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Examples of Collaboration Between Psychologists and Clergy

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Some psychologists may be interested in working collaboratively with clergy and yet may not know where to start. What kinds of collaborative projects are possible? A qualitative analysis of 77 narratives offered by psychologists and clergy involved in collaboration revealed that collaboration between psychologists and clergy currently takes place in at least four contexts: mental health services, parish life, community concerns, and academics. Reported obstacles to collaboration are also described. Essential attitudes for psychologists interested in collaborating with clergy include respecting clergy as professionals, willingness to venture out from traditional professional settings, and exploring innovative collaborative possibilities.

How can psychologists and clergy work together to promote healing, well-being, and social responsibility? Some psychologists are eager to collaborate with clergy as issues of religious and spiritual diversity gain prominence (Miller, 1999; Richards & Bergin, 1997; Shafranske, 1996) and yet lack a practical understanding of what collaborating with clergy may entail. With as few as 5% of psychologists reporting thorough coverage of spiritual or religious issues in professional training (Shafranske & Malony, 1990), and almost no articles describing psychologist-clergy collaboration in American Psychological Association (APA) journals (Weaver et al., 1997), how are psychologists to develop the skills and vision necessary for effectively working with clergy? One source of help is to hear the stories of clergy and psychologists already involved in effective collaboration.

Most of the literature on collaboration between clergy and mental health practitioners has been theoretical, exploring the potential benefits of such a relationship and trying to understand conceptually just what collaboration looks like (Kloos, Horneffer,

& Moore, 1995; Tyler, Pargament, & Gatz, 1983). Only a few examples of collaboration have been offered in the literature (e.g., Pargament et al., 1991; Tan, 1997). These examples are useful, but they have tended to be unidirectional with mental health professionals providing services to enhance religious communities or religious individuals. These and additional unidirectional examples are important as religious leaders often lack concrete knowledge about psychopathology (Domino, 1990), access to mental health resources (Kae-Je, 1993), and dealing with severe mental illness (Dale & Crawford, 1996). However, bidirectional examples are also needed if collaboration is to be viewed as a joint venture involving two or more individuals with particular resources and areas of expertise (Gorsuch & Meylink, 1988; Tyler et al., 1983).

Bidirectional collaboration between clergy and psychologists is a noble endeavor for various reasons. First, there are common values and perspectives (in addition to some disparate values) that create the possibility of shared dialog. For example, both professions value self-evaluation and good interpersonal relationships (Langston, Privette, & Vodanovich, 1994), help people assign meaning to life circumstances, assist in the restorative process in others' lives, and empower individuals to function to their potential. Moreover, there is growing evidence that certain faith practices enhance mental health (Gartner, Larson, & Allen, 1991; Voss, 1996; Weaver, Koenig, & Larson, 1996), suggesting that collaboration with clergy may help psychologists provide improved mental health services. Finally, as health care becomes increasingly multifaceted, multidisciplinary collaboration has been regarded as a professional imperative (Hinshaw & DeLeon, 1995).

Qualitative Survey Method

In response to the apparent lack of data on psychologist-clergy collaboration, McMinn and his colleagues recently surveyed psychologists and clergy to obtain quantitative data on what type of psychologist-clergy collaboration exists, how frequently it occurs, what obstacles are likely to hinder its occurrence, and what factors may enhance decisions to collaborate. The quantitative results and implications of the survey are reported elsewhere (McMinn, Chadock, Edwards, Lim, & Campbell, 1998). On completion of the survey, respondents were instructed to provide one positive example of collaboration from their personal experiences, if applicable.

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Of the 245 questionnaires that were returned, 77 contained a written narrative regarding psychologist-clergy collaboration. A qualitative analysis of these responses revealed that collaboration between psychologists and clergy currently takes place in at least four contexts: mental health services, parish life, community concerns, and academics.

Mental Health Services

Collaborative examples in this category involved a service being provided by a psychologist or clergyperson—one in cooperation with the other—with the goal of enhancing the mental health of an individual, family, or group. Examples of collaboration for professional mental health purposes primarily clustered in two subcategories: consultation and referral.

