The Use of Prayer in Social Work:

Implications for Professional Practice and Education

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Abstract

Although research has grown considerably on spirituality and social work practice in recent years there is still a need for increased knowledge concerning what practitioners actually do with their clients and what influences their practice behaviors. One of the most controversial issues related to the use of spiritually-based social work interventions is the use of prayer. The current study explored prayer-related activities and practice decision-making among a random sample of Licensed Clinical Social Workers in a mid-Atlantic, U.S. state. A substantial percentage of practitioners reported praying for (55%) or praying/meditating with their clients (33%). Furthermore, practitioner responses to four clinical vignettes, reflecting Canda's (1990) suggested ethical guidelines for practitioner behavior, revealed that the majority did not adhere to such guidelines; either in terms of personal comfort with the use of prayer or views about its ethical use. Implications of study findings for the education and training of social workers concerning the ethical use of spiritually-oriented helping activities are discussed.

Biography

Dr. Sheridan is Visiting Scholar and Director of Research for the Center for Spirituality and Social Work at CUA's National Catholic School of Social Service. She teaches courses on diversity and social justice, human behavior, international social development, spirituality, and transpersonal theory. Her scholarship includes both empirical and conceptual contributions on spirituality and social work practice. She recently was awarded a grant from Duke University's Center for Spirituality, Theology, and Health. Funded by the John Templeton Foundation, this research will explore the role of religious and spiritual involvement in regards to both physical and mental health among African American caregivers.

The Use of Prayer in Social Work: Implications for Professional Practice and Education

Prayer in its many forms can be a powerful resource for people who find themselves in difficult life circumstances. Indeed, the potential benefit of prayer as a coping mechanism for a wide range of human problems and challenges is well-documented in the literature. For example, prayer has been identified as being helpful in dealing with a variety of physical health issues, including cardiovascular disease (Ai, Peterson, Terrence, Huang, Rodgers, & Bolling, 2007; Bernardi et al., 2002; Saudia, Kinney, Brown, & Young-Ward, 1991), cancer (Gall & Cornblat, 2002; Halstead & Fernsler, 1994; Johnson & Spilka, 1991; Raleigh, 1992; Sodestrom & Martinson, 1987; Wells et al., 2007), HIV (Baesler, Derlega, Winstead, & Barbee, 2003; Carson, 1993; Crane et al., 2000; Kaplan, Marks, & Mertens, 1997), disability (Hendershot, 2003), kidney disease (Baldree, Murphy, & Powers, 1982); diabetes (Landis, 1996), cystic fibrosis (Stern, Canda, & Doershuk, 1992), and chronic pain (Ashby & Lenhart, 1994; Turner & Clancy, 1986).

Prayer has also been found to provide support when coping with a number of mental health problems, including depression (Hussain & Cochrane, 2003; Kendler, Gardner, & Prescott, 1997), anxiety (Carlson, Bacaseta, & Simanton, 1988; Miller, Fletcher, & Kabat-Zinn, 1995), addictions (Kendler et al., 1997; Koenig , George, Cohen, Hays, Blazer, & Larson, 1988; Richter, McCool, Okuyemi, Mayo, & Ahluwalia; Washington & Moxley, 2001), and trauma (Ai, Tice, Terrence, Petterson, & Huang, 2005). Study findings also suggest that prayer plays a role in promoting psychological mental health and well-being, as well as facilitating a sense of meaning, hope, and optimism (Ai, Peterson, Tice, Bolling, & Koenig, 2004; Maltby, Lewis, & Day, 1999; Meisenhelder & Chandler, 2000a, 2000b; Poloma & Pendleton, 1991).

Finally, prayer emerges as a positive factor in facing a variety of challenges resulting from changing circumstances or oppressive societal conditions, including major life transitions (Patterson, King, Ball, Whittington, & Perkins, 2003), the challenges of caregiving (Baines,

1984; Folkman, 1997; Picot, Debanne, Namazi, & Wykle, 1997; Schneider & Kastenbaum, 1993; Stolley, Buckwalter, & Koenig, 1999), relationship conflict and satisfaction (Butler, Gardner, & Bird, 1998; Gruner, 1985); homelessness (Benda, 2002; Williams, 2004); discrimination (Gibson, 1982; Neighbors, Jackson, Bowman, & Gurin, 1983; Shorter-Gooden, 2004), and natural disasters (Pargament, Smith, & Brant, 1995). As such, prayer is an important source of support and healing for many social work clients as they cope with physical and emotional problems, as well as other life challenges.

