Social Workers' Religiosity and Its Impact On Religious Practice Behaviors

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ABSTRACT: *This study explores the impact of the social work practitioner's religiosity on religious practice behaviors. A random sample of 1,278 social workers who possessed M.S.W. degrees, who provided direct services to clients and were members of NASW were surveyed regarding their personal religiosity. They were also asked about their views on the appropriateness of six Religion and Prayer in Practice behaviors. Variations in Religion and Prayer Practice behaviors were analyzed in relationship to the worker's religiosity, race, gender and employing agency auspice. Regardless of all other factors, the more religious a worker is, the more likely a worker is to view religious and prayer activities in practice as appropriate professional behavior. Implications and recommendations regarding the integration of religion and spirituality in social work education and practice are discussed.*

The social work profession has long struggled with varying opinions on the appropriateness of the integration of religion and spiritual beliefs into social work practice. Spencer (1957) presented a paper entitled "Religious and Spiritual Values in Social Casework Practice" at several professional social work meetings. She noted that "anyone who attempts to discuss this subject is faced with many hurdles," but goes on to say that "despite the difficulties involved in considering the place of religious and spiritual values in human life, there are evidences of a desire on the part of large numbers of people for help in this area and of thoughtful, though still tentative approaches to the problem by leaders in many professions" (p. 519). She further cites the consistent popularity of books on the topic of spirituality and religion among the general public as further evidence to "attest to the search for sources of security and for something to give meaning to life" (Spencer, 1957:519). Spencer's comments seem equally relevant and timely today as we are witnessing an apparent increased interest in religion and spirituality.

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Dozens of best selling books seem to validate that many are looking for ways to integrate physics, philosophy, science, spirituality and religion into their daily lives (Chopra, 1994; Frankl, 1968; Moore, 1992; Myss, 1996; Weil, 1995).

Although forty-three years have passed since Spencer's address, the social work profession and other mental health professions continue to struggle with the appropriate place of religion in social work practice. Responses among practitioners range from embracing full integration of religion into practice to ambivalence, skepticism and outright opposition based on the perception that it's inappropriate, irrelevant and unnecessary (Lukoff, Turner & Lu, 1992; Russell, 1998; Sermabeikian, 1994).

A review of both the historical connections between the social work profession and religious institutions and values, as well as the sources of ambivalence and opposition to these connections, may be useful in understanding the current lack of consensus.

HISTORICAL CONNECTIONS

The social work profession has been connected to religion historically and philosophically. Much of early social work practice in the United States originated within the context of Judeo-Christian religious principles and the philanthropic efforts of religious groups. Often, it was based on a sense of spiritual and religious mission (Leiby, 1977; Russell, 1998; Siporin, 1986; Canda, 1988). Religious concepts regarding love for God and concern for the welfare of others were translated into a moral responsibility for social service, leading to the development of charity organizations in the 19th century (Leiby, 1985). For example, Jane Addams founded Hull House and led the settlement movement using her religious orientation and affiliation as an inspiration and focus for her seminal work with the poor (Stroup, 1986). While she distinguished Hull House as being different from other settlement houses that were missions in the religious sense, the integration of the spiritual and religious can clearly be seen:

> These men were so serious in their demand for religious fellowship, and several young clergyman were so ready to respond to the appeal, that various meetings were arranged at Hull House in which a group of people met together to consider the social question, not in the spirit of discussion, but in prayer and meditation. (p. 190)

Throughout the history of social welfare and continuing into present day practice, sectarian organizations such as Jewish Social Services, Catholic Charities and Lutheran Social Services have played an integral role in the delivery of social work services. Ressler (1998) predicts this trend will not only continue, but that there will be an increase in religion-based social services as government sponsored

programs shift to the private sector. In addition to providing social services, religious organizations have also historically made large charitable contributions to other social service providers (Bullis, 1996; Ortiz, 1991).

