

2001

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Recommended Citation

McMinn, Mark R.; Meek, Katheryn Rhoads; Canning, Sally Schwer; and Pozzi, Carlos F., "Training Psychologists to Work With Religious Organizations: The Center for Church-Psychology Collaboration" (2001). *Faculty Publications - Grad School of Clinical Psychology*. Paper 162.

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Training Psychologists to Work With Religious Organizations: The Center for Church–Psychology Collaboration

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Church–psychology collaboration is gaining attention among professional psychologists, but few training or practical research opportunities are available for those interested in collaborating with religious leaders and organizations. The authors introduce the Center for Church–Psychology Collaboration (CCPC), with its mission to make sustained and relevant contributions to the research literature in psychology, train doctoral students in effective means of collaborating with religious organizations, and provide service to religious communities throughout the world. Domestic and global implications are discussed.

Several articles regarding church–psychology collaboration have recently appeared in *Professional Psychology: Research and Practice* (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Budd, 1999; Edwards, Lim, McMinn, & Dominguez, 1999; McMinn, Chaddock, Edwards, Lim, & Campbell, 1998; Plante, 1999). These articles have introduced some of the possibilities for religious leaders and psychologists working together while also providing concrete examples of current collaborative endeavors. Although this is an important first step, important questions remain. For example, how does one go about training psychologists for this sort of work? Further, how should one establish an adequate foundation of research on which responsible collaboration between religious leaders and psychologists may be based?

A look at the emerging literature suggests various interactions are occurring between psychologists and clergy (Edwards et al.,

1999; Kloos, Horneffer, & Moore, 1995; McMinn et al., 1998). These interactions include traditional referral activities—that is, clergy referring to psychologists (Budd, 1999; Kaseman & Anderson, 1977; Meylink & Gorsuch, 1988; Plante, 1999) and psychologists referring to clergy (Budd, 1999). Psychologists also offer services to clergy, including assessing potential clergy, providing treatment for at-risk or emotionally unstable clergy (Plante, 1999), and offering workshops and training seminars for clergy and members of the congregation (Hulme, 1974; Kaseman & Anderson, 1977). Some interactions are truly collaborative, drawing on the expertise of both the clergyperson and the psychologist: team teaching seminary or university courses (Edwards et al., 1999), coleading support groups or educational seminars (Budd, 1999; Edwards et al., 1999), joint staffing of difficult cases (Budd, 1999; Hulme, 1974), engaging in interactive needs assessments (Benes et al., 2000; Pargament et al., 1991), and offering broad-based preventative services (Benes et al., 2000; Budd, 1999; Roberts & Thorsheim, 1986). Some important training and research questions emerge, given the expansive array of professional activities already occurring and the potential for more collaboration in the future owing to the primacy religious leaders often have in the lives of those in need of mental health services (Clemens, Corradi, & Wasman, 1978; Larson et al., 1988; Weaver, Koenig, & Ochberg, 1996; Weaver et al., 1997). How does one prepare to work with clergy and religious communities? How is bilateral collaboration modeled and defined in the context of graduate training? What important variables foster a successful collaborative relationship? What sorts of applied training activities best prepare psychologists to work effectively with clergy and religious institutions?

Center for Church–Psychology Collaboration (CCPC)

With growing recognition of the need for church–psychology collaboration, combined with a desire to teach students the value of working with other professionals in a bidirectional, mutually beneficial manner, the CCPC was established as part of the doctoral program in clinical psychology at Wheaton College in 1999. The three objectives of the CCPC include research, training, and service.

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Research

The CCPC is funded through endowment revenues associated with the Rech (i.e., Dr. Arthur P. Rech and Mrs. Jean May Rech) endowed chair position—a chair that was established in 1995 for the integration of psychology and Christianity. Because the endowment has grown well in recent years and because the benefactor has continued to give annual gifts even after the chair became fully funded, a modest budget is available each year for research activities and for the mentoring of students to actively participate in research relevant to church–psychology collaboration. We also seek external grant support.

