THE EFFECT OF AN ONLINE FORGIVENESS IN COUNSELING WORKSHOP ON COUNSELORS’ KNOWLEDGE AND BELIEFS ABOUT USING INTERPERSONAL FORGIVENESS IN COUNSELING

A dissertation submitted to the Kent State University College of Education, Health and Human Services in partial fulfillment of the requirements for the degree of Doctor of Philosophy

By

Michele Schmidt Skolnicki

December 2016
The purpose of the current study was to examine the effects of an asynchronous 2-hour online forgiveness in counseling workshop on licensed counselors’ knowledge and beliefs about using interpersonal forgiveness in counseling. Research suggests that Forgiveness Therapy or using forgiveness in counseling decreases trait anger and aggression and helps to decrease anger with many kinds or hurts or offenses (Enright & Fitzgibbons, 2015). However, it appears that most clinicians do not address forgiveness as a practice with their clients.

Participants were 75 licensed counselors (ages 23–73) who completed the Knowledge of Forgiveness in Counseling Survey developed for this study and Part 2 of the Forgiveness Attitudes Questionnaire (FAQ, Kanz, 2000). Dependent t-tests were conducted and results suggest that licensed counselors through completing the workshop gained knowledge about forgiveness, their beliefs became more similar to researchers’ beliefs about forgiveness, found forgiveness in counseling more useful, and reported a greater likelihood to use a forgiveness approach in counseling. Pearson r analyses indicated that an increase in knowledge did not suggest that counselors found forgiveness more useful, nor more likely to use forgiveness. Results suggested when counselors’
beliefs became more similar to researchers’ beliefs, they found forgiveness more useful (but not more likely to use it). Hence, more research is needed to determine which variable(s) contribute to counselors’ likelihood to use forgiveness.
ACKNOWLEDGMENTS

I would like to thank my committee members, especially Drs. Bubenzer and Osborn who helped me through the long process of completing my dissertation. I really appreciate Drs. Bubenzer and Osborn’s help, support, patience, and hours and hours of discussing ideas and helping me refine my study. I’m also very thankful that even after my first project fell through, they helped me complete my second one. I feel very blessed to have them as my advisors and thankful that they have a great sense of humor!

I would also like to thank my parents, who have gone on to be with the Lord, for teaching me to value education. My parents encouraged me to pursue my dreams and to try to make the world a better place. My mom watched my son when he was a baby so I could attend classes, and on her deathbed, she made me promise I would complete my PhD. Thanks for all your support throughout my life, Mom and Dad—I love you. I did it Mom—I completed my PhD!

I am so thankful for my two wonderful sons, Bret and Burke, who have always known their Mother to be a student. Thank you, Bret and Burke, for being so patient with me having to study or having to miss one of your events because I had to study. You never complained and always supported me. Thank you, Bret and Burke, for your support—I’m so proud of you and I love you!

I would also like to thank my wonderful husband, Kip, for all of his support through this terribly long process. Kip, you were such a trooper. Without your support I would not have been able to obtain my PhD. Thank you for all the sacrifices that you made to make it possible for me to complete my doctorate. I am so grateful that God
gave me such an amazing husband and father to my children. I’m excited to see what doors God will open for us now that I completed my PhD. I love you Kip!

Finally, I would like to thank my Lord and Savior, Jesus, for giving me the opportunity to attend graduate school and in helping me complete my doctorate. You promised to never leave me nor forsake me—and You saw me through! One of my favorite Bible verses is Philippians 4:13, “I can do all things through Christ that strengthens me.” Thank you Jesus—I’m finally done! I love You!
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td><strong>CHAPTER</strong></td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION TO STUDY AND REVIEW OF THE LITERATURE</td>
<td>1</td>
</tr>
<tr>
<td>Review of the Literature</td>
<td>2</td>
</tr>
<tr>
<td>Anger</td>
<td>3</td>
</tr>
<tr>
<td>State and Trait Anger</td>
<td>4</td>
</tr>
<tr>
<td>Cognitive-Behavioral Therapy</td>
<td>5</td>
</tr>
<tr>
<td>The Difference Between CBT Anger Management and Forgiveness in Therapy</td>
<td>7</td>
</tr>
<tr>
<td>Forgiveness: Do Educators or Therapists Associate Forgiveness With Religion?</td>
<td>10</td>
</tr>
<tr>
<td>Defining Forgiveness</td>
<td>11</td>
</tr>
<tr>
<td>What Forgiveness is Not</td>
<td>13</td>
</tr>
<tr>
<td>The Process of Forgiveness</td>
<td>15</td>
</tr>
<tr>
<td>Dealing With a Transgressor: Avoidance, Revenge, or Forgiveness</td>
<td>18</td>
</tr>
<tr>
<td>Forgiveness Therapy</td>
<td>19</td>
</tr>
<tr>
<td>Phases of Forgiveness Therapy</td>
<td>23</td>
</tr>
<tr>
<td>Uncovering phase</td>
<td>23</td>
</tr>
<tr>
<td>Decision phase</td>
<td>23</td>
</tr>
<tr>
<td>Work phase</td>
<td>23</td>
</tr>
<tr>
<td>Deepening phase</td>
<td>24</td>
</tr>
<tr>
<td>Forgiveness Therapy Research</td>
<td>25</td>
</tr>
<tr>
<td>Is There a Difference Between Deciding to Forgive and Going Through the Process?</td>
<td>30</td>
</tr>
<tr>
<td>Counselors’ Views About Forgiveness</td>
<td>33</td>
</tr>
<tr>
<td>Diffusion of Innovation and the Adoption of Change for New Therapies</td>
<td>41</td>
</tr>
<tr>
<td>Narrowing the Research-Practice Gap Through Training</td>
<td>44</td>
</tr>
<tr>
<td>Online/Distance Education</td>
<td>50</td>
</tr>
<tr>
<td>Purpose of the Current Study</td>
<td>53</td>
</tr>
<tr>
<td>Research Questions</td>
<td>54</td>
</tr>
<tr>
<td>Summary</td>
<td>55</td>
</tr>
<tr>
<td>II. METHOD</td>
<td>58</td>
</tr>
<tr>
<td>Research Questions</td>
<td>58</td>
</tr>
<tr>
<td>Participants</td>
<td>60</td>
</tr>
<tr>
<td>Forgiveness in Counseling Workshop Development</td>
<td>60</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Phases and Units of Forgiving and the Issues Involved</td>
<td>22</td>
</tr>
<tr>
<td>2. The Structure of the Online Forgiveness in Counseling Workshop</td>
<td>61</td>
</tr>
<tr>
<td>3. The Learning Objectives of the Online Forgiveness in Counseling Workshop</td>
<td>62</td>
</tr>
<tr>
<td>4. Demographic Characteristics of Participants (N=75)</td>
<td>78</td>
</tr>
<tr>
<td>5. Results of t-Test Analyses for Each Variable From Pre- to Post-Test</td>
<td>80</td>
</tr>
<tr>
<td>6. Correlations Among Study Variables (N=75)</td>
<td>84</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION TO STUDY AND REVIEW OF THE LITERATURE

It is common knowledge that many people in the United States exhibit anger to the extent it is considered problematic, and terms and events like “road rage,” bullying, harassment, and school shootings have become quite familiar. A. T. Beck (1999) noted that many people when hurt feel angry and may want to seek revenge via aggression, which may be one reason there is a high level of aggression in the United States. Historically, cognitive behavioral therapy (CBT) has been used to address anger issues (Kassinove, 1995) and many therapists utilize CBT to teach anger management skills to aggressive clients (Dykeman, 2000; Etscheidt, 1991; Heights, Kellner, & Bry, 1999; Miranda & Presentacion, 2000). In fact, many treatment facilities, prisons, and schools offer cognitive behavioral anger management programs to help people learn how to control and express their feelings in healthy ways (Cornell, Peterson, & Richards, 1999; Studer, 1996).

A new body of literature suggests that Forgiveness Therapy (FT) that includes cultivating empathy is also an effective treatment for anger problems (Enright & Fitzgibbons, 2015; Goldman & Wade, 2012; Lundahl, Taylor, Stevenson, & Roberts, 2008). McIntyre (2003) pointed out that the process of forgiveness includes the experience of pain and anger, and that persons may be both a victim and an offender at different times in their lives. The recognition of this experience of both victimization and offense may help some people to be more empathic, as they realize that forgiveness might have been helpful to them. A. T. Beck (1999) indicated that empathy helps to
inhibit anger and aggressive responses when one feels hurt. He noted that if someone lacks empathy for his or her offender this can result in the person viewing the offender as the enemy or evil, which dehumanizes the offender and makes it easier to seek retribution against him or her.

The forgiveness process began to be quantitatively researched in the 1990s and implementation of the process has shown significant results in helping people decrease both anger and depression (Hebl & Enright, 1993). Since the 1990s, forgiveness has received greater attention among scholars and the general public, evidenced by numerous journal articles and books on the subject. Behavioral health practitioners (e.g., counselors, psychologists), however, do not seem to have incorporated forgiveness into their work with clients and instead have continued to use cognitive behavioral anger management techniques to address anger (Kassinove, 1995; Miranda & Presentacion, 2000).

**Review of the Literature**

The current study examined the effects of an online forgiveness workshop relative to licensed counselors’ knowledge about forgiveness and their beliefs about using forgiveness in counseling. This chapter reviews literature on state and trait anger, forgiveness, the difference between cognitive-behavioral anger management and forgiveness in therapy, counselors’ attitudes about using forgiveness in counseling, diffusion of innovations, workshop trainings, and distance education/online learning. A statement of the research question, research hypotheses, and operational definitions follows.
Anger

Anger is a basic human emotion that most people experience (Kassinove & Tafrate, 2002). Enright and Fitzgibbons (2000) indicated that when people are angry, they usually feel hurt due to a perception of “unfair treatment or frustration” (p. 15). A. T. Beck (1999) also stated that when people are angry they tend to have thoughts about “being wronged” and usually are able to indicate they felt hurt before they felt angry (p. 25). Davenport (1991) stated that, “Anger has a self-affirming root to it—a protest, in effect, that says, ‘Don’t do this to me’” (p. 140). Additionally, Novaco (2002) stated that anger is usually experienced as a justified response to some wrong that has been done to the person. Finally, Kassinove and Tafrate (2002) indicated that some people feel better after they express their anger, which helps to reinforce future expressions of anger.

Although anger is often viewed as unhelpful, Novaco (1975) pointed out that there are positive aspects of anger. He indicated that anger can help “energize” people when they are in a challenging or competitive situation. Anger can also help motivate people to stand against injustices. An example of this motivation might be the work of Martin Luther King, Jr. who fought against racism. Novaco (1975), therefore, stated that the goal of dealing with anger problems is not to eliminate anger, but to help people become successful in learning how to regulate or manage anger. In other words, the goal of anger management is the display of assertive rather than aggressive behavior.

Sukhodolsky, Solomon, and Perine (2000) noted that because anger is an emotion, the experience of anger is often distinguished from the expression of anger, which sometimes takes the form of aggression. Feelings of anger can become a problem when
people choose to express anger in an aggressive manner. Bandura (1973) defined aggression as “behavior that results in personal injury and in destruction of property. The injury may be psychological (in the form of devaluation or degradation) as well as physical” (p. 5). Hence, aggression can include verbal or physical behavior that hurts people emotionally or physically or destroys objects.

Another facet of anger is the distinction between state and trait anger. Spielberger (1983) pointed out that it is important to decrease trait anger in individuals because trait anger has been associated with future aggression. Hence, it is important to distinguish the difference between state and trait anger when treating anger problems.

**State and Trait Anger**

Spielberger, Sydeman, Owen, and Marsh (1999) defined state anger as a feeling that ranges in intensity from annoyance or mild irritation to rage or fury, which would vary over time due to people’s perceptions of injustice, frustration, or conflicts. In other words, state anger is the extent of anger felt at a certain time. Spielberger et al. described trait anger as the frequency of state anger that individuals experience over time with the assumption that people with high trait anger more often perceive situations as irritating, annoying, and frustrating and frequently feel like they are treated unfairly by others compared to people with low trait anger. Moreover, trait anger is the propensity to become angry (Cornell et al., 1999). Spielberger et al. stated that the state-trait distinction is important in the assessment of all emotional states, so one can distinguish the temporary effects of situations from emotional predispositions (Spielberger, Ritterband, Sydeman, Reheiser, & Unger, 1995). Again, Spielberger (1983) noted that it
is important to decrease trait anger in individuals because trait anger has been associated with future aggression. One way counselors have helped clients learn how to act less aggressively is through cognitive-behavioral therapy.

**Cognitive-Behavioral Therapy**

Cognitive-behavioral therapy (CBT) is a combination of behavior and cognitive theories. The behavioral approach focuses on behavior that is observable and measurable and examines the interactions of behavior and the environment. Cognitive therapy, developed by Aaron T. Beck in the 1960s, focuses on the function of the mind, and more precisely on cognitions as they lead to feelings and behaviors. Ledley, Marx, and Heimberg (2005) stated that “thoughts are considered important because they serve as the intervening variable between stimuli and our response to them” (p. 10). The main concept of cognitive therapy is not the events themselves, but the perception or interpretation of the event and how this perception affects human behavior. A. T. Beck (1999) noted that problems or conflicts often occur between people when they misinterpret or exaggerate “what seems to be a transgression” (p. 32).

Beck’s cognitive model begins with a person’s core beliefs. In this model people’s core beliefs generally develop from experiences in childhood and consist of their beliefs about the world, others, and themselves. A. T. Beck (1976) equated core beliefs with “absolute truths,” and differentiated these from secondary or intermediate beliefs that reflect assumptions and attitudes people have about themselves, others, and the world. Automatic thoughts are “non-filtered” thoughts influenced by people’s core and intermediate beliefs. Therefore, when people experience an event or situation, their
automatic thoughts about the event lead to emotions, behaviors, and physiological responses.

A. T. Beck (1999) reasoned that different behavioral responses to a similar situation are attributed to different core and intermediate beliefs. For example, athletes may respond differently when a coach critiques them. If the athlete’s core belief is that people are generally good and that the world is a safe place and his or her intermediate belief is that people in authority can be trusted, the athlete will probably respond well to his or her coach’s critique and have the automatic thought, “My coach is trying to help me become a better athlete.” However, if the athlete’s core belief is that people are generally bad and his or her intermediate belief is that authority figures are uncaring or even vindictive, then the athlete will probably respond negatively and defensively to the critique and his or her automatic thoughts may be, “The coach does not like me and just wants to put me down or hurt me.” Butler, Brown, Beck, and Grisham (2002) also speculated that “an individual with a core belief that people are hostile towards him may act in an aggressive or defensive manner, thereby evoking hostile reactions from others” (p. 1232).

CBT attempts to change how people interpret a situation, which then changes how they feel, and, in turn, changes how they respond to the situation. Ledley et al. (2005) noted that behavioral techniques and cognitive restructuring strategies are based on learning theory; that is, people learn new adaptive “associations between stimuli and our responses” (p. 14) and unlearn the maladaptive ones. The primary cognitive technique used in CBT is cognitive restructuring, described as reframing thoughts that are
maladaptive or irrational. Cognitive theory suggests that when people change their maladaptive thoughts to adaptive ones, a change in their behavior takes place.

Cognitive behavioral therapy (CBT) also utilizes behavioral techniques to help people respond differently or more adaptively to a situation. For example, CBT helps people focus on their physiological responses (e.g., rapid heart beats, stomach in knots, tensed muscles, clenched fists) as a way to cue themselves that they are feeling upset. In response to these cues, persons are taught to use a behavioral technique like deep breathing, progressive muscle relaxation, or a “time out” to calm down. CBT therapists also teach people to use the cognitive technique of “cool thoughts” or calming self-talk to help them decrease their anger and not act aggressively. Finally, CBT therapists often teach behavioral techniques such as relaxation training, problem solving, social skills training, and in vivo exposure.

R. Beck and Fernandez (1998) noted that CBT is used the most of competing treatments to address anger issues. One might wonder, is there a need for a different treatment approach, like forgiveness, to address anger issues? First, one needs to determine, what is the difference between CBT anger management and forgiveness in therapy?

**The Difference Between CBT Anger Management and Forgiveness in Therapy**

 Forgiveness in therapy focuses on decreasing or resolving a person’s reservoir of anger and restoring hope in their lives (Brill, 2007; Lin, Enright, Mack, Krahn, & Baskin, 2004), whereas cognitive behavioral anger management treatment helps people learn how to better manage their anger (Dykeman, 2000). Indeed, Lin et al. (2004) stated that the
cognitive-behavioral anger management treatments “attempt to teach patients to more
effectively manage or express anger rather than actually decrease their anger” (p. 1114).

Sukhodolsky et al.’s (2000) study also suggests that CBT does not reduce anger. They conducted a 10-session cognitive-behavioral anger management group treatment, which explored the effectiveness of this approach for aggressive elementary boys. The authors noted that the purpose of their study was to “evaluate the effects of a
multicomponential, cognitive-behavioral intervention on the phenomenology of
children’s anger experience and expression” (p. 161). Their study included 33
fourth- and fifth-grade boys (ages 9 to 11 years) who were referred by teachers and
school psychologists for anger-related problems such as: getting angry easily,
inappropriate expression of anger, acting-out, fighting, and/or withdrawal from peers.
Most of the students had a history of disruptive behavior at home and school.
Participants were assigned to either a cognitive-behavioral treatment group or control
group and both participants and their teachers completed a pre- and post-test battery.

Results from the Sukhodolsky et al. (2000) study indicated that the CBT
participants compared to the control group demonstrated a significant decrease in
teachers’ reports of aggressive and disruptive behavior and a significant increase in the
students’ self-reports of anger control. There were no significant differences on the
measure of their intensity of anger experiences/feelings as measured by the short form of
the Children’s Inventory of Anger (CI; Finch, Saylor, & Nelson, 1987), which is a
self-report measure. This is noteworthy because Sukhodolsky et al. (2000) suggested that
CBT anger management is effective in decreasing aggression in youth, but CBT anger
management did not decrease angry feelings in aggressive youth. Hence, it appears that youth in Sukhodolsky et al.’s study were better able to control their anger although they still felt angry (trait-anger).

The CBT perspective postulates that there is an Event—An Interpretation of the Event—and a Response based on the interpretation. CBT targets the interpretation of the event, as cognitive-behaviorists believe this changes how people respond to the event. In CBT, participants are taught to tell themselves (self-talk) they do not want the consequences and this helps them manage the anger in the moment (they act assertively instead of aggressively). CBT focuses on the participants’ automatic thoughts, which changes their interpretation of the event, but does not address the core and intermediate beliefs or the reservoir of anger or resentment from the past (the “root” issue; Brill, personal communication, February 19, 2003). Therefore, when CBT is conducted it is likely that people will learn how to manage their anger appropriately, but they will still probably retain trait anger or underlying feelings of anger. They were not taught how to let go of their anger and resentment. However, forgiveness in therapy deals with the underlying or “root” issue (i.e., sense of injustice) and forgiveness participants are taught how to release and resolve their anger. Therefore, people who choose to forgive should not have trait anger when they complete Forgiveness Therapy (Brill, personal communication, February 19, 2003; Harris et al., 2006).

It should be noted that forgiveness in therapy uses aspects of CBT. For example, if prior to therapy, victims regard their offender as bad or evil (i.e., they were angry and bitter), but then through the forgiveness process they learn to regard the offender as a
human being with inherent worth who did something wrong to hurt them, then they have a change in their core belief. Additionally, if victims learn that the offender had been abused as a child (gain empathy and compassion or a change in intermediate beliefs), this can change their thoughts from “harsh judgments” (e.g., “they are worse than an animal and should be tortured to death”) to more positive thoughts (e.g., “what they did was wrong, but they acted out of their own woundedness”). This perspective may help victims relinquish their anger and resentment. Indeed, Enright (2001) stated that when people have successfully forgiven someone, they will have decreased or even eliminated negative thoughts, feelings, and behaviors about the offender and will have developed positive thoughts, feelings, and behaviors about the offender. Although research has shown forgiveness in therapy has helped people decrease their anger, many counselors do not utilize forgiveness with their clients. What explains this?

Forgiveness: Do Educators or Therapists Associate Forgiveness With Religion?

Hope (1987) described forgiveness as “a key part of psychological healing” (p. 240) and Fitzgibbons (1986) stated that forgiveness is “a powerful therapeutic intervention” (p. 630). Additionally, Baskin and Enright (2004) suggested that teaching adults and youth the virtue of forgiveness may be effective in preventing aggression and violence and in treating anger issues. However, many therapists do not utilize forgiveness with their clients. Is forgiveness not often discussed because educators and therapists associate forgiveness with religion? Thorsen, Luskin, and Harris (2000) observed that most anger management programs do not include forgiveness in their curriculum and children and youth in the United States are rarely taught about
forgiveness in school. Perhaps this is due to forgiveness often being associated with religion and an earlier taboo in the counseling field of addressing “religious issues” (Hope, 1987; Kassinove & Tafrate, 2002; Smedes, 1984). Rye et al. (2000) indicated that only within the last 20 years have social scientists begun to systematically study forgiveness, yet they noted that the major world religions have encouraged forgiveness for thousands of years.

Hope (1987) noted that the word forgiveness was not included in the index of the Comprehensive Textbook of Psychiatry, Psychological Abstracts, or the Handbook of Family Therapy, which suggests that these disciplines did not include forgiveness in their treatment. West (2001) stated that a primary limitation of the largely secular practice of psychotherapy and counseling is not understanding how useful forgiveness can be in the (psychological) healing process. West implied that secular therapists do not use forgiveness due to its association with religion. Interestingly, Fitzgibbons (1986) stated that forgiveness was utilized for anger management by Greek and Roman philosophers, like Plutarch and Seneca, and this suggests that these cultures recognized the value in utilizing forgiveness for anger issues and did not allow the association of forgiveness with religion to act as a deterrent to the utilization of forgiveness. Is it possible to use forgiveness outside of religion? First, forgiveness must be defined to determine if it is a religious concept.

**Defining Forgiveness**

What is forgiveness? Rotter (2001) noted that in the counseling literature there is not an accepted definition of forgiveness, although there are several core elements. Hope
(1987) described forgiveness as a choice or voluntary decision to “let go of resentment and be free from bitterness” and not seek revenge or repayment (p. 240). Lin et al. (2004) defined forgiveness as “a personal decision to give up resentment and to respond with beneficence toward the person responsible for a severe injustice that caused deep, lasting hurts” (p. 1115). Fitzgibbons (1986) described forgiveness as the occasion when a “conscious decision is made to let go of the desire for revenge” (p. 629), leading to a “resolution of anger” (p. 630). Similarly, several authors have indicated that forgiveness is a decision to release the offender from obligation and not retaliate, letting go of anger and resentment (Augsburger, 1981; Droll, 1985; Enright, 1996; Smedes, 1984).

