**Problem Statement and Research Questions**

Lisa Peredia

College of Humanities and Social Sciences, Grand Canyon University

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Dr. Renee Starr

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After reviewing literature from scholarly and peer-reviewed sources within the past five years, the focus of research on faith integration into clinical supervision necessitates ongoing research. While literature indicates faith integration is needed in the clinical supervision of new trainees or associate therapists, it is unknown if any specific assessment or framework offers the impact of faith integration into clinical supervision and client treatment progress. Further research is needed to clarify definitive details of the dissertation proposal, but focusing on the impact of faith integration within clinical supervision as it impacts the client's healing and progress would be the long-term goal. Currently, the focus is on faith integration in clinical supervision to identify the impact of clinical training for clinical supervisees (marriage and family therapist trainees and associates) and effectiveness in building clinical skills for treatment and reducing burnout are areas of focus.

**Context of Problem**

When exploring faith integration within clinical supervision, there was not much research at first review; however, further information became apparent upon deeper exploration. Gutierrez (2018) explored and identified the necessity and increased need for religious and spiritual exploration within counselor education and clinical supervision. Gutierrez (2018) also indicated that data showing that current programs are providing insufficient teaching on religiousness and spirituality within treatment interventions during the counselor education and supervision process. Further education for counselors and clinical supervision for faith integration has negative implications for supervisees in treatment practice.

Supervisors and clinicians are experiencing negative long-term impacts due to the lack of faith integration in the clinical supervision setting. Wendell (2022) found that therapists in training experience burnout and fatigue, and faith integration is crucial in addressing their wellness during clinical supervision and counselor education. Unfortunately, the lack of faith integration perpetuates a lack of cultural awareness and sensitivity, causing discomfort, anxiety, and avoidance of discussions about power and identity (Gutierrez, 2018). Ongoing research is needed for reliable assessments that can help address this gap in counselor education and clinical supervision.

**Research Support**

Faith integration within clinical supervision has limited research available despite a need. Karl et al. (2021) found the need for ongoing research within faith integration and clinical supervision because, currently, there is little research in this area that has used randomized-controlled trials or quantitative methods to identify treatment manuals, operational definitions, and standardized practices for counselor education and supervision. Klemashevich (2021) also shared a comprehensive discussion regarding the necessity of faith integration within counseling programs that offered clinical skills to be expanded to support the treatment of clients through clinical support. Though research is lacking within counselor education and supervision for faith integration, research also shows the need for faith integration and for ongoing research to be conducted.

Another benefit of faith integration is building up the supervisees to combat the negative impacts of the therapy they will be exposed to. Barto (2018) found that the lack of faith integration in counselor education and supervision within the development process of clinicians has created a barrier to the treatment they offer, often leading to both the supervisor and supervisee feeling confused. Wendell (2022) further found that wellness and faith integration can successfully combat counselor fatigue and burnout. Gutierrez (2018) found that a lack of faith integration can lead to a rupture with the clinical supervisor, leaving the supervisee uncomfortable and anxious. The research on faith integration within clinical supervision shows how clinical skills can grow, but it can also improve the overall impact of wellness for the supervisee.

Assessments can help assess the impact of faith integration within the clinical supervision process. Assessments like the Christian Counseling Supervision Instrument (CCSI), the Leeds Alliance in Supervision Scale (LASS), and the Counseling Partnership Alliance Check (CPAC) can help evaluate the impact of faith integration in clinical supervision (Greggo et al., 2022). The CCSI assesses supervisees' competencies from a Christian worldview perspective, while the LASS and CPAC measure the supervisory and counselor-client alliance (Greggo et al., 2022). Caution must be explored with the CCSI as Osborn and Jones (2020) found concerns about the assessment’s reliability and validity standards. Another assessment, the Christian Counselor Mentoring Experience Scale (CCMES), showed promise with reliability and validity, which can be used to assess the supervisor’s role within their supervisee in aligning vocational and personal expression with biblical principles, exploring abilities with self-limitation, offering encouragement, and collaborating with the supervisee (Loosemore et al., 2022). Each of these assessments offers further exploration of research for ongoing reliability and validity and data processing of results within various populations to assess the impact of faith integration within clinical supervision.

**Four Potential Research Questions**

Research shows a need for studying faith integration within clinical supervision, but questions exist in navigating ongoing exploration. Current research has shown more qualitative designs than mixed-methods or quantitative design methods. The first question would explore the ability to conduct a quantitative methods approach to assessing faith integration through clinical supervision. The second would explore which instrument would be used to assess a population of supervisees pre- and post-assessment with faith integration. The third question will explore if there is an ability to assess overall treatment influence from a supervisee’s ability to receive faith integration within their clinical supervision. Lastly, explore a practical timeline to monitor assessment and implications when conducting a pre-and post-assessment of supervisees. A quantitative exploration of faith integration in clinical supervision would require assessing the timeframe, population, instrument, and results for a data-driven response.

**Conclusion**

Faith integration within clinical supervision needs further exploration. Recent studies show the need for ongoing faith integration in counseling education and clinical supervision, which will benefit the supervisees well-being and growth in their clinical skills. The lack of research in faith integration within clinical supervision provides further evidence of the ongoing need to assess the impact on the clinical-supervisor relationship, the supervisee’s well-being, and clinical skills. Further research can explore each of these areas and the long-term goal of assessing the impact of the treatment on clients and their progress.

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