

## **THE CLERGY-PSYCHOLOGIST RELATIONSHIP: SUGGESTIONS FOR BUILDING AN INTERPERSONAL COLLABORATION**

Edward B. Rogers, Elil Yuvarajan, and Matthew S. Stanford

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**ABSTRACT:** Due to the historical rift between clergy and psychologists, direct collaborations are uncommon despite the complementary expertise of the two professions. This results in individuals and families who do not receive adequate care through their struggles. With the goal of facilitating future interprofessional collaborations, we describe examples of existing collaborations, list obstacles to successful partnerships and highlight themes of successful collaboration. In light of the information reviewed, practical suggestions for collaborative work are provided, offering specific steps to begin and facilitate relationships between clergy and psychologists in service of congregants.

Clergy and psychologists both see themselves as healers and often work with the same individuals, on similar problems. Both groups work with complex issues such as finding meaning and purpose in life, coping with important losses, and resolving marital conflicts. Although psychology has brought scientific scrutiny to bear on such topics, they were addressed by clergy long before psychology existed as a profession and continue to be handled by clergy today (Plante, 2008). Indeed, many topics in psychology today, such as forgiveness, acceptance of self, the role of ritual, and the importance of community support, emerged from religious traditions. Psychology, in turn, has made important contributions to the understanding of these topics and the training of helping professionals.

These contributions seem especially salient at a time when the prevalence of mental health issues nears a quarter of the U.S. population in any given year (Kessler, Chiu, Demler, & Walters, 2005). This number holds true in Christian communities as well, with one recent study finding that over 27% of churchgoing families reported being affected by the mental illness of a loved one (Rogers, Stanford, & Garland, 2012). These families not only reported significant distress but also a desire to receive help from the church, a desire that is all too often invisible in our faith communities. Other investigators have pointed out that mental illness often causes difficulty in the practice of faith and even separation from the faith community (Hathaway, 2003; Pfeifer & Waelty, 1995, 1999). This is a double tragedy considering the large body of evidence indicating the positive mental health benefits of religious coping and the support of a religious community (Koenig, McCullough, & Larson, 2001; Nooney & Woodrum, 2002; Pargament, Smith, Koenig, & Perez, 1998; Webb, Charbonneau, McCann, & Gayle, 2011). Thus, addressing the mental health of families and individuals in religious congregations should be of immediate and pressing concern to both congregational leaders and psychologists.

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Historically, however, there has been significant tension between the two professions. Some prominent early psychologists valued religion (e.g. James, 1902; Jung, 1960) and incorporated it into their psychological theory. Others viewed religion more pathologically. Prominent theorist Sigmund Freud referred to religion as an “obsessional neurosis” (Freud, 1927/1961, p. 43), and behaviorist John Watson saw religion as the “bulwark of medievalism” (Watson, 1924/1983, p. 1). As they attempted to move the field of psychology away from philosophy and towards science, early leaders in the field adopted a naturalistic worldview. They emphasized that human behavior could be explained without appealing to spiritual causes (Richards & Bergin, 2005). This bedrock assumption of science, accepted by much of professional psychology, was inherently at odds with the theistic position of religious faith. Albert Ellis (1980) exemplified many psychologists of the era who saw religion as harmful to mental health when he wrote, “Religiosity, therefore, is in many respects equivalent to irrational thinking and emotional disturbance” (p. 637).

Understandably disturbed by those who claimed that science and psychology had replaced religion, many clergy responded by attacking psychological principles and restating human problems in solely religious terms (Adams, 1970). Similarly, some clergy warned the faithful against psychotherapy or interaction with psychologists, fearful they might challenge or discourage religious belief. A wider social environment that viewed religion as distinct from, and often inferior to, science strengthened this fear (Richards & Bergin, 2005).

Nevertheless, the true picture was not so bleak, never completely black and white. Scientific psychology has been interested in religion since its inception as a distinct science in the late 1800’s, and many psychologists have been people of personal faith. In the 1940’s a society of Catholic psychologists formed with the intention “(1) to bring psychology to Catholics and (2) to bring a Catholic viewpoint to psychology” (Reuder, 1999, p. 91). This society expanded beyond Catholics to include any psychologists interested in religion and eventually became the current APA Division 36 Psychology of Religion and Spirituality. Indeed, many psychological studies have supported the value of religious communities, and the accumulating evidence indicates that religion and spirituality are associated with indicators of physical and mental health (Koenig, 1998; Koenig, McCullough, & Larson, 2001).