Philosophically, social work and religious schools of thought have common values. They both advocate compassion for others and human dignity, and both desire to ease the pain of suffering and to address the needs of the most forgotten and vulnerable in society (Bullis, 1996). There was some acknowledgment of this relationship in early social work education, which addressed religious and spiritual issues in the first Council on Social Work Education (CSWE) Curriculum Policy Statement in 1953. This statement included "spiritual influences" on individual development as a dimension to be considered despite disagreement on whether the term "social" sufficiently addressed the area of religion (Spencer, 1961).

AMBIVALENCE

Ortiz (1991) identifies the crucial question regarding social work and religion not as one of compatibility regarding values and principles, but what causes the tension between them?

Although the social work profession promoted a holistic view of the person, there was a hesitancy to see religious issues as a part of the social work domain. Some viewed religion as an inappropriate part of social work and have advocated for a separation of religious and secular matters involving clients. This was based on a societal bias toward privacy regarding religious matters and a separation of church and state (Joseph, 1987). The reluctance may also have been based on fear of the misuse of religion in social work practice in order to proselytize, fear of violation of client self determination, and a belief that social workers have little or no training to address religious and spiritual issues (Constable, 1990; Millison & Dudley, 1990; O'Neill, 1999; Ortiz, 1991). Debates about such issues as abortion, homosexuality, divorce and euthanasia illustrate the societal context in which these concerns arise.

Despite these concerns, others viewed the assessment of religion and spirituality as essential to understanding both the supports and the barriers to healthy functioning that these beliefs and values may provide (Logan, 1990; O'Brien, 1992; Sheridan & Bullis, 1991; Sheridan, et al, 1992).

As the social work profession worked to establish its identity and credibility, both secularization and professionalization occurred, resulting in a rift from its religious roots (Loewenberg, 1988; Russell, 1998). The desire to emulate the medical model, along with a high value placed on empiricism, raised concern that a focus on religion may decrease the scientifically based credibility of the profession. Spirituality and religious concepts were considered "soft" and unsophisticated by some and even pathological by others (Millison & Dudley, 1990; Richards &

Bergin, 1997; Russell, 1998). This move toward empiricism and a scientific base also led to changes in curriculum policy statements within the CSWE. References to spirituality and religion included by the CSWE in previous Curriculum Policy Statements were missing in guidelines issued in 1970 and 1984 (Russell, 1998).

Although it appears the great majority of the population has some type of religious belief, including 94% who express a belief in God (Gallup, 1985, 1990), mental health professionals in general tend to place far less personal importance on religion than does the general public (Lukoff, Turner & Lu, 1992). Amid this "religiosity gap," professional training focuses on the biological, psychological and community, with less attention given to the spiritual. This may also contribute to a hesitancy to address religious issues with clients. Thus, though social work was largely born out of sectarian organizations, the secular and scientific, rather than the religious and spiritual, has dominated practice throughout much of recent history.

EMERGING PRACTICE TRENDS

Recently, the mental health profession's response to spiritual and religious issues has begun shifting. The DSM- IV recognizes religious and spiritual issues as an assessment criterion and divides associated problems into categories of psychoreligous and spiritual (American Psychiatric Association, 1994). In addition, concepts of spirituality and religion have been reintroduced more recently into the CSWE Curriculum Guidelines with religion identified as an element of client diversity that should be addressed in the curriculum (Russell, 1998).

While previous versions of the National Association of Social Workers (NASW) Code of Ethics (1960-1993) refer to religion only in the context of one of the areas in which discrimination should be avoided, the revised NASW Code of Ethics (1996) expands the social worker's ethical responsibilities to clients to "obtain education about and to seek to understand the nature of social diversity...." with respect to a number of social domains including religion (1.05). The Code also encourages social workers to treat colleagues with respect and to avoid "unwarranted negative criticism" and "demeaning comments" regarding individual attributes that include one's religion (2.01).

However, it is noteworthy that the words "religion" and "spirituality" are not referenced in the code index.

