You stated:
However, mental health professionals hardly investigate religion or spirituality in the context of patient care (Rosmarin & Leidl, 2020). This was a book – what evidence did they provide?

Seminal works missing - cited over 350 times
Stanard, R. P., Sandhu, D. S., & Painter, L. C. (2000). Assessment of spirituality in counseling. *Journal of Counseling & Development*, *78*(2), 204-210.

Cited over 130 times
Morrison, J. Q., Clutter, S. M., Pritchett, E. M., & Demmitt, A. (2009). Perceptions of clients and counseling professionals regarding spirituality in counseling. *Counseling and Values*, *53*(3), 183-194.

'Mental health professionals generally lack competency for addressing religion and spirituality in counseling settings'. Gutierrez, D., Hiatt, K., & Lee, A. (2020). Spiritually competent orientation in supervision: application of the cultural third. *The Clinical Supervisor*, *39*(2), 210-228. how will you address this in your recruiting? AND they never mention the term "leaders".

Multiple issue noted in chapter 3 – we likely need a meeting to review and clarify in several areas.
No mention of expert review results, process.
Field tests would be next.

Why is leadership here and how is that different than a regular counselor?
Leadership not mentioned in the inclusion criteria or explained.

Missing references – see notes in reference section – some in the text are also not listed.

Understanding how counseling leadership Incorporate Spirituality in the Counseling

Sessions in Connecticut

Submitted by

Abdul Jalil Shabazz

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

Grand Canyon University

Phoenix, Arizona

09/06/2023

Understanding How Leadership Incorporate Spirituality in the Counseling Sessions By

Abdul Jalil Shabazz

Successfully Defended and Approved by All Dissertation Committee Members

[Insert Date]

DISSERTATION COMMITTEE APPROVAL:
The following committee members certify they have read and approve this dissertation and deem it fully adequate in scope and quality as a dissertation for the degree of Doctor of XXX.

Dr. Dolores A. Kelly, EdD, Dissertation Chair

Dr. Cliff Butler, ABD, Methodologist

Dr. Ayad Abdul Jabbar, EdD, Content Expert

ACCEPTED AND SIGNED:

_____ _____

Michael R. Berger, EdD
Dean, College of Doctoral Studies

Date

Table of Contents

Chapter 1: Introduction to the Study

People suffer from various mental illness including anxiety disorders and depression. According to Kessler and Wang (2008) there are 41.7% of Americans that are diagnosed with an anxiety illness at some point in their lives. Around 18.1% of adults in America experience substantial clinical anxiety symptoms on a yearly basis (Kessler et al., 2012). For these reasons, the modern era has seen an increase in anxiety diagnosis. Firstly, there is a heightened awareness and improved understanding of mental health issues, particularly anxiety disorders, which has led to more individuals seeking help and receiving accurate diagnoses (Slee et al., 2021). This shift is partly due to ongoing efforts to reduce the stigma associated with mental health problems, encouraging people to be more open about their struggles and making it easier to access diagnosis and treatment. Moreover, the modern lifestyle itself plays a significant role in the rise of anxiety diagnoses. The fast-paced, high-stress nature of contemporary life, coupled with social pressures and the constant connectivity brought about by technology, can contribute to the development or exacerbation of anxiety symptoms. Additionally, advances in mental health assessment and diagnostic tools have empowered healthcare professionals to recognize and diagnose anxiety disorders with greater precision (Zener, 2019).

This study seeks to discuss ways in which counseling leaders treat an array of diagnosis through incorporating spirituality and religion in counseling. Rosmarin et al. (2021) has discussed that more than 90% of Americans profess a spiritual and religious belief, while more than half say that religion plays a very important role in their lives. In addition, 50% of psychotherapy patients say they want to discuss spiritual or religious issues during their sessions (Rosmarin et al., 2021). However, mental health professionals

hardly investigate religion or spirituality in the context of patient care (Rosmarin & Leidl, 2020). The proposed study will identify the missing link between integrating religion or spirituality by counseling leadership. The primary goal of this proposed study is to investigate how counseling leaders incorporate information and encouragement through spirituality and religion into the counseling sessions. This research focuses on Connecticut counseling leaders.

A growing body of research supports the positive effects of religious participation on mental health and wellbeing. Higher levels of mental health are typically correlated with higher levels of church attendance and religious belief (Thomas & Barbato, 2020). This does not negate the possibility that some types of religiosities may be harmful to mental health. Religion is becoming more popular as a coping mechanism for mental health issues. Ano and Vasconcilles (2005) found that when individuals engage in positive religious coping, it is strongly correlated with good mental health. On the contrary, poor religious coping tends have the opposite effect, negatively impacting mental health.

Ozcan et al. (2021) discussed that despite the increasing volume of research on religious attendance, belief, and coping, there is still a need for further clarification and exploration in this area. Studies of incorporating religious and spiritual experience into counseling have received far less academic attention. This study seeks to fill that void by examining the psychological impact of religious and spiritual healing guided by counseling leaders within the counseling sessions. Captari et al. (2021) examined counseling leaders experience of individuals with spirituality inclusion. Patients described 65% of the time relying on spiritual beliefs during difficult times and showed

interest in discussing spirituality and religion in treatment 74% of the time. Almost half of patients indicated they would wait for their clinician to suggest the inclusion of spirituality in treatment. Captari et al identified the need for more research in incorporating spirituality within the counseling sessions.

According to Rosmarin et al. (2021) incorporating religion into counseling sessions have a positive impact on treatment. However, patients treated by religiously unaffiliated clinician-led groups had significantly greater perceived benefit than patients treated by affiliated clinician-led groups. They recommend further research into the techniques for incorporating religion and spirituality into treatment in relation to religious and nonreligious clinician influences. The results suggest the need to carry out a multidimensional assessment of spiritual functioning of persons beginning alcohol addiction therapy to provide treatment that is adjusted to patients' spiritual potential and deficits. It is recommended that future studies include different aspects of gratitude (e.g., gratitude toward God, gratitude toward therapists, gratitude for sobriety) to determine how they are related to treatment completion. Travis (2021) suggested the need to investigate the process by which counseling leaders are trained to incorporate religion and spirituality into their treatment using a manualized version of Adlerian strategies.

The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality in the counseling sessions in Connecticut. This proposed study seeks to add to the existing body of literature by focusing on how counseling leaders incorporate religion and spirituality into their treatment. As recommended by Charzynska, (2021); Rosmarin

et al. (2021); and Travis, (2021), the proposed study focuses on various understudied themes within incorporating religion and spirituality in counseling sessions.

This study explores the incorporation of religious and spiritual beliefs by counseling leaders into their practice. It explores how these leaders integrate spiritual themes into their therapeutic approach and discusses their personal experiences with incorporating spirituality into counseling sessions. The proposed study also focuses on how the counseling leaders attempt to refrain from incorporating their own personal beliefs in the patient's treatment. Moreover, the study also focuses on how counseling leaders deal with people from completely different religious or spiritual backgrounds without showing any biasness.

Qualitative research techniques proposed to be used are questionnaires and interviews of counseling leaders within the study. The data will be collected with the help of Connecticut Counseling Association (CCA) or the American Counseling Association (ACA). The proposed study will have detailed discussion on counseling leaders' description of incorporating information and encouragement through religion and spirituality within the counseling sessions.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
INTRODUCTION (Typically three to four paragraphs or approximately one page)				
The learner introduces the dissertation topic supported by prior research as defined by the problem space (see Chapter 2 for more information regarding problem space).	2	2	2	2
The learner states the purpose statement.	2	2	2	2
The learner provides an overview about how the study advances knowledge and practice.	2	2	2	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	2	2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Background of the Study

This study explores several areas warranting further investigation of spirituality and religion intersection, unfolding SERT-related themes in treatment, impact of manualized Adlerian strategies on clinical leader. Diverse facets of gratitude in relation to treatment, and development of programs integrating spiritual themes for positive impact on counseling leaders' future practice (Captari et al., 2021; Travis, 2021; Charzynska, 2021; Murray et al., 2020). The research that still needs to be better understood in this study is exploration of the intersectionality of spirituality and religion in the counseling sessions.

How SERT (Spiritual, Existential, Religious, and Theological)-related themes unfold and are negotiated in treatment (Captari et al., 2021). How counseling leaders describe the incorporation of spirituality through a process by which clinicians are trained with a manualized version of Adlerian strategies (Travis, 2021). What different aspects of gratitude toward God, gratitude toward therapists, and gratitude for sobriety are determined, and how they are related to treatment (Charzynska, 2021). Does counseling leaders' model active inquiry in the use of spiritual and religious themes in the counseling sessions which can positively influence counseling leaders and future practice (Murray et al., 2020).

Many aspects of spiritual and religious issues have been investigated by researchers in therapeutic settings. Their investigations have included topics such as clinical leaders training, multicultural competence, and clinical behaviors. Murray et al. (2020) investigated client self-determination and utilizing in therapy. It is a culturally competent framework with clients that implies clients' right to discuss spiritual and religious connectedness within therapy that should be honored by practitioners. Gutierrez et al. (2020) investigated negative impacts on therapy when spiritual and religious inclusion are not explored by therapists because of bias or avoidant behaviors. Gladding and Crockett (2018) discussed concerns about spiritually based interventions in therapy, assessment, spiritual wellness, and its development have also been addressed.

According to Rupert et al. (2018) religious or spiritually committed clients have better outcomes when their treatment integrates their religion or spirituality in counseling. However, there is a risk of negative outcomes if they believe therapists are biased in relation to their spirituality and religious perspectives within counseling. Oxhandler et al. (2019) investigated the integration of religious and spirituality within therapy if the practitioner respects the patients' beliefs. Thus, the question is no longer whether religion or spirituality should be merged into the treatment, but rather how to do it in the most appropriate and ethical way. Spiritual therapy uses specific principles and spiritual-religious methods to help patients know themselves, the world, events, and phenomena.

Thus, the link between these individuals and the meta-material world may lead to their health and growth (Safara et al., 2018). A study on the role of religion and spirituality in mental health found that it provides the foundation for stress relief through an appropriate and desirable system of self-discipline. Rodrigues-Sobral et al. (2022)

highlight the impact of spiritual counseling on the psychological well-being of Iranian female cancer patients. Additionally, Komariah et al. (2023) establish a noteworthy positive correlation between religious well-being and effective problem-oriented coping strategies. Moreover, Rabitti et al. (2020) demonstrate in their study that heightened spirituality corresponds to enhanced physical and mental health, along with diminished levels of anxiety and fear related to aging.

Komariah et al. (2023) discovered a significant positive relationship between religious attitude and psychological well-being. Furthermore, Yonker et al. (2012) found that people with greater spiritual and religious sentiments had lower high-risk behaviors, as well as increased psychological well-being and self-esteem. According to Kim et al. (2014) adolescents who had direct exposure to religious resources are far less likely to become addicted to alcohol and marijuana. According to Rupert et al. (2018) clinical leaders believed that incorporating religion and spirituality in their treatment would help them understand their own spiritual journey. However, there is a negative effect on therapy when therapists do not explore spiritual and religious inclusion due to bias or avoidant behavior (Gutierrez et al., 2020).

Practitioners should respect patients' religious and spiritual beliefs and values (Murray et al., 2020). The research which needs to be better understood is how these religious and spiritual practices can be integrated within counseling leaders. These practices include the skills, competencies, and knowledge required for clinical leaders to incorporate religion and spirituality within the counseling sessions. This is despite the fact whether they address them in their personal lives or not. The objective of this

research is to fill that gap by examining the psychological effect of religious and spiritual healing within counseling leadership.

The study closest to this proposed study is by Cunha and ScorsoliniComin (2019). They interviewed psychotherapists about the best practices that a counseling leader should consider incorporating in counseling when dealing with religion and spirituality of clients. Even if the counseling leaders do not associate with religion and spirituality within their own lives, they should (a) respect their clients; (b) know how to separate their personal beliefs from the clients; (c) recognize religion and spirituality as a theme and an integrative dimension of the human being; (d) learn how to listen rather than inject; (e) ask questions about religion and spirituality in the patients ' lives because it is the patients' therapy, not the therapist's; (f) seek religious and spiritual knowledge in order to meet the patient in the stage of treatment; and (g) do not impose the therapist's knowledge, beliefs, or doctrine on the patients.

Cunha and ScorsoliniComin's (2019) work are based on the country of Brazil and thus, due to differences in socio-economic conditions these results may or may not be applicable to the people of America. Brazil is a developing country with different settings, counseling practices and religious diversity as compared to America. To extend their research across geographical borders needs evidence-based research. This proposed study aims to fill this gap by conducting qualitative research based in Connecticut. The rationale for replicating studies with diverse populations is underscored by Bamberger's work (2019), emphasizing the significance of expanding research across various demographics for comprehensive understanding and validation. Various themes under incorporating religion and spirituality within counseling leaders are considered. These

include the ways in which the counseling leaders incorporate religious and spiritual practices, their experiences in incorporating these practices, and the effectiveness. This also includes the ways they adopt to keep their own personal believes out of the therapy along with their practices of being tolerant to patients with different believes.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
BACKGROUND OF THE STUDY (Typically two to three paragraphs or approximately one page)				
The learner provides a brief history of the problem space, and a summary of results from the prior research on the topic.	2	2	1	2
The learner identifies what still needs to be understood within the problem space. The learner provides a clear statement of what still needs to be understood: "The research that needs to be better understood is …"	2	2	1	2
The learner builds a justification for the current study, using a logical set of arguments supported by appropriate citations.	2	2		2
Learner situates what needs to be understood by discussing how the research is applicable to/beyond the local setting and may be contributory to professional or broader societal needs.	2	2	1	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	2	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **Needs more in the areas marked above**				

Definition of Terms

The following terms were used operationally in this study.

Spirituality entails self-perceptions along with a combination of personality traits and core beliefs about life's existence and meaning. These beliefs concern various aspects of life, such as social, personal, and psychological aspects (Safara et al., 2018). The study operationally defines spirituality as encompassing individuals' self-perceptions, intertwined with a blend of personality traits and fundamental beliefs concerning life's essence and significance.

***Religion*s** can be divided into three levels. The first level of definitions is concerned with appeasing God or Supernatural powers. Religion is traditionally defined in terms of a superpower, divinity, or God. Religion is based on supernatural assumptions. According to Zinnbauer and Pargament (2005), religion is a system of beliefs in a divine or superhuman power, with worship or other ritual practices directed towards that power. At the conceptual level, the term "religion" is stratified into three tiers. The initial tier of definitions centers on acts aimed at placating a divine entity or supernatural forces. Traditionally, religion is delineated through the lens of a higher power, divinity, or the religious tenets grounded in the supernatural realm.

Counseling is any method of treatment that involves treating particularly psychiatric disorders, illnesses of the mind, and mental processes in which a professional talk and listens to their patients about his or her condition and may advise on how to deal with it (Poduri, 2022). In the context of this study, counseling is conceptually characterized as a therapeutic approach encompassing various methods for addressing psychiatric disorders, ailments of the mind, and cognitive processes.

Phenomena of this study focuses on how counseling leaders face considerable challenges to engage in spiritual treatment with clients in the counseling sessions. Evans & Jennifer, (2021) discuss how counselors describe a dissonance related to inclusion of spirituality within treatment. Gutierrez et al. (2020) discusses how spiritual and religious inclusion are not explored by counseling leaders in treatment because of bias or avoidant behaviors by counselors. These behaviors are mostly due to the lack of educational training and cultural diversity to engage clients in treatment. The researcher will address the phenomena in this study by exploring practices with counseling leaders. How do leadership describe the process of incorporating information through spirituality in the counseling session? How do leadership describe the process of incorporating encouragement through spirituality in the counseling session?

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
DEFINITIONS OF TERMS (Each definition may be a few sentences to a paragraph.)				
The learner defines any words that may be unknown to a lay person (words with unusual or ambiguous meanings or technical terms) from the research or literature.	2	2	2	2
The learner conceptually defines the phenomena in the study	2	0	0	2
The learner supports definitions with citations from scholarly sources, where appropriate.	2	2	2	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	1	1	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required.				

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Anticipated Limitation

Statistical Limitation: While qualitative research is well-suited for this study's context, it faces a limitation in establishing statistical relationships and investigating causality. The absence of statistical analysis inhibits the ability to definitively establish causal connections. As a result, the study might provide insights into associations and patterns but falls short of confirming cause-and-effect relationships. This limitation arises from the inherent nature of qualitative research, which prioritizes in-depth exploration over statistical quantification. While it might restrict the study from making conclusive claims about causality, it allows for a nuanced understanding of the phenomena under investigation. The study's findings will focus on descriptive and relational aspects rather than causal relationships. Conclusions drawn from this qualitative analysis will emphasize patterns and correlations rather than direct cause-and-effect links. not sure why this limitation is here – this is a QUAL study -

Researcher and Participant Bias: Inherent subjectivity in qualitative research introduces the potential for both researcher and participant biases, particularly in interviews and surveys. The personal perspectives of the researcher and participants may influence the interpretation of data, potentially leading to oversimplified or inaccurate conclusions. The interactive nature of qualitative research, where researchers engage with participants, can introduce their viewpoints into the analysis. Similarly, participants'

responses might be influenced by their own biases and perspectives. The study's findings may reflect these biases, potentially leading to interpretations that do not fully capture the complexity of the phenomenon. Awareness of these biases will inform the interpretation of data.

Replicability Challenge: Qualitative research faces challenges in replicating findings due to inherent biases in data collection. Supplier bias from participants and researcher bias introduce variability that makes exact replication challenging. Additionally, the flexibility in data gathering might lead to inconsistencies in the scope of information collected. The qualitative research process is influenced by contextual factors, including participants' perspectives and the researcher's choices, which can differ across studies. The study's findings might not be directly reproducible in identical settings due to the variability introduced by biases and contextual influences. However, the study's insights can still inform similar contexts.

Subjectivity and Scientific Acceptance: Qualitative research findings can face resistance within the scientific community due to their subjective nature. Reliance on diverse perspectives and potential biases in interpretation can lead to skepticism regarding the validity of conclusions drawn from qualitative studies. The scientific community often values objectivity and replicability, which can be challenging in qualitative research due to the subjectivity involved. The study's findings may need to be contextualized within the broader acceptance of qualitative research within the scientific community.

Lack of Patient Perspective: Focusing solely on counseling leaders' viewpoints might overlook crucial insights from patients. This limitation can lead to an incomplete understanding of the incorporation of religion and spirituality into treatment. Gathering only one perspective might miss aspects that are crucial to patients' experiences and the overall phenomenon being studied. The study's conclusions might be skewed or incomplete, highlighting the need for future research to incorporate patient perspectives for a more holistic understanding.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
ANTICIPATED LIMITATIONS (Each limitation may be a few sentences to a paragraph.)				
The learner identified anticipated limitations.	2	2	2	2
Learner provided a rationale for each anticipated limitation.	2	2	2	2
Learner discussed consequences for the transferability and applicability of the findings based on anticipated limitations.	2	2	2	0
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		1
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Summary and Organization of the Reminder of the Study

The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through

spirituality within the counseling sessions in Connecticut. The proposed study fills a gap in proposing a focus on the integration of religion or spirituality within counseling leadership. The primary goal of this proposed study is to investigate how counseling leaders can incorporate religious and spirituality within the counseling sessions. Through investigation counseling leaders can describe how utilizing an information and encouragement approach within the counseling sessions can help. This study focuses specifically on Connecticut counseling leaders.

The proposed study aims to understand how counseling leadership incorporate spirituality within the counseling sessions. Several studies such as Murray et al. (2020), Gutierrez et al. (2020), and Evans & Jennifer, (2021) as examples has given a descriptive discussion on the study. These researchers focus on various understudied themes regarding incorporating religion and spirituality in the counseling session. The studies outlined various themes including the counseling leader's own religious and spiritual beliefs. To how the counseling leaders incorporates religious and spiritual themes in the treatment, and their experiences with incorporating spirituality into their practices are covered. The proposed study also focuses on how counseling leaders attempt to avoid incorporating their own personal beliefs into the patient's treatment. Furthermore, it focuses on how counseling leaders deal with people from completely different religious or spiritual backgrounds without being biased.

The study will utilize qualitative research techniques such as questionnaires and interviews of counseling leaders. The information will be gathered with the assistance of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA). The proposed study will include detailed modules on incorporating

religious and spiritual information and encouragement into the counseling sessions. By providing both the client and the therapist with a set of values and principles that improve their connection and the therapeutic process. Religion and spirituality may support the process of counseling, but the counseling leadership readiness needs to be explored. To convince the client and the counseling leaders of the importance of religious and spiritual approaches. An emphasis should be focused on the latter's professional, religious, and spiritual aptitudes. Feasibility of the study and benefits are provided in the checklist in Appendix C.

Insert Project Timeline Here:

Component	January-March 2023	March-May 2023	May-July 2023	July - October 2023	October - December 2023	January-March 2024	March-May 2024	May-July 2024
Proposal Development	**X**							
Literature Review		**X**						
Chapter 1			**X**					
Methodology Development				**X**				
Proposal Defense					**X**			
IRB Application					**X**			
Data Collection (Upon Approval)						**X**		
Data Analysis							**X**	
Dissertation Write up							**X**	
Dissertation Defense								**X**

Submission								**X**

Alignment Table

Alignment Item	Alignment Item Description
Problem Space Need:	[The proposed study aims to examine how counseling leaders may incorporate information, and encouragement through religion and spirituality within the counseling sessions. Counseling leaders describe a dissonance related to inclusion of spirituality within treatment (Evans & Jennifer, 2021). Spiritual and religious inclusion are not explored by therapists in treatment because of bias or avoidant behaviors by counseling leaders (Gutierrez et al., 2020).]
Problem Statement:	[It is not known how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions. Previous research has evaluated counseling experts' efforts to integrate patients' religion and spirituality in practice. However, their scope was limited, and many studies have recommended future research (Oxhandler et al., 2019).]
Purpose of the Study:	[The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut.]
Phenomenon:	[The phenomenon of this study is the incorporation of religion and spirituality into treatment, particularly within the context of counseling practices. The study aims to explore how counseling leaders integrate religious and spiritual beliefs, practices, and themes into their therapeutic approaches. It seeks to understand the experiences, perspectives, and potential benefits of incorporating these aspects into the treatment process. This phenomenon involves examining the ways in which religion and spirituality intersect with counseling leader's practices and how they impact both the counseling leader and the individual's seeking treatment.]
Research Questions:	[RQ 1: How do counseling leaders describe the process of incorporating information through religion and spirituality within the counseling sessions? RQ 2: How do counseling leaders describe the process of incorporating encouragement through religion and spirituality within the counseling sessions?]
Methodology/Research Design:	[This proposed study is based on qualitative research. This proposed study will focus on the qualitative research design based on interviews and surveys to learn more in-depth the use of religion and spirituality in incorporating information and encouragement within counseling.]

The introduction, background of the study, definition of terms and anticipated limitations are addressed in Chapter 1. Chapter 2 offers a thorough analysis of relevant

literature, theoretical foundations, and problem statement of how religious, and spirituality can help incorporate information and encouragement within counseling. Chapter 3 presents the techniques and methods utilized to obtain the data for the study. The findings of the study's analyses and findings will be presented in Chapter 4. A summary of the study's findings, conclusions derived from them, a discussion, and suggestions for further research will be included in Chapter 5. The next section to review is Chapter 2 and presents the literature review which is an introduction to the background of the problem.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
CHAPTER 1 SUMMARY AND ORGANIZATION OF THE REMAINDER OF THE STUDY (Typically, one to two pages)				
FOR PROPOSAL ONLY: The learner provides a project timeline for completion of the dissertation. [Remove this for the dissertation.]	2	2		2
The learner provides a summary of feasibility of the study. The learner completes Appendix H (Feasibility and Benefits Checklist).	2	2		0
The learner completes the alignment table above. Furthermore, the items within the table are aligned.	2	2		2
The learner describes the remaining Chapters and provides a transition discussion to Chapter 2.	2	2		2
The learner correctly formats the chapter to the Template using the *Word Style Tool* and APA standards. Writing is free of mechanical errors.	2	2		2
All research presented in the chapter is scholarly, topic-related, and obtained from highly respected academic, professional, original sources. In-text citations are accurate, correctly cited, and included in the reference page according to APA standards.	2	2		2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

People suffer from various mental illness including anxiety disorders and depression. According to Kessler, and Wang. (2008) there are 41.7% of Americans that are diagnosed with an anxiety illness at some point in their lives. Around 18.1% of adults in America experience substantial clinical anxiety symptoms on a yearly basis (Kessler et al., 2012). For these reasons, the modern era has seen an increase in anxiety diagnosis.

This study seeks to discuss ways in which counseling leaders treat an array of diagnosis through incorporating spirituality and religion in counseling. Rosmarin et al. (2021) has discussed that more than 90% of Americans profess a spiritual and religious belief, while more than half say that religion plays a very important role in their lives. In addition, 50% of psychotherapy patients say they want to discuss spiritual or religious issues during their sessions (Rosmarin et al., 2021). However, mental health professionals hardly investigate religion or spirituality in the context of patient care (Rosmarin & Leidl, 2020). The proposed study will identify the missing link between integrating religion or spirituality by counseling leadership. The primary goal of this proposed study is to investigate how counseling leaders incorporate information and encouragement through

spirituality and religion into the counseling sessions. This research focuses on Connecticut counseling leaders.

A growing body of research supports the positive effects of religious participation on mental health and wellbeing. Higher levels of mental health are typically correlated with higher levels of church attendance and religious belief (Koenig et al., 2012). This does not negate the possibility that some types of religiosities may be harmful to mental health. Religion is becoming more popular as a coping mechanism for mental health issues. According to Ano and Vasconcilles (2005) while poor religious coping often has the opposite effect, positive religious coping has strong correlation with good mental health.

Ozgul et al. (2021) discussed that despite a growing body of research on religious attendance, belief, and coping. Studies of incorporating religious and spiritual experience into counseling have received far less academic attention. This study seeks to fill that void by examining the psychological impact of religious and spiritual healing guided by counseling leaders within the counseling sessions. Captari et al. (2021) examines counseling leaders experience of individuals with spirituality inclusion. Patients described 65% of the time relying on spiritual beliefs during difficult times and showed interest in discussing spirituality and religion in treatment 74% of the time. Almost half of patients indicated they would wait for their clinician to suggest the inclusion of spirituality in treatment. The study however identifies the need for more research in incorporating spirituality within the counseling sessions.

According to Rosmarin et al. (2021) incorporating religion into counseling sessions have a positive impact on treatment. However, patients treated by religiously

unaffiliated clinician-led groups had significantly greater perceived benefit than patients treated by affiliated clinician-led groups. They recommend further research into the techniques for incorporating religion and spirituality into treatment in relation to religious and nonreligious clinician influences. Charzynska (2021) recommend research on how various types of gratitude towards God, people, and therapist can impact the counseling process. Travis (2021) suggests investigating the process by which counseling leaders are trained to incorporate religion and spirituality into their treatment using a manualized version of Adlerian strategies.

The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut. This proposed study seeks to add to the existing body of literature by focusing on how counseling leaders incorporate religion and spirituality into their treatment. As recommended by Charzynska, (2021); Rosmarin et al. (2021); and Travis, (2021), the proposed study focuses on various understudied themes within incorporating religion and spirituality in counseling sessions.

This study explores the incorporation of religious and spiritual beliefs by counseling leaders into their practice. It explores how these leaders integrate spiritual themes into their therapeutic approach and discusses their personal experiences with incorporating spirituality into counseling sessions. The proposed study also focuses on how the counseling leaders attempt to refrain from incorporating their own personal beliefs in the patient's treatment. Moreover, the study also focuses on how counseling leaders deal with people from completely different religious or spiritual backgrounds without showing any biasness.