Denton and Martin (1998) stated that forgiveness is a process undertaken by an injured party (i.e., someone who believes he or she has been wronged by another person), relinquishing his or her fear, anger, resentment, and desire for revenge. Doyle (1999) indicated that forgiveness is giving up or letting go of the desire to seek revenge against the offender by using empathy to understand the offender. Ferch (1998) noted that forgiveness is simply to no longer feel resentment or anger about someone anymore. Gassin (2000) defined forgiveness as changing one’s negative thoughts, feelings, and behaviors about an offender into positive ones. Kassinove and Tafrate (2002) defined forgiveness as a:

Cognitive concept . . . Forgiveness involves a cognitive shift; that is, turning to the good side (goal and actions) of the offender in the face of wrong doing. This attitude leads to lowered physiological reactivity and more adaptive patterns of behavior. Forgiveness involves minimizing the frequency, intensity, and duration
of thoughts of resentment and the pursuit of revenge. Paradoxically, it is the minimization of anger, resentment, bitterness, and the desire for revenge, and the giving of understanding to the offender, that leads to the improvement in the victim. (p. 229)

To summarize, forgiveness can be understood as a choice to let go of and work through feelings of hurt and anger, bitterness, and a desire for revenge by using empathy to understand someone who has deeply hurt you, which may result in more positive thoughts, feelings, and behaviors toward the offender. Researchers did not define forgiveness as a religious concept. Freedman and Chang (2010) stated that although forgiveness is an important part of most religions, it is not exclusive to religion. In other words, people are able to practice forgiveness outside of religion or a belief in God.

**What Forgiveness is Not**

Defining forgiveness not only involves what forgiveness is, but also implies what it is not. Forgiveness is not condoning, reconciling, or forgetting (Baskin & Enright, 2004; Brill, 2007; Kassinove & Tafrate, 2002). Enright (2001) stated that condoning means that people excuse or allow something to happen to them, and may even blame themselves, as many abuse victims are prone to do. In order to forgive someone, people need to acknowledge that what was done to them was wrong and should not happen again. Forgiveness can thus be a step toward reconciliation although forgiveness can occur without reconciliation. Enright (2001) defined reconciliation as “the act of two people coming together following separation” (p. 31). Finally, the memory of the wrong
is not erased in the process of forgiveness, but people can change their memory of the offense.

Forgiveness does not imply weakness and allowing others to be hurtful or abusive. One can still be assertive and forgiving. Forgiveness does not mean people should ignore or deny that someone hurt them, but they should confront the person about the incident (Gassin, 2000). Forgiveness does not mean putting oneself in an emotionally or physically unsafe situation such as staying in an abusive relationship (Fitzgibbons, Enright, & O’Brien, 2004). Indeed, one can end the relationship yet still choose to forgive the offender. Forgiveness is not “simply calming down, or developing a truce” (Kassinove & Tafrate, 2002, p. 244). Gassin (2000) explained that forgiveness does not equal a “legal pardon;” that is, people can forgive someone who commits a crime against them even though the perpetrator remains in jail.

Kearns and Fincham (2004) found that lay persons’ definitions of forgiveness were consistent with definitions in the research literature. In one study, Kearns and Fincham asked 208 undergraduate students (105 men, 103 women) enrolled in an introductory psychology course at a state college in New York to identify the attributes of forgiveness. In a subsequent study, Kearns and Fincham had 137 introductory psychology students (96 men, 41 women) rate the attributes identified in the first study according to how well each attribute captured the meaning of forgiveness. Participants rated the 78 responses of forgiveness from Study 1 on a scale from 1 (extremely poor feature of forgiveness) to 8 (extremely good feature of forgiveness). In both studies, participants were approximately 21 years old and were 53% Caucasian, 28% Asian, 7%
African-American, 5% Latino, and 7% reported being “Other” ethnicities. Additionally, participants reported that their religions were Christian (50%), Jewish (9%), Muslim (3%), Atheist or Agnostic (12%), and “Other” (27%).

The college students who participated in Kearns and Fincham’s (2004) study viewed forgiveness as: ending a fight, fostering peace between two people, not harboring a grudge, and giving up the desire for revenge. However, Kearns and Fincham stated that the college students also had misconceptions about forgiveness (based on the researchers’ definition of forgiveness). For example, in Study 1, 28% of the participants thought forgiveness meant forgetting about the offense, 21% reported that reconciliation was an important part of forgiveness, and 12% stated that excusing or condoning the offense was also part of forgiveness. Kearns and Fincham noted that these misconceptions could cause people to not want to forgive. Therefore, they recommended that forgiveness be taught as a process that does not equal reconciliation, forgetting about the offense, or condoning the offense.

The Process of Forgiveness

Forgiveness has been depicted as a process that can be time consuming in order to work through issues of hurt, anger, bitterness, and desire for revenge (Enright & the Human Development Study Group, 1991; Rotter, 2001). As a result, Smedes (1984) recommended that people should forgive one person and only one issue at a time so as not to become overwhelmed.

During the process of forgiveness, individuals need to acknowledge their feelings about the offense. Enright, Santos, and Al-Mabuk (1989) stated that when someone gets
hurt, the injured person initially feels anger and perhaps even confusion and hatred, depending on the extent of the injury. Additionally, Davenport (1991) pointed out that a person must first acknowledge, validate, and fully explore the hurt and anger, before one can forgive the injurer. Casey (1998) also recommended that victims must first deal with their anger in order to heal, and then they can decide whether or not to forgive. Again, the literature suggests that when someone decides to forgive another and not seek retaliation or revenge, his or her anger and resentment will decrease or possibly subside (Augsburger, 1981; Enright, 1996).

McCullough and Worthington (1994) stated that during the process of forgiveness, a person’s thoughts, feelings, and behavior about an offender will change. Enright (1996) agreed and indicated that when a person has forgiven someone the following may occur: The hurt person will have new thoughts about the offender (will have replaced hurtful thoughts with respectful thoughts), new feelings about the offender (will have replaced bitterness with feelings of empathy), and new behavior toward the offender (will have replaced aggressive behavior with no longer seeking revenge and possibly kindness). McCullough (2001) also noted that empathy is important in the process of forgiveness as it increases the likelihood of forgiveness, whereas rumination about the offense interferes with forgiveness.

Paleari, Regalia, and Fincham (2005) conducted a longitudinal study with married individuals that examined whether empathy and rumination affected forgiveness and marital quality. Initially, 198 married couples from Northern Italy participated in the
study, but only 119 husbands and 124 wives supplied usable data. Participants had been married for an average of 18.8 years (6 to 35) and had an average of 2 children.

In Paleari et al.’s (2005) study, measures were completed separately by husbands and wives at baseline and then 6 months later. Each participant completed the *Offense-Related Questionnaire* (the most serious offense committed by their spouse during the last six months), the *Rumination Scale* (“e.g., I thought about it when I did not mean to, ‘I had trouble falling or staying asleep, because of pictures or thoughts about it came into my mind’”; p. 371), the *Impact of Event Scale*, *Emotional Empathy Scale* (rated on a 7-point scale if and how they felt sympathetic, tolerant, or indulgent about the offending spouse), the *Forgiveness Scale* (developed by Paleari et al. for this study), and the *Quality of Marriage Index*. Paleari et al.’s definition of forgiveness was similar to Enright’s (1996) as it included reducing negative and developing positive thoughts, feelings, and behaviors about the offender, letting go of revenge, and having feelings of empathy towards the offender. Paleari et al. examined when the offense occurred prior to the first (T1) and second (T2) gathering of data and how seriously they rated the offense/hurt. Paleari et al. noted that the scores indicated that the husbands and wives recalled “substantial and painful offenses” (p. 373) at both phases of data collection (T1 and T2). Then, they examined how the variables (rumination and empathy) affected forgiveness and if forgiveness predicted marital quality.

Results of Paleari et al.’s (2005) study suggest that rumination about the offense decreases forgiveness whereas empathy for the spouse increases forgiveness. Results also suggest that forgiveness influences marital quality. Marital quality was measured by
the Marital Quality Index (MQI), which is a six-item self-report measure (e.g., “We have a good marriage,” p. 372) that has a 7-point Likert-type scale. The authors indicated that high scores on the MQI are related to marital quality. Interestingly, husbands and wives differed in what was most important to them for forgiveness to occur. Empathy was found to predict forgiveness better for husbands, whereas cognitive components “such as attributions for the marital offense,” were better predictors of forgiveness for wives (p. 375). Paleari et al. (2005) suggested that if victims view their offender with negative attributions, they tend to ruminate more about the offense and this increases their thoughts about revenge. They added that not choosing to forgive may result in avoiding or seeking revenge against their offender.

**Dealing With a Transgressor: Avoidance, Revenge, or Forgiveness**

When people are hurt, they have several choices: avoid dealing with their feelings and/or the perpetrator, seek revenge, or deal with their feelings and forgive the transgressor. Forgiveness appears to be the last choice some people want to make as it can be a difficult process (Gassin, 2000; Keizer, 2002). McCullough (2001) stated that a primary response to conflict is revenge or avoidance. He noted that people often attempt to stay away from the transgressor or, alternatively, hurt the transgressor. McCullough indicated that although it is normal to want to respond by avoiding or hurting the transgressor, doing so can negatively impact people, relationships, and even society.

McCullough, Bellah, Kilpatrick, and Johnson (2001) studied McCullough’s (2001) theory of revenge and avoidance. Participants were 91 undergraduate students (36 men, 55 women) enrolled in several introductory psychology courses at a medium-size
public university. The purpose of the study was to explore the experience of people who had been deeply hurt or offended by someone in the last 2 months. Participants were asked, “How deeply hurt were you when the incident occurred?” and they rated the degree of hurt on a 5-point Likert-type scale. Participants also completed several measures at baseline and 61 of the students completed them 8 weeks later. The measures were Forgiveness of Others Scale (assesses vengefulness), Impact of Event Scale (assesses rumination; 15-item self-report measure), Transgression-Related Interpersonal Motivations Inventory (forgiveness and revenge), Satisfaction With Life Scale (SWLS; 5-item self-report measure) and the Positive and Negative Affect Schedule.

McCullough et al. (2001) conducted a series of t-tests and reported that vengefulness was positively correlated with revenge, avoidance, negative affectivity, and rumination; and was negatively correlated with satisfaction with life. In addition, students who were more forgiving were less angry, less vengeful, ruminated less, and were more satisfied with life in the 8 weeks they were asked to describe. This study suggests that when people forgive their transgressor, they are much less likely to avoid dealing with the conflict and seek revenge. Hence, it appears that McCullough’s (2001) definition of forgiveness is consistent with the results of McCullough et al.’s study: Those who forgave were less angry, avoidant, and vengeful. However, if forgiveness is not the typical reaction to being hurt, how can people learn to forgive?

Forgiveness Therapy

If people no longer want to avoid or seek revenge against their transgressor, but do not know how to forgive, one place they can learn is in therapy. Makhulu (1997)
stated history suggests that revenge does not end violence but rather perpetuates a vicious cycle of violence, pain, and death. He advocated for the “moral superiority” of forgiveness instead of “the normal instinct and impulse of revenge” (p. 414). Forgiveness may also help resolve feelings of anger and thoughts of revenge and avoidance and can be a helpful counseling tool (Enright & Fitzgibbons, 2000; Fitzgibbons, 1986). Baskin and Enright (2004) stated that “forgiveness is integral to emotional constructs such as anger” (p. 79). In addition, Baskin and Enright indicated that certain mental health issues are the by-product of felt anger from unjust treatment or from when people thought they were treated unfairly (e.g., family of origin issues, divorce, sexual abuse, and possibly conduct disorders and oppositional defiant disorders) and counselors can help them learn how to forgive (if forgiveness is desired). Enright and his colleagues developed a forgiveness process called Forgiveness Therapy (FT; Enright & Fitzgibbons, 2000).

Lin et al. (2004) stated that Forgiveness Therapy (FT) “helps the wronged person examine injustice, consider forgiveness as an option, make a decision to forgive or not, and learn the skills to forgive if selected as an option” (p. 1115). Enright and Fitzgibbons (2000) noted that an important component of FT is acknowledging and decreasing or even “eliminating” anger about the injustice. They stated, “when angry, a person experiences physiological arousal and related emotional pain to unfair treatment or frustration” (p. 15). Furthermore, frustration or anger about injustice is often accompanied by sadness followed by a plan for revenge that may generate feelings of pleasure. People may believe they will feel good after they seek revenge or get even.
In 1985, Robert Enright, a leading researcher in the area of forgiveness, began meeting informally with graduate students, professors, and people in the Madison, Wisconsin, area to explore the issue of forgiveness. Specifically, they explored the issue of how people forgive. The group met once a week for over nine years (Enright, Ashleman, Cardis, Lewis, & Walker, 1994). Enright and Fitzgibbons (2000) presented their ideas about forgiveness to several hundred people, had discussions about how people forgive, and utilized “feedback from people who had forgiven and material from case studies” which helped them refine their model (p. 326). They speculated that practicing forgiveness could enhance people’s mental health and thus initiated a series of investigations on the process and effects of forgiveness.

Enright and his colleagues published the first quantitative research study on forgiveness (Hebl & Enright, 1993) and later developed a forgiveness therapy model. They stated that forgiveness is a process and occurs in phases. Enright indicated that for most people just saying “I forgive you” is not enough to forgive someone, as they need to go through a process to understand their feelings (Enright & Baskin, 2004). Enright and Fitzgibbons (2000) noted that in forgiveness therapy everyone does not go through the process in the same manner or at the same speed, so they did not refer to stages or steps. Rather, they characterized the process of forgiveness in phases and units because the process is not fixed or rigid. They stated that forgiveness therapy has four phases: Uncovering, Decision, Work, and Deepening. See Table 1 for the four phases in the process of forgiveness as well as the different units within the phases (see Appendix A
for Enright’s permission to use his table). The following section further discusses the phases and units of Enright and Fitzgibbon’s (2000) forgiveness therapy model.

Table 1

*The Phases and Units of Forgiving and the Issues Involved*

<table>
<thead>
<tr>
<th>Uncovering phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Examination of psychological defenses and the issues involved</td>
</tr>
<tr>
<td>2. Confrontation of anger; the point is to release, not harbor, the anger</td>
</tr>
<tr>
<td>3. Admittance of shame, when this is appropriate</td>
</tr>
<tr>
<td>4. Awareness of depleted emotional energy</td>
</tr>
<tr>
<td>5. Awareness of cognitive rehearsal of the offense</td>
</tr>
<tr>
<td>6. Insight that the injured party may be comparing self with the injurer</td>
</tr>
<tr>
<td>7. Realization that oneself may permanently and adversely changed by the injury</td>
</tr>
<tr>
<td>8. Insight into a possibly altered “just world” view</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. A change of heart/conversion/new insights that old resolution strategies are not working</td>
</tr>
<tr>
<td>10. Willingness to consider forgiveness as an option</td>
</tr>
<tr>
<td>11. Commitment to forgive the offender</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Reframing, through role-taking, who the wrongdoer is by viewing him or her in context</td>
</tr>
<tr>
<td>13. Empathy and compassion toward the offender</td>
</tr>
<tr>
<td>14. Bearing/accepting the pain</td>
</tr>
<tr>
<td>15. Giving a moral gift to the offender</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deepening phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Finding meaning for self and others in the suffering and in the forgiveness process</td>
</tr>
<tr>
<td>17. Realization that self has needed others’ forgiveness in the past</td>
</tr>
<tr>
<td>18. Insight that one is not alone</td>
</tr>
<tr>
<td>19. Realization that self may have a new purpose in life because of the injury</td>
</tr>
<tr>
<td>20. Awareness of decreased negative affect and, perhaps, increased positive affect, if this begins to emerge, toward the injurer; awareness of internal, emotional release</td>
</tr>
</tbody>
</table>

Phases of Forgiveness Therapy

**Uncovering phase.** Enright and Fitzgibbons (2000) stated that in order to forgive, clients need to explore psychological defenses (e.g., denial, repressed or displaced anger) used in dealing with injustice. Clients need to acknowledge and express the anger and pain about the offense before they can forgive. Additionally, they stated that some clients may have feelings of shame that they need to work through. Counselors need to explore whether clients are ruminating or thinking about the offense or offender. Enright and Fitzgibbons stated that the *Uncovering Phase* helps clients evaluate if they are coping well, and this helps them decide whether or not to forgive.

**Decision phase.** In the *Decision Phase* of FT, clients address the issue of choosing to forgive or not to forgive. If strategies for dealing with the offense are not effective, then new ones are needed. Some clients decide that they will not seek revenge nor continue to utilize the unproductive ways they dealt with their hurt and anger and they begin to consider forgiveness. Finally, they make the decision to forgive or not to forgive the offender.

**Work phase.** If a decision is made to forgive an offender, clients begin the *Work Phase*. Enright and Fitzgibbons (2000) stated that this phase is difficult but rewarding. Clients learn how to reframe or think about the situation and the offender in a new way. Empathy and compassion are important concepts for this phase and they develop by gaining a new perspective about the offender. Empathy is defined in FT as learning to step inside someone else’s shoes. For example, if the victim learns that their offender had been physically abused as a child, it may help them understand what contributed to
their offender being aggressive. This insight into the offender’s childhood might help them develop empathy for the offender. However, clients must be ready emotionally before they discuss empathy, as this process can be complicated and lead to “danger” if they do not understand that empathy for someone does not equate to trustworthiness and reconciliation. Enright and Fitzgibbons stated that compassion helps clients to absorb their pain (not inflict their pain onto others) and compassion also helps clients to reduce their feelings of anger and resentment. It is not known exactly how compassion emerges, and thus there are no exact techniques to produce compassion. However, as clients learn the definition of forgiveness, practice reframing, and develop empathy, compassion tends to emerge (Enright & Fitzgibbons, 2000).

The last concept Enright and Fitzgibbons (2000) discussed in this phase is “giving a moral gift to the offender,” defined as “goodness is expressed to others” or “beneficence.” Examples include “a smile, expressions of concern, a friendly note, or even an altruistic concern for the other’s welfare” (p. 84). However, some people have been so significantly hurt by the offender that “the therapist and client must be content with the diminution of resentment” (p. 84). Giving a “moral gift” to the offender is therefore optional in FT.

**Deepening phase.** The final phase of Enright’s forgiveness process is called the *Deepening Phase*. Enright and Fitzgibbons (2000) noted that some clients are able to find new meaning in their lives from the suffering and forgiveness process. They may realize that they are not alone in their suffering; they needed forgiveness in the past, and have a new purpose to help others work through their hurts. Enright and Fitzgibbons
stated that when treatment ends, many clients have decreased levels of anger, anxiety, or depression and an increased sense of well being.

**Forgiveness Therapy Research**

Gambaro (2002) conducted the first forgiveness (experimental) study with middle school children to determine whether experiencing forgiveness would decrease trait anger in early adolescents. Gambaro defined trait anger as “frequent angry feelings, frustration and a general belief that one is treated unfairly by others” (p. 6).

Gambaro’s (2002) study included 12 participants (6 females, 6 males) between the ages of 12 and 14 years. Participants were randomly assigned to the experimental ($n = 5$) or the control group ($n = 7$). The groups met twice per week for 15 weeks. The control group was a Rogerian-based group in which youth discussed their feelings about a hurtful incident but the counselors did not introduce the topic of forgiveness. The participants in the experimental group were given the opportunity to work through their anger using Enright and his colleagues’ model of FT, which was the basis of the Strengthening Families curriculum used.

Participants in both groups were assessed on the *State-Trait Expression Inventory* (STAXI-2), *Enright Forgiveness Inventory for Children* (EFIC-C), and the *Behavior Assessment System for Children* (BASC). Participants’ grades (writing, math, and social studies) and discipline (detentions and in and out of school suspensions) were also examined. Participants were assessed at pre-treatment and post-treatment (15 weeks between testing) and approximately nine months after treatment. A one-tailed, two sample Wilcoxon Test was used for each measure.
Gambaro (2002) reported that participants in the experimental group had significant gains in forgiveness ($p < .005$). The control group had a slight gain in forgiveness, but Gambaro noted that the experimental group had a much larger gain. The experimental group also had a significant reduction in Trait Anger ($p < .05$), in detentions and significant improvements in one-day in-school suspensions ($p < .0042$) when compared to the control group. There were no significant changes in one or three day out-of-school suspension(s), but out-of-school suspensions in the participants’ school were reported to be rare. BASC scores were also significantly improved for the experimental group on Attitude to School ($p < .005$), Attitude to Teachers ($p < .025$), Self-Reliance ($p < .005$), Relationship with Parents ($p < .005$), and Interpersonal Relationships ($p < .005$). The experimental group had significant improvements in their grades for writing, math, and social studies. Gambaro’s (2002) study thus indicated that participating in FT was related to decreased trait anger, decreased aggression, and improved attitudes, relationships, and grades (writing, math, and social studies).

In another study, Coyle and Enright (1997) examined whether men who were hurt by their partner’s decision to have an abortion could benefit from FT. In this study, 10 males, aged 21 to 43 years ($M = 28$), were recruited through a newspaper advertisement. Six of the men were Christian, one was Muslim, and the remaining men were agnostic. Five of the men had always been against their partner’s abortion, three had been ambivalent, one was initially supportive, and one had not been told about the abortion until the procedure was performed. The time between the abortion and the study ranged from 6 months to 22 years ($M = 5.9$ years). The participants were randomly assigned to
either the treatment or control (“wait list”) group. Control group members (five) participated in treatment when the experimental group’s treatment ended.

Coyle and Enright’s (1997) treatment program occurred in 12 weekly individual sessions and each session lasted 90 minutes. The same counselor was used for all 10 men. During the first session, participants were told “the goal of the intervention was forgiveness” (p. 1043) and they were given a copy of Enright’s process model of forgiveness and the Enright Forgiveness Inventory’s (EFI) written definition of forgiveness.

The self-report measures of the EFI, the Spielberger State Anger Scale, Spielberger State Anxiety Scale, and the short version of the Perinatal Grief Scale were administered pre- and post-treatment and at 3 months post-treatment. Coyle and Enright (1997) reported that treatment group participants had significant gains (p < .05) in forgiveness and significant decreases in anger, anxiety, and grief (psychological benefits) as compared to the control group. Coyle and Enright noted that the “psychological benefits” were maintained at a 3-month follow-up post treatment.

