2003

Basic and Advanced Competence in Collaborating With Clergy

Mark R. McMinn
George Fox University, mmcminn@georgefox.edu

Daniel C. Aikins

R. Allen Lish

Basic and Advanced Competence in Collaborating With Clergy

Mark R. McMinn, Daniel C. Aikins, and R. Allen Lish
Wheaton College

Some of the stories of psychologists and clergy working together have happy endings, and some do not. Twenty psychologists and clergy who work together well were interviewed, and 94 clergy (53% response rate) and 145 psychologists (76% response rate) were surveyed. A 2-tiered schema for working well with clergy is proposed. Basic collaborative qualifications, such as respect for clergy and communication with clergy as needed, should be considered minimal competence for all professional psychologists. Additional qualifications, such as awareness of religious spirituality and shared values, are necessary for more advanced forms of collaboration.

When Andrew Weaver and his colleagues posed the question, "What do psychologists know about working with the clergy?" and then proceeded to address the question by analyzing publication trends in eight journals of the American Psychological Association (APA), their answer was humbling (Weaver et al., 1997). A rough paraphrase of the answer is, "almost nothing." Only 4 empirical studies were identified out of 2,468 reviewed, and only 2 of those provided significant new data. The word *clergy* appears in the title of 4 of the more than 22,000 articles published in APA journals in the past 12 years, and one of these articles is Weaver et al.'s description of how little psychologists consider clergy.

This suggests that psychologists have some work to do if they are to develop effective ways of collaborating with clergy. We need to learn from the experiences of psychologists and clergy (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Budd, 1999; Plante, 1999) and to develop helpful strategies for effective collaboration. This will need to involve a combination of creative qualitative and quantitative research strategies that involve both clergy and psychologists.

Collaborative efforts have become common in mental health services, resulting in a heightened awareness of the benefits of collaborating and the potential risks of failing to collaborate (Caplan & Caplan, 1993). Collaboration helps correct the disjointed service delivery that has often been a part of human services (Dieker, 2001). However, it behooves psychologists to recognize that except in the most basic professional activities (e.g., accepting referrals, keeping the referring professional apprised of treatment progress), collaborative strategies may differ when working with those of various professions. Working well with a physician is likely to involve different strategies than those involved in working well with an attorney, which in turn may be different than those involved in working with a hospital administrator or political advocacy organization. How does one work well with clergy? What principles should be employed and pitfalls avoided?

Learning From Clergy and Psychologists

Interview Study

One of us (Daniel C. Aikins) conducted semistructured interviews with 10 licensed psychologists and 10 Christian clergypersons (Protestant and Roman Catholic), all of whom were currently or previously engaged in at least one collaborative relationship with someone from the other profession. The goal of this qualitative research was to better understand how trust between psychologists and Christian clergy is established and maintained. Each interview lasted between 20 and 45 min and was done by telephone, tape-recorded with permission, and transcribed for qualitative data analysis. All 10 of the psychologists in the study were licensed and held doctoral degrees. Nine were European American, and one was African American. Four were women and 6 were men. Two were Catholic, 7 were Protestant, and 1 psychologist did not identify with any religious affiliation. Of the 10 clergy who participated in this study, 8 were ordained ministers and 2 were not ordained. All were men. Nine of the clergy identified themselves as European American and 1 as Native American. Religious affiliation included 4 Catholics and 6 Protestants. All of the clergy had master's degrees, and 3 had doctorates.

Using qualitative data analysis software (NUD*IST 4, 1997), we distilled eight key principles of effective collaboration from the qualitative analyses of the 20 interviews. These principles are summarized in the left column of Table 1 and were used to

Table 1
Principles of Effective Communication Between Psychologists and Clergy

Principle of effective communication	Items on best/worst experiences questionnaire
Relationship	The psychologist/clergyperson took time to get to know me.
Common goals	We had similar goals for the person(s) we were working with.
Communication	The psychologist/clergyperson kept me informed about the person(s) we were working with.
Trust	I trusted the psychologist/clergyperson.
Respect	The psychologist/clergyperson respected me.
Complementary expertise	The psychologist/clergyperson offered services that I was not trained to offer.
Common values	The psychologist/clergyperson held similar values to my own.
Awareness of spirituality	The psychologist/clergyperson was aware of spiritual and religious dimensions of life.

construct a questionnaire for a larger quantitative study, described below.