Perhaps in recognition of the importance of prayer in many clients' lives, substantial percentages of social workers use prayer in their work with clients. A review of studies on social workers' use of spiritually-based interventions reveals that from 25% to 72% of respondents report that they have prayed *for* clients and 15% to 43% report that they have prayed *with* clients (Canda & Furman, 1999; Furman, Benson, Canda, & Grimwood, 2004; Gilligan & Furness, 2006; Heyman, Buchanan, Musgrave, & Menz, 2006; Kvarfordt & Sheridan, 2007; Murdock, 2005; Sheridan, 2004; Sheridan, Bullis, Adock, Berlin, & Miller, 1992; Stewart, Koeske & Koeske, 2006). These findings are particularly significant given the fact that prayer has been identified as one of the most problematic or controversial issues noted in discussions concerning the inclusion of spirituality in social work practice (Canda & Furman, 1999; Canda, Nakashima, & Furman, 2004; Sheridan & Bullis, 1991). In the qualitative study by Canda and colleagues (2004), participants offered a variety of reasons both in support of the use of prayer (e.g., client in crisis, client believes in power of prayer, client is dying) and in opposition to such use (e.g., clients should not rely on prayer for help; it is inappropriate to use prayer during sessions paid by insurance companies or federally funded programs, concern about prayer being used as resistance to change). These findings illustrate the diverse, and often strongly felt, views on the role of prayer in social work.

Because the use of prayer is one of the most controversial issues related to the use of spiritually-based interventions in social work practice, the current study investigated the following three research questions:

1. How often do practitioners engage in prayer-related activities, including both praying for and praying with clients?
2. Is permission from clients routinely sought for these activities?
3. How do social workers determine if and when praying for or praying with clients is appropriate?

Methodology

Design and Data Collection Procedures

The current investigation is a secondary analysis of a data set obtained through a cross-sectional survey of licensed clinical social workers (LCSWs) in a mid-Atlantic state (Sheridan, 2004). A sample of 600 potential participants was drawn from a listing of practitioners registered with the state licensing board using systematic, random selection. Two mailings were used during data collection. The first mailing included a cover letter with necessary informed consent information, a study questionnaire, and a stamped, pre-addressed envelope. A second reminder letter was sent to targeted participants approximately one month after the initial mailing. One hundred and five packets were returned as undeliverable, 5 packets were designated as "addressee deceased," and communication with 14 recipients indicated that they were currently retired. Thus, the number of potential respondents was reduced to 476. Of these, 204 completed questionnaires were returned, representing a response rate of 43%.

Sample Characteristics

The final sample consisted of 79.1% (n = 159) women and 20.9% (n = 42) men, with an average age of 50.35 (SD = 8.81).[1] The majority of respondents were white or Euro-American (93.0%, n = 187), followed by African-American (4.0%, n = 8), Hispanic-American/Latino(a)

(1.5%, *n* = 3), Asian-American/Pacific Islander (1%, *n* = 2), or "other" (.5%, *n* = 1). Respondents reported having, on average, 19.82 (*SD* = 7.83) years of social work practice experience, ranging from 5 to 50 years. They reported seeing a mean of 18.93 clients per week (*SD* = 9.52), ranging from 1 to 60 clients weekly. Most (65.5%, *n* = 131) stated that their primary work setting was "private," while 34.5% (*n* = 69) reported that they practiced in a "public" work setting. A range of geographical work locations was reported, including "suburban" (38%, *n* = 76); "urban" (23.0%, *n* = 46); "rural" (10.5%, *n* = 21); or "mixed" (28.5%, *n* = 57), which reflected some combination of rural, urban, and suburban.

A number of questions were asked regarding respondents' personal religious or spiritual backgrounds. In terms of religious or spiritual affiliation, respondents were allowed to select any and all affiliations with which they identified, which resulted in almost one-third (32.4%, *n* = 66*)* selecting more than one category. Responses, in descending order, were: Christian (56.7%, *n* = 114); Buddhist (18.4%, *n* = 37); Existentialist (13.9%, *n* = 28); Jewish (11.9%, *n* = 24); Goddess/Feminist Spirituality (10.9%, *n* = 22); Agnostic (8.0%, *n* = 16); Traditional Native-American/First Nations Spirituality (6.0%, *n* = 12); Shamanist (6.0%, *n* = 12); Hindu (3.5%, *n* = 7); Confucian (3.0%, *n* = 6); Spiritist (2.5%, *n* = 5); Wiccan (2.0%, *n* = 4); Muslim (1%, *n* = 2); and Atheist (.5%, *n* = 1). An additional 16.8% (*n* = 33) indicated some "other" religious affiliation/spiritual orientation (primarily blends of many different perspectives). These data reveal that these practitioners present a more diverse profile than the general population, which is reported to show a higher percentage of Christian adherents (78.4%) (Pew Forum, 2008, p. 8).

