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Research Article

Spiritually Integrated Process Assessment Scale (SIPAS): Validity and Reliability Study

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Abstract
This study sought to adapt the Spiritually Integrated Process Assessment Scale into Turkish and evaluate its psychometric properties. Data were collected from adult participants through convenience sampling. Of the 399 individuals who initially completed the survey, 51 cases were excluded due to extreme outliers, yielding a final sample of 348 participants. Following rigorous translation and back-translation procedures, participants completed the SIPAS alongside a conceptually related measure for criterion validity. Data screening confirmed normality assumptions, and analyses were conducted using SPSS (v.25) and R/lavaan. Internal consistency was examined through Cronbach's alpha, and construct validity was assessed via Confirmatory Factor Analysis (CFA). The scale and its subscales demonstrated high internal consistency. Convergent validity was supported by a significant positive correlation with a related spiritual construct, while discriminant validity was evidenced by a non-significant correlation with a measure of general counseling effectiveness. Confirmatory Factor Analysis (CFA) results supported the scale's factorial validity; the modified first-order model, which provided the best fit, exhibited acceptable fit indices. The Turkish SIPAS demonstrated high reliability and satisfactory fit indices. Findings provide evidence that the adapted scale is valid and reliable, offering a robust tool for evaluating professionals' integration of spirituality and religion in counseling practice.

Keywords:
SIPAS • spirituality • counseling • validity • reliability

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Introduction

Addressing spirituality in the psychological counseling process is important for understanding the reasons for seeking counseling and assessing the individual from a holistic perspective (Karaırmak, 2004). Counselees sometimes seek help to cope with religiously based problems; in this context, ignoring spiritual themes in the counseling process can limit its effectiveness. Approaching the human being not only as a psychological entity but also as an existential whole requires a deep understanding of anxiety, hope, life purpose, and the search for meaning. This is only possible by considering the individual's spiritual dimension (Richards & Bergin, 2004).

These multidimensional needs related to spirituality have necessitated the consideration of spiritual elements in various health and counseling disciplines. In recent years, the place of religion and spirituality in counselees' lives has become a prominent topic in mental health literature, psychological counseling (Currier et al., 2025; Kwiker, 2025), social work (Currier et al., 2025), nursing (Karaca & Ercan Sahin, 2025; Okere et al., 2024), and family therapy (Çetintaş & Ekşi, 2020; Holmberg et al., 2021; Ripley et al., 2025). These studies emphasize the importance of making counselees' religious/spiritual sensitivities visible in the therapy process and reveal that professionals need to develop competence in recognising, understanding, and integrating these orientations into the process.

Religion and Spirituality in Clinical Practice

Although spirituality and religion are distinct in definition, they often share commonalities in individuals' emotional worlds, worldviews, thoughts, and practices (Oxhandler, 2019). Religion encompasses shaping a person's spiritual journey through established institutions or traditions. At the same time, spirituality refers to the search for a connection with the sacred, which can manifest in various ways within a broader context (Davis et al., 2023; Pargament, 2013). Surveys in the United States indicate that three out of five Americans consider religion important, over 80% believe in God, and nearly half pray daily or experience spiritual intensity/depth. (Gallup, 2021; Pew Research Center, 2022). In addition, in recent years, the place of spiritual well-being and spiritual practices in people's lives has increased significantly. While most people who identify as religious also perceive themselves as highly spiritual, the percentage of Americans who identify as "highly spiritual but not religious" increased by 8% between 2012 and 2017 (Pew Research Center, 2017).

The important place of religion and spirituality in people's lives is also closely related to their psychological well-being (Oxhandler, 2019; Piedmont & Wilkins, 2020). Spirituality and religion can be protective factors in people's mental health (Kerkez & Şanli, 2024; Sajadi et al., 2018), and spiritual/religious crises can nega-

tively affect individuals' well-being and pave the way for specific pathologies (Clarke et al., 2013; Martínez de Pisón, 2023; Pargament, 2001). Therefore, spirituality is an important tool for supporting individuals' ability to understand and cope with their psychological state.

It is known that the psychological counseling process is more effective when it addresses issues and resources that are important to the counselee (Garssen et al., 2021; Harris & Tao, 2022). Research highlights the need to understand counselees' religious/spiritual sensitivities during therapy and incorporate these values into therapy (Currier et al., 2025; Oxhandler et al., 2021). Research has revealed the supportive role of spiritual practices such as prayer, meditation, and reading sacred texts in psychotherapy (Yamada et al., 2020). In line with these findings, the number of studies in the literature indicates that psychotherapy approaches culturally attuned to counselees' religious/spiritual resources increase the effectiveness of psychotherapy (Captari et al., 2018; Pargament, 2023; Sperry, 2025).

