

## Psychology and the Church: An Exemplar of Psychologist–Clergy Collaboration

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Catholic Social Services

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Despite the increasing attention being given to clergy–psychologist collaboration, many psychologists may wonder what clergy–psychologist collaboration looks like in actual practice. The authors describe an example of clergy–psychologist collaboration involving a careful needs-assessment phase followed by the development of a wide spectrum of preventive, consultative, and direct services. Current challenges include funding, establishment of trust, and the integration of psychology and spirituality. Implications for professional psychologists are discussed.

Some psychologists may be persuaded by recent *Professional Psychology: Research and Practice* articles that too little attention has been given to psychologist–clergy collaboration (Weaver et al., 1997) and that collaborating with clergy holds promise as an emerging area of professional work (McMinn, Chaddock, Edwards, Lim, & Campbell, 1998). Those articles provide helpful information from national survey research and systematic analyses of American Psychological Association journals but may leave the typical reader of *Professional Psychology: Research and Practice* wondering what clergy–psychologist collaboration looks like in actual practice.

Three of us (Mark R. McMinn, Amy W. Dominguez, and Daniel C. Aikins) are involved in a research program that has become

increasingly focused on the applied nature of psychologist–clergy collaboration. Beginning with quantitative analyses of national survey data obtained from clergy and psychologists (McMinn et al., 1998) and then moving to qualitative analyses of collaborative examples offered by clergy and psychologists in response to a brief survey question (Edwards, Lim, McMinn, & Dominguez, 1999), recent efforts have been made to identify and study exemplars of effective psychologist–clergy collaboration. Two of us (Kathryn M. Benes and Joseph M. Walsh) have established a practice that involves extensive clergy–psychologist collaboration.

The purpose of this article, then, is to describe an applied example of what clergy–psychologist collaboration can look like in the world of professional psychology, but the methods of inquiry represent another important form of collaboration—that which occurs between academics and practitioners. The three of us who function primarily in an academic environment and the two of us who function primarily in a professional environment have had extensive contact, traveling to one another's places of work, corresponding, conversing on the phone, and holding discussions at professional conferences.

### Assessing Needs and Establishing a Service Delivery Model

In 1991, Joseph M. Walsh, an ordained Catholic priest with additional training in social work, became the executive director of Catholic Social Services in Lincoln, Nebraska (CSS-L), and set out to increase the quality and the quantity of services offered by CSS-L. In 1994, he hired Kathryn M. Benes as director of counseling services because he believed mental health services were a primary need among parishioners in the Lincoln diocese. Initially trained as a school psychologist with interests in community-based consultative models of intervention, Kathryn M. Benes spent her first several months at CSS-L conducting an assessment of needs identified by priests throughout the diocese. This assessment phase involved considering survey data collected prior to her employment with CSS-L and collecting new information through interviews, an additional survey, and focus groups. The needs assess-

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ment was a monumental task because the diocese is spread throughout all of southern Nebraska, covering almost 24,000 square miles, 123 priests, 122 religious sisters, 85,000 parishioners, and more than 7,000 students in Catholic schools.

The needs assessment consisted of three projects. First, in 1992, CSS-L sent survey questionnaires to 133 staff, board members, and selected clergy within the diocese and received back 77 responses. Respondents identified a need for CSS-L to develop a clearly articulated mission in response to community needs. One respondent wrote, "CSS doesn't have a bad image. It has *no image*." The agency immediately began developing a mission statement that more clearly addressed the needs of the diocese. Second, in 1994, Kathryn M. Benes traveled throughout the diocese to interview many of the parish priests. Priests identified a need for services consistent with teachings and values of the Catholic church. In addition to helping her gather information, this time-intensive interviewing process communicated to parish and school leaders that CSS-L was interested in adapting to better meet the needs of the diocese. Third, in 1995, a formal assessment was done throughout the diocese to identify mental health needs of parishioners, to identify community strengths that might help address community needs, and to increase the visibility of CSS-L. This formal assessment included interviews with 10 priests, a survey of 800 Catholic families (191 were returned), and 10 focus groups involving 140 parishioners throughout the diocese. The poor response rate to the survey was the result of sending only one wave of mailings to a randomly selected sample of Catholic families, some of which were only marginally involved in church activities. The low response rate was anticipated, with the expectation that those families more committed to the Catholic church would be most likely to return the survey and would provide the most helpful information for purposes of needs assessment. In this sense, the goal of the survey was not scientific rigor as much as a focused effort to solicit input from those families most involved in the Catholic church.