A number of questions queried respondents about their involvement in religious or spiritual services or practices. A substantial majority reported participating in religious or spiritual services at least weekly as a child (77.9%, *n* = 159), but current attendance at such services was reported considerably less frequently. Only 37.8% (*n* = 77) reported at least weekly attendance, with 21% (*n* = 43) attending at least monthly, 22.1% (*n* = 45) attending from 2-6 times a year,

and 19.1% (n = 39) attending once a year or not at all. Despite decreased formal attendance, 51.2 % (n = 104) reported that they currently participate in a personal or private religious or spiritual practice on a daily basis (meditation, reading scripture/spiritual texts, prayer, etc.). Others reported the frequency of such practices as follows: several times a week (27.6%, n = 56); once a week (8.4%, n = 17); at least once a month (7.8%, n = 16); 5-6 times a year (.5%, n = 1); once a year (2.0%, n = 4); and not at all (2.5%, n = 5).

The Study Questionnaire

The purpose of the original study was explained to potential participants as an attempt to better understand how social workers addressed issues related to religion or spirituality in practice. In order to clarify definitional issues, the questionnaire began with a specification of what was meant by "spirituality" and "religion." Specifically, spirituality was defined as *"the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it, which may or may not be expressed through religious forms or institutions."* Religion was defined as *"an organized, structured set of beliefs and practices shared by a community related to spirituality."* Respondents were asked to note that, for the purposes of the study, spirituality was more broadly defined than religion. These definitions are consistent with those currently found in the literature (Canda & Furman, 1999; Carroll, 1998; Sheridan, 2008).

A multi-faceted questionnaire consisting of 122 questions was utilized for the study, which included both single items and scale items. Beyond demographic and personal religious/spiritual information, the questionnaire gathered data on several areas of professional experience with religion and spirituality. Findings on attitudes toward and professional use of spiritually-derived interventions have been reported previously (Sheridan, 2004). The current analysis specifically focused on questions regarding the use of prayer in social work practice.

Findings

Use of Prayer in Social Work Practice

Over one half (55.4%, *n* = 112) of the respondents reported that they have at some point in their practice prayed privately *for* their clients, while 33.2% (*n* = 67) indicated that they have prayed or meditated *with* their clients (see Table 1). At the time of the survey, respondents stated that they were currently praying *for* an average of 46.14% (*SD* = 37.88; range = 1% to 100%) of their clients and praying *with* an average of 18.92% (*SD* = 22. 32; range = 1% to 80%). Interestingly, while 97.5% (*n* = 39) of those who pray *with* their clients routinely seek their permission before implementing this intervention, only 9.7% (*n* = 10) of those that pray *for* their clients stated that they routinely ask permission. Of those who report never praying for or praying with their clients, the top two reported reasons for not doing so were "I have never had a client ask" (47.3%, *n* = 43) and "It is not an appropriate intervention" (39.6%, *n* = 36).

(See Table 1)

Use of Ethical Guidelines

Information about the possible use of guidelines in practitioner decision-making about the use of prayer was obtained through responses to four clinical vignettes. These vignettes were developed based on suggested ethical guidelines for the use of holistic prayer. Canda (1990) proposes that such interventions should only be utilized when particular conditions are present within the practice setting. Specifically, decisions concerning when to utilize 5 different prayer-related activities should be based on whether or not: a) the client has expressed interest; b) a spiritually-sensitive relationship is well-established between the worker and the client; and c) the practitioner has the relevant qualifications (see Figure 1).

To explore whether respondents appeared to utilize these principles when selecting an intervention, vignettes were created to reflect four possible conditions (see Appendix A). In Vignette #1, the client does not express any interest in religion or spirituality, but is asking for

help with the stillborn death of her third child (Condition A). In Vignette #2, a young adolescent male is having difficulty with depression and aggressive behavior. He has expressed interest in religion and spirituality, but a spiritually-sensitive relationship has not been established with the worker, and the worker has no relevant qualifications in the client's particular tradition (Condition B). Vignette #3 presents a client struggling with the suicide of her adolescent son and her church's beliefs that her son is in "in hell" for taking his own life. Although it is clear that the client has expressed interest and a spiritually-sensitive relationship is in place, the worker is not well-versed with the specific prayer techniques of the client's faith (Condition C). The 4th Vignette displays a practice situation in which all of Canda's suggested conditions are present. The client is dealing with his 23 year-old son's recent diagnosis of cancer. He has expressed interest, a spiritually-sensitive relationship has been established, and the worker is qualified to explore the use of prayer within the client's tradition (Condition D). In order not to produce a particular response set or bias among respondents (e.g., by moving from least to most conditions present), these four vignettes were randomly ordered on the questionnaire.

For each vignette, respondents were asked to indicate how many of 5 possible prayer-related activities they would *personally feel comfortable in using* with the particular case and how many they thought would be *ethical to use*. An option of "none of the above" was also possible for each question. Responses to these four vignettes show both over- and under-utilization of the interventions based on suggested guidelines (see Table 2)

Canda's (1990) proposed guidelines restrict interventions in Vignette #1 to only "private prayer activities by worker" and yet considerable numbers of respondents indicated that they would utilize one or more of the 4 other activities (ranging from 5.4%, n = 11 to 44.3%, n = 90). Even higher percentages indicated that the use of additional activities would be ethical (ranging from 9.9%, n = 20 to 63.5%, n = 129). Almost one-third (32.5%, n = 66) said that they would not be personally comfortable using any of the 5 activities, while 18.7% (n = 38) stated that it would be unethical to do so.