Freedman and Enright (1996) also suggested that incest survivors can benefit from FT. Twelve Caucasian female incest survivors from a Midwestern town participated in this study, having been recruited through a local newspaper advertisement. The ad stated that research was being conducted on women who had been sexually abused by a male relative when they were a child or adolescent. Freedman and Enright noted that participants were informed that the researchers wanted to examine the long-term effects of sexual abuse and to apply the model they had developed. Eligibility
criteria included being sexually abused by a male relative, but not within the past two years. Participants also needed to demonstrate some “psychological difficulty” as evidenced by a screening interview, pretest measures, and a crisis symptom checklist. Exclusion criteria included severe psychopathology (i.e., psychosis) and severe substance abuse. The authors stated that they wanted participants to be able to benefit from the intervention.

Participants ranged in age from 24 to 54 years ($M = 36$ years) and were randomly assigned to the experimental or wait-list control groups. Treatment occurred in weekly one-hour individual sessions and lasted an average of 14 months. Participants were taught Enright’s Forgiveness Therapy model, and treatment ended after each participant stated she had forgiven the perpetrator. Participants were assessed by the *Psychological Profile of Forgiveness Scale*, *State-Trait Anxiety Inventory (STAI)*, *Beck Depression Inventory (BDI)*, *Coopersmith Self Esteem Inventory (CSEI)*, *Hope Scale*, and the *Self-Report Forgiveness Measure*. At the beginning of treatment all of the participants stated they would not forgive their perpetrator; however, all participants during treatment decided to forgive their perpetrator. Results indicated that women in the experimental group (from baseline to the end of treatment and compared to the control group) had statistically significant decreases in state and trait anxiety, and depression. Participants in the experimental group also reported increases in forgiveness and hope and half of the women had increases in self-esteem. Freedman and Enright (1996) stated, “the present study demonstrates the effectiveness of a forgiveness intervention for female incest survivors” (p. 988).
Lin et al. (2004) indicated that people who struggle with alcohol and other substance abusers exhibit higher levels of anger and violence than people in the general population. Lin et al. also noted that feelings of anger, anxiety, and frustration often trigger substance use for chemically dependent people. They investigated whether chemically dependent people taught FT would have a decrease in anger, anxiety, and depression and hence a decrease in a vulnerability to use drugs and alcohol.

Participants in the Lin et al.’s (2004) study were 14 adults who resided in an inpatient drug rehabilitation center and had been classified as substance dependent based on the criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994). Participants were evenly divided by sex and ranged in age from 21 to 51 years ($M = 36.6$ years), and all but one person was Caucasian. Participants were randomly assigned to either the Forgiveness Therapy (FT) treatment or to the alcohol and drug counseling (ADC). ADC was based on the 12-step program and did not focus on anger reduction. FT consisted of Enright’s Forgiveness Therapy model. FT and ADC occurred in 12 individual treatments for one-hour sessions over 6 weeks. One therapist provided both FT and ADC treatment. Participants were assessed pre- and post-treatment with the Enright Forgiveness Inventory (EFI), State-Trait Anger Expression Inventory (STAXI), Beck Depression Inventory-II (BDI-II), Coopersmith Self-Esteem Inventory (CSEI), State Trait Anxiety Inventory (STAI), and an altered version of the Adult Substance Use Survey that the authors referred to as a “vulnerability to drug use scale.” Because participants were in residential treatment and
prohibited from using substances, their thoughts and feelings about drug use were assessed rather than their actual using behavior.

Results indicated that participants who received FT had statistically significant improvement from pretest to posttest in changes of levels of total and trait anger, total and trait anxiety, depression, and vulnerability to use drugs and increased levels of forgiveness and self-esteem as compared to themselves and as compared to the ADC group at the end of treatment and most remained significant at 4-month follow-up. Hence, Lin et al. (2004) found support for the effectiveness of FT in working with substance abusers. Lin et al. did not recommend discontinuing “traditional therapies” in treating substance abuse, but they did recommend incorporating FT with traditional therapies.

In the studies on forgiveness reviewed thus far, the pattern across diverse populations is that FT is effective in helping people decrease or resolve anger with many kinds of hurts or offenses. It should be noted that the number of participants in each study is small, so results need to be interpreted cautiously. However, an accumulation of studies with a small number of participants still suggests that FT may be effective in helping adults and adolescents decrease their anger and perhaps their aggression.

**Is There a Difference Between Deciding to Forgive and Going Through the Process?**

Although there is a growing body of literature suggesting that forgiveness may be beneficial in decreasing anger and aggression, Baskin and Enright (2004) reported that at the time of their writing there were only nine published quantitative studies (which included control groups) that examined forgiveness. The authors conducted a
meta-analysis of the nine studies investigating forgiveness (participant total = 330). They examined if there was a difference between only deciding to forgive versus going through the process of forgiveness. They categorized the nine studies as: decision-based, process-based group, and process-based individual interventions.

Baskin and Enright (2004) stated that the decision-based intervention was solely a cognitive approach in which the emphasis was on making the decision to forgive, and in these studies this intervention occurred between 1 to 8 sessions in a psychoeducational group. They indicated that the process-based approach included a more in-depth cognitive and empathy/affective approach in which participants were taught the process of forgiveness. The researchers noted that the process-based group interventions were conducted in six to eight sessions, whereas the process-based individual interventions took place in 12 to 60 sessions.

Baskin and Enright (2004) explored whether there was a difference between a decision-based model of forgiveness and a process-model of forgiveness. The individual and group process-models of forgiveness both contained several steps for the participants to go through, which were supposed to facilitate the process of forgiveness. In addition, they examined whether forgiveness therapy was effective in clinical settings by comparing the emotional health variables of the treatment groups to the control groups. The emotional health variables that were examined were anxiety, depression, grief, anger, and self-esteem. The levels of forgiveness were assessed in the different studies by the *Psychological Profile of Forgiveness Scale, Wade’s Forgiveness Scale, A Forgiving*
Scale (FS), and the Enright Forgiveness Inventory (EFI). Each study only utilized one of these scales.

Baskin and Enright’s (2004) results indicated a lack of significant difference between the decision-based intervention and the control group (participants received no intervention). Hence, just making the decision to forgive someone was not statistically significant. However, they did find a significant difference between the levels of forgiveness in both process-based interventions compared to the control groups. Further, results suggest that the process models of forgiveness (actually forgiving someone; practice of, or implementation of forgiveness) are more effective than only making the decision to forgive (decision-based intervention).

Baskin and Enright’s (2004) research suggested significant effects on emotional health (decrease in depression, anxiety, grief, and anger and increase in self-esteem) for the process-based interventions when the participants chose to forgive someone who hurt them. According to Baskin and Enright (2004), the empirical evidence indicates that forgiveness therapy is important in the field of counseling as it can be “a factor in improving mental health” (p. 87). They also noted that the process-based group forgiveness interventions produced significant effects on emotional health, but individual forgiveness interventions produced larger significant effects on improving mental health. Baskin and Enright attributed this difference to participants’ receipt of more treatment or more time to work through their pain and anger and forgive. Indeed, Baskin and Enright stated that participants in the process-based interventions that had the longest length of
treatment did as well or better than 92% of the control group on emotional health (based on the 1.42 effect size).

Baskin and Enright’s (2004) meta-analysis suggests that a process model of forgiveness that includes empathy appears to be a promising intervention. Additionally, the meta-analysis is significant because the researchers found that Forgiveness Therapy significantly decreased anger. A focus of the current study is counselors’ knowledge and beliefs about the use of forgiveness in counseling to address “deep hurts” and decrease anger.

**Counselors’ Views About Forgiveness**

After a decade of research, forgiveness has become an accepted psychological intervention for researchers (Garzon et al., 2002), yet it appears that many practitioners are not using forgiveness in therapy as part of their practice. Indeed, counselors tend to use cognitive-behavioral anger management techniques when addressing anger issues with clients instead of forgiveness, even though forgiveness in therapy has demonstrated significant results in decreasing anger (Sukhodolsky et al., 2000). R. J. Murray (2002) stated that although forgiveness in therapy has been shown to be beneficial for numerous client issues, not many family therapists use it. Wade, Johnson, and Meyer (2008) noted that forgiveness research is relatively new and may not be known to counselors, and hence, they may be unaware that forgiveness can be beneficial with their clients.

In 1993, DiBlasio and Proctor examined clinical practitioners’ use of forgiveness with clients. All 243 members of the American Association of Marital and Family Therapists (AAMFT) in the Maryland area were invited to participate via a letter and
follow up phone calls—128 responded, yielding about a 50% response rate. Researchers read the 57 survey questions over the phone to the participants during a phone interview and mailed the survey to one-third of the participants whom they were unable to reach by phone or to schedule a phone interview.

Participants in the DiBlasio and Proctor’s (1993) study ranged in age from 25 to 66 years (mean age approximately 47 years) and 59% were female. Sixty-one percent of participants had a master’s degree and 39% had doctoral degrees; highest degrees earned were in the following fields: social work (41%), psychology (19%), theology (12%), marital and family (10%), psychiatry (4%), and the remainder were from a variety of fields (professional counseling, sociology, education and occupational therapy). Participants reported religious preferences as: Jewish (20%), Christian (50%), Eastern faith (2%), Other (18%), and no religious preference (10%). The impact of their religious beliefs on therapeutic intervention was rated as: significant impact (43%), some impact (52%), and no impact (5%). Researchers noted, however, that 57% of participants reported their religious beliefs should be “completely separate” from their interventions (p. 177).

In DiBlasio and Proctor’s (1993) study, the dependent variable was the Index of Forgiveness Techniques (survey) developed for the study. The authors stated that forgiveness is “the remission of an attitude of resentments evoked by the injury . . . and a healthy letting go of vengeance and records of wrong” (p. 176). The Index of Forgiveness Techniques contained the following three items: (a) How developed are your specific techniques used to help clients seek forgiveness from others? (b) How developed
are your specific techniques used to help clients grant forgiveness to others (to forgive someone)? and (c) How developed are your specific techniques used to help clients grant forgiveness to self? The authors noted that each item utilized a 5-point Likert scale (1 = *techniques not developed at all* to 5 = *very well developed techniques*) and internal reliability was calculated at alpha = .87. The DiBlasio and Proctor study had four independent variables: *index of religious openness*, the personal importance of the subjects’ religious belief had a 5 point Likert scale (1 = *not important* to 5 = *very important*), age, gender, and highest educational level. The authors noted that the *index of religious openness* had an internal reliability of alpha = .79, which indicated an adequate level of reliability. The *index of religious openness* contained 5 items: (a) Inquiry into clients’ religious affiliation, (b) Inquiry into clients’ belief system, (c) Assessment of clients’ level of religiosity; (d) Use of clients’ religiosity in therapy; and (e) Validity of clients’ religiosity for therapy.

DiBlasio and Proctor (1993) used the Pearson’s Product-Moment Correlation in the bivariate analysis and for the multivariate exploration they utilized the stepwise regression procedure. They stated that although the frequency distributions included positive and negative beliefs about forgiveness in counseling, the majority of therapists had a positive view of forgiveness. In addition, the majority of therapists reported that they did not use forgiveness techniques in their practices. The results of the bivariate correlations indicated that the *Index of Forgiveness Techniques* was significant for the *Index of Religious Openness* and age, but not with religiosity, gender, or education. DiBlasio and Proctor suggested that older therapists and therapists who are open to
assessing and utilizing clients’ spiritual/religious beliefs are more likely to develop forgiveness techniques than other therapists. They also suggested that some therapists may avoid using forgiveness techniques because it has been associated with religious or spiritual beliefs. The authors noted that more research is needed on this subject because their sample was only drawn from one group of practitioners, and therefore may not be generalizable to other therapists. Finally, they noted that most of the therapists in this study indicated that they would like to learn more about forgiveness.

DiBlasio (1993) specifically studied social workers to determine if their religious beliefs affect their use of forgiveness in therapy. He compared practitioners with strong religious beliefs to practitioners with less religious conviction. He defined religious beliefs as “any system of spiritual belief or worship” (p. 164), which included traditional religion connected to God or gods and nontraditional spirituality that did not have to include a belief in God.

DiBlasio’s (1993) study included 70 social workers (50 females, 20 males) between the ages of 25 and 66 years, who were drawn mainly from the American Association of Marital and Family Therapists (AAMFT). The author indicated that a written or oral invitation to participate in the study was given to 243 AAMFT members in the Maryland area and a few non-AAMFT members from the area, but only clinicians whose highest degree was social work were chosen for this study. Ninety percent of the participants had master’s degrees and 10% had doctoral degrees. Participants reported their religious affiliations as: Christian (40%), Jewish (36%), Far Eastern faith (1%), “other” (14%), and no religious preferences (8%).
Participants were read a survey instrument that contained 57 questions (he did not name the survey). DiBlasio (1993) indicated that the participants were divided into two groups based on how important they rated their religious belief and it was coincidence that each group had 35 members. One group of participants reported that their religious beliefs were “very important” and the other group reported that their religious beliefs were “not at all” to “somewhat” important (p. 165). The researcher tested the differences between the two groups on the following five constructs: Forgiveness attitude, forgiveness techniques, forgiveness and depression, forgiveness and anger, and religious openness. DiBlasio stated that each construct was rated on a five-point Likert scale (1 = never to 5 = always). The demographic variables used in this study were level of education, age, and gender. To determine whether differences existed between the two groups, t-tests were conducted.

DiBlasio (1993) reported that participants in both groups in this study were just above the midpoint range on all five of the constructs tested, suggesting that participants had only a slightly positive attitude toward the theory and practice of forgiveness and openness to clients’ religious issues. DiBlasio found that the groups only differed on the forgiveness attitude, which indicated that social workers with strong religious beliefs viewed forgiveness as more favorable than non-religious social workers. However, he pointed out that even though social workers with strong religious beliefs held a more favorable attitude of forgiveness, they were not more likely to use forgiveness interventions. He explained that this was due to social workers preferring to keep their religious beliefs separate from their practice.
Konstam et al. (2000) investigated counselors’ attitudes and practices of forgiveness, using 381 members of the American Mental Health Counselors’ Association (AMHCA). The forgiveness survey they developed was mailed to a random sample of 1,132 AMHCA members and 35.8% responded. Participants ranged in age from 24 to 79 years old ($M = 47$), and 76% had master’s degrees and 22% had doctoral degrees. Their religious affiliations were: Protestant (46%), Catholic (19%), Jewish (8%), Eastern faith (3%), Other affiliations (7%), and no religious preference (17%).

The survey developed by Konstam et al. (2000) was comprised of four sections. The first section consisted of general background questions, which included the counselors’ education, age, religion, theoretical orientation, work environment and supervisory and teaching experience. The second section explored whether forgiveness presented as an issue in their counseling sessions and if counselors raised the issue themselves. In the third section, the counselors were asked to identify which of the 18 forgiveness activities they used in their practice (this list was based on Enright’s process of forgiveness therapy). Section four contained 16 Likert scale items to assess mental health counselors’ attitudes about forgiveness (e.g., “Forgiveness is highly beneficial as a therapeutic goal for problems of anger and depression,” “Forgiving is not helpful to an individual who has been wronged,” p. 262). The authors noted that the response set ranged from 1 (Strongly Disagree) to 5 (Strongly Agree).

Konstam et al. (2000) reported significant results ($p < .05$) for three sections. In the section of Issues of Forgiveness in Clinical Practice, they found that 88% of the counselors reported that forgiveness did present as an issue and based on the 5-point
Likert scale (1 = rarely to 5 = very often), it came up often. The authors indicated that the counselors’ theoretical orientation did affect whether forgiveness was discussed in their sessions. Specifically, counselors with a psychodynamic or psychoanalytic orientation were significantly less likely to indicate that forgiveness was a presenting issue than counselors with a multi-theoretical orientation. Konstam et al. also stated that issues of forgiveness came up more frequently for counselors who reported that they worked with substance abuse, trauma and/or rape, and family issues than other counselors who did not work with these issues. It should be noted that issues of substance abuse, trauma and/or rape, and family issues usually include anger issues.

In Konstam et al.’s (2000) study, 94% of the counselors reported it was appropriate to raise forgiveness issues in session with clients, but only 51% (of the 94%) indicated that it was the counselor’s responsibility to do so. Using a forward stepwise regression analysis, the strongest predictor of counselors raising the issue of forgiveness in counseling was their belief that it presented as an issue. Counselors who were more likely to raise issues of forgiveness with the client had a “highly positive attitude about the therapeutic implications of forgiveness” (p. 263). Additional results were that counselors’ Positive Forgiveness scores were significant as a result of their religious preference. A Scheffe test indicated that participants who endorsed the Protestant religion had a significantly more positive view about forgiveness than participants who endorsed “Other” religions like Paganism, Interfaith/pluralism, or Native American religious traditions. The authors did caution that only 24 out of 381 counselors identified their religious affiliations as “Other,” and therefore more research would be needed in
this area to determine if “Protestants” really did have a more positive view about forgiveness than those who endorsed “Other.”

Research conducted on therapist openness to the use of forgiveness with clients (teaching their clients how to forgive) has yielded mixed results. DiBlasio and Proctor’s (1993) study suggested that, overall, family therapists had a positive view about utilizing forgiveness with their clients, whereas DiBlasio’s (1993) study indicated that social workers had only a slightly positive view about forgiveness. Although 94% of the counselors in Konstam et al.’s (2000) study reported that it was appropriate to discuss forgiveness in counseling, less than 50% stated it was the responsibility of the therapist to raise this issue with their clients. It appears that more research is needed to understand what contributes to less than half of counselors in this study raising the issue of forgiveness although the majority indicated it was appropriate to do so. It seems that the idea of forgiveness as a religious issue may be what inhibits counselors from discussing forgiveness with their clients. Again, Konstam et al. (2000) and DiBlasio (1993) found that therapist’s religious beliefs did affect their views of forgiveness, yet DiBlasio found that highly religious social workers were not more likely to use forgiveness interventions than those who were not highly religious. Konstam et al. (2000) noted that “there appears to be a gap between current understanding of the forgiveness process and counseling practice as endorsed in this study” (p. 265). Why is there a gap between the research that indicates that counselors find forgiveness in therapy beneficial and counselors actually using forgiveness in their practice?
Diffusion of Innovation and the Adoption of Change for New Therapies

Berwick (2003) indicated that a gap between knowledge and practice is common. In fact, Berwick stated that diffusion of evidence-based innovations is a challenge in all industries—including health care. In the literature, diffusion is understood as the process in which new ideas spread to the members of a system (Napierkowski & Parsons, 1995).

C. E. Murray (2009) indicated that counseling researchers have struggled for decades to get new interventions used by practitioners. Murray proposed five reasons for the research-practice gap: (a) research practices, (b) clinicians’ attitudes, (c) counselor training deficiencies, (d) philosophical differences, and (e) characteristics of the relationships between researchers and clinicians.

C. E. Murray (2009) indicated that the first reason for a research-practice gap in counseling is because some researchers use theory-based research concepts that are not well defined, preventing counselors from being able to apply them in their work. Additionally, some researchers use very “sophisticated” statistics that are not described in a way that can be understood by counselors who lack advanced training in statistics.

Second, he suggested that some clinicians do not read scholarly work because they do not believe that research findings are relevant to their practice. Murray also noted that clinicians may have a personal investment in their own ideas and the theories they ascribe to, so they may dismiss research that produces contradictory findings. The third research-practice gap Murray noted is that some counselor education programs lack in-depth research methodology classes and do not teach their students how to transfer the research into their clinical practice. The fourth problem Murray pointed out was a
philosophical difference between clinicians and researchers that may result in the two groups devaluing the work of the other. He stated that researchers and clinicians may have different beliefs about “the nature of human development, problem causality, and client resourcefulness” (p. 109). Finally, there appears to be a lack of communication and relationship between researchers and clinicians as they often work in different environments, which hinders an effective diffusion of innovations.

Cowell and Feeney (2005) pointed out that the adoption of new interventions is challenging in any field because it involves change and change can prove to be difficult. Indeed, many individuals are resistant and react negatively to change which makes it important to know how to help practitioners be open to new ideas and to understand the process of innovation and dissemination (Cowell & Feeney, 2005). Everett Rogers’ (2003) Innovation-Diffusion Theory is one way that helps individuals understand the adoption of innovations. Rogers defined an innovation as “an idea, practice, or object that is perceived as new by an individual or other unit of adoption” (p. 12). Through his research, Rogers identified five stages in the diffusion process: knowledge, persuasion, decision, implementation, and confirmation.

Rogers’ (2003) first stage in the diffusion process is acquisition of knowledge and this occurs when a practitioner learns about an innovation and begins to gain information about it. The second stage, persuasion, happens when a practitioner develops a favorable or unfavorable attitude toward the innovation. The decision stage takes place when a practitioner accepts or rejects the innovation. The implementation stage occurs when a practitioner uses an innovation. The process has now moved from being internal
Rogers noted that as an innovation diffuses (is used) it may go through a reinvention, as practitioners may change or modify the innovation to make it more useful or beneficial to their clients or program. The last stage is the confirmation stage and this occurs when a practitioner validates their innovation decision.

According to Rogers (2003), there are five primary characteristics of innovations that affect their rate of diffusion or adoption: relative advantage, compatibility, complexity, trialability, and observability. Relative advantage refers to the innovation’s perceived ability to provide a greater advantage or provide better treatment to clients. Compatibility is the extent to which the innovation can work with the practitioner’s values, ideas, needs, and experiences. Complexity refers to ease of comprehension or use. Trialability refers to the innovation’s ability to be implemented or tested on a limited basis. Observability is the ability of the potential adopter to see the results. Rogers (2003) pointed out that an adopter’s perceptions of the innovation’s characteristics are actually more important than the results of the research. If research does not inform most practitioners’ choices to adopt new innovations, how can researchers communicate with clinicians about new and potentially advantageous interventions? Researchers and clinicians can narrow the research-to-practice gap by creating Web sites, making presentations at professional conferences, and offering trainings at mental health agencies, hospitals, and schools, and to executives in counseling organizations (C. E. Murray, 2009).
Rogers’ (2003) Innovation-Diffusion Theory may help explain why practitioners have not readily adopted forgiveness in therapy; knowledge alone does not influence their decision. Again, it is the adopter’s perceptions of the innovation’s characteristics that are more important than the research results. For example, if practitioners have used CBT anger management with their clients, then they would need to see that forgiveness in counseling is more advantageous (relative advantage) to use to help their clients, or there would be no need to learn about using forgiveness in therapy.