Qualitative research techniques proposed to be used are questionnaires and interviews of counseling leaders within the study. The data will be collected with the help of Connecticut Counseling Association (CCA) or the American Counseling Association (ACA). The proposed study will have detailed modules on counseling leaders' description of incorporating information and encouragement through religion and spirituality within the counseling sessions.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
INTRODUCTION (Typically three to four paragraphs or approximately one page)				
The learner introduces the dissertation topic supported by prior research as defined by the problem space (see Chapter 2 for more information regarding problem space).	2	2	2	2
The learner states the purpose statement.	2	2	3	2
The learner provides an overview about how the study advances knowledge and practice.	2	2	2	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	2	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: see notes please				

Background of the Study

This study explores several areas warranting further investigation of spirituality and religion intersection, unfolding SERT-related themes in treatment, impact of manualized Adlerian strategies on clinical leader. Diverse facets of gratitude in relation to treatment, and development of programs integrating spiritual themes for positive impact on counseling leaders' future practice (Captari et al., 2021; Travis, 2021; Charzynska,

2021; Murray et al., 2020). The research that still needs to be better understood in this study is exploration of the intersectionality of spirituality and religion in the counseling sessions.

How SERT (Spiritual, Existential, Religious, and Theological)-related themes unfold and are negotiated in treatment (Captari et al., 2021). How counseling leaders describe the incorporation of spirituality through a process by which clinicians are trained with a manualized version of Adlerian strategies (Travis, 2021). What different aspects of gratitude toward God, gratitude toward therapists, and gratitude for sobriety are determined, and how they are related to treatment (Charzynska, 2021). Does counseling leaders model active inquiry in the use of spiritual and religious themes in the counseling sessions which can positively influence counseling leaders and future practice (Murray et al., 2020).

Many aspects of spiritual and religious issues have been investigated by researchers in therapeutic settings. Their investigations have included topics such as clinical leaders training, multicultural competence, and clinical behaviors. Murray et al. (2020) investigated client self-determination and utilizing in therapy. It is a culturally competent framework with clients that implies clients' right to discuss spiritual and religious connectedness within therapy that should be honored by practitioners. Gutierrez et al. (2020) investigated negative impacts on therapy when spiritual and religious inclusion are not explored by therapists because of bias or avoidant behaviors. Gladding and Crockett (2018) discussed concerns about spiritually based interventions in therapy, assessment, spiritual wellness, and its development have also been addressed.

According to Rupert et al. (2018) religious or spiritually committed clients have better outcomes when their treatment integrates their religion or spirituality in counseling. However, there is a risk of negative outcomes if they believe therapists are biased in relation to their spirituality and religious perspectives within counseling. Oxhandler et al. (2019) investigated the integration of religious and spirituality within therapy if the practitioner respects the patients beliefs. Thus, the question is no longer whether religion or spirituality should be merged into the treatment, but rather how to do it in the most appropriate and ethical way. Spiritual therapy uses specific principles and spiritual-religious methods to help patients know themselves, the world, events, and phenomena.

Thus, the link between these individuals and the meta-material world may lead to their health and growth (Safara et al., 2018). A study on the role of religion and spirituality in mental health found that it provides the foundation for stress relief through an appropriate and desirable system of self-discipline. Rodrigues-Sobral et al. (2022) highlight the impact of spiritual counseling on the psychological well-being of Iranian female cancer patients. Additionally, Komariah et al. (2023) establish a noteworthy positive correlation between religious well-being and effective problem-oriented coping strategies. Moreover, Rabitti et al. (2020) demonstrate in their study that heightened spirituality corresponds to enhanced physical and mental health, along with diminished levels of anxiety and fear related to aging.

Komariah et al. (2023) discovered a significant positive relationship between religious attitude and psychological well-being. Furthermore, Yonker et al. (2012) found that people with greater spiritual and religious sentiments had lower high-risk behaviors, as well as increased psychological well-being and self-esteem. According to Kim et al.

(2014) adolescents who had direct exposure to religious resources are far less likely to become addicted to alcohol and marijuana. According to Rupert et al. (2018) clinical leaders believed that incorporating religion and spirituality in their treatment would help them understand their own spiritual journey. However, there is a negative effect on therapy when therapists do not explore spiritual and religious inclusion due to bias or avoidant behavior (Gutierrez et al., 2020).

Practitioners should respect patients' religious and spiritual beliefs and values (Murray et al., 2020). The research which needs to be better understood is how these religious and spiritual practices can be integrated within counseling leaders. These practices include the skills, competencies, and knowledge required for clinical leaders to incorporate religion and spirituality within the counseling sessions. This is despite the fact whether they address them in their personal lives or not. The objective of this research is to fill that gap by examining the psychological effect of religious and spiritual healing within counseling leadership.

The study closest to this proposed study is by Cunha and ScorsoliniComin (2019). They interviewed psychotherapists about the best practices that a counseling leader should consider incorporating in counseling when dealing with religion and spirituality of clients. Even if the counseling leaders do not associate with religion and spirituality within their own lives, they should (a) respect their clients; (b) know how to separate their personal beliefs from the clients; (c) recognize religion and spirituality as a theme and an integrative dimension of the human being; (d) learn how to listen rather than inject; (e) ask questions about religion and spirituality in the patients ' lives because it is the patients' therapy, not the therapist's; (f) seek religious and spiritual knowledge in

order to meet the patient in the stage of treatment; and (g) do not impose the therapist's knowledge, beliefs, or doctrine on the patients.

Cunha and ScorsoliniComin's (2019) work is based on the country of Brazil and thus, due to differences in socio-economic conditions these results may or may not be applicable to the people of America. Brazil is a developing country with different settings, counseling practices and religious diversity as compared to America. To extend their research across geographical borders needs evidence-based research. This proposed study aims to fill this gap by conducting qualitative research based in Connecticut. The rationale for replicating studies with diverse populations is underscored by Bamberger's work (2019), emphasizing the significance of expanding research across various demographics for comprehensive understanding and validation. Various themes under incorporating religion and spirituality within counseling leaders are considered. These include the ways in which the counseling leaders incorporate religious and spiritual practices, their experiences in incorporating these practices, and the effectiveness. This also includes the ways they adopt to keep their own personal believes out of the therapy along with their practices of being tolerant to patients with different believes.

Criterion ***(Score = 0, 1, 2, or 3)**	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
BACKGROUND OF THE STUDY (Typically two to three paragraphs or approximately one page)				
The learner provides a brief history of the problem space, and a summary of results from the prior research on the topic.	2	2		2
The learner identifies what still needs to be understood within the problem space. The learner provides a clear statement of what still needs to be understood:	2	2		2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
"The research that needs to be better understood is …"				
The learner builds a justification for the current study, using a logical set of arguments supported by appropriate citations.	2	2		2
Learner situates what needs to be understood by discussing how the research is applicable to/beyond the local setting and may be contributory to professional or broader societal needs.	2	2		2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Definition of Terms

The following terms were used operationally in this study.

Spirituality entails self-perceptions along with a combination of personality traits and core beliefs about life's existence and meaning. These beliefs concern various aspects of life, such as social, personal, and psychological aspects (Safara et al., 2018). The study operationally defines spirituality as encompassing individuals' self-perceptions, intertwined with a blend of personality traits and fundamental beliefs concerning life's essence and significance.

***Religion*s** can be divided into three levels. The first level of definitions is concerned with appeasing God or Supernatural powers. Religion is traditionally defined

in terms of a superpower, divinity, or God religion is based on supernatural assumptions. Religion, according to Zinnbauer and Pargament (2005) is a system of beliefs in a divine or superhuman power, with worship or other ritual practices directed towards that power. At the conceptual level, the term "religion" is stratified into three tiers. The initial tier of definitions centers on acts aimed at placating a divine entity or supernatural forces. Traditionally, religion is delineated through the lens of a higher power, divinity, or the religious tenets grounded in the supernatural realm.

Counseling is any method of treatment that involves treating particularly psychiatric disorders, illnesses of the mind, and mental processes in which a professional talk and listens to their patients about his or her condition and may advise on how to deal with it (Poduri, 2022). In the context of this study, counseling is conceptually characterized as a therapeutic approach encompassing various methods for addressing psychiatric disorders, ailments of the mind, and cognitive processes.

Phenomena of this study focuses on how counseling leaders face considerable challenges to engage in spiritual treatment with clients in the counseling sessions. Evans & Jennifer, (2021) discuss how counselors describe a dissonance related to inclusion of spirituality within treatment. Gutierrez et al. (2020) discusses how spiritual and religious inclusion are not explored by counseling leaders in treatment because of bias or avoidant behaviors by counselors. These behaviors are mostly due to the lack of educational training and cultural diversity to engage clients in treatment. The researcher will address the phenomena in this study by exploring practices with counseling leaders. How do leadership describe the process of incorporating information through spirituality in the

counseling session? How do leadership describe the process of incorporating encouragement through spirituality in the counseling session?

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
DEFINITIONS OF TERMS (Each definition may be a few sentences to a paragraph.)				
The learner defines any words that may be unknown to a lay person (words with unusual or ambiguous meanings or technical terms) from the research or literature.	2	2		2
The learner conceptually defines the phenomena in the study	2	0		2
The learner supports definitions with citations from scholarly sources, where appropriate.	2	2		2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	1		2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Anticipated Limitation

Statistical Limitation: While qualitative research is well-suited for this study's context, it faces a limitation in establishing statistical relationships and investigating causality. The absence of statistical analysis inhibits the ability to definitively establish causal connections. As a result, the study might provide insights into associations and patterns but falls short of confirming cause-and-effect relationships. This limitation arises

from the inherent nature of qualitative research, which prioritizes in-depth exploration over statistical quantification. While it might restrict the study from making conclusive claims about causality, it allows for a nuanced understanding of the phenomena under investigation. The study's findings will focus on descriptive and relational aspects rather than causal relationships. Conclusions drawn from this qualitative analysis will emphasize patterns and correlations rather than direct cause-and-effect links.

Researcher and Participant Bias: Inherent subjectivity in qualitative research introduces the potential for both researcher and participant biases, particularly in interviews and surveys. The personal perspectives of the researcher and participants may influence the interpretation of data, potentially leading to oversimplified or inaccurate conclusions. The interactive nature of qualitative research, where researchers engage with participants, can introduce their viewpoints into the analysis. Similarly, participants' responses might be influenced by their own biases and perspectives. The study's findings may reflect these biases, potentially leading to interpretations that do not fully capture the complexity of the phenomenon. Awareness of these biases will inform the interpretation of data.

Replicability Challenge: Qualitative research faces challenges in replicating findings due to inherent biases in data collection. Supplier bias from participants and researcher bias introduce variability that makes exact replication challenging. Additionally, the flexibility in data gathering might lead to inconsistencies in the scope of information collected. The qualitative research process is influenced by contextual factors, including participants' perspectives and the researcher's choices, which can differ across studies. The study's findings might not be directly reproducible in identical

settings due to the variability introduced by biases and contextual influences. However, the study's insights can still inform similar contexts.

Subjectivity and Scientific Acceptance: Qualitative research findings can face resistance within the scientific community due to their subjective nature. Reliance on diverse perspectives and potential biases in interpretation can lead to skepticism regarding the validity of conclusions drawn from qualitative studies. The scientific community often values objectivity and replicability, which can be challenging in qualitative research due to the subjectivity involved. The study's findings may need to be contextualized within the broader acceptance of qualitative research within the scientific community. Validating results might require additional efforts, such as triangulation or member checking.

Lack of Patient Perspective: Focusing solely on counseling leaders' viewpoints might overlook crucial insights from patients. This limitation can lead to an incomplete understanding of the incorporation of religion and spirituality into treatment. Gathering only one perspective might miss aspects that are crucial to patients' experiences and the overall phenomenon being studied. The study's conclusions might be skewed or incomplete, highlighting the need for future research to incorporate patient perspectives for a more holistic understanding.

Criterion ***(Score = 0, 1, 2, or 3)**	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
ANTICIPATED LIMITATIONS (Each limitation may be a few sentences to a paragraph.)				
The learner identified anticipated limitations.	2	2		2
Learner provided a rationale for each anticipated limitation.	2	2		2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
Learner discussed consequences for the transferability and applicability of the findings based on anticipated limitations.	2	2		0
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		1
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Summary and Organization of the Reminder of the Study

The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality in the counseling sessions in Connecticut. The proposed study fills a gap in proposing a focus on the integration of religion or spirituality within counseling leadership. The primary goal of this proposed study is to investigate how counseling leaders can incorporate religious and spirituality within the counseling sessions. Through investigation counseling leaders can describe how utilizing an information and encouragement approach within the counseling sessions can help. This study focuses specifically on Connecticut counseling leaders.

The proposed study aims to understand how counseling leadership incorporate spirituality within the counseling sessions. Several studies such as Murray et al. (2020), Gutierrez et al. (2020), and Evans & Jennifer, (2021) as examples has given a descriptive discussion on the study. These researchers focus on various understudied themes

regarding incorporating religion and spirituality in the counseling session. The studies outlined various themes including the counseling leader's own religious and spiritual beliefs. To how the counseling leaders incorporates religious and spiritual themes in the treatment, and their experiences with incorporating spirituality into their practices are covered. The proposed study also focuses on how counseling leaders attempt to avoid incorporating their own personal beliefs into the patient's treatment. Furthermore, it focuses on how counseling leaders deal with people from completely different religious or spiritual backgrounds without being biased.

The study will utilize qualitative research techniques such as questionnaires and interviews of counseling leaders. The information will be gathered with the assistance of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA). The proposed study will include detailed modules on incorporating religious and spiritual information and encouragement into the counseling sessions. By providing both the client and the therapist with a set of values and principles that improve their connection and the therapeutic process. Religion and spirituality may support the process of counseling, but the counseling leadership readiness needs to be explored. To convince the client and the counseling leaders of the importance of religious and spiritual approaches. An emphasis should be focused on the latter's professional, religious, and spiritual aptitudes. Feasibility of the study and benefits are provided in the checklist in Appendix C.

Insert Project Timeline Here:

Component	January-March 2023	March-May 2023	May-July 2023	July - October 2023	October - December 2023	January-March 2024	March-May 2024	May-July 2024

Proposal Development	**X**							
Literature Review		**X**						
Chapter 1			**X**					
Methodology Development				**X**				
Proposal Defense					**X**			
IRB Application					**X**			
Data Collection (Upon Approval)						**X**		
Data Analysis							**X**	
Dissertation Write up							**X**	
Dissertation Defense								**X**
Submission								**X**

Alignment Table

Alignment Item	Alignment Item Description
Problem Space Need:	[The proposed study aims to examine how counseling leaders may incorporate information, and encouragement through religion and spirituality within the counseling sessions. Counseling leaders describe a dissonance related to inclusion of spirituality within treatment (Evans & Jennifer, 2021). Spiritual and religious inclusion are not explored by therapists in treatment because of bias or avoidant behaviors by counseling leaders (Gutierrez et al., 2020).]
Problem Statement:	[It is not known how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions. Previous research has evaluated counseling experts' efforts to integrate patients' religion and spirituality in practice. However, their scope was limited, and many studies have recommended future research (Oxhandler et al., 2019).]

Purpose of the Study:	[The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut.]
Phenomenon:	[The phenomenon of this study is the incorporation of religion and spirituality into treatment, particularly within the context of counseling practices. The study aims to explore how counseling leaders integrate religious and spiritual beliefs, practices, and themes into their therapeutic approaches. It seeks to understand the experiences, perspectives, and potential benefits of incorporating these aspects into the treatment process. This phenomenon involves examining the ways in which religion and spirituality intersect with counseling leaders' practices and how they impact both the counseling leader and the individual's seeking treatment.]
Research Questions:	[RQ 1: How do counseling leaders describe the process of incorporating information through religion and spirituality within the counseling sessions? RQ 2: How do counseling leaders describe the process of incorporating encouragement through religion and spirituality within the counseling sessions?]
Methodology/Research Design:	[This proposed study is based on qualitative research. This proposed study will focus on the qualitative research design based on interviews and surveys to learn more in-depth the use of religion and spirituality in incorporating information and encouragement within counseling.]

The introduction, background of the study, definition of terms and anticipated limitations are addressed in Chapter 1. Chapter 2 offers a thorough analysis of relevant literature, theoretical foundations, and problem statement of how religious, and spirituality can help incorporate information and encouragement within counseling. Chapter 3 presents the techniques and methods utilized to obtain the data for the study. The findings of the study's analyses and findings will be presented in Chapter 4. A summary of the study's findings, conclusions derived from them, a discussion, and suggestions for further research will be included in Chapter 5. The next section to review is Chapter 2 and presents the literature review which is an introduction to the background of the problem.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
CHAPTER 1 SUMMARY AND ORGANIZATION OF THE REMAINDER OF THE STUDY				

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
(Typically, one to two pages)				
FOR PROPOSAL ONLY: The learner provides a project timeline for completion of the dissertation. [Remove this for the dissertation.]	2	2	2	2
The learner provides a summary of feasibility of the study. The learner completes Appendix H (Feasibility and Benefits Checklist).	2	2	2	0
The learner completes the alignment table above. Furthermore, the items within the table are aligned.	2	2	2	2
The learner describes the remaining Chapters and provides a transition discussion to Chapter 2.	2	2	2	2
The learner correctly formats the chapter to the Template using the *Word Style Tool* and APA standards. Writing is free of mechanical errors.	2	2	2	2
All research presented in the chapter is scholarly, topic-related, and obtained from highly respected academic, professional, original sources. In-text citations are accurate, correctly cited, and included in the reference page according to APA standards.	2	2		2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Chapter 2: Literature Review

Introduction to the Chapter and Background of the Problem

Introduction

Many people's lives are woven together by religious or spiritual beliefs and practices. Religion is important to approximately 68% of the world's population in their daily lives (Diener et al., 2011). In the United States, 89% believe in God or a universal spirit, and 75% say religion is somewhat important to them. Around 80% pray on a regular basis, and 50% attend a local house of worship (Pew Research, 2016). A large body of research has found a link between religion and spiritual practices and good physical and mental health (Koenig et al., 2012). Religion and spirituality can promote increased social belonging, connection, and support. It helps manage stress through forms of communications, coping, and resilience. It aids in grounding of one's identity through salient beliefs and values (Paloutzian & Park, 2014).

On the other hand, religion and spirituality can be a source of struggle and confusion for some people. They can serve as a defense against unresolved psychological conflicts (Exline & Rose, 2013). Integrating patient's religious and spiritual belief systems into psychotherapy has the potential to influence both change processes and clinical outcome. According to Pargament (2011), When people walk into the therapist's office, they do not leave their spirituality behind in the waiting room. They bring their spiritual beliefs, practices, experiences, values, relationships, and struggles along with them (p. 4). Religion and spirituality have enormous potential to influence the effectiveness of patient counseling. Although there is a substantial body of literature on the relationship between religion, spirituality, and health, only a few studies have

investigated the impact of religious and spiritual practices on patient counseling. Through a scoping review, this section intends to review available research on the outcomes of practicing religion and spirituality in patient counseling.

This section identifies the existing literature in understanding how clinical leaders incorporate religious and spirituality within their counseling sessions. The literature was presented in this section was searched based on the main terms used in this study. The research was based on phrases like religion and healing, spirituality and counseling, religion and therapy and amongst other phrases. In addition to this, the literature search was confined to Peer reviewed research-based journals. As well as journals on professional practice and research-based industry journals.

Based on the literature, the proposed study identifies the problem space within the literature. It builds on the existing work by linking religion and spirituality within the counseling sessions. This proposed study aims to fill in the literature gap by providing evidence-based research. It focuses on how clinical leaders incorporate information and encouragement through religion and spirituality in their treatment. The proposed study is based on qualitative research. Questionnaires and interviews will be conducted from the clinical leaders in Connecticut.

The section begins by identifying the problem space in detail. It mentions the recent literature and identifies the room for future research within this topic. It then identifies how this dissertation aims to build on the limited literature. A detailed theoretical foundation based on the Adlerian Theory is presented in detail. The section previews literature identifying links between religion or spiritualism with healing and

therapy. It then focuses on incorporating religious and spiritual beliefs within the counseling sessions as a mechanism to heal.

Background of the Problem

Although the term psychotherapy has its origins in pastoral care and counseling, the link between spirituality and therapeutic practices has remained debatable. Following a period of disintegration between the two. Pandya and Kathuria (2021) described the debate on incorporating spirituality into the therapy stage as one that shifted to a more optimistic viewpoint. The new debate emphasized the importance of blending the two seemingly disparate dimensions (Johnson, 2020). This viewpoint is consistent with Pargament et al. (2007), belief that acknowledges the inclinations of human nature toward spirituality, as a prerequisite for stimulating change in a patient's behavior and emotions.

The first comprehensive theory in this context was the Adlerian Theory, created by Alfred Adler in 1870 – 1937. Much of the later studies builds on this theory. Short-term therapy sessions, a holistic viewpoint, a humanistic methodology, goal-orientation, and social connectivity are the foundations of this paradigm. First, according to the theory, to be a successful Clinical Rehabilitation Clinical leader (CRC). One must establish the right foundation for a fruitful therapeutic relationship with their patients. This is done through the signing of a contract and an understanding of the finite number of sessions in advance. Second, it is important to make sure that every aspect of the patient's behavior is considered. The humanist perspective also emphasizes others' welfare as well as their values and dignity. Which are crucial components of each

person's character and uniqueness. It frames the client-therapist focused interaction and specific goals as a goal-oriented treatment.

Finally, social connectivity which is the ability to care for those in your community is crucial for both the patient's and the community's mental health (Varner-Kirkland, 2021). Miller and Dillman Taylor (2015), pointed out how Adlerian therapy instilled hope in people when they felt despair. The study focused amid those unusual times of numerous wars, the nuclear age, revolution, and more. Much of the later literature builds on hope that religion and spirituality can be incorporated within the Adlerian Theory. As they provide people with a sense of hope and calmness through its practices. Budak et al. (2021), in their study on cancer patients, find that patients with high levels of religious beliefs had lower levels of hopeless and depression. They conclude their study by recommending health professionals to incorporate spirituality within treatment to provide mental relief for patients.

Addressing and incorporating religion and spirituality into one's practice of psychiatric counseling. Has become crucial due to its significant influence on existential issues. The matter of the patient’s religious orientation and spirituality has received a lot of attention over the past 20 years. There is research demonstrating favorable correlations between mental health and religion (Captari, 2018). Integrating spiritual practices should not be viewed as the beginning of a new rivalry with other therapeutically treatments. But rather as a means of increasing human potential. Bringing spirituality and counseling perspectives together can enhance the effectiveness of psychological interventions on major life challenges such as death anxiety, traumas, or meaning making. One of the

most compelling arguments for seeing spirituality as an essential component of improving psychological health is that it can provide comfort and guidance.

The spiritual rituals can enhance counseling tools by providing powerful representations and responses to deep personal needs. Religion and spirituality used in psychological counseling enhances and adds value to one's life (Dumulescu et al., 2022). According to Richards et al. (2009) religious and spiritual assessment is important in counseling for a variety of reasons. Counseling leaders can empathically understand their patients better if they understand their spiritual worldviews. Misunderstanding patients' worldviews can jeopardies the therapeutic relationship, whereas mutual understanding can promote positive counseling outcomes. Counseling leaders can better respect their patients' religious values by assessing their spirituality. Spiritual assessment can also assist clinical leaders in determining whether spiritual interventions are appropriate for patients and, if so, which ones would be most beneficial.

Furthermore, such assessments can assist clinical leaders in determining whether patients have unresolved spiritual concerns or needs that should be discussed in counseling. Finally, spiritual assessment assists clinical leaders in determining whether patients' religious and spiritual beliefs are detrimental to their mental health. Counseling leaders can also assess if they can be used to promote healing. Diener et al. (2011), find that the level of religious commitment and spirituality of clinical leaders was positively related to the appropriateness and application of religious and spiritual interventions. Many clinical leaders saw therapeutic benefits in discussing religion and spirituality in group counseling.

However, even though religious and spiritual interventions were deemed appropriate, American clinical leaders used them infrequently. Despite growing professional recognition of the significance of religion and spirituality within counseling. They are ambivalent to incorporate religious and spirituality within treatment. Patients psychological functioning, religious and spiritual perspectives are frequently overlooked during the counseling process. Bergin and Payne (1991, p. 95), presented the question why would clinicians be reluctant to address one of the most fundamental concerns of humankind- morality, and spirituality? This is mainly due to the lack of guidance in terms of how therapists should conduct the spiritual conversation with a patient.

Criterion ***(Score = 0, 1, 2, or 3)**	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
INTRODUCTION TO THE CHAPTER AND BACKGROUND TO THE PROBLEM (Typically two to three pages)				
Introduction: The learner provides an orienting paragraph, so the reader knows what the literature review will address.	2	2	**X**	2
Introduction: The learner describes how the chapter is organized (including the specific sections and subsections).	2	2	**X**	2
Introduction: The learner describes how the literature was surveyed so the reader can evaluate thoroughness of the review. This includes search terms and databases used.	2	2	**X**	2
Background: The learner provides a broad overview of how the research topic has evolved historically.	2	2	**X**	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	**X**	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Identification of the Problem Space

Individual psychology (also known as Adler Adlerian theory) was introduced by Alfred Adler in 1912 as an alternative approach to psychoanalysis (Ansbacher & Ansbacher, 1964). Adler was a pioneer in the humanistic movement in counseling leadership. Emphasizing holism, positivity, free will, and the subjective nature of humans (Carlson et al., 2006). Many leading counseling approaches resulted from this approach. Including person-centered, existential, cognitive, and systems are influenced by Adler's phenomenological, relationship-oriented ideas.

Adlerian Theory emphasized on the importance of social interest as one of the most crucial ideas in individual psychology. This idea focuses on the influence of culture and society on human behavior. Individual psychology is culturally sensitive because it pays attention to how society and culture affect human psychology and evaluates persons holistically while considering their cultural traits. Spirituality cannot be disregarded in individual psychology. It is an integral aspect of every client's subjective life and cultural framework. In fact, later Adlerian scholars hypothesized that cultivating a spiritual life is a life endeavor (Ünverdi, 2022).

Many practitioners use Adlerian principles as a standalone theory, believing it to be one of the more comprehensive therapeutic approaches (Sommers-Flanagan & Sommers-Flanagan, 2012). However, the field of mental health is increasingly shifting to more biological and neurological frameworks for comprehending mental health. Miller and Dalena Dillman Taylor (2016) argue on the need to strengthen and expand Adlerian theory in this new era of mental health practice. Incorporating religion and spirituality into this framework can be one such way.

Spirituality gives meaning to life, can influence an individual's personality, and has a holistic influence over their psychology. Individual psychology values religion and spirituality because they give meaning to human life. Every religion attempts to lead its followers to a higher goal, such as God, Nirvana, or eternal salvation. Belief in God, in particular, is an important area that individual psychology addresses in terms of an individual's life goals. This is because God is the embodiment of ultimate purpose and perfection in life for the believer (Ünverdi, 2022).

The following example demonstrates how religious beliefs provide a sense of purpose to an individual's life. A woman in her twenties confesses that she is not assertive and cannot say no to others. She also does not feel loved or valued. However, she is continuously trying to please everyone else. According to Adlerian psychology, these behaviors do not represent a childhood trauma or an attempt to fill a void. Rather, her behavior reflects her desire to be good in God's eyes and achieve religious salvation. According to the individual, life is all about being good, and she can feel her devotion to God through these behaviors (Johansen, 2005).

Incorporating spirituality into mental health recovery is critical to the recovery process (Gomi et al., 2013). According to Murray et al. (2020) respecting patients' autonomy and utilizing a culturally competent framework implies patients' right to discuss spiritual and religious connections within therapy. The practitioner's role to lead and support such integration within the treatment process is beneficial. When spiritual and religious treatment is integrated into counseling, positive outcomes emerge (Gutierrez et al., 2020).

Studies have highlighted the benefits of including religion and spirituality in counseling leadership, but many questions remain. Numerous studies indicate areas for future investigation but do not offer a framework for comprehending the phenomenon. This aids this proposed study to identify the problem space. Counseling leaders describe a cognitive dissonance associated with the incorporation of spirituality into treatment (Evans & Nelson, 2021). Due to bias or avoidant behavior on the part of therapists, spiritual and religious inclusion are not explored in treatment (Gutierrez et al., 2020).