A historical review of a number of influential practice texts reveals no references to religion or spirituality in social work practice (Dorfman, 1988; Epstein, 1977; Hamilton, 1951; Hollis, 1972; Parad, 1958; Perlman, 1957; Reid and Stream, 1978; Turner, 1995). Where references do exist, they are only brief and seemingly stated in passing as in Hollis (1972) who notes that "religion and psychiatry have the same goals; the only question is how to achieve them." (p.129) or Biestek (1957) who briefly notes that:

> The caseworker, especially when his is of a different religion than the client, must respect the conscience of the client and help the client make choices and decisions which are within the boundaries of that conscience. If the client violates the moral law and acts contrary to his conscience, he does spiritual harm to himself. This not only produces psychological difficulties for the client such as guilt feelings, but it also does spiritual damage. The caseworker needs to have a real conviction about the ontological reality of spiritual values. The caseworker is not promoting the total welfare of the client if he helps the client to solve a social or emotional problem by means which are contrary to the client's philosophy of life. (p.116)

More recently, however, the literature reflects a renewed professional interest in religion and spirituality. A featured article in the *NASW News* (September, 1999) entitled "Social Work Turns Back to the Spiritual" indicates that the concepts of religion and spirituality are being re-examined in both social work education and practice and that integration of these concepts may be becoming more mainstream. Several reasons are cited for this renewed interest including: 1) the profession's emulation of the medical model which now has some research indicating the efficacy of spiritual and religious interventions (Cooper, 1995; Dossey, 1993; 1996; Larson & Larsen, 1994; Matthews & Clark, 1998;); 2) 1995 CSWE Curriculum Guidelines that have increased interest in the subject and 3) the increased interest of the American public in topics related to religion and spirituality (O'Neill, 1999). In the same article, O'Neill cites results from a nationwide survey of spiritual beliefs and practices conducted by Furman indicating that social workers are indeed using religious and spiritual language and concepts in their practice.

While a number of previous studies have noted that many practitioners consider religious issues important in working with clients, there has been a lack of emphasis on religion and spirituality in graduate social work education (Derezotes, 1995; Joseph, 1988; Sheridan, et al., 1992). However, a growing acceptance of religion and spirituality as an appropriate area for study in the academic world seems to be emerging. Kilpatrick & Puchalski (1999) surveyed the top 56 social work schools ranked by *U.S. News and World Report* in 1998 and found that 25 (46.6%) of these programs reported having a separate elective course in the curriculum that dealt with religion or spirituality, and 75% reported having courses that included spirituality or religion in the curriculum. Sheridan, Wilmer & Atcheson (1994) reported that 82.5% of 280 full-time social work educators from 25 schools of social work supported inclusion of a specialized, elective course on religion and spirituality. Current estimates are that between 17 and 30 master's degree programs in social work now have elective courses related to religion and spirituality (O'Neill, 1999; Russell, 1998).

If the profession is "getting more religious," then it is important to examine the impact of workers' beliefs and religiosity on clients. While a number of studies previously cited have looked at social worker's attitudes toward religion in practice and education, none explores the impact of the social work practitioner's religiosity on religion and prayer practice behaviors. This paper examines worker religiosity as it relates to religious practice behaviors within the context of race, gender and agency auspice. Implications and recommendations regarding the integration of religion and spirituality in social work education and practice are discussed within the context of study findings.

METHODOLOGY

The sample for this study was drawn from eligible members of the National Association of Social Workers. Only those members who identified themselves in the NASW membership directory as being in "direct practice" were deemed eligible, resulting in a sampling frame of 58,056 members. A simple random sample of 1,200 was drawn from this population, and after exclusion of bad addresses, retirees, etc., the sample size was reduced to 1,143.

Excluding those drawn as part of the random sample, we identified African American, Asian American, and Hispanic social workers in the remainder of the sampling frame. From this pool of minority social workers, we drew additional random samples of 478 of African American, Asian American, Hispanic/Latino workers respectively, excluding those selected in the original random sample.