Therapists need to have a certain level of competence to be able to include counselees' spiritual strengths in the therapy process, assess counselees holistically, and recognize and work with religious/spiritual-based psychopathologies.

Competence in Clinical Practice and International Frameworks

Mental health professionals' knowledge, attitudes, and behaviors regarding religion and spirituality have a decisive impact on the quality of the therapeutic process. However, integrating spirituality into the counseling process is challenging because many practitioners struggle with personal biases and limited professional preparation, and most have not received systematic training on how to gather, assess, and clinically integrate spiritual or religious information in practice (Crook-Lyon et al., 2012; Henriksen et al., 2015; Shafranske & Cummings, 2013; Vieten et al., 2023; Vieten & Lukoff, 2022).

Multicultural counseling frameworks recognise religious and spiritual diversity as an important component of client identity, yet they frequently provide limited guidance on the specific competencies needed to address spiritual or religious themes in psychotherapy. This gap led to the development of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) spiritual and religious competencies, which outlined foundational attitudes, knowledge, and skills that practitioners should possess when integrating these themes into counseling practice (ASERVIC, 2009; Cashwell & Watts, 2010). Building on this foundation, Vieten and colleagues (2024) compared the competencies of APA Division 36 and ASERVIC, enriched them with input from experts, and proposed a model consisting of three core dimensions related to spiritual/religious competencies, with three levels within each dimension.

Table 1
Core Spiritual/Religious Competencies Model

	Knowledge	Skill	Attitude
Level 1	Spirituality/Religious Diversity	Opening up/Questioning	Openness
Level 2	The Connection Between Spirituality/Religion and Mental Health	Identifying Strengths and Challenges	Appreciation and Curiosity
Level 3	Implicit Biases Related to Spirituality/ Religion	Guidance and Collaboration	Humility

A synthesis of the literature reveals three main conclusions. First, practitioners consistently report the need for clearer guidance on how to recognise and work with clients' spiritual and religious concerns. Second, competency frameworks such as the ASERVIC standards have helped articulate the attitudes, knowledge, and skills required for spiritually integrated counseling. Third, these conceptual efforts have led to parallel developments in measurement, with several tools created to operationalize and evaluate professionals' spiritual and religious competencies across different mental health contexts (Oxhandler, 2019; Oxhandler & Parrish, 2016). In line with these international trends, recent work in Turkiye has also begun addressing the assessment of spirituality in mental health services, reflecting the country's unique cultural and spiritual dynamics and a growing interest in establishing evidence-based approaches to spiritually integrated counseling.

Integration of Spirituality into Mental Health Services in Turkey

Spirituality is an important coping resource for individuals in societies with high levels of religiosity, such as Türkiye; however, its insufficient consideration in psychological counseling processes makes it difficult to meet counselees' needs and limits the therapeutic contributions of spiritual resources. In recent years, there has been an increase in academic interest in integrating spirituality into the counseling process (Çetintaş & Ekşi, 2020; Ekşi et al., 2016a; Kasapoğlu, 2020). However, definitional ambiguities regarding spirituality persist in the literature, and the conceptual framework has not been fully clarified. While the field of spiritual counseling in Türkiye is shaped mainly by religious references, spirituality-based psychological counseling approaches are addressed within the mental health discipline (Gürkan & Akbaş, 2024).

Unlike psychological counseling and guidance, spiritual counseling is a field of practice that adopts an approach based on religious sources in the counseling process and largely grounds its content in religious foundations (Ok et al., 2019). Interest in this field has increased with workshops organized on the psychology of religion and spiritual care; various protocols have been signed between public institutions such as the Presidency of Religious Affairs and the Ministry of Health to provide services in the spiritual field (Düzgüner, 2018). In addition to these protocols, scientific meetings organized by relevant institutions and certificate programs offered at universities represent important steps toward institutionalizing the field (Yenen, 2017).

The Professional Competency Authority the title "Spiritual Counselor" was officially defined for the first time and described as a service area that aims to help individuals understand the impact of their beliefs on their lives and to offer solutions to counselees' problems by integrating religious and spiritual approaches with modern counseling techniques (Vocational Qualifications Authority, 2019). However, despite this institutionalization step, it is seen that structural problems regarding practitioners' job descriptions, competency criteria, training processes, and accreditation mechanisms largely persist (Düzgüner, 2018). On the other hand, opening master's programs in recent years is an important development that increases the academic legitimacy of spiritual counseling and guidance. Today, five universities in Türkiye actively offer Master's Programs in Spiritual Counseling and Guidance. When evaluated in the context of psychological counseling education, the importance of spiritually oriented interventions is increasing. In this direction, "Spiritual counseling" courses have begun to be included in the Higher Education Council (YÖK) curricula (Ekşi, 2022).