These assessment procedures helped the CSS-L staff identify a problem with isolation among priests, parishioners, and community leaders. Communication within and between parishes was lacking, the vast geographical separation of parishes in rural Ne-

braska made interaction difficult, and the role of CSS-L within the diocese had not been clearly established. Another problem identified in the needs assessment pertained to family distress. Poverty, increasing divorce rates, teen births, and alcohol abuse among teenagers detracted from family and community cohesion. Also, respondents seemed eager to find resources for spiritual and moral guidance of children, teens, and families.

To best meet the needs identified in this assessment, Kathryn M. Benes and Joseph M. Walsh carefully reviewed the CSS-L's mission and ultimately adopted the metaphor of "strengthening the ecclesial fabric" to describe their collaborative work. Because isolation emerged as a problem in the needs assessment, they decided to use CSS-L to bring people together, shifting their major emphases from a direct services model focused on remedial services to an indirect parish-based model focused largely on consultation (see Figure 1). Whereas a direct service delivery model typically involves the parish pastor referring a parishioner to a psychologist for treatment, an indirect service delivery model involves the psychologist working with the priest to enhance the parish life and to deal with the needs that emerge within the parish. Given that many people experiencing psychological problems prefer to seek help from religious leaders rather than mental health professionals (Quackenbos, Privette, & Klentz, 1985) and that professional mental health training does not seem essential for effective treatment outcome (Christensen & Jacobson, 1994), the indirect service delivery model seems to be an excellent choice for CSS-L. CSS-L continues to provide direct remedial services when needed, but the primary collaborative mission of CSS-L is to strengthen the resources available to parishioners within the local parishes, thus providing preventive services that address the prevailing sense of isolation, family needs, and concerns about spirituality.

#### Collaborative Programs and Services

Believing that all healing ultimately comes from God and seeing love as the central Christian virtue, the CSS-L staff work to extend Christian love through various programs and services, each of which is consistent with the mission and core values of the CSS-L

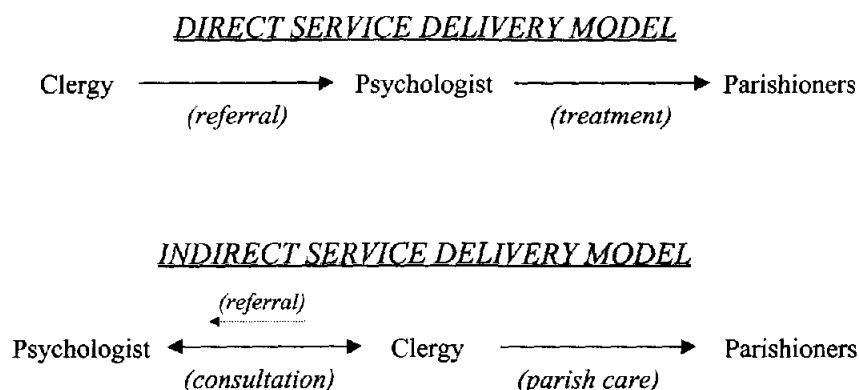


Figure 1. A direct service model assumes that clergy function as the referral source for psychologists and that psychologists provide direct remedial services. An indirect service model assumes a collaborative, consultative relationship between psychologists and clergy that empowers clergy to provide a continuum of services for parishioners.