A 10-page questionnaire with a cover letter, commitment postcard, and return envelope were mailed to all respondents. If the commitment postcard was not returned within three weeks, a second questionnaire, cover letter, and return envelope was mailed to the respondents. We received 654 responses back from the original random sample for a response rate of 57.2%. The response rates within the African American sample was 48.7% (n=233), Asian American 41.2% (n=197), and Hispanic/Latino 44.8% (n=214). For the purpose of this paper, however, we combined the minority workers in the original random sample with those in the minority samples, resulting in 255 African Americans, 207 Asian Americans, 230 Hispanic/Latinos, and 591 Whites, for a total of 1,283 respondents.

Study Variables

The primary variables employed in this study are the scales on Religiosity and religion and Prayer in Practice. The Religiosity scale consists of the two items *"How often do you attend religious services?"* and, *"How important is religion in*

your life?" These two items are correlated (r = .73), and have a score range 2-8 with higher scores indicating greater levels of religiosity. This scale has been used in numerous prior studies (see, for example, Taylor, 1993; 1986), and measures the degree to which individuals consider themselves to be religious. The scale on *Religion and Prayer in Practice* was created in this study by combining six items (see Table 3), and has an alpha coefficient of .80. Two versions of the scale were used. The first measures the extent to which an individual is likely to consider "appropriate" practice behaviors, which at face value, have a religious component. The scale has a score range from 1-5, with higher scores indicating perceptions of greater inappropriateness for the practice behaviors in question. The second asked the respondents the extent to which they actually engaged in the behaviors. The response range for this scale was from "never" to "five times or more."

TABLE 1. Demographic Characteristics of Study Population*

	African American	Asian American	Hispanic/ Latino	White	Total
	(n=255)	(n=207)	(n=230)	(n=591)	(n = 1283)
Marital Status					
Married	123 (48.6%)	142 (68.9%)	141 (61.8%)	403 (68.8%)	809 (63.6%)
Religion					
Christian	231 (90.9%)	123 (59.4%)	165 (72.7%)	322 (54.9%)	841 (66.0%)
Jewish	1 (0.4%)	3 (1.4%)	6 (2.6%)	121 (20.6%)	131 (10.3%)
None	15 (5.9%)	47 (22.7%)	41 (18.1%)	103 (17.6%)	206 (16.2%)
Other	7 (2.8%)	34 (16.4%)	16 (6.6%)	40 (6.8%)	96 (7.5%)
Gender					
Male	43 (16.9%)	46 (22.4%)	60 (26.4%)	113 (19.2%)	262 (20.5%)
Female	212 (83.1%)	159 (77.6%)	167 (73.6%)	475 (80.8%)	1013 (79.5%)
Age					
Mean age	46.68	44.20	43.63	45.92	45.31
Work auspices					
Public	149 (61.6%)	91 (44.4%)	92 (40.4%)	154 (26.5%)	486 (38.7%)
Private Practice	23 (9.5%)	20 (9.8%)	43 (18.9%)	169 (29.1%)	255 (20.3%)
Private for profit	15 (6.2%)	16 (7.8%)	30 (13.2%)	59 (10.2%)	120 (9.6%)
Non-profit (sectarian)	20 (8.3%)	20 (9.8%)	17 (7.5%)	51 (8.8%)	108 (8.6%)
Non-profit (non-sectarian)	35 (14.5%)	58 (28.3%)	46 (20.2%)	148 (25.5%)	287 (22.9%)

*Note that the N's may differ depending on missing data

RESULTS

Table 1 presents the demographic characteristics of the sample by race. While abou two-thirds (66.0%) of the total sample consider themselves Christian, a substantiall larger proportion of African Americans (90.9%) and Hispanic/Latino responden (72.7%) identify themselves as Christian. The largest proportions of those declaring r

religious preference or identifying with another religion are found in the Asian American group. In the total sample, 16.2% report no religious preference.