In Vignette #2, the use of private prayer activities, referral to outside religious or spiritual helper/support system, and collaboration (with caution) with outside resources are suggested by the ethical guidelines. In this case, 36.9%, n = 75 stated that they would be comfortable going beyond these guidelines to engage in in-session prayer if the client requested it, while 11.8% (n = 24) would do so based on their own initiation. Somewhat higher percentages deemed these activities to be ethical in this case (56.2%, n = 114, by client request; 18.3%, n = 37, by worker invitation). Almost ten percent (9.9%, n = 20) indicated that they would not be comfortable utilizing any of the 5 activities and 2.5% (n = 5) stated that the use of any of these interventions would be unethical.

Responses to Vignette #3, which allows use of 4 of the 5 activities (with in-session prayer by client's request utilized with caution), shows that 15.7% (n = 31) are comfortable in using in-session prayer based on their own initiative and 20% (n = 40) view this level of intervention as ethical. Five percent (n = 10) indicated that they would not be comfortable with any of the 5 activities and 2% (n = 4) stated that the use of any of these activities with this case would be unethical.

Finally, Vignette #4 permits use of all of the listed interventions (while suggesting caution in the use of worker-initiated in-session prayer). In this case, only 20.7% (n = 42) reported that they were comfortable with this 5th option, while 25.1% (n = 50) stated that it would be ethical. Almost twelve percent (11.8%, n = 24) indicated that they would utilize none of the activities and 7.4% (n = 15) stated that the use of any of the activities would be unethical.

To get a clear picture of participants' overall adherence to ethical guidelines regarding use of the 5 prayer-related activities in the four vignettes, additional analyses were conducted. Specifically, responses were recoded as a "match" if the only options selected were those designated by the suggested guidelines. Responses were coded as "fell below" if fewer options were selected or as "went beyond" if more options were selected. Table 3 summarizes

participant responses for all 4 vignettes, indicating the percentage of responses that matched, fell below, or went beyond suggested guidelines.

For the 1st vignette, where only client interest has been expressed, 44.8% (n = 91) indicated responses under "personally comfortable" that matched the suggested guidelines (the use of private prayer activities only). Although some respondents indicated that they would not even use this option, they were not rated as falling below ethical guidelines because the decision to engage in private prayer is a personal choice based on the practitioner's own religious or spiritual tradition. Thus, it was not possible to "fall below" guidelines in this instance. More importantly, over half (55.2%, n = 112), indicated that they would be personally comfortable in going beyond the guidelines.

In assessing what they determined to be "ethical" in this case, only 13.8% (n = 28) matched suggested guidelines. In terms of what was considered ethical behavior, 18.7% (n = 38) gave responses that were below guidelines. In this instance, it *is* possible to fall below guidelines, because respondents are indicating what is ethical for *all* social workers, not just what they are personally comfortable in utilizing in their own practice. As with ratings of personal comfort, the majority (67.5%, n = 137) gave responses that went beyond the guidelines.

In the 2nd vignette, which contains conditions that permit the first 3 activities, a considerable number of respondents did not match suggested guidelines. Specifically, when indicating "personal comfort" with the 5 activities, only 35.5% (n = 72) of the respondents matched guidelines, while 27.6% (n = 56) fell below and 37.0% (n = 75) went beyond. When selecting what they believed to be "ethical" to use in this case vignette, only 16.3% (n = 33) matched guidelines, with 27.6% (n = 56) falling below and 56.2% (n = 114) going beyond.

Analyses of the 3rd vignette, which allows all activities except worker initiated in-session prayer, also revealed the majority of respondents falling below or going beyond suggested guidelines. Responses pertaining to "personal comfort" showed only 18.7% (n = 38) matching guidelines, with 64.5%, (n = 131) falling below and 16.7% (n = 34) going beyond. Similarly,

considerations of “ethical use” revealed only 25.1% (*n* = 51) matching guidelines, with 54.7% (*n* = 111) falling below and 20.2% (*n* = 41) going beyond.

In the 4th vignette, all activities are considered acceptable; thus, it is not possible to go beyond suggested guidelines. In this case, the majority fell below guidelines in terms of both personal comfort and views on ethical use. Specifically, 82.3% (*n* = 167) fell below guidelines in selecting activities with which they would feel “personally comfortable” using and 77.3% (*n* = 157) fell below guidelines relative to “ethical use.” Only 17.7% (*n* = 36) and 22.6% (*n* = 46) matched guidelines in these two areas, respectively.