Particularly in the last two decades, openness towards and appreciation for religion and spirituality has increased dramatically in clinical psychology. When the American Psychological Association (2002) updated the Ethical Code of Conduct, it included religion and spirituality as aspects of diversity that need to be respected. Since 1996, the American Psychological Association has published more than a dozen books on the integration of psychology and religion (e.g. Aten

& Leach, 2009; Aten, McMinn, & Worthington, 2011; Plante, 2009; Richards & Bergin, 2005, 2000; Shafranske, 1996; Sperry, 2012). Many new psychological treatment modalities that explicitly and implicitly integrate religious and spiritual concepts have been created and tested. Indeed, a recent meta-analysis of 46 studies of religiously-accommodated and spiritually-integrated therapies found they resulted in as good or better outcomes than secular treatments on both psychological and spiritual variables (Worthington, Hook, Davis, & McDaniel, 2011). Though mental health professionals as a group tend to be less religious than the general population, many therapists see religious affiliation and spiritual quest as healthy (Bergin & Jensen, 1990; Jensen & Bergin, 1988). Even former vocal critics have adopted a friendlier stance toward religion (Ellis, 2000).

Similarly, and especially in the last ten years, there have been increased indications that while some clergy believe that sin is the only cause of mental disorder (Stanford, 2007), many clergy espouse biological, psychological and social etiologies for mental illness (Kramer et al., 2007; Leavey, Loewenthal, & King, 2007; Stanford & Philpott, 2011; Trice & Bjorck, 2006) and endorse psychological treatment models (Kramer et al., 2007; Mathews, 2007). There also appears to be a corresponding rise in clergy awareness of their limitations in assessing and treating mental illness and an increase in the desire to build links with mental health systems and professionals (Kramer et al., 2007).

Despite these increasingly favorable conditions, professional relationships between clergy and psychologists have been slow to form. McMinn, Chaddock, Edwards, Lim and Campbell (1998) found that neither psychologists nor clergy reported any of twelve collaborative behaviors as occurring with the other profession with high frequency. A recent survey of clergy also showed only modest interest in collaboration (Lish, Fitzsimmons, McMinn, & Root, 2003), and the researchers surmised that this may result from little exposure to collaboration and the practice of one-way referral to psychologists as the dominant collaborative model to date. Another possible factor is a lack of awareness of the potential benefits of collaboration.

This lack of collaboration is particularly troubling given the benefits to be gained by working together. Clergy are the religious experts; most psychologists are not well trained in religious/spiritual matters. Psychologists are experts in mental disorders, a topic often perplexing to clergy. As McMinn and Dominguez (2005) stated: “both clergy and psychologists bring important skills and training to the collaborative endeavor. A synergy results that is greater than the sum of the two professions functioning on their own” (p. 166). This complementary expertise not only benefits each professional but also has the potential to transform the experience of religious individuals who struggle with mental illness. Collaboration is a path to improved awareness, deeper healing, and holistic treatment of body, mind and spirit.

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Mindful of the ways that individuals and families benefit when psychologists and clergy collaborate, we are motivated to encourage and facilitate these relationships. It is with this intent that we next review trends in collaboration and describe examples of working relationships. Based on this information we then present a set of specific attitudes and actions that aid clergy and psychologists in working together.

### **The Gatekeeper Model and Referral Patterns**

Congregants seek the counsel of pastors for many reasons beyond religious or theological concerns, such as pre-marital and marital counseling, parenting issues, grief and loss issues, and substance abuse counseling (Burgess, 1998). Clergy are familiar, accessible, and rarely charge fees for counsel. Above all, they are trusted. Clergy visit people at their homes as a part of their professional role and often have longstanding personal relationships with congregants. By the pastoral nature of their ministry, they are primed to seek and respond to people in distress. It is not surprising then that studies have shown that individuals with mental health concerns, on average, seek help from members of the clergy before any other professional group (Chalfant et al., 1990; Hohmann & Larson, 1993; Veroff, Douvan, & Kulka, 1981; Wang, Berglund & Kessler, 2003). The real question arises over what happens next.

Psychologists have tended to assume that clergy would act as “gatekeepers,” recognizing and referring individuals with mental disorder on to “more competent” psychologists (Meylink & Gorsuch, 1986, 1988). Indeed, several studies find that clergy feel they lack training or ability to handle mental disorders, especially serious mental illness (Farrell & Goebert, 2008; Leavey et al., 2007; Moran et al., 2005). Nevertheless, the gatekeeper model has proved a poor match to reality: only 10% of those who contacted clergy for help were referred to another professional (Lowe, 1986; Meylink & Gorsuch, 1988), and of all those who had contact with clergy, less than 40% had any contact with another health professional (Wang, Berglund, & Kessler, 2003). Even when they feel their training is inadequate, clergy often attempt to help congregants with mental illness rather than refer them out (Farrell & Goebert, 2008).

