

## Clergy Interest in Innovative Collaboration with Psychologists

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It has been more than 15 years since Meylink and Gorsuch (1986) began to explore a bi-directional, co-professional referral relationship between counseling professionals and clergy. At that time the referral “gate” was considered somewhat closed, with 40% of potential counseling clients first seeking help from clergy and less than 10% of these being referred to counseling professionals (Meylink & Gorsuch, 1988). Gorsuch and Meylink (1988) proposed a model of mutual two-way communication and referral between pastors and counseling professionals. Much good work has taken place since Meylink and Gorsuch (1986) approached the topic of clergy and mental health professional working together. Increased research into the nature of clergy-psychologist relationships and referrals has yielded at least some preliminary guidance for clergy and psychologists interested in working together (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000; Budd, 1999; Chaddock, T. P. & McMinn, M. R., 1999; Edwards, Lim, McMinn, & Dominguez, 1999; McMinn, Chaddock, Edwards, Lim, and Campbell, 1998; McRay, McMinn, Wrightsman, Burnett, & Ho, 2001; Plante, 1999). Recently, McMinn, Aikins, and Lish (2003) have distinguished basic and advanced levels of competence for psychologists collaborating with clergy. They suggest basic collaboration requires mutual respect and communication. Advanced collaboration requires shared values and a common language of spirituality, which serves as a foundation for respect and for a bi-directional referral relationship.

The emerging literature on clergy-psychologist collaboration informs us that mental health professionals can play various roles in working with clergy and strengthening religious communities, and that these roles are not limited to clergy referring troubled parishioners to psychologists for counseling or psychotherapy. Edwards et al. (1999) collected and reported various accounts of psychologists and clergy working together in creative and innovative ways. But how common are these mutual collaborative endeavors, and how open are clergy and psychologists to considering innovative ways of working with one another? Because of the anecdotal nature of previous research, we do not know the answers to these questions. The present study assesses clergy attitudes toward innovative collaboration with psychologists.

### Method

We constructed a questionnaire consisting of 6 scenarios that pastors are likely to encounter in their pastoral work. The scenarios were developed based on a 2×3 theoretical matrix. One axis of the matrix included two of the collaborative categories articulated by Edwards et al. (1999): mental health services and enhancing parish life. Mental health services are traditional professional activities of psychotherapy and assessment, typically offered to enhance the well-being of an individual, couple, or family. Enhancing parish life pertains to investments the psychologist makes to benefit the life of the larger parish (e.g., offering a workshop, providing consultation to address tension among pastoral staff members, etc.). The other axis of the matrix represented three forms of professional services (intervention, assessment, and training).

We initially drafted two scenarios for each cell of the 2x3 matrix. A panel of expert raters was used to assess construct validity of the scenarios. Based on information gathered from the first panel of 3 experts, the scenarios were further refined and submitted to another panel of experts. The second panel of 4 experts confirmed that the revised scenarios fit well within the theoretical matrix. 4 judges rated each of the 6 scenarios; 23 of the 24 scenarios were correctly matched (94 %).

Two hundred clergy were randomly identified from churches listed at <http://churches.net/pages/index.html>. Contact information of senior pastors for each church was gathered from the church's web site. Questionnaires were mailed to clergy along with a \$3 incentive in appreciation for their participation. For each of the six scenarios we asked clergy to indicate how likely they would be to use this service from a Christian psychologist and to what extent they would want the psychologist to keep them involved in the process. Both of these questions were rated on a 5-point Likert scale from 1 (not at all) to 5 (a great deal). We then asked open-ended questions regarding other psychological services they might use and how psychologists can better provide services for their churches.

## Results

A total of 117 clergy responded with completed questionnaires, 4 responded but did not complete the questionnaire, and 9 were not deliverable, resulting in an overall response rate of 63%. Seventy clergy responded with at least one response to the open-ended questions, which were coded and analyzed with QSR N6 (2000). Clergy respondents, on the average, were 48 years old (ranging from 26 to 78), had been in ministry for 21 years (ranging from 2 to 51 years), and reported 440 as the average attendance at weekly worship services (ranging from 7 to 7000). Over 75% of the respondents reported having a graduate degree, and 20% reported having a doctoral degree. Most respondents (88%) were European-American, 5% were African-American, 2% Asian-American, and 4% did not report ethnicity. A wide range of denominations and geographic locations within the United States were represented.

We were first interested in assessing the overall interest that clergy might have in the 6 collaborative scenarios. The scenarios and average interest ratings are listed in Table 1. Repeated-measures multivariate analysis of variance (MANOVA) revealed overall differences, Wilks'  $\lambda$  (5, 107) = .416,  $p < .001$ . Post-hoc profile analyses using paired-sample t-tests revealed differences between some of the adjacent means, as indicated in Table 1. Corresponding means designating how involved this group of clergy would wish to remain are also reported in Table 1. We also conducted a repeated-measures MANOVA on involvement ratings, using a conservative alpha level of .01 to control for Type I error, but significant differences were not found, Wilks'  $\lambda$  (4, 84) = .871,  $p < .02$ . Table 1 also shows the percentages of respondents who rated each scenario positively (i.e., a 4 or a 5 on the Interest Scale).