Because such little research on church–psychology collaboration has been done, we are first attempting to address the most basic questions through our initial research with Christian clergy: Do both clergy and psychologists share a common vision of what collaboration is (McMinn et al., 1998)? What type of collaboration is currently occurring in the professional lives of psychologists and clergy (Edwards et al., 1999)? Who is already involved in psychologist–clergy collaboration, and what can we learn from these exemplars (Benes et al., 2000)? What values are prerequisite before clergy and psychologists can work together well (Chaddock & McMinn, 1999)? How have clergy and psychologists effectively overcome trust barriers to establish effective working relationships (Aikins, 2000)? What are the needs for clergy–psychologist collaboration in various cross-cultural contexts (Ellens, McMinn, Lake, Hardy, & Hayen, 2000; McMinn et al., in press)? What information from psychology would clergy find useful in their daily work (McRay, McMinn, Wrightsman, Burnett, & Ho, in press)?

Long-range research goals are also being formulated. Currently, a group consisting of CCPC supervisors and students meets to discuss research goals and projects related to church–psychology collaboration. The ongoing research agenda includes program evaluation of the CCPC, exemplar research with healthy clergy (i.e., how clergy find balance and resiliency in the midst of demanding work), identification of the religious preferences of those seeking help from clergy or psychologists, and effective ways of empowering religious leaders and communities to help prevent and reduce psychological distress. By addressing these research questions and others and by training doctoral students who will continue to do research in this area on completion of their training, we hope to participate in the gradual building of a respectable foundation of research on the topic of psychologist–church collaboration.

Training

In July 1998, doctoral training directors of American Psychological Association accredited programs received a letter from the Council of Chairs of Training Councils (CCTC) acknowledging that the future employment of psychologists will include less emphasis on direct clinical services and encouraging training sites to focus on training students in new, emerging competencies. Encouraged by the CCTC letter and other resources in the professional psychology literature (e.g., Humphreys, 1996, 2000), we established three funded, 1-year clerkship positions for advanced doctoral students in which they work closely with clergy and other church personnel as part of their clinical training sequence. In

years to come, as the endowment grows, we anticipate offering more than three clerkship positions to eligible students.

Prior to beginning CCPC clerkship positions, doctoral students have completed 3 years of coursework in psychology and theology, including historical, biblical, and systematic theology, Christian spirituality, history of pastoral care, and theological anthropology. They have also completed courses in community psychology and diversity, and some have taken an advanced elective course in multicultural topics. These courses, in addition to 2 years in a formal mentoring program designed to facilitate the responsible integration of psychology and the Christian faith, prepare students to enter their clerkship placements with a high degree of respect for the religious communities in which they work.

Two of the three clerkship students work directly with local Protestant churches, where their specific training activities are determined in consultation with the pastoral staff and psychologist supervisor. Services may include direct clinical interventions, needs assessment, program development and evaluation, consultation, education, research, supervision, and training. To date, students have been involved in a variety of indirect service activities, including developing and implementing a premarital counseling group, establishing a mentor couples program, identifying racial and ethnic tensions within the congregation, training lay counselors, doing systematic program evaluation and needs assessment, and developing a youth worker reference manual to provide youth workers with a one-page summary on a variety of adolescent-related issues and recommendations about how to address them (e.g., child abuse, substance abuse, family problems, suicidal teens). These clerkships are evaluated at the end of each year when a member of the CCPC staff conducts a standardized outcome interview with the pastor most directly involved with the student's work. Students are also evaluated by their psychologist supervisor. To date, pastors and psychologist supervisors have been uniformly positive about the contributions made by the psychology trainees.

The third clerkship takes place under the auspices of the CCPC's Urban Partnership Initiative. The mission of the Urban Partnership Initiative is to support faith-based medical and educational ministries serving poor, urban communities. Well-established, well-accepted local schools and health care centers are among the key settings through which quality of life in challenged neighborhoods can be enhanced. Each year a clerkship trainee is placed in a private, Christian elementary school in a poor urban neighborhood. The school, collaboratively operated by a faith-based community development organization and a neighborhood church, had no psychological services prior to the first CCPC clerkship placement in 1999. After a process of entry in which the strengths, needs, and objectives of the school were considered, the first trainee focused on setting up a full range of psychological services now referred to as *Providing Assistance for School Success* or P.A.S.S. P.A.S.S. services provided to students, families, and staff include prevention and promotion strategies (implementing a teacher-administered, school-wide social-problem-solving program), consultation, and assessment and intervention at the classroom and individual student levels.