A referral is the simplest level of collaboration. If even this basic collaborative mechanism is not working, it points to the existence of significant obstacles to interprofessional collaboration. Before creative collaborations can succeed, psychologists and clergy must consciously identify and surmount these obstacles.

### **Stumbling Blocks to Collaboration**

#### ***Lack of respect***

The gatekeeper model itself disempowers clergy and places psychologists in a superior position, failing to recognize that clergy have a role in the treatment of

those with mental health issues. In research on clergy referral, researchers have consistently noted that psychologists refer to clergy even less than clergy refer to mental health professionals (Gorsuch & Meylink, 1988; Lowe, 1986; Wang, Berglund, & Kessler, 2003). This would seem consistent with a survey reporting that the biggest obstacle to collaboration was the perception that psychologists do not need clergy, while the perception that clergy do not need psychologists was not far behind (McMinn et al., 1998). Acting as if clergy are benighted laypeople when it comes to helping those in psychological distress is not a helpful step towards genuine collaboration (Budd, 1999) and does not reflect the state of the science in psychology. It should be obvious that respect for the professional role of the other is a primary component of even basic collaboration (McMinn, Aikins, & Lish, 2003). When respect is lacking, collaboration is actively avoided.

### ***Lack of shared values***

In one survey of clergy and psychologists, both frequently pointed to a lack of common goals and values in describing their worst experiences with collaboration (McMinn et al., 2003). Clarifying values in order to identify and address conflicts is an important and necessary part of collaboration. Unaddressed value conflicts lead to “horror stories” of collaborations gone awry when individuals are caught in the middle of disparate ideals held by clergy and psychologist. When this tension is not proactively addressed, resentment and negative stereotypes flourish, and each professional is likely to leave feeling offended and regretting the influence of the other on the individual they serve.

A fear that values are not shared by the counterpart often plays a primary role in avoiding collaboration in the first place and subsequently denying or denigrating the professional role of the other. If this fear prevents clergy and psychologists from contact, however, it also guarantees no chance for positive interaction. Shared values are the bedrock upon which collaboration is built. Without them, the collaborative “house” is built on shifting sand and inevitably collapses. For this reason, many works on clergy-psychologist interaction mention the primary importance of shared values (McMinn et al., 2003; Weaver, Flannelly, Flannelly, & Oppenheimer, 2003), and one survey of psychologists and clergy found that focusing on shared beliefs and values was the top overall way to improve collaborations (McMinn et al., 1998). It is clear that a discussion of values very early on in collaboration plays a large role in determining the course of the relationship.

### ***Lack of shared language***

One such obstacle is the different languages each profession uses when speaking about mental illness. At times the differences between the language of mental health and the language of faith introduce significant communication obstacles. Psychologists are often not well-versed in theology or the meanings of religious terms. According to McMinn, Ruiz, Marx, Wright, & Gilbert (2006), words like

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sin and grace “may seem like a foreign language to many psychologists” (p. 296). Misunderstandings about concepts such as sin may lead to an artificial tension between professions that can sabotage collaboration. There are indications that clergy are willing to explore the relationship between psychopathology and theological concepts, but they need psychologists willing to discuss these topics with them and able to speak their language (McRay, McMinn, Wrightsman, Burnett, & Ho, 2001). The situation operates in reverse as well; clergy are often unfamiliar with psychological concepts or view psychology with considerable suspicion (McMinn, Vogel, & Heyne, 2010). If clergy balk at psychological concepts or deny psychopathology, this may convince psychologists that collaboration is not a possibility. Language is often the way that values are communicated, and an inability to find a common parlance may derail the search for shared values and consequently the collaboration.

### ***Lack of training***

One factor in this failure of the gatekeeper model may have been the perception that professional psychology has been slow to respond to the importance of religious and spiritual (R/S) issues, both in training and in the lives of clients. The majority of therapy clients prefer that their therapists address religious and spiritual issues in treatment (Rose, Westefeld, & Ansley, 2001). Though most psychologists now believe that R/S issues are an important area of functioning, most still do not assess or address these issues (Delaney, Miller, & Bisonó, 2007; Hathaway, Scott, & Garver, 2004). Also, few psychology training programs (17%) systematically cover issues related to religion and spirituality (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002). Though there has been a modest increase in coverage of R/S issues in graduate training (Schafer, Handal, Brawer, & Ubinger, 2011), there is a wide variation in the quantity and quality of this training. Many voices have called for more and better training in R/S issues (e.g. Brawer et al., 2002; Crook-Lyon et al., 2011; Plante, 2009) and intentional assessment and incorporation of those factors in treatment (Pargament, 2007; Richards & Bergin, 2005; Saunders, Miller, & Bright, 2010).