Clergy were also asked open-ended questions about other psychological services that might be useful. Referring parishioners to psychologists for counseling was clearly the prominent form of collaboration recognized by clergy in their written statements. Of those offering a write-in response to any of the 3 open-ended questions, 84% mentioned referring troubled parishioners to psychologists for help. When specific referral issues were mentioned—

as they were by 39 respondents—the treatment focus most often related to marriage and family problems (36%), addictions (18%), depression (10%), crisis intervention (10%), and grief counseling (10%). Some (7%) of our respondents expressed interest in using psychologists as consultants for the pastoral care they provide. For example, “I appreciate having a psychologist as a resource person when I'm up against situations that call for expertise in human dynamics.” Several clergy (7%) would seek personal help from psychologists. For example: “My strongest inclination is for personal consultation during time(s) of overload.” and “I've profited from (executive) coaching.” Finally, a number of clergy respondents (23%) expressed interest in ways psychologists might contribute to congregational life, mostly through teaching, workshops, and seminars.

When asked how psychologists can work better with clergy, the most frequent recommendations (36%) had to do with accessibility. Clergy wrote responses such as: “Make themselves known to community churches, ensure that all denominations would be viewed fairly and respected”; “Let churches know what you offer”; and, “Most churches do not know the names of Christian based psychologists in their area.” Other recommendations included keeping costs affordable, building relationships with clergy, and maintaining a counseling approach consistent with the religious values of clergy.

### **Discussion**

Overall, pastors think primarily of psychologists as those who accept referrals for mental health services; this was clear in their written responses to our open-ended questions. Respondents were less than enthusiastic about more innovative collaborative possibilities. When asked how interested they would be in 6 collaborative scenarios, the average ratings were modest. The highest rated scenario suggests clergy may have some interest in psychologists consulting with them to help the clergy provide effective counseling. This form of consultation has been applied successfully in some religious organizations (see Benes et al., 2000). None of the other scenarios received average ratings much above the midpoint of our 5-point scale. Despite the modest overall ratings, averages can be deceiving. Some clergy reported strong interests in various forms of collaboration (as seen in Table 1). This suggests that psychologists wanting to work collaborative with clergy need to choose their collaborators carefully. Some will be quite open to endeavors such as lay counseling training, pastoral coaching, and helping with personnel decisions.

One of the most promising possibilities for collaboration is pastoral care consultation. Clergy in this study seemed quite open to the idea of knowing a psychologist they could call when facing a challenging counseling situation. Such an arrangement provides immediate assistance for clergy while simultaneously building a trusting relationship between the clergyperson and the psychologist—something identified as a crucial element of effective collaboration (McMinn et al., 1998; McMinn et al., 2003). Professional psychologists who provide this sort of consultation without charge may find compensating benefits in the referrals clergy make.

The two least interesting services to clergy were assessments and intervention regarding parish life. Both of these scenarios were formulated as negative situations. It may be that pastors are not comfortable with heightened involvement from outsiders during times when congregations or programs are struggling. It seems likely that psychologists who are asked to help churches in crisis have first established a positive working relationship in less threatening contexts.

Offering psychological services specifically designed to be beneficial to clergy and churches can enhance and improve current disjointed service methods (Dieker, 2001), but the first step is determining what services are appealing to clergy. Based on this study, we offer a general observation and three specific possibilities. Overall, it appears that clergy have relatively modest levels of interest in exploring new forms of collaboration with psychologists. Nonetheless, some possibilities deserve more attention.

One possibility is in the area of mental health consultation for marriage and family services clergy are offering. Clergy are still the front-line mental health caregivers in many communities, and psychologists can often provide helpful input to support clergy in their work (Benes et al., 2000). A second possibility is found in selecting particular clergy to work with. Though our overall average ratings were modest, a sizeable number of clergy expressed interest in each of the scenarios we posed. Psychologists committed to collaboration can find clergy with similar commitments if they choose selectively. A third possibility is found in the traditional means of referral-based collaboration described 15 years ago by Meylink and Gorsuch. Many clergy see this as the primary means of connection with a psychologist. After a few clinical referrals are made, and handled well, clergy may become more open to other forms of collaboration.

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Table 1  
Interest and Involvement Ratings on 6 Collaborative Scenarios

Scenario	Service	Interest Rating		Involvement Rating		Percentage Interested
		Mean	S.D.	Mean	S.D.	
You are working with a couple in marital counseling when some questions come up that you are unprepared to answer. A Christian psychologist can consult with you about your counseling strategies.	Mental Health Services Training	4.1	1.1	4.2	1.2	76.9
You are trying to establish a caregiving ministry to enhance your congregational ministry. Members will be trained to encourage each other. A Christian psychologist can help train a group of lay counselors.	Parish Life Training	3.6 <sup>a</sup>	1.3	3.9	1.2	62.6
You realize that you are becoming overloaded and stressed in your ministry, and that you do not have adequate support. A psychologist can support you through this time.	Mental Health Services Intervention	3.5	1.2	Not Applicable		56.9
You are adding a new minister to your staff. A Christian psychologist can provide a strength-based personality assessment of the candidate to guide your hiring decisions.	Mental Health Services Assessment	3.4	1.3	4.0	1.3	52.2
Your small group ministry is struggling and you are not sure why. A Christian psychologist can offer an organizational assessment to help you understand what is happening.	Parish Life Assessment	2.9 <sup>a</sup>	1.3	3.8	1.4	35.7
You realize that there is a division in your congregation about a recent decision. A Christian psychologist can facilitate small group meetings with the goal of conflict resolution and forgiveness.	Parish Life Intervention	2.6	1.2	3.8	1.3	25.6

*Note.* N=117. Percentage interested was computed as the percentage of those endorsing a 4 or 5 on the 5-point Interest scale.

<sup>a</sup> Profile analysis reveals this item is ranked significantly lower than the preceding item ( $p < .01$ ).