Consultation

Broadly speaking, consultation occurs when a psychologist or clergyperson utilizes the other's expertise to address a professional task. For example, one psychologist reported working with a client's minister when giving feedback to the client regarding her child's psychological assessment. The clergyperson was able to be supportive and provide helpful advice during the feedback session. This example is relatively specific in focus and duration, aiming to help one family unit in one specific situation. At other times, consultation involves a more general, corporate focus. An example of this is evident in one psychologist who worked with and supported the parish staff responsible for providing counseling and social services within a congregation. Another psychologist developed a peer counseling program in a church in collaboration with the minister. Peer counseling is one of the few areas of potential collaboration that has been relatively well researched by psychologists (see Tan, 1987a, 1987b, 1991, 1997; Toh & Tan, 1997; Toh, Tan, Osburn, & Faber, 1994).

Consultation requires a member of one profession to value what the other profession has to offer (Tyler et al., 1983). Several anecdotes from this sample underscore this point. For example, one psychologist wrote about consulting a rabbi for help with a client who faced a conflict between the convictions of a Protestant father and a Jewish mother:

Having done what I could to mitigate this from a psychological standpoint, I felt it critical to bring in his Rabbi to help him deal from a religious perspective with his father's treatment of him, especially around religious issues, and how he could share his father's religion in a healthy way without being untrue to his Judaism. The Rabbi was clear, instructive, supportive, and therapeutic beyond words. It was a huge therapeutic help for this boy with long-lasting positive ramifications.

Similarly, some clergy respondents reported appreciation for psychologists who sought their feedback on the treatment of religious clients. For example, one clergyperson described being pleasantly surprised when a psychologist sent a client to one of his staff ministers for help with religious questions.

In addition to this mutual valuing of both professions, consultation sometimes results in cooperative interventions. One psychologist described seeking the help of a priest regarding a client who had been diagnosed as schizophrenic and experienced guilt related to rigid religious beliefs. The priest was pleasantly sur-

prised by the invitation and agreed to involve himself in the treatment. As a result, the client received the benefit of a therapeutic stay in a monastery and the psychologist developed a productive professional relationship with the priest that lasted until the priest retired. Other respondents also made reference to clergy or spiritual directors participating with psychologists in cotherapy. Respondents did not elaborate on the logistics of cotherapy (e.g., billing, location of appointments, differences in ethical standards). Cotherapy appears to be indicated when a client's presenting mental health problems relate to parish-related conflicts or religious themes that go beyond the expertise of the psychologist.

Referrals

The referral examples provided in this survey generally involved clergy referring parishioners to psychologists who shared similar religious beliefs. Clergy described making such referrals in cases requiring marital therapy, coping with long-term illness, and when there is an overt biological component to the presenting problem. Some clergy were quite proactive in seeking referral possibilities, even to the point of interviewing all willing psychologists in the area.

A few examples involved psychologists referring clients to clergy. Psychologists seemed to be most willing to refer clients when the clergyperson had a particular area of expertise (e.g., dealing with questions about God's character in light of personal loss and suffering, 12-step programs for treating addictions). Though it may not be common practice for psychologists to refer clients to clergy for mental health purposes, it is important to recall that dealing with mental health problems was the domain of religious leaders and communities for many centuries prior to the advent of modern psychology, and spiritual resources for healing are still deemed important by many psychologists (Tan, 1996). For example, there is a long, rich tradition in Roman Catholicism (e.g., John of the Cross, 1500s/1990)—and increasingly in Protestantism (Foster, 1988)—of practicing disciplines of prolonged silence and solitude as a way of authentically confronting the pain and struggles of living. These practices can be used therapeutically at times. One psychologist wrote, "I sent a patient on a Catholic retreat (diagnosis: major depression) with extraordinary results." Accepting confession is another practice traditionally associated with clergy, especially Catholic priests. One psychologist described sending a guilt-laden psychotherapy client to confession. The benefits of confession have growing empirical support (Pennebaker, Hughes, & O'Heeron, 1987) as well as a long history of religious support.