This lack of training is paralleled in clergy education on mental disorder. Several surveys have found that most clergy have relatively little training in mental health or pastoral counseling (Firmin & Tedford, 2007; O’Kane & Millar, 2001) and often feel inadequately trained to recognize or respond to mental illness (Farrell & Goebert, 2008; Leavey et al., 2007; Mannon & Crawford, 1996). Indeed, many clergy realize they are not well prepared to address issues such as depression, substance abuse, domestic violence, severe mental illness, HIV/AIDS and suicide (Leavey et al., 2007; Moran et al., 2005). Even granting the legitimate role of clergy in providing counsel, it seems many clergy realize there are issues beyond their training and competence.

Ironically, the same lack of training that leads to the existence of complementary expertise also leaves many clergy and psychologists without basic information that would smooth the rough edges that chafe between the two professions. Lack of religious exposure makes it more likely that psychologists dismiss collaboration as unnecessary and makes communication with clergy more difficult when collaboration is attempted. Clergy with little or no mental health training may have a hard time understanding the benefits that psychologists might provide and mistake psychological constructs for replacements of theological truths.

***Confidentiality concerns***

Protecting client confidentiality is a concern that has been identified for psychologists (Edwards, Lim, McMinn, & Dominguez, 1999). Sharing information with clergy, who have different ethical and legal standards, may feel threatening. Clergy also have their own ethics around confidentiality, but these differ from those of psychologists. These differing standards of confidentiality may pose an obstacle to collaboration when left unaddressed because of a lack of understanding about the other profession's standards.

***Lack of communication***

Lack of communication is related to confidentiality because confidentiality must be addressed for clergy and psychologists to communicate in regards to specific clients. Nevertheless, psychologists are used to arranging for communication with other disciplines, such as social work or psychiatry (Gibelman, 1993; Kainz, 2002). If a referral is made, and no communication follows, the referrer can feel isolated, unimportant and uninformed. These feelings may be intensified if their requests for information are denied due to confidentiality without explanation or attempt to address the situation. This holds true for both psychologists and clergy. Communication has not only been labeled as necessary for basic collaboration, but a lack of communication has been noted to foster negative stereotypes that drive a growing wedge between professionals (McMinn et al., 2003).

***Trouble identifying collaborators***

Even when clergy recognize a need for referral or have issues on which they want to consult, identifying potential collaborators can be a challenge. When they do refer, clergy prefer to refer congregants to a psychologist they know is Christian (McMinn, Runner, Fairchild, Lefler, & Suntay, 2005; Stanford & Philpott, 2011). More broadly, clergy prefer collaborators who match them on both psychological and spiritual values (McMinn et al., 1998). Unfortunately, many clergy report that they do not know of such psychologists who are available and willing to collaborate (Lish et al., 2003). The difficulty is compounded by the professional privacy of psychologists concerning their religious views since these values are rarely advertised by practitioners.

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The obstacles to overcome are significant. A variety of deficits in respect, shared values, common language, adequate training, consistent communication, and handling of confidentiality clearly affect many attempts at collaboration. Even in the face of these challenges, there have been remarkable successes in creating trusted, collaborative partnerships between clergy and psychologists. From them we can learn not only how to avoid the obstacles to collaboration but also what positive attributes foster successful collaboration.

### **Examples of Successful Collaboration**

Collaborative behavior as a whole is difficult to quantify. It is not surprising, therefore, that much of the literature on clergy-psychologist collaboration consists of accounts of various situations in which clergy-psychologist collaboration has been successful. These examples of collaboration are as varied as the settings in which clergy and psychologists serve, illustrating the unique and individual nature of this work. Nevertheless, several themes run through the following accounts.

Thomas Plante (1999) described his work with the Catholic Church, which involved assessing candidates for the priesthood, treating priests with psychological and psychophysiological problems and working with parishioners referred for counseling. Sharing common beliefs allowed him to build trusting personal relationships with clergy who had experienced negative interactions with psychologists in the past. Collaborations do not need to be limited to one-on-one interactions, however. Kathryn Benes worked to create a new service model emphasizing indirect services to Catholic parishes in rural southern Nebraska, starting with a thorough needs assessment and many face-to-face meetings (Benes, Walsh, McMinn, Dominguez, & Aikins, 2000). Through personal contact and shared religious values, she worked to change clergy expectations of psychologist involvement and support pastors by offering consultative support, prevention programs and educational workshops in addition to face-to-face counseling.