Research shows that although therapists recognize the importance of religion and spirituality for their counselees, they are hesitant because they do not know how to incorporate these issues into the counseling process and generally lack adequate training in this area (Henriksen et al., 2015; Magaldi-Dopman et al., 2011; Rosmarin et al., 2013). A lack of knowledge about how to approach spirituality-related issues may lead mental health professionals to overlook these matters in their treatment processes (Pargament, 2023). While academic debates continue between supportive and critical views regarding adopting this practice in Turkish, a study conducted with psychological counselors shows that religion and spirituality are considered important in the counseling process. However, ethical concerns arise due to insufficient training. There is a need to develop professional competence in this area (Ekşi et al., 2016b).

Current Study

In recent years, interest in spirituality-related measurement instruments has increased in Turkiye. Existing scales, however, tend to focus on specific domains such as family dynamics (Cengil & Koç, 2023; Yaman et al., 2018), psychological well-being (Aktürk et al., 2017; Ekşi & Kardaş, 2017; İme et al., 2019; Okan & Ekşi, 2025), or the spiritual competence of health and social service professionals (Ulutaş & Kırlıoğlu, 2021; Aslan et al., 2020). Within the mental health field, only one tool (the Counselor Attitude Scale for Spirituality in Counseling) developed by Kasapoğlu (2020) addresses counselors' views of spirituality, yet it remains limited to attitudinal assessment.

Given that mental health professionals increasingly encounter spiritually oriented counselee, there is a pressing need for instruments that move beyond attitudes and capture practitioners' competencies in integrating spirituality into counseling. Inter-

nationally, several tools (e.g., RRSP, RPPS) offer insight into counselors' attitudes toward spirituality, but they do not assess key dimensions such as self-efficacy, perceived feasibility, or ethical readiness (Oxhandler & Pargament, 2014). As a result, these tools do not fully meet the competency expectations of today's spiritually integrated practice. The Spiritually Integrated Practice Assessment Scale (SIPAS) directly addresses this gap.

Developed by Oxhandler and Parrish (2016), SIPAS is the first comprehensive instrument to evaluate practitioners' attitudes, orientations, self-efficacy, perceived feasibility, and behavioral intentions related to incorporating religious and spiritual issues into practice. Its strong theoretical grounding in the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) competencies and its validation across multiple helping professions make it a conceptually sound and practice-relevant tool.

Introducing SIPAS to the Turkish context offers a distinct contribution: it provides the first multidimensional, competency-based instrument capable of evaluating mental health professionals' readiness for spiritually integrated counseling in a way that aligns with international standards while remaining adaptable to Türkiye's unique cultural–spiritual landscape. Therefore, this study aims to adapt SIPAS into Turkish and present a valid and reliable assessment tool that can meaningfully support counselor training, supervision, and professional development in spirituality-integrated psychological practice.

Methd

Participants

The study was conducted with adult individuals in the districts of Istanbul. 399 participants initially completed the survey. Univariate outliers were examined using z-scores (±3), and multivariate outliers were identified based on Mahalanobis distance ($p < .001$). However, 51 cases were excluded due to extreme outlier values, resulting in a final sample of 348 participants aged between 22 and 77 years. Considering the difficulties in accessing the entire population, the study was carried out with a sample expected to be representative of the population. Participants were selected using a convenience sampling method, which allows data collection from the accessible portion of the population most efficiently and economically (Stratton, 2021). Based on the number of items in the scales, a sample size at least ten times the number of items is considered adequate (Tavşancıl, 2006). Accordingly, the sample size in the present study is deemed sufficient to represent the target population.

Regarding gender distribution, the majority of participants were female (n = 262, 78.4%), while 21.6% were male (n = 86). In terms of professional experience in the mental health field, 45.9% of participants reported working in the field for 0–3 years, 24.6% for 3–7 years, 8.5% for 7–10 years, 12.0% for 10–15 years, and 9.0% for more than 15 years. This distribution indicates a relatively balanced representation of early-career and more experienced mental health professionals in the sample, providing a comprehensive overview of perspectives across different levels of professional experience. These demographic variables are in Table 2.

Table 2
Demographic Variables

Variables	n	(%)
Gender		
Female	262	78.4
Male	86	21.6
Total	348	100.0
Professional Experience		
0–3 years	160	45.9
3–7 years	86	24.6
7–10 years	30	8.5
10–15 years	42	12.0
15+	31	9.0
Total	348	100.0

Data Collection Tools

Personal Data Form: This form, which the researchers developed, consists of three sociodemographic questions regarding gender, age, and working in mental health.