According to Rupert et al. (2018) the clinical leaders lack knowledge, skill, and assessment of incorporating religion and spirituality in counseling. Their study recommends future qualitative studies emphasizing patient's right to discuss religion and spirituality in therapy. According to Oxhandler et al. (2019), future efforts to identify what aids or hinders helping professionals' integration of clients' religion and spirituality should be studied. Work should be done to identify their training experience and ways in which religion and spirituality could be incorporated. Additionally, Richards et al. (2018) proposed further research into the role of religion and spirituality in the treatment and recovery of eating disorders.

Florence et al. (2019) states that it is imperative that further research should be conducted linking spirituality in the context of psychotherapy. Additionally, in New Zealand, spirituality is an expected competency for psychotherapists. Further research into how this competency is interpreted, developed in education, actioned within practice, and measured for competent practice is of the utmost importance. Much of the literature lacks the exploration of the intersectionality of culture and religion in the unfolding and negotiating of SERT (Spiritual, Existential, Religious, and Theological)-related themes in

treatment (Captari et al., 2021). There is a need to incorporate a process for training clinical leaders with a standardized treatment version of strength-based strategies (Travis, 2021).

Moreover, having a sense of gratitude is needed. Szcze´sniak et al. (2019) suggest that the relationship between religion and spirituality, challenges and life satisfaction was influenced by dispositional gratitude. This appears to offer protection in times of difficulty and turmoil. Their study concluded that respondents who reported higher levels of life satisfaction were far more likely to report a higher level of faith in God. Hence, sense of gratitude is also linked to religion and spirituality. Blake Victor Kent et al. (2020) suggest that gratitude, non-theistic spiritual feelings, relationship with God, and positive struggling to cope were all linked to enhanced self-esteem. They were linked to better emotional functioning, whereas negative coping was linked to poor emotional functioning.

Gratitude and non-theistic spiritual experiences were linked to lower anxiety and anger. While poor coping and religious and spiritual struggles were linked to higher anxiety and anger. Given how gratitude is related to religion and spirituality. Different aspects of gratitude toward God, gratitude toward therapists, and gratitude for society are needed to determine how they are related to treatment completion (Charzynska, 2021). There is a need for programs that demonstrate active inquiry in the implementation of spiritual and religious themes in the local community. Those program implementation will have the potential to positively influence future practice (Murray et al., 2020).

The findings, limitations, and suggestions for further study have revealed a problem space in the literature. The limitations and need for further study that are

mentioned in the literature are the cause of what needs to be understood or known. Adler Adlerian theory utilization and clinical leaders' early adoption of including spirituality in treatment. Have both been the subject of prior research, but there has been a substantial void in qualitative studies on the topic. The understanding of how clinical leaders may explain the integration of religion and spirituality in counseling sessions is left with a number of gaps in the literature. This proposed study intends to close this gap by carrying out a qualitative investigation on the need for the methods. By which clinical leaders might incorporate spirituality and religion into their treatment practices.

This study will help improve the research to become more evidence based. The proposed study will concentrate primarily on the difficulties and experiences faced by the clinical leaders as they include spirituality and religion into their treatment. Focus will be placed on how these clinical leaders maintain their own religious convictions apart from those of the patient. It will emphasize how the clinical leaders avoid these prejudices so that their faith does not influence the way they treat their patients. The proposed study will also pay attention to their difficulties and the requirement for training in incorporating spirituality and religion within the counseling sessions. The proposed study will also examine the experiences these clinical leaders have with various individuals while including spirituality and religion into the therapeutic process.

The outcomes of the proposed study will ultimately support the integration of religion and spirituality within counseling. The limitations that clinical leaders confront on a professional level when incorporating religion and spirituality within their therapy will be more clearly identified. It will highlight the difficulties and constraints clinical leaders face when working with patients who hold varying degrees of faith. Additionally,

it will aid in identifying the difficulties that the clinical leaders encounter in keeping their own beliefs out of the therapy. Overall, this research will assist in identifying areas where these clinical leaders may require support and training to integrate religion and spirituality into therapy successfully. This will help with the success of the therapy.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
IDENTIFICATION OF THE PROBLEM SPACE (Typically two or three pages)				
The learner provides a detailed description of how the problem space has evolved over time, and the effects it has had on the research (research trends).	2	2	**X**	2
The learner summarizes the problem space, highlighting what has been discovered and what still needs to be understood related to the topic from literature or research dated primarily within the last five years.	2	2	**X**	2
The learner discusses and synthesizes the evolution of the research on the problem. Specifically: ● Identifies the key sources used as the basis for the problem space ● Identifies trends in research and literature. ● Identifies how the research focus has changed over the recent past (five years). ● Discusses key findings that emerged from recent studies. ● Discusses prior research and defined future research needs.	2	2	**X**	2
From the findings of research studies and evolution of recent literature on the topic, the learner defines the parameters for problem statement for the study.	2	2	**X**	2
The learner describes how the study will contribute to the body of literature.	2	2	**X**	2
The learner describes the potential practical or professional applications from the research.	2	2	**X**	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	**X**	2
***Score each requirement listed in the criteria table using the following scale:**				

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Theoretical Foundations

To better understand clinical leaders, need to incorporate religion and spirituality within their treatment. This proposed study builds on the foundations of the Adlerian theory (1870 – 1937). This model is selected because of its relevance to how clinical leaders describe their understanding of spirituality within counseling. Adlerian theory is a short-term, goal-oriented, and positive psychodynamic theory based on the theories of Alfred Adler a one-time colleague of Sigmund Freud. Adler focused much of his research on feelings of inferiority versus superiority. Discouragement, and a sense of belonging in the context of one's community and society at large (D'Andrea et al., 2007).

Watts (2000) described the common ground between biblically based Christian spirituality and individual psychology. Adlerian psychotherapy has a lot of application for therapists who are aware of and sensitive to the views of patients who practice this school of Christian theology. Adlerian therapists may need to read up on conservative theology and spirituality literature along with resources. Training is needed on how to integrate theology and spirituality with psychology and counseling for the treatment to be most effective.

Theoretical Framework: Adlerian Theory

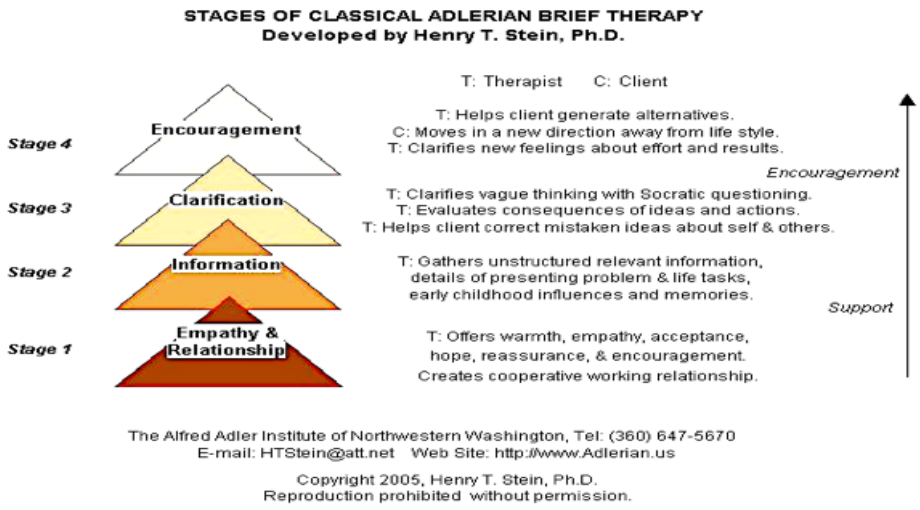
The theoretical framework for this research builds around the classical stages of Adlerian Theory as developed by Stein (2005). Adlerian's Theory is based on 4 themes mentioned below:

Theme I - Empathy in treatment.

Theme II - Sharing information in treatment.

Theme III - Clarification in treatment.

Theme IV - Encouragement in treatment.



Theme I - Empathy in treatment. In this stage the initial therapeutic goal is to assist the patient in becoming a more cooperative individual. It begins with learning to cooperate in therapy. When the patient's cooperation is absent, the therapist can point this out diplomatically. If the patient attempts to accept full responsibility for change from the therapist. The therapist can suggest that the rate of progress will be determined by their level of cooperation. Therapists can assist in the discovery of new and useful ideas, but these ideas must be implemented to improve a situation. Initially, the patient may need to

convey significant distress with minimal interruption. The therapist responds with genuine kindness, compassion, acknowledgment, and acceptance. To understand each patient's uniqueness, the therapist must be able to stand in the patient's shoes and see and feel what the patient is experiencing.

If the patient is feeling helpless, the therapist must be able to feel their hopelessness without feeling bad for the patient. Therapist must be able to step back and offer hope for change. Thus, the therapist must be able to empathies with the patient while also disconnecting neutrally. At some point, to instill hope and discuss potential improvements. A positive, reassuring, and encouraging environment that enables the patient to develop the belief that things can be different (Stein & Edward, 2016). Eife et al. (2021) conducted a study that described how Adler emphasized that the therapist's intuitive attunement, empathy, and artistic immersion into the existential core of the patient is essential. The primordial feeling of connectedness is the basic aspect of Adler's community feeling. Community feeling is characterized by Adler to see with the eyes of another, to hear with the ears of another, to feel with the heart of another.

Empathy is the cornerstone of this process, allowing the therapist to fully comprehend the patient's experiences and feelings. This empathetic approach, coupled with the incorporation of spiritual information and encouragement, directly ties into the research study, shedding light on how counseling leaders navigate the complexities of empathetic treatment in tandem with spiritual elements. As Stein & Edward (2016) and Eife et al. (2021) emphasize, the therapist's ability to empathize while remaining neutral and fostering a sense of community feeling can create a supportive environment, which aligns with the exploration of spirituality's role in enhancing the counseling experience.

Theme II - Sharing information in treatment. The therapist collects pertinent information, including the presenting problem and its background, the patient's level of functioning in the life tasks, information about the patient's birth family, early memories, and dreams. Religious and cultural influences may also play a role. Intelligence, interest, and psychometric evaluations are included when appropriate. The information provided is always distorted and contains significant omissions. The therapist develops preliminary hypotheses about inferiority feelings, goal, lifestyle, personal logic, and diametrically opposed scheme of intuition. This is done after studying parallel patterns of childhood and the present and analyzing the rich projective material in initial recollections and dreams (Stein & Edward, 2016).

A vital aspect of the therapeutic process, closely tied to the study, revolves around the collection and analysis of pertinent information. This includes understanding the patient's background, life experiences, and the role of religious and cultural influences. As the therapist gathers this information, they can craft preliminary hypotheses regarding the patient's feelings, goals, lifestyle, personal logic, and intuition schemes. In the context of incorporating spirituality into counseling sessions, this theme highlights the significance of information sharing in shaping the therapeutic experience. By considering the religious and cultural dimensions of the patient's life, the counseling leader can better understand how to integrate spiritual elements into the treatment. As Stein & Edward (2016) describe, this process entails identifying patterns, analyzing projective material, and continuously refining the understanding of the patient's unique experience, all while incorporating the spiritual dimensions that enrich the counseling process.

Theme III - Clarification in treatment. Socratic questioning allows the patients clarify their core beliefs about themselves, others, and life. The implications of these beliefs are then assessed and compared to new possibilities. Misconceptions and personal logic are rectified to conform to common sense. The patient's ideas must be unraveled to determine when she first adopted Classical Adlerian Theory and Practice. For example, a patient may believe that if his wife does not give him what he desires, she does not love him. The therapist could ask a series of probing questions to elicit the private logic behind this statement like "Is it your idea that love is only giving you what you want? What if what you want is no good for you? Should your wife give you what is unhealthy for you? Is that really being loving?". These questions will assist the patient in discovering the meaning he assigns to love and marriage and might even lead to a change in his private views on these topics. Symptoms can be used as an excuse to avoid doing something that the patient does not want to do. One way for the therapist to find out is to ask, "If you didn't have these symptoms, what would you do?" The patient's response is frequently quite revealing about what she is avoiding (Stein & Edward, 2016).

Binensztok (2018) conducted a study that describes the full delivery of cognitive behavioral analysis system of psychotherapy (CBASP) based on the Adlerian therapy. Including adherence to the nine-step questioning with consistent and appropriate use of clarification, reflections of content and feeling, and summarization is important. The focus of this theme is to review the therapy process and successes, establish a relapse prevention plan, assess the need for follow-up, and finalize termination.

The process of clarification, intimately related to the research study, is an essential aspect of the therapeutic journey. Through Socratic questioning, patients are

guided to explore and clarify their core beliefs about themselves, others, and life. This theme accentuates the role of questioning and communication in fostering a deeper understanding of the patient's personal logic, misconceptions, and beliefs. As demonstrated in Stein & Edward (2016) and Binensztok (2018), therapists employ various techniques, such as probing questions, reflections, and summarization, to help patients unravel their beliefs and private logic. By carefully examining the patient's views on topics like love, marriage, and their symptoms, the therapist can effectively address the spiritual dimensions of the patient's life. Furthermore, this theme underscores the importance of establishing a relapse prevention plan and assessing the need for follow-up, ensuring the patient's progress is maintained even after the termination of therapy.

Theme IV - Encouragement in treatment. The therapist cannot instill courage in patients unless they discover it within themselves. The therapist can start this process by recognizing the patient's bravery in doing something as simple as coming to therapy. The therapist and the patient can then work together to explore small steps that the patient might take if he or she had a little more courage. The patient's courage grows because of actually trying new behaviors and realizing that disaster is not an unavoidable outcome. Patients may have exaggerated feelings of inferiority that they want to eliminate, believing that if they achieve their goal, these painful feelings will vanish. The therapist must first reduce these feelings to a manageable level before persuading the patients that standard emotional experiences are a blessing that they can use to motivate themselves to improve. Genuine self-esteem doesn't really come from other people's approval or praise. It stems from the individual's own experience with overcoming obstacles. As a result, small progressive actions must be taken one at a time to overcome previously avoided

difficulties. For many patients, this equates to attempting the unthinkable. New feelings about efforts and outcomes are acknowledged and mentioned during and after these steps (Stein & Edward, 2016). Eife et al. (2021) conducted a study that described how Adler's clinical engagement is fundamentally one of encouragement. Superiority behavior or even diminish social interest is centered around the individuals struggle to overcome the sense of lack of empowerment due to perceived inferiority.

Encouragement, an indispensable component of the therapeutic process, is closely linked to the research study, exploring how counseling leaders incorporate spiritual encouragement within the sessions. Therapists play a vital role in guiding patients to discover their own inner courage and resilience, empowering them to overcome challenges and embrace progressive actions. As patients engage in new behaviors and conquer obstacles, genuine self-esteem emerges from their own experiences, rather than from external praise or approval. This theme emphasizes the importance of acknowledging and discussing new feelings and outcomes as patients gradually face previously avoided difficulties.

This proposed research builds on the works of Adler's Theory. This proposed study builds on the themes under Adler's work in various ways. The first theme focuses on how the clinical leaders can get the patient to participate in the therapy. The patient must inform the clinical leaders of the problem. If the patient is depressed, the clinical leader is supposed to instill hope in him or her. In various ways, the clinical leader can connect with the patient and instill hope. Therapists can help patients discover new and useful ways to connect with them. This proposed study proposes incorporating religion and spirituality into this and using it to incorporate information into the sessions. This

proposed study focuses on the various ways that clinical leaders currently incorporate religion and spirituality. It also focuses on new methods and trainings that are required to improve its use.

The second theme requires the patient to tell the therapist about their background. This includes their childhood memories and early life experiences. During this stage, the pateint may omit many details. The clinical leader must then establish a connection between the patient's life and feelings. According to the proposed study, the clinical leader can understand this by connecting with the patient based on his or her religious and spiritual beliefs. When a person believes in God and destiny, they may be willing to share more. Based on a meta-analysis, Sholihin et al, (2022) conclude that religion has a positive impact on life satisfaction, including both material and psychological satisfaction.

The third theme requires the patient to be truthful when the clinical leader asks questions to better understand the situation. This proposed study will look at how religion and spirituality can be used in this context. Ponno et al. (2020) conclude in their study on Islam that religion influences an individual's character development. Based on their findings, they conclude that religion helps instill honest values and the importance of honesty in daily life. As a result, people with strong religious beliefs are more honest and may provide accurate answers to the therapist. Gathering honest information about the patient by using religion as a tool will assist the clinical leader in identifying the problem. Moreover, it will also aid him in providing proper and effective treatment.

The fourth theme, which focuses on instilling confidence in the patients, can be accomplished through religion and spirituality. According to White and Norenzayan

(2019), misfortune strengthens religious beliefs (and thus correlated with external indicators of suffering). By restoring a sense of control and certainty, these beliefs mitigate the negative psychological consequences of bad experiences.

This proposed research not only extends Adler's Theory by examining the integration of spirituality and religion in the counseling process, but also contributes to the theoretical framework and the existing body of literature. By investigating how counseling leaders harness the power of spirituality and religious beliefs to establish deeper connections with patients. This study offers valuable insights for optimizing counseling approaches.

The findings in this study will contribute to the growing body of literature on the impact that spirituality and religion has on mental health and well-being. Drawing from the research by Sholihin et al. (2022), Ponno et al. (2020), and White and Norenzayan (2019), the study will explore how religion and spirituality fosters life satisfaction, honesty, character development, and restores a sense of control and certainty for patients. By bridging the gap between theoretical understanding and practical application. This proposed study will foster a more holistic approach to counseling that acknowledges and embraces the role of spirituality and religion in mental health care.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
THEORETICAL FOUNDATIONS (Typically two or three pages)				
The learner discusses the theoretical foundation and, where appropriate, the extended conceptual framework that undergird and frame the study.	2	2	**X**	2
The learner identifies theory(ies), model(s), and/or concept(s) from seminal source(s) that provide the theoretical foundation to use in developing the research questions,	2	2	**X**	2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
identifying phenomena, and describing the sources of data.				
The learner cites the appropriate seminal source(s) for each theory, model, or concept.	2	2	**X**	2
The learner includes a cogent discussion and synthesis of the theories, models, and concepts. The learner justifies the theoretical foundation and framework as relevant to the problem statement for the study. The learner connects the study directly to the theory and describes how the study adds or extends the theory, model, or concept.	2	2	**X**	1
The learner's discussion reflects understanding of the foundational and historical research relevant to the theoretical foundation.	2	2	**X**	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	**X**	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Review of the Literature

Much research has been done incorporating different dimensions of the Adlerian Theory. Travis (2021) conducted a qualitative study to investigate the perspectives of Individual Psychology experts on the future use of Individual Psychology in an Evidence-Based Practice (EBP)-driven postmodern era. The findings of this study provide a fresh perspective on the debate among Adlerian about how to address the pressures from the EBP movement when implementing Adlerian treatment in counseling. The findings also highlight the importance of Adlerian organizations and institutions in bolstering efforts to

demonstrate the efficacy and effectiveness of Individual Psychology. Further research was suggested to investigate whether individual psychology should include a process in which clinical leaders are trained with a manualized version of Adlerian strategies.

Captari et al. (2021) conducted a qualitative research study with 235 people who had previous counseling experience that included spirituality. According to the literature, they had post-treatment Adlerian Spiritual, Existential, Religious, and Theological (SERT) discussions with mixed feelings about initiating SERT discussions. Nearly half of patients mentioning they would wait for their clinician to ask. Patients described relying on spiritual beliefs during difficult times (65%), they were interested in discussing SERT in treatment (74%), and they were open to working with a therapist from a different belief system (69%). Patients had mixed feelings about starting SERT discussions, with nearly half saying they would wait for their clinician to suggest it. Further research was suggested to determine whether it would be beneficial in elucidating the intersectionality of religious belief and culture in how SERT-related themes unfold and are negotiated in treatment.

Charzynska (2021) carried out a mixed method research study with 3996 adolescents and emerging adults and 14 adults. Using latent profile analysis, we identified subgroups of participants who shared the same level of daily spiritual experiences and positive psychology traits (forgiveness, gratitude, optimism, grit, and meaning). The findings revealed that even when positive spiritual resources were used concurrently, completion rates for alcohol addiction treatment decreased. This is consistent with the findings of previous studies, which found that negative religious coping had a negative impact on the outcomes of substance abuse treatment. According

to the author, to determine whether it would be helpful to include different aspects of gratitude toward God, gratitude toward therapists, and gratitude for sobriety in future research, it should be investigated.

Murray et al. (2020) carried out a qualitative study with 12 program leaders (Director, Assistant Director, or Director of Curriculum, or their designees) of fully accredited Genetic Counseling programs in North America. They investigated how genetic counseling (GC) programs in North America prepare graduate students to discuss and implement spiritual and religious issues with their patients during treatment. According to the findings, very few programs had exposed their students to the specifics of spiritual and religious belief systems prevalent in their field of practice. Further research was recommended to determine whether it would be beneficial for programs to model active inquiry in the use of spiritual and religious themes in the local community, which can positively influence students' future.

Rosmarin et al. (2021) studied spiritual psychotherapy in an acute mental health setting in a qualitative descriptive study. Religiously affiliated and unaffiliated clinical leaders did not differ significantly in demographic variables, levels of academic clinical training, or licensure, according to the findings. Patients who attended groups led by religiously unaffiliated clinical leaders on the other hand, reported significantly greater perceived benefit than patients who attended groups led by affiliated clinical leaders. Further research was suggested to investigate whether ongoing examination of preferences for clinical methodologies and techniques among religious and nonreligious clinicians influences such preferences on perceived benefit in a wide range of settings.

The problem statement for this research revolves around understanding how counseling leaders describe the process of incorporating information and encouragement through spirituality in the counseling session. The selected framework for this study is Adler's Theory. The theory has demonstrated to be effective in various counseling contexts as seen in the literature review. For instance, Travis (2021) explored the future use of Individual Psychology in an Evidence-Based Practice-driven era. While Captari et al. (2021) examined the incorporation of spirituality in counseling sessions, and Charzynska (2021) investigated the impact of daily spiritual experiences and positive psychology traits in adolescents and emerging adults.

The framework offers a foundation for understanding the role of spirituality and religion in mental health care. It enables the exploration of potential benefits and challenges in incorporating these dimensions into counseling practice. Additionally, Prasath et al. (2021) examined the parallels between servant leadership and professional counseling. Which may provide insights into how counseling leaders can effectively integrate spirituality and religion in their practice through a servant leadership approach.

By utilizing Adler's Theory as a guiding framework, this research will seek to shed light on the ways in which counseling leaders can effectively integrate spirituality and religion in their practice. Ultimately addressing the gaps identified in the problem statement. This approach will build upon previous research conducted by Murray et al. (2020) and Rosmarin et al. (2021), which emphasized the importance of preparing counselors to engage with spiritual and religious themes in treatment. By investigating the impact of clinician preferences on perceived benefits in various settings.

The impact of Religion or Spiritualism in Healing

All religious systems generally place a strong emphasis on healing, which attempts to end suffering and restore health and wholeness. The physical, emotional, social, and spiritual aspects of human life are all included, and it is typically profoundly ingrained in religion. Religious healing can take many different forms, including miraculous divine interventions, controlling metaphysical energies, and reforming social structures and interpersonal connections. According to Vallenga (2008, page 328) defines religious healing is a system that *"assumes the presence of a supernatural power which can restore the natural order*". According to Dein (2020) religious activities have been reported to have therapeutic benefits in a wide range of historical and geographical circumstances. Prayer, ritual, and the reading of religious texts are frequently used techniques. Religions vary in their usage of self-help modalities and the types of religious healers they use, such as shamans or "miraculous" healers. Although it is frequently used in social science literature, the word "religious healing" is rarely defined and is sometimes used interchangeably with "faith" or "spiritual" healing.

Religion's main element is ritual. Ritual practice may be beneficial to mental health. Ritual helps people gain control over their surroundings, strengthens their faith, and calls on a deity for assistance. As a result, it may be a useful coping mechanism. Ritual performance may alleviate anxiety and uncertainty and give life purpose (Hinde, 1999). Additionally, rituals bring people together and strengthen emotions of social solidarity. They also have soothing effects that may have an impact on mental health.

According to Turner (1975), rituals assist participants settle problems and reestablish social and psychiatric balance. One such example is confession, which is

common in many religions and can result in catharsis. Dein and Loewenthal (2013) found that participants in their study on the Jewish Sabbath expressed favorable mental health benefits. Including having more time to reflect on significant life issues, having time away from trivial concerns, and growing closer to others.

A large portion of the anthropological literature, views religious healing simply symbolical. That is, as a system of cultural symbols that may be changed to alter the patient's experience. According to Dein (2019) the viewpoint in religious healing is beneficial on a psychological level but has no physical therapeutic effects. Anthropologist Csordas (1997) studied the operations of religious healing, the study offers a thorough ethnography of the North American Catholic Charismatic renewal movement's healing experiences. Csordas (1997) method is phenomenological, and he argues that sensory imagery, performative utterances, and embodied experiences are how religious healing also known as the rhetoric of transformation. Functions to transform the self.

According to Csordas (1997) the Charismatic Movement's psychotherapeutic rituals first produce a disposition to be cured. Then a sensation of spiritual empowerment, and lastly a tangible perception of personal transformation. Religions, especially Western monotheisms, are fundamentally based on prayer. It can serve as a source of meaning, purpose, and coping in a person's life, or may promote social connection as a complex and varied occurrence (Ladd & McIntosh, 2008). These elements might improve mental health. Even while it makes sense that prayer would be beneficial for mental health, the empirical data in this regard are conflicting.

Spilka and Ladd (2002) research discussed how praying has beneficial effects on mental health conditions. The study outlined there was a theoretical and viable model of relations regarding inward, outward, and upward cognitive activities during prayers. For difficult life circumstances, Levin, (2004) discussed how association with religious belief may be a useful coping mechanism that leads to better physical and mental health than those who are less involved in religious belief. However, Bradshaw et al. (2008) argue that there are confounding outcomes when it comes to assessing the impact of prayer associations on treatment, which may support adverse effects. According to Nathensen (2012), there is a curvilinear correlation between the frequency of prayer and depressive symptoms. Even with those who prayed occasionally but not every day reported reduced depression.

These contradictory findings may stem from various study methods, various prayer techniques, beliefs and expectations, and various conceptions of God. Ellison et al. (2014) concentrated on two aspects of prayer, first the associations between the frequency of prayer and symptoms of anxiety. Second, the role of attachment to God in mediating this relationship. They did this by building on attachment theory and evolutionary threat assessment systems theory (Flannelly, 2017). This study made use of the Baylor 2010 Religion Survey data, which no significant correlations between prayer frequency and symptoms of anxiety were discovered by the study. Some people with mental disorders may not always benefit from prayer and other religious practices. This conclusion may be since some religious activities generate guilt in adherents due to their unwillingness to follow the rigid norms of compliance, raising levels of anxiety and melancholy (Pargament & Raiya, 2007).

Religious Healings in Different Societies

Traditional healing practices in Africa and India have received a lot of attention in this field of study. Studies have mostly focused on the many healing practices used; outcome studies are few. Charismatic and Neo-Proselytizing churches are flourishing quickly in Africa, which is a testament to Christianity there. These highlight the healing, miraculous, and prophecy powers. Before Christianity was introduced to the African continent, there were many centuries of African traditional medicine that placed a strong focus on ancestors. Many Africans converted to Christianity in the 19th century through coercion rather than on their own volition. According to Burns and Tomita (2015) studies, almost 50% of Africans with mental health issues first seek traditional healers before seeing biological specialists.

Compared to the extremely limited number of mental health specialists working in African countries, they are more cheap, flexible, and accessible. According to Burns and Tomita (2015, page. 868) *"in contexts such as these, where formal health resources are often scarce and/or inaccessible, it is likely that a substantial portion of individuals requiring or seeking care for mental health disorders never, in fact, reach formal health services".* Patients occasionally seek the advice of numerous healers before receiving allopathic treatment.