Several psychologists working in military settings have found collaboration with service chaplains to be of great value (Budd, 1999; Budd & Newton, 2003; Chappelle, 2006). They described providing more intensive interventions, training clergy, and collaboration for the benefit of individual clients. Because of differences in privacy practices and a “ministry of presence,” chaplains more often received initial contact for mental health concerns and then referred to or collaborated with psychologists as the behavioral health experts. Bi-directional referral and consultation, the importance of relationship-building, and mutual personal support were noted in these collaborations.

Several collaborations involved universities, particularly graduate training in psychology. One university graduate training program reported intentionally partnering with churches and setting up specific clerkships for graduate students

to gain experience working in church communities (McMinn, Meek, Canning, & Pozzi, 2001). Another psychologist described the ways that college counseling center staff could collaborate effectively with campus ministry staff (Aten, 2004). The resources of universities and their task of training of graduate students may provide especially rich soil for future collaboration.

A survey providing a qualitative analysis of 77 collaboration narratives noted a wide variety of collaborative practices (Edwards et al., 1999). In addition to clergy referring to psychologists or consulting them, they reported psychologists who helped lead workshops for religious congregations and clergy appreciation for instances where psychologists consulted them. Several examples were noted of clergy and psychologists working side by side: co-leading groups in prisons, working together in marriage preparation and even forming a support group for at-risk high school students.

Another example involved psychologists and graduate students collaborating with a faith based community organization to provide otherwise unavailable services to a homeless population (Rogers, Stanford, Dolan, et al., 2012). Personal relationships, responsiveness to collaborator needs, and finding mutual benefit were noted as important factors in the success of that collaboration.

Taking collaborative work to a new level, Glen Milstein and his colleagues have articulated a continuum of mental health care for persons of diverse religions (Milstein, Manierre, Susman, & Bruce, 2008; Milstein, Manierre, & Yali, 2010). This model values the role of clergy by seeing them as the experts in the initial stages of the model and leaders in religious rituals and in forming supportive communities. When individuals need more intensive help, clergy can use consultative and collaborative principles to ensure inclusion of religious issues in clinical intervention and delineate ways to re-integrate clients with their religious communities. This model views collaboration as a way to reduce barriers, improve preventive practices, increase timely intervention and create a more coherent and effective support network for religious individuals with mental illness.

Clearly, collaboration between psychology and communities of faith is a current reality. These collaborations exemplify many important themes, such as shared beliefs, goals and values; building personal relationships; bi-directional referral and consultation; addressing salient needs; finding areas of mutual benefit; and appreciating the expertise of each professional. Moreover, these cooperative endeavors occur in a wide variety of situations. Successful collaborations are limited only by individual creativity and the strength of relationships formed between psychologists and clergy.

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### **Essential Elements of Collaborative Relationships**

Though we have listed major obstacles and described qualities found in successful relationships, this treatment is by no means exhaustive. Several major works on collaboration and integration have identified factors affecting clergy-psychologist relationships and can be referred to for a more detailed treatment of these themes. McMinn and Dominguez (2005) named seven principles for effective collaboration: relationship, communication, respect, common values and goals, complementary expertise, psychological and spiritual mindedness and trust. Thomas Plante (2009) noted similar principles for psychologists to keep in mind: maintaining mutual respect and reciprocity, understanding the faith tradition, using a shared language, avoiding jargon, appreciating clergy stressors, and respecting boundary issues. He also noted the importance of face-to-face time, willingness to educate clergy, and asking for and adjusting to feedback. Richards and Bergin (2005) also provided a checklist of ethical recommendations for collaborating with religious authorities.

The considerable research summarized in these resources can be further boiled down to a few broad statements or attitudes. Collaborations take place in the context of personal relationships. These relationships must be founded on mutual respect and grounded in the knowledge that each professional has something unique and valuable to offer. A willingness to ask for help and admit limitations is also important, for without need, what is to be gained from collaboration? Collaborations thrive in the presence of shared values, especially common respect for religious ideals, and are strangled by value conflicts on important issues. Individuals who understand both cultural mindsets, psychological and spiritual, are best prepared for collaboration. Without good communication, relationships deteriorate. Clear consistent communication is a must, whether it means becoming familiar with spiritual terms, obtaining consent from a client, or understanding psychiatric diagnoses. Feedback is one form of communication, and responding to it well is one way of demonstrating respect. All of these things taken together build trust. As trust is built over time, opportunities for further collaboration will increase.

### **Recommendations**

Each of these principles, themes and attitudes must find expression in specific actions. General principles which are never applied help no one. The suggestions that follow reflect the findings reported above, but are also informed by our own personal forays into relationships with clergy.