Also as presented in Table 1, a larger proportion (61.6%) of the African American workers are employed in the public sector compared to their colleagues, and these workers are also on the average somewhat older.

As noted earlier, the Religiosity scale consisted of two items. In response to one of these items, "*How often do you attend religious services?*", 15.4% indicated never, 34.0% said rarely, 17.7% said once or twice a month, and 32.9% stated they attend religious services once a week or more. In response to the second item in the scale, "How *important is religion in your life?*", 14.0% said not important, 23.1% said slightly important, 24.1% said pretty important, and 38.8% stated that religion was very important in their life.

When we compared Religiosity by race, age, gender and auspices (sectarian and non-sectarian), we found race and auspices to be the distinguishing factors (see Table 2). African-American social workers scored significantly higher on Religiosity compared to the other groups. While neither age nor gender appeared to make a difference, practitioners associated with sectarian agencies score significantly higher on Religiosity than their colleagues in non-sectarian agencies did.

TABLE 2. A Comparison of Religiosity by Race, Age, Gender and Auspices

	N*	Mean	st. dev.		
Race					
African American	250	6.69	1.64	F = 37.514	p<.0001
Asian American	204	5.35	2.04		
Hispanic/Latina	223	5.50	2.01		
White	586	5.16	1.98		
Age					
< or equal to 45-years	672	5.61	1.99	t = 0.872	ns
More than 45 years	658	5.51	2.94		

Table 2 continued...

Gender
Male	273	5.49	1.96	t = -0.643	ns
Female	1045	5.58	2.03		

Auspices**
Sectarian agencies	107	6.03	1.90	3.407	p <.001
Non-sectarian agencies	685	5.32	2.01		

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* Note that the N's may differ depending on missing data.

**For the purpose of this analysis, we combined all non-sectarian agencies and private practitioners into one group, and compared them with workers in sectarian agencies.

TABLE 3. Distribution of Religion and Prayer in Practice in the Study Sample

	African Amn.	Asian Amn.	Hispanic Latino	White	Total
	(n= 255)	(n=207)	(n=230)	(n=591)	(n=1283)*
Discuss your religious beliefs with client					
appropriate	10.1%	12.3%	14.7%	17.6%	14.3%
not sure	29.0%	23.2	25.4%	24.7%	25.6%
done (at least once)	44.2%	39.3%	43.8%	46.8%	44.7%
Pray with client at client's request					
appropriate	28.5%	30.5%	22.8%	21.2%	24.5%
not sure	26.9%	23.6%	27.2%	30.1%	30.9%
done (at least once)	25.3%	26.7%	22.9%	19.2%	22.5%
Request client to pray with you					
Appropriate	3.3%	4.9%	2.2%	3.3%	3.3%
not sure	6.9%	3.9%	7.2%	6.9%	6.5%
done (at least once)	3.2%	4.4%	3.5%	2.5%	3.1%

Table 3 continued...

Use serenity prayer

appropriate	35.8%	21.1%	32.6%	39.2%	34.3%
not sure	31.3%	36.7%	26.2%	30.7%	30.9%
done (at least once)	35.5%	18.9%	33.6%	38.1%	33.4%

Initiate laying of hands as a technique

appropriate	4.8%	5.0%	3.6%	5.4%	4.7%
not sure	9.7%	16.4%	12.1%	11.5%	12.4%
done (at least once)	3.2%	5.3%	4.4%	4.6%	4.3%

Recommend religious form of healing

appropriate	7.1%	10.8%	6.7%	9.2%	8.5%
not sure	16.3%	15.8%	11.7%	16.9%	15.6%
done (at least once)	9.7%	13.5%	13.7%	13.9%	12.7%