Using a qualitative methodology, Musyimi et al. (2018) investigated traditional healing practices among healers in rural Kenya. There were some treatments that overlapped even though herbalists often utilized herbs and witchdoctors employed spiritual practices to cure mental disease. Faith healers concentrated on praying, giving advice, and driving out devils. These healers categorized patients into categories based on

symptoms and causes rather than treating specific diagnostic groups. The healer's area of expertise, as well as their theories regarding the nature of mental disease, greatly influenced the choice of treatment.

Studies from South Africa suggest that alternative practitioners are crucial to the treatment of mental illness, they help in culturally appropriate ways. Many African traditional medical systems hold that witchcraft or disgruntled ancestors are to blame for mental disease. According to Sorsdahl, et al. (2010) traditional healers are regarded as specialists in assisting persons dealing with such situations. Audet et al. (2017), study discussed how some South Africans believe that traditional healers are superior to biomedical professionals. Their capacity to diagnose and treat physical and psychological illnesses brought on by wrongdoing in society, spirits, magic, and sorcery are relied on.

Akol et al. (2018) study examined the traditional healers' perspectives on working with orthodox child and adolescent psychiatric services in Kenya. The study challenges healer’s beliefs but healers still held on to their traditional notions that mental illnesses are caused by supernatural forces. Van Duijl et al. (2014) study pointed out the prevalence of spirit possession that can surface after traumatic experiences. In those days, it was a widely used expression of distress. In Southwest Uganda, those who were experiencing spirit possession frequently reported full or partial recovery after seeking the help of conventional healers.

According to Read and Doku (2012) discussed beliefs involving Christian healers and prayer camps significantly growing during the past 30 years in Ghana. Kpobi and Swartz (2018) studied neo-prophetic pastors in Accra, focusing on their beliefs about mental illness and the treatments they received. Their understanding of mental illness was

typically restricted to psychosis. They primarily expressed supernatural ideas about an etiology, citing traffic accidents and drug use as other causes for mental illness.

Nortje et al. (2016) carried out a systematic analysis of quantitative studies of traditional healing outcomes in mental illness. Even though the studies are diverse and usually poorly conducted there are some strong supports. Healers offered some impactful psychological therapies that reduce distress, anxiety, and depression symptoms. There is no indication that they alter the course or prognosis of serious mental illnesses such as bipolar disorder or various types of psychosis. Van der Watt et al. (2018) examined the qualitative literature on the perceived benefits of traditional healing for mental disorders, building on Nortje et al. (2016) study. These authors concluded that stakeholders believed traditional healing was effective for psychiatric disorders. Especially when paired with biomedical treatments, and that they would continue to seek it despite alternative medical evidence.

Ofori-Atta, et al. (2018) study in Ghana, discussed the efficacy of prayer camp activities, which was compared to the efficacy of prayer combined with drugs for mood disorders or schizophrenia. The total number of Brief Psychiatric Rating Scale symptoms was significantly lower in the psychiatric medication group. The authors concluded that pairing prayer camp tasks with biomedical psychological care could result in symptom relief.

Biswal et al. (2017) study discuss how traditional healers play an important role in mental health treatment in India. There are few psychiatric facilities, and there is frequently a conflict between traditional remedies and orthodox medical assistance for psychiatric disorders. According to Kar (2008), two-thirds of people who are mentally ill

and their families believe in the supernatural underlying etiology of mental illness. They seek traditional healers before seeking formal biomedical psychological care. In India medical pluralism is common, with both conventional and primary care doctors practicing side by side. Ayurveda, folk healers, temple healers, and allopathic healers are examples of these.

According to Bathla et al. (2015) study of psychiatric hospitalized patients in Northern India. Approximately 88 percent of them consulted faith healers at least once, but only 2.12 percent of them reported any improvement after therapies by them. Those in emotional distress or experiencing mental illnesses, including psychiatric illness frequently attend Hindu, Christian, or Muslim religious centers. Temples are thought to have curative properties. Ethnographic research is frequently used in studies of these temples, and the psychiatric status of those who attend, as well as clinical outcomes, are rarely investigated.

Raguram et al. (2002) report on religious cure in a Hindu temple in Tamil Nadu in a widely cited study. The Muthusamy Temple, in the community of Velayuthampalayampudur, is a popular healing site for those suffering from serious mental illnesses. Attendees are commonly accompanied by their family members and stay for a few days. They are encouraged to get involved in daily activities such as cleaning. The authors discovered that a brief stay at this Temple resulted in significant advancements in clinical measures of psychopathology. In using the Brief Psychiatric Rating Scale. The scores on the rating scale were reduced by nearly 20%.

According to Raguram et al. (2002), the clinical improvements were like those brought about by many mind-altering enforcers, including the newer atypical.

Furthermore, members of the family generally reported significant improvements in their relatives. According to Gunther Brown (2011), Pentecostalism is more than just a religious movement that emphasizes healing; rather, healing is fundamental to the movement. Healing is an important factor in attracting people to the movement, as well as the reason for its popular appeal (Cox, 2011). According to Pentecostals, divine healing can heal any illness, from a minor illness such as a headache to a mental problem such as depression, to a severe physical disorder. It is thought to be more effective than biomedical healing (Gunther Brown,2011).

There are three types of Pentecostal healing according to Poloma (1998). The term spiritual healing comes first and foremost. Healing is mainly a spiritual experience in the Pentecostal movement. Physical and social-emotional healing are only secondary concerns for Pentecostals. The most important aspect is getting closer to God. Spiritual healing entails removing perceived barriers to divine intimacy, such as past sins and devilish influence.

The second type of healing is inner healing, it results in wider acceptance of oneself, emotional healing, and interpersonal relationship healing. It is also termed to as memory healing or emotional healing. The Holy Spirit restores health to the deepest aspects of a person's life during this process, focusing on the underlying cause of emotional suffering and pain. Finally, there is discernment, the ability to detect the existence of evil spirits or other causes of illness. The ability is regarded as a blessing of revelation. It is a gift instead of a skill for which one is trained. This gift is thought to function on the threshold of spiritual instinct rather than the human mind. The person ministering is suddenly made aware of the name, number, or nature of the evil spirits

influencing the oppressed person and has the power and authority to command that the sufferer be released.

Islamic texts discuss various types of divine beings in the universe, including jinn (ifrit) supernatural beings, shaytan (evil spirit), and farishta (angels). According to Gaw, (1993) Muslims in Europe and the Middle East, believe mental illness is frequently blamed on jinn spirits. Religious healers who recite the Qu'ran are frequently called upon to expel these devilish spirits.

According to Dein and Illaiee, (2013) study, it describes Jinn as widely cited in the etiology of craziness and seizure disorders. Other common explanatory models center on black magic or the evil eye. The evil eye is associated with envy and can result in incurable disease and other types of personal misfortunes. Traditional healing methods are still used in Muslim-majority countries. In Muslim countries, multidimensional models of understanding mental illness can be found, with social, biological, and supernatural reasons all recognized (Bagasra & Mackinem, 2014, page 60).

Integrating Religious or Spiritual Beliefs in Counseling Sessions

According to Vieten et al. (2013) study, many patients who have religiosity and spirituality as a prominent part of their identity hope that their therapist will incorporate these beliefs and values into psychotherapy. Some people say it outright, while others don't. Such clients may be hesitant to disclose religiosity and spirituality related aspects of their challenges in a setting when they believe it is limited to secular concerns, or potentially curtailing therapeutic outcomes. Several patients may benefit from secular psychotherapy and may additionally benefit if treatment is contextualized within their religious and spiritual values. Others' religiosity and spirituality struggles play a

significant role in their psychological and emotional distress. Making it critical to address such issues in therapy (Captari et al., 2018).

Religiosity and spirituality adaptations in psychotherapy may be complicated by several clinician characteristics, in addition to the patients' unique needs. Notably, when compared to the general population, psychotherapists are less likely to identify as religiosity and spirituality. In one survey, 35% of psychologists, compared to 75% of the public, said religiosity and spirituality had a significant influence on their way of life (Delaney, Miller, & Bisonó, 2007). Furthermore, few clinical leaders receive explicit training and supervision in how to address patients' religious and spiritual beliefs in assessment and treatment in an ethical and sensitive manner (Schafer et al., 2011). Thus, while religiosity and spirituality are increasingly recognized as an important aspect of great achievement. Clinical leaders may be uncertain how and in what way to best integrate such concerns (Saunders et al., 2010; page 355).

Religious and spiritual psychotherapy adaptations are as distinct as each patient who enters the room. We present different case studies that demonstrate several of the complex ways in which religiosity and spirituality can intersect with individual identities and influence treatment. They focus on the systematic ways in which researchers have formally incorporated religiosity and spirituality into treatments. We summarize the cases below:

Case 1: Religiously based depression treatment

Religiously integrated cognitive behavior therapy (RCBT) is based on the cognitive model while contextualizing interventions within the patient's religious framework. The psychotherapist *"explicit use of the client's own religious tradition as a*

major foundation to identify and replace unhelpful thoughts and behaviors to reduce depressive symptoms" (Pearce et al., 2015: page 58). Among the key techniques of RCBT are (a) renewing the mind by substituting constructive self-talk with sacred writings; (b) contemplative prayer and meditation on sacred writings; (c) thinking about religious beliefs and activities; (d) nurturing forgiveness, hope, gratefulness, and benevolence through daily religious practices; (e) finding and utilizing religious and spiritual resources in accordance with one's religious tradition; and (f) empathetic participation in one's religious community. To assist RCBT with patients who identify as Christian, Muslim, Jewish, Buddhist, or Hindu, treatment materials and patient worksheets have been created.

Captari, et al. (2018: page 4) mention the story of a depression patient "Katina" sought psychotherapy. She was identified as an African American woman, 42 years old, who is cisgender. Her most pronounced identification was her Christian beliefs. Katina was a little hesitant to discuss how conventional psychotherapy may benefit her. Following this lead, her therapist enquired into Katina's past religious affiliations and the significance of religiosity and spirituality in her life. They talked about how she wanted to include this in her treatment. Katina described her upbringing in a strict, religious home, where she always felt unworthy. She described her father's physical and emotional abuse of her throughout her youth as well as her mother's sudden death from cancer when she was a teenager. During her struggles, Katina said that her Christian religion gave her comfort and hope; however, as psychotherapy advanced, she also became more conscious of her resentment toward God because she thought that God had either taken her mother away or (at worst) permitted bad things to happen. The two most troublesome basic

beliefs that Katina had were (a) I am worthless, and no one will ever love and accept me for who I am, and (b) since awful things keep occurring to me and God does not intervene to stop them, I cannot fully trust him. Katina took refuge in pondering Scripture verses about God's presence and unfailing love while she and her therapist worked to change these unfavorable basic attitudes in the framework of her faith. Katina realized that she could combine daily spiritual activities, rather than letting her negative self-talk dominate her, by journaling, listening to Christian music, going on contemplative prayer walks, and participating in a small group at her church.

Honarvar & Taghavi (2020) examine this link between using religion as a cure to depression amongst the infertile women in Egypt. A favorable role for religious coping in preventing depression in infertile women, particularly among working women, has been suggested by the negative connection between religious coping and depression scores in their study. The association between religious coping and education level, however, is not strong enough according to their analysis.

Caplan (2019) examines the link between depression and religion amongst the Hispanics and Latinos who seek mental health care around half as less times as non-Hispanic Whites. Disparities in the use of mental health services are largely caused by stigma as well as cultural and religious attitudes. This study investigates how Latino faith-based communities felt about mental illness. The perspectives of mental illness were raised during the delivery of El Buen Consejo, a mental health literacy intervention, in three faith-based contexts. The study suggested that the participants were raised thinking that people with mental illnesses were unpredictable, dangerous, and afflicted with an incurable disease that led to social rejection and exclusion. Unless symptoms

significantly interfered with everyday functioning or were life-threatening, the majority of families would deny the presence of depression and mental illness. It was thought that religious coping mechanisms like prayer and faith in God were protective. Both biological and religious explanations for depression's causes, including a lack of faith, a lack of prayer, demons, and parents' bad actions were thought to be the causes of depression. However, the participants thought of churches to be a crucial source of social, educational, and spiritual support for Latinos.

In a study conducted by Rafique et al. (2019) investigated the concept that Quranic verses (Surah Al-Rehman) can help with depression management. The study was based on the idea that music therapy can help reduce depression. The purpose of this study was to look into the efficacy of Surah Al-Rahman for handling depression in Muslim women admitted to a government hospital's psychiatry ward for major depressive disorder treatment. Surah Al-Rahman was played for the treatment group, while music used for relaxation and depression treatment was played for the control group. Mann–Whitney U test for comparing groups on the level of reduction at the post-assessment level confirmed that the treatment group had a significantly greater decrease on depression than the control group. The research demonstrates the effectiveness of Surah Al-Rahman as a treatment for depression.

Depression is a serious mental illness that has severe consequences for people afflicted from other terminal diseases like cancer. Many patients suffering from chronic or fatal illnesses turn to spirituality to help them cope. Spirituality has always been an important component of indigenous health systems in Indian culture. Haokip, et al. (2021) conduct a study in the northern Indian state of Uttarakhand, also known as the

'Devabhumi' (literally 'land of the gods,' because it is home to some of the holy places having Hindu shrines and pilgrims. For over a thousand years, pilgrims have come to seek salvation and purification from sin. The purpose of this study was to determine the relationship between religion and depression among cancer patients visiting a tertiary care institute in the northern state of Uttarakhand. They conclude that cancer patients with greater spiritual or religious connections experience less depression. Health professionals should incorporate spirituality discussions with cancer patients to assist them to find strength and purpose in life despite their illness. To develop a positive outlook on living even while suffering and find ways to incorporate enhanced treatment methods in the care of cancer patients. Additionally, Haokip, et al. (2021) emphasis on understanding patients' spiritual lives and their impact on healing and psychological health can provide perspective into critical coping mechanisms/strategies.

In a five-year longitudinal study nested within a larger prospective study, Neugebauer et al. (2020) explored the relation between religiosity and spirituality and major depressive disorder (MDD) and altruism. Over several decades, depressed and non-depressed people, as well as their first- and second-generation offspring, were studied. Religiosity and spirituality were evaluated using self-report at Year 30 after baseline; MDD was measured using a clinical interview. Their research concludes that religiosity and spirituality offer a strategy for meaningfully engaging people in the face of depression, offering hope, connection, and support to counteract the sense of isolation and social disengagement that MDD causes. Relational spirituality, a relational style associated with generativity and better mental health, provides an additional explanatory framework. Relational spirituality is a way of relating to the sacred, including ourselves

and others, that allows for flaws while still striving for greater goodness. According to this viewpoint, altruism is an acceptance of our own and other people's brokenness, combined with hope for human improvement. Religiosity and spirituality provide a strategy to meaningfully engage individuals who are suffering from of depression, providing hope, connection, and support to counteract the felt loneliness and social disengagement of MDD.

Case 2: Addiction treatment using a spiritual self-schema.

Avants and Margolin (2004) combined cognitive behavior therapy (CBT) with Buddhist psychology principles in spiritual self-schema therapy, which is facilitated through a 12-session treatment manual. By altering a client's habitual self-schema, which is defined as *a* highly automatized system of knowledge or beliefs about one's intentions or capacities. Which is stored in long-term memory, that mediates the environment and interpersonal behavior (Margolin et al., 2007" page 982).

Feelings of low self can encourage self-destructive behaviors like drug usage when a habitual self-schema is engaged. By encouraging mindfulness, self-compassion, and a determination to cause no harm to oneself or others. This treatment aims to promote a transition from an addict self-schema to a spiritual self-schema. Spiritual awareness is promoted through self-affirmations, prayer, mindfulness, and self-schema check-ins. Additionally, each session emphasizes the growth of a spiritual character, such as generosity, gentleness, and honesty.

Captari, et al. (2018: page 4) study present the case of Tom who at his parents' advice sought therapy at an inpatient drug rehab center. He described himself as a White, cisgender 28-year-old man for whom spirituality was a key aspect of his identity. He was

raised in a family with Jewish cultural roots, but he had also investigated various viewpoints and worldviews. After testing positive for cocaine during a drug test, Tom recently lost his job. In middle school, he started dabbling with alcohol and narcotics. Soon after, he started supplying to other sportsmen on his sports team. When Tom was a senior in high school, he had ambitions to play football in college, but drug allegations caused him to lose his scholarship.

Tom tried to become clean and start over, but he failed to stay sober. He indicated a wish to quit after losing several friends to drug overdoses, but he was reluctant to admit how badly his addiction had affected him. In psychotherapy, Tom learned about the monkey mind, or the mind's propensity to wander, and how this influenced his self-schema as an addict. Tom frequently considered using drugs if he was unable to manage his thoughts. Tom's therapist exposed him to a form of meditation known as antiparasitic. Which entails sitting quietly with your eyes closed and breathing normally while you practice nonjudgmental awareness of your thoughts, feelings, and sensations.

Every time Tom experienced an intense need to use drugs, he would put this coping mechanism into effect. Tom's awareness of how he internalized his anger and hatred toward his parents. Then used it to fuel impulsive conduct that put him in increased danger as his treatment went on. Tom eventually started to become aware of times throughout the day when his desires to use diminished. He had greater inner serenity and tranquilly. He eventually realized this to be his fundamental spiritual self, which provided him with knowledge, stability, and gentleness.

Religious belief and practice have alerted and influenced ideas about addiction throughout history. Even today, religion and spirituality are frequently thought to

influence attitudes toward addiction and its therapies. Especially considering the use of religion and spirituality in numerous well-known treatments. Alcoholics Anonymous is one example of a treatment. Lavallee et al. (2021) study evaluated the relationships between religion and perceptions toward addictive behavior and drug rehabilitation.

Higher religiosity in providers is linked with more belief in the disease model of addiction, negative views toward addiction, and a stronger support for spiritually based treatments. The results, however, varied depending on the measures used, and many of the relationships tested were not significant. In terms of attitudes, there appeared to be variations in the interaction between religion and spirituality. Other variables included was the respondent's gender or if the individual was a student or provider. However, according to Beraldo et al. (2019) study, spirituality may not be beneficial in some segments. Such as those with heroin and cocaine or cannabis use disorders, it only appears to be particularly beneficial to minorities such as Latinos, African Americans, and Native Americans.

Islamic spirituality, which encompasses Muslim religious beliefs, values, and norms, is poised to play a critical role in the prevention, treatment, rehabilitation therapy, and recovery of Muslim addicts. Bensaid et al. (2021) investigated potential links between spirituality, addiction treatments, and recovery. As well as the ways and means by which Islamic spirituality can help addicts cope with internal urges, relapse, and rehabilitation. The findings of a study conducted by Bensaid et al. (2021) showed that spirituality is a source of meaning-making and purpose cultivation, self-discipline, motivation, support, reintegration, and related issues arising in these areas. The study

emphasizes the importance of utilizing spirituality in these areas. This makes spirituality an important tool in addiction treatment programs.

Nirzalin & Febriandi (2020) investigated success of the religious social capital agency and their role on drug education. This researcher discussed the viewpoint of the teungku dayah known as an Islamic scholar. The role of scholars within the agency traditionally has been to combat policies in the drug market, and dealers. In the collective drug eradication movement in Ujong Pacu, Lhokseumawe-Aceh, Indonesia. The study shows that Teungku Dayah successfully used the social and religious capital of the Ujong Pacu society to conduct drug eradication. Religious social capital has strong ties in uniting elements of the same religion. Additionally, it becomes an energy that helps keep motivating the community to run anti-drugs campaigns and driving out drug addicts in Ujong Pacu, Lhokseumawe-Aceh.

Kelly & Eddie (2020) study on the other hand have different results. They examine the relationship between religiosity and spirituality, and alcohol with other drug (AOD) problems. The authors test for differences across subgroups in the extent of spiritual and religious identification. As well as the extent to which these had aided individuals' drug recovery. Using a nationally representative, cross-sectional sample of U.S. adults. The authors conclude that spirituality was most frequently reported as either not assisting at all or making all the difference in helping people overcome their AOD problem. Black Americans reported significantly more religiosity and spirituality than Whites. This often made all the difference in their recovery using spirituality and religious integration in counseling. White and Hispanic Americans experienced the inverse trend.

Case 3: Anxiety treatment through religious and cultural therapy

Razali et al. (1998) study discussed Beck's cognitive model and how it is maintained in religious cultural psychotherapy. The authors concludes that it provides treatment for Muslim patients. To (a) examine the evidence for and modify negative automatic thoughts, (b) encourage the development of positive religious coping mechanisms, such as prayer. The acknowledgement, and obedience to Islamic customs, and (c) assist clients in understanding symptoms within the framework of their cultural and religious beliefs. To reduce mental illness stigma, which this approach draws on passages from the Holy Quran and Hadith, identified as the revelation and sayings of the prophet Muhammad (SAW). Clients are urged to develop a sense of intimacy with Allah, consider the teachings of the Quran, and communicate their fears and worries in prayer.

Captari, et al. (2018: page 5) mentions the story of Abdul who after receiving a diagnosis of generalized anxiety disorder from his doctor. He refused to be prescribed medication but sought out psychotherapy. Abdul is identified as a cisgender, 50-year-old Palestinian American male. His most defining characteristic was his Muslim faith. Any considering using medication for psychological issues was discouraged upon in his religious culture. He sought out psychotherapy to learn how to control his symptoms. Abdul was a successful businessman, but he was also anxious all the time. His mind racing with worries that made it hard for him to focus on home or at work.

He was unable to concentrate during his daily prayers. This increased his worries that Allah would punish him for his lack of devotion. Abdul stated in psychotherapy that he did not think the world was a secure place. He believed he had to continuously get his family and himself ready for the worst-case situation. He was also concerned about how

his safety as well as the safety of his wife and three children would be impacted by escalating political turmoil and racism in the United States.

The clinical leader helped Abdul see how his faith might be a helpful source of support while also validating his worries. Abdul discovered that reflecting on the notions that Allah is constantly in control and that he can rely on Allah to look after him and his family helped to reduce his anxiety. As Abdul's embarrassment over his symptoms lessened, he frequented the mosque more and found solace in his connections with other members of his religious community.

Hodge et al. (2022) examined the link between eight different measures of religious involvement. Including five different anxiety disorders in a nationally representative sample of African Americans. Attendance at designated weekly religious services was found to be inversely related to 12-month and lifetime panic disorder, lifetime agoraphobia, and lifetime posttraumatic stress disorder (PTSD). Prayer was found to be inversely related to agoraphobia, social phobia, and PTSD that lasts a lifetime. Listening to religious radio and seeking strength from God were also found to be inversely related to 12-month and lifetime panic disorder, respectively. Reading religious materials, on the other hand, was associated with 12-month panic disorder, 12-month agoraphobia, lifetime PTSD, and lifetime generalized anxiety disorder.

Pre-adolescence, also known as the Puberty period, is a time of rapid biological and psychological change in people's daily lives. Approaches to religious concepts may differ during this time. Furthermore, the individual's perspective on life is shifting, resulting in new fears and concerns about its changing body and social position. These

feelings intensify as the mental development process progresses, and various fears and anxieties emerge during the first adolescent period.

Given this, Baynal (2021) examined the connections between fear and anxiety, as well as religion, that were prevalent during puberty. The study concludes that prayer, asylum in Allah (God), was as effective in purifying fear and anxiety as religious was in reducing anxiety. The findings revealed that the participants used positive coping strategies and positive religious submissions to eliminate fear and anxiety. Religion was found to play an important role in decreasing fear and anxiety in the participants.

Aytena & Korkmazb (2019) examined the investigate the links between religiosity, pro-sociality, anxiety, and life satisfaction, as well as the mediating functions of anxiety and pro-sociality on the link between religiosity and life satisfaction. The study concludes that there are positive correlations between religiosity, pro-sociality, and life satisfaction, and anxiety is related adversely to religiosity and life satisfaction. According to the author's analysis, prochirality and anxiety serve as a bridge between religiosity and life satisfaction.

Lang et al. (2020) investigates the anxiolytic effects of religious practices among the Marathi Hindu community in Mauritius. Seventy-five participants were first subjected to anxiety induction via the public speaking paradigm. Before being asked to either perform their habitual ritual in a nearby temple or sit and relax. The findings revealed that participants in the ritual condition reported less perceived anxiety after the ritual treatment, as well as less physiological anxiety, as measured by heart-rate variability.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
REVIEW OF THE LITERATURE (Approximately 30 pages)				

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
The learner assures that this section of Chapter 2 should be approximately 30 pages. (Thirty pages reflects a typical literature review length and is *a recommendation, not a rule).* The purpose of the minimum number of pages is to ensure that the overall literature review reflects a foundational understanding of the theory or theories, literature and research studies related to the topic. A well-written comprehensive literature review that reflects the current state of research and literature on the topic is expected and will likely exceed 30 pages. Literature reviews are updated continuously. This is an ongoing process to dissertation completion.	2	2	**X**	2
The learner describes the phenomena being explored in the study discussing the prior research that has been done on the phenomena.	2	2	**X**	2
Themes or Topics: The learner discusses and synthesizes studies related to the dissertation topic. May include (1) studies focused on the problem from a societal perspective, (2) studies describing and/or relating the exploring related phenomena (qualitative), (3) studies on related research such as factors associated with the themes, (4) studies on the methodological approach and instruments used to collect data, (5) studies on the broad population for the study, and/or (6) studies similar to the study. The themes presented, and research studies discussed and synthesized in the Review of the Literature demonstrates understanding of all aspects of the research topic, the research methodology, and sources of data.	2	2	**X**	2
The learner structures the literature review in a logical order, including actual data and accurate synthesis of results from reviewed studies as related to the learner's own topic. The learner provides synthesis of the information, not just a summary of the findings or annotation of articles.	2	2	**X**	2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
The learner includes in each major section (theme or topic) within the Review of the Literature an introductory paragraph that explains why the topic or theme was explored relative to the overall dissertation topic.	2	2	**X**	2
The learner includes in each section within the Review of the Literature a summary paragraph(s) that (1) compares and contrasts alternative perspectives on the topic and (2) provides a synthesis of the themes relative to the research topic discussed that emerged from the literature, and (3) identifies how themes are relevant to the dissertation topic and research methodology.	2	2	**X**	2
The learner provides additional arguments for the need for the study that was defined in the Background of the Study section.	2	2	**X**	2
The learner ensures that for every in-text citation a reference entry exists. Conversely, for every reference list entry there is a corresponding in-text citation. **Note:** The accuracy of citations and quality of sources is verified by learner, chair, and content expert.	2	2	**X**	2
The learner uses a range of references including founding theorists, peer-reviewed empirical research studies from scholarly journals, and governmental/foundation research reports.	2	2	**X**	2
The learner verifies that all references are scholarly sources. **NOTE:** Websites, dictionaries, publications without dates (n.d.), are not considered scholarly sources and are not cited or present in the reference list.	2	2	**X**	2
The learner avoids overuse of books and dissertations. **Books:** Recommendation: No more than 10 scholarly books that present cutting edge views on a topic, are research based, or are seminal works. **Dissertations:** Recommendation: No more than five published dissertations should be cited as sources in the manuscript. (This is *a recommendation, not a rule*).	2	2	**X**	2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	**X**	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **You did a great job synthesizing the literature and showing how the problem evolved from the literature, but you need to add a couple of sections to meet the 20-page limit of GCU.**				

Problem Statement

It is not known how counseling leaders describe the process of incorporating information, and encouragement through spirituality in the counseling session. Previous research has evaluated clinical experts' efforts to integrate patients' religion and spirituality in practice. However, their scope was limited, and many studies have recommended future research (Oxhandler et al., 2019).

Rosmarin & Leidl (2020) present a simple framework which shows how spiritualism (S) and religion (R) can impact the well-being of an individual. Figure 1 explains this with the concept linked to anxiety, but it can be extended to other mental illnesses including depression, addiction, suicidal thoughts etc. Being connected to religion and spiritually in a positive way helps modify beliefs, motivations, emotions, and attachments. This ultimately leads to lower anxiety levels. Silton et al. (2014) study was based on data from a large survey of 1426 US adults. They discovered that belief in a divine creator was negatively associated with a variety of anxiety-related concerns.