administration and staff. These core values include service, community building, and education. *Service* involves providing a wide range of social services to those in need and doing so within the religious framework on which CSS-L was established. *Community building* involves the deliberate strengthening of parish communities and schools, inviting people into relationships in which they can be known and interpersonally connected with one another. *Education* involves teaching spiritual values and virtues to those in the diocese. The systems with which CSS-L primarily interfaces include school, parish, and family. Its work is organized into a wide-ranging continuum of programs and services, as illustrated in Figure 2, ranging from indirect preventive work to direct remedial psychological evaluation and treatment. The following descrip-

tions of selected CSS-L programs illustrate the diverse approach to psychologist-clergy collaboration and service delivery.

*Publications*

Kathryn M. Benes and Joseph M. Walsh collaborate in planning, writing, and editing various publications that circulate among the parishes and parishioners of the diocese. Articles often raise awareness of issues pertaining to parish life, family relationships, religious schooling, and individual adjustment. Some publications (e.g., Christmas mailings) are sent to as many as 42,000 homes throughout the diocese.

## CONTINUUM OF SERVICES

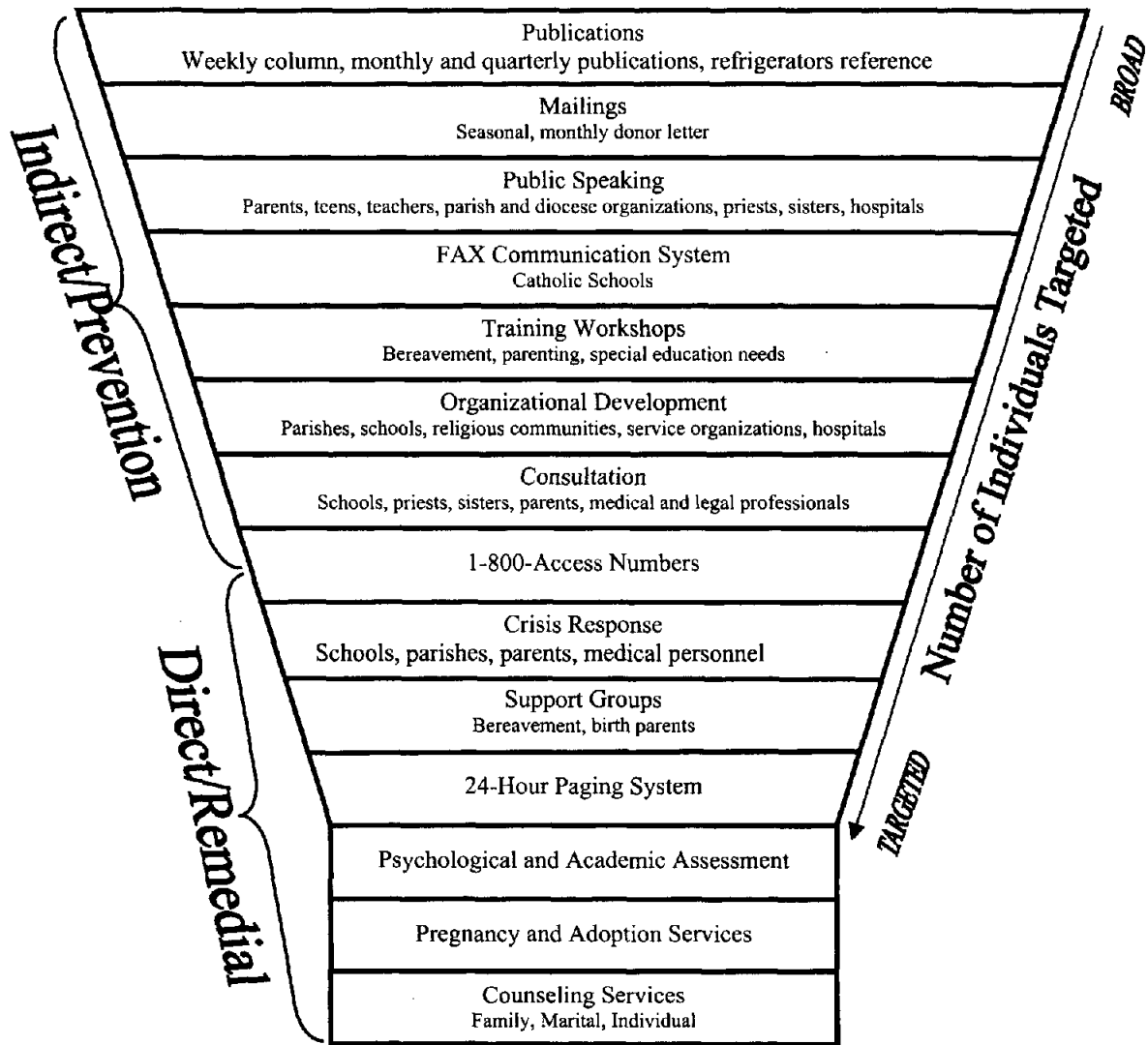


Figure 2. The continuum of services offered by Catholic Social Services of Lincoln, Nebraska. Only the three services listed at the bottom of the continuum produce direct fees for service. The other activities are supported through donations and grants.

### *Telephone and Fax Access*

CSS-L has established a toll-free telephone number so that priests and parishioners in the diocese can call with questions pertaining to CSS-L's services or matters of spiritual or psychological health. Phone and fax lines are also used to collect and distribute community prayer concerns among the various parishes and schools in the diocese. Professional ethical standards of confidentiality are closely followed when the CSS-L counseling staff determine which items to distribute as prayer requests.