**Narrowing the Research-Practice Gap Through Training**

Rogers (2003) suggested that research published in peer-reviewed journals alone is not enough for the diffusion of innovation. In fact, he noted that “most individuals do not evaluate an innovation on the basis of scientific studies” (p. 18). The literature suggests that more needs to be done to promote the adoption of evidence-based treatments among practitioners (Cook, Weingardt, Jaszka, & Wiesner, 2008; C. E. Murray, 2009). Again, one way to bridge the research-to-practice gap is to provide trainings in order for counselors to learn about a new theory or practice. Indeed, if researchers conducted trainings on a new practice, this would allow for three out of five of Rogers’ (2003) Diffusion of Innovations stages to occur: knowledge, persuasion, and decision. Training would also allow practitioners to evaluate if the new practice was advantageous, compatible, and not too complex. DiBlasio (1993) noted that there is a lack of professional training for therapists on forgiveness and, to date, this has not changed.
Corrigan, McCracken, Kommana, Edwards, and Simpatico’s (1996) study on staff perceptions about barriers to innovative behavioral rehabilitation programs seemed to support the idea that familiarity with or training about an innovation increased persons’ likelihood of adopting it. Forty-nine members of a clinical (social workers, activity therapists, psychiatrists, psychologists, and administrators) and nursing staff at a state hospital in Chicago, Illinois, were surveyed, 41.5% of whom had bachelor’s degrees, 43.9% master’s degrees, and 14.6% doctoral degrees. Participants completed three pencil-and-paper tests on measures of burnout, collegial support, and perceived barriers to adopting new behavioral treatments. The test battery included: *Barriers to the Implementation of Behavior Therapy (BIBT)*, *Maslach’s Burnout Inventory (MBI)*, and the *Modified Social Support Questionnaire (SSQ)*. A post hoc test indicated that staff members who had previous training or experience with the innovative behavioral interventions were more receptive to implementing them. Hence, one recommendation was that more training be conducted on new therapies or treatments, as this may decrease perceived barriers to adopting innovations. Corrigan et al.’s study is important to the current study as it suggests that if counselors receive training on a new innovation/intervention, they will be less resistant and more open to adopting it.

One way practitioners can learn more about a new practice is to attend a training workshop. The literature suggests that many health and mental health care professionals offer trainings via workshops (Bulik & Shokar, 2007; Chur-Hansen, Todd, & Koopowitz, 2004; Dowey, Toogood, Hastings, & Nash, 2007; Nelson et al., 2008; Notzer & Abramovitz, 2008). Many state licensing boards require continuing education units
(CEUs) for licensed health and mental health care practitioners. CEUs can be earned by reading designated books, taking a course via the Internet, or attending a conference or workshop (Rubel, Sobell, & Miller, 2000). In the current study, licensed counselors are offered the opportunity to participate in a training workshop and earn free CEUs, because this appears to be a viable way to help counselors learn more about forgiveness in counseling.

Rubel et al. (2000) investigated whether continuing education workshops actually improve participant skills. They studied the effects of a motivational interviewing workshop on substance abuse counselors’ skills and knowledge. There were 44 participants (65.9% females, 34.1% males), 81.8% of whom were clinicians and 18.2% researchers. Participants attended a two-day workshop (6 hours per day) at the Addiction Research Foundation (ARF) in Toronto on motivational interviewing. There was no charge for the workshop. The workshop was conducted by two experts in the field of motivational interviewing, Drs. Stephen Rollnick and William R. Miller. William R. Miller was also one of the authors of the study. Both didactic and experiential (e.g., fishbowl exercises and role-plays) teaching strategies were used. About three weeks prior to the workshop, all participants were sent a 15-item knowledge of motivational interviewing questionnaire, *The Understanding of Alcoholism Scale* (Moyers & Miller, 1993), and an open-ended clinical vignette questionnaire that described hypothetical clients with substance abuse problems. Following the workshop, participants who had completed the above three measures were mailed the knowledge questionnaire and the vignettes questionnaire and were asked to complete and return them within 3 weeks.
Results of Rubel et al.’s (2000) study indicated that participants increased their understanding of alcohol problems and their use of motivational strategies and techniques (assessed by the open-ended questions and the clinical vignettes). The authors stated that training workshops can improve counselors’ skills and knowledge. However, they cautioned against generalizing the results because all the participants had experience in substance abuse, they did not receive credit for the training, they did not have to pay for the workshop, and participants were self-selected.

A more recent meta-analysis study conducted by Madison, Loignon, and Lane (2009) examined the effectiveness of motivational interviewing trainings from the years 1998–2008 reported in 28 studies. Most of the trainings reviewed used the workshop format, which produced favorable results. Madison et al. indicated that several studies reported participants improved in knowledge, confidence, attitudes, and an interest in learning more about motivational interviewing, which suggests that training workshops can help counselors learn more about a theory or practice. The authors suggested that after practitioners attend a training workshop, they need some kind of follow-up such as supervision or coaching in the work place to help them develop a solid acquisition of skill.

There has been a paucity of research conducted specifically on forgiveness workshops, and to date, only three such studies could be located. O’Neil, Davison, Mutchler, and Trachtenberg (2005) conducted a study to determine if a psychoeducational forgiveness workshop, compared to being taught about the forgiveness process in a classroom, was an effective way to teach participants about forgiveness, that
is, learning how to forgive others. The interventions occurred at a large New England university and participants \((n = 93)\) were primarily undergraduate students \((80\%)\), graduate students \((7\%)\), faculty \((5\%)\), and other adults from the community \((8\%)\). The workshops \((n = 44)\) occurred in two sessions with each lasting 3.5 hours, while the classroom intervention \((n = 49)\) occurred over a 10-day period in three, 90-minute classes. Participants completed pre-test/post-test (they were assessed 4 weeks after the workshop intervention and 2 weeks after the classroom interventions) forgiveness questionnaires that the researchers developed for their study. Results suggested that both the forgiveness workshop and classroom interventions were effective in teaching participants how to forgive. Additionally, the researchers noted the interventions might have been more effective if the participants would have had more time to work through their feelings.

The second study by Lampton, Oliver, Worthington, and Berry (2005) examined differences between attending a forgiveness workshop and an assessment-only group. Participants were 65 undergraduate students who volunteered to attend a 6-hour psychoeducational (what was described as a) Christian-oriented forgiveness workshop \((n = 42)\) or an assessment-only control group \((n = 23)\). The workshop occurred in 6 one-hour sessions over the course of 3 weeks. The control group participants only took the assessments. Participants were administered the following: a demographic questionnaire, the *Trait Forgiveness Scale* (*TFS*; Berry, Worthington, O’Conner, Parrot, & Wade, 2005), *Forgiveness-Positive Response to the Offender* (*F-PRO*), and the *Transgression Related Interpersonal Motivations Inventory* (*TRIM*; McCullough, Rachal,
Sandage, Worthington, Brown, & Hight, 1998). Group leaders in the forgiveness workshop used the workbook, *Experiencing forgiveness: Six practical sessions for becoming a more forgiving Christian* (Worthington, 2004) and group leaders helped participants develop empathy for their offender. Participants in the forgiveness workshop reported becoming more forgiving than the participants in the assessment-only group.

The final study was conducted in 2008 at a university the authors described as Christian and participants were 114 undergraduates (Stratton, Dean, Nonneman, Bode, & Worthington, 2008). Participants were assigned to one of four conditions: workshop only (W), workshop-plus-essay-writing (WE), essay writing (E), or control group. The control group participants only took the assessments. The workshop was a psycho-educational intervention that lasted between 5–6 hours and participants were to focus on one deep hurt or transgression. The group leaders used the workbook, *Experiencing forgiveness: Six practical sessions for becoming a more forgiving Christian* (Worthington, 2004) and helped participants develop empathy for the offender. Participants were administered the TFS, TRIM, and the F-PRO at weeks one, four, and 10. Results indicated that participants who attended the workshop were more forgiving than participants who were in the control group or the essay group. Initially, the WE group had the greatest increase in forgiveness, but after time (10 weeks) the W and WE groups were about equal in their gains in forgiveness.

All three forgiveness studies used a pre-test/post-test group design and all found that forgiveness workshops were an effective avenue in teaching participants how to forgive (increase in knowledge). Research assessing the effect of workshop training on
forgiveness with counselors could not be located. However, the literature on workshops in general and the three forgiveness workshops discussed above suggest that workshops could be an effective way to help counselors increase their knowledge about forgiveness in therapy. Although it appears that workshops are an effective avenue in learning about a new practice, this workshop, which is the focus of this study, was provided “online.” Is there a difference in information learned in a classroom versus information learned online?

**Online/Distance Education**

Distance education or distance learning is an educational program wherein the instructor and student are separated by space; they are not in the traditional classroom setting (Andresen, 2009). However, distance education is not new. Although distance education appears to be an innovative practice, the literature suggests that it began in the 1800s via postal mail as teachers had students complete assignments at home and return their assignments by mail (Tracey & Richey, 2005).

Online learning is one type of distance education and online learning is education that generally occurs via the Internet (Keengew & Georgina, 2012). Online learning uses new instructional technologies, and as a result, educators and students have had to learn new terms. For example, in distance education there are two types of instruction that can occur: synchronous and asynchronous. Synchronous instruction is defined as information being shared where all participants are required to be “present” at the same time but not at the same place (Lever-Duffy & McDonald, 2011). Examples of synchronous instruction are video conferencing, web conferencing programs, Internet-chat, live
streaming, telephone, and broadband distance-site connections (Morrison, 2011). In asynchronous instruction, students/participants are not required to log onto the website or workshop at the same time or in “real time.” Both methods of instruction can be utilized in one class and this is defined as blended or hybrid online learning (Parsad & Lewis, 2008).

It appears that distance education, specifically online education, is widely used. The National Center for Education Statistics found during the 2006–2007 academic year in the United States that 66% of 2- and 4-year Title IV degree-granting postsecondary institutions offered online, hybrid/blended online, or other distance education courses and this equaled approximately 12.2 million enrollments or registrations (Parsad & Lewis, 2008). However, public institutions had an even higher percentage, with 97% of 2-year and 89% of 4-year institutions offering online courses (Zhao, 2011). The National Center for Education Statistics also found that from the years 2000–2008, the percentage of undergraduate students enrolled in at least one online course rose from 8% to 20% (Radford & Weko, 2011). Additionally, Rempel and McMillen (2008) reported that “distance programs are among the fastest growing sectors of higher education in the United States” (p. 364). Educators expect the growth of distance education to continue (Andresen, 2009).

Although online education is now used extensively, there is some debate as to online education’s effectiveness. Bassili (2006) reported that the educational field has a long history of debating and researching “the effectiveness of various instructional media” (p. 444). It has only been approximately a decade since some educators have
created online courses; hence the newest concern in education is how technology affects learning and pedagogy (Keengew & Georgina, 2012). Keengew and Georgina pointed out that technology is just a tool to use to help students learn. They stated, “Technology alone does nothing to enhance pedagogy; successful integration is all about the ways in which technology tools are used and integrated into the teaching and learning process to enhance meaningful student learning” (p. 368).

Overall, the technology used in online courses does not seem to affect learning. Research conducted on online classes found no significant differences in learning between distance courses and traditional face-to-face courses as measured by student grades or exam performance (Bassili, 2006; Ocker & Yaverbaum, 1999; Tallent-Runnels et al., 2006), except for math problems. Asynchronous courses were not found to be as successful as face-to-face courses in teaching students how to complete problem solving equations/mathematics (Kortemeyer, 2006). However, research suggests that “asynchronous collaboration is as effective as face-to-face collaboration in terms of learning, quality of solution, solution content, and satisfaction with the solution quality” (Ocker & Yaverbaum, 1999, p. 427).

Erickson, Noonan, and McCall (2012) studied the effectiveness of an asynchronous online workshop for rural special education teachers. Results from their study indicated that the teachers gained knowledge and increased in their ability to apply research-based practices in their classrooms. Additionally, Murdock, Williams, Becker, Bruce, and Young (2012) studied the acquisition of counseling skills of 37 (29 were advanced undergraduate and 8 were entry-level graduate) students comparing online
versus a face-to-face introductory counseling course. Results suggested no significant
difference between the students’ counseling skills in the on-line and face-to-face
classrooms. Although at the time of writing the writer could only find one study on the
effectiveness of an asynchronous workshop and one study on an online counseling
course, these two studies suggests that asynchronous workshops are an effective medium.

It appears that many universities are offering online workshops for professors and
students (Lavolette, Venable, Gose, & Huang, 2010; Lee et al., 2010; Rempel &
McMillen, 2008). College students, graduate students, and faculty reported valuing
online workshops and this has generated a demand for more online workshops and
instruction (Kontos & Henkel, 2008; Rempel & McMillen, 2008). Hence, due to the
research on the effectiveness of online learning, the demand for more online workshops
and instruction from students and faculty, and the positive results from Erickson et al.’s
(2012) study on the asynchronous online workshop, online workshops appear to be an
effective way to learn new information.

**Purpose of the Current Study**

The purpose of the current study was to examine the effects of an asynchronous
2-hour online workshop on counselors’ knowledge of forgiveness and beliefs about using
forgiveness in counseling. There is a gap between counselors’ beliefs that forgiveness is
beneficial and their use of forgiveness in counseling (Konstam et al., 2000). Some
researchers have suggested that counselors may not use forgiveness with clients because
forgiveness has often been associated with religion and some counselors believe that
religion should be separate from counseling (DiBlasio & Proctor, 1993; Wade et al.,
2008). However, researchers have demonstrated that counselors can use forgiveness without incorporating religion (Enright & Fitzgibbons, 2000).

Will training on forgiveness affect counselors’ knowledge about forgiveness and beliefs about the usefulness of forgiveness in therapy? Indeed, no study could be located comparing counselors’ knowledge and beliefs about using forgiveness in counseling prior to and after receiving training on forgiveness. Therefore, comparing counselors’ knowledge and beliefs about forgiveness before and after completing a 2-hour online forgiveness training workshop was anticipated to provide further insight regarding counselors’ knowledge and beliefs about forgiveness in counseling.

**Research Questions**

Nine primary research questions guided the current study:

1. Will counselors have gained knowledge about forgiveness in counseling as measured by the *Knowledge of Forgiveness in Counseling Survey* (Schmidt, 2015), after completing a 2-hour online Forgiveness in Counseling workshop?

2. Will counselors’ beliefs about forgiveness in counseling be more similar to beliefs as expressed in the research literature as measured by Part 2 of the *Forgiveness Attitudes Questionnaire* (*FAQ*; Kanz, 2000) after completing a 2-hour online Forgiveness in Counseling workshop?

3. Will counselors differ in their beliefs about forgiveness relative to different demographic variables (e.g., religion, gender, theoretical orientation) before and after they complete a 2-hour online Forgiveness in Counseling workshop?
4. Will counselors rate the usefulness of forgiveness in counseling higher after participating in a 2-hour online Forgiveness in Counseling workshop?

5. After participating in a 2-hour online Forgiveness in Counseling workshop, will counselors report a greater likelihood to use forgiveness in counseling?

6. When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), will this correspond to an increased endorsement of the usefulness of a forgiveness in counseling approach?

7. When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), will this correspond to a greater likelihood to use a forgiveness approach in counseling?

8. Will an increased knowledge about forgiveness as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) correspond to an increased endorsement of the usefulness of forgiveness in counseling?

9. Will an increased knowledge about forgiveness as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) correspond to a greater likelihood to use a forgiveness approach in counseling?

**Summary**

Numerous studies have examined the efficacy of cognitive-behavioral treatments on anger management (Dykeman, 2000; Etscheidt, 1991; Heights et al., 1999; Hemphill
& Littlefield, 2001; Kassinove, 1995) and have demonstrated that CBT helps to decrease aggression and increase self-control, but Dykeman’s (2000) study indicated that CBT did not decrease trait anger. Spielberger (1983) stated that it is important to decrease trait-anger in individuals because trait-anger has been associated with future aggression. If Spielberger is correct, practitioners should use a treatment that targets trait-anger for aggressive people.

The literature suggests that forgiveness in therapy does decrease trait anger and aggression (Gambaro, 2002) and helps to decrease or resolve anger with many kinds of hurts or offense (Lundahl et al., 2008). However, it appears that most clinicians do not utilize forgiveness with their clients (DiBlasio, 1993; DiBlasio & Proctor, 1993; Konstam et al., 2000). Some researchers indicate that practitioners may not utilize forgiveness in therapy because forgiveness has been associated with religion (Wade et al., 2008). The literature also suggests that a gap between knowledge and practice is common (Berwick, 2003) and that the adoption of new innovations is challenging because many individuals are resistant to change. One way to assist in the diffusion of innovations is to provide workshop trainings so that counselors can learn about a new theory or practice.

Chapter 1 examined counselors’ knowledge and beliefs about utilizing forgiveness in counseling. Additionally, Chapter 1 discussed the difference between state and trait anger, CBT as the most common approach to address anger issues, the difference between CBT anger management and Forgiveness Therapy, if counselors and educators associate forgiveness with religion, and the construct of forgiveness. Chapter 1 also discussed what forgiveness is not, the process of forgiveness, forgiveness research,
counselors’ views on forgiveness, diffusion of innovation and the adoption of change for new theories, and the use of workshop trainings as a method of education. Finally, Chapter 1 discussed distance education and online learning and the difference between synchronous and asynchronous learning. Chapter 2 discusses the procedures used in the study.
CHAPTER II

METHOD

Many treatment facilities, prisons, and elementary schools offer cognitive-behavioral anger management programs to help youth and adults learn to control and express their feelings in socially acceptable ways (Cornell et al., 1999; Studer, 1996). A newer body of literature suggests that forgiveness in therapy that includes cultivating empathy is also an effective treatment in dealing with anger problems (Enright & Fitzgibbons, 2015; Goldman & Wade, 2012; Lundahl et al., 2008). A. T. Beck (1999) indicated that empathy helps to inhibit anger and aggressive responses when one feels hurt.

The current study examined the effect of an asynchronous online forgiveness workshop on licensed counselors’ knowledge and beliefs about using forgiveness in counseling. The purpose of this chapter is to describe the research methods used in conducting the study. It should be noted that in this study, forgiveness was taught in reference to addressing a deep hurt (e.g., family of origin issues or a divorce) that results in anger; however, forgiveness has also been found to be effective in addressing other issues (e.g., depression and anxiety).

Research Questions

1. Will counselors have gained knowledge about forgiveness in counseling as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015), after completing a 2-hour online Forgiveness in Counseling workshop?
2. Will counselors’ beliefs about forgiveness in counseling be more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000) after completing a 2-hour online Forgiveness in Counseling workshop?

3. Will counselors differ in their beliefs about forgiveness relative to different demographic variables (e.g., religion, gender, theoretical orientation) before and after they complete a 2-hour online Forgiveness in Counseling workshop?

4. Will counselors rate the usefulness of forgiveness in counseling higher after participating in a 2-hour online Forgiveness in Counseling workshop?

5. After participating in a 2-hour online Forgiveness in Counseling workshop, will counselors report a greater likelihood to use forgiveness in counseling?

6. When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), will this correspond to an increased endorsement of the usefulness of a forgiveness in counseling approach?

7. When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), will this correspond to a greater likelihood to use a forgiveness approach in counseling?
8. Will an increased knowledge about forgiveness as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) correspond to an increased endorsement of the usefulness of forgiveness in counseling?

9. Will an increased knowledge about forgiveness as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) correspond to a greater likelihood to use a forgiveness approach in counseling?

Participants

Participants in this study were master’s-level and doctoral-level licensed professional counselors and licensed professional clinical counselors in Ohio. Seventy-five licensed counselors participated in the study.

Forgiveness in Counseling Workshop Development

The online forgiveness workshop conducted for this study was developed and delivered by the researcher. Much of the content was based on Enright’s definition of forgiveness and the forgiveness process. The online forgiveness workshop (www.onlineforgivenessworkshop.com) is comprised of an introduction, four modules, and a conclusion (see Table 2). Nine learning objectives are presented in Table 3.

Module 1 introduces the concept (a practice) of forgiveness in counseling and describes it as a process of letting go of anger by cultivating empathy in clients. It is proposed as an effective treatment for anger problems. The content of Module 1 includes how researchers define forgiveness and educates them about misconceptions of forgiveness. Misconceptions about forgiveness can prevent people from being able to make an informed choice about forgiving. For example, if people think reconciliation
equals forgiveness (a misconception) or think forgiveness allows others to continue to hurt them (another misconception), they may not even consider forgiveness. Indeed, Module 1 discusses that a person can be assertive and forgiving. Applied to counseling, this means that counselors inform clients to not put themselves or stay in an unsafe situation or relationship. This debunks the misconception that forgiveness is a sign of a weakness and encourages victimization. Module 1 also discusses that before people can forgive, they need to address their hurt, anger, resentment, and desire for revenge and that this is often a difficult process. Because forgiveness can be very difficult, some people say, “I’ll forgive when hell freezes over.”

Table 2

The Structure of the Online Forgiveness in Counseling Workshop

<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Consent form, Pre-tests, Demographics, Questions about Forgiveness, and Learning Objectives (15 minutes to complete)</td>
</tr>
<tr>
<td>Module 1</td>
<td>I’ll Forgive, When Hell Freezes Over, Defining Forgiveness, and Misconceptions of Forgiveness (9 minutes to complete)</td>
</tr>
<tr>
<td>Module 2</td>
<td>The Difference Between State and Trait Anger, Review of Cognitive, Behavior, and Cognitive Behavioral Therapy (CBT), The Difference Between CBT Anger Management Therapy and Forgiveness in Counseling, How Forgiveness Uses Aspects of CBT, Forgiveness: Do Educators or Therapists Associate it with Religion?, and is Forgiveness More Effective than CBT? (17 minutes to complete)</td>
</tr>
<tr>
<td>Module 3</td>
<td>The Process of Forgiveness, Forgiveness Therapy, and Forgiveness Research (30 minutes to complete)</td>
</tr>
<tr>
<td>Module 4</td>
<td>Forgiveness Experiences (32 minutes to complete)</td>
</tr>
<tr>
<td>Conclusion</td>
<td>Post-Tests, Questions about Forgiveness, and an Evaluation Form (15 minutes to complete)</td>
</tr>
</tbody>
</table>
Table 3

The Learning Objectives of the Online Forgiveness in Counseling Workshop

1. To learn the definition of forgiveness as described by researchers.
2. To recognize misconceptions about forgiveness.
3. To learn that forgiveness in counseling that cultivates empathy may be an effective treatment for anger problems.
4. To understand why the state/trait distinction is important in treating anger problems.
5. To understand the difference between CBT anger management and forgiveness in counseling.
6. To learn that forgiveness can be used with non-religious and religious clients.
7. To learn about Enright and Fitzgibbon’s (2000) process of forgiveness model and Forgiveness Therapy.
8. To become familiar with some of the evidence-based research on using forgiveness in counseling.
9. To learn that forgiveness can be used with many theoretical orientations.