Spiritually Integrated Process Assessment Scale (SIPAS): The SIPAS was created to evaluate the attitudes, actions, perceived feasibility, self-efficacy, and general orientation of helping professionals about incorporating their counselees' spirituality and religion into clinical therapy. Social workers, psychologists, nurses, counselors, and marital and family therapists are among the five helping professions that have validated the measure initially created for clinical social workers. The SIPAS showed significant evidence for criterion, discriminant, convergent, and factorial validity in Oxhandler's (2019) study, along with high internal consistency (Cronbach's alpha = .95). The measure can be used to determine what training is needed or to assess how well training on incorporating counselees' spiritual and religious beliefs into mental and behavioral health interventions is working.

Effective Counselor Characteristics Assessment Scale (ECCAS): This scale, which was developed by İkiz & Totan (2014), was based on the qualities that make a psychological counselor effective and the qualities that make counseling effective.

It seeks to pinpoint the qualities a psychological counselor should have, such as self-awareness, vitality, adaptability, support, goodwill, and intellectual prowess. It is a 5-point Likert-type assessment with 26 items and six factors. According to İkiz & Totan (2014), a high score on the measure denotes a high opinion of oneself as an excellent psychological counselor. 394 psychological counselors—283 women and 111 men—who worked in Izmir Province during the 2009–2010 academic year were contacted for the scale's validity and reliability evaluations, and statistical analyses were conducted. Confirmatory Factor Analysis (CFA) was used to examine the scale's validity. The results showed that, except for GFI in the confirmatory factor analysis, all fit indices supported the six-factor structure of ECCAS. ($\chi 2/SD = 2.66$, RMSEA =.068, NFI =.93, CFI =.95, IFI =.95, RFI =.93, GFI =.87) ($\check{N}2 = 695.68$, SD = 262). Test-retest coefficients and internal consistency were computed as part of the Effective Counselor Characteristics Assessment Scale reliability analyses. Based on the findings, the ECCAS internal consistency coefficients were as follows: .80 for total,.73 for energy,.70 for flexibility,.78 for support,.63 for good intentions,.79 for self-awareness, and. .80 for intellectual competence. For intellectual competence, energy, flexibility, support, goodwill, and self-awareness, the test-retest coefficients were determined to be 78,.77,.72,.68,.67,.75, and.74, respectively. The scale was found to be adequate in terms of test-retest reliability coefficients and internal consistency, as well as item-total correlations in the upper and lower quartiles (27%), which were used to assess the discriminative validity of the items. According to the findings, every item on the scale showed psychometric adequacy (İkiz & Totan, 2014). These findings support the notion that the Turkish version of the ECCAS is a valid assessment instrument for this research.

Counselor Attitude Scale for Spirituality in Counseling (CAS-SC): The CAS-SC was created to determine how counselors feel about incorporating spirituality into counseling. Exploratory and confirmatory factor analyses have verified that the scale's seven items have a single-component structure. Good fit indices were shown by the one-dimensional model (RMSEA =.04, RMR =.03, GFI =.98, AGFI =.95, CFI =.99, IFI =.99, NFI =.98). With a Cronbach's alpha coefficient of. .89 and test-retest reliability of.88, the scale demonstrated strong internal consistency. Furthermore, item discrimination was supported by t-tests comparing the lower and higher 27% groups, which revealed significant differences ($p < .001$). According to these findings, the CAS-SC is a trustworthy and psychometrically valid instrument for assessing counselors' views on spirituality in counseling (Kasapoğlu, 2020).

Data Analysis

Data collection for this study commenced following the necessary approvals. The original name of the Spiritually Integrated Practice Assessment Scale (SIPAS)

is in English and was developed by Oxhandler (2019) in the United States. For the Turkish adaptation of the inventory, permission was first obtained from Oxhandler (2019) via email to ensure linguistic equivalence. Initially, five experts proficient in English independently translated the inventory into Turkish, after which a panel of doctoral students consolidated the translations to produce the final Turkish version. Subsequently, two experts performed a back-translation to examine the consistency between the Turkish and the original English versions. A pilot study involving 30 students assessed the items' and instructions' clarity and comprehensibility. Following this, an expert reviewed the final Turkish form one last time.

After the translation process, the items were distributed to 399 participants via Google Forms. A conceptually similar scale was included in the survey to assess criterion-related validity. According to Tavşancıl (2006), a sample size at least ten times the number of items is considered adequate. Reliability of the inventory was evaluated using Cronbach's alpha to determine internal consistency. Criterion-related validity was assessed by examining correlations between the SIPAS and the CAS-SC and ECCAS.