In addition to the clerkship just described, other training experiences are available to doctoral students through the CCPC Urban Partnership Initiative. For example, a small team of doctoral stu-

dents recently worked in a faith-based community health center in a poor urban neighborhood assisting in the evaluation and expansion of the health center's chaplain program. Chaplains in this faith-based health center provide direct spiritual and emotional support to patients experiencing a variety of concerns including depression, domestic violence, and adjustment to serious illness or loss. Chaplains also serve as a link between the health center professionals and other resources in the patient's community, such as his or her local church. Students interviewed key medical center staff to identify perceived barriers to chaplain referrals, examine the postreferral process, identify existing strengths of the program that should be preserved and enhanced, identify the top five areas of patient need that should be targeted, and examine the feasibility of adding a lay chaplain component to the program. Students then summarized their findings for the staff and collaborated in developing protocols for use by chaplains in the highest priority areas of patient needs.

Finally, an emerging area of training has resulted from the development of the Multimethod Church Assessment Process (MCAP; Dominguez, 2000). The MCAP is a manualized, broad-based assessment process to help clergy identify needs and resources within a congregation. It is a collaborative model, in which questions are generated, assessment procedures identified, and feedback provided. The MCAP is being used in various congregations to help the church leadership answer questions related to congregational life. An MCAP training manual has also been developed and is being used to prepare doctoral students and professionals to do church-based assessment.

Service

In the process of our research and training objectives, we attempt to serve religious communities, especially insofar as those communities affect mental health in their immediate environment. In general, the method of service flows from an indirect service model, with CCPC students and supervisors working to assess, empower, and support the existing resources within religious communities. We begin with the assumption that faith-based communities have been a source of encouragement, hope, and meaning for people over many centuries—long before the advent of modern psychology. This assumption calls us to respect and learn from these communities of faith, to enter these communities with humility, and to recognize that the psychological skills we offer must be viewed in the context of religious, cultural, and historical factors.

Faculty members involved in developing the CCPC have articulated various interest areas corresponding to their particular service and research interests. These interest areas have become "arms" of the CCPC. Some interest areas are primarily domestic in focus, such as the Urban Partnership Initiative and the rural/frontier psychology interest group, whereas others are international. Although the interest areas are diverse, all pertain to the central mission of the CCPC: "Psychology serving the Church." The CCPC provides modest funding for each of the interest areas and creates a common identity that brings together various faculty members' interests and provides an organizational entity from which to seek grant support and donations.

International service interests have included taking teams of students and faculty to Ukraine (Ellens et al., 2000), South Korea

(McMinn et al., in press), India, and Honduras. To illustrate the nature of these international service interests, the Latin America Interest Group is described here.

The Latin America Interest Group was developed to sculpt a shared vision for the establishment of an ongoing dialogue with Christian mental health professionals in Central and South America. The intent of such a dialogue is to serve the indigenous churches in each region, to support culturally contextualized efforts to integrate Christian faith and mental health perspectives, and to aid in the development of effective intervention and service delivery strategies that are both culturally sensitive and consistent with a Christian worldview. Through this partnership, our knowledge of psychological theory and the integration of that theory with the Christian faith blends with the Latin American church's experience, producing a model of prevention and intervention rooted in psychological theory interpreted through the eyes of the Christian church in that particular context. The Latin America Interest Group also has a research agenda to understand changing gender roles and expressions of sexuality in Latin American society, the influence of liberation theology in the emerging psychological models in Latin America, and the role of the church in addressing the emotional needs of the Latin American people.

To accomplish these tasks, the group is involved in a series of training, research, and service activities. Through an ongoing relationship with a local church in Honduras, the Latin America Interest Group has been able to offer a series of training seminars to church leaders and mental health professionals on relevant topics. Each year a team of faculty and students travels to Honduras to provide training and to encourage the development of church-based community services within the Honduran church. Also, the Latin America Interest Group has started a series of summer training opportunities for Latin American church leaders on mental-health-related issues here in the United States. Eight individuals are brought to Wheaton College for a 6-week training workshop each year. Expenses for travel, lodging, and instruction are covered through donations.