Parish Life

A second area in which examples of collaboration occurred involved activities designed to enhance a parish environment. Workshops, direct services, and assessment are possibilities.

Workshops

Despite an overall diverse pattern of responses, presenting workshops was clearly the most prominent form of collaboration used to enhance parish life. Some workshops were being co-led by a psychologist and a clergyperson, but details of these workshops

were generally not given. More commonly, psychologists reported leading workshops for religious congregations, sometimes developing the curriculum in consultation with clergy. Psychologists reported leading parenting skills groups, marriage enrichment groups, and personal growth groups. One psychologist provided a workshop for men on psychological, family, and spiritual issues titled, "My Prostate and My Soul." Another described consulting with two charismatic prayer centers and conducting all-day workshops, presenting on a variety of psychological or family-related issues, and obtaining an impressive level of support from the parish leader in the process. Psychologist respondents also provided workshops on leadership skills for clergy. One psychologist spoke to a group of clergy on self-care to help prevent burnout. Another provided a workshop for a parish staff to help them define their vision and develop policies and procedures accordingly.

Direct Services

At other times, collaboration for the sake of parish life took place in the form of direct services. One psychologist provided counseling to assist in resolving conflicts between senior and associate pastors. Some psychologists provide volunteer services in informal peer counseling ministries within their congregations. One pastor reported that a member of his church who is a psychologist was nominated church counseling associate. She was on staff and they did several joint projects. Another pastor described a church-based wellness group led by a psychologist and himself.

Assessment

Though not a prominent theme among our respondents, psychologists can also play a vital role as assessment and development consultants regarding congregational life. Pargament et al. (1991) detailed the Congregational Development Program, a data-based consultation program designed to help churches define their areas of strength and weakness and to plan for the future accordingly. The Congregational Development Program consisted of more than 20 faculty and graduate students in various domains of psychology and with varied faith backgrounds, including Protestant, Jewish, Greek Orthodox, Roman Catholic, and atheist. Each consultant was trained through an apprenticeship model in consultation, organizational behavior, and congregational process and structure (Pargament et al., 1991). Assessment methods included a structured questionnaire, interviews with parish leaders, participant observation of congregational activities, sampling a representative group of congregation members and surveying them on various aspects of congregation life. The intervention stage involved data preparation and analysis, a feedback meeting with clergy and leaders with the goal of identifying strengths, weakness, and setting goals. A final report was then given to the parish, and an informal outcome evaluation was completed through phone interviews, surveys, and visits with clergy.

Community Concerns

Collaboration to address community concerns involves services provided by both psychologists and clergy in their common municipalities. Psychologists and clergy were working together in prisons, routinely referring clients—parishioners to the other pro-

fessional. At times they also co-led groups together in prison settings. Hospice care was another area that was briefly mentioned as a potential context for collaboration. Clergy and psychologists also reported working together to provide a marriage preparation program for their communities. Others were proactive in providing support groups for individuals with AIDS. Clergy also reported leading religious services in various treatment centers. One psychologist worked through a local church in providing crisis group counseling after the 1991 Berkeley, CA, fire in which 3,000 people lost their homes.

Though it was not commonly reported among our respondents, the potential for collaborative public education efforts (television, radio, community awareness programs) seems abundant and promising in light of a renewed postmodern interest in spirituality. One clergyperson described working with a psychologist in producing a television program on family life.

Academics

Collaboration in academic areas pertains to services that are provided in a formalized educational context other than a parish or psychologist's office. The institutions represented in this category ranged from high schools to hospitals, and several specific examples were provided. Some psychologists reported speaking to seminary students. Another reported team-teaching a psychology of religion class with a clergyperson. Another example involved a psychologist and clergyperson forming a support group for at-risk high school students. The clergyperson wrote:

We documented students who were potential future problems. They were identified by their teachers, their grades, attitudes, and their parents. We had several meetings and scheduled sessions to counsel with student and parents and monitor classroom activities. We provided tutoring and support. We watched, observed, and documented for three years to graduation. A very high percentage of those problem youngsters graduated, some with honors.