Though the participants were selected on the basis of positive collaborative experiences with members of the other profession, most psychologists and clergy reported negative encounters as well. For clergy, these encounters often involved psychologists' offensive attitudes toward religion and the competing moral and spiritual values implicit in some psychological treatment approaches. Psychologists did not appreciate the judgmental approach of many clergy toward value-laden issues and took offense at clergy who believe that faith and psychology do not mix. Arrogance was offensive to both psychologists and clergy.

Survey of Clergy and Psychologists

As a follow-up to this qualitative interview study, a questionnaire was developed on the basis of the eight factors for effective collaboration distilled from the previous 20 interviews. The questionnaire was mailed to 200 randomly selected Christian clergy (Roman Catholic and Protestant) and 200 randomly selected psychologists with interests in religious issues. Clergy were identified by randomly selecting zip codes from the United States zip code directory and then randomly identifying churches from the GTE SuperPages (www.superpages.com). Names of senior pastors/priests for each church were then identified by searching the church's Web site or through contacting the church by telephone. Names of psychologists interested in religious issues were obtained through the APA Research Office.

Each respondent was first asked to think of a positive and negative collaboration experience with a member of the other profession before responding to eight statements reflecting the principles derived from the interview study. The eight statements on the questionnaire are listed in the right column of Table 1. Respondents then rated the extent to which each statement was true of their best collaborative experience with a member of the other profession on a 5-point Likert scale, ranging from 1 (*not at all*) to 5 (*a great deal*). They then repeated the ratings for their worst collaborative experience with a member of the other profession. Fourteen respondents (6 psychologists and 8 clergy) reported

having no positive contact with the other profession, and 45 respondents (26 psychologists and 19 clergy) reported having no negative contact with the other profession.

Ninety-four clergy returned a completed questionnaire, 7 responded but could not complete the questionnaire for various reasons, and 17 were not deliverable, resulting in a clergy response rate of 53%. One hundred forty-five psychologists responded with a completed survey, 9 could not complete the questionnaire for various reasons, and 1 was undeliverable, resulting in a psychologist response rate of 76%. Of the 239 respondents, approximately 81% were White, 16% were women, and the mean age was 52 years.

Table 2 displays the rank-ordered means for the eight scale items, based on the responses of psychologists and clergy to their most positive and negative experiences. Repeated measures multivariate analysis of variance demonstrated overall differences within the item list for all four conditions: for clergy best experience, Wilks's $\lambda(7, 76) = .415$, $p < .01$; for clergy worst experience, Wilks's $\lambda(7, 56) = .289$, $p < .01$; for psychologist best experience, Wilks's $\lambda(7, 120) = .337$, $p < .01$; for psychologist worst experience, Wilks's $\lambda(7, 99) = .417$, $p < .01$. Post hoc profile analyses using paired-sample t tests revealed differences between some of the adjacent means, as identified in Table 2. We also computed between-group differences for each of the eight themes, looking for items that were relatively more or less important for one profession than the other. These group differences are also reported in Table 2.

Respondents were also asked to describe their most positive and negative experience collaborating with a member of the other profession. Of the 239 respondents, 180 made comments. These statements were coded in NUD*IST 4 (1997) on the basis of the eight themes from the previous study. The number of respondents commenting about each of the eight themes is listed in Table 2. Several of the findings are worthy of highlighting here and play an important role in the collaboration schema proposed later.