### ***Clergy steps toward a successful collaboration***

As clergy begin the process of collaboration, several fundamental attitudes are prerequisites. Admitting the limits of your own ability and boundaries of your role as a clergy member is one. Respecting the added value of knowledge from a psychologist is another. Without respect, collaboration will flounder. Last, an

openness to explore is needed. Each collaboration is unique, a blend of the needs, values, and gifts of each collaborator. It is in the process of discussing and exploring those needs, values and gifts that trust is forged and innovative possibilities are discovered. The recommendations that follow build on these basic attitudes and provide suggestions for further actions likely to facilitate productive collaborations.

- 1) Undertake a self-assessment. This helps clarify what you might expect from collaboration and what you are bringing to the table. Clarity around these issues increases the likelihood that initial conversations are positive and productive.
  - a. Identify your minimum necessary set of shared values. Does a psychologist need to share your denominational affiliation, or is affirming religion in a general sense enough? What if the psychologist is not religious but has a principle of deferring to religious leaders on religious questions? Is there a minimum familiarity with religious and spiritual issues that a psychologist must have?
  - b. Identify the needs a psychologist might fill. What support would benefit you in meeting the needs of congregants? Are there congregants with mental health issues that need direct care? Are you looking for consultation on difficult situations? Are you looking for trainings or workshops for your congregation?
  - c. Identify the gifts that you bring to collaboration. Given the historical prevalence of simple referral to psychologists, emphasizing your ongoing role and the gifts you bring to the collaboration is an important factor in building a mutually beneficial and trusting relationship.
- 2) Be proactive in identifying potential collaborators.
  - a. Work systematically. An initial list of contacts can be created through eliciting names from congregants, other clergy, community mental health clinics, and universities. Then set up face-to-face meetings to discuss the possibility of collaboration. Psychologists interested in a true collaboration will make the time to discuss your needs as well as your congregants' needs and how they can be of service.
  - b. Seek connections through existing opportunities. Do you counsel a congregant who is also receiving psychotherapy? You may be able to ask permission to consult with that therapist and then build a relationship in the course of your contact. If you find you need to make a referral, asking to chat with the psychologist before making the referral and asking to be kept informed may set the groundwork for a broader relationship. If you have particular needs, they may inform whom you seek for consultation. A

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- psychologist in your area may specialize in treating adolescents while you may find your strengths lie elsewhere. Your specific need may lead to a potential collaborator.
- 3) Foster chances to build a personal relationship and form positive connections. This process starts with your initial contact.
    - a. Consistent with the experiences of Chappelle (2006), we recommend the following as a part of an initial conversation:
      - i. Establish the mutual goal of alleviating the emotional suffering of congregants;
      - ii. Share observations and experiences with congregants struggling with emotional and spiritual difficulties and the demand for mental health care;
      - iii. Initiate discussion of personal backgrounds related to education and professional training;
      - iv. Initiate discussion of shared values (e.g., spiritual and religious values) and personal beliefs (e.g., Christian faith); and
      - v. Begin discussion of ways both the psychologist and clergy member could benefit from collaboration.
    - b. Initial contacts are not only an opportunity to establish shared values, but also a chance for clergy to emphasize their expertise in the spiritual needs of their congregants and other gifts they bring to the collaboration. This sets the expectation of a mutual partnership, rather than a one-way referral conduit.
    - c. At the same time, it is important to articulate the needs you have that the psychologist can fill. Doing this conveys that you value the role of the psychologist and trust his or her expertise. You may find they are more likely to return the favor, especially if you have established shared values, goals and benefits.
  - 4) Enhance your familiarity with psychological concepts. This can be both a cause and an effect of a good collaboration. Understanding basic diagnoses or treatment concepts may increase the willingness of a psychologist to partner with you. At the same time, through ongoing discussion and bilateral consultation, you can increase your knowledge of psychological language and perspectives. Other avenues for increased understanding include attending workshops on psychological concepts, finding online seminars, or making use of educational materials written for clients that are often available online.
  - 5) Address logistical issues.
    - a. Address fees and finances. Psychologists often earn a living through the fees they charge for their time. Establish what the expectations are for compensation. Is it expected that phone consultations will be billed, or will the benefit of mutual consultation be sufficient? What fees does the psychologist generally charge for therapy? Are the psychological services

provided covered by most medical insurance policies? Knowing the answers to these and similar questions allows you to prepare yourself and congregants and avoid negative surprises.

- b. Address issues of confidentiality. Confidentiality is the cornerstone of psychologists' relationships with their clients. If your goal is to stay involved with your parishioner's mental health treatment, then ask the parishioner to request a release of information if they feel comfortable doing so. This is also true for family and friends if they are to play an active role in the treatment of an adult with mental illness.
- 6) Set up regular meetings, if appropriate to your contexts. Consistent contact improves communication, allows the collaboration to grow, and provides the opportunity to address any conflicts. When conflicts arise, it becomes important to address them immediately. Setting this expectation as a specific agenda item for regular meetings can reduce hesitation to address nascent difficulties. As contact continues, you can evaluate current work and consider potential areas for future collaboration.