### *Public Speaking, Consultation, and Organizational Development*

CSS-L staff members maintain active speaking schedules, providing workshops for clergy and parishioners and speaking for special events at parishes, schools, and community meetings. Typical topics include effective parenting, sexual abstinence, abortion-related issues, suicide prevention, building strong families, conflict management, and dealing with grief. They also consult with priests, schools, parishes, and service organizations across the diocese to facilitate effective communication and problem solving. Much of their consulting facilitates organizational development. Kathryn M. Benes and Joseph M. Walsh see one of their primary roles as helping parish priests and school administrators succeed in their work, coming alongside them and facilitating their efforts to strengthen their parishioners, parishes, and parish schools.

### *Crisis Response Team*

Members of the CSS-L staff are dispatched immediately when a crisis situation occurs that affects community life in one of the parish schools (e.g., death of a student). In partnership with school personnel, CSS-L developed a crisis response manual, which, in a user-friendly layout, is an informative reference for staff dealing with a critical incident in the parochial school system. The manual covers topics such as the normal stages of grief, common signs of stress reaction, and debriefing; provides a potential suicide checklist; and includes specific checklists for administrators, staff, students, and parents. It also includes suggestions for dealing with the media and how community prayer can best be used at those times.

### *Support Groups*

Various support groups and services are offered at the CSS-L office and in parishes throughout the diocese. These include bereavement support groups and support groups for teenage parents dealing with unplanned pregnancies. The CSS-L staff are currently working to host nonreligious opportunities within local parishes to build the community life of the parishes. As support services are offered in the parish setting, parishioners and other community residents have opportunities to build relationships that may carry over to other aspects of their lives.

### *Direct Services*

Psychological and academic assessment services are offered in four counseling sites located throughout the diocese and are available at any of the 32 parish schools on request. CSS-L has a counseling department that provides family, marital, and individ-

ual therapy at the four counseling sites. Most (85%) of the clients served at these sites are Catholic, and parish priests are involved in the treatment whenever the clients grant permission. When clients are referred for treatment, an important goal is planning for effective treatment termination, including reintegrating the clients back into the community life of the parishes from which they were referred. CSS-L counselors and social service staff are also involved in crisis pregnancy and adoption services.