Communication. In describing their most positive experiences in working with psychologists, nearly one fourth of the clergy described the importance of good communication. It was common

Table 2
Perceptions of Best and Worst Collaborative Experiences

	Clergy best experiences					Psychologist best experiences			
Theme	*n*	*M*	*SD*	Comments (%)	Theme	*n*	*M*	*SD*	Comments (%)
Complementary services[a]	85	4.5	0.7	2	Respect[a]	138	4.6	0.7	8
Awareness of spirituality	85	4.4	0.9	17	Trust	138	4.5	0.7	6
Trust	86	4.3	0.7	0	Common goals	137	4.4	0.7	5
Respect[a]	85	4.3	0.7	7	Awareness of spirituality	135	4.3	0.7	0
Common goals	85	4.2	0.8	3	Common values	135	4.3	0.8	15
Common values	86	4.1	0.9	7	Relationship[a,b]	135	4.0	1.0	6
Relationship[a,b]	86	3.6	1.1	10	Communication[b]	132	3.4	1.3	13
Communication	85	3.2	1.2	22	Complementary services[a]	130	3.4	1.4	9

	Clergy worst experiences					Psychologist worst experiences			
Complementary services[a]	69	3.5	1.3	0	Complementary services[a]	116	2.7	1.3	0
Awareness of spirituality[a,b]	69	2.8	1.2	16	Common values[a]	116	2.6	1.1	26
Common goals	68	2.5	1.2	24	Respect	115	2.6	1.0	3
Trust	70	2.5	1.1	3	Common goals	114	2.6	1.1	14
Respect	71	2.5	1.0	13	Trust	114	2.5	1.0	8
Common values[a]	70	2.2	1.0	16	Awareness of spirituality[a]	112	2.4	1.0	0
Relationship[b]	70	1.8	1.0	1	Relationship[b]	113	1.9	0.9	1
Communication	71	1.5	0.8	16	Communication	113	1.7	0.9	4

Note. The number reported in the Comments column for clergy reflects the percentage of 94 clergy respondents who spontaneously described this theme when writing about their most positive or most negative experience with a psychologist. Likewise, the number reported for psychologists reflects the percentage among the 145 psychologist respondents.
[a] Group differences were observed between psychologists and clergy on these items ($p < .01$). [b] Profile analyses revealed that this item was ranked significantly lower than the preceding item ($p < .01$).

to receive comments such as, "[The psychologist] kept me informed and asked my input with the permission of the client" and "the psychologist would talk to me about progress of the persons we were working with." Communication was also a theme identified—most often by clergy, but also by psychologists—in describing negative collaborative experiences. For example, "The clergyperson referred the individual to me by calling to confirm that I was a Christian. No further contact, no follow up, never met the clergyperson other than briefly by phone, no other referrals or contact."

Given its importance, how often is effective communication occurring? Clergy rated communication as the least frequent theme, both for their positive and negative experiences, suggesting that psychologists do not often provide as much communication as desired. Communication was also rated as relatively infrequent by psychologists in both their positive and negative experiences with clergy. Thus, both psychologists and clergy reported that communication enhances positive collaboration and that effective communication is occurring less frequently than desired.

Respect. Respect characterized positive collaborative experiences for both clergy and psychologists, though psychologists were slightly more likely than clergy to report feeling respected by the other. The perceived lack of respect was an obstacle for clergy in their negative encounters with psychologists. Of clergy who responded, 13% described this lack of respect with comments such as, "Uncooperative and arrogant. I felt like he had no respect for what I could bring to the issue," and "The psychologist seemed to project an attitude that he was the professional and I was just a simple preacher. He thought he knew best and did not need or want my input and would not care to develop any professional relationship."

Offering complementary services. In their best collaborative experiences, clergy perceived psychologists to be offering services that they themselves were unprepared to offer ($M = 4.5$ on a 5-point scale, and ranked first on the eight themes), but psychologists were less inclined to perceive clergy as offering services that psychologists were unprepared to offer ($M = 3.4$ on a 5-point scale, and ranked last of the eight themes). Differences between clergy ratings and psychologist ratings were significant for both the positive and negative experience scales.