Module 2 discusses the difference between state and trait anger and why this is important when deciding which treatment approach to use to address anger issues. Spielberger (1983) noted that it is important to decrease trait anger in individuals because trait anger has been associated with future aggression. This module conducts a brief review of cognitive, behavior, and cognitive-behavioral therapy (CBT). Module 2 also explains the difference between CBT anger management and forgiveness in counseling. For example, when CBT is effective it is likely that people will learn how to manage their anger appropriately. But, at the conclusion of CBT, they may still have trait anger or underlying feelings of anger because they were not taught how to let go of their anger and resentment. However, because forgiveness in counseling deals with the underlying or
“root” issue (i.e., sense of injustice) and clients are taught how to release and resolve their anger, people who choose to forgive should not leave counseling angry or with trait anger (Brill, personal communication, February 19, 2003).

In Module 2, CBT anger management is characterized as the most common treatment approach for anger issues (Beck & Fernandez, 1998) and forgiveness is described as an alternative approach to CBT. The primary purposes of Module 2 are to (a) discuss the importance of targeting trait anger when dealing with anger issues, (b) discuss the differences between the two treatment approaches, (c) determine why there is a need to learn more about forgiveness in counseling, and (d) educate counselors about using forgiveness with non-religious and religious clients. Finally, this module discusses whether forgiveness in counseling is more effective than CBT anger management.

Module 3 explains the process of forgiveness. Forgiveness has been depicted as time-consuming in order to work through issues of hurt, anger, bitterness, and a desire for revenge (Enright & the Human Development Study Group, 1991; Rotter, 2001). A person must acknowledge, validate, and fully explore the hurt and anger he or she has, before forgiving the offender (Davenport, 1991). Enright’s Forgiveness Therapy model is discussed, including the process of forgiveness. Lin et al. (2004) stated that Forgiveness Therapy (FT) “helps the wronged person examine injustice, consider forgiveness as an option, make a decision to forgive or not, and learn the skill to forgive if selected as an option” (p. 1115). Module 3 discusses the four phases of FT: Uncovering, Decision, Work, and Deepening (Enright & Fitzgibbons, 2000).
Module 3 also presents research on forgiveness. For example, Gambaro (2002) studied the use of forgiveness with middle school children (ages of 12–14) who met twice per week for 15 weeks. Participants were randomly assigned to Forgiveness Therapy or a Rogerian-based control group. Results indicated that children in the Forgiveness Therapy group had a significant reduction in trait anger and detentions compared to the control group. Freedman and Enright’s (1996) study of Forgiveness Therapy (FT) with women who had been sexually abused is also discussed. Women who received FT had statistically significant decreases in state and trait anxiety, and depression and increased scores on forgiveness and hope. The purpose of Module 3 is to educate counselors about the process of forgiveness, FT, and research on using forgiveness in counseling.

The content of Module 4 contains video testimonials of the three people describing their “forgiveness experience.” These exemplars discuss a “deep hurt” that occurred in their lives (e.g., bullying, a divorce, childhood separation from parent) as well as thoughts, feelings, and behaviors before and after they forgave their offender. These three forgiveness experiences illustrate how going through the process of forgiveness can affect someone. Development of this module (including information about the exemplars) is described in the Procedures section of this chapter.

**Instruments**

Instruments used in this study measured the effectiveness of the workshop relative to (a) increasing the accuracy of the beliefs about the effectiveness of using forgiveness and (b) acquiring knowledge about forgiveness in counseling.
Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000)

*FAQ* is a 53-item self-report measure constructed in two parts. Part 1 assesses a person’s willingness to actually forgive someone based on forgiveness scenarios. Part 2 of the *FAQ* explores beliefs about forgiveness. Despite the name Kanz has assigned to the *FAQ*, it appears that the *FAQ* measures the degree of accuracy of test-takers’ perceptions of or beliefs about forgiveness. Kanz himself stated that part 2 of the FAQ was “designed to ascertain the beliefs of people about specific aspects related to forgiveness” (p. 177).

Only part 2 of the *FAQ* (see Appendix B) was used in the current study and permission was obtained from Jason Kanz for making this modification (see Appendix C). Part 2 contains 23 “Yes” or “No” questions. Three of the questions are: “Is reconciliation a necessary part of forgiveness?” (Question 1); “Do you see forgiveness as primarily a religious concept?”(Question 4); and “Does forgiving someone excuse their hurtful behavior?” (Question 11).

To develop the *FAQ*, Kanz (2000) reviewed the forgiveness literature and based the questions on “key concepts” about forgiveness that he stated occurred repeatedly in the literature. Questions were developed according to what researchers noted to be “significant factors” about forgiveness (p. 5). Kanz indicated that his questions were representative of the main ideas in the forgiveness literature.

Kanz (2000) administered the entire *FAQ* to 155 (113 women and 42 men) Midwestern college students from two colleges. Participants were 92% White, 3%
Latino, 2% Asian American, and 4% Other. Their religious affiliation was identified as: Catholic (12%), Protestant (67%), and Other (21%).

Kanz (2000) explored whether there were differences in participants’ beliefs of forgiveness through a binomial analysis of Part 2 of the FAQ. He examined whether there was a significant difference in how many participants answered “Yes” or “No” for each question. Then, using a chi-square, Kanz found that those who reported that they were not Christians were more likely to think forgiveness was primarily a religious concept. This addresses the current study because the belief that forgiveness is primarily a religious concept (considered a misconception in the Forgiveness in Counseling workshop) may prevent counselors from using forgiveness in counseling. It should be noted that the researcher made modifications to Kanz’s (2000) scoring (see Appendix D for permission). The researcher scored Part 2 of the FAQ questions as correct or incorrect instead of examining how many answered “Yes” or “No.”

Kanz (2000) reported the FAQ had an alpha of .92 for content validity, which “suggests good internal consistency reliability for this instrument” (p. 7). However, the FAQ has only been used in one study, indicating his results need to be interpreted very cautiously. Very little research has been conducted on beliefs about forgiveness. In fact, the FAQ was the only instrument found that measured beliefs about forgiveness. Hence, Part 2 of the FAQ appeared to be the most appropriate instrument available to study counselors’ beliefs about forgiveness because it was the only one available for the current study.
Results of Kanz’s (2000) research suggest that overall, college students and researchers held similar beliefs about forgiveness (e.g., Baskin & Enright, 2004; Kassinove & Tafrate, 2002; Smedes, 1984). For example, most participants in Kanz’s study agreed that for forgiveness to occur (a) there is no need for an apology, (b) one does not forget the hurt, (c) forgiveness does not mean one is weak, (d) one does not need to inform the offender that he/she was forgiven, and (e) anger decreases when forgiveness occurs. However, participants in the Kanz study and most forgiveness researchers differ on two areas: attitudes on reconciliation and emotional problems. A majority of participants in Kanz’s study believed that reconciliation was part of forgiveness, whereas the research literature suggests that reconciliation is not necessarily a part of forgiveness. Most researchers who study forgiveness indicate that forgiveness and reconciliation are separate issues.

The second area in which the participants in Kanz’s (2000) study and researchers differed was that forgiveness can cause emotional problems. Some of the college students in Kanz’s study answered that they believed forgiveness could cause emotional problems, whereas research suggests forgiveness decreases anger, anxiety, and depression (Goldman & Wade, 2012; Lin et al., 2004). Hence, Kanz (2000) recommended that psychoeducation about forgiveness is important and should be part of forgiveness therapy.

The Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015)

The second instrument used was developed for this study. The Knowledge of Forgiveness in Counseling Survey is comprised of 20 True/False statements designed to
assess knowledge of forgiveness. Examples of questions included the following:

“Research suggests that forgiveness helps people to decrease their trait anger” (statement # 4), “Forgiveness can be part of a therapeutic intervention” (statement # 3), “Forgiveness may lead to a reduction in negative thoughts, feelings and behaviors about the offender” (statement # 8), and “Research suggests that forgiveness in counseling has not been effective with incest survivors” (statement # 9; See Appendix E for survey).

The researcher developed her scale using methodology employed by Rubel et al. (2000) in which they used the content of their workshop on motivational interviewing to develop a scale to measure knowledge gained in their workshop. Since Rubel et al. used the content of their workshop to develop their questions, this lends some credence to developing a scale in this manner. To insure content validity, the researcher developed the 20 questions on the Knowledge of Forgiveness in Counseling Survey specifically from the content of the Forgiveness in Counseling workshop and the content of this workshop was developed from the forgiveness research literature. For example, statement #9 (“Research suggests that forgiveness in counseling has not been effective with incest survivors”) corresponds to research conducted on forgiveness in counseling in Module 3 of the Forgiveness in Counseling workshop, which indicates that forgiveness in counseling has been successful with incest survivors.

**Procedures**

The researcher’s goal was to develop an online workshop for licensed counselors to learn about how forgiveness can be used as a counseling approach. To create the Forgiveness in Counseling workshop, the researcher used PowerPoint 2007 for the text
and narrated the information utilizing Windows Movie Maker. Videos of three people (or “exemplars”) sharing their forgiveness experiences were included in the workshop. The first exemplar, a self-described Asian Indian female, was a 45-year-old psychologist at the time of filming. The second exemplar was a self-identified African-American female who was 55 years old and a corrections officer at the time of filming. And the third exemplar, a 45-year-old Caucasian male at the time of filming, was also a psychologist. The three people were selected by the researcher to provide their forgiveness testimonials because the researcher had heard their forgiveness stories in other settings. The researcher has a professional connection to one of the exemplars, and the other two are her friends. A “forgiveness experience” is defined as a person discussing how forgiving someone or going through the process of forgiveness affected him or her. To record the forgiveness experiences, the researcher used a video camera and then uploaded the recordings to the website.

To help ensure that participants would be able to navigate the online workshop (to determine if the questions on the pre- and post-tests were clear) and to explore whether the content of the workshop equipped participants to achieve the learning objectives, the researcher had one licensed counselor and one non-counselor review the online forgiveness workshop. Their feedback was incorporated into the content of the delivered workshop.

The researcher developed brochures (see Appendix F) for the Forgiveness in Counseling workshop and posted them in Kent State University’s (KSU) Counselor Educator’s office. Additionally, the Director of KSU Counseling and Human
Development Center (CHDC) sent an email to 3287 licensed counselors (LPC or LPCC) in the State of Ohio (see Appendix G) inviting them to participate in this study, which necessitated their enrollment in and completion of the 2-hour online Forgiveness in Counseling workshop developed for this study. The email described the purpose of the research, learning objectives, the requirements of the research study, how long the workshop would last, and information about the researcher. The email included a brochure about the online Forgiveness in Counseling workshop which had the name and a link to the website: www.onlineforgivenessworkshop.com (see Appendix G). As an incentive to participate in the research study, counselors were informed in the email and brochure that the workshop was free and that if they completed all 4 modules of the workshop, they would earn 2 free continuing education credits approved by the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. The researcher also informed 5 licensed counselors in Mid-West Ohio about the workshop through the same email content and brochure. Hence, a total of 3,292 licensed Counselors in the state of Ohio were invited to participate in this study.

Of the 3,292 licensed counselors in Ohio who were sent an email, 155 responded to the email invitation by completing the online request form to enroll in the workshop. Participants had one month to complete the workshop. Research suggests that a best practice technique to help ensure participation in online learning is to send eligible parties multiple invitations to participate (Perkins, 2011). At the half-way point, the Research Assistant (employed by the researcher to manage the website) sent one reminder email to counselors who requested a password but had not completed the workshop (Appendix
H). The Research Assistant also sent one additional reminder email one week before the close of the research study to all counselors who requested a password, but had not completed the study/workshop. One hundred and four licensed counselors ($N = 104$) started the workshop/research study, but only 75 successfully completed the workshop and research instruments. Twelve participants completed all but one of the instruments; therefore, these 12 counselors were not included in the research study. Hence, 75 participants completed the research study and were included in the data analysis.

Kent State University Counseling and Human Development Center (CHDC), an approved provider of continuing education (CE) credits of the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board (CSWMFT), approved the online forgiveness workshop for 2 Continuing Education (CE) credits (see Appendix I).

The current study was approved by the Kent State University Institutional Review Board (see Appendix J). Participants were informed that the completion of the workshop indicated consent (see Appendix K) and were informed that they had the option to discontinue participation in the study without penalty. The licensed counselors were informed that they could earn two CEs for completing the online workshop. The workshop was offered free of charge.

**Data Collection Procedures**

When participants logged on to the website (www.onlineforgivenessworkshop.com) they were transferred to a User Request Form (see Appendix L) to submit their name, profession, the name of the organization of employment, and an e-mail address. The User Request Form electronically submitted the information to the online
forgiveness workshop website to which only the Research Assistant had access. The Research Assistant then sent participants a password allowing them to access the workshop. The website for the workshop was password protected to help ensure (a) that only licensed counselors completed the workshop and (b) confidentiality of the content, including the video testimonials of the three exemplars describing their “forgiveness experience.

Participants were informed (a) that the Forgiveness in Counseling workshop was part of the researcher’s doctoral dissertation, (b) the purpose of the research was to learn more about counselors’ knowledge and beliefs about forgiveness in counseling, and (c) the learning objectives (see Table 3).

It was estimated to take approximately 15 minutes at each administration of the pre- and post-tests for participants to complete the instruments and approximately 1.5 hours to complete the online forgiveness in counseling workshop. To be eligible for the two CEs, participants had to complete the pre- and post-tests, the introduction, all four modules, and the conclusion (see Table 2). Participants completed all instruments and questionnaires online and the following was electronically submitted through the website: consent to participate (which consent was given by participating in the workshop/research study), demographic questionnaire (see Appendix M), the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015), FAQ (Kanz, 2000), and the following two questions: “How would you rate the usefulness of a forgiveness in counseling approach?” (on a scale of 1–5), “How likely are you to use a forgiveness
approach in counseling with clients?” (on a scale of 1-5; see Appendix N). A 5-question evaluation of the workshop also was completed (see Appendix O).

The demographic questionnaire, 4 instruments (see above), and the 5-question evaluation were all completed online through a Google account embedded in the website. The Research Assistant coded all 87 participants (including the 12 who did not complete all materials) numerically, from 1–87. The coding did not include the participants’ names in order to ensure that identifying information was protected and the identifying information was not included in the research. Data obtained from the 75 participants who provided useable responses were transferred to the Statistical Package for Social Sciences (SPSS).

The online workshop was accessible and data collected for approximately one month. After the close of this one-month window, the Research Assistant sent the Director of the Kent State University CHDC the names and e-mail addresses of all licensed counselors who participated in the online workshop study. The CHDC at KSU is an approved provider of continuing education workshops and CEs to counselor licensees in Ohio (approved by the State of Ohio Counselor and Social Worker Board, and Marriage and Family Therapist Board). The CHDC Director emailed the participants a copy of their CE certificate based on their completion of the research study.

**Research Design**

This study used a quasi-experimental research design and a pre-test/post-test group design. The independent variable was the treatment variable: online forgiveness workshop. Dependent variables were knowledge and beliefs about forgiveness,
measured by the Knowledge of Forgiveness in Counseling Survey developed for this study and the Forgiveness Attitudes Questionnaire (Kanz, 2000).

**Data Analysis**

Dependent $t$-tests were used to compare whether counselors changed their beliefs and gained knowledge about forgiveness in counseling after participating in the online Forgiveness in Counseling workshop. Within-subjects comparisons were based on time (pre- and post-treatment). Between group (demographics) tests were not conducted because there were insufficient number of categorized participants. Correlation analyses were conducted using the Pearson r 2-tailed test between the variables of Part 2 of the FAQ (Kanz, 2000) and Usefulness and Likely to use and the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) and Usefulness and Likely to Use to determine if there were statistically significant relationships between the variables.

**Chapter Summary**

In this study, the effects of completing a 2-hour online Forgiveness in Counseling workshop were examined. Seventy-five licensed counselors (ages 23 to 73) in Ohio participated in this study. The beliefs and knowledge concerning the use of forgiveness in counseling and the two additional questions that assessed the usefulness and practice of forgiveness in counseling were examined before and after participation in the online workshop. Results of the study are reported in Chapter 3.
CHAPTER III

RESULTS

This chapter presents the results of the study. This study investigated the effect of an asynchronous online forgiveness workshop relative to licensed counselors’ knowledge and beliefs about using forgiveness in counseling. The independent variable was the treatment variable: the online Forgiveness in Counseling workshop. Dependent variables were: (a) knowledge and beliefs about forgiveness, measured by the Knowledge of Forgiveness in Counseling Survey developed for this study; and (b) Part 2 of The Forgiveness Attitudes Questionnaire (FAQ, Kanz, 2000). The Knowledge of Forgiveness in Counseling Survey (KFCS) is comprised of 20 “True/False” questions designed to assess knowledge of forgiveness. The KFCS was based on forgiveness in counseling literature and research. Part 2 of the FAQ contains 23 “Yes” or “No” questions about beliefs of forgiveness. Kanz (2000) indicated that his questions were representative of the main beliefs in the forgiveness literature. A quasi-experimental research design and a pre-test/post-test group design were used to answer nine research questions.

Research Questions

1. Will counselors have gained knowledge about forgiveness in counseling as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015), after completing a 2-hour online Forgiveness in Counseling workshop?

2. Will counselors’ beliefs about forgiveness in counseling be more similar to beliefs as expressed in the research literature as measured by Part 2 of the
Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000) after completing a 2-hour online Forgiveness in Counseling workshop?

3. Will counselors differ in their beliefs about forgiveness relative to different demographic variables (e.g., religion, gender, theoretical orientation) before and after they complete a 2-hour online Forgiveness in Counseling workshop?

4. Will counselors rate the usefulness of forgiveness in counseling higher after participating in a 2-hour online Forgiveness in Counseling workshop?

5. After participating in a 2-hour online Forgiveness in Counseling workshop, will counselors report a greater likelihood to use forgiveness in counseling?

6. When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), will this correspond to an increased endorsement of the usefulness of a forgiveness in counseling approach?

7. When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), will this correspond to a greater likelihood to use a forgiveness approach in counseling?

8. Will an increased knowledge about forgiveness as measured by the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) correspond to an increased endorsement of the usefulness of forgiveness in counseling?
9. Will an increased knowledge about forgiveness as measured by the *Knowledge of Forgiveness in Counseling Survey* (Schmidt, 2015) correspond to a greater likelihood to use a forgiveness approach in counseling?

**Power Analysis**

A power analysis was conducted to determine the minimum sample size required to detect statistical significance for this study. It was calculated that at least 60 participants would be needed, or approximately 30 participants in two demographic groups to complete an ANOVA test (for Hypothesis 3). For example, in order to measure whether counselors’ beliefs differed by their religion, gender, theoretical orientation, or years of experience, 30 participants would be needed in each group (i.e., males and females) to achieve statistical significance. A total of 75 counselors completed the online Forgiveness in Counseling workshop. Hence, the sample size was adequate to test for significance. The alpha level was set at 0.05, indicating that the chance of an error occurring in the research is less than 5%.

**Demographics**

As can be seen in Table 4, the majority of participants reported being female (89%), Caucasian (88%), and Christian (71%), and their reported primary theoretical orientation was Cognitive-Behavioral Therapy (CBT; 45%). Participants’ ages ranged from 23 to 73 years and the average was 45 years old. Fifty-two percent (52%) were Licensed Professional Counselors (LPCs) and 48% were Licensed Professional Clinical Counselors (LPCCs). The primary presenting client concerns that participants reported they addressed in their practices were behavior issues (32%), followed by trauma (16%).
Table 4

**Demographic Characteristics of Participants (N=75)**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>Sample %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>10.7</td>
</tr>
<tr>
<td>Female</td>
<td>67</td>
<td>89.3</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Latino</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>66</td>
<td>88.0</td>
</tr>
<tr>
<td>Biracial or Multicultural</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Religious Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>53</td>
<td>70.7</td>
</tr>
<tr>
<td>Jewish</td>
<td>8</td>
<td>10.7</td>
</tr>
<tr>
<td>Muslim</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>What counseling licensure do you hold?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPC</td>
<td>39</td>
<td>52.0</td>
</tr>
<tr>
<td>LPCC</td>
<td>36</td>
<td>48.0</td>
</tr>
<tr>
<td><strong>What is your primary theoretical orientation?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reality</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>Family Systems</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Cognitive- Behavioral</td>
<td>34</td>
<td>45.3</td>
</tr>
<tr>
<td>Behavior</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Client Centered</td>
<td>18</td>
<td>24.0</td>
</tr>
<tr>
<td>Solution Focused</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Cognitive</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>8.1</td>
</tr>
<tr>
<td><strong>Issues you have mainly dealt with in your practice? Please select primary one.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td>24</td>
<td>32</td>
</tr>
<tr>
<td>Marriage</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Anger</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Family</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Grief</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Trauma</td>
<td>12</td>
<td>16.0</td>
</tr>
<tr>
<td>Anxiety/Depression</td>
<td>6</td>
<td>8.0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>5.4</td>
</tr>
</tbody>
</table>

*Note: Table continues...*
Table 4 (continued)

Demographic Characteristics of Participants (N=75)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>Sample %</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many years have you been a licensed counselor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean= 9 years (range=0-30 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisory experience as a counselor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>26.7</td>
</tr>
<tr>
<td>No</td>
<td>55</td>
<td>73.3</td>
</tr>
<tr>
<td>Have you addressed anger issues in your work with clients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>65</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td>13.3</td>
</tr>
<tr>
<td>If you have addressed anger issues with your clients, what treatment did you use? (Participants wrote in their answer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBT Anger management treatment</td>
<td>38/56</td>
<td>68.0</td>
</tr>
<tr>
<td>(11 did not indicate a treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you discussed forgiveness with your clients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>59</td>
<td>78.7</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>21.3</td>
</tr>
<tr>
<td>Have you ever received training on using forgiveness in counseling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>13.3</td>
</tr>
<tr>
<td>No</td>
<td>65</td>
<td>86.7</td>
</tr>
</tbody>
</table>

The majority of participants in the study also reported that they had addressed anger issues in their work with clients (87%) and mainly used CBT to address anger issues (67%). The majority of participants (73%) also reported they did not have supervisory experience. Finally, a majority of participants (78%) reported they had discussed forgiveness with their clients, but a majority of them acknowledged never receiving training on using forgiveness in counseling (87%).
Results

Data analyses were computed using SPSS 19.0. The means, standard deviations, and Cronbach’s alphas are summarized in Table 5 (for Hypotheses 1, 2, 4 and 5).