In the current study, the confirmatory factor analysis (CFA) was conducted using the diagonally weighted least squares (DWLS) estimator, which is particularly well-suited for modeling ordinal data such as Likert-type items (Li, 2016; Rhemtulla et al., 2012). Unlike maximum likelihood (ML) estimation, DWLS does not assume multivariate normality and provides more accurate parameter estimates and standard errors when the observed variables are ordinal and the sample size is adequate. The NLMINB (Nonlinear Minimization using Bounds) optimization method was employed for model estimation. This algorithm is widely used for constrained optimization problems and is effective in estimating CFA parameters, especially when robust estimators like DWLS are used (Rosseel, 2012). The combined use of DWLS and NLMINB ensures appropriate handling of categorical item-level data and yields reliable model fit indices and factor loadings under non-normal distribution conditions.

All analyses were performed using SPSS (v.25) and R/lavaan. Univariate outliers were examined using z-scores (±3.29), and multivariate outliers were identified based on Mahalanobis distance ($p < .001$). After these procedures, a final dataset of 348 participants was retained, and normality assumptions were met (Tabachnick & Fidell, 2013). Confirmatory Factor Analysis (CFA) was conducted to evaluate construct validity. Model fit indices were interpreted according to established criteria: TLI > .80, CFI > .80, IFI > .80, RMSEA < .08, and SRMR < .08 (Kline, 2015).

Results

Reliability Analysis

To assess the internal consistency of the measurement tool, two commonly used reliability indices were calculated: Cronbach's alpha (α) and McDonald's omega (ω). To evaluate the internal consistency of the scale and its subdimensions, Cronbach's alpha (α) and McDonald's omega (ω) coefficients were calculated. The results indicated that all subscales demonstrated high reliability. Specifically, the Self-Efficacy subscale showed excellent internal consistency (α = .91, ω = .92). The Attitudes subscale also yielded strong reliability coefficients (α = .88, ω = .89), as did the Feasibility subscale (α = .84, ω = .85). The Behaviors subscale presented similarly high values (α = .87, ω = .88). When all 40 items were considered together as a total scale, internal consistency remained robust (α = .93, ω = .94), suggesting that the instrument performs consistently across its dimensions. These findings support the internal reliability of the scale for the sample used in this study.

Table 3
Reliability Values

Scales	Cronbach's α	McDonald's ω
Self-Efficacy	0.91	0.92
Attitudes	0.88	0.89
Feasibility	0.84	0.85
Behaviors	0.87	0.88
Total Scale	0.93	0.94

Criterion Validity

To examine the criterion-related validity of the Spiritually Integrated Process Assessment Scale (SIPAS), its associations with theoretically relevant constructs were assessed. Specifically, the Effective Counselor Characteristics Assessment Scale (ECCAS) and the Counselor Attitude Scale for Spirituality in counseling (CAS-SC) were employed as external criteria, as both scales measure counselors' professional qualities and their attitudes toward integrating spirituality into counseling, respectively. SIPAS scores were expected to show positive and significant correlations with these established measures. Descriptive statistics and bivariate correlations among the study variables are presented in Table 4 and Table 5.

Table 4
Descriptive Statistics for the Study Variables (n = 151)

Variables	Min	Max	M	SD	Skewness	Kurtosis
SIPAS	125	191	155.21	15.28	0.79	0.08
ECCAS	87	130	112.23	10.31	–0.40	-0.36
CAS-SC	24	32	26.92	2.08	0.57	-0.54

Note. SIPAS = Spiritually Integrated Process Assessment Scale; ECCAS = Effective Counselor Characteristics Assessment Scale; CAS-SC = Counselor Attitude Scale for Spirituality in counseling. All skewness and kurtosis values were within the acceptable range (±1), indicating normal distribution.

Descriptive statistics for the study variables are presented in Table 4. The results indicated that the mean scores for the scales were moderate to high across participants. The SIPAS scores ranged from 125 to 191 (M = 155.21, SD = 15.28), the ECCAS scores ranged from 87 to 130 (M = 112.23, SD = 10.31), and the CAS-SC scores ranged from 24 to 32 (M = 26.92, SD = 2.08). Examination of skewness and kurtosis values showed that all variables fell within the acceptable range (±1.00), indicating that the data met the assumption of normal distribution (Tabachnick & Fidell, 2013). In addition, results from the exploratory procedure and standardized z-scores (±3 cut-off) showed no extreme outliers in the dataset. These findings suggest that the assumptions of normal distribution were met, and all cases (N = 151) collected specifically for the criterion validity analysis were retained for these subsequent analyses.