Common values and goals. Neither group focused a great deal on common goals and values in describing their positive experiences, but both groups emphasized a lack of common goals and values in describing their negative experiences. Twenty-four percent of clergy respondents and 14% of psychologist respondents described negative encounters involving the lack of common goals, and 16% of clergy respondents and 26% of psychologist respondents described the lack of common values. For example:

Clergy:	A psychologist verbally attacked me for encouraging a couple not to rush into divorce.
Psychologist:	A referral of a couple for couple's counseling, when it seemed there was no basis for reconciliation but the minister expected almost "magical" or "supernatural" results.
Clergy:	Consistently overlooked some real character issues and any sense of personal responsibility and lumped every action into an expression of clinical depression. Kept driving toward medication (perhaps needed) but ignored any possibility that these were heart issues.

Psychologist: Tried to have a minister give support to a client who was homeless and with psychological problems. He was extremely judgmental and put everything in terms of "will."

As is evident in these examples, negative experiences with unshared values and goals evoke strong responses. These responses may, in turn, inhibit future collaboration.

Awareness of spirituality. It is presumed that clergy have an awareness of spirituality, so psychologists did not tend to comment about this or rate it as highly as clergy when describing their collaborative experiences. For clergy, it is important to know the extent to which a psychologist is aware of the spiritual and religious dimensions to life. For example, "[The psychologist] was a member of the Roman Catholic Sisters of Mercy. She worked hard to help our member who was referred to her to become psychologically and spiritually whole."

Two Levels of Collaboration

Basic Competence

It is helpful to consider two levels of engagement in working with clergy, as indicated in Table 3. The minimal level of collaboration, which should be deemed essential for all professional psychologists providing competent care for their clients with spiritual concerns, is to have enough familiarity with clergy that consultation can be sought as necessary and clients can be referred when spiritual questions or dilemmas arise that go beyond the expertise of the psychologist. According to the APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2002), "Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work" (p. 1062). The vast majority of the negative experiences described by our respondents could have been avoided with the use of the basic collaboration skills of respect and communication.

Respect. In considering the requisite qualification of respect, one might find it helpful to think of analogous forms of collaboration occurring between physicians and psychologists when coordination of treatment is necessary. It is not essential that the psychologist and physician share an identical worldview for the etiology of depression, for example, but it is necessary for them to respect one another as co-professionals and not undermine each other's work with the depressed client. Similarly, it is important for both to realize that the other offers services that complement one's own expertise. Of course there are times when the care being received by a physician is irresponsible and needs to be challenged. Rather than making this determination alone, competent psychologists consult with other physicians or encourage their clients to do so. Similarly, working well with clergy requires a basic level of respect for the professional work and role of the clergyperson and requires the psychologist to recognize that clergy have areas of expertise that can be meaningful and helpful to clients. When it seems that the clergyperson is providing incompetent and potentially harmful services, the psychologist should not make that determination alone but in consultation with other clergy.

Whereas competent psychologists would not offer medical consultations unless they also have medical training, it seems surprising that some psychologists without theological or religious training deem themselves competent to critique their clients' religious and spiritual beliefs. This practice—it seems to us and to many of our clergy respondents—is unjustified and potentially harmful, and it demonstrates a lack of respect for the domain of clergy.

Communication. Just as communication is an important principle of collaboration between psychologists and physicians (Kainz, 2002), so it is with psychologists and clergy. When clients desire collaboration between caregivers, it seems unethical to provide less (Nicholson, Artz, Armitage, & Fagan, 2000), and even when clients do not think to initiate collaboration with other professionals, it is typically a matter of professional competence to request the right to consult with the other professionals involved. What should a psychologist do when a fundamentalist Protestant client believes he or she has committed an unpardonable sin? It is important that the psychologist have someone to call to learn about what the client might mean by "unpardonable sin" and whether others in the same religious tradition share similar beliefs. This requires an ongoing relationship and capacity to communicate with clergypersons, though not necessarily a close relationship that requires frequent contact or shared personal values. Thus, it seems appropriate to ask the client during the first intervention session if he or she is interested in signing a release in order to keep a clergyperson informed about the progress in treatment and to assure that common goals are established in the psychologist–client relationship and the clergy–parishioner relationship. When this communication fails, it becomes a source of disappointment and disillusionment among clergy. When communication thrives, it is a source of encouragement for both the clergyperson and the psychologist, and presumably for the client as well.

