conversely, 70 items yielded a mean score below 5.00. Less than half of the participants knew that helplessness, anxiety, and depression may be related to spiritual struggles (Pargament, 1997); that referral to clergy is acceptable or may be necessary when a client's spiritual or religious problems or beliefs extend beyond the counselor's level of expertise (Basham & O'Connor, 2005; Wolf & Stevens, 2001); that unexamined personal beliefs may be harmful to the therapeutic process (Hagedorn, 2005); that assessing spiritual and religious perspectives, especially during intake, is critical (Faiver & Ingersoll, 2005); or that it is appropriate, and sometimes beneficial, to combine spiritual material with traditional techniques (Basham & O'Connor, 2005). These areas are core features of spiritual competency and should be included in counselor training.

The high percentage of responses that fell below the competency indicator justifies concerns that spiritual and religious issues continue to be neglected in counselor education, despite professional mandates for competency and training. More than 500 of the participants were enrolled in CACREP programs, yet the mean scores were well below what would be expected from participants who had received training. Additionally, if this material was included in counseling programs, it would be reasonable to expect a positive correlation between time in program and SCS scores, but this was not the case.

There was preliminary evidence that training improves SCS scores. Participants who believed that their programs had prepared them to include spiritual and religious issues in counseling scored significantly higher on the factored instrument than did those who did not feel prepared. Furthermore, participants who had taken a spirituality in counseling course had higher scores than did those who were exposed to this material as a component of another class. Although none of these groups met the criteria for spiritual competency, it was encouraging to see that course work can facilitate knowledge and awareness. The students seemed to recognize both the importance of these issues and the value of training. Eighty-five percent of those who did not feel prepared by their programs stated an interest in learning about spiritual and religious issues in counseling either as a course component or as a specific class. The higher scores of students who had taken a spirituality course suggest that a stand-alone class may be the optimal training modality.

Not only are clients, the literature, professional organizations, counselors, and counselor educators endorsing the inclusion of spiritual and religious issues in counseling, the students are eager to understand these complex topics as well. The missing link, then, is the development and implementation of course work and the measurement of its efficacy. The SCS has the potential to support each of these objectives.

Finally, the factor structure of the SCS has organized the major points addressed in the original Spiritual Competencies into six distinct categories (i.e., Culture and Worldview, Diagnosis and Treatment, Assessment, Human and Spiritual Development, Counselor Self-Awareness, and Communication).

Conceptually, the categories comprehensively represented the principles of spiritual competency. Empirically, they validated the basic structure of these guidelines and clearly differentiated between the concepts. Practically, they provided a foundation for the 2009 revisions of the Spiritual Competencies.

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