Taken together, individual and summary assessments of responses to the four clinical vignettes suggest that respondents did not make decisions based on principles of spiritually-sensitive social work practice as suggested by Canda’s (1990) proposed ethical guidelines. Additional factors, other than the expression of client interest, the presence of a spiritually-sensitive relationship, and the qualifications of the worker, appeared to have influenced respondent choices in terms of both personal comfort and ethical use.

Education and Training

Study findings on the use of prayer stand in stark contrast to data on the amount of education and training in this area reported by most respondents. Specifically, 33.8% (*n* = 69) stated that content related to religious or spiritual issues was "never" presented; 50.5% (*n* = 103) said that it was "rarely" presented; 14.7% (*n* = 30) reported "sometimes", and only 1% (*n* = 2) reported "often." Thus, a substantial majority (84.3%, *n* = 172) of respondents reported little or no exposure to content on religion or spirituality and practice during their social work education.

In addition, satisfaction with the amount of education and clinical training received was rated on a 5-point Likert-type scale ranging from 1 = low satisfaction to 5 = high satisfaction. Respondents as a whole reported a somewhat dissatisfied position in regards to their education

and clinical training in this area (M = 2.68, SD = 1.10). Examination of the separate category responses reveals a much higher percentage of respondents who were "somewhat dissatisfied" or "very dissatisfied" with the amount of training they received (47.5%, n = 98) compared to those who stated that they were "somewhat satisfied" or "very satisfied" (18.8%, n = 38). About one-third (32.7%, n = 66) indicated that they had a "neutral" stance on this issue. Several respondents wrote in the margins of the survey that their ratings reflected their opinions at the time of their education and that, in retrospect, they were now more dissatisfied with the training they received in this area.

Finally, over half of the sample (55.9%, n = 113) reported that they have attended workshops or conferences in the past 5 years that dealt with some aspect of religion or spirituality. Although this training included a wide variety of topics (issues related to death, dying, grief, and hospice; holistic treatment and healing; prayer and meditative practices; addiction and recovery; trauma and spirituality; marriage/family issues and spirituality; imaging and visualization; personal spiritual development; Buddhism and practice; Creation spirituality; Christian counseling; shamanism and other indigenous spiritual practices; use of rituals; Jungian-based therapies; mindfulness and expansion of consciousness; spiritual direction; art/creativity and spirituality; and guardian angels), it should be noted that it reflects time-limited, subject-specific learning obtained as a post-graduate. It is also notable that none of the reported training focused on ethical guidelines for the use of prayer or other spiritually-based interventions.

Discussion

Findings must be considered within an understanding of the study's limitations, including constraints related to sampling, data collection, and measurement. First, although the study used random sampling methods, the relatively low response rate (43%) limits generalization to the entire sampling frame as it is possible that respondents differed from non-respondents on

key variables. Second, the use of a mailed survey produces data based on self-report rather than observed behavior. This is particularly important in considering responses regarding the use of prayer and the four clinical vignettes, which can be viewed only as an indication of possible worker practices. Finally, it is possible that the developed vignettes did not fully represent the 4 conditions delineated in Canda's ethical guidelines, potentially affecting participants' responses.

Given these limitations, the current analysis contributes to our knowledge concerning the use of prayer in social work practice. Current findings are consistent with previous studies which report that a considerable number of social workers both pray for and pray with their clients. In this sample, over half (55.4%) have prayed *for* their client, while one-third (33.2%) have prayed or meditated *with* their clients. More concerning are the data on obtaining client permission for prayer activities. While the vast majority of respondents (almost 98%) routinely ask for permission before praying with their clients, only 9.7% do so when praying for their clients.

This latter finding raises the ethical issue of using interventions without clear client consent - even when the activity is done privately and outside of the practice setting. If prayer is considered to be a practice intervention, shouldn't workers abide by standards for informed consent in the same way that they handle the use of non-spiritually-based interventions? Canada, Nakashima, and Furman (2004) address this question with the following proposal:

> "If one believes that prayer can influence a client, then it seems that is necessary to seek the client's permission to pray for him or her in a way that seeks a particular outcome. Another alternative is to pray in an 'open, humble, and compassionate' way for the client's support and healing according to the client's own best interests and spiritual path." (p. 33)

It seems apparent that a discussion needs to take place within the profession along at least two lines. First, is it ever ethical to pray for "particular outcomes" for clients and, if not, what kind of prayer is appropriate – even when done privately outside of the practice setting? Second, when is it necessary for a worker to seek permission from clients to engage in private

prayer for them and how should this be accomplished? These queries target issues about the rightful place of private worker prayer relative to their practice with clients that are in need of thoughtful discernment and dialogue.