*Note that the N's may differ depending on missing data

We then examined the two scales on Religion and Prayer in Practice, one referencing "appropriateness" and the other actual "doing" of the behaviors in question. Table 3 presents the distribution by race on the six questions, which constitute the scale. On the one hand, over a third of the sample consider the use of the "serenity prayer" appropriate (34.3%) and over a third (33.4%) have actually used the serenity prayer in practice. On the other hand, nearly a third (30.9%) are unsure about its appropriateness. Interestingly, while a relatively small percentage (14.3%) of respondents consider it appropriate to discuss one's religious beliefs with the client, 44.7% of the sample indicates they have engaged in this behavior. Once again, a relatively large percentage (25.6%) is unsure about the appropriateness of this behavior. It is interesting to note that a significant number of workers have engaged in a behavior they deem inappropriate or at best uncertain. Nearly a quarter of our respondents (24.5%) consider it appropriate to pray with a client at the client's request while 30.9% are unsure as to whether this is appropriate professional conduct. At the same time, 22.5% of the practitioners in our sample have engaged in this practice at least once. A critical feature of these data is the degree of uncertainty expressed by these professional social workers about appropriateness of the various religious and prayer practices. While there are small differences by race on these questions, these differences are not significant and there are no noticeable trends.

We then performed a series of regression analyses within the different racial groups. Here, we regressed age, gender, sectarian or non-sectarian agency, and religiosity on the Religion and Prayer in Practice (Appropriateness) Scale (see table 4 below). Although the analysis suggests that age and gender may have an effect within some of the groups, the data clearly point out that within each racial group, the strongest and most consistent predictor of religious and prayer practices in work with clients is the religiosity of the worker. Worker auspices within a sectarian agency does not have any effect at all within this relative predictive model. Thus, regardless of other factors in the model, the more religious the worker, the more likely that worker is to view the conduct of religious and prayer activities in practice as appropriate professional behaviors.

TABLE 4. Regression Analyses on Religion and Prayer in Practice Scale

	Beta	t-value	Sig.	F-value	Sig.
African American (n= 255)				6.113	.0001
Constant		11.367	.0001		
Age	.078	1.239	ns		
Gender	.017	0.268	ns		
Religiosity	-.273	-4.304	.0001		
Sectarian agency	-.107	-1.704	ns		
Asian American (n=207)				2.702	.05
Constant		9.800	.0001		
Age	.143	2.008	.05		
Gender	.017	0.241	ns		
Religiosity	-.191	-2.700	.01		
Sectarian agency	0.061	0.859	ns		
Hispanic/Latino (n=230)				3.582	.01
Constant		11.823	.0001		
Age	.038	0.558	ns		
Gender	-.137	-2.030	.05		
Religiosity	-.158	-2.329	.05		
Sectarian agency	-.123	-1.808	ns		
White (n=591)				14.364	.0001
Constant		16.664	.0001		
Age	.027	0.679	ns		
Gender	.096	2.400	.05		
Religiosity	-.293	-7.203	.0001		
Sectarian agency	.034	0.838	ns		

DISCUSSION

While particular racial groups may score significantly higher on religious practice behaviors, it is not race that appears to account for the differences seen on the Religion and Prayer in Practice Scale. For example, although African Americans both in the literature (Taylor, et al, 1996) and in this study had the highest religiosity scores of all groups, they were no more or no less likely than any other group to feel that the religious and prayer behaviors were appropriate nor to engage in these behaviors. What is clear is that the social worker's religiosity affects practice behaviors regardless of race, age, gender or auspices.

Much of the current attention of the social work profession's interest in religion and spirituality focuses on the practitioner's ability to learn, respect, understand and value the client's religious and spiritual beliefs. However, this research clearly points to the need for practitioners to identify, understand and clarify their own religious and spiritual beliefs and values as they impact practice with clients. The practitioner's religiosity affects both what is done and what is *not* done with clients. The profession has appropriately guarded against proselytizing or imposing one's own religious beliefs on clients. However, it is also problematic to ignore or fail to adequately address clients' religious and spiritual needs because they are viewed as unimportant or irrelevant. This lack of attention to religion and spiritual issues may result in both an inadequate or incomplete assessment and the loss of potentially useful intervention options. Sheridan and Bullis (1991) note that the receptivity of the practitioner to religious and or spiritual issues may determine whether or not the client raises these issues. Therefore, what we believe and value regarding spirituality and religion can directly affect the therapeutic relationship as well as the effectiveness of our work with clients.