Though academic collaboration was reported infrequently among our respondents, this example provides evidence that creative collaboration at the academic level has significant preventive potential.

Obstacles to Collaboration

Although this study focused primarily on positive examples of collaboration, some respondents opted to share neutral or negative experiences as well. Some simply revealed that they were unaware of either positive or negative collaboration taking place. Similarly, others reported a lack of time. Given the growing interest in connections between mental and spiritual health and the ubiquity of clients who request that their religious values be taken seriously (Quackenbos, Privette, & Klentz, 1985), both a lack of awareness and a lack of time appear to be potential obstacles to high quality psychological care. By way of analogy, consider the effects of psychologists not being aware of or having time to develop collaborative relationships with physicians or attorneys. There appears to be a need for ongoing education regarding psychologist-clergy collaboration.

As with other interdisciplinary collaborative endeavors, certain professional concerns are potential barriers for those interested in

collaboration. For example, client confidentiality necessarily must be preserved for psychologists. When consultation or shared interventions involve clergy (who often have different ethical standards and laws than psychologists regarding confidentiality), there is increased potential for personal information to be intentionally or unintentionally revealed. Both parties in the collaborative effort must work to learn the standards and practices common in the others' profession, and appropriate precautions—such as the use of informed consent—are important.

Another area of concern relates to financial practices. Psychological consultation or psychotherapy typically involves a fee, whereas church-based services typically do not. One psychologist respondent indicated that parish-referred clients typically expect services at little or no cost. Such an assumption is a significant obstacle for professionals who make their living by generating fees. A clergyperson provided a creative idea for handling financial concerns, while inadvertently illustrating the potential ethical problems inherent in many creative financial solutions.

We have made referrals to a woman who is a psychologist (Ph.D. training). Our congregation has been willing to assist with the expense on occasion. . . . On one occasion we gave her a gift of flowers. On another she sent us an offering check. We gave the flowers as a Thank You for being available for referrals. She sent the money to support a congregation that was caring about its members.

Another obstacle that surfaced in this study is that of disregard, or even disdain, of the other profession. Some clergy avoid collaboration because they see psychological interventions as competing with spiritual interventions. One wrote, "God offers hope. What does the psychologist offer?" Another queried, "Why would someone seek advice from someone too dumb to accept salvation?" Some psychologists also expressed disillusionment with the work of clergy, perceiving that religious faith is presented as a panacea for all psychological distress. One rehabilitation psychologist observed that religious faith often extends denial and complicates treatment.

Implications

These examples provide anecdotal evidence of some essential attitudes for psychologists interested in collaborating with clergy. These include respecting clergy as professionals, being willing to venture out from traditional practice settings, and remaining open to innovative possibilities in the future.

It is not surprising that a common theme in these examples of collaboration is mutual respect for the other profession. On the one hand, clergy who value the work of psychologists are likely to seek consultation and refer parishioners, participate in joint community projects, and welcome psychological input regarding parish life. On the other hand, psychologists who value the work of clergy and are aware of the religious values of their clients are open to consulting with and referring to clergy, contributing to social responsibility through efforts to enhance parish and community well-being. This mutual valuing of the other profession is essential for effective collaboration (Tyler et al., 1983).

Many of the collaborative examples provided here go beyond traditional referral activities, where clergy send parishioners to psychologists for remedial services (Meylink & Gorsuch, 1988). More innovative forms of collaboration take psychologists out of

traditional practice settings and into parishes and community settings. In many cases, this may involve pro bono work on the part of the psychologist. This can be justified as a socially responsible volunteer activity, and it also may build important professional relationships, resulting in increased referrals for more traditional professional services.

The 77 examples considered as part of this research do not represent an exhaustive list of possibilities. Psychologists who are interested in collaborating with clergy would be wise to consider innovative possibilities for a changing world. Though collaboration in school settings was reported infrequently among our respondents, the one example that was reported (a prevention program for at-risk youth) suggests creative collaboration at the academic level has significant preventative potential. In a similar manner, culturally sensitive media presentations and Web-based resources that involve both professions have potential for enhancing mental health in underserved areas in the United States and internationally.

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