Dependent t-tests were used to examine differences between the pre- and post-test (after completion of the online forgiveness workshop) to test Hypotheses 1, 2, 4 and 5.

Dependent t-tests were the appropriate inferential statistical test to use as it compares mean difference in scores on a variable measured on two occasions for the same group.

Table 5

Results of t-Test Analyses for Each Variable From Pre- to Post-Test

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-test M</th>
<th>Pre-test SD</th>
<th>Post-Test M</th>
<th>Post-Test SD</th>
<th>t(74)</th>
<th>p</th>
<th>LL</th>
<th>UL</th>
</tr>
</thead>
<tbody>
<tr>
<td>KFCS</td>
<td>15.467</td>
<td>1.233</td>
<td>17.067</td>
<td>1.2006</td>
<td>-8.514</td>
<td>0.000</td>
<td>-1.974</td>
<td>-1.226</td>
</tr>
<tr>
<td>Part 2 of FAQ</td>
<td>21.480</td>
<td>1.131</td>
<td>21.947</td>
<td>0.898</td>
<td>-4.323</td>
<td>0.000</td>
<td>-0.681</td>
<td>-0.251</td>
</tr>
<tr>
<td>Usefulness</td>
<td>4.05</td>
<td>0.757</td>
<td>4.61</td>
<td>0.544</td>
<td>-7.400</td>
<td>0.000</td>
<td>-0.703</td>
<td>-0.405</td>
</tr>
<tr>
<td>Likely to Use</td>
<td>3.93</td>
<td>0.881</td>
<td>4.51</td>
<td>0.625</td>
<td>-6.927</td>
<td>0.000</td>
<td>-0.748</td>
<td>0.414</td>
</tr>
</tbody>
</table>

Note. CI= confidence interval; LL= lower limit; UL= upper limit. KFCS= Knowledge of Forgiveness in Counseling Survey (Question 1); Part 2 of Forgiveness Attitude Questionnaire or Beliefs about forgiveness (Question 2); The Usefulness of forgiveness in counseling (Question 4); How likely to use a forgiveness approach in counseling with clients (Question 5).

Tests of Hypotheses Drawn From Research Questions

Hypothesis 1: There will be no statistically significant difference between the pre- and post-test on counselors’ knowledge about forgiveness in counseling (the Knowledge of Forgiveness in Counseling Survey, Schmidt,
2015) after completing a 2-hour online forgiveness in counseling workshop.

To test hypothesis 1, a dependent t-test was conducted to determine whether there was a statistically significant difference from the pre- to post-test on knowledge of forgiveness in counseling after completing a 2-hour online forgiveness in counseling workshop. Results indicated a statistically significant difference, \( t(-8.514) = p = 0.000 \), between the pre- and post-test on the Knowledge of Forgiveness in Counseling Survey. Hence, the null hypothesis was rejected and there was a treatment effect. These findings suggest the 75 licensed counselors in this study gained knowledge about forgiveness in counseling after completing a 2-hour online forgiveness in counseling workshop.

Hypothesis 2: There will be no statistically significant difference between counselors’ beliefs from the pre- and post-test, as measured by Part 2 of the Forgiveness Attitudes Questionnaire (FAQ; Kanz, 2000), after completing a 2-hour online Forgiveness in Counseling workshop.

To test hypothesis 2, a dependent t-test was conducted to determine whether there was a statistically significant difference on counselors’ beliefs about forgiveness in counseling (Part 2 of FAQ) after completing a 2-hour online Forgiveness in Counseling workshop. Results indicated a statistically significant difference, \( t(-4.3230) = p = 0.000 \), between the pre- and post-test on counselors’ beliefs about forgiveness in counseling. Hence, the null hypothesis was rejected and there was a treatment effect. These findings suggest that licensed counselors’ (in this study) beliefs about forgiveness increased or
became more similar to one researcher’s beliefs about forgiveness (Kanz, 2000), after completing a 2-hour online Forgiveness in Counseling workshop.

Hypothesis 3: There will be no statistically significant difference in counselors’ beliefs about forgiveness relative to different demographic variables (e.g., religion, gender, theoretical orientation) before and after they complete a 2-hour online Forgiveness in Counseling workshop.

The researcher was unable test this hypothesis because of insufficient sample size. The sample was significantly homogeneous; the counselors’ demographics were similar. For example, the majority of participants reported they were Caucasian Christian females whose theoretical orientation was CBT.

Hypothesis 4: There will be no statistically significant difference between the pre- and post-test ratings on the question of the usefulness of forgiveness in counseling, after participating in a 2-hour online workshop.

To test hypothesis 4, a dependent t-test was conducted to determine whether there was any statistically significant difference between pre- and post-test on the question of the usefulness of a forgiveness in counseling approach. Results indicated a statistically significant difference, $t(-7.400)= p = 0.000$, on the pre- and post-test responses to the question: “How would you rate the usefulness of a forgiveness in counseling approach?” Hence, the null hypothesis was rejected and there was a treatment effect. These findings suggest that licensed counselors in this study rated the usefulness of a forgiveness in counseling approach higher or found it more useful after participating in a 2-hour online Forgiveness in Counseling workshop.
Hypothesis 5: There will be no statistically significant difference between the pre- and post-test on counselors’ likelihood to use a forgiveness approach in counseling after participating in a 2-hour online Forgiveness in Counseling workshop.

To test hypothesis 5, a dependent t-test was conducted to determine whether there was a statistically significant difference from pre- to post-test on the likelihood to use a forgiveness approach in counseling after participating in a 2-hour online Forgiveness in Counseling workshop. Results indicated a statistically significant difference, \( t(-6.927) = p = 0.000 \), on pre- and post-test responses to the question: “How likely are you to use a forgiveness approach in counseling.” Hence, the null hypothesis was rejected and there was a treatment effect. These findings suggest that licensed counselors in this study reported a greater likelihood to use a forgiveness approach in counseling after completing a 2-hour online Forgiveness in Counseling workshop.

To examine hypotheses 6, 7, 8, and 9, a correlation analysis was conducted using the Pearson r 2-tailed test. The Pearson r was used to determine the nature of the relationship or association between two variables. For hypotheses 6 and 7, Part 2 of the FAQ was scored (yes = 1 and no = 2). The researcher examined the overall score on Part 2 of the FAQ and correlated it to participants’ answers on two forgiveness questions about the usefulness and likelihood to use a forgiveness approach in counseling on a Likert scale from 1–5. Again, the two Forgiveness Questions were: “How would you rate the usefulness of a forgiveness in counseling approach?” (1 = Not at all useful, 2 = A little useful, 3 = Somewhat useful, 4 = Very useful, and 5 = Definitely useful), and “How
likely are you to use a forgiveness approach in counseling with clients?” (1 = Not at all likely, 2 = A slim chance, 3 = Moderate chance, 4 = Probably, and 5 = Definitely). See Table 6 for the Pearson r correlations for Hypotheses 6, 7, 8, and 9.

Table 6

*Correlations Among Study Variables (N=75)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>r</td>
<td>Significance (2-tailed)</td>
</tr>
<tr>
<td>Part 2 of FAQ &amp; Usefulness</td>
<td>.103</td>
<td>.380</td>
</tr>
<tr>
<td>Part 2 of FAQ &amp; Likely to Use</td>
<td>-.002</td>
<td>.989</td>
</tr>
<tr>
<td>KFCS &amp; Usefulness</td>
<td>.124</td>
<td>.290</td>
</tr>
<tr>
<td>KFCS &amp; Likely to Use</td>
<td>.109</td>
<td>.351</td>
</tr>
</tbody>
</table>

* = Correlation is significant at the 0.05 level (2-tailed).

**Note.** FAQ = Forgiveness Attitude Questionnaire or Beliefs about forgiveness; KFCS = Knowledge of Forgiveness in Counseling Survey.

Hypothesis 6: There will be no statistical significance on the linear relationship of counselors’ beliefs about forgiveness in counseling (as measured by Part 2 of the FAQ) and the usefulness of a forgiveness in counseling approach.

Results indicated there was a statistically significant association ($r = .294 < .05$, between Part 2 of the FAQ and the reported usefulness of a forgiveness in counseling approach on the post-test. Hence, the null hypothesis was rejected and there was a treatment effect. These findings suggest that as counselors’ (in this study) beliefs became more similar to one researcher’s beliefs about forgiveness in counseling, it was
significantly and positively related to the endorsement of the usefulness of a forgiveness in counseling approach.

Hypothesis 7: There will be no statistically significant difference on the linear relationship of counselors’ beliefs about forgiveness in counseling (Part 2 of the FAQ) and counselors’ likelihood to use a forgiveness approach in counseling (“How likely are you to use a forgiveness approach in counseling with a client?”).

Results of the analysis indicated there was not a statistically significant association between Part 2 of the FAQ and counselors’ likelihood to use a forgiveness approach in counseling ($r = 0.201$, $p > 0.05$). Hence, the null hypothesis was not rejected and there was not a treatment effect. These findings suggest that an increase in correspondence of counselors’ beliefs about forgiveness in counseling to those of Kanz (2000) is not significantly related to the decision to use a forgiveness approach in counseling.

To examine hypotheses 8 and 9, a correlation analysis was conducted using the Pearson $r$ 2-tailed test. To conduct the Pearson $r$, the total number of correct answers on the Knowledge of Forgiveness in Counseling Survey was used in the analysis and correlated to the usefulness and the likelihood to use a forgiveness approach in counseling.

Hypothesis 8: There will be no statistical significance between the linear relationship of the increased knowledge about forgiveness in counseling (the Knowledge of Forgiveness in Counseling Survey, Schmidt, 2015) and
an increased endorsement in the usefulness of forgiveness in counseling
(“How likely are you to use a forgiveness approach in counseling with
clients?”: 1 = Not at all likely, 2 = A slim chance, 3 = Moderate chance, 4 = Probably, and 5 = Definitely).

Results indicated no statistically significant association ($r = .054 > .05$. Hence, the null hypothesis was not rejected and there was no treatment effect. It should be noted that although there was a slight negative correlation, it was not practically significant. These findings suggest that an increased knowledge about forgiveness for licensed counselors in this study was not related to an increased endorsement of the usefulness of forgiveness in counseling.

Hypothesis 9: There will be no statistical significance between the linear relationship on an increased knowledge about forgiveness (the Knowledge of Forgiveness in Counseling Survey, Schmidt, 2015) and likelihood to use a forgiveness approach in counseling (“How likely are you to use a forgiveness approach in counseling with clients?”: 1 = Not at all likely, 2 = A slim chance, 3 = Moderate chance, 4 = Probably, and 5 = Definitely).

Results indicated no statistically significant association ($r = .14, p > .05$. Hence, the null hypothesis was not rejected and there was no treatment effect. Again there was a negative correlation, but it was not statistically significant. These findings suggest that an increased knowledge of forgiveness in counseling for licensed counselors in this study was not related to a greater likelihood to use a forgiveness approach in counseling.
Inspection of *KFCS* Items

A reliability analysis was conducted on the pre- and post-test of the *Knowledge of Forgiveness in Counseling Survey (KFCS, Schmidt, 2015)*. Results indicated that mean scores on 14 of the 20 items increased from pre- to post-test, 4 items remained the same (zero variance), and the mean scores on 2 of the items decreased. The two mean scores that decreased were on Item 6 (“Forgiveness Therapy uses aspects of CBT”) and Item 20 (“Research indicates that angry rumination decreases forgiveness”), the correct response to both items being “True.” It appears that for Item 6, the workshop did not adequately teach that Forgiveness Therapy does use aspects of CBT; hence, participants’ scores decreased. It appears that the researcher—as the developer and facilitator of the online workshop—could have spent more time in the workshop explaining that Forgiveness Therapy does use aspects of CBT. She also could have used more examples in that learning module. However, it appears the wording on Item 20 was ambiguous and this caused the decrease in mean score. Due to the ambiguity of this item, participants may not have correctly understood it and therefore answered it incorrectly. Perhaps if Item 20 had been written clearly, participants would have understood the item and their scores would also have increased. For example, Item 20 could have been worded as: “Research indicates that one benefit of forgiving another person is experiencing a decrease in angry rumination.”

In the current study, three items (Items 2, 7, and 17) appeared to be responsible for the greatest gains in scores from pre- to post-test on the KFCS. The mean score on Item 2 (“Just making the decision to forgive someone had a significant effect on
emotional health, e.g., depression and anxiety”) increased from .0267 to .3200. The mean score on Item 7 (“Forgiveness Therapy is equally effective at 6 weeks of therapy and 12 weeks of therapy”) increased from .4267 to .7867. The mean score on Item 17 (“Forgiveness in counseling helps teach clients how to better manage or express their anger”) increased from .0133 to .2667. Because 14 of the 20 item mean scores increased, this suggests that items were appropriate (i.e., worded clearly, reflective of content covered in the workshop) and that participants learned about forgiveness in counseling. A reliability analysis was not conducted on the FAQ (Kanz, 2000) because the scoring mechanism used by the researcher was different from that used by Kanz, thus preventing reliability comparisons.

**Chapter Summary**

This chapter reported the results of the effects of an asynchronous online forgiveness workshop on licensed counselors’ knowledge and beliefs about using forgiveness in counseling. This chapter also presented participant demographics, sampling procedures, and a restatement of the research questions. Only eight of the nine hypotheses could be tested as there was insufficient data to test hypothesis three. Five of the hypotheses were found to be significant (there was a treatment effect) and three hypotheses were not found to be significant (no treatment effect).

Chapter 4 discusses the implications of the results and how the study may relate to the literature on online learning, Rogers’ (2003) theory of innovation and diffusion, and forgiveness in counseling. The limitations of the research are also presented. The contribution of this research to the field of counselor education and clinical practice are
discussed. Finally, based on this study, the researcher offers suggestions for further research.
CHAPTER IV
DISCUSSION

The previous chapter reported the results of this study investigating the effect of an asynchronous online forgiveness workshop on licensed counselors’ knowledge and beliefs about using Forgiveness in Counseling. The independent variable was the treatment variable—the online forgiveness workshop. Dependent variables were knowledge about forgiveness, measured by the *Knowledge of Forgiveness in Counseling Survey* (*N* = 20) developed for this study; and beliefs about forgiveness, measured by Part 2 of *The Forgiveness Attitudes Questionnaire* (*N* = 23; FAQ, Kanz, 2000).

This chapter discusses the results of the study. The first section addresses the results for each research question. Results are then compared to the current literature on effectiveness of online learning, forgiveness in counseling, and Rogers’ (2003) Innovation-Diffusion theory about the adoption of change. Participants’ evaluations about the workshop were explored. Finally, implications for counseling practice, the limitations of the study, and recommendations for follow-up research are examined.

**Discussion of Each Research Question**

**Research Question 1**

Will counselors have gained knowledge about forgiveness in counseling as measured by the *Knowledge of Forgiveness in Counseling Survey* (Schmidt, 2015) after completing this 2-hour online Forgiveness in Counseling workshop?

In this study, counselors gained knowledge about forgiveness in counseling after completing this 2-hour online Forgiveness in Counseling workshop. This finding
suggests that an online workshop (or online learning) is a means by which information about forgiveness in counseling can be effectively conveyed to licensed counselors. This finding is supported with previous research of Bassili (2006), who found no significant differences in learning between distance courses and traditional face-to-face courses as measured by student grades or exam performance. Erickson et al. (2012) also found an asynchronous online workshop an effective medium to teach rural special education teachers, as they gained knowledge and increased in their ability to apply research-based practices in their classrooms. Murdock et al. (2012) also found online learning to be an effective means to gain knowledge as evidenced by students’ acquisition of counseling skills (beginning counselors learned how to open a session, develop rapport and explore the problem with a peer “client”) via this format.

**Research Question 2**

Will counselors’ beliefs about forgiveness in counseling be more similar to beliefs as expressed in the research literature as measured by Part 2 of the *Forgiveness Attitudes Questionnaire (FAQ;* Kanz, 2000) after completing this 2-hour online Forgiveness in Counseling workshop?

In the current study, counselors’ beliefs about forgiveness became more similar to beliefs about forgiveness in the research literature, as measured by Kanz (2000). This finding suggests that counselors corrected some of their pre-existing misconceptions about forgiveness by participating in the workshop. Forgiveness researchers have speculated that people, including counselors, have misconceptions about forgiveness (Baskin & Enright, 2015; Brill, 2007; West; 2001). Kearns and Fincham (2004) also
found that participants held misconceptions about forgiveness. Kearns and Fincham
found that 28% of college students in their study thought forgiveness meant forgetting
about the offense, 21% thought reconciliation was an important part of forgiveness, and
12% believed that excusing or condoning the offense was also part of forgiveness.
Forgetting, reconciliation (one can forgive someone and not spend time with that person),
and condoning are all misconceptions of forgiveness, according to forgiveness
researchers. The current study found that counselors hold misconceptions about
forgiveness in counseling, and that some of these misconceptions can be corrected via
participation in an online workshop.

Research Question 3

Will counselors differ in their beliefs about forgiveness relative to different
demographic variables (e.g., religion, gender, theoretical orientation) before and
after they complete a 2-hour online Forgiveness in Counseling workshop?
This hypothesis could not be tested because of insufficient data by demographic
variable.

Research Question 4

Will counselors rate the usefulness of forgiveness in counseling higher after
participating in a 2-hour online Forgiveness in Counseling workshop?
In the current study, counselors rated the usefulness of forgiveness in counseling
higher after participating in a 2-hour online Forgiveness in Counseling workshop. This
suggests that when counselors gained knowledge about forgiveness in counseling and
counselors’ beliefs became more similar to beliefs as expressed in the research literature
(Part 2 of the *FAQ*, Kanz, 2000), they reported a greater usefulness of forgiveness in counseling. This finding is consistent with forgiveness research. For example, Thorsen et al. (2000) observed that most anger management programs do not include forgiveness in their curriculum and children and youth in the United States are rarely taught about forgiveness in school. Several forgiveness researchers speculated that this is due to forgiveness often being associated with religion and an earlier taboo in the counseling field of addressing “religious issues” (Hope, 1987; Kassinove & Tafrate, 2002; West, 2001). Additionally, DiBlasio (1993) found that practitioners with strong religious beliefs found forgiveness more useful than those without such beliefs, suggesting that forgiveness is only associated with religion and this can be viewed as a faulty belief or misconception. Perhaps when counselors (in the study) gained knowledge about how the research literature defined forgiveness and their misconceptions about forgiveness decreased (forgiveness can be used with or without religion), they found forgiveness more useful.

**Research Question 5**

After participating in a 2-hour online Forgiveness in Counseling workshop designed to increase knowledge and change beliefs about the use of forgiveness in counseling, will counselors report a greater likelihood to use forgiveness in counseling?

After participating in a 2-hour online Forgiveness in Counseling workshop, counselors in the current study reported they were more likely to use a forgiveness approach in their counseling. Although there is a growing body of literature suggesting
that forgiveness in counseling may be beneficial in decreasing anger and aggression, the
majority of counselors do not use forgiveness in counseling (Konstam et al., 2000).
Wade et al. (2008) noted that forgiveness research is relatively new and may not be
known to counselors, and hence, they may be unaware that forgiveness can be beneficial
for their clients (lack of knowledge). It is not clear why counselors are not using
forgiveness in counseling, but Wade et al. did suggest that it may be due to a lack of
knowledge about the benefits of forgiveness (e.g., decreasing anger in clients). The
current study suggests that increased knowledge about forgiveness and changes in
attitudes about the use of forgiveness in counseling is associated with a greater
inclination of licensed counselors to use a forgiveness approach in their professional
counseling practice.

**Research Question 6**

When counselors’ beliefs about forgiveness in counseling become more similar to
beliefs as expressed in the research literature as measured by Part 2 of the *FAQ*
(Kanz, 2000), will this correspond to an increased endorsement of the usefulness
of a forgiveness in counseling approach?

In the current study, when counselors’ beliefs about forgiveness became more
similar to beliefs expressed in the research literature, these counselors regarded
forgiveness in counseling as more useful. It appears that when counselors have fewer
misconceptions about forgiveness, they find forgiveness in counseling more useful.
Some common misconceptions about forgiveness are: forgiveness equals pardon,
condoning, reconciliation, and forgetting (Enright & Fitzgibbons, 2015). One of the
major misconceptions about forgiveness in counseling is that forgiveness is a practice exclusive to religion. For example, DiBlasio’s (1993) study found that social workers had only a slightly positive attitude toward the concept and practice of forgiveness and openness to clients’ religious issues. He also found that even when social workers had strong religious beliefs and held a more favorable attitude of forgiveness, they were not more likely to use forgiveness. DiBlasio explained that this was due to social workers preferring to keep their religious beliefs separate from their practice. It appears that social workers and counselors have paired forgiveness exclusively with religion (misconception) and perhaps when they learn that forgiveness can be used with or without religion (Freedman & Chang, 2010), they find it more useful.

**Research Question 7**

When counselors’ beliefs about forgiveness in counseling become more similar to beliefs as expressed in the research literature as measured by Part 2 of the *FAQ* (Kanz, 2000), will this correspond to a greater likelihood to use a forgiveness approach in counseling?

In the current study, when counselors’ beliefs about forgiveness became more similar to beliefs as expressed in the research literature, they were not more likely to use a forgiveness approach with their clients. The forgiveness research indicates that although many therapists reported it was appropriate to discuss forgiveness with their clients, the majority of them did not use forgiveness with their clients (DiBlasio & Proctor, 1993; Konstam et al., 2000). Hence, the finding is consistent with previous research. However, because forgiveness researchers suggested that counselors may not
be using forgiveness in counseling due to its association with religion, it was hypothesized that once counselors learned about the misconceptions, they would be more likely to use a forgiveness approach. It should be noted that although there was not a significant association between an increased endorsement of researchers’ definitions of beliefs and the likelihood to use a forgiveness approach in counseling, the relationship between the two variables did tend to get stronger after the counselors participated in this 2-hour online Forgiveness in Counseling workshop.

In the current study, after participating in the workshop, counselors reported finding forgiveness more useful, but they indicated they were not more likely to use forgiveness in counseling. Perhaps counselors in the current study did not report a greater likelihood to use forgiveness because they were not confident in how to use forgiveness in counseling with their clients and this was their number one critique of the online workshop (that they would like more information and training). For example, participants reported they would have liked: “more detail about the process of forgiveness” and “I would like some handouts to use with clients to guide them through the process.”