Including worry, social apprehension, paranoia, obsessions, and compulsive behaviors. Negative beliefs about God, on the other hand, consistently predict increased anxiety. According to Silton's (2014) research, believing in a punishing God was associated with increased social anxiety and paranoia, with significant influence sizes. In addition, in a large-scale and widely cited national study on spiritual struggles, believers who saw God as adversarial were more likely to suffer from anxiety (McConnell et al., 2006).

The literature on incorporating information and encouragement from religion and spirituality into therapy is still scarce. Though there is evidence of the impact of religious and spiritual influences on mental outcomes, the literature is silent on many issues. These issues include how the therapist incorporates or encourages religion and spirituality in counseling. The challenges therapist face and how they keep their own beliefs separate from those of patients. Aspects of religion and spirituality in which therapists require training also remain unaddressed in the literature.

Given that mental health problems are becoming more prevalent in America, it is crucial to answer these questions. According to Vahratian et al. (2021), the percentage of individuals with depressive episodes and anxiety increased from 36.4% to 41.5% during the Covid 19 pandemic. During this time, the number of people who want mental health therapy but did not receive it rose from 9.2% to 11.7%. In this situation, religion and spirituality can be quite important. Even tragic events like the death of a child can be better handled if the parents are very deeply religious.

Jung and Lee (2022) investigate the impact of child death on parents using data from ageing parents (65 years and older), from the health and retirement study (HRS) for

America. Their findings indicate that, while the death of a child is one of the most stressful events in a person's life. Parents who believed in the divine plan coped better with the aftermath of the child's death. Thus, faith through religion and spirituality can help with a variety of mental issues. Religion and spirituality, when combined with clinical training such as counseling, can help increase the efficacy of treatment.

The population of interest for this proposed study is Connecticut counseling leaders. The target population consists of counseling leaders who are members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA). This research requires these clinical leaders to have a master's degree or higher to ensure they are highly qualified individuals in their field. Finally, the proposed research will focus on counseling leaders between the ages of 25 and 60 to ensure they are of working age. As a result, the sample for this proposed study is drawn from this target population.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
PROBLEM STATEMENT (Typically three or four paragraphs or approximately one page)				
The learner states the specific problem for research with a clear declarative statement.	2	2	**X**	2
The learner describes the population of interest. The population of interest includes all individuals that could be affected by the study problem. **EXAMPLE**: The population of interest might be *all adults in the United States who are 65 or older*. The target population is a more specific subpopulation from the population of interest, such as *low-income older adults (≥ 65) in AZ*. Thus, the sample is selected from the	2	2	**X**	2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
target population, not from the population of interest.				
The learner discusses the scope and importance of addressing the problem.	2	2	**X**	2
The learner develops the Problem Statement based on what needs to be understood as defined in the Problem Space and the Review of the Literature.	2	2	**X**	2
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	**X**	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Summary

Religion and spirituality are significant components of human diversity and ought to be specifically discussed in psychology and to be used in counseling. Alfred Adler introduced individual psychology, commonly known as Adler Adlerian theory, in 1912 (Ansbacher & Ansbacher, 1964). Adler was a leader in the humanistic counseling movement, emphasizing positivism, freedom of choice, and the subjectivity of people (Carlson et al., 2006). Adler's phenomenological and relationship-focused theories have had an impact on many popular counseling techniques, such as person-centered, existential, cognitive, and systems.

Sommers-Flanagan & Sommers-Flanagan (2012) study discussed how many professionals employ Adlerian concepts as a stand-alone theory. Especially since they consider it to be one of the most thorough therapeutic philosophies models for

counseling. However, the field of mental health is shifting towards more biological and neurological frameworks for understanding mental health. Miller and Dalena Dillman Taylor (2016) argue that in this new era of mental health practice, Adlerian theory must be strengthened and expanded. One such way is to incorporate religion and spirituality into this framework.

According to Dein (2020), in a variety of historical and geographical contexts, religious practices have reportedly been shown to provide therapeutic advantages. The use of rituals, prayer, and the reading of religious literature are all common practices. Religions use different sorts of religious healers, such as shamans or miraculous healers, and different self-help techniques. Most Americans, according to surveys of the general population, place a high value on religion and spirituality. There is evidence that clients prefer to have their religion and spirituality addressed in psychotherapy, at least in clinical settings (Vieten & Lukoff, 2022). This study focuses on how religion and spirituality can be used to incorporate information and encouragement in counseling leadership.

Although studies have demonstrated the benefits of incorporating religion and spirituality into counseling, many questions remain. Numerous studies point to areas for future research but do not provide a framework for understanding the phenomenon. The proposed study's findings will ultimately support the integration of spirituality and religion in counseling leadership. The professional limitations that counseling leaders face when incorporating religion and spirituality into their therapy will be more clearly identified. It will highlight the challenges and constraints that counseling leaders face when working with patients of varying levels of faith.

It will also aid in identifying the difficulties that counseling leaders face in keeping their own beliefs out of therapy. Religion and spirituality can be successfully integrated into therapy. Overall, this research will help in identifying areas where these counseling leaders may require assistance and training to successfully integrate religion and spirituality into therapy. This will eventually lead to more effective therapy. The next chapter presents the methodology, data collection procedure, description about instruments and ethical considerations considered during this research.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
CHAPTER 2 SUMMARY (Typically one or two pages)				
The learner synthesizes the information from all prior sections in the Literature Review using it to define the key strategic points for the research.	2	2	**X**	2
The learner summarizes the problem space, what still needs to be understood, and how it informs the problem statement.	2	2	**X**	2
The learner identifies the theory(ies) or model(s) describing how they inform the research questions.	2	2	**X**	2
The learner builds a case (argument) for the study in terms of the value of the research and how the problem statement emerged from the identification of the problem space and review of literature.	2	2	**X**	2
The content of this section reflects that learners have done their "due diligence" in synthesizing the existing empirical research and writing a comprehensive literature review on the research topic.	2	2	**X**	2
The learner summarizes key points in Chapter 2 and transitions into Chapter 3.	2	2	**X**	2
The chapter is correctly formatted to dissertation template using *the Word Style Tool* and APA standards. Writing is free of mechanical errors.	2	2	**X**	2
All research presented in the chapter is scholarly, topic-related, and obtained	2	2	**X**	2

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
from highly respected, academic, professional, original sources. In-text citations are accurate, correctly cited and included in the reference page according to APA standards.				
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	**X**	2
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Chapter 3: Methodology

Introduction

It is not known how counseling leaders describe the process of incorporating information, and encouragement through spirituality in the counseling session. Previous research has evaluated counseling experts' efforts to integrate patients' religion and spirituality in practice. However, their scope was limited, and many studies have recommended future research (Oxhandler et al., 2019; Slee et al., 2021; Thomas & Barbato, 2020). The literature on incorporating information and encouragement from religion and spirituality into therapy is still scarce. Though there is evidence of the impact of religious and spiritual influences on mental outcomes, the literature is silent on many issues. These issues include how the counseling leader incorporates religion and spirituality. It also includes the challenges they face, and how they keep their own beliefs separate from those of patients. Aspects of religion and spirituality in which counseling leader require training also remain unaddressed in the literature. Citations?

Previous research has evaluated counseling leader's efforts to integrate patient's religion and spirituality in practice. However, their scope was limited, and many studies have recommended future research (Oxhandler et al., 2019; Ozcan et al., 2021; Slee et al., 2021). The literature on incorporating information and encouragement from religion and spirituality into therapy is still scarce. Though there is evidence of the impact of religious and spiritual influences on mental outcomes, the literature is silent on many issues. These issues include how the therapist incorporates religion and spirituality, the challenges they face, and how they keep their own beliefs separate from those of patients. Aspects of

religion and spirituality in which therapists require training also remain unaddressed in the literature.

Spiritual and religious matters may have a significant impact on a person's self-perception, worldview, how they perceive their experiences, and how they behave (Cornish et al. 2014). More people are becoming aware of the effects that religious and spiritual practices might have on a person's physical and mental health. Numerous studies have found a link between religious and spiritual factors with positive mental health traits. These include conditions like happiness, hope and optimism, purpose and meaning in life, lower levels of depression and anxiety, and effective coping mechanisms (Whitehead, 2018). The advantages to mental health that result from engaging in religious rituals are linked to psychological recovery (Oman & Lukoff, 2018).

Religious institutions offer counseling services through groups and ministries (Osei-Tutua et al., 2019). To account for the relevance of religion and spirituality in patients' lives, clinical leaders should incorporate their beliefs into treatment (Bayne & Tylsova, 2019). Patients' experiences and worldviews should be considered during assessments, and counseling leaders should strive for an accepting stance towards their beliefs while using sensitive language (ASERIV, 2009). This study investigates how counseling leaders include encouragement and support from religion and spirituality in therapy sessions. The study includes the purpose, research questions, design, sample selection, and data sources. Ethical considerations are noted throughout the study.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
CHAPTER 3 INTRODUCTION (Typically two or three paragraphs)				
The learner begins by restating the Problem Statement for the study.	2	2	2	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
The learner provides a re-orienting summary of the research focus from Chapter 2 and outlines the expectations for this chapter.	2	2	1	**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	2	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **Se notes please in text.**				

Purpose of the Study

The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut. This study explores how counseling leaders in Connecticut relate information and encouragement in counseling sessions. The proposed research will be based on interviews and questionnaires. Forty Licensed Professional Clinical Leader (LPC) or Licensed Professional Clinical Counselor leaders (LPCC) counseling leaders will be recruited to complete a questionnaire. A minimum of ~~10~~ 12 counseling leaders will participate in interviews over Zoom to capture the transcription.

The primary objective of this qualitative descriptive study is to explore the role of religion and spirituality in mental health treatment as perceived by counseling leaders in Connecticut. Specifically, the study aims to investigate how counseling leaders incorporate spiritual elements into counseling sessions and how this impacts the patient's

willingness to engage in therapy and potentially change their behavior. Additionally, the study seeks to understand the challenges counseling leaders face in integrating religious and spiritual components into their practice and whether they share their own beliefs with patients. Furthermore, the research will address the training needs of therapists in areas related to religion and spirituality, contributing to the existing literature on this topic.

Population and Sample Selection

The general population for this qualitative descriptive study will be counselors in Connecticut. The target population for this study will be licensed professional counselors (LPC) and licensed professional clinical counselors (LPCC) in Connecticut. The sample will be a purposeful sample that consists of 12 licensed professional counselor leaders . The researcher should be careful and deliberate in seeking to view the phenomena through interviews and questionnaires that will strategically be asked to qualified members to maximize credibility (Asiamah et al., 2017; Cypress, 2017).

Plan A. To recruit members, the researcher will request for permissions to administrators to use the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) online portal to recruit members for the study. The CCA and ACA administrator will be asked to send out recruiting letters to the potential participants. The potential participants will be requested to respond to the researcher who will then send them initial consent forms and the link to the questionnaires, for participation in the study. The researcher will follow-up with reminders to members for participation. If 40+ questionnaires are not collected within three weeks. The researcher will ask the administrators to send out another invitation to all members. Members will be able to view an additional request through the ACA and CCA portal and LinkedIn.

Plan B. If 40+ questionnaires are still not achieved the researcher will reach out to WellMore, and Clifford Bears. The researcher will make a request to group administrators to contact LPC's and LPCC group members for participation. Administrators will be asked to upload and send out initial questionnaire to their group members. Administrators will be asked to follow up with group members on the site for participation and agreement to informed consent located in Survey Monkey.

Once consent is received from 40+ members with completed questionnaire. The researcher will carry out the study by randomly selecting 10-12 members to participate in an interview. If a participant declines to participate after being randomly selected, the researcher will select an alternative participant following the same random selection process to maintain the study's integrity and sample size. The researcher will be scheduling members to participate in a 45–60-minute interview via Zoom. The researcher will video and audio record participant via Zoom. Researcher will use additional devices to audio record the study as a backup. The researcher will transcribe the recordings and members will be given a pseudonym to protect their identity.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
PURPOSE OF THE STUDY (Typically one or two paragraphs)				
This section begins with one sentence that identifies the research methodology, design, problem statement, target population, and geographic location. This is presented as a declarative statement: "The purpose of this qualitative [*design*] study is to … [*include the Problem Statement*] at a [setting/geographic location]."	2	2	1	**X**
The learner introduces how the study will be carried out.	2	1	1	**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure,	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
sentence structure, punctuation, and APA format.				
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **See notes above**				

Phenomenon and Research Questions

It is not known how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling session. Previous research has evaluated counseling leaders' efforts to integrate patients' religion and spirituality in practice. However, their scope was limited, and a study has recommended future research (Oxhandler et al., 2019). This study seeks to build on the body of literature already available. The study has two research questions:

RQ1: How do counseling leaders describe the process of incorporating information through spirituality within the counseling sessions?

RQ2: How do counseling leaders describe the process of incorporating encouragement through spirituality within the counseling session?

This research will use a qualitative analysis for the interviews and questionnaire. The questionnaire will be distributed to over 500 Connecticut counseling leaders or clinicians who are members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA). To ensure a high response rate, the questionnaire will be sent to 500 participants. A researcher-developed questionnaire will be distributed to participants via Survey Monkey. They will be informed about the study's

purpose, and all participants will be asked to provide informed consent. The questionnaire will be based on a Likert Scale 1-7. The participants will be provided with a link to take part in the qualified questionnaires.

Along with the questionnaire the participants will have access to the link to receive an interview participation request based on their approval. The sample will be based on Purposive Sampling Technique since the proposed study requires the intentional selection of the participants for the interview. The study has an interview target of around 10-12 counseling leaders or until the data saturation is met. After participants consent to take part in the study, an hour-long interview will be held. The Institutional Review Board (IRB) authorized study questions will be posed to each participant, and additional, in-depth, probing questions will be asked to obtain more information. These interviews will either take place in person or online through a WebEx video conference.

For research question one (RQ1) and research two (RQ2), the data will be collected through interviews and questionnaires. The interviews will be conducted over WebEx or in-person and will be audio-recorded for transcription purposes. A minimum of 10-12 counseling leaders will participate in the interviews. The interviews will be semi-structured, allowing the participants to provide in-depth responses to the research question. The questionnaire will be distributed to over 500 Connecticut counseling leaders who are members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA).

To ensure a high response rate, the questionnaire will be sent to 500 members. The questionnaire will be a self-administered questionnaire that will include 10-15 close-ended questions and one to three open-ended questions at the end.(See Appendix XX)

Inclusion Criteria for Participants

Criteria	Description
1. Profession	Licensed Professional Clinical Leaders (LPC) or Licensed Professional Clinical Counsellors (LPCC) counseling leaders.
2. Membership	Must be members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA).
3. Education	Have a master's degree or higher in the mental health field.
4. Licensure	Be Licensed Professional Counselors (LPC) and Licensed Professional Clinical Counsellors (LPCC) in Connecticut.
5. Age and Practice Status	Currently practicing; age not over 60
6. Use of Spirituality in Practice (Optional)	Incorporate spirituality within their counseling practice.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
PHENOMENON AND RESEARCH QUESTIONS (Typically one or two pages)				
The learner establishes the research questions, and defines the phenomenon/a	2	2	1	**X**
The learner describes the nature and sources of necessary data to answer the research questions (primary versus secondary data, specific people,	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
institutional archives, Internet open sources, etc.). The learner describes the data collection methods, instrument(s) or data source(s) to collect the data for each research question.				
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Rationale for a Qualitative Methodology

This study will employ a qualitative approach, which involves collecting and analyzing non-numerical data to understand individuals' experiences, perspectives, and behaviors (Mey, 2022). This methodology is particularly suited for exploring complex and nuanced phenomena that cannot be adequately captured through quantitative approaches alone (Varpio et al., 2022).

Qualitative research aims to provide an in-depth understanding of a phenomenon of interest by generating a detailed description through non-numerical data collection methods, such as interviews, observations, and focus groups (Mey, 2022; Varpio et al., 2022). In contrast, quantitative research uses a controlled design and precise measurement to examine relationships between variables and outcomes by collecting numerical data (Vogel, 2023). Mixed methods research combines qualitative and

quantitative methodologies to provide a comprehensive approach (Matović & Ovesni, 2023).

The rationale for choosing a qualitative methodology is based on the need to gain a deeper understanding of the problem space and research questions. The problem space indicates limited knowledge about how clinical leaders incorporate information and encouragement from religion and spirituality within counseling sessions. The problem statement highlights the need to explore the experiences of clinical leaders in this context. At the same time, the research questions focus on the process, challenges, and strategies involved in integrating religion and spirituality into therapy. Authoritative sources, including Mey (2022) Varpio et al. (2022) and Hennink and Kaiser (2022) were used to justify the selected methodology. These sources emphasize the importance of qualitative research for examining complex and context-specific phenomena, which aligns with the goals and objectives of this study.

A qualitative methodology was selected over alternative methodologies, such as quantitative or mixed methods approaches because it allows for an in-depth exploration of the subjective experiences of clinical leaders. The qualitative approach is crucial for uncovering the nuances and intricacies of their perspectives and practices in incorporating religion and spirituality into counseling sessions. The choice of a qualitative methodology is supported by various sources, including Mey (2022) Varpio et al. (2022) Matović and Ovesni (2023) and Vogel (2023).

Quantitative research, as described by Vogel (2023) often focuses on numerical data, statistical analysis, and the testing of hypotheses. While this approach can provide valuable insights, it may not be well-suited for capturing the complex and multifaceted

nature of clinical leaders' experiences when integrating religion and spirituality into their therapeutic practice. Qualitative research, on the other hand, focuses on exploring the meaning and understanding of human experiences, making it a more suitable approach for this study (Mey, 2022; Varpio et al., 2022).

As Matović and Ovesni (2023) state mixed-methods research involves integrating or combining quantitative and qualitative methodologies. Although this approach can provide a comprehensive understanding of a research problem, it might not be necessary for the current study, as the primary aim is to delve into clinical leaders' subjective experiences and perspectives. The qualitative methodology allows for a deep understanding of these experiences without needing the additional layer of quantitative data analysis.

Mey (2022) and Varpio et al. (2022) highlight the value of qualitative research methodologies for exploring the intricacies of human experiences and understanding the context in which they occur. By employing a qualitative approach, this study can effectively explore clinical leaders' rich and complex experiences as they integrate religion and spirituality into their counseling practice.

Empirical studies on the topic, such as Travis (2021) Captari et al. (2021) Charzynska (2021) and Murray et al. (2020) provide a strong rationale for using a qualitative methodology in this study. Each of these studies used qualitative research methods to explore different aspects of spirituality and religion in therapy, demonstrating the effectiveness and appropriateness of this approach for understanding the complexities of clinical leaders' experiences in incorporating spirituality and religion into their practice.

Travis (2021) conducted a qualitative study to investigate the perspectives of Individual Psychology experts on the future use of Individual Psychology in an Evidence-Based Practice (EBP)-driven postmodern era. The findings highlighted the importance of Adlerian organizations and institutions in supporting efforts to demonstrate the efficacy and effectiveness of Individual Psychology. The qualitative approach allowed for an in-depth exploration of expert opinions and facilitated the identification of potential challenges and opportunities for integrating Adlerian principles with EBP.

Captari et al. (2021) conducted a qualitative research study with 235 people with previous counseling experience, including spirituality. The study provided insights into patients' perspectives on initiating and discussing Spiritual, Existential, Religious, and Theological (SERT) themes in treatment. Using a qualitative methodology, the researchers uncovered patients' nuanced views and revealed the importance of addressing SERT themes in therapy.

Charzynska (2021) conducted a mixed-method study with a qualitative component to examine the role of positive spiritual resources in alcohol addiction treatment outcomes among adolescents and emerging adults. The qualitative analysis allowed the researcher to explore the multifaceted nature of spiritual help and their impact on treatment outcomes. The findings suggested that incorporating different aspects of gratitude, such as gratitude toward God, therapists, and sobriety, could benefit future research.

Murray et al. (2020) implemented a qualitative study with 12 program leaders of fully accredited Genetic Counseling programs in North America. The study aimed to investigate how genetic counseling programs prepare graduate students to discuss and

implement spiritual and religious issues with their patients during treatment. The qualitative approach enabled the researchers to delve into the program leaders' perspectives on the importance of integrating spiritual and religious themes in genetic counseling practice and the challenges they faced in doing so. In conclusion, a qualitative methodology was chosen over alternative methodologies due to its ability to provide an in-depth understanding of the subjective experiences of clinical leaders. This approach is well-suited for capturing the nuances and intricacies of their perspectives and practices related to incorporating religion and spirituality into counseling sessions, as supported by the cited sources.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
RATIONALE FOR A QUALITATIVE METHODOLOGY (Typically one or two pages)				
The learner defines and describes the chosen methodology.	2	2		**X**
The learner provides a rationale for choosing a qualitative methodology, based on what still needs to be understood from the problem space, problem statement, and research questions.	2	2		**X**
The learner provides a rationale for the selected methodology based on **empirical studies** on the topic.	2	2		**X**
The learner justifies why the methodology was selected as opposed to alternative methodologies.	2	2		**X**
The learner uses authoritative source(s) to justify the selected methodology. ***Note:*** *Do not use introductory research textbooks (such as Creswell or internal GCU research course e-books) to justify the research design and data analysis approach.*	2	2		**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		**X**

***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.
Reviewer Comments:

Rationale for Research Design

The research design for this study is a qualitative descriptive study design, which will be used to investigate the incorporation of religion and spirituality in counseling leadership. The rationale for selecting this research design is based on empirical studies, such as Rosmarin et al. (2021) Bergin and Payne (2019) and de Diego-Cordero et al. (2023) which have successfully employed qualitative descriptive study designs to explore spirituality and religion in counseling and general mental health settings.

Other qualitative research designs, such as phenomenology, grounded theory, and ethnography, are suitable for exploring religion and spirituality in counseling (Murray et al., 2020; Charzynska, 2021). Phenomenology aims to describe a phenomenon's essence from the participants' perspective, while grounded theory seeks to develop an approach grounded in the data collected. On the contrary, ethnography requires the observer to actively participate and observe the culture or community under study. However, given the aim of this study to describe and understand the use of religion and spirituality in counseling, a qualitative descriptive study design is most appropriate.

This research design selection is supported by empirical studies such as Rosmarin et al. (2021) which used a qualitative descriptive study to investigate spiritual psychotherapy in an acute mental health setting. This study found significant differences in perceived benefits for patients attending groups led by religiously unaffiliated versus

affiliated clinical leaders. Bergin and Payne (2019) also proposed a qualitative descriptive research approach for analyzing the relationship between religious lifestyle, personality traits, and mental health indices.

Table 1

Qualitative Core Designs and Descriptions

Design	Description
Qualitative Descriptive	A poorly understood phenomenon is described at a manifest, overt level, that is, what is apparent but yet undescribed. This design should focus on developing an extensive description of the phenomenon.
Phenomenology	The essence of human experience with a phenomenon is lived in a way that it is unique to everyone. Lived experience focuses on how the participants experience the situation emotionally, and reflectively.
Qualitative Case Study	An in-depth investigation of one or more cases that will triangulate to achieve holistic description. Study of an in-depth case, using three or more sources of data to understand the phenomena in its complexity to achieve an in-depth treatment. Cases can be public/private institutions, civic/ professional organizations, local groups or communities, people, programs, events, behavioral conditions, actions/ decisions, work processes, etc.
Narrative	Stories are told by the participants to the researcher to create a unified narrative or story that describes or explains a life episode (from humanities). The purpose of the researcher is to have the participants share the story. The researcher asks follow-up, clarifying questions to fully to the narrative. The researcher is not 'interacting' re: sharing their own story.
Grounded Theory	A theory or model is developed to describe the phenomenon as a concept, process, interaction, component, or action from sociology. Studies at GCU usually produce a model in as graphic organizer to be used in practice but grounded in evidence.

For several reasons, the qualitative descriptive design was chosen for this study over other qualitative core designs, such as phenomenology, qualitative case study, narrative, and grounded theory. First, the qualitative descriptive design is well-suited for providing an extensive description of a poorly understood phenomenon at a manifest, overt level (Sandelowski, 2010). In the context of this study, the phenomenon of incorporating religion and spirituality in counseling leadership has yet to be thoroughly explored, and a qualitative descriptive design allows for a comprehensive understanding of this topic.

Second, while phenomenology focuses on the essence of human experience with a phenomenon as lived and unique to everyone, the goal of this study is not to explore the emotional or reflective aspects of the participants' experiences. Instead, the objective is to describe and understand that counseling leadership can benefit from incorporating religion and spirituality in their practices on a broader scale, making the qualitative descriptive design more appropriate. Third, qualitative case studies involve in-depth investigations of one or more cases using multiple data sources to understand a complex phenomenon. Although this approach can provide rich insights into specific cases, the focus of this study is to generate a comprehensive description of the phenomenon across a broader range of counseling leaders, which is better achieved through a qualitative descriptive design.

Fourth, the narrative design centers on stories told by participants to the researcher with the intent of creating a unified narrative or account that describes or explains a life episode. While narratives can provide valuable insights into individual experiences, this study aims not to explore personal stories but to understand and describe the broader phenomenon of incorporating religion and spirituality in counseling leadership. Finally, grounded theory aims to develop a theory or model describing a phenomenon as a concept, process, interaction, component, or action. While this approach can lead to the creation of new theories, the purpose of this study is not to generate new theories or models but to describe the current state of religion and spirituality incorporation in counseling leadership. In summary, the qualitative descriptive design was chosen over other qualitative core designs because it best aligns with the study's objectives to describe and understand the incorporation of religion and

spirituality in counseling leadership. This design allows for a comprehensive understanding of the phenomenon while avoiding focusing on individual experiences, emotions, or the development of new theories, characteristic of other qualitative core designs.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
RESEARCH DESIGN (Typically one or two pages)				
The learner identifies the research design for the study. The learner provides the rationale for selecting the research design supported by empirical and methodological references.	2	2		**X**
The learner justifies why the design was selected as the best approach to collect the needed data, as opposed to alternative designs.	2	2		**X**
The learner uses authoritative source(s) to justify the design. ***Note*: *Do not use introductory research textbooks (such as Creswell) to justify the research design and data analysis approach*.**	2	2		**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2		**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Population and Sample Selection

The study will focus on the population of Licensed Professional Counselor (LPC) or Licensed Professional Clinical Counselor (LPCC) clinical leaders and clinicians in Connecticut who are members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA). The population of interest for this study is

LPC or LPCC clinical leaders and clinicians in Connecticut who are members of the Connecticut Counseling Association and the American Counseling Association. The population of interest is estimated to be 500 individuals. These individuals are licensed to provide counseling services in Connecticut and are registered members of the CCA and ACA.

The target population for this study is the LPC or LPCC clinical leaders and clinicians in Connecticut who are members of the CCA and ACA. The inclusion criteria for the study include the participant must be Licensed to practice in Connecticut as an LPC or LPCC, must be a registered member of the CCA and ACA, and must be practicing in Connecticut.

The sampling procedure for this study will be convenience sampling. Convenience sampling involves selecting participants who are easily accessible and available to participate in the study. The researcher will choose individuals who are readily available and willing to participate in the research from the population of interest. Convenience sampling is selecting participants who are readily available and accessible to participate in the study. The sample will be selected from the population of interest based on their willingness to participate. The sample size for this study is not predetermined. ~~The~~ estimated sample size is 10-12 CCA and ACA counseling leaders. The sampling strategy for this study will involve two stages. The first stage will involve sending a recruitment letter to 500 CCA and ACA counseling leaders. The second stage will involve selecting 10-12 counseling leaders from 40 responses for interviews, using purposive sampling. ~~Pur~~posive sampling involves selecting participants based on their ability to provide the most relevant information about the studied phenomenon.