One obstacle to maintaining respect and communication is the potential for sharp conflicts in values and goals that may discourage clergy and psychologists from pursuing and maintaining professional relationships with one another. The potential for conflict

Table 3
Levels of Engagement for Professional Psychologists Working With Clergy

Type of collaboration	Relevance	Purpose	Requisite collaborative abilities
Basic	All professional psychologists	Competence	Respect Communication
Advanced	Psychologists interested in religious and spiritual issues	Holistic and integrative care	Awareness of spirituality Shared values

is likely greater than when collaborating with a professional other than a clergyperson. When collaborating with a physician, for example, both the physician and psychologist are likely to view their services from within a medical model of treatment. Correct diagnosis and amelioration of symptoms will be important to both. In contrast, collaborating with a clergyperson may not lend itself to the same common worldview (McRay, McMinn, Wrightsman, Burnett, & Ho, 2001). When these worldview differences lead to conflicting values, it is natural to withdraw from collaborative relationships and form stereotypes that prevent future collaboration.

Collaborative efforts with clergy must overcome what Cramton (2001) referred to as the "mutual knowledge" problem—a problem that arises when two separate treatment services have different information and contextual understandings. When psychologists and clergy collaborate, they often begin with different vocabularies, value assumptions, and helping milieus. If effective collaboration does not allow these gaps to be bridged, the result is disjointed service and potential harm to the one seeking help. Consider two examples. A psychologist in our study reported, "The pastor resented my ability to help his parishioners and essentially disapproved of receiving support except from God." A clergyperson wrote, "My most negative experience is dealing with the [psychologist's] belief that there is no right and wrong." Both of these examples go beyond disparate values and reflect the sort of stereotyping that can result from a breakdown of communication between the professionals involved. Minimal clergy–psychologist collaboration does not require complete agreement on fundamental worldviews or values but rather enough respect and communication to work together well despite the differences.

Advanced Competence

Though basic competence in clergy–psychologist collaboration is sufficient for most psychologists, some psychologists and clergy have developed more sophisticated and holistic methods of working together. These more intensive relationships require consistent contact, common understandings of a spiritual worldview, trust, and increased levels of respect (Edwards, Lim, McMinn, & Dominguez, 1999). Here the goal is not just competence in working with religious clients but the pursuit of a holistic and integrative view of wellness that includes psychological and spiritual dimensions.

This more advanced level of teamwork is illustrated by the psychologist who wrote, "I have worked closely with a pastor. We regularly sign releases to talk with each other (only when appropriate). I've even spoken at his church and am considered a 'friend' of the church." When these more complex forms of collaboration are pursued, the patterns of professional activity typically transcend referrals from one profession to the other. The psychologist may offer services to a local church or synagogue—giving workshops on marriage communication, child development, or stress management, for example. In some situations a psychologist might invite the clergyperson to participate as a co-professional in therapy sessions. Some psychologists will work to learn the language and epistemology of faith by studying theology and spirituality. A psychologist and clergyperson might teach a course together at a seminary or graduate school. These more

intensive forms of collaborative relationship are predicated on an appreciation for spirituality and shared values.

Awareness of spirituality. Psychologists who are skeptical of religion or uncomfortable with religious forms of spirituality should be content with a minimal sort of connection with clergy because more intensive forms of collaboration will probably not be acceptable to many clergy (Chaddock & McMinn, 1999). Just as psychologists prefer to collaborate with professionals and work with clients who are psychologically minded, so also clergy desire a degree of spiritual- and religious-mindedness in choosing professional collaborators.