**Research Question 8**

Will an increased knowledge about forgiveness as measured by the *Knowledge of Forgiveness in Counseling Survey* (Schmidt, 2015) correspond to an increased endorsement of the usefulness of forgiveness in counseling?

In the current study, when counselors’ knowledge about forgiveness increased there was not a corresponding increased endorsement of usefulness of forgiveness in
counseling. This finding suggests that even though counselors gained knowledge about forgiveness in counseling, they did not find forgiveness in counseling more useful. Goldman and Wade (2012) speculated that counselors were not using forgiveness in counseling because they were unaware of forgiveness research that found significant results in decreasing anger and aggression, anxiety, and depression. Hence, this finding was incongruent with Goldman et al.’s speculations that counselors are not using forgiveness in counseling due to a lack of knowledge, but this finding was consistent with Everett Rogers’ (2003) Innovation-Diffusion Theory. Rogers described innovation adoption as a process in which individuals adopt an innovation (a new idea or practice). Through his research, Rogers identified five stages in the diffusion or adoption process: knowledge, persuasion, decision, implementation, and confirmation. He indicated that knowledge or research alone is not enough for the adoption of innovation. Again he noted that “most individuals do not evaluate an innovation on the basis of scientific studies” (p. 18). Hence, Rogers’ theory that gaining knowledge about a new idea or practice is not enough for individuals to adopt a new idea may explain why counselors in this study did not rate forgiveness in counseling more useful even though they gained knowledge about forgiveness.

**Research Question 9**

Will an increased knowledge about forgiveness as measured by the *Knowledge of Forgiveness in Counseling Survey* (Schmidt, 2015) correspond to a greater likelihood to use a forgiveness approach in counseling?
In the current study, although counselors gained knowledge about forgiveness in counseling, this increase in knowledge did not correspond to a greater likelihood to use a forgiveness approach in counseling. This finding suggests that greater knowledge is not sufficient for counselors to adopt and implement a new theory, idea, or practice. As noted previously, this finding is consistent with Rogers’ (2003) Innovation-Diffusion theory. Again, Rogers stated that knowledge or research findings alone are not enough for the adoption of innovation.

**Participants’ Evaluation of the Workshop**

Participants were asked to complete a 5-question workshop evaluation form the researcher developed, as part of the requirement to be able to obtain two free CEs for participating in the research study (see Appendix N). Responses to the first four questions were identified by “Yes” or “No.” The five questions were:

1. Did you feel that the workshop accomplished the learning objectives?
2. Did you learn more about using interpersonal forgiveness in counseling?
3. Did you find the information in this workshop useful?
4. Did this workshop hold your attention?
5. Please discuss what could have been done differently to improve the workshop.

The researcher included only the answers from the 75 participants who completed all the pre- and post-tests in the online forgiveness research study.

For question 1, 100% of the participants responded “Yes,” which indicated they felt learning objectives were met. For question 2, 100% of the participants responded “Yes,” which indicated that they felt like they learned more about using interpersonal
forgiveness in counseling. For question 3, 100% of participants responded “Yes” indicating that they found the information in the workshop useful. For question 4, 93% (70/75 reported “Yes”) reported that this workshop held their attention. Hence, the majority of the participants indicated that the online Forgiveness in Counseling did hold their attention.

For question 5, participants described what could have been done differently to improve the workshop. Sixty participants out of the 75 provided responses (60/75). Overall, the majority of the participants gave positive feedback about the online forgiveness workshop. Twenty-five out of the 60 participants who wrote comments wrote that it was a “great” workshop and “nothing” needed changed (25/60). Examples of statements were: “No changes needed. The presenter did a great job;” “Well done. I will use this information with my work and personal growth as well;” and “All in all it was excellent and I am not saying that lightly.”

However, several participants reported that they found the music, cartoons, and workshop “cheesy, distracting, too loud, moved too slow, moved too fast, or would have liked more subdued music.” Two out of the 60 participants reported that they found the workshop “cheesy” (2/60) and six out of 60 noted that they felt the music was too loud or distracting (6/60). Participants also noted that the online workshop could have been improved by “perhaps more engaging visuals” (2/60) and “the presenter should have read the slides or at least given a synopsis.” Finally, one participant wrote,

I found myself wishing that there was less of the cheesy music and pictures to make the videos shorter. However, while I didn’t necessarily like them, I think
part of me did and this definitely held my attention better than any other videos. It made it seem more real—your personality comes through more than what typically shows in presentations like this, and I think it made it more engaging.

The most common critique participants reported was that they would have liked more information or training to help them actually use forgiveness in counseling. Fifteen of the 60 participants stated they wanted more information or training on how to use forgiveness in counseling and this was the most requested critique of the workshop (15/60). For example, participants reported that they would like the following: “More information about techniques for teaching the clients the process of forgiveness,” “Video(s) of forgiveness therapy,” and “Written materials would have been useful to refer to later in my practice.” It appears that the counselors in this study found the online forgiveness in counseling workshop informative and useful, hence online learning is a method with which counselors can learn more about a theory or practice. However, counselors in this study indicated that just learning about a theory or practice is not enough; they would like more in-depth training on how to use forgiveness in counseling with their clients.

It appears that the online forgiveness workshop was successful in helping counselors gain knowledge about forgiveness in counseling, making their beliefs more similar to researchers’ beliefs about forgiveness in counseling, finding forgiveness in counseling more useful, and reporting a greater likelihood to use a forgiveness approach. The online forgiveness workshop was not successful in determining which variable contributed to counselors reporting a greater likelihood to use a forgiveness approach.
However, from the participants’ critiques about wanting more extensive training, more extensive training or supervision may be the variable that would help counselors actually use a forgiveness approach with their clients. Hence, to make an online workshop more useful and successful in the future, an experiential and or supervision component to online training should be added.

**Implications for Counselor Educators and Counseling Practice**

Previous research on forgiveness in counseling or Forgiveness Therapy focused on (a) the usefulness of forgiveness approaches in decreasing anger, anxiety, and depression (Enright & Fitzgibbons, 2015); (b) the effectiveness of workshops as a means to teach participants to learn how to forgive (Lampton et al., 2005; O’Neil et al., 2005; Stratton et al., 2008); and (c) what counselors’ and therapists’ beliefs and attitudes were about forgiveness in counseling (DiBlasio, 1993; Konstam et al., 2000). This study sought to expand previous research by examining the effect of an asynchronous online forgiveness workshop on licensed counselors’ knowledge and beliefs about forgiveness in counseling. The researcher also wondered whether expanding one’s knowledge and acquiring more accurate beliefs about forgiveness would be related to the counselors’ perceptions about the utility of using forgiveness in counseling.

To review the results, (a) counselors in the current study gained knowledge about forgiveness in counseling, (b) their beliefs about forgiveness became more similar to the research literature definitions of beliefs about forgiveness in counseling, (c) the counselors rated the usefulness of forgiveness in counseling higher, and (d) they reported a greater likelihood to use a forgiveness approach in counseling after participating in this
2-hour online Forgiveness in Counseling workshop. This suggests that online learning may be an effective avenue to convey information. An implication for counselor educators and counselors from the results of this study was that an online forgiveness workshop did affect counselors’ knowledge about forgiveness and beliefs about the usefulness of forgiveness in counseling and increased counselors reported likelihood to use forgiveness in counseling. Hence, an asynchronous online workshop appears to be an effective way to teach licensed counselors about a counseling practice.

Another implication is that it may be beneficial for counselor educators to add an experiential component to a workshop as this may help counselors use a forgiveness approach with their clients. Again, licensed counselors who participated in the online forgiveness workshop reported that more information and training on the use of forgiveness in counseling would have been helpful. Some participants stated: “Perhaps providing the slides as a power point attachment to review later and to have at our disposal as we take this idea and integrate it with our work with clients” and “I wish I would have heard more counseling techniques used, during each stage, to help clients through the process. Do you listen with empathy the entire process? Can you use confrontation?” Counselor educators could have a counselor or supervisor demonstrate how to use a forgiveness approach with a client and then have counselors participate in role plays using the forgiveness approach. The experiential component may help counselors understand how to use forgiveness techniques and provide confidence in utilizing them.
Additionally, in the current study it was found that when counselors’ beliefs became more similar to researchers’ definitions of beliefs about forgiveness in counseling (misconceptions decreased; i.e., they learned that they can use forgiveness with or without religion and forgiveness is not the same as reconciliation), this did relate to an increased endorsement of the usefulness but not to a greater likelihood to use a forgiveness approach in counseling. Finally, in this study it was found that when counselors increased in their knowledge about forgiveness in counseling, it did not correspond to an increased endorsement in the usefulness nor to a greater likelihood to use a forgiveness approach in counseling. However, in the current study, it was found that after licensed counselors participated in an online forgiveness workshop about using forgiveness in counseling, they reported a greater likelihood to use a forgiveness approach in counseling. The likelihood to use forgiveness was not influenced by either knowledge or beliefs when analyzed separately. It was unclear if the variables of knowledge and beliefs are two separate entities, but one was not sufficient to influence practice (both may be needed). Can one change beliefs without increasing one’s knowledge or does one need to gain knowledge prior to changing one’s beliefs? Hence, more research needs to be conducted to determine which factor(s) or variable(s) contributes to counselors reporting a greater likelihood to use a forgiveness approach in counseling.

In this study, one of the most prominent findings appeared to be that when counselors’ beliefs became more similar to researchers’ beliefs about forgiveness (decreased misconceptions), they rated forgiveness more useful. Hence, it appears that
beliefs about forgiveness in counseling may be more important than knowledge about forgiveness in counseling. This finding is consistent with Rogers’ (2003) Innovation-Diffusion Theory. Rogers reported that an adopter’s or a counselor’s perceptions (beliefs) of the innovations characteristics are actually more important than the results of the research (knowledge). Rogers stated that there are five primary characteristics of innovations that affect their rate of diffusion or adoption: relative advantage, compatibility, complexity, trialability, and observability. In this study, three of the five characteristics of innovations for forgiveness in counseling could be observed. For example, licensed counselors in this study were able to determine relative advantage (does forgiveness in counseling provide better treatment to their clients), compatibility (does a forgiveness approach work with the licensed counselors values, ideas, needs, and experiences), and complexity (the ease of comprehending and use of forgiveness in counseling). However, the online forgiveness workshop was not able to provide the licensed counselors’ with trialability (referring to the counselors’ ability to implement or test a forgiveness approach in counseling) and observability (the licensed counselor’s ability to see the results of using forgiveness in counseling). Perhaps because the licensed counselors in this study were not able to determine trialability and observability of forgiveness in counseling, they were not as likely to report wanting to use forgiveness in counseling.

Indeed, although counselors’ beliefs increased (i.e., became more similar to researchers’ beliefs about forgiveness) and they found forgiveness in counseling more useful, beliefs were not a significant enough variable for counselors to be more likely to
actually use a forgiveness approach. Overall, licensed counselors in this study reported that they were more likely to use a forgiveness approach in counseling after participating in the online forgiveness workshop. However, greater knowledge and more accurate beliefs (more similar to researchers’ beliefs) about forgiveness (at least when examined separately) did not appear to influence licensed counselors’ report of being more likely to use forgiveness in counseling. Several participants in the study reported that they would have liked experiential training or supervision on how to use forgiveness in counseling. Is it possible that experiential training is a knowledge variable as counselors learn how to implement forgiveness techniques with their clients? If experiential training is a type of knowledge variable, the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) did not measure it, so perhaps knowledge (via training) may be an influencing variable and the current study did not address it. Rogers (2003) indicated that people are more likely to use a new practice or innovation when they have the ability to test a practice and also see the results of the new practice or innovation. Hence, counselors may be more likely to use forgiveness in counseling if they are provided more extensive training on how to teach their clients how to go through the forgiveness process. Therefore, again, an implication for counselor educators and clinicians is that even when counselors have knowledge and believe a theory or practice will be useful and help their clients, it appears that counselors may be more likely to use a new practice or counseling technique when they receive experiential training or supervision on how to use the practice.
Limitations

This study had several limitations and therefore the results of this study should be interpreted with caution. First, there were some threats to external validity. The researcher used a convenience sample of licensed counselors in Ohio who responded to an invitation to participate in a free online workshop for which they would be issued 2 continuing credit units. The subjects were not randomly selected so the results may not be generalizable to other licensed counselors. Additionally, the sample may have been biased as most reported they were Christian females and had used forgiveness. It was therefore perhaps not representative of all licensed counselors. There could have also been a possible reactive effect (awareness that they participated in a study). Perhaps the participants wanted the study to be successful, so they responded how they thought the researcher wanted them to. Finally, because the sample was homogenous, the researcher was not able to test hypothesis 3 concerning the impact of the workshop on sub-populations and the homogeneous sample could have skewed the results.

Another limitation in this study was there was not a control group. Without a control group it is unclear whether the results were due to participating in the online workshop or due to assessment reactivity. Assessment reactivity suggests the results were obtained simply due to the participants taking the pre-test or learning from the pre-test, so in other words, the pre-test was the treatment. A control group could have ruled out assessment reactivity by having one group of participants only complete the pre- and post-tests and not the online workshop and then analyze the results to determine whether the control group also had significant results.
There was also no control over several variables that may have influenced the results of the study. First, it appears that the licensed counselors who participated in this study were predominantly religious. Indeed, 91% of the participants reported they were religious (71% Christian, 11% Jewish, 1% Muslim, and 8% reported Other). Again, because forgiveness is often associated with religion, there could be a biased interest in the topic of forgiveness due to their reported religiosity. Second, demographics indicated that participants might have had a biased or invested interest in the topic of forgiveness, as 78% of the licensed counselors reported they had already discussed forgiveness with their clients. Participants perhaps already had knowledge about forgiveness and beliefs similar to that of the researcher’s about forgiveness in counseling, which could have produced a ceiling effect. The knowledge variable on pre-test score was 15.467 and the post-test score was 17.067 out of 20. Additionally, the belief score from Part 2 of the FAQ at the pre-test was 21.480 and 21.947 at the post-test out of a total score of 23. Hence, the results may have had more significant results if participants did not already have a high level of knowledge about forgiveness in counseling and similar beliefs to researchers about forgiveness and if other more complex measures had been available.

Another limitation of the current study was that participants did not have to complete the workshop at one sitting, they were able to log in and out for the month that the online workshop was available. Hence, it is possible that participants learned about forgiveness in counseling from sources other than the workshop. Additionally, the researcher was not able to determine whether the participants watched the online workshop, so it was possible that participants did not watch the workshop. However,
60/75 participants wrote in specific feedback on the evaluation form. Hence, it appears
that at least 60 participants or the majority of participants did watch the online workshop.

A ninth and final limitation to the current study concerns the instruments selected
to measure beliefs and knowledge about forgiveness. The FAQ (Kanz, 2000) was
developed for Kanz’s dissertation and was only used in one publication prior to this study. Only Part 2 of the FAQ was used in the current study because it was the only instrument available at the time to measure counselors’ beliefs about forgiveness in counseling. Additionally, the Knowledge of Forgiveness in Counseling Survey (Schmidt, 2015) was developed for the current study and was not tested for validity. The Knowledge of Forgiveness in Counseling Survey only had an inspection of items and was not tested on reliability. This could have affected the results of the study because it is unknown if the Knowledge of Forgiveness in Counseling Survey actually measures knowledge about forgiveness in counseling in a consistent manner.

Recommendations for Further Research

From the results of this study, it appears that online learning is a method that allows counselors to learn more about a counseling practice or technique. The licensed counselors reported a greater likelihood to use forgiveness in counseling after participating in an online forgiveness workshop, but the variables of knowledge and beliefs were not the variables (at least not when analyzed individually) that counselors reported contributed to increasing their likelihood of using forgiveness in counseling. It appears that it would be beneficial to determine which variable or combination of
variables would help counselors move from finding forgiveness in counseling useful to actually using it.

To help determine which variable(s) influence licensed counselors to use forgiveness in counseling, future research could use different instruments. Again, one of the limitations in this study was the instrument Part 2 of the Forgiveness Attitudes Questionnaire (FAQ, Kanz, 2000). This was the only instrument that could be located that assessed licensed counselors’ beliefs about using forgiveness in counseling. Additionally, at the time the research was conducted, there was no instrument that measured the knowledge of forgiveness in counseling. This necessitated the development of such an instrument.

Further research on the topic of counselors using forgiveness in counseling should also include counselors from other states in the United States and internationally to help make the sample more heterogeneous and able to be generalized to more of the counselor population. Again, because the majority of the licensed counselors in this study were Christian females with the primary theoretical orientation of CBT, the researcher was unable to test hypothesis 3 and the results may only be generalizable to licensed female Christian counselors in Ohio. Hence, if the sample was more heterogeneous, the researcher could have examined if any of the demographic variables influenced counselors’ knowledge, beliefs and likelihood to use a forgiveness approach in counseling and the results would have been more generalizable.

From the feedback from the participants in this study, it appeared that they wanted more information and training on how to use or apply forgiveness in counseling with
their clients. Participants reported the following: “I would like more information about Forgiveness Therapy;” “The workshop was a nice overview of forgiveness in counseling. I am interested in learning more about the stages in forgiveness therapy;” and “Perhaps making the workshop an extra half hour and showing a ‘fake’ client so that we can see some of the 4 stages in action.” Eighty-seven percent of the licensed counselors in this study reported that they had not received any training concerning use of forgiveness in counseling. Providing more training, including experiential training of actually using forgiveness in counseling (trialability and observability) is consistent with Rogers’ (2003) research that this would help licensed counselors adopt or use the forgiveness approach in counseling. DiBlasio (1993) stated that there is a lack of professional training for therapists on forgiveness; to date, this has not appeared to change. Hence, more research is needed to learn how to bridge the gap for counselors to go from the belief that forgiveness in counseling is beneficial to using forgiveness in counseling (Konstam et al., 2000).

Madison et al. (2009) suggested that after participants attend a training workshop, they need supervision or coaching to help them develop a solid acquisition of skill. Further research should help the innovation/forgiveness approach go from the “classroom” or knowledge to learning how to implement and confirmation of using forgiveness in counseling (Rogers, 2003). Further research could include supervision or experiential training with counselors on how to use forgiveness in counseling (a new technique or counseling practice) and then conduct research to determine if they are more
likely to use it. As a result, counselors would then be equipped and trained to use a forgiveness approach with their clients if they so desire.

**Conclusion**

An asynchronous online forgiveness workshop did affect licensed counselors knowledge and beliefs about using forgiveness in counseling. Again, after completing this 2-hour online Forgiveness in Counseling workshop, the following five hypotheses were significant: licensed counselors gained knowledge about forgiveness and about forgiveness in counseling; licensed counselors’ beliefs about forgiveness became more similar to researchers’ beliefs about forgiveness in counseling (counselors corrected some of their misconceptions about forgiveness); licensed counselors rated the usefulness of forgiveness in counseling higher; licensed counselors reported a greater likelihood to use a forgiveness approach in their counseling; and when counselors’ beliefs were more similar to researchers’ beliefs about forgiveness, they found forgiveness in counseling more useful.

However, when licensed counselors’ beliefs became more similar to researchers’ beliefs, they did not report a greater likelihood to use a forgiveness approach (although the relationship moved toward statistical significance). Additionally, when licensed counselors increased their knowledge about forgiveness in counseling, this did not result in counselors rating forgiveness more useful nor a greater likelihood to use a forgiveness approach. Hence, it appears that beliefs may be more significant than knowledge in influencing counselors rating a counseling approach more useful, which is congruent with Rogers’ (2003) Innovation-Diffusion Theory. However, it is possible that an increase in
knowledge influenced an increase in beliefs. Hence, it is not clear which variable or variables lead to counselors reporting a greater likelihood to use a forgiveness approach in counseling. Again, some participants reported that they would have liked more experiential training and supervision. Perhaps experiential training or supervision is the variable that would significantly influence counselors’ likelihood to use a forgiveness approach in counseling. More research is needed to determine which variables contribute to counselors’ beliefs that forgiveness in counseling is useful and then to using a forgiveness approach. Finally, as more research is conducted in these areas of innovation and diffusion/adoption, educators and counselors will gain insight and awareness into what will help counselors use a counseling approach when they believe it will be beneficial for their client.
APPENDICES
APPENDIX A

ENRIGHT’S PERMISSION TO USE HIS TABLE
Appendix A

Enright’s Permission to Use His Table

MICHELE SCHMIDT <mmschmid@kent.edu>

Permission to use your table on the Phases and Units of Forgiving and the Issues Involved

Robert Enright <rd.enright@yahoo.com> Thu, Nov 8, 2012 at 3:08 PM
Reply-To: Robert Enright <rd.enright@yahoo.com>
To: MICHELE SCHMIDT <mmschmid@kent.edu>

Hello, Michele. Yes, you have my permission to use the table with the proper referencing of it.

I wish you well in your important work. Please keep me posted on your progress.

Take care.

Robert Enright

From: MICHELE SCHMIDT <mmschmid@kent.edu> 
To: Robert Enright <rd.enright@yahoo.com> 
Sent: Thursday, November 8, 2012 1:59 PM 
Subject:Permission to use your table on the Phases and Units of Forgiving and the Issues Involved

Dear Dr. Enright,

Hi! I was wondering if I could have permission to use in my dissertation Exhibit 5.1/ The Phases and Units of Forgiving and the Issues Involved, which is located in “Helping Clients Forgive” (p. 68)? I am working on chapters 1 and 2 of my dissertation and currently my title is, “The Effect of an Online Workshop on Licensed Counselors’ Knowledge and Beliefs About Using Forgiveness in Counseling.” Thank you for your consideration of this.

Sincerely,
Michele Schmidt
APPENDIX B

THE FORGIVENESS ATTITUDES QUESTIONNAIRE (FAQ) PART 2 (KANZ, 2000)
Appendix B

The Forgiveness Attitudes Questionnaire (FAQ) Part 2 (Kanz, 2000)

Please Answer Yes or No

1. Is reconciliation a necessary part of forgiveness?
2. Is an apology necessary before you would forgive someone?
3. Is it necessary to forget the hurt when you forgive someone?
4. Do you see forgiveness as primarily a religious concept?
5. Is it possible to forgive someone without the person being aware of it?
6. Do you feel guilty if you do not forgive someone?
7. Is it possible to forgive yourself?
8. Is forgiveness more helpful for the person who was hurt than the person who did the hurting?
9. Can forgiveness cause emotional problems?
10. Do you think you have a moral responsibility to forgive?
11. Does forgiving someone excuse their hurtful behavior?
12. Can forgiveness occur if a hurtful action is still happening?
13. Are religious people more forgiving?
14. Do you see yourself as more forgiving than others?
15. Is it easier to forgive a friend/family member than a stranger?
16. Does anger decrease when forgiveness takes place?
17. Are you more likely to forgive someone who has made a major life change?
18. Do you see forgiveness as a weakness?
19. Does forgiveness justify a hurtful behavior?