This study also sheds some light on how practitioners make decisions about the use of prayer-related interventions with clients. Utilizing Canda's (1990) proposal for the ethical use of holistic prayer as a framework, four vignettes were employed to investigate whether respondents consistently followed suggested guidelines in this area. Results demonstrated that most respondents were not using these principles, with numerous instances of going beyond or falling below guidelines, both in terms of personal comfort and opinions regarding ethical use. This is problematic in that both over- and under-utilization of various activities can result in unethical and ineffective practice.

For example, to refer a client to a religious or spiritual helper or support system when he or she has not expressed interest in religion or spirituality (or to collaborate with such a system or utilize prayer as an intervention), represents a gross violation of the client's right to self-determination and extreme disrespect for the client's worldview. Conversely, to not consider the use of such interventions when the worker has ascertained that religion or spirituality is an important facet of a client's life, has established a spiritually-sensitive relationship with him or her, and has relevant qualifications, also reflects a stance of not "starting where the client is" and represents a failure to use interventions that may be helpful. Both positions of "going beyond" or "falling below" constitute imposing the one's beliefs or values on the client and are, therefore, examples of unacceptable social work practice.

Data on education and training from the current study only adds to these concerns, as a substantial majority of the sample (84.3%) report receiving little or no instruction in this area. These findings are consistent with previous research, which shows that from 66% to 89% of social work practitioners, students, and educators report receiving either little or no instruction on religious or spiritual issues during their professional education (Bullis, 1996; Canda &

Furman, 1999; Cascio, 1999; Derezotes, 1995; Dudley & Helfgott, 1990; Furman, et al., 2004; Gilligan & Furness, 2005; Graf, 2007; Joseph, 1988; Heyman et al., 2006; Kaplan & Dziegielewski, 1999; Kvarfordt & Sheridan, 2007; Murdock, 2005; Riser & McColley, 1996; Sheridan, 2004; Sheridan & Amato von-Hemert, 1999; Sheridan et al., 1992; Sheridan, Wilmer, & Atcheson, 1994). Over half (55.9%) of the current study's respondents attempted to address this educational deficit by seeking post-graduate training on religious and spiritual issues.

This picture is contrary to educational mandates included in the current *Educational Policy and Accreditation Standards* (CSWE, 2001). Specifically, programs are directed to insure that their graduates have been exposed to "theories and knowledge of…spiritual development" as part of foundation content in human behavior and the social environment (p. 35). Graduates are also expected to demonstrate the capacity to "practice without discrimination and with respect, knowledge, and skills related to clients'…religion", similar to other important dimensions of difference, such as age, class, race, sex, and sexual orientation (p. 33). When social work programs do not include such content, graduates are left with little guidance for professional decision-making and clients are at risk of receiving ineffective and potentially harmful service.

In conclusion, findings from the current study and previous research reveal that the time for debate about whether to include content on religion and spirituality in social work education is over. Although the *NASW Code of Ethics* (2001) provides broad guidance for addressing religious and spiritual issues in practice, it does not specify standards for what spiritually-oriented activities (including prayer), may be appropriate or inappropriate given various practice situations. It is clear that social work education must provide the knowledge, skills, and values required for effective and ethical practice in this area whether through curriculum infusion or specialized courses. It is especially important that programs provide opportunities for students to consider and discuss the complexities of integrating spirituality into social work practice and to develop skills in decision-making that are sensitive to religious and spiritual

diversity while being well-grounded in social work values and ethics. It is also incumbent upon individual practitioners to be engaged in ongoing continuing education to insure that they are well-prepared for new developments in this area. It is critical that social work educators and practitioners work together to insure ethical, effective, and client-centered practice. To do otherwise is antithetical to the core values of respect for spiritual diversity and support of client strengths that are central to the practice of "spiritually-sensitive social work."

Note

[1] All reported percentages are valid percentages based on the number of respondents answering the particular question.

Appendix A: Vignettes

<u>Vignette #1: Condition A</u> (Client has not expressed interest)

Susan, a young, married mother of two, has been seeing you for about a month. Her reason for seeing you is to gain help with her grief about the stillborn death of her third child. She is struggling with deep feelings of both sadness and anger about the loss of her child and is confused about how someone so young and innocent could die. She recognizes that she needs to be there for her husband and her other two children, but she is not sure that she can carry on with her life without her child. She has expressed no particular interest in religion or spirituality, but is imploring you to help her deal with her grief.

<u>Vignette #1: Condition B</u> (Client has expressed interest)

This is the sixth time that you have seen Maurice, a 16 year-old African-American male. Although Maurice's mother brought him to see you initially, Maurice has shown a willingness to talk with you about both his depression and his aggressive behavior in school, which has resulted in a numerous suspensions. Last session Maurice said, "I used to walk with God, but then I went back to my old ways because I felt like God had left me." Today Maurice explains that his anger is out of control and he thinks that the only way to control it is to ask God to change him. He wants you to help him with this.

