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SPECIAL FEATURE SECTION

"Cultural Competence in Community Research and Action"

Also...

The *Community* Student

INSIDE THIS ISSUE...

Columns

- 3 Editor's Column
- 4 President's Column: SCRA Moving Forward: Multidisciplinary Minority-Pipeline Initiative, Diversity within SCRA & Member Dues Increase, Ken Maton
- 12 Training Column: How Can We Implement the APA's Council of Chairs of Training Councils' Statement on Community Training?, Clifford R. O'Donnell
- 13 Social Policy Column: SCRA Social Policy Committee Update, Brian Smedley
- 15 Book Reviews: Ken Maton, Column Editor, Paul R. Docecki reviews Tod Sloan's (1996) *Damaged life: The crisis of the modern psyche* and (1996) *Life choices: Understanding dilemmas and decisions*

SCRA Election News

- 8 Nominee Statements for SCRA