20. Does forgiveness automatically restore trust?

21. Is it possible to be both angry and forgiving about a situation at the same time?

22. Was forgiveness used often in your family?

23. Do you believe people should be forgiven more than once for doing the same hurtful action repeatedly?
APPENDIX C

KANZ’S PERMISSION TO USE PART 2 OF THE FAQ
Appendix C

Kanz’s Permission to Use Part 2 of the FAQ

FAQ

JASON KANZ <jasonkanz@yahoo.com>  Tue, Feb 7, 2012 at 11:12 AM
Reply-To: JASON KANZ <jasonkanz@yahoo.com>
To: MICHELE SCHMIDT <mmschmid@kent.edu>

Yes, it is certainly fine to use just part 2. I will have to look back at my stuff to remember how to score it because it has been so long. -Jason

Jason Kanz, PhD, ABPP
Board Certified in Clinical Neuropsychology
Marshfield Clinic
2116 Craig Road
Eau Claire, WI 54701
Ph: (715) 858-4437/Fax: (715) 858-4567

From: MICHELE SCHMIDT<mmschmid@kent.edu>
To: JASON KANZ <jasonkanz@yahoo.com>; mmschmid <mmschmid@kent.edu>
Sent: Tuesday, February 7, 2012 10:10 AM
Subject: FAQ

Dr. Kanz,

Hi again!:) I am still working on my chapters 1 and 2 of my dissertation. Again, I am planning on examining counselors' knowledge and beliefs about utilizing forgiveness in counseling before and after they participate in my forgiveness workshop. In an earlier email, you gave me permission to use the FAQ. For my study, I will only use Part 2 of the FAQ, as I will not be studying how willing they are to forgive someone. So, my professors stated that I needed to ask you if it would be ok to only use Part 2 in my research?

Also, I was wondering if you would be able to send me information on how to score the FAQ? Thank you so much for your help!

Sincerely,

Michele Schmidt
PhD student at KSU
APPENDIX D

KANZ’S PERMISSION FOR SCORING MODIFICATIONS
Appendix D

Kanz’s Permission for Scoring Modification

MICHELE SCHMIDT <mmschmid@kent.edu>

FAQ - My Dissertation
Kanz’s Permission for Scoring Modifications
4 messages

MICHELE SCHMIDT <mmschmid@kent.edu>       Wed, Sep 14, 2016 at 8:41 PM
To: JASON KANZ <jasonkanz@yahoo.com>, mmschmid <mmschmid@kent.edu>

Dear Dr. Kanz,
Hi. My name is Michele Schmidt and I am a Doctoral Student at Kent State University in Counselor Education and Supervision. You previously gave me permission to use Part 2 of the FAQ in my research study and I used Part 2 of the FAQ as a Pre-test and Post-Test. My research study is titled, The Effect on an online workshop on licensed counselors' knowledge and beliefs about using forgiveness in counseling.

When I called you (I think last year) and I asked you about scoring the FAQ you indicated that you were unable to recall how to score it due to being so long ago. I was wondering if I could have your permission to score it according to how the research describes forgiveness. I would like to run dependent t-tests to determine if the licensed counselors beliefs become more similar to researchers after they participated in the workshop. Additionally, I would like to run Pearson r analyses to examine the relationship between beliefs and finding forgiveness in counseling useful and if licensed counselors were more likely to use forgiveness. 

Thank you for allowing me to use the FAQ!

Sincerely,
Michele Schmidt

Jason Yahoo <jasonkanz@yahoo.com>       Wed, Sep 14, 2016 at 8:55 PM
To: MICHELE SCHMIDT <mmschmid@kent.edu>

Most definitely. Please feel free to use it as you wish. I hope you find it helpful and keep me posted!

Jason Kanz, PhD, ABPP
Clinical Neuropsychologist
Marshfield Clinic
Sent from my phone, please excuse any typos
[Quoted text hidden]

mmschmid@kent.edu <mmschmid@kent.edu>       Wed, Sep 14, 2016 at 9:00 PM
To: Jason Yahoo <jasonkanz@yahoo.com>

Thank you so much!!!
I will keep
You posted!!!
Sent from my iPhone
[Quoted text hidden]
APPENDIX E
THE KNOWLEDGE OF FORGIVENESS IN COUNSELING SURVEY
(SCHMIDT, 2015)
Appendix E

The *Knowledge of Forgiveness in Counseling Survey* (Schmidt, 2015)

(True or False)

1. Forgiveness can be a therapeutic intervention

2. Just making the decision to forgive someone had a significant effect on emotional health (e.g., depression and anxiety)

3. Forgiveness is letting go or releasing resentment and bitterness

4. Forgiveness can be described as a conscious decision to not desire revenge and this leads to a resolution of anger

5. Empathy decreases forgiveness

6. Forgiveness therapy uses aspects of CBT

7. Forgiveness therapy is equally effective at 6 weeks of therapy and 12 weeks of therapy

8. Research suggests that forgiveness in counseling can only be used with one theoretical orientation

9. Forgiveness means the offender can continue to hurt or abuse the forgiver

10. Forgiveness should not be used with non-religious clients

11. One cannot be assertive and forgiving

12. Research suggests that forgiveness helps people to decrease their anger (trait anger)

13. Forgiveness equals a legal pardon (if you forgive someone you would not report their crime to the police)
14. Forgiveness is a process that can be time consuming in order to work through issues of hurt and anger

15. People need to acknowledge and express their hurt, anger and perhaps hatred, before they can forgive the offender

16. Forgiveness leads to a reduction in negative thoughts, feelings and behaviors about the offender and perhaps to an increase in positive thoughts, feelings and behaviors about the offender

17. Forgiveness in counseling helps teach clients how to better manage or express their anger

18. Research suggests that participants who completed forgiveness therapy did not have significant decreases in anxiety and depression

19. Research suggests that forgiveness in counseling has not been effective with incest survivors

20. Research indicates that angry rumination decreases forgiveness
Appendix F

Brochure About the Workshop

Resolve Anger through Forgiveness in Counseling:

- Learn the definition of forgiveness as described by researchers
- Learn to recognize the misconceptions of forgiveness
- Learn how forgiveness in counseling may be an effective treatment for anger issues
- Learn why the state versus trait distinction is important in treating anger problems
- Learn the difference between CBT anger management and forgiveness in counseling
- Learn Enright’s process of forgiveness model and Forgiveness Therapy

Consider Participating in a Kent State University Research Study Investigating Counselor Beliefs and Attitudes about using Forgiveness in Counseling.

KSU Research Study: This 2-hour web-based workshop is part of the Doctoral Dissertation Research of Michele Schmidt, MA, Doctoral Student in the Counselor Education and Supervision Program at Kent State University (KSU). This workshop is for Ohio Licensed Counselors and was approved by KSU’s Institutional Review Board. The Counseling and Human Development Center at KSU is approved by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board to offer continuing education credits to professional Counselors. CE Provider: RCX031002. You need high speed internet to participate. www.onlineforgivenessworkshop.com. This workshop runs from July 6 to August 3, 2015

Kent State University (KSU) Research Study on Interpersonal Forgiveness:

Visit: Online
www.onlineforgivenessworkshop.com

Ohio Licensed Counselors Will Earn 2 Free CEUs, For Participating in This Research!

This workshop is part of my Dissertation Research

WWW.ONLINEFORGIVENESSWORKSHOP.COM

128
APPENDIX G

RESEARCH STUDY RECRUITMENT EMAIL
Appendix G

Research Study Recruitment Email

LPCs and LPCCs Can Earn Two Free Continuing Education Units (CE’s) by Participating in a Kent State University Research Study: Effects of an Online Forgiveness Workshop on Counselor Beliefs and Knowledge about using Interpersonal Forgiveness in Counseling.

This 2-hour online Forgiveness in Counseling Workshop is part of a Dissertation Research Study and has been approved by Kent State University’s Institutional Review Board. This workshop is for Licensed Professional Counselors (LPCs) and Licensed Professional Clinical Counselors (LPCCs) in Ohio and participants can earn two free Continuing Education (CE) units by completing all four modules (demographics, consent form, pre- and post questionnaires, a 5-question evaluation form, and the actual online workshop) of the workshop. It will take approximately two and one-half hours to complete all 4 modules. In this workshop, participants will learn how forgiveness in counseling may be an effective treatment for anger issues and how to resolve anger through forgiveness in counseling. Participants will also learn if forgiveness in counseling is more appropriate or effective than CBT anger management. The Counseling and Human Development Center at Kent State University is approved by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board to offer continuing education credits to professional Counselors. CE Provider: #RCX031002

Research Study/Workshop will be available from: July 6th, 2015- August 3, 2015. 
Please go to: www.onlineforgivenessworkshop.com
Thank you,
Michele Schmidt
PhD Candidate in Counselor Education and Supervision Program, Kent State University
Appendix H

Reminder Email

A friendly reminder that you can earn two free CE units by participating in a Kent State University Research Study: Effects of an Online Forgiveness Workshop on Counselor Beliefs and Knowledge about using Interpersonal Forgiveness in Counseling. The research study/workshop is available from: July 6, 2016- August 3, 2016. Please log on to: www.onlineforgivenessworkshop.com

Thank you,
Michele Schmidt,
PhD Candidate in Counselor Educator and Supervision, Kent State University
APPENDIX I

CHDC AT KSU IS AN APPROVED CEU PROVIDER BY

OHIO CSWMFT BOARD
Appendix I

CHDS at KSU is An Approved CEU Provider By The Ohio CSWMFT Board

LPCs and LPCCs Can Earn Two Free Continuing Education Units (CE’s) by Participating in a Kent State University Research Study: Effects of an Online Forgiveness Workshop on Counselor Beliefs and Knowledge about using Interpersonal Forgiveness in Counseling.

This 2-hour online Forgiveness in Counseling Workshop is part of a Dissertation Research Study and has been approved by Kent State University’s Institutional Review Board. This workshop is for Licensed Professional Counselors (LPCs) and Licensed Professional Clinical Counselors (LPCCs) in Ohio and participants can earn two free Continuing Education (CE) units by completing all four modules (demographics, consent form, pre- and post questionnaires, a 5-question evaluation form, and the actual online workshop) of the workshop. It will take approximately two and one- half hours to complete all 4 modules. In this workshop, participants will learn how forgiveness in counseling may be an effective treatment for anger issues and how to resolve anger through forgiveness in counseling. Participants will also learn if forgiveness in counseling is more appropriate or effective than CBT anger management. The Counseling and Human Development Center at Kent State University is approved by the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board to offer continuing education credits to professional Counselors. CE Provider: #RCX031002

Research Study/Workshop will be available from: July 6th, 2015- August 3, 2015.

Please go to: www.onlineforgivenessworkshop.com

Thank you,
Michele Schmidt
PhD Candidate in Counselor Education and Supervision Program, Kent State University
APPENDIX J

IRB APPROVAL
Appendix J

IRB Approval

IRB approval for protocol #15-191 - retain this email for your records

17 messages

RAGS Research Compliance <researchcompliance@kent.edu>

Fri, May 8, 2015 at 2:06 PM

To: “OSBORN, CYNTHIA” <cosborn@kent.edu>
Cc: “mmschmid@kent.edu” <mmschmid@kent.edu>

RE: IRB # 15-191 entitled “The Effect of an Online Forgiveness Workshop on Counselors' Beliefs and Knowledge About Using Interpersonal Forgiveness in Counseling”

Hello,

I am pleased to inform you that the Kent State University Institutional Review Board reviewed and approved your Application for Approval to Use Human Research Participants as a Level II/Expedited, category 7 project. **Approval is effective for a twelve-month period:**

**May 6, 2015 through May 5, 2016**

*A copy of the IRB approved consent form is attached to this email. This “stamped” copy is the consent form that you must use for your research participants. It is important for you to also keep an unstamped text copy (i.e., Microsoft Word version) of your consent form for subsequent submissions.*

Federal regulations and Kent State University IRB policy require that research be reviewed at intervals appropriate to the degree of risk, but not less than once per year. The IRB has determined that this protocol requires an annual review and progress report. The IRB tries to send you annual review reminder notice by email as a courtesy. However, please note that it is the responsibility of the principal investigator to be aware of the study expiration date and submit the required materials. Please submit review materials (annual review form and copy of current consent form) one month prior to the expiration date.

HHS regulations and Kent State University Institutional Review Board guidelines require that any changes in research methodology, protocol design, or principal investigator have the prior approval of the IRB before implementation and continuation of the protocol. The IRB must also be informed of any adverse events associated with the study. The IRB further requests a final report at the conclusion of the study.

Kent State University has a Federal Wide Assurance on file with the Office for Human Research Protections (OHRP); FWA Number 00001853. If you have any questions or concerns, please contact the Office of Research Compliance at Researchcompliance@kent.edu or 330-672-2704 or 330-672-8058.

Kent State University Office of Research Compliance
224 Cartwright Hall | Fax 330.672.2658

**Victoria Holbrook** | Graduate Assistant | 330.672.2384 | vholbroo@kent.edu
**Tricia Sloan** | Administrator | 330.672.2181 | psloan1@kent.edu
**Kevin McCreaey** | Assistant Director | 330.672.8058 | kmccreae1@kent.edu
**Paulette Washko** | Director | 330.672.2704 | pwashko@kent.edu

For links to obtain general information, access forms, and complete required training, visit our website at www.kent.edu/research.
APPENDIX K

THE CONSENT TO PARTICIPATE
Appendix K

The Consent to Participate

This Workshop is Part of a Research Study Conducted at Kent State University: The Use Of Interpersonal Forgiveness in Counseling.

WORKSHOP IS NOW CLOSED. Thank you for your interest and your participation.

Welcome to “The Use of Interpersonal Forgiveness in Counseling,” a web-based study that examines the effects of participating in an online forgiveness workshop. Before taking part in this study, please read the consent form below.

CONSENT FORM

This study involves a web-based experiment to understand the effects of participating in an online forgiveness workshop on licensed counselors’ attitudes and beliefs about using interpersonal forgiveness in counseling to address deep hurt and resulting anger issues. The study is being conducted by Michelle Schmidt, Doctoral Candidate in the Counselor Education and Supervision Program at Kent State University (KSU). This research has been approved by KSU Institutional Review Board (IRB) and serves as Michelle’s doctoral dissertation research. No deception is involved, and the study involves no more than minimal risk to you (i.e., the level encountered in daily life). However, there is minimal risk, harm, or discomfort anticipated as a result of participating in this study. Participants will be exposed to three video forgiveness testimonials in the workshop, which may trigger some feelings of anger or hurt. If participants experience discomfort, please contact your local Mental Health Counseling Center or contact the Kent State University Counseling and Human Development Center (which offers free counseling services) at (330)672-2008. Participants may also experience potential benefits for participating in the study. For example, participants will potentially learn more about the process of forgiveness and how forgiveness can be utilized in counseling to address anger issues. Additionally, participants will learn how researchers define forgiveness and misconceptions about forgiveness. Finally, participants will learn about evidence-based research on forgiveness.

Your completion of the pre- and post-questionnaire signifies your consent to participate in this research study on forgiveness in counseling. You have the option to discontinue participation in this study without penalty. However, if you do not complete the study (all four modules and pre- and post-questionnaires), you will not earn the CEs. You may print a copy of this consent statement for future reference. All responses are treated as confidential, and no one will be able to identify you based on these responses. The Research Assistant will collect all data, and the researcher will not know the names of the participants. After the study is completed, the Research Assistant will destroy all identifying information. Participants should be aware, however, that the workshop is not secure from a “secure” web server that is usually used for credit card transactions; there is a slight possibility that someone could access your personal information. The Director of the KSU Counseling and Human Development Center (CHDC) will email you your CE certificate if you complete all four modules and the pre- and post-questionnaires after the close of the workshop.

If you have any questions or concerns about this research, you may contact Michelle’s faculty advisor, Dr. Cynthia Olson, at Olsonc@kent.edu or (330)672-6659. If you have any questions about your rights as a research participant or complaints about this research, you may call the IRB at (330)672-2104.

Who is eligible to participate?

This workshop is for licensed professional counselors and licensed professional clinical counselors in Ohio and you will need high-speed Internet to participate in the workshop.

Participants are eligible to earn two CE’s from the State of Ohio CSWB, MFTB, for LPCs or LPCCs.

To be eligible to earn two Continuing Education (CE) credits from Ohio Counseling, Social Worker, and Marriage and Family Therapist Board you must complete all four of the workshop modules. These include the consent form, demographics, the pre- and post-questionnaires, and an evaluation form. If you complete all four modules, the IRB Director of the CHDC will email you your CE certificate within one month of the close of the workshop.

Other benefits of participating:

In addition to earning two CE credits for completing all portions of the online workshop, participants will benefit by helping expand the research on forgiveness in counseling, specifically counseling professional’s beliefs and attitudes about engaging in interpersonal forgiveness practices with clients.
This Workshop is Part of a Research Study Conducted at Kent State U... http://www.onlineforgivenessworkshop.com/workshop

area of research is extremely limited and merits further consideration in the counseling research.

**Workshop is password protected.**

This workshop is password protected. Please keep the user name and password you received via email.

**How long will it take to complete this workshop?**

This workshop will take approximately two and one-half hours to complete. You do not have to complete it all at one time, but the workshop will only be accessible from July 6th, 2015 to August 3rd, 2015.

Please complete the pre-questionnaires and modules in order. Each page will take you to the next sequential page. However, if you stop and leave the page, you will be able to use the menu bar located at the top of each page.

**Questions or Concerns?**

If you have any questions or concerns, feel free to email Research Assistant, Lisa Followay, at onlineforgivenessworkshops@gmail.com. The Research Assistant and the KU CHDC Director will be the only ones to identify you as a participant in this study and the information you provide. No one else, including the Researcher, will be able to identify participants and only Research Assistant, Lisa Followay, will be able to access personally-identifiable data.

If you experience any discomfort from participating in the study:

If you experience any discomfort from participating in this study, please contact your local Mental Health Agency or Kent State University’s Counseling and Human Development Center (offering free counseling services) at (330) 672-2208.

**To Begin:**

Please click here to begin the online forgiveness workshop and to complete demographics, then two forgiveness questions, and then Pre-Test 1 and 2.
APPENDIX L

USER REQUEST FORM
Appendix L

User Request Form

First Name:

Last Name:

Profession:

Organization:

Email Address:
Appendix M

Demographics Questionnaire

Name:

1. Age?

2. Gender? (Female or Male)

3. Race/ Ethnicity?
   A. White or Caucasian
   B. Black or African American
   C. American Indian or Alaska Native
   D. Asian
   E. Native Hawaiian
   F. Other Pacific Islander
   G. Latino
   H. Middle Easterner
   I. Some other race

4. Religious Affiliation?
   A. Christian
   B. Jewish
   C. Muslim
   D. Hindu
   E. Buddhist
   F. Wicca
   H. Other
   I. None

5. What Counseling license you hold (L/PC or L/PCC)?

6. What is your primary counseling theoretical orientation? (select 1)
   A. Cognitive
   B. Behavioral
   C. Cognitive-Behavioral
   D. Client Centered
   E. Solution Focused
   F. Motivational Interviewing
   G Family Systems
   H Strategic
   I. Gestalt
   J. Reality
K. Psychoanalytic
L. Psychodynamic
M. Other

7. What is your primary work setting?
   A. Private Practice
   B. Mental Health Agency
   C. Hospital
   D. College/University
   E. High School
   F. Middle School or Junior High
   G. Elementary School
   H. Prison
   I. Other

8. Issues you have mainly dealt with in your practice? Please select the primary one.
   A. Trauma
   B. Grief
   C. Substance Abuse
   D. Physical Abuse
   E. Sexual Abuse
   F. Family
   G. Marriage
   H. Behavior
   I. Anger
   J. Other

9. How many years have you been a licensed counselor?

10. Supervisory experience as a counselor? (Yes or No) and if Yes, years of supervising others?

11. Have you addressed anger issues in your work with clients? (Yes or No?) and if Yes, what treatment did you use to address anger issues?

12. Have you discussed forgiveness with your clients? (Yes or No)

13. Have you ever received training on using forgiveness in counseling? (Yes or No)
APPENDIX N

QUESTIONS ABOUT FORGIVENESS IN COUNSELING

ADMINISTERED WITH PRE- AND POST-TESTS
Appendix N

Questions About Forgiveness in Counseling Administered With Pre- and Post-Tests

Name:

On a scale of 1 to 5, please rate the following questions:

1. How would you rate the usefulness of a forgiveness in counseling approach?
   1= Not at all useful
   2= A little useful
   3= Somewhat useful
   4= Very Useful
   5= Definitely useful

2. How likely are you to use a forgiveness approach in counseling with clients?
   1= Not at all likely
   2= A slim chance
   3= Moderate chance
   4= Probably
   5= Definitely
APPENDIX O

EVALUATION FORM FOR THE FORGIVENESS

IN COUNSELING WORKSHOP
Appendix O

Evaluation Form for the Forgiveness in Counseling Workshop

Please answer Yes or No to the following 4 questions:

Name:

1). Did you feel that this workshop accomplished the learning objectives?

2). Did you learn more about using interpersonal forgiveness in counseling?

3). Did you find the information in this workshop useful?

4). Did this workshop hold your attention?

5). For question #5, please discuss what could have been done differently to improve the workshop….

Thank you for participating in the online Forgiveness in Counseling Workshop. If you completed all the pre- and post-tests, the Director of the CHDC will email you your two CEs certificate within one month of the close of the workshop.
REFERENCES


Tallent-Runnels, M. K., Thomas, J. A., Lan, W. Y., Cooper, S., Ahren, T., Shaw, S. M.,

unanswered question. In M. E. McCullough, K. I. Pargament, & C. E. Thoresen
(Eds.), Forgiveness: Theory, research, and practice (pp. 254-280). New York,
NY: The Guilford Press.

Learning, 2(6), 17-21.

Interventions to promote forgiveness: A review of the literature. Psychotherapy:

West, W. (2001). Issues relating to the use of forgiveness in counseling and

becoming a more forgiving Christian: Participant manual. Richmond, VA:
Virginia Commonwealth University Press.

Zhao, L. (2011). The social dimension of distance learning by interactive television: A