As can be seen in these examples, the current services provided by CSS-L directly relate to identified needs within the diocese and are aimed at addressing the underlying themes of fragmentation and isolation. Although many social service systems focus on social problems such as teen pregnancy and substance abuse, CSS-L attempts to enhance the community infrastructure in ways that may ultimately prevent some of these social problems. By building up the diocese to effectively minister to the identified community needs, the goal is to enhance parish satisfaction while parishioners and priests gain a sense of connection and purpose.

## Challenges

The CSS-L staff have faced a number of challenges in developing their present collaborative service delivery model. These include challenges with funding, the establishment of trust, and the integration of spirituality and psychology.

### *Funding*

Although fees generated through direct clinical services account for a portion (about 35%) of CSS-L's budget, consultation and prevention services are not covered by direct fees or third-party payments, and grant money for indirect and preventive services remains difficult to obtain. Only the bottom three activities in the continuum of services (Figure 2) generate fees, and many of these services are provided at a reduced fee or no fee because of limited client resources. Approximately \$60,000 in charitable fee reductions was granted by CSS-L in 1998. Just over 40% of the counseling staff's time is devoted to consultation services—services that produce no direct revenue. As a result, a sizable portion of CSS-L's operating budget comes from fund-raising within the Lincoln diocese. Joseph M. Walsh spends approximately 50% of his time in various fund-raising and grant-writing activities.

Fund-raising, like the services provided by CSS-L, is seen as a process of communication and collaboration. Publications are provided to individuals and parishes throughout the diocese. Joseph M. Walsh and Kathryn M. Benes travel to many of the 135 parishes each year, attending masses, drinking coffee with priests and parishioners, listening to their needs, and responding as well as possible to those needs. As trust is developed, the work of CSS-L is seen as a collective endeavor—a partnership among professional staff, local parishes, and the families and individuals who attend those parishes. Kathryn M. Benes and Joseph M. Walsh see themselves as brokers of talents and gifts. If someone has the ability to help someone else within the community, they facilitate that assistance, offering training or other resources as necessary. As a result, many parishioners assist financially and with various talents to sustain the work of the diocese.

This funding strategy is not perfect and often produces anxiety. Near the end of 1998, the CSS-L staff were concerned that they

would not meet their budgetary needs for the year. When they received \$150,000 in donations during the month of December, their budgetary needs were met, and the faith of many involved was strengthened as a result. Although the CSS-L facilities are professional and adequate, they are not extravagant, and the staff size is minimal for the many services that are provided. Consistent with the Catholic faith throughout many centuries, there is a value placed on meager resources because material needs often lead to spiritual depth and maturity.

We have come to learn that it is through our poverty that we are drawn closest to God. When we have all the answers, we grow arrogant. It is when we have exhausted all of our human resources and fall to our knees that we fully realize the awesome nature of God's goodness. (K. M. Benes, personal communication to M. R. McMinn, January 13, 1999)

### *Establishment of Trust*

As is true for successful psychologist-clergy collaboration in general (McMinn et al., 1998), the CSS-L staff have seen establishing trust with clergy as an important part of their work. Establishing trust was initially challenging because clergy and parishioners expected psychologists and counselors to provide remedial services during 1-hour sessions. Medical-model roots run deep in psychology training programs and reimbursement structures, as well as among consumers of psychological services, often producing the expectation that something needs to go wrong before a psychologist gets involved. Although the continuum of care offered by CSS-L includes these direct remedial services, the other services offered were initially foreign to many of the clergy.