Shafranske (1996) presented compelling evidence that psychologists are more interested in spirituality than has been assumed in the past. For instance, he cited findings from a previous study (Shafranske, 1995) indicating that 73% of psychologist respondents viewed spirituality as fairly important or very important. This is heartening for those interested in clergy–psychology collaboration but must be viewed in the context of the religious views of psychologists. Whereas most psychologists see value in spirituality, they are less inclined to endorse the importance of religion. Most are not actively involved in religious practices and prefer to pursue spiritual approaches that are not associated with an organized religion (Shafranske, 1996).

This distinction between spirituality and religion becomes important when considering clergy–psychologist collaboration. The good news is that many psychologists are interested in spirituality, which helps create a common experiential foundation for interacting with clients and clergy. The bad news is that the postmodern, individualized approaches to spirituality practiced by many psychologists may not provide sufficient common ground for effective collaboration with many clergy. Because clergy work within organized religion, the connections between religious faith and spiritual experience are seamless and inseparable in their worldviews. Nonreligious spiritualities may make sense to psychologists but will not be reasonable to most clergy, thereby making the foundation for collaboration more tenuous than some psychologists might assume. Thus, awareness of spirituality needs to be combined with some shared religious values in order for effective advanced collaboration to occur.

Shared values. In a national survey project (McMinn, Chaddock, Edwards, Lim, & Campbell, 1998), shared values were found to be essential for advanced collaboration between clergy and psychologists, but it was not clear which values must be shared. From subsequent research it now appears that specific doctrinal values are highly important, at least among some clergy. Chaddock and McMinn (1999) constructed a six-item scale of evangelical Christian beliefs and added these items to a values scale developed by Jensen and Bergin (1988). For each of the original items and for the six additional items, respondents were asked how important the value was for a mentally healthy lifestyle, and how important it would be that the other professional share this value if they were considering a collaborative relationship. Psychologists and evangelical Christian clergy demonstrated significantly different values among most of the 10 values themes on the Jensen and Bergin scale—differences with effect sizes of 1.5 or greater in some cases (e.g., forgiveness, regulated sexuality, spirituality)—but none of the values differences was as striking as the difference on the evangelical Christian belief scale. When asked how important Christian beliefs are for mental health, evan-

gelical clergy averaged a rating of 4.9 on a 5.0 scale, whereas psychologists gave an average rating of 2.2 (effect size of 3.1). Moreover, when asked how important it would be for psychologists to share these values before a collaborative relationship could occur, clergy gave an average rating of 4.7 (as compared with a rating of 2.9 among psychologists). Though this survey does not represent a diverse group of clergy from different faiths, it is clear that at least some clergy will be reticent to enter collaborative relationships unless the psychologist personally holds particular religious values.

Conclusion

Basic competence in collaborating with clergy is sufficient for most psychologists, and this competence is analogous to common forms of collaboration with physicians and other professionals. Except in those cases where psychologists lack a basic respect for clergy, have unresolved personal animosity toward religion, or are unwilling to communicate with clergy, this basic form of collaboration does not require additional training beyond what professional psychologists routinely receive. However, it is important for faculty and supervisors to communicate and model respectful attitudes toward clergy in working with students and supervisees. Trainees need to value the resources clergy offer in providing counsel, meaning, hope, and community support for spiritually oriented clients. When examples of collaboration are discussed in the classroom, they do not need to be limited to working with other therapists, physicians, and attorneys but can also include clergy. If awareness of clergy–psychologist collaboration is modeled and taught during training, future psychologists may be inclined to keep clergy in mind as they meet with new clients and determine which professionals should be informed about treatment progress (with appropriate consent from the client).