Table 5
Correlations Among Study Variables (n = 151)

Variables	1	2	3
1. SIPAS	-		
2. ECCAS	.11	-	
3. CAS-SC	.35**	–.08	-

Note. SIPAS = Spiritually Integrated Process Assessment Scale; ECCAS = Effective Counselor Characteristics Assessment Scale; CAS-SC = Counselor Attitude Scale for Spirituality in counseling.
**p < .001

Correlation analyses were conducted to examine the convergent and discriminant validity of the SIPAS. As shown in Table 5, evidence for convergent validity was supported by a positive and significant correlation between the SIPAS scores and the CAS-SC (r = .35, $p < .001$). In contrast, and providing evidence for discriminant validity, the correlation between the SIPAS and the ECCAS was positive but not statistically significant (r = .11, $p > .001$). This lack of a significant relationship suggests that the SIPAS is capturing a unique construct—attitudes toward spiritual integration—rather than reflecting general counselor effectiveness as measured by the ECCAS. This distinction is further supported by the non-significant correlation found between the two criterion measures themselves, the CAS-SC and the ECCAS (r = –.08, $p > .001$). Collectively, these results provide validation support for the SIPAS, indicating it appropriately converges with a related spiritual construct while successfully discriminating from a measure of general counseling competence.

Confirmatory Factor Analysis

Four CFA models were estimated to evaluate the scale's factorial validity, and their fit indices were compared. The first-order CFA without modifications yielded acceptable fit indices: $\chi^2(734) = 2587.90$, $p < .001$, CFI = .974, TLI = .972, RMSEA = .086, and SRMR = .085. Introducing theoretically justifiable error covariances improved the model fit in the first-order CFA with modifications, resulting in $\chi^2(731) = 2274.77$, $p < .001$, CFI = .978, TLI = .977, RMSEA = .078, and SRMR = .082. Next,

a second-order CFA without modifications was tested to explore whether a higher-order construct could explain the four latent factors. This model also demonstrated acceptable fit: $\chi^2(736) = 2622.09$, $p < .001$, CFI = .973, TLI = .972, RMSEA = .086, and SRMR = .086. Finally, the second-order CFA with modifications, which included the same residual correlations as the first-order modified model, showed improved model fit: $\chi^2(733) = 2309.73$, $p < .001$, CFI = .978, TLI = .976, RMSEA = .079, and SRMR = .083.

These results suggest that all models provided an adequate fit to the data. Still, the models with modifications yielded a comparatively better fit, as evidenced by slightly higher CFI and TLI values and lower RMSEA and SRMR values.

To evaluate the factor structure of the measurement model, four confirmatory factor analysis (CFA) models were estimated: (1) a first-order CFA without any modifications, (2) a first-order CFA with theoretically justified error covariances, (3) a second-order CFA without modifications, and (4) a second-order CFA with modifications. The standardized factor loadings across the four models are presented in Table 6. All models demonstrated highly consistent patterns of item loadings across factors, indicating a robust factorial structure.

Following the removal of item sıpas25 as recommended by the reviewers, all four latent dimensions were re-estimated, and the updated confirmatory factor analysis demonstrated improved psychometric stability across the scale. The standardized factor loadings, standard errors, and significance values indicate that the revised measurement model shows strong factorial validity.

In the Self-Efficacy dimension, standardized loadings ranged from .451 to .868, reflecting strong and coherent associations with the latent construct. The item sıpas8 demonstrated the highest loading (.868), indicating robust representation of self-efficacy-related behaviors. Although sıpas3 showed the lowest loading (.451), it remained statistically significant ($p < .001$), suggesting that the item continues to contribute meaningfully to the factor. All loadings were significant, and the removal of sıpas25 did not alter the stability of this dimension.

The Attitudes factor exhibited high and consistent loadings, ranging from .483 to .832. Items such as sıpas15 (.822) and sıpas17 (.832) showed particularly strong associations with the construct. Importantly, the previous issue concerning item sıpas25—which had shown near-zero and nonsignificant loadings—was fully resolved through its deletion. The resulting factor structure demonstrated improved internal coherence, with all remaining items loading significantly and appropriately onto the Attitudes dimension.