<u>Vignette 3: Condition C</u> (Client has expressed interest and a spiritually-sensitive relationship is well-established)

Diane, who is a 45-year old woman, has been coming to counseling every week for the past three months. You have conducted a thorough assessment of her spiritual beliefs and practices.

Although your own spiritual orientation is different than Diane's, the two of you have established a spiritually-sensitive relationship based on mutual respect. However, you do not have familiarity with prayer techniques specific to Diane's faith. Diane has been working on issues surrounding her son's recent suicide. Right now she is struggling with the beliefs of her church about suicide. She does not believe that her son is "in hell" for taking his own life and she has not been to church since the funeral services. She believes she would like to talk to God about this, but she has not been able to pray on her own. She asks you for help with this.

<u>Vignette 4: Condition D</u> (Client has expressed interest, a spiritually-sensitive relationship is well-established, and worker has relevant qualifications for particular activities).

You have been working with Kevin, aged 55, for about a year. Through a thorough assessment, you know that he is actively involved in a 12-step program and that his spirituality is very important to him. You have also established a spiritually-sensitive working relationship with Kevin and you feel qualified to explore the use of prayer and meditation with him. Today he tells you that he just found out that his 23 year-old son has cancer. He says that, "I guess I ought to be talking to HP [his Higher Power] about this, but I haven't been talking much to him lately and I don't know if he'd even listen to me." He wants your help with this.

Table 1

The Use of Prayer in Social Work Practice

Variable	Test Statistic
Percentage of respondents who report ever *praying for* clients	*M* = 55.4%, *n* = 112
Percentage of respondents who report ever *praying/meditating with* clients	*M* = 33.2%, *n* = 67
Mean percentage of clients currently *praying for*	*M* = 46.14%, *SD* = 37.88
Mean percentage of clients currently *praying with*	*M* = 18.92%, *SD* = 22.32
Routinely ask permission when *praying for* clients	
Yes	9.7%, *n* = 10
No	90.3%, *n* = 93
Routinely ask permission when *praying with* clients	
Yes	97.5%, *n* = 39
No	2.5%, *n* = 01
Reasons for not using prayer as part of helping process	
I have never had a client ask	47.3%, *n* = 43
It is not an appropriate intervention	39.6%, *n* = 36
I do not pray myself	23.1%, *n* = 21
I have no expertise in this area	23.1%, *n* = 21
It is not a proven intervention	19.8%, *n* = 18
It never occurred to me	18.7%, *n* = 17
Prayer is too intimate	16.5%, *n* = 15
I am not a religious/spiritual person	4.4%, *n* = 04
Other reasons	10.9%, *n* = 10

Table 2

Use of Prayer-Related Activities by Different Vignette Conditions

Vignette and Activity Options	Personally Comfortable	Consider Ethical
Vignette #1: Condition A (Client has not expressed interest; Ethical guidelines suggest use of activity #1 only)		
1. Private Prayer Activities by Worker	**48.8%, *n* = 99**	**61.6%, *n* = 125**
2. Referral to Outside Religious or Spiritual **Helper or Support System**	**44.3%, *n* = 90**	**63.5%, *n* = 129**
3. Collaboration with Outside Religious or **Spiritual Helper or Support System**	**33.0%, *n* = 67**	**51.7%, *n* = 105**
4. In-Session Prayer Activities; Client's Request	25.1%, *n* = 51	35.5%, *n* = 72
5. In-Session Prayer Activities; Worker's Invitation	**5.4%, *n* = 11**	**9.9%, *n* = 20**
6. None of the Above	32.5%, *n* = 66	18.7%, *n* = 38
Vignette #2: Condition B (Client has expressed interest; Ethical guidelines suggest use of activities #1, #2; #3 with caution)		
1. Private Prayer Activities by Worker	**48.3%, *n* = 98**	**70.0%, *n* = 142**
2. Referral to Outside Religious or Spiritual **Helper or Support System**	**83.7%, *n* = 170**	**95.8%, *n* = 194**
3. Collaboration with Outside Religious or **Spiritual Helper or Support System**	**68.5%, *n* = 139**	**88.7%, *n* = 180**
4. In-Session Prayer Activities; Client's Request	36.9%, *n* = 75	56.2%, *n* = 114

5. In-Session Prayer Activities; Worker's Invitation	**11.8%, *n* = 241**	**8.3%, *n* = 37**
6. None of the Above	9.9%, *n* = 20	2.5%, *n* = 05