Implications

Engagement in novel professional settings (such as those we discuss here) is likely to challenge and transform how we do things as professional psychologists. We are attempting to do this by simultaneously looking back—to value the vital historical role that religious communities have played in maintaining and enhancing mental health—and looking forward, envisioning the possibilities of professional psychologists partnering with religious communities. The CCPC is not intended as a reaction to the economic turbulence affecting the professional psychologist but rather as a generative enterprise that will result in the ongoing development of professional psychology and contribute to the welfare of a broader segment of society. We offer several domestic and global implications for a profession in transition.

Domestic Implications

With the burgeoning interest in spirituality that we see in professional psychology (Miller, 1999; Richards & Bergin, 1997, 2000; Shafranske, 1996) and with psychologists seeking ways to diversify the professional services they provide, it appears inevi-

table that psychologists will be working more closely with clergy and religious organizations in the future than they have in the past. In anticipation of this trend, it is important to provide focused training to prepare psychologists for what lies ahead. This training should involve ample contact with religious leaders because there are particularly challenging obstacles pertaining to trust and value similarities when working with clergy (Aikins, 2000; Chaddock & McMinn, 1999), and it should cover community-based services focused on prevention, broad-based assessment, and consultation as well as direct services (Humphreys, 1996, 2000). The training model described here for the CCPC is only one possible model, and it has been described with the expectation that others involved in training professional psychologists may use similar models, or improve upon the model we have described, in training a talented subset of the next generation of professional psychologists for effective church–psychology collaboration.

Moreover, recent trends in professional psychology training and practice have sensitized psychologists to the importance of cultural and contextual awareness. A competent psychologist is a culturally aware psychologist. For many underserved populations, including some ethnic minority groups, economically disadvantaged individuals, and many in rural and frontier settings, a community of faith is central to their existence and identity. Psychologists have an obligation to understand and respect these religious communities and values when working with individuals, families, and groups of faith. Careful training in the graduate school years can help instill a respect for religious diversity and prepare students to collaborate effectively with religious leaders.

The epistemological roots of psychology are embedded in science. Developing any new specialty area in professional psychology is, to a large extent, a research task. By describing various CCPC research activities in this article and elsewhere (Chaddock & McMinn, 1999; Edwards et al., 1999; Ellens et al., 2000; McMinn et al., 1998; McMinn et al., in press), we hope to generate interest in church–psychology collaboration as an important area of research for scholars, professional psychologists, and doctoral students.

Global Implications

In the December 1998 issue of *American Psychologist*, Anthony J. Marsella proposed a *global-community psychology*, defined as a

Superordinate or meta-psychology concerned with understanding, assessing, and addressing the individual and collective psychological consequences of global events and forces by encouraging and using multicultural, multidisciplinary, multisectoral, and multinational knowledge, methods, and interventions. (Marsella, 1998, p. 1284)

Although the CCPC activities described in this article fall short of these lofty ideals, they reflect one step toward a cross-cultural psychology in which students are taught to think globally about mental health needs and resources. During the year in which this article was written, 8 of our 17 tenured or tenure-track department faculty traveled overseas with students to be involved in consulting, research, and training. This produces an ethos of globalization throughout the department that attracts international students, generates cross-cultural discussions in the classroom, and creates opportunities for cross-cultural research and service. Admittedly, our global perspective is somewhat narrowed by our commitment

to Christian congregations in various parts of the world, and much could also be learned by working with other communities of faith. Nonetheless, involvement in international research, service, and training provides faculty and students with a firsthand experience of cultural, ethnic, socioeconomic, political, and ideological diversity.

One impediment to psychologists traveling to underserved areas of the world is the lack of existing mental health structures and resources. Psychologists typically do not travel to places in the world where there are no other psychologists because that culture does not recognize a need for psychological services and does not extend an invitation. However, all cultures and places have religious communities, and those religious communities invariably care for people's psychological, emotional, and spiritual needs. Spiritually sensitive psychologists who are willing to partner with religious organizations and who have the requisite skills for working with clergy have many opportunities for serving and training in underserved areas of the world.

There is little doubt that the profession of psychology is in transition. Among the many changes are trends away from direct services toward more consultative and indirect services, increasing awareness of spirituality as an area of human diversity, greater commitment to marginalized and underserved people, and the globalization of psychology. We have described one effort—through church–psychology collaboration—to train students, produce relevant research, and provide service opportunities for the changing profession of psychology.

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