Table 6
Standardized Factor Loadings for Four CFA Models

	Item	Model 1	Model 2	Model 3	Model 4
Self-Efficacy	sıpas1	.76*	.76*	.76*	.76*
	sıpas2	.62*	.62*	.62*	.62*
	sıpas3	.44*	.44*	.44*	.44*
	sıpas4	.61*	.61*	.60*	.60*
	sıpas5	.68*	.69*	.68*	.68*
	sıpas6	.76*	.76*	.76*	.75*
	sıpas7	.74*	.74*	.73*	.73*
	sıpas8	.90*	.90*	.89*	.89*
	sıpas9	.79*	.79*	.79*	.79*
	sıpas10	.71*	.72*	.71*	.71*
	sıpas11	.73*	.73*	.73*	.73*
	sıpas12	.61*	.61*	.61*	.61*
	sıpas13	.70*	.70*	.70*	.70*
Attitudes	sıpas14	.73*	.73*	.73*	.73*
	sıpas15	.87*	.87*	.86*	.86*
	sıpas16	.56*	.56*	.56*	.56*
	sıpas17	.87*	.87*	.87*	.87*
	sıpas18	.51*	.51*	.51*	.51*
	sıpas19	.72*	.72*	.72*	.72*
	sıpas20	.85*	.85*	.85*	.85*
	sıpas21	.68*	.68*	.68*	.68*
	sıpas22	.74*	.74*	.74*	.73*
	sıpas23	.79*	.79*	.78*	.78*
	sıpas24	.68*	.68*	.68*	.68*
Feasibility	sıpas26	.89*	.89*	.89*	.89*
	sıpas27	.96*	.96*	.96*	.96*
	sıpas28	.33*	.33*	.33*	.33*
	sıpas29	.56*	.57*	.56*	.56*
	sıpas30	.54*	.54*	.54*	.54*
	sıpas31	.69*	.69*	.68*	.68*
Behaviors	sıpas32	.53*	.54*	.53*	.53*
	sıpas33	.90*	.90*	.90*	.90*
	sıpas34	.90*	.90*	.90*	.90*
	sıpas35	.74*	.74*	.74*	.74*
	sıpas36	.76*	.76*	.76*	.76*
	sıpas37	.73*	.74*	.73*	.73*
	sıpas38	.81*	.81*	.81*	.81*
	sıpas39	.87*	.87*	.87*	.87*
	sıpas40	.84*	.84*	.84*	.84*

Note. Four CFA models were evaluated: (1) First-Order CFA without Modifications, (2) First-Order CFA with Modifications, (3) Second-Order CFA without Modifications, and (4) Second-Order CFA with Modifications. In the modified models (Models 2 and 4), the following correlated error terms were added based on theoretically justifiable local dependencies and modification indices: sıpas26 <-> sıpas27, sıpas28 <-> sıpas29, and sıpas33 <-> sıpas34.; *p < .01

Factor loadings for the Feasibility dimension ranged from .328 to .744. The highest loading was observed for sıpas27 (.744), followed by sıpas26 (.683). While sıpas28 had

the lowest loading (.328), it retained statistical significance ($p < .001$), indicating that it still represents a meaningful but narrower facet of perceived feasibility. Overall, the factor structure remained stable and conceptually consistent after item removal.

The Behaviors dimension demonstrated strong item–factor associations, with standardized loadings ranging from .568 to .851. Items such as sıpas33 (.795), sıpas34 (.805), and sıpas39 (.851) displayed particularly strong relationships with the behavioral construct. Although sıpas32 showed the lowest loading (.568), it remained within an acceptable range and statistically significant. The behavioral construct's structure remained robust after the model revision.

The revised model did not require the same set of correlated error terms previously suggested through modification indices, as the removal of sıpas25 improved model coherence and reduced local misfit. The overall pattern of loadings became more stable, and no additional problematic items were observed across the revised factor structure.

The updated CFA results demonstrate that removing sıpas25 enhanced the factorial integrity and reliability of the Attitudes subscale and supported the overall structure of the scale. All remaining items contributed significantly to their respective latent constructs, and the measurement model displayed stronger psychometric consistency. These results support the exclusion of sıpas25 from the Turkish version and confirm the improved robustness of the scale for future research applications.

Discussion

The Spiritually Integrated Practice Assessment Scale (SIPAS) is a measurement tool designed to integrate counselees' religious and spiritual issues into the psychological counseling process. Developed by Oxhandler and Parrish (2016), the scale assesses professional attitudes, orientation, self-efficacy, perceived feasibility, and behaviors in mental health. The present study aims to adapt the SIPAS into Turkish. The goal is to contribute a valid and reliable measurement tool to the literature to measure the competence of mental health professionals in Türkiye regarding spirituality.

In this study, confirmatory factor analysis was used to assess construct validity. First-order confirmatory factor analysis was conducted to demonstrate that the items adequately represented the subscales, and second-order confirmatory factor analysis was conducted to demonstrate that the subscales adequately represented the overall factor. In both levels, the fit indices of the SIPAS scale were found to be acceptable. The four-factor structure of the original scale was found to be retained. In terms of factor loadings, the items loaded acceptably onto the subscales.