Advanced forms of collaboration that transcend referrals back and forth require particular values and attitudes on the part of the psychologist. One could easily assume this is a training issue, and indeed it is true that professional psychology training programs can do better in providing systematic training in religion and spirituality (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; McMinn, Meek, Canning, & Pozzi, 2001). However necessary enhanced training in religion and spirituality may be, it is probably not sufficient to prepare psychologists for advanced forms of collaboration with clergy. Unlike other professional collaborations (e.g., with physicians, attorneys), the personal religious values of the psychologist are likely to play a monumental role in the effectiveness of the collaborative work, at least with conservative clergy. Because it is unreasonable for professional training programs in psychology to presume to instill particular creedal values in trainees, personal awareness and self-selection are as important as good training in determining which psychologists should strive for advanced competence in working with clergy.

References

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060–1073.

Benes, K. M., Walsh, J. M., McMinn, M. R., Dominguez, A. W., & Aikins, D. C. (2000). Psychology and the church: An exemplar of psychology–clergy collaboration. *Professional Psychology: Research and Practice, 31,* 515–520.

Brawer, P. A., Handal, P. J., Fabricatore, A. N., Roberts, R., & Wajda-Johnston, V. A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice, 33,* 203–206.

Budd, F. C. (1999). An Air Force model of psychologist–chaplain collaboration. *Professional Psychology: Research and Practice, 30,* 552–556.

Caplan, G., & Caplan, R. B. (1993). *Mental health consultation and collaboration.* Prospect Heights, IL: Waveland Press.

Chaddock, T. P., & McMinn, M. R. (1999). Values affecting collaboration among psychologists and evangelical clergy. *Journal of Psychology and Theology, 27,* 319–328.

Cramton, C. D. (2001). The mutual knowledge problem and its consequences for dispersed collaboration. *Organization Science, 12,* 346–371.

Dieker, L. A. (2001). Collaboration as a tool to resolve the issues of disjointed service delivery. *Journal of Educational and Psychological Consultation, 12,* 268–271.

Edwards, L. C., Lim, R. K. B., McMinn, M. R., & Dominguez, A. W. (1999). Examples of collaboration between psychologists and clergy. *Professional Psychology: Research and Practice, 30,* 547–551.

Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice, 19,* 290–297.

Kainz, K. (2002). Barriers and enhancements to physician–psychologist collaboration. *Professional Psychology: Research and Practice, 33,* 169–175.

McMinn, M. R., Chaddock, T. P., Edwards, L. C., Lim, R. K. B., & Campbell, C. D. (1998). Psychologists collaborating with clergy: Survey findings and implications. *Professional Psychology: Research and Practice, 29,* 564–570.

McMinn, M. R., Meek, K. R., Canning, S. S., & Pozzi, C. F. (2001). Training psychologists to work with religious organizations: The Center for Church–Psychology Collaboration. *Professional Psychology: Research and Practice, 32,* 324–328.

McRay, B. W., McMinn, M. R., Wrightsman, K., Burnett, T. D., & Ho, S. D. (2001). What evangelical pastors want to know about psychology. *Journal of Psychology and Theology, 29,* 99–105.

Nicholson, D., Artz, S., Armitage, A., & Fagan J. (2000). Working relationships and outcomes in multidisciplinary collaborative practice settings. *Child & Youth Care Forum, 29,* 39–73.

NUD*IST 4 [Computer software]. (1997). Victoria, Australia: Qualitative Solutions and Research Pty Ltd.

Plante, T. G. (1999). A collaborative relationship between professional psychology and the Roman Catholic Church: A case example and suggested principles for success. *Professional Psychology: Research and Practice, 30,* 541–546.

Shafranske, E. P. (1995). *Religiosity of clinical and counseling psychologists.* Unpublished manuscript.

Shafranske, E. P. (1996). Religious beliefs, affiliations, and practices of clinical psychologists. In E. P. Shafranske (Ed.), *Religion and the clinical practice of psychology* (pp. 149–162). Washington, DC: American Psychological Association.

Weaver, A. J., Samford, J. A., Kline, A. E., Lucas, L. A., Larson, D. B., & Koenig, H. G. (1997). What do psychologists know about working with clergy? An analysis of eight APA journals: 1991–1994. *Professional Psychology: Research and Practice, 28,* 471–474.