This trust barrier is gradually being addressed through the development of effective working relationships and by empowering clergy to better meet the needs experienced in their parishes. As we described earlier, CSS-L staff invest significant energy in traveling to parishes, meeting with priests, being available for consultation needs, and so on. These activities foster trust as relationships are established. In addition, trust is built by keeping the priests involved in the lives of parishioners who seek psychological services. Priests provide counseling services within the parish community, calling trained counselors and psychologists on the CSS-L staff as consultation needs arise. When priests need to refer parishioners out for direct services, the CSS-L staff provide services while keeping the priests actively involved in the counseling process whenever the clients agree. As priests work with counselors, they often learn new tools that help them more effectively care for their parish and as a result become firmly committed to the value of counseling. More important, priests view themselves as an important part of the treatment team—this partnership establishes trust and confidence.

### *Integration of Spirituality and Psychology*

Although the literature on the integration of religion, including Christian spirituality, and psychology has increased in recent years, with many books published each year (e.g., Richards & Bergin, 1997; Shafranske, 1996) as well as journals such as *Journal of Psychology and Theology*, *The International Journal of Psychology and Religion*, and *Journal of Psychology and Christianity*, the literature base is far from sufficient. The empirical

support for spiritually based interventions is limited even though it is growing (Johnson, 1993; Pargament et al., 1991; Worthington, Kurusu, McCullough, & Sandage, 1996). None of the existing studies involve the type of broad-based continuum of care offered by CSS-L.

Although the type of research that is needed is best done by professional psychologists working in collaborative settings, with the funding challenges described above there is little time left for systematic research. One strategy for enhancing both research and professional services is to form partnerships between academic psychologists interested in outcome research and professional psychologists interested in psychologist-clergy collaboration.

The kind of collaborative work done at CSS-L is an emerging area of practice, and as such, it requires prudence, careful adherence to the American Psychological Association's ethical standards, and extraordinary commitment to building effective working relationships between clergy and psychologists. It also calls for outcome evaluation research for the specific types of services provided—something that is virtually nonexistent in the current psychological literature.

### *Implications*

What does this article mean for the professional psychologist interested in doing more collaborative work with clergy? We present three suggestions. First, McMinn et al. (1998) found that shared values are extremely important to clergy when considering entering into a collaborative relationship, but they did not assess *which* values must be shared. Subsequent survey research has suggested that shared *religious* values are of utmost importance to evangelical Christian clergy (Chaddock & McMinn, 1999). Thus, one reason why Kathryn M. Benes has been successful in establishing trusting, collaborative relationships with clergy probably relates to her personal faith commitments that make her an "insider" with the Lincoln diocese. On the basis of limited survey data (Chaddock & McMinn, 1999; McMinn et al., 1998), attempting to establish a program such as this would probably not be advisable for those holding religious beliefs that are highly discrepant from the clergy with whom they are attempting to collaborate.

Second, the success of CSS-L's efforts indicates the importance of a careful needs assessment that simultaneously promotes effective working relationships. The needs-assessment phase of this work not only established a target for the types of services needed in the diocese but also provided an opportunity to build trusting relationships with clergy. Kathryn M. Benes is fond of saying, "In community development, the process is the product." Thus, the process evidenced throughout this article is an excellent example of collaboration in which both clergy and psychologists are considered professionals with important resources to offer—a relationship among equals (Tyler, Pargament, & Gatz, 1983). This view of collaboration gives credence to the role of clergy in the personal development of their parishioners and postures psychologists as both learners and consultants. The level of mutuality that results almost certainly enhances trust and a sense of partnership between clergy and psychologists.

Finally, the changing identity of our profession calls us to rethink the possibilities for psychological services (Humphreys, 1996). As the health care reimbursement system shifts, so too our models for service delivery must adapt and expand to meet exist-

ing needs (e.g., see Tan, 1997). The collaborative endeavors described here show that change and adaptation are possible—not only in a way that merely ensures survival for a professional psychologist but also in a way that provides holistic spiritual and psychological care for a sizable group of people, many of whom live in an underserved, rural part of southern Nebraska.

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