The relationship between the SIPAS and the CAS-SC and the ECCAS was examined to evaluate convergent and discriminant validity. According to the results; the

convergent validity is supported with a positive and significant relationship between SIPAS and the CAS-SC (r = .35, $p < .001$). CAS-SC assesses how counselors feel about incorporating spirituality in counseling. SIPAS is a measure which involves a similar construct about counselors' attitude. That's why the statistically meaningful relationship between scales provides evidence of scale's convergent validity. On the other hand; results also indicate that divergent validity is supported with non-significant relationship between the SIPAS and the ECCAS. These results provide evidence of discriminant validity because SIPAS differs from ECCAS in terms of the construct it measures, theoretically. ECCAS assesses the qualities of psychological counselors using six sub-dimensions: intellectual competence, energy, flexibility, supportive attitude, goodwill, and self-awareness. However, the SIPAS is a measure that specifically assesses psychological counselors' attitudes, behaviors, and competencies related to the qualities in the context of spirituality.

Reliability findings show that the scale and its subscales have high internal consistency. Self-Efficacy (α = .91, ω = .92), Attitude (α = .88, ω = .89), Feasibility (α = .84, ω = .85), and Behavior (α = .87, ω = .88) sub-dimensions, as well as the total scale (α = .93, ω = .94), are strong in terms of reliability (DeVellis & Thorpe, 2021). The obtained values support the fact that the scale provides consistent and reliable measurements across different dimensions (Büyüköztürk, 2011).

The results obtained demonstrate that the SIPAS is a psychometrically strong measurement tool. The four-factor structure of the scale was tested using confirmatory factor analysis (CFA). Acceptable fit indices were achieved in both first-order and second-order models. Reliability analyses supported the measurement power of the scale with high internal consistency coefficients obtained at the sub-dimension and total scale levels. The results obtained from validity and reliability studies indicate that the scale can be used as a valid and reliable tool for assessing the spiritual competence of mental health professionals in the Turkish context.

In the literature, it is seen that most of the scales related to spirituality in Turkey are aimed at evaluating the spirituality of individuals (Apak, 2025; Bedel, 2009; Şirin, 2018). The Spirituality-Oriented Counselor Attitude Scale in Psychological counseling (Kasapoğlu, 2020) and the adapted Revised Spiritual Competence Scale (Ulutaş & Kırlıoğlu, 2021) have been developed to assess the competence of mental health professionals in incorporating spirituality into the counseling process. However, no scale has been found that evaluates the competence of psychological counselors in this field from a holistic perspective in terms of their attitudes, behaviors, and self-efficacy. The SIPAS will provide a comprehensive assessment of psychological counselors' inclusion of spirituality in their professional practice and their work competencies. The scale will also enable arrangements to be made in university edu-

cation plans by indicating areas to be worked on so that mental health professionals can be trained more effectively in this field. It is recommended that the scale be used to observe mental health professionals' behaviors in integrating spirituality into the process and to provide feedback in supervision processes. Using the scale in longitudinal studies may provide an opportunity to observe changes in mental health professionals' attitudes and behaviors over time. It is recommended that the relationship between the scale and the general competencies of mental health professionals be examined longitudinally with different sample groups.

Limitations and Suggestions

This study has several limitations that should be considered when interpreting the findings. First, the sample was obtained through convenience sampling from adults, which may limit the generalizability of the results to other cultural contexts in Turkiye. Future studies could employ random or stratified sampling methods to enhance representativeness. Second, the data were collected through self-report instruments, which may be subject to social desirability and response biases. Third, the sample was predominantly composed of women (78.4%), which poses a significant threat to the generalizability of the findings. Given that prior literature suggests gender can influence attitudes toward spirituality and counseling self-efficacy, it is possible that the normative values and factor structure identified in this study primarily reflect the perspective of female mental health professionals in Turkiye. Therefore, caution is warranted against overgeneralizing these results to male professionals, and future research should aim to replicate these findings with a more gender-balanced sample to investigate potential differences. Including qualitative methods or multi-informant assessments in future research could provide a more comprehensive understanding of spiritually integrated counseling practices.

Finally, future studies are recommended to test the scale's measurement invariance across different professional groups (e.g., psychologists, counselors, social workers) and to explore longitudinal associations between spirituality integration and counseling effectiveness.

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Authors' contribution. H.E. conceptualized the study, provided overall supervision, and performed the final critical review of the manuscript. H.E, M.Ö. and M.F.T. designed the methodology, managed the data collection tools, and performed the statistical analyses. H.E., H.A., N.A., F.B.K., and E.T.T. cooperated in writing the original draft, focusing extensively on the introduction, theoretical framework, and discussion sections. All authors have read and approved the final version of the manuscript.

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