The recruitment process for this study Plan A will involve sending an invitation email to all LPC or LPCC clinical leaders and clinicians in Connecticut who are members of the CCA and ACA. The email will contain a brief description of the study, the inclusion criteria, and a request for participation. The email will also contain a link to the online questionnaire. Participants who complete the questionnaire and indicate their willingness to participate in the interview will be selected for the second stage of the study, which involves purposive sampling. No site authorization will be needed to conduct the study as the data collection process will all be done via Zoom.

The study will focus on collecting data online. The online questionnaire will be administered by the ACA and CCA through their online portal and issuing a web-based survey tool. The questionnaire will consist of 10-12 closed-ended and one to three open-ended questions designed to gather information about how clinical leaders incorporate religion and spirituality into their counseling practices. The interviews will also be conducted online using a semi-structured interview guide, depending on the participant's preference. The interviews will be recorded in audio and video format and transcribed verbatim, word-for-word. Researcher will use a pseudonym to protect the identity of members.

An alternative recruitment process will be implemented if Plan A fails to yield the anticipated sample size. This second approach Plan B will broaden the scope of the study to include LPC or LPCC clinical leaders and clinicians outside of Connecticut who are members of the ACA, CCA, Wellmore, Clifford bears or other related professional associations. In addition, outreach efforts will be expanded to other online platforms

where potential participants may be found. This could include professional forums, social media groups, and relevant websites.

The email will contain a brief description of the study, the inclusion criteria, a request for participation, and a link to the online questionnaire. The study will rely on both purposive and snowball sampling techniques, with participants who complete the questionnaire. The researcher will ask members to recommend other potential participants. Data collection will predominantly be online through Zoom will remain a feasible source. Interviews will be semi-structured via secure video conferencing on Zoom, All interviews will be recorded and transcribed verbatim and members will be protected using a pseudonym.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
POPULATION AND SAMPLE SELECTION (Typically one or two pages)				
The learner defines and describes the *population of interest* (the group to which the results of the study would be generalized or applicable) (such as police officers in AZ). The population for this study is Counseling Leaders in the state of Connecticut who adopt inclusion of spirituality discussions in their work. The learner defines and describes the *target population* from which the sample ultimately is selected (such as number of police officers in AZ who belong to the police fraternal association). The target population will be **500** Counseling leaders and members of Connecticut Counseling Association (CCA) and the ACA (American Counseling Association) in the state of Connecticut. The learner defines and describes the *study sample*, who are the individuals who will volunteer or be selected from the target population and are the final source of data, and the final group from whom complete data will be collected.	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
All qualifying members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) will be sent the link to the Survey Monkey Questionnaire. Informed consent will be contained for inclusion criteria to ensure members are qualified counseling leaders. Informed consent will be obtained in Survey Monkey prior to participants completing the questionnaire. A questionnaire will be sent to 500+ CCA and ACA counseling leaders to meet the 40+ requirement for returns and will include 10-15 individual interviews or until data saturation is met. **NOTE: There is no such thing as a sample population, there is only a "sample" that is taken from the target population of the population.**				
The learner describes the required sample size to secure adequate qualitative data as based on the literature related to the design indicated in the previous section and provides the rationale for how this size was derived. The target population will be **500** Counseling leaders and members of Connecticut Counseling Association (CCA) and the ACA (American Counseling Association) in the state of Connecticut.	2	2	1	**X**
The learner defines and describes the sampling procedures (such as convenience, purposive, snowball, etc.) supported by scholarly research sources. For a purposive sample, the learner identifies the screening criteria ("purposes") and how the participants will be screened (e.g., demographic questionnaire, expert knowledge of topic, screening questions such as years of experience in a position). The learner defines and describes the sampling strategy and the process for recruiting individuals to comprise the sample. **The learner provides a compelling argument that the target population is large enough to meet**	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
the target sample size by defining the "sample frame" (the subset of the target population from which the sample will be drawn). **Inclusion Criteria (Included in Informed Consent) – LPC/LADC credentialed Counseling leaders that are members of CCA and the ACA with a master's degree or higher in the mental health field.**				
The learner discusses the primary plan to obtain the sample (plan "A") as well as two back up plans to use if plan "A" does not provide the minimum target sample size.	2	2		**X**
The learner describes the process used to obtain site authorization to access the target population and study sample. This includes the information required to obtain this authorization, such as a description of confidentiality measures, the limits of study participation requirements, and geographic specifics, for example. The learner includes evidence of site authorization in Appendix B prior to submission for peer review. If public data sources or social media are used to collect data, and no site permission is required, the learner provides a rationale and evidence for why these sources can be used without this permission.	2	0	1	**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Sources of Data

This study will use qualitative research techniques for the interviews and questionnaires. Qualitative research allows for a clear description of a specific phenomenon or perspective of the experiencing person. It is most appropriate when the researcher seeks to understand the individual's perspective (Putra, 2023). All participants will be asked for their informed consent before participating in the study. The inclusion criteria will include (a) informed consent from Licensed Professional Clinical leader (LPC) or Licensed Professional Clinical Counsellors (LPCC) counseling leaders, (b) members of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA), (c) to qualify one must have a master's degree or higher in the field of mental health, (d) must be members of the Connecticut Counseling Association (CCA) and the American Counseling Association, and (e) they should be licensed professional counselors (LPC) and Licensed Professional Clinical Counsellors (LPCC) in Connecticut.

Research Data

Questionnaire. The first instrument used in this analysis is questionnaires sent out to the counseling leaders. A request for permissions to administrators of the Connecticut counseling Association (CCA) and the American Counseling Association (ACA) online portal will be placed to gather information about the counseling leaders in Connecticut. American Counseling Association (ACA) administrator will be asked to send out initial questionnaire and follow-up with reminders to members. If 40+ questionnaires are not collected within three weeks another invitation will be sent to all members by the group administrator. The American Counseling Association (ACA)

administrator will be asked to resend questionnaire and follow-up with group members. Participants will view and agree to informed consent in Survey Monkey. Researcher Developed questionnaire will be given to the participants where they will be rating using the Likert Scale 1-7. Participants will be asked to describe to information, and encouragement through incorporating spirituality in the counseling session.

Prior to participating in the questionnaire, all participants will be presented with and required to agree to the informed consent terms using Survey Monkey. The content of the questionnaire itself will encompass a mix of Likert Scale questions, where participants rate items on a scale of 1 to 7, and open-ended questions. In addition to their responses, participants will also be asked to provide demographic information, including their name, email address, age, gender, years of counseling experience, and any areas of specialization. Moreover, there may be an opportunity for selected participants to engage in an interview cycle. In such cases, participants will be contacted through the email address they have provided and will be given information about the interview process, its objectives, and how it aligns with the broader study. To gather qualitative insights, open-ended questions will be included in the questionnaire. Participants will be encouraged to share their experiences, including any challenges or successes, in incorporating spirituality into their counseling sessions.

Interviews. Research data be collected using interviews. To collect this data, at the end of the questionnaire filled by the counseling leaders, they will be asked if they want to participate in the interview. This is purposive sampling since it requires the participants to volunteer and engage in intentional selection. The study aims to include 10-15 interviews. The participants will be sent the Zoom link and will be reminded one

day before the interview. One interview on average will require one hour. Counseling leaders must be interested in the interview and willing to volunteer because participating in the study necessitates taking time away from their regular duties. The participation rate is typically relatively low for interviews of this kind of a study. Particularly when the researcher doesn't have much to offer the participant in return, people only come up if they volunteer themselves and are interested in the subject. The participants will be asked how they encourage information and encouragement through counseling. Appendix B provides the details of the questions included in the survey and interviews.

To properly manage and store data all digital files will be stored on an external hard drive. Following the completion of this study, data will be kept for three years. The external hard drive will be kept private, password-protected, and not connected to the internet. After three years, the external hard drive will be erased and destroyed to ensure the data cannot be recovered.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
SOURCES OF DATA (Typically one to three pages)				
The learner provides a detailed discussion of the sources to be used to collect the *research data* that will be used to address the research questions. The required details include: 1. How the instrument was developed and constructed. 2. Interview questions must be aligned with the research design and collect the information to address the research questions and problem statement.	2	2	1	**X**
If the learner's research data will come from an electronic database (archival, or secondary data), they provide the following information:	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
1. Identify the database and indicate exactly how the data will be obtained or accessed. 2. Confirm that the database actually contains data on the phenomenon or case that are needed to address the research questions. 3. Identify the source of the data (e.g., agency, website, etc.), and indicate how the data will physically be obtained and in what format. The learner includes an outline of the structure of the database in Appendix E, e.g., labels for the rows and columns. If permission to use the database is required, evidence of this permission also is included in Appendix E.				
The learner provides a detailed discussion of the instrumentation and/or research materials to be used to collect any *additional data*, such as data to be used for participant screening/selection and/or demographic data. For screening/selection instruments, the learner explains how the instruments work, and exactly how the information obtained relates to participant selection. For demographic data, the learner describes why it is necessary and how it will be used. The main use of demographic data is to provide a profile of the sample, and the specific demographic information collected will be relevant to the proposal topic.	2	2	1	**X**
The learner includes a copy of all instruments, questionnaires, surveys, interview protocols, observation protocols, focus group protocols, or other research materials in Appendix E. For any instruments or research materials that require "permission to use," Appendix E includes evidence of having obtained such permission. A protocol for data collection such as an interview or focus group or observation is more than a set of interview	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
questions, It should provide the detailed process the learner will use to collect the data including their introduction and description of the process, the location, the physical set-up, the technologies to be used for holding and recording the meeting, the interview questions, additional probing questions, and/or facilitation and data collection techniques used in these approaches. A detailed protocol enhances the learner's ability to defend the study.				
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **See notes – we should meet to review organization of this section**				

Trustworthiness

In this qualitative descriptive study, adherence to rigorous research procedures is paramount to maintaining the trustworthiness of the investigation. As per Enworo's (2023) work, Guba and Lincoln's (1985) similar criteria will be applied to assess the quality of the research. This study focuses on the experiences of counseling leaders in Connecticut as they integrate spiritual information and encouragement into their counseling sessions. Trustworthiness in qualitative research refers to the degree of confidence in the data, interpretations, and methods used in the study (Lincoln & Guba, 1985). It includes the concepts of credibility, transferability, dependability, and confirmability.

Credibility of the Study

Credibility pertains to the congruence of the findings with reality, reflecting the participants' experiences and perspectives (Mey, 2022). In this study, credibility is achieved by accurately representing the counseling leaders' experiences incorporating spirituality within counseling sessions in Connecticut. The study design, which includes semi-structured interviews and questionnaires, allows for in-depth exploration of the participants' experiences. However, threats to credibility could arise from potential researcher bias, distortion of data due to online interviews, and the sampling limitation to counseling leaders in Connecticut. These threats will be minimized through meticulous transcription, and purposive sampling to ensure a diverse representation of counseling leaders within the region.

Transferability of the Study

Conversely, transferability refers to the ability to apply the findings in other contexts or settings (Lincoln & Guba, 1985). This study's findings may contribute to policy changes, improve practice, and inform future research by shedding light on how spiritual elements can be integrated into therapy. The rich, detailed participant data can provide valuable insights into similar contexts despite the geographic specificity. Potential threats to transferability include the specific focus on counseling leaders in Connecticut and the use of purposive sampling. These threats will be mitigated by providing detailed descriptions of the context and participants, enabling others to determine the applicability of the findings to other contexts.

Counselors, regardless of their geographic location, share certain commonalities in their training, education, and professional standards. They are typically trained to

provide effective mental health counseling, adhere to ethical guidelines, and engage with clients to promote well-being. These fundamental aspects of the counseling profession are often consistent across regions and states, including Connecticut. Moreover, the challenges and opportunities faced by counseling leaders in integrating spirituality into therapy may transcend geographic boundaries. Issues related to ethics, patient preferences, and effective therapeutic strategies can be relevant to counselors in various locations.

Dependability of the Study

Dependability means that the data remains consistent over time and under different conditions. It requires comprehensively explaining the methods, procedures, and choices made throughout the research process (Enworo, 2023). This study ensures dependability by documenting the research procedures, including the study design, sampling strategy, data collection methods, and data analysis procedures. Threats to dependability arise from the variability of participant responses over time, potential changes in the online platforms used for data collection, and the subjective interpretation of data. These threats will be minimized by maintaining a consistent data collection procedure, conducting regular checks of the online platforms, and using a standardized data analysis protocol.

Confirmability of the Study

Confirmability refers to the degree to which others could confirm or corroborate the study findings (Lincoln & Guba, 1985). It involves demonstrating that the findings emerged from the data, not the researchers' biases. This study establishes confirmability

by maintaining a clear audit trail, including raw data, data reduction, and analysis products, data reconstruction and synthesis products, process notes, personal notes, and preliminary developmental information. Threats to confirmability could arise from potential researcher bias and subjectivity in the interpretation of data. These threats will be minimized by implementing strategies such as reflexivity, where the researcher continually reflects on their role, potential bias, and influence on the research process. In conclusion, this study aims to ensure trustworthiness by addressing potential threats and implementing measures to enhance credibility, transferability, dependability, and confirmability. The appendices will include copies of the questionnaire, interview guide, qualitative data collection protocols, codebook(s), and permission letters from instrument authors to provide transparency and enhance the confirmability of the study.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
TRUSTWORTHINESS (Typically two to four paragraphs or approximately one page)				
1. Defines the concepts of credibility, transferability 2. Credibility: discusses how the study represents the participants' experiences 3. Transferability: discusses how the study's findings may be applicable to policy, practice, future research	2	2	1	**X**
1. Describes the threats to the credibility and transferability of the study inherent in the study design, sampling strategy, data collection method/instruments, and data analysis 2. Addresses how these threats will be minimized	2	2	1	**X**
Defines concepts of dependability and confirmability	2	2	1	**X**
Dependability: discusses how the study documents research	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
procedures. Provides detailed research protocols.				
Confirmability: discusses how the study could be confirmed or findings corroborated by others.	2	2	1	**X**
Describes the threats to dependability and confirmability of the study inherent in the study design, sampling strategy, data collection method/instruments, and data analysis. Addresses how these threats will be minimized.	2	2	1	**X**
Appendices must include copies of instruments, materials, qualitative data collection protocols, codebook(s), and permission letters from instrument authors (for validated instruments, surveys, interview guides, etc.)	2	2	2	**X**
Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, correct punctuation, and APA format.	2	2	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **Needs review – we need to discuss**				

Data Collection and Management

The following steps will include obtaining the GCU chair and committee approvals. The process will require Academic Quality Review (AQR) approval at level 2, Institutional Review Board (IRB) approval, and informed consent from participants.

The sampling approach adopted in this proposed study is based on the purposeful sampling technique. The researcher will generate the link to the Survey Monkey questionnaire using the Survey Monkey platform. All qualifying members of the American Counseling Association (ACA) will be sent the link to the Survey Monkey questionnaire.

The approach adopted in this study is the purposive sampling technique. It is based on the intentional selection of a participant because of the characteristics and qualities the individual possesses (Etikan, 2016). With the help of the sample inclusion criteria, a questionnaire will be provided to the participants with access to a link. After the questionnaire is evaluated, they will receive an invitation to the interview portion of the study. The American Counseling Association (ACA) counseling leaders will be asked to send the questionnaire and follow up with group members to remind them of the questionnaire. Participants will view and agree to informed consent in Survey Monkey.

If 40+ questionnaires are not collected within three weeks, the American Counseling Association (ACA) will be asked to send another invitation to all members by the group administrator. After a second effort, a contingency plan will take effect if 40+ questionnaires are not collected after three weeks. A second counseling leader through LinkedIn will be asked to send an initial questionnaire and follow up with group members to encourage participation. After three weeks and no saturation, a third counseling leader through WellMore will be asked to send out an initial questionnaire and follow up with group members. Additional informed consent for the interview portion will be provided to participants.

Interviews will be conducted via Zoom, and participants will be invited through Google calendar to schedule a one-hour interview session. Participants will be reminded of the interview one day before the interview. Participants will be asked to join the Zoom meeting at a scheduled time. Interviews will be recorded on Zoom with video and an external voice recorder. Interview audio recordings will be transcribed with otter.ai.

All data will be stored on an external hard drive. The external hard drive will be private, password protected, and inaccessible to the internet. Data will be stored for three years following the completion of this study. After three years have passed, the external hard drive will be erased entirely and then destroyed to ensure the data cannot be recovered.

This study will be based on qualitative research methods utilizing questionnaires and interviews. Below are the steps that will be followed to collect the data:

1. The researcher will start by requesting permissions from the administrators of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) online portal.
2. Next, a field test of the questionnaire will be conducted, and the researcher will evaluate the results to ensure its effectiveness.
3. The researcher will then send out the initial questionnaire and request follow-up reminders to ACA members. If the researcher does not collect 40 or more questionnaires within three weeks, they will initiate another invitation to all members through the group administrator.

4. The initial data collected will undergo an Academic Quality Review (AQR), and the researcher will make necessary changes based on feedback and recommendations from the committee.
5. Prior to proceeding, the researcher will secure informed consent from participants to ensure ethical data collection.
6. To gain necessary approvals, the researcher will seek permission from the Grand Canyon University (GCU) chair and committee.
7. Subsequently, the researcher, will distribute questionnaires to a large pool of candidates, including an inquiry at the end to identify participants interested in participating in an interview.
8. The researcher will personally contact interested participants to schedule interview sessions and gather informed consent for these interviews.
9. In terms of logistics, the researcher will provide participants with the required links and consent forms for Zoom meetings, share Zoom Meeting login details, and send reminders one day before the scheduled interview date and time.
10. During the interviews, the researcher will utilize a general interview guide approach based on Turner (2010) to facilitate the conversation and gather relevant data.
11. To ensure accuracy and thorough analysis, the researcher will record the interviews using a virtual meeting app with video capabilities and an external voice recorder. Subsequently, interview audio recordings will be transcribed using otter.ai. Member checking will not be used due to concerns about maintaining participant anonymity in this sensitive study.

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
DATA COLLECTION AND MANAGEMENT (Typically, one to three pages)				
The learner describes the procedures for the actual data collection at a level of detail that would allow execution of the study by another researcher. This will include (but not be limited to) how each instrument, measurement technique, or data source will be used, how and where data will be collected, and how data will be recorded. The learner includes a sequence of actions or step-by-step procedures to be used to carry out all the major steps for data collection. This includes a workflow and corresponding timeline, presenting a logical, sequential, and transparent protocol for data collection that would allow another researcher to conduct the study. Data from different sources may have to be collected in parallel (e.g., paper-and-pen surveys for teachers, corresponding students, and their parents AND retrieval of archival data from the school district). Provides detailed description of data collection process, including all sources of data, such as interviews, observations, surveys; and methods used such as field tests, expert panel review, and member checking. Note: The collected data must be sufficient in breadth and depth to answer the research question(s) and interpreted and presented correctly, by theme, research question and/or instrument.	2	2	1	**X**
The steps include acquisition of site authorization documents, IRB approval, and the procedures for obtaining participant informed consent and protecting the rights and well-being of the participants. The learner includes copies of the relevant site authorizations, participant informed consent forms, recruitment announcements/materials (e.g., posters,	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
e-mails, etc.) in appropriate appendices.				
The learner describes the data management procedures for paper-based and/or electronic data. This includes, for example, data security procedures and how and when data will be destroyed.	2	2	1	**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **See notes**				

Data Analysis Procedures

It is not known how counseling leaders describe the process of incorporating information, and encouragement through spirituality in the counseling session. Previous research has evaluated counseling experts' efforts to integrate patients' religion and spirituality in practice. However, their scope was limited, and many studies have recommended future research (Oxhandler et al., 2019).

The literature on incorporating information and encouragement from religion and spirituality into therapy is still scarce. Though there is evidence of the impact of religious and spiritual influences on mental outcomes, the literature is silent on many issues. These issues include how the counseling leader incorporates religion and spirituality, the challenges they face, and how they keep their own beliefs separate from those of patients. Aspects of religion and spirituality in which counseling leader require training also

remain unaddressed in the literature. This proposed study aims to answer the research questions below:

RQ1: How do counseling leaders describe the process of incorporating information through spirituality in the counseling sessions?

RQ2: How do counseling leaders describe the process of incorporating encouragement through spirituality within the counseling session?

Data will be downloaded from Survey Monkey, and the Likert scale 1-7 questions will be organized into Tables. The descriptive statistics generated from the data will provide a basic overview of counseling leaders' experiences with incorporating information and encouragement in counseling, and demographic data during data collection, the data will be organized and prepared for analysis. Interviews will be transcribed using Otter.ai.

Interview Analysis Strategy

Interview data will be analyzed using Braun and Clarke's (2006) six-phase method of thematic analysis:

Phase 1: Becoming Familiar with Data

- In this initial phase, the researcher will immerse themselves in the data by repeatedly reading the interview transcripts and reviewing audio recordings to gain a deep familiarity with the content.

Phase 2: Generating Initial Codes

- To generate initial codes, each part of the interview transcripts and open-ended questionnaire responses will be coded into specific themes using MAXQDA.

Coding will be based on a deductive approach, reflecting the theoretical foundation of the study.

Phase 3: Identifying Categories

- Categories will be established during this phase by recognizing and grouping similarities within the data. This process will help identify overarching themes and patterns relevant to the research questions.

Phase 4: Developing Themes

- Themes will be developed, reviewed, and refined to ensure that they accurately capture the relationships and patterns within the data. Categories and themes will be cross-referenced to provide a comprehensive analysis.

Phase 5: Defining and Naming Themes

- During this phase, themes will undergo final refinement to clearly define and name each theme. This step aims to identify the essence of each theme and ensure that it accurately represents the data.

Phase 6: Reporting and Scholarly Presentation

- The final phase involves the development of a scholarly report that provides evidence of the identified themes within the data. This report will be grounded in the data and the voices of the participants, contributing valuable insights to the broader field of study.

By incorporating a discussion of categories and addressing how Likert data from the questionnaire will be integrated into the thematic analysis, this revised analysis plan offers a more comprehensive and structured approach to data analysis.

Questionnaire Analysis Strategy

The analysis of the survey questionnaire will follow a comprehensive approach, incorporating both qualitative and quantitative methods. The open-ended questions within the survey will be subjected to the same thematic analysis method as the interview questions, as per Braun and Clarke's (2006) six-phase method. It is essential to get acquainted with the data, generate preliminary codes, recognize recurring patterns, assign appropriate labels, and ultimately generate a comprehensive report to complete this task (Braun & Clarke, 2006).

On the other hand, questions will be analyzed quantitatively using Statistical Package for the Social Sciences (SPSS). SPSS will allow for calculating descriptive statistics and identifying patterns and relationships within the data. This dual approach to data analysis will provide a more comprehensive understanding of the study's findings and allow for a richer interpretation of the data**.**

Adopting such an approach will assist in avoiding common issues in thematic analysis and promote a level of rigor that strengthens the credibility and transferability of the findings (Braun & Clarke, 2023). It ensures that the analysis is both data-driven and theory-driven, providing a balance between the participants' subjective experiences and the study's broader theoretical framework.

Below are the six steps that will be followed to use SPSS in analyzing the data:

Loading all the Data into the Excel File. Data will be downloaded from Survey Monkey. Once all the data has been gathered, it will be inserted into the Excel file using the appropriate tabular forms.

Importing the Data into SPSS. Raw data in the Excel file will be uploaded to the SPSS. SPSS will then be utilized to analyze the data after importing it from Excel. The multiple-choice questions will be organized into Tables.

Analyzing and Evaluating the Graphs and Charts. SPSS charts and graphs will then explain the outcomes of the survey results in a visual representation form.

Drawing Conclusions Based on the Research. The goal of the SPSS is to assist in reaching conclusions based on specific research. The software lets us quickly draw conclusions and forecast the future with minimal statistical deviation. Hence, the results will be used to comment on the clinical leader's experiences with incorporating religion and spirituality in treatment.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
DATA ANALYSIS PROCEDURES (Typically one to three pages)				
The learner restates the problem statement or purpose statement, along with the research question(s)	2	2	1	**X**
Describes how raw data are prepared for analysis (i.e., transcribing interviews, conducting member checking, how all sources of data will be organized. and checking for missing data). Describes (for both paper-based and electronic data) the data management procedures adopted to maintain data securely, including the length of time data will be kept, where it will be kept, and how it will be destroyed.	2	2	0	**X**
Describe evidence of qualitative analysis approach, such as coding and theming process, which must be completely described and include the analysis /interpretation process. Clear evidence from how codes were combined or synthesized to create the themes must be presented.	2	2		**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
Provides support that the proposed quantity and quality of data are expected to be sufficient to answer the research questions.	2	2	1	**X**
The learner provides description of how the results will be reported.	2	2	1	**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **No mention of member checking**				

Ethical Considerations

In line with the ethical guidelines outlined in this study, it is important to mention that the Belmont Report has been widely accepted and implemented in various fields as a framework for ethical research (Litman et al., 2023; National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; Xia, 2023). The Belmont Report emphasizes the importance of respecting the autonomy and dignity of individuals involved in the research, ensuring that they are protected from harm, and promoting fairness and equity in selecting participants (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). This study's research design, data collection, and data analysis procedures will strictly adhere to these principles, ensuring that human subjects are treated ethically and with respect (Litman et al., 2023; Xia, 2023).

Potential risks inherent in this study include breach of confidentiality and psychological discomfort from sharing personal experiences (Litman et al., 2023). To mitigate these risks, informed consent will be obtained from all participants, fully disclosing the study's objectives, potential risks, and their rights as participants. The consent form will be developed on survey monkey, or JotForm. Both electronic approaches will allow the researcher to fill out their information and electronically sign the form to send back to the researcher securely. Furthermore, participants' anonymity will be preserved by using pseudonyms, and no personal identifiers will be attached to the data. Moreover, participants will be reassured that they can withdraw from the study at any time without facing any repercussions (Xia, 2023).

An essential step in safeguarding these ethical considerations is the review by the Institutional Review Board (IRB). The IRB will assess the ethical implications of the study and ensure that the study adheres to the Belmont Report principles (National Institutes of Health, 2018). The document (see Appendix D) provided discusses the concept of Informed Consent in research involving human subjects, the procedures for creating an informed consent form, and the importance of maintaining participant privacy and data security.

Under federal regulations, investigators and researchers must obtain legally effective informed consent from research members or their legal representatives before commencing a study. The informed consent document should contain all necessary information to facilitate a voluntary decision about participating in the study. It should be written in clear, simple language, and it must emphasize that participation is voluntary with no penalty for opting out. Members will be informed that the researcher chair,

dissertation committee members, IRB and the peer review committee will have accesses to members interviews and questionnaires. The document in Appendix C which guides researchers on how to complete an informed consent form. Including sections on eligibility criteria inclusion and exclusion, research activities, method of data collection, potential recording methods audio or video, who will have access to data, voluntary participation, risks, benefits, compensation, privacy, data security, and future research usage. This is consistent with the ethical principles of respect for persons and beneficence, which require that participants' rights and welfare are protected (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

All data collected from the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) members will be kept confidential. Researcher will use a pseudonym to protect the participants identity and data will only be shared with my chair, committee members, IRB, and peer reviewers. Data collected will be stored on a password-protected external hard drive, disconnected from the internet, to prevent unauthorized access (National Institutes of Health, 2018). After a minimum of three years, in accordance with data management procedures, the external hard drive will be entirely erased and destroyed. Ensuring the data cannot be recovered, thereby protecting respondents' privacy and confidentiality. The data management plan and ethical considerations will be thoroughly articulated in the Informed Consent form, and IRB approval will be sought before data collection commences. A copy of the site authorization letter will not be required as the researcher will conduct interviews online via zoom once approval is given. The IRB Informed Consent, and IRB Approval letter will be included in the appropriate appendices of this study.