***Psychologists' steps toward successful collaboration***

Successful collaborations require respect for the expertise of the clergy and a genuine desire to uncover the ways that collaboration will meet their goals as well as those of the psychologist. Appreciating complementary expertise, seeking mutual benefit, and defining shared values are three stances fundamental to a collaborative spirit. The following recommendations facilitate relationships in further specific ways.

- 1) Clarify your own values, needs and gifts.
  - a. Knowing your values allows you to fully participate in value clarification with clergy. Indeed, congruence in values between clergy and psychologist may be the most important variable influencing the likelihood of referral (McMinn et al., 2005). Maintaining a willingness to discuss values openly is important, and without a clear understanding of crucial values, it is highly unlikely that any trusting or lasting relationship will be built. When clergy speak positively of collaboration with psychologists, they mention a personal relationship built on mutual respect and shared values.
  - b. Know and acknowledge your needs. The history of collaboration is full of psychologists who saw themselves as the "expert resource," with no needs that would be met in the relationship. Whether you are looking for new clients, would benefit by expanding your horizons on religious issues, or need a partner for a specific project, admitting what you need contributes to genuineness and

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- builds trust.
  - c. Offer your gifts. Offering services usually comes naturally to psychologists. Nevertheless, do not forget to include gifts and skills that may not be typical aspects of your practice, such as being a good public speaker or having expertise in leading workshops and training others.
- 2) Acknowledge the importance of religion and religious community. As part of the collaborative process, it is important for psychologists to become comfortable with religious issues (Budd, 1999). McMinn et al. (1998) suggest several ways to gain knowledge about the spiritual realm. These include auditing a seminary course, attending worship services regularly, meeting with a clergy member to discuss religious issues, finding CE classes on religious issues in therapy, and/or reading a book about the integration of psychology, theology, and spirituality in treatment. For psychologists, familiarity with concepts such as sin and grace (McMinn et al., 2006) and recognition of biblical passages or metaphors can enhance communication with members of the clergy (Plante, 1999).
  - 3) Not only speaking the language, but also valuing religious involvement sends a strong message to clergy that you are “on the same side” and they can trust congregants to your care. One key shared value is a genuine appreciation of the positive meaning religion and religious leaders have in the lives of individuals. There is no replacement for a genuine valuing of religious clergy as the basis for a collaboration.
  - 4) Make a positive impression in the initial contact.
    - a. Like Chappelle (2006), we recommend approaching clergy in a humble fashion and asking for help addressing religious issues beyond the scope of your training. Alternately, ask for clarification/information on church teachings, rituals or culture. This helps clergy understand that you value and respect their potential contributions. It can also address your legitimate learning needs in this area.
    - b. Search for common ground and shared values. This may involve sharing your own attitudes toward faith, your motivation for entering a helping profession, and the reasons you want to collaborate with clergy. The point is to establish common ground, a sense that some of the same things matter to both professionals. As one step in this process, it should be helpful to clarify the process of therapy and how the psychologist integrates spiritual well-being into that process. Clarifying the ways that psychological services fit with religious practices and beliefs and debunking myths about their incompatibility may be particularly useful.

- c. Highlight goals that are mutually beneficial. After affirming the gifts of clergy and establishing a firm groundwork of shared values, seek to understand the needs of your potential collaborator and highlight ways you can meet those needs. If clergy do not understand the ways that collaboration benefits them, there is little reason for them to put in the effort necessary to sustain a true collaborative relationship. If they feel obliged to refer or participate without clear benefit, this can lead to resentment or disengagement and may lower their willingness to enter future collaborations. On the other hand, if what you offer makes their ministry easier, increases resources, or leads to healthier, more committed congregants, they are likely to want to build a lasting relationship.
- 5) Clearly explain the role of client confidentiality. Discuss with the clergy member the reasons for the process of confidentiality and answer whatever questions they may have about it. Clarify actions they can take that ease the process and make an effort to keep clergy informed whenever possible. For individual consultations, complete a release of information form if the client is willing and clarify with the client his or her level of comfort with discussing the case with a clergy member. Do not forget that individuals expect confidentiality from clergy as well. Make sure to ask what confidentiality means to the clergy and what you need to do to respect that.
- 6) Consult with clergy on religious issues and make referrals to clergy when appropriate. No psychologist knows everything they need to about the religious practices and traditions of their clients. Psychologists would benefit by cultivating a network of clergy referral resources. With such a network, psychologists can refer clients to clergy when facing spiritual issues outside the boundaries of their competence. They might also use this network for consultation on theological or spiritual issues, deepening their own ability to understand and assist their clients. Referring clients to clergy builds reciprocity and the perception of a truly equal and valued relationship.
- 7) Offer training in specific areas that are of interest to clergy. These trainings can be determined in consultation with clergy and tailored to their unique situations. Trainings can be for clergy, for congregants or sponsored by the church for the local community. Potential areas include assessing suicidal risk, learning about mental health resources in the community, and recognizing mental illness.
- 8) Conflict resolution is important, especially when conflicts center on perceived value discrepancies. If these conflicts simmer below the surface and are not dealt with openly, they are likely to poison the relationship. The very process of addressing differences in a straightforward and non-judgmental manner can reinforce the message