It is interesting to note what is considered most appropriate among the religion and prayer practice behaviors. Across all groups, the use of the serenity prayer received broad approval, which may be attributed to the integration of spiritual and religious values in the widely used 12-step programs (Ellis & Schoenfeld, 1990; Nowinski, 1999). When we look closer at the other behaviors related to prayer, another theme emerges. More respondents felt that it is appropriate "to pray with clients during a session at their request" than felt it is appropriate "to discuss their (the worker's) religious beliefs with the client." This seems to illustrate that who initiates a behavior may influence the worker's view of appropriateness. The client's initiation of a request for prayer may be more acceptable than the worker's initiation of a sharing of his or her own religious beliefs without the client's request. This may be based on the repeated emphasis in professional training to guard against imposing one's own values or beliefs on clients.

To further explore this issue of who initiates a religious issue, it is interesting to note that more respondents felt it is appropriate to "initiate or recommend the

'laying on of hands' as a healing technique" than felt it is appropriate to "request a client pray with them during a treatment session." Both of these behaviors are initiated by the worker, but it is the worker's request for the client to pray that appears to be the most unacceptable behavior, even more unacceptable than a physical contact behavior. One could argue that this particular reservation about prayer is founded on the concept of the separation of church and state. There is reluctance to cross this Constitutional barrier, as illustrated in the extensive legal precedence regarding the use of prayer in a variety of contexts (Alley, 1994; Fenwick, 1989; Ravitch, F., 1999). Alternatively, one could also argue that these workers perceive that the laying on of hands is a legitimate intervention. These societal values, combined with socialization to the social work profession's values, may also account for the lack of differences in practice behaviors related to race previously discussed.

There appears to be a growing interest in the areas of religion and spirituality as we follow the interests expressed both by the general public and by the medical field. There is an increasing awareness and openness to acknowledge the religious and spiritual dimension as an important component in taking a holistic approach with clients that acknowledges and respects diversity in a broader sense than was previously defined. Considering the social work profession's historic links to religious organizations and the substantive challenges and dialogue raised by some social work practitioners for almost 50 years, one could ask why we are following rather than leading in this area. The challenges and questions raised by Spencer in 1957 remain.

The social work profession is being challenged *again* to expand personal and professional awareness of religious and spiritual beliefs as they directly affect our work with clients. The reported results of this study raise significant questions regarding the large numbers of practitioners who responded that they were uncertain about what is appropriate professional behavior with regard to religion and prayer. The lack of specificity in the NASW Code of Ethics along with lack of training in this area leave many without an ethical or theoretical basis on which to make professional practice decisions. The profession needs to explore issues of whether or not assessment of religion and spirituality need to be areas of routine client assessment. Standards regarding both assessments and interventions need to be established , as well as whether or not the practitioner should initiate these discussions or wait for clients to raise them. The predicted increase in provision of social work services in sectarian agencies raises important questions for the profession regarding what types of services and intervention strategies with clients will be sanctioned and "allowed" by virtue of particular religious beliefs and values of the service provider.

Finally, we need to address the question of to what degree the profession should incorporate religion and spirituality into professional training. The *NASW Code of Ethics* (1996) states, "social workers should provide services and represent

themselves as competent only within the boundaries of their education, training..."
(1.04). Religion-based interventions are being practiced by social workers that have
only recently begun to be reported in the literature, but for which there are no
specific guidelines and presumably no formal training.   Questions regarding
professional competence and integration of religion and spirituality into curricula
and empirically based practice must be more specifically addressed.

There are indeed many hurdles and difficulties in addressing this subject, but the
challenge can no longer be ignored. The choice for the social work profession can
be to use its rich tradition and experience not to *follow* but to take the *lead* in this
important and developing area.

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