The researcher considered all ethical issues regarding confidentiality and anonymity in a qualitative descriptive design. There is a risk of recognizing participants when conducting Zoom interviews to collect data and audio and video recordings of the study (Bradshaw et al., 2017). The researcher will be responsible to protect participants identity and will use a pseudonym to protect their identity.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
ETHICAL CONSIDERATIONS (Typically three to four paragraphs or approximately one page)				
Provides a discussion of ethical issues, per Belmont Report and IRB guidelines, related to the study and the study population of interest. Includes citations. Explains which principles / issues are relevant to the study. Identifies the potential risks for harm that are inherent in the study and describes how they will be avoided and/or mitigated.	2	2	2	**X**
Describes the procedures for obtaining informed consent and for protecting the rights and well-being of the study participants. Includes statement in Informed Consent on who has data access including chair, committee members, IRB and peer review.	2	1	1	**X**
Addresses key ethical criteria of anonymity, confidentiality, privacy, strategies to prevent coercion, and any potential conflict of interest.	2	1	1	**X**
Describes the data management procedures adopted to store and maintain paper and electronic data securely, including the minimum 3-year length of time data will be kept, where it will be kept, and how it will be destroyed. Explains plan(s) to implement each of the principles/issues that are relevant to the study, data management, data analysis, and publication of findings.	2	2	2	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
Note: Learners are required to securely maintain and have access to raw data/records for a minimum of three years. If asked by a committee member, IRB reviewer, peer reviewer or CDS representative, learner must provide all evidence of data including source data, Excel files, interview recordings and transcripts, evidence of coding or data analysis, or survey results, etc. No dissertation will be allowed to move forward in the review process if data are not produced upon request.				
Includes copy of site authorization letter (if appropriate), IRB Informed Consent (Proposal), and IRB Approval letter (Dissertation) in appropriate Appendices. All approvals, consent forms, recruitment, and data collection materials are mentioned in the Data Collection section and included in appropriate appendices (with appropriate in-text references).	2	0	0	**X**
Section is written in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	1	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Assumptions and Delimitations

In this research, several assumptions guide the study, and acknowledging these is crucial for the transparency and rigor of the research process. Verma and Abdel-Salam (2019) define assumptions as beliefs taken for granted or accepted as true, often without proof or verification. These assumptions provide a starting point for the study, guiding

the research questions and hypotheses. They are integral in framing the research problem and serve as a basis for interpreting the findings. Both assumptions and delimitations are important considerations in research because they help to clarify the research focus and scope. By acknowledging and stating these factors explicitly, the researcher can increase the transparency and rigor of the study and provide a more accurate representation of the research findings.

Assumptions

In this study, several assumptions underpin the research. The first assumption is that the counseling leaders will provide truthful responses to their questionnaires and interviews, as Sebele-Mpofu (2020) suggested. The study also presumes that the participants will willingly consent to participate obtained prior to their involvement in the research (Gray & Grove, 2020). The participants are reassured that they are free to opt out of the study at any point and that their data will be kept confidential, with no disclosure of their identities (Kaiser, 2009).

Additionally, the study assumes that counseling leaders, irrespective of their religious beliefs or affiliations, understand the potential benefits of incorporating religion and spirituality into their practices (Mueller, 2003). This presumption holds for counseling leaders who do not practice religion, as they are expected to see the potential benefits for their patients who might use religion and spirituality in their treatment. Furthermore, it is assumed that the likelihood of counseling leaders experiencing discomfort or distress in discussing religious concepts is minimal. The basis for this assumption is that the counseling leaders will feel comfortable discussing religion as participation is voluntary and the responses are collected anonymously.

However, the correctness of these assumptions may impact the transferability and applicability of the study's findings. If the assumptions do not hold, the results might not apply to counseling leaders who may not recognize the value of integrating religion and spirituality into their practice or may not provide truthful responses. To enhance the trustworthiness of the findings, the research will employ triangulation methods, comparing information from different sources to improve the reliability of the findings (Sebele-Mpofu, 2020).

Delimitations

Delimitations, on the other hand, are the boundaries that the researcher sets to narrow down the scope of the research. According to Gall et al. (2018) delimitations "identify the parameters of the study and help to focus it on a specific area of inquiry" (p. 153). Delimitations may include the geographic location of the study, the time period covered, the specific population or sample, the research design used, and the data collection and analysis methods.

The proposed study requires the participants to have a minimum of a master's degree. They are also required to be a member of the ACA, CCA and a licensed professional counselor leader (LPC) or licensed professional clinical counselor leader (LPCC), in the state of Connecticut. Moreover, the proposed research will focus on counseling leaders between the ages of 25 and 60 to ensure they are of working age and a diverse group of participants.

The researcher will send out consent forms and questionnaires to a large pool of candidates. Once the consents and questionnaires are received. The researcher will reach out to interested members to setup interview and follow up contact with enough members

to satisfy securing 10-12 participants for the research. Researcher will ask members for concrete times they are available to participating in an interview. Next reach out to interested members to conduct the interviews according to scheduled times. Researcher will be responsible to send the link and login information to members to join a Zoom Meeting. The researcher will remind participants 24 to 48 hours prior to interview to reminded members of the interview and will confirm the time of the Zoom meeting scheduled.

The researcher will use the interview guide approach to guide the interview (Turner and Daniel, 2010). The researcher will record and transcribe all interviews. The interviews will also be recorded on a virtual meeting app such as Zoom, survey Monkey or JotForm with video and external voice recorder. Next researcher will member check for appropriateness. All interviews will be audio recorded and transcribed with otter.ai.

However, these delimitations may limit the transferability of the findings to other counseling leaders outside these parameters. For instance, the findings may not apply to counseling leaders who are not members of the CCA or ACA. The study will clearly state these delimitations and their potential implications on the findings' transferability. The potential limitations will also be acknowledged in interpreting and discussing the research findings, promoting a nuanced understanding of the research outcomes.

Both assumptions and delimitations are important considerations in research because they help to clarify the research focus and scope. By acknowledging and stating these factors explicitly, the researcher can increase the transparency and rigor of the study and provide a more accurate representation of the research findings.

The following limitations and delimitations may be present in this study.

1. The study relied on participants recalling their experiences, although participants might have had a problem remembering them.
2. Participants in this study were counseling leaders who have been engaged with a professional association in Connecticut; thus, generalizations to all populations may not be made.
3. Participants in this study were counseling leaders in clinical or supervisory roles who provided descriptions of their experience with a professional association; thus, generalizations to all populations may not be made.
4. This study is being delimited to only one professional association in Arizona. Qualitative research is designed to understand one thing (Stake, 2010).

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
ASSUMPTIONS AND DELIMITATIONS (Typically three to four paragraphs)				
The learner provides a separate subsection for assumptions and delimitations.	2	2	2	**X**
The learner states the assumptions being accepted for the study and provides a rationale for making each assumption. The learner also discusses associated consequences for the transferability and applicability of the findings.	2	2	2	**X**
The learner identifies the methodological delimitations of the study and provides a rationale for each delimitation. The learner discusses associated consequences for the transferability and applicability of the findings.	2	0	0	**X**
The learner discusses strategies to minimize and/or mitigate the potential negative consequences of methodological assumptions and delimitations.	2	1	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	2	2	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments:				

Summary

Religious and spiritual practices may impact a person's physical and mental health. This chapter has presented the methodology and research design for this qualitative case study to understand how Connecticut-based counseling leaders incorporate elements of religion and spirituality within their counseling sessions. Research has linked religious and spiritual elements to positive mental health characteristics such as happiness, hope, a sense of purpose, decreased sadness and anxiety, and effective coping strategies. Recognizing the significant role that religious and spiritual practices can have on an individual's mental health, this study explores counseling leaders' strategies and considerations when integrating these elements into their practice (Bayne & Tylsova, 2019).

The aim of the qualitative case study is to comprehend how Connecticut-based counseling leaders explain how information and encouragement can be incorporated from religion and spirituality within counseling sessions. The target population will be 500 clinical leaders that are licensed professional counselor leaders (LPC) or licensed professional clinical counselor leaders (LPCC) members of Connecticut Counseling

Association (CCA) and the American Counseling Association (ACA) in the state of Connecticut. The study requires the counseling leaders to have a master's degree at minimum to assure that they are qualified practitioners. Using the data base of the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) a list of counseling leaders will be identified. For the questionnaire the Convenience Sampling Technique will be used. The information will come from Connecticut counselling and clinicians' leaders who use religion and spirituality in their practices. To reach the minimal criterion of 40 participants, a questionnaire will be sent out to 500 or more counseling leaders, depending on the response rate. Additionally, 10-12 counseling leaders will be interviewed.

A researcher-developed questionnaire will be distributed to members via Survey Monkey. They will be informed about the study's purpose, and all participants will be asked to provide informed consent. The consent form will be developed on survey monkey, or JotForm. Both electronic approaches will allow the researcher to fill out their information and electronically sign the form to send back to the researcher securely. Survey Monkey requires a privacy notice, a mandatory consent question that can be kept as a record. The researcher will ask the members if their consent may be obtained to allow the use of their information from our interview in the research paper.

The researcher developed questionnaire that will be based on a Likert Scale 1-7. It will ask participants to describe how they obtain information and encouragement by incorporating religion and spirituality into the counseling session. The participants will be provided with a link to take part in the questionnaires. The questionnaire will focus on detailed questions about how the counseling leader's incorporate religion and spirituality

in counseling and the impact they have seen on their patients. Along with the questionnaire the participants will have access to the link to receive an interview participation request based on their approval. The sample will be based on purposive sampling technique since the proposed study requires the intentional selection of the participants for the interview.

Throughout the study, emphasis will be placed on maintaining trustworthiness, transparency, and adherence to ethical research practices. Before the study begins, participants will receive an explanation of its purpose and be asked for consent. We will take measures to protect their confidentiality and data security. Participants are free to withdraw at any time if they choose to do so. After three years, all collected data will be securely destroyed to ensure privacy and confidentiality.

With the methodology laid out, the focus now shifts to Chapter 4, where the collected data will be presented and analyzed. The chapter will comprehensively analyze the questionnaire responses and interview transcripts, providing insights into how counseling leaders integrate religion and spirituality into their practice and the perceived impact of these practices on patient outcomes. The aim is to provide a detailed understanding of the phenomenon under study, contributing to the existing knowledge on this vital aspect of mental health counseling and the impact of spirituality and religion in counseling.

Criterion *(Score = 0, 1, 2, or 3)	**Learner Score**	**Chair Score**	**Methodologist Score**	**Content Expert Score**
CHAPTER 3 SUMMARY (Typically one to two pages)				
The learner summarizes key points presented in Chapter 3 using authoritative, empirical sources/citations. Key points include (for example):	2	2	1	**X**

Criterion *(Score = 0, 1, 2, or 3)	Learner Score	Chair Score	Methodologist Score	Content Expert Score
• Methodology/design • Population • Sample size/selection • Instrumentation/Sources of Data • Data collection • Data analysis				
The learner concludes Chapter 3 with a transition discussion to focus for Chapter 4.	2	1	1	**X**
The learner writes this section in a way that is well structured, has a logical flow, uses correct paragraph structure, sentence structure, punctuation, and APA format.	2	1	1	**X**
***Score each requirement listed in the criteria table using the following scale:** 0 = Item Not Present or Unacceptable. Substantial Revisions are Required. 1 = Item is Present. Does Not Meet Expectations. Revisions are Required. 2 = Item is Acceptable. Meets Expectations. Some Revisions May be Suggested or Required. 3 = Item Exceeds Expectations. No Revisions are Required.				
Reviewer Comments: **Need revisions**				

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Appendix A.

Ten Strategic Points

QUALITATIVE STUDY
Ten Strategic Points
The ten strategic points emerge from researching literature on a topic, which is based on, or aligned with a defined need or problem space within the literature as well as the learner's personal passion, future career purpose, and degree area. The Ten Strategic Points document includes the following key points that define the research focus and approach:

Strategic Points Descriptor		**Learner Strategic Points for Proposed Study**
1.	**Dissertation Topic**- Provides a broad research topic area/title.	● Understanding how counseling leadership Incorporate Spirituality Within the Counseling Sessions in Connecticut
2.	**Literature Review** - Lists primary points for four sections in the Literature Review: (a) Background of the problem and the need for the study based on citations from the literature; (b) Theoretical foundations (Theories, models, and concepts) and if appropriate the conceptual framework to provide the foundation for study); (c) Review of literature topics with key themes for each one; (d) Summary.	● The benefits of incorporating spirituality and religion in therapeutic settings have been continuously evaluated. Evans and Jennifer (2021) investigated many aspects of spiritual and religious issues associated with counseling and discovered counseling leaders' dissonance related to inclusion of spirituality in treatment. Murray et al. (2020) described the role of counseling leaders honoring client self-determination and utilizing a culturally competent framework with clients that implies clients' right to discuss spiritual and religious connectedness within therapy and the leader's role to support such integration within the treatment process. ● Spiritual and religious encouragement within treatment has been continuously discussed among counseling leaders and clients.

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Strategic Points Descriptor		Learner Strategic Points for Proposed Study
		Gutierrez et al. (2020) explored the outcomes of spiritual and religious committed clients. The discussion identifies how positive outcomes emerge when spiritual and religious treatment is integrated in treatment, and the negative risks when spiritual and religious, inclusion are not explored by counseling leaders. When bias, or avoidant behaviors are taken in relation to engaging spiritual and religious perspectives. Captari et al. (2021) conducted a qualitative research study with 235 individuals that had past counseling leadership experience with spirituality inclusion**.** The literature shows they had post treatment in Adlerian Spiritual, Existential, Religious, and Theological (SERT) with views that were mixed about initiating SERT discussions, with almost half of patients indicating they would wait for their counselor leader to ask. The results showed that (65%), interest in discussing SERT in treatment (74%), and openness. to working with a therapist of a different belief system (69%). Views were mixed about initiating SERT discussions, with almost half of patients indicating they would wait for their counseling leaders to ask. The recommendation for further research was made to explore if it would be beneficial for elucidating the intersectionality of culture and religion in how SERT-

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Strategic Points Descriptor		Learner Strategic Points for Proposed Study
		related themes unfold and are negotiated in treatment. ● Charzynska, E. (2021) Conducted a mix method research study with 3996 adolescents and emerging adults, and 2014 adults Using latent profile analysis, identifying subgroups of participants that were homogeneous in term of the level of daily spiritual experiences and the level of positive psychology traits (namely forgiveness, gratitude, optimism, grit, and meaning. The results showed that even if positive spiritual resources are used simultaneously there were decreases in completion rates for alcohol addiction treatment. This is consistent with the results of previous studies, which noted the detrimental effects of negative religious coping on the outcomes of substance abuse treatment. Future research should examine if it would be beneficial to include different aspects of gratitude toward God, gratitude toward counseling leaders, and gratitude for sobriety to determine how they are related to treatment completion. ● Murray et al. (2020) conducted a qualitative study with 12 program leaders (Director, Assistant Director, or Director of Curriculum, or their designers) of Genetic Counseling leader's programs in North America with full accreditation. They explored how genetic counseling (GC) programs in North America have

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Ten Strategic Points
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Strategic Points Descriptor		Learner Strategic Points for Proposed Study
		prepared graduate students to discuss and implement spiritual and religious matters with their patients in treatment. The results identified that very few programs had introduced their students to the specifics of spiritual and religious belief systems that are prevalent in their field of practice. The recommendation for further research was made to explore if it would be beneficial for programs to model active inquiry in the use of spiritual and religious themes in the local community which can positively influence students' future practice especially as the graduate relocate and need to learn how to implement new spiritual and religious beliefs systems as a leader. ● Rosmarin et al. (2021) conducted a qualitative descriptive study on spiritual psychotherapy in an acute psychiatry setting. The results indicated that religiously affiliated and unaffiliated counseling leaders did not differ significantly regarding demographic variables, levels of academic clinical training, or licensure. However, patients presenting to groups run by religiously unaffiliated clinician leaders reported significantly better perceived benefits when compared to patients with affiliated clinician leaders. The recommendation for further research was made to explore if ongoing examination of preferences for

QUALITATIVE STUDY
Ten Strategic Points
The ten strategic points emerge from researching literature on a topic, which is based on, or aligned with a defined need or problem space within the literature as well as the learner's personal passion, future career purpose, and degree area. The Ten Strategic Points document includes the following key points that define the research focus and approach:

Strategic Points Descriptor		**Learner Strategic Points for Proposed Study**
		counseling modalities and techniques among religious and nonreligious Leaders affects such preferences on perceived benefit in a variety of settings. ● Travis (2021) conducted a qualitative study to explore the opinion of experts in Individual Psychology regarding the future use of Individual Psychology in a postmodern era driven by EBP. The results of this study offer a new perspective regarding debate among Adlerian on how to address the pressures from EBP movement in implementing Adlerian treatment in counseling. The results also highlight the support needed from Adlerian organizations and institutions to bolster efforts to demonstrate Individual Psychology's efficacy and effectiveness. The recommendation for further research was made to explore if individual psychology needs to include a process by which clinical leaders are trained with a manualized version of Adlerian strategies.
3.	**Problem Statement** - Describes the problem to address through the study based on defined needs or problem space supported by the literature	● It is not known how counseling leadership describe the process of incorporating information, and encouragement through spirituality in the counseling session.
4.	**Sample and Location** – Identifies sample, needed sample size, and location (study phenomena with small numbers).	● Sample LPC/LPCC credentialed counseling leaders that are members of ACA with a master's degree or higher in the mental health field.

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		● 10-15 interviews or until data saturation is met. ● Second, an additional online option will be LinkedIn. Request made to group administrators to contact group members for participation and initial questionnaire will be uploaded and followed-up with administrators and group members onsite. ● Third, counseling administrator through Clifford Bears will be asked to send out initial questionnaire to group leaders. Administrator follow-up for group members participation. ● Fourth, counseling administrators through WellMore will be asked to send out one questionnaire with a minimum return number of 40 needed. Follow-up with administrators for group members participation will be done.
5.	**Research Questions** – Provides research questions to collect data to address the problem statement.	● RQ1: How do counseling leaders describe the process of incorporating information through spirituality within the counseling sessions? ● RQ2: How do counseling leaders describe the process of incorporating encouragement through spirituality within the counseling session?
6.	**Phenomenon** - Describes the phenomenon to be better understood (qualitative).	● Counseling leaders face considerable challenges to engage in spiritual treatment with clients due to the lack of training and cultural diversity.

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Strategic Points Descriptor		**Learner Strategic Points for Proposed Study**
7.	**Methodology and Design** - Describes the selected methodology and specific research design to address the problem statement and research questions.	● Qualitative research is an inquiry in the natural setting, an exploratory study of lived experiences and everyday life in the world. The goal of a qualitative study is "to produce a rich description and in-depth understanding of the phenomenon of interest, the cultural or lived experience of people in natural settings" (Magilvy, 2003, p. 123). ● Qualitative methodology is most appropriate when it seeks to describe experiences. Qualitative is the most appropriate methodology when research seeks to explore and understand the participants descriptions of phenomena. ● Qualitative Descriptive design is one that is philosophic in tradition, limited in scope, and allows a clear description of a specific phenomenon or experience from the perspective of the experiencing person (Maglivy & Thomas, 2009). ● Qualitative descriptive is most appropriate when researchers seek to understand the perspective of individuals.
8.	**Purpose Statement** – Provides one sentence statement of purpose including the problem statement, methodology, design, target population, and location.	● The purpose of this qualitative descriptive study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut.

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Strategic Points Descriptor		**Learner Strategic Points for Proposed Study**
9.	**Data Collection** – Describes primary instruments and sources of data to answer research questions.	● Interview will be Researcher-developed, open-ended, semi-structured questions. Will be generated based on the Adlerian theoretical framework. ● Questionnaire will be researcher developed Likert Scale (1-7) Participants will be asked to describe the importance of information, and encouragement through incorporating spirituality within the counseling sessions. ● Request for permissions to administrators to use the Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) online portal will be requested. ● CCA and ACA administrator will be asked to send out 40 questionnaires and follow-up with reminders to members for participation. ● The CCA and ACA administrator will be asked to resend questionnaires and follow-up with group members. ● Participants will view and agree to informed consent in Survey Monkey ● If 40+ questionnaires are not collected within three weeks another invitation will be sent to all members by group administrator. ● All qualifying members of the American Counseling Association (ACA) will be sent the link to the Survey Monkey Questionnaire. Informed consent will contain

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Strategic Points Descriptor		Learner Strategic Points for Proposed Study
		inclusion criteria to ensure participants are qualified clinical leaders. Informed consent will be obtained in Survey Monkey prior to participants completing the questionnaire. ● All data will be stored on an external hard drive. ● Data will be stored for three years following the completion of this study. ● The external hard drive will be private, password protected, and not connected to the internet. ● After 3 years have passed, the external hard drive will be erased completely and then destroyed to ensure the data cannot be recovered.
10.	**Data Analysis** – Describes the specific data analysis approaches to be used to address research questions.	● Data will be downloaded from Survey Monkey. ● Multiple choice questions will be organized into a table. ● The descriptive statistics generated from the data will provide a basic overview of counseling leader's experiences with incorporating spirituality in treatment. ● During data collection, the data will be organized and prepared for analysis. ● Interviews will be transcribed using Otter.ai. ● Data will be organized. ● Data will be analyzed using Braun and Clarke's (2006) six-phase method of thematic analysis: ● **Phase 1: Becoming familiar with the data –** Transcripts will be read

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Strategic Points Descriptor		Learner Strategic Points for Proposed Study
		repeatedly, and recordings will be reviewed (Braun & Clarke, 2006). ● **Phase 2: Generating initial codes -** Each part of the transcript will be coded into specific themes using MAXQDA, based on deduced coding that will reflect the theoretical foundation (Braun & Clarke, 2006). ● **Phase 3: Searching for themes -** Similarities in the data will be recognized and coded into themes to help answer the research questions (Braun & Clarke, 2006). ● **Phase 4: Reviewing themes -** Themes will be reviewed, modified, and refined to ensure that the relationships between them fully reflect the meaning of the data. ● **Phase 5: Defining and naming themes -**Themes will receive their final refinement with the aim of identifying the essence of what each theme will be about (Braun & Clarke, 2006). ● **Phase 6: Producing the report -**The final report of the findings of the study will be recorded.

Appendix B.

Site Authorization

No site authorization will be needed for the study. The researcher will conduct the study with counseling leaders online via Zoom.

Appendix C.

IRB Approval Letter

Once the researcher receives a determination or approval letter at level 5 to move forward with data collection. The researcher will attach the letter to appendix C at that time.

Appendix D.

Informed Consent

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INFORMED CONSENT FORM

Introduction

The title of this research study is Understanding how counseling leadership Incorporate Spirituality Within the Counseling Sessions in Connecticut.

I am Abdul Jalil Shabazz a doctoral student under the supervision of Dr. Dolores A. Kelly Chair in the College of Doctoral Studies at Grand Canyon University. The purpose of this study is to explore how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut.

Key Information

This document defines the terms and conditions for consenting to participate in this research study.

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How do I know if I can be in this study?

- **You can participate in this study if you:**
    - Are a member of the American Counseling Association (ACA) or the Connecticut Counseling Association (CCA) and received the online link seeking consent to participate.
    - Are willing to participate in an online Zoom interview for 45 to 60 minutes.
    - Are a licensed professional counselor (LPC) or a licensed Professional Clinical Counselor (LPCC) holding a master's degree and practicing in Connecticut.
    - Engaged with professional counseling and incorporates spirituality and religion in your treatment sessions with clients.
    - Member of the ACA or CCA must be willing to answer personal and identifiable demographics questions related to; how counseling leaders describe the process of incorporating information, and encouragement through spirituality within the counseling sessions in Connecticut in a 45-to-60-minute interview and questionnaire.

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You cannot participate in this study if you:

- Do not consent to answer personal identifiable information and participate in an online study via Zoom.
- Are a counseling leader without a master's degree.
- Are not a licensed professional counselor (LPC)or licensed professional clinical counselor (LPCC) in Connecticut.
- Are not a member of the American Counseling Association, or the Connecticut Counseling Association.
- Are not between 25-60 years old.

Research Activities: What am I being asked to do?

If you agree to be in this study, you will be asked to:

- **What** Answer personal identifiable demographic questions related to qualifications to participate in the study.
- **What** Complete an online interview that may last 45 minutes to an hour.
- **What** Answer a 15-20 question questionnaire.
- **When** after you sign a completed informed consent form.
- **Where** You will participate in an online Zoom meeting.

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- **How** You will provide contact information and sent a zoom link requesting your participation.

What?

- **What** you are expected to do is answer personal identifiable demographic questions in 5 to 10 minutes about your age, gender, and education.
- **What** you will be expected to complete an online interview that will take 45 minutes to an hour centered on understanding how your counseling leadership incorporate spirituality within the counseling sessions in Connecticut.
- **What** You will be expected to answer an 11 question questionnaire in 30 to 45 minutes online regarding your understanding how counseling leadership describe the process of incorporating information, and encouragement through spirituality in the counseling sessions in Connecticut.

When*?*

- The researcher suspects to receives IRB approval to conduct the study approximately in September 2023. The ACA and CCA will then be instructed to send out a Survey Monkey link for members to consent and complete the questionnaire approximately in September 2023. Once 40+ consents are received

- the researcher can conduct the interviews approximately in January or March 2024.

Where?

The research activities for this study will be conducted online through Survey Monkey and via Zoom

How?

- The research activities for this study will be conducted online through Survey Monkey and via Zoom.
- The researcher will schedule members to participate in a 45–60-minute interview via Zoom.

Audio Recording:

- Researcher will use an audio recorder or the audio recording feature of the online conferencing platform on Zoom to record your responses. You cannot participate if you do not wish to be recorded.
- Researcher will not use your name; a pseudonym will be given to protect participants identity. All transcriptions will be labeled with this code, information will only be shared with my chair, committee members, IRB, and peer reviewers.
- https://explore.zoom.us/en/privacy.

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Video Recording

- Researcher will use Zoom video camera or video recording feature of the online conferencing platform Zoom to record your actions. Because this recording will show who you are, these extra steps will be taken:
- All data will be stored on an external hard drive, and data will be stored for three years following the completion of this study. The external hard drive will be private, password protected, and not connected to the internet, after 3 years have passed, the external hard drive will be erased completely and then destroyed to ensure the data cannot be recovered.
- You cannot participate if you do not wish to be recorded. A pseudonym will be given to protect participants identity.
- https://explore.zoom.us/en/privacy/

Who will have access to my data/information?

- ***Researcher will have access to all your data and information. In addition, my dissertation chair, committee members, and all College of Doctoral Studies Reviewers may view your information and your answers as part of the dissertation review process.***

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Am I required to participate in this study?

- Your participation in this study is completely voluntary. After reading this informed consent, you can decide whether to participate in this study or not. Also, if you choose to participate and then change your mind, you can leave the study at any time, even if you have not finished, without any penalty or loss of benefits to which you are otherwise. entitled. If you decide to stop participation, you may do so by notifying the researcher in writing at ashabazz4@my.gcu.edu that he/she wishes to withdraw. You may provide the researcher with a reason for leaving the study, but it is not required to provide that reason. If so, the researcher will use the information collected from you before you chose to stop.

Any possible risks or discomforts?

- There are no foreseeable risk or discomforts associated with this study.

Any direct benefits for me?

- No

Any paid compensation or incentives for my time?

- Participants will receive a $25 gift card for their full participation in the study and saturation is achieved. The participant will receive the payment through mail or electronically once the dissertation is completed.

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DOCTORATES WITH PURPOSE
COMMUNITY | SUPPORT | INNOVATION

Presentation of Information Collected

The research data will be presented by publishing in researchers' dissertation. Data may be used at conferences; no information will be used to connect participants.

Privacy and Data Security

Will other researchers ever be able to link my data/responses back to me?

- No; the researcher will not link data and responses to participants.

Will my initial data include information that can identify me (names, addresses, or other identifying material, such as audio, specific demographics, etc.)

- Data will not include information that can identify participants name and address.

Will researchers assign my data/responses a research ID code to use instead of my name?

- Yes, the researcher will create a list to link names with their research ID codes with a pseudonym, and codes and will not be shared with anyone.