Vignette and Activity Options	**Personally Comfortable**	**Consider Ethical**
Vignette #3: Condition C (Client has expressed interest and spiritually-sensitive relationship is well established; Ethical guidelines suggest use of activities #1, #2, #3; #4 with caution)		
1. Private Prayer Activities by Worker	**55.0%, *n* = 110**	**66.0%, *n* = 132**
2. Referral to Outside Religious or Spiritual **Helper or Support System**	**82.5%, *n* = 165**	**89.5%, *n* = 179**
3. Collaboration with Outside Religious or **Spiritual Helper or Support System**	**73.7%, *n* = 146**	**82.5%, *n* = 165**
4. In-Session Prayer Activities; Client's Request	44.5%, *n* = 89	50.5%, *n* = 101
5. In-Session Prayer Activities; Worker's Invitation	**15.7%, *n* = 31**	**20.0%, *n* = 40**
6. None of the Above	5.0%, *n* = 10	2.0%, *n* = 04
Vignette #4: Condition D (Client has expressed interest, Spiritually-sensitive relationship is well established, and worker has relevant qualifications; Ethical guidelines suggest use of activities #1, #2, #3, #4; #5 with caution)		
1. Private Prayer Activities by Worker	**58.1%, *n* = 118**	**69.8%, *n* = 139**
2. Referral to Outside Religious or Spiritual **Helper or Support System**	**78.8%, *n* = 160**	**87.4%, *n* = 174**
3. Collaboration with Outside Religious or		

Spiritual Helper or Support System	**62.6%, *n* = 127**	**76.9%, *n* = 153**
4. In-Session Prayer Activities; Client's Request	48.3%, *n* = 98	61.3%, *n* = 122
5. In-Session Prayer Activities; Worker's Invitation	**20.7%, *n* = 42**	**25.1%, *n* = 50**
6. None of the Above	11.8%, *n* = 24	7.4%, *n* = 15

Table 3

Comparison of Responses to Vignettes with Suggested Ethical Guidelines

Vignette Conditions	**Personally Comfortable**	**Consider Ethical**
Vignette #1: Client has not Expressed Interest [a]		
Fell below suggested ethical guidelines	(N/A)	18.7%, *n* = 38
Matched suggested ethical guidelines	*44.8%, n = 91*	*13.8%, n = 28*
Went beyond suggested ethical guidelines	55.2%, *n* = 112	67.5%, *n* = 137
Vignette #2: Client has Expressed Interest		
Fell below suggested ethical guidelines	28.0%, *n* = 57	28.0%, *n* = 57
Matched suggested ethical guidelines	*35.5%, n = 72*	*16.3%, n = 33*
Went beyond suggested ethical guidelines	36.5%, *n* = 74	55.7%, *n* = 113
Vignette #3: Client has Expressed Interest and Spiritually Sensitive Relationship Well Established		
Fell below suggested ethical guidelines	64.3%, *n* = 128	55.0%, *n* = 110
Matched suggested ethical guidelines	*18.6%, n = 37*	*25.0%, n = 50*
Went beyond suggested guidelines	17.1%, *n* = 34	20.0%, *n* = 40
Vignette #4: Client has Expressed Interest, **Spiritually Sensitive Relationship Well Established, and Worker has Relevant Qualifications** [b]		
Fell below suggested ethical guidelines	82.2%, *n* = 166	77.4%, *n* = 154
Matched suggested ethical guidelines	*17.8%, n = 36*	*22.6%, n = 45*
Went beyond suggested guidelines	(N/A)	(N/A)

[a] Suggested ethical guidelines only allow use of private prayer activities, but was considered a match even if respondent did not choose to use this activity due to personal comfort.

[b] Suggested ethical guidelines allow all possible activity options; therefore, respondents could not go beyond suggested guidelines.

Figure 1. ***Ethical considerations for using prayer in social work practice.***

Conditions for Determining When Activities are Appropriate

A. Client has not expressed interest.
B. Client has expressed interest.
C. *Plus,* a spiritually sensitive relationship is well established.
D. *Plus,* a worker has relevant qualifications for particular activities.

Options for Activities

1. **Private prayer activities = Includes religious or spiritual prayer or meditation practices utilized by the practitioner in preparation for doing work with clients; is done privately and does not directly involve clients.**

2. **Referral to outside religious or spiritual helper or support system = Includes referral to clergy, religiously based healers, spiritual directors, friends/family members, wise elders, etc.**

3. **Collaboration with outside religious or spiritual helper or support system = Involves active, cooperative relationship between the practitioner and the religious or spiritual helper or support system.**

4. **In-session prayer activities by client's request = Involves prayer or spiritual meditation activities with clients in session, when such activities are initiated by the client.**

5. **In-session prayer activities by worker's invitation = Involves prayer or spiritual meditation activities with clients in session, when such activities are suggested by the practitioner.**

Suggested Ethical Guidelines

Conditions Present	**Appropriate Options**
A ----------➔	**1**
B ----------➔	**1, 2; 3 with caution**
B and C ----------➔	**1, 2, 3; 4 with caution**
B, C, and D ----------➔	**1, 2, 3, 4; with caution**

Source: Canda, E. R. (1990). An holistic approach to prayer for social work practice. *Social Thought, 16*(3), 3-13.

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