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that the collaboration is valued, however, even when disagreements arise. Working through such a disagreement often results in a stronger relationship than existed before the conflict.

### Conclusion

Over the past two decades, reduced tensions between religion and psychology have opened the door to increased cooperation. Nevertheless, collaborations between the two professions are not yet commonplace. Many obstacles exist, such as value differences, distorted perceptions of the role of the other, busy schedules and different languages for human conditions. Unfortunately, the ones who suffer most from a lack of collaboration are the mentally ill congregants and spiritually-stressed clients whose needs continue to go unmet. Consultation with clergy can help psychologists improve religious competence and respect the religious and spiritual diversity of clients. Similarly, with help from psychologists, clergy can learn to recognize mental health related issues better and respond more effectively to needs within their congregations. Though the benefits to psychologists and clergy are real and often large, the real winners in the collaboration are the individuals and families who receive more complete, holistic care. Collaboration between psychologists and clergy also has immense potential to provide benefits not only to those in crisis, but also to the millions of at-risk individuals who participate in religious communities. Despite the obstacles, opportunities exist for creative collaborations that are as varied as the individual people who form them. Our hope is that the material presented here serves not only to provide information to those already interested in forming such partnerships, but also as a clear call to others, awakening them to the necessity of inter-professional collaboration for the good of those they serve.

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Edward B. Rogers received an M.S. from Loyola University Maryland and is currently a doctoral student in clinical psychology at Baylor University. His passion is for finding the ways that psychology and faith can be brought together to foster healing for those with mental health problems.



Elil Yuvarajan received an M.S. in clinical psychology from Baylor University where he is currently a PsyD candidate. His primary interests include the treatment of trauma and the integration of spiritual and psychological health.



Matthew S. Stanford, Ph.D. is professor of psychology, neuroscience and biomedical studies at Baylor University. A Fellow of the Association for Psychological Science (APS) his research on the interplay between psychology and issues of faith has been published by national new providers such as USA Today, The New York Times, Fox, MSNBC, Yahoo, and US News & World Report.

**CHRISTIAN LEADER'S SUMMARY**

Edward B. Rogers, Elil Yuvarajan, and Matthew S. Stanford

Clergy and psychologists both work for healing and attempt to promote the growth of individuals in their care. Matters of spiritual well being and mental health are closely intertwined, with clergy and psychologists being experts in these respective fields. Given the complementary expertise of the two professions, collaboration in service of individuals and faith communities makes sense, yet many obstacles have been noted. One fundamental issue is that clergy receive little training in mental health, and psychologists similarly lack education in religious and spiritual issues.

These weaknesses also serve as an opportunity for growth. By collaborating, each profession can help meet the needs of the other, with congregants benefitting from the relationship. Ensuring smooth sailing through the initial stages of relationship building requires certain attitudes and assumptions. First is a respect for what the other collaborator has to offer. In this process, language presents a common barrier. What one calls disorder, the other might call sin. Finding ways to communicate that respect the understanding of each is crucial. Finally, an attitude that is willing to explore each collaborator's needs, gifts and values in a search for common ground is important.

Over the past two decades, reduced tensions between religion and psychology have opened the door to increased cooperation. Nevertheless, collaborations between the two professions are not yet commonplace. Many obstacles exist, such as value differences, distorted perceptions of the role of the other, busy schedules and different languages for human conditions. Unfortunately, the ones who suffer most from a lack of collaboration are the mentally ill congregants and spiritually-stressed clients whose needs continue to go unmet. Consultation with clergy can help psychologists improve religious competence and respect the religious and spiritual diversity of clients. Similarly, with help from psychologists, clergy can learn to better recognize mental health related issues and respond more effectively to needs within their congregations. Though the benefits to psychologists and clergy are real and often large, the real winners in the collaboration are the individuals and families who receive more complete, holistic care.