***If yes, how will researchers create a list to link names with their research ID* codes?**

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- Researcher will secure the list of names and research ID codes with alphanumeric codes in an electric database with a stored password protection. Information will only be shared with my chair, committee members, IRB, and peer reviewers.
- The researcher will secure the link of names and research ID codes in an electronic database with a stored protected password. The data link will be kept for three years, the researcher will be the only one with the password. The approximate research is expected to start in 10/1/2023 or 11/1/ 2023 and the data will be destroyed on 10/01/2026 or 11/01/2026.

How and where will my data be protected (electronic and hardcopy)?

- The data will be protected in audio, video, survey responses, informed consent, demographic information, interview transcripts, and additional electronic devices.

How long will the data be kept in the protected space?

- The minimum three years.

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Who will have access to the protected data?

The researcher and dissertation committee will have access to all of your data and information. In addition, my dissertation chair, committee members, and all College of Doctoral Studies Reviewers may view your information and your answers as part of the dissertation review process.

What is the privacy policy for survey platforms (Survey Monkey, Qualtrics, mTurks, Google, etc.). any recording software (Zoom, Microsoft Teams, etc.), interview software, survey software, or transcription software companies?

https://explore.zoom.us/en/privacy/
https://www.surveymonkey.com/mp/legal/privacy/

Where and how will the signed informed consent forms be secured?

The researcher will have informed consent form stored with all other data in a locked filing cabinet and shredded after three years.

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Future Research

Once identifiers names and addresses are removed from the data collected for this study, the information could be used for future research studies or distributed to other investigators for future research studies or distributed to other investigators for future research studies without additional informed consent from you or your legally authorized representative.

Study Contacts

Any questions you have concerning the research study or your participation in the study, before or after your informed consent, will be answered by Abdul Shabazz, ashabazz4@my.gcu.edu, *203-525-1265*.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board through the College of Doctoral Studies at IRB@gcu.edu; (602) 639-7804.

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Voluntary Consent

Participant Rights

- You have been given an opportunity to read and discuss the informed consent and ask questions about this study.
- You have been given enough time to consider whether you want to participate.
- You have read and understand the terms and conditions and agree to take part in this research study.
- You understand your participation is voluntary and that you may stop participation at any time without penalty.

Your signature means that you understand your rights listed above and agree to participate in this study.

_____

Signature of Participant or Legally Authorized Representative **Date**

Appendix E.

Copy of Instrument(s) and Permission Letters to Use the Instruments

The researcher is not using an instrument in this study and therefore permission letters are not needed currently. Below is an outline of questions the researcher developed to conduct the qualitative study.

Questionnaire

Demographic Information: Please choose or enter the response that most accurately reflects you. Unless otherwise requested, kindly provide just one response encouragement,per item.

1. Please select your professional affiliation:
    - Counseling Professional
    - Psychology Professional
    - Other (please briefly describe)
2. Are you currently practicing these days in your professional field?
    - Yes
    - No
3. For how many years have you worked as a mental health clinical leader?
4. Please indicate your age bracket:

- 25-35
- 36-46
- 47-57

- 57 plus

5. Please select your gender

- Male
- Female

6. Please select your ethnic affiliation:

- African American
- Asian/Pacific Islander
- Hispanic
- Multiracial Native American/American Indian/Alaska Native/First Nations
- White (Caucasian)
- Other (please describe) _____

7. What is your religion/spiritual affiliation? (if any) _fill in_____

Questionnaire

Please indicate your level of agreement with the following statements using the scale below:

1. strongly disagree.
2. disagree
3. Somewhat disagree

4. neutral
5. Somewhat agree
6. agree
7. strongly agree

1. I understand and believe that spirituality and/or religiosity can manifest in the life of a patient.
2. I discuss and clarify a client's beliefs about spirituality and religion.
3. I can explain religious and spiritual beliefs and practices in a cultural context.
4. I am aware of the impact that religion and spirituality can have on cultural development and individual cultural identification across a wide range of societies.
5. I am aware of the impact that religion and spirituality can have on the patient's illness.
6. I work to comprehend certain spiritual or religious challenges, which may entail conducting own research or speaking with religious authorities or specialists in a particular culture to better understand using religious and spiritual in counseling.
7. To become more sensitive, understanding, and accepting of the patient's belief system, I explore my spiritual and religious beliefs on a personal level to connect with them.

8. Through reading, research, and firsthand experience, I examine many religious and spiritual traditions and customs to cater to patients with different faiths.

9. I consider my personal motivations, problems with countertransference, and probable prejudices against certain spiritual and/or religious practices come into play when I am dealing with my patients.

10. I am aware of how religious and spiritual development can advance over a lifetime and affect subsequent development and growth.

11. When a patient communicates, I show consideration for and acceptance of a range of religious and/or spiritual expressions.

12. I counsel patients to be honest about their spiritual and religious practices.

13. I encourage my patients to explore their spirituality and religion and to engage in spiritual or religious expressions that are consistent with their views.

14. I can recognize the boundaries of the spiritual expression of a patient, to make suitable referrals, and to be aware of a variety of potential referral sources.

15. I am aware of and can articulate the boundaries of my own knowledge and experience in relation to a variety of religious and spiritual perspectives.

16. I am aware of when my comprehension of a patient's religious or spiritual requirements has reached its personal boundaries in terms of knowledge, experience, and/or understanding.

17. I am knowledgeable, experienced, and able to use recommendation sources that are consistent with a patient's worldview.

18. I can determine whether the spiritual dimensions are relevant to the patient's therapy concerns.

19. I discuss the client's current problems and any potential influence that their spiritual and/or religious values and beliefs may have on those problems with them.

20. I talk with the client about the tools (sentimental, psychological, cognitive, etc.) they see to go along with their religious or spiritual views.

21. I talk with the patient about how they see their personal spirituality and/or religiosity, with a focus on how those perceptions influence their beliefs or decision-making.

22. In accordance with each patient's expressed wishes, I am sympathetic to and appreciative of the spiritual elements in the counseling process.

23. I try to comprehend the significance of a patient's religious or spiritual beliefs and the position they occupy in their worldview.

24. I investigate how a patient's religious or spiritual beliefs and values may have contributed to the development and/or resolution of their concerns.

25. I investigate a patient's religious and spiritual beliefs, but I don't bring up any ideas that aren't part of the patient's explicitly stated worldview.

26. In accordance with the patient's indicated choices, I include their spiritual beliefs into the pursuit of their therapeutic goals.

27. I discuss with the client the extent to which religious and/or spiritual elements should be incorporated into the therapeutic process.

28. I include spiritual and religious elements that are important to a client in the counseling process.

29. I never use spiritual or religious elements or practices that are not recognized by the client's stated religious or spiritual orientation.

30. I have seen in most cases that incorporating religion and spirituality in the treatment makes things better for the patient.

31. The degree to which religion and spirituality impacts a patient’s treatment depends upon how close he/she is to their respective faith.

32. A clinical leader should be able to describe how religion and spirituality are related, outlining their similarities and distinctions.

33. A clinical leader should be able to explain spiritual and religious activities and beliefs in the context of their culture.

34. To become more sensitive, understanding, and accepting of his or her own belief system, a clinical leader should explore their own religious and spiritual beliefs.

35. A clinical leader should be able to explain different theories of religious and spiritual growth across the life span and discuss his or her own personal religious and/or spiritual beliefs.

36. When a patient communicates with the clinical leader, the clinical leader should show sensitivity to and acceptance of a range of religious and/or spiritual expressions.

37. A clinical leader should evaluate the spiritual domains' relevance to the client's therapeutic concerns.

38. In accordance with each patient's expressed wishes, a clinical leader should be attentive to and appreciative of the spiritual elements in the therapy process.

39. In accordance with the patient's expressed choices, a clinical leader should incorporate the patient's spiritual views into the pursuit of the client's therapeutic goals.

40. A clinical leader should recognize the boundaries of his or her comprehension of a patient's spiritual expression and, when necessary, exhibit appropriate referral abilities.

Open-ended Survey questions:

1. How important, in your role as a clinical leader, is it to incorporate religion and spirituality when dealing with your patient? Why is that so?

2. Do you think that incorporating religion and spirituality as a professional clinical leader helps you better understand what the patient is going through and encourages the patient to open up more to you?

3. How do you assess the relevance of the religion and spirituality domains in a patient's therapeutic issues, and how do you maintain sensitivity and respect for the patient's beliefs without letting your own beliefs interfere?

Interview Questions

1. Do you use religion and spirituality in your dealings with patients?

2. How important do you think it is to incorporate information through religion and spirituality in counseling?

3. How important do you think it is to incorporate encouragement through religion and spirituality in counseling?

4. What are the ways in which you use religion and spirituality in order to incorporate information in counseling?

5. What are the ways in which you use religion and spirituality to incorporate encouragement in counseling?

6. What are the challenges in using religion and spiritual beliefs in counseling?

7. Are the patients open to the idea of incorporating religion and spirituality in their counseling sessions?

8. What differences (results) have you seen by incorporating religion and spirituality within your counseling sessions?

9. In which type of illness (e.g., depression, addiction, suicidal thoughts, low self-esteem etc.) do you think religion and spirituality seem to work the most?

10. In the patients who had religion and spirituality incorporated in their treatment, did they recover in a short span of time, or did it have no effect on their treatment time?

11. What are some of the demographics genders, age, ethnicity etc., of the patients on which incorporating religion and spirituality seems to work the most?

Appendix F.

Codebook

The researcher will upload the codebook once chapter 4 data analysis procedures and Results are known.

Appendix G.

Transcripts

The appendix G will be updated once data is analyzed to assist with the preparation of Chapters 4 and 5. The transcripts should include *excerpts* of de-identified interview transcripts. including uploading raw data to a new folder in the LDP.

Appendix H.

Feasibility and Benefits Checklist

Gatekeepers: Who are the possible gatekeepers? (i.e., If you are in a school district, have you checked with the principal and the superintendent's office or their designee to see what the process is for research? Or, if you are at a company, talked with the management, etc.? If you are planning on collecting data from a college, what is the process? It is preferred that you obtain Institutional Review Board (IRB) approval from that institution prior to applying for GCU's IRB approval).	Does not apply
Gatekeeper Contact: Who do you need to keep in contact with as you form your research project to ensure that the benefits outweigh the risk, and you can conduct your research? How will you initiate and maintain contact with them?	The American Counseling Association, and the Connecticut counseling Association.
Outside IRB: If you are planning on recruiting participants or getting data from a college (or other institutions with an IRB), have you talked to their IRB determine the process and what participants/data they will allow you access? Please note, IRB approval typically takes some time.	Does not apply
Study Benefits: What is the benefit of your research? Who do you need to keep in contact with as you form your research project to ensure that the benefits outweigh the risks? *Remember that research should have a benefit; what benefit does your research have to others beside yourself?*	This proposed study aims to examine how religious, and spirituality can help incorporate information and encouragement amongst patients during counseling. This proposed study will benefit both the patients and the clinical leaders. Clinical leaders will understand how religion and spirituality can be incorporated, how they should bring this topic in without letting their personal views cause any bias. Moreover, once the clinical leaders incorporate religion and spirituality in their treatment, it will help patients recover better and faster.
Research Activity: Is your research part of *normal everyday activities*? This is significant because this must be outlined in your site authorization. A preliminary site authorization letter could simply be an email from a school/college/organization that indicates they understand what you want to do and how that benefits the school/college/organization. In some cases, this will determine the classification of the	No

study (this is especially important for educational research studies). ***Please see below for information regarding preliminary site authorization	
Recruitment: Please describe your proposed recruitment strategy. How do you plan to involve your participants in the process? What would your flyer/email say?	The target population will be 500 clinical leaders that are Licensed Professional Clinical leader (LPC) / Licensed Professional Clinical Counselors leader (LPCC) members of Connecticut Counseling Association (CCA) and the American Counseling Association (ACA) in the state of Connecticut. The study requires the clinical leaders to have a master's degree at minimum to assure that they are qualified practitioners. A request for permissions to administrators of the Connecticut counseling Association (CCA) and the American Counseling Association (ACA) online portal will be placed to gather information about the clinical leaders in Connecticut. American Counseling Association (ACA) administrator will be asked to send out initial questionnaire and follow-up with reminders to members. If 40+ questionnaires are not collected within three weeks another invitation will be sent to all members by the group administrator. The American Counseling Association (ACA) administrator will be asked to resend questionnaire and follow-up with group members. Participants will view and agree to informed consent in Survey Monkey. Researcher Developed questionnaire will be given to the participants where they will be rating using the Likert Scale (1-7). Participants will be asked to describe information, and encouragement through incorporating spirituality in the counseling session. The interview is based on the Purposive Sampling Technique which is based on the intentional selection of the participant because of the characteristics and qualities the individual possesses (Scholtz, 2021). Along with the questionnaire the participants will be given access to a link and will receive an invitation to the interview if they give consent. Given the response rate, the study aims to be based on 40 plus questionnaires and around 10-15 interviews.
Data Collection: What are you asking of participants? Are you asking them personal information (like demographic information such as age, income, relationship status)? Is that personal information necessary? How much time are you asking of participants (for example, if	The questionnaire begins with asking about the demographics of the clinical leaders including their name, gender, age, years of practice and educational background. Following the demographic details, the questionnaire is then based on 40 questions regarding the proposed

you are asking them to be interviewed, be in a focus group, fill out a questionnaire, fill out a journal/survey, collect artifacts, etc.)? How much time will they have to spend to be in your study? Does each part of your data collection help answer your research question? Participants must be told how long it will take to them to participate in each activity. Are you concerned that the activities would take too long, and participants might not finish/drop out? Can you collect your data in a reasonable amount of time considering the stakeholders and possible challenges of gaining access to participants?	study. The questionnaire should take a maximum of 15 minutes to fill. The questions are based on a scale from 1-7. 1 being strongly disagree to 7 being strongly agree. The interview is based on 11 questions. The interview should last for around 50-60 minutes. To cater to the problem of participant, drop out, we have kept the sample size large enough. Also, in case of low participation, we have a contingency plan. Under the Contingency Plan an additional request through LinkedIn, WellMore, and Clifford Bears will be made to group administrators to contact group members for participation. Administrators will be asked to upload and send out an initial questionnaire to their group members. Administrators will be asked to follow up with group members onsite for participation. Refer to Appendix B for the complete questionnaire and interview questions.
Child Assent: Studies with children often fall under the regulations for a full board review (full board reviews take significantly longer in IRB). Each child must fill out a child assent AFTER there is parental consent. (It can be very difficult to get parental consent, especially if this is something sent home to parents).	This study does not involve any child. The participants are between the ages of 212- 60 years old.
Informed Consent: Participants must be told how long it will take for participants to participate in each activity. Are you concerned that the activities would take too long, and participants might not finish/drop out?	The proposed study will be based on informed consent where the participants will be informed about the purpose of the study. They will be given the option to leave the study at any point in time. For this, we have kept the Contingency Plan in case of low participation. Under the Contingency Plan an additional request through LinkedIn, WellMore, and Clifford Bears will be made to group administrators to contact group members for participation. Administrators will be asked to upload and send out an initial questionnaire to their group members. Administrators will be asked to follow up with group members onsite for participation.
Site Authorization: Do you have a site authorization letter? How difficult will this be to get from the school/ school district/college/organization? Use the GCU template to ensure the correct information is included.	
Can you collect your data in a reasonable amount of time considering the stakeholders and possible challenges of gaining access to participants?	This researcher believes the data can be collected in a reasonable amount of time. There is a contingency plan in place to address any challenge of gaining access to participants.
Organizational Benefits: Have you talked to your principal/supervisor/district/college/boss/ organization about your research? If so, have you	

asked them what you can do to help the district/organization/school?	
What is the overall benefit of your research to participants?	This proposed study will help the clinical leaders and patients. Once the clinical leaders incorporate religion and spirituality in their treatment, it will help patients recover better and faster.
What are the risks of your research? Please note that there are usually some risks (like revealing participant identity) in all research.	
Now that you have contemplated the above questions, how long do you imagine it will take you prior to access your participants/data? AND how much are you asking of your participants?	
Based on the information that you have learned, is your study feasible? Why or why not? If not, how can you modify your ideas to make your study manageable?	Using the qualitative research approach makes it feasible to conduct our study and will enable genuine response from the participants. As a result, the data gathered will be precise and may produce predictable results. Moreover, in qualitative research, smaller sample sizes are used, which might reduce costs. As qualitative research often employs lower sample sizes than other research methodologies, many qualitative research projects can be finished quickly and on a cheap budget. This makes this proposed research feasible.

Appendix I

Strategies to Establish Trustworthiness

Strategies to Establish Trustworthiness				
Strategies	Validity		Reliability	
	Credibility	Transferability	Dependability	Confirmability
Audit Trail				x
Coding is clear and well defined				
Constant Comparison				
Establishing referential adequacy evidence				
Fundamental knowledge of naturalistic inquiry				
Inter-Coder Reliability				
Long term engagement				
Member checking				
Methodological coherence				
Methodol				

ogical procedures evident, replicable	
Narrative truth	
Negative cases and rival explanations	
Peer debriefing	
Researcher reflexivity	
Sampling sufficiency	
Theoretical sampling	
Thick description	
Thinking theoretically	
Trained researcher	
Triangulation	

Note: Shaded areas are appropriate for all designs. When specifically identified (GT-grounded theory, PH=phenomenology N=Narrative), the strategy is particularly important for that design.

Appendix J.

Developing Qualitative Interview Questions Systematically

Note: This appendix is for reference only; delete this appendix in the final dissertation manuscript

Luis E. Zayas, PhD
Associate Professor & Peer Reviewer
College of Doctoral Studies
Grand Canyon University
Used with Permission

Qualitative Interviewing

- What is a qualitative interview?
  - A conversation with a purpose – data gathering.
  - Open-ended format using probes.

  Ideally with the least interviewer interjection as possible
  - Interviewer is an extension of the instrument.
  - Requires many technical skills to elicit quality data.
  - Face-to-face vs telephone vs survey interviews
  - Individual, in-depth vs. group interviews (small focus groups vs. large town hall meetings)

Dramaturgy and Interviewing

- Symbolic interactionism
  - People perceive and interact in reality through the use of symbols.
  - The meaning of these symbols comes about as a result of a process of social interaction.
  - Interviewing as social performance.
  - Drama – a mode of symbolic action in which actors perform symbolically for an audience.
  - Involves social actors and audience.
- Active interviewing – meaning-making.
- Interviewer's role – actor, director, choreographer
- Interviewee's role – leading actor in life drama

Types of Qualitative Interviews

- Major difference is degree of rigidity with regards to presentational structure
  - Standardized (structured)
  - *Semi-standardized (semi-structured)*
  - Unstandardized (unstructured)

Standardized Interviews

- Similar in format to survey, but open-ended
- Use when you have a pretty good idea about the things you want to uncover.
- Assumes the meaning of each Q is the same for every subject (positivist / objectivist framework)
- Operate from perspective that one's thoughts are intricately related to one's actions.

Examples:

- Tell me what you eat for breakfast? (Laundry list)? _____
- How many times a week do you eat fruits? _____
- What kinds of physical activities do you engage in? _____
- Major limitations: short responses; lack of probing; manifest (literal) meaning, lack of context.

Semi-Standardized Interviews

- Use when you have a general idea of what you want to elicit but do not want to restrict how it is presented.
- Predetermined questions, special topics
- More flexibility in wording of questions and probing
- Assumes that not all subjects will necessarily find equal meaning in like-worded questions (phenomenological / relativistic framework)
- Reflects awareness that individuals understand the world in varying ways.

See template and example.

Unstandardized Interviews

- Use when you don't know in advance what questions to ask (e.g. participant observation)
- Completely unstructured, no set order to Qs.
- Total flexibility in wording of questions and probing
- Same epistemological assumptions as semi-standardized (phenomenological / relativistic)
- Reflects awareness that individuals understand the world in varying ways.
- Questions and probes appropriate to each given situation & to the purpose of the study.

Instrument Development (Brainstorming)

- Determine the nature of the investigation and research objectives (how structured?)
- Develop an outline listing broad categories relevant to the study that are based on the literature or theory.
- Develop set of questions relevant to each of the categories in the outline
  - Exercise: develop semi-structured schedule
  - Topic: learning to cope with asthma

Template for Instrument Development

- Main Study Question

  Topic I:

    Q.1:

    Q.2:

    Q.3:

  Topic II:

    Q.4:

    Q.5:

    Q.6:

  Topic III:

    Q.7:

    Q.8:

    Q.9:

  What else that we've not discussed can you tell me…?

Example of Questions Within a Template

- RQ: How do adults w/ asthma living in communities w/ high asthma prevalence can learn to cope w/ the illness?

  Theme I: **Perceptions of asthma**.

    Q.1: What do you think asthma is?

    Q.2: What do you think gives people asthma?

    Q.3: What things worry you more about asthma?

  Theme II: **Coping with asthma**.

    Q.4: How can people take care of their asthma?

    Q.5: How does your doctor help you with your asthma?

    Q.6: What lifestyle changes can help people with asthma?

  Theme III: **Learning about asthma**.

Q.7: How do you get information about asthma?

Q.8: How do you learn to take care of your asthma?

Q.9: How else could people get information about asthma?

Q.10. What could be done to improve asthma education in your community?

Q.11. What else that we've not discussed thus far can you tell me about…?

Schedule Development (Sequencing)

- Question order (sequencing)
    1. Start with easy, nonthreatening questions.
    2. Next, more important questions (not sensitive)
    3. Then, more sensitive questions
    4. Validating questions (pertaining to important or sensitive questions)
    5. Next important topic or conceptual area of Qs.
    6. Repeat steps 3 and 4, and so on
- Content – level of language, wording
- Styles of Qs – essential, extra, throw-away (general Qs to develop rapport), probing.
- Number of Qs based also on interview length and depth (e.g., 8-12 Qs for 60 min interview)
- **Problems in question formulation**
    1. Affectively worded questions
        - Try to neutralize the sense of the questions.
            - "How come?" vs. "why did you do that wrong"?
    2. Double-barrel questions
        - "How many times have you smoked marijuana, or have you only tried cocaine"?
    3. Complex questions
        - Keep questions brief and concise.
    4. Too many questions (long interviews)
        - Keep interview between 60-90 mins.
        - Telephone interviews 20-30 mins.

Pretesting

- Expert review
- Mock interview
- Assess for:

- Inclusion of all the necessary questions
- Do questions elicit the types of response anticipated?
- Is the language of the research instrument meaningful to the respondents?
- Are there other problems with the questions? (e.g., multiple issues addressed in single Q.)
- Does it motivate and engage respondents?

Interview Training

- Learning to build rapport.
- Learn the questions, practice.
- Develop listening skills.
- Probing skills without leading.
- Silence, echoing, follow leads.

  Probes: repeat question, what, when, where, how, give me an example, tell me a story that illustrates that point, please elaborate on that.
- Issues of power
- Self-reflection
- Professionalism

Focus Groups

- Moderator's guide similar to individual interview schedule but must consider group dynamic.
- Collective brainstorming, synergistic group effect
- Greater interviewing skill level required in order to moderate effectively.
- Guide should be shorter (6-8 Qs) in order to engage as many participants as much as possible.
- Qs should NOT be same as individual interview Qs in studies using multiple sources of data collection.
- FG Qs should explore a specific aspect of research problem or of findings from individual interviews.

References

Padgett, Deborah K. (2008). *Qualitative methods in social work research*. Sage Publications.

Zayas L.E., McLean D. Asthma patient education opportunities in predominantly minority urban communities. *Health Education Research*, 2007;*22*(6):757-769.

Appendix K

Sample Frames, Interview Duration, Transcript Expectations

Note: This appendix is for reference only; delete this appendix in the final dissertation manuscript

Qualitative Research Design	Minimum Interview Length Per Person	Corresponding * Minimum Transcript Length Per Person	Corresponding * Minimum Transcript Range Per Person
Case Study	45+ minutes	8+ pages single-space typed	8-12 pages single-space typed
Qualitative Descriptive	45+ minutes	8+ pages single-space typed	8-12 pages single-space typed
Phenomenology	60+ minutes	15+ pages single-space typed	15-20 pages single-space typed per person
Narrative Study	60+ minutes	15+ pages single-space typed	15-20 pages single-space typed
Grounded Theory	45+ minutes	8+ pages single-space typed	8-12 pages single-space typed

Corresponding" projections above are based on the minimum interview length shown for each core design. Learners can pursue longer interviews, which would increase the corresponding range of transcript pages.

Appendix L

Minimum Progression Milestones

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Dissertation Course	Course Length (weeks)	Minimum Progression Requirement	Week of Pass/Fail Assignment Due
955	8	Prospectus "Acceptance" by chair and methodologist	6
960	8	Draft Chapter 2 or 3 "Acceptance" by chair and Submission to content expert or methodologist	6
965	8	Draft Chapter 3 or 2 "Acceptance" by chair and Submission to methodologist or content expert	6
966E	12	Draft Chapter 1 "Acceptance" by chair and submission to methodologist and content expert	10
967E	12	Full Finalized Proposal Submitted to Committee Members *learner may progress forward if this is not achieved, but will be required to meet the minimum requirement in the next course	11 (not pass/fail*)
968E	12	Successful submission and admittance to Level 2 Peer Review	10
969E	12	Level 2 Peer Review Approval (D-35)	10
970E	12	IRB Approval (D-50)	10
971E	12	Draft Chapter 4 "Acceptance" by chair and submission to methodologist	10
972E	12	Full dissertation "Acceptance" by chair and submission to methodologist and content expert	10
973E	12	Successful submission and admittance to Level 5 Peer Review	10
974E	12	D-65 and successful submission and admittance to F&F	11

Appendix M

Note: This appendix is for reference only; delete this appendix in the final dissertation manuscript if no additional appendices are needed

To whom it may concern:

Good afternoon, admins, and moderators my name is Abdul Shabazz. I hold a master's degree in counseling and a graduate certificate in professional counseling with a concentration in drugs and alcohol treatment. I am currently a doctoral student at Grand Canyon University (GCU) and a member of the CCA and ACA since 2013.

I am not sure who I should be directing this notice to, however, within a few months or so, I will be submitting my dissertation proposal to the IRB for approval. My sample is focused on counseling leaders holding an LPC or LPCC in Connecticut. When the time comes, may I have permission to post a recruitment letter on your site to members meeting the above criteria. I understand LPC and LPCC are largely a part of the CCA. This is why the CCA could be a rich data source for me. If you are willing to talk about this further. I am happy to talk to you about any rules, expectations, or restrictions that may be needed to comply with your policies and IRB recommendations.

I will send a copy of the recruitment letter for your review. I anticipate that I will be in the recruitment phase by August or September 2023. If allowed, I will keep you updated as the time approaches. I appreciate your time and all the considerations you may give to my proposed request, and I look forward to hearing from someone soon.

Respectfully Submitted

Abdul Shabazz, MA

To whom it may concern:

Good afternoon, admins, and moderators my name is Abdul Shabazz. I hold a master's degree in counseling and a graduate certificate in professional counseling with a concentration in drugs and alcohol treatment. I am currently a doctoral student at Grand Canyon University (GCU) and have been a member of the ACA for many years. I am not sure who I should be directing this notice to. However, within a month or so, I will be submitting my dissertation proposal to the IRB for approval. My sample is focused on counseling leaders holding an LPC or LPCC in Connecticut. When the time comes may I have permission to post a recruitment letter on your site to members meeting the criteria. I understand LPC and LPCC are largely a part of the ACA. This is why the ACA could be a rich data source for me. If you are willing to talk about this further. I am happy to talk to you about any rules, expectations, or restrictions that may be needed to comply with your policies and IRB recommendations. I will attach a copy of the recruitment letter for your review. I anticipate that I will be in the recruitment phase by August or September 2023. If allowed, I will keep you updated as the time approaches. I appreciate your time and all the consideration you may give to my proposed request and look forward to hearing from someone soon.

Respectfully Submitted

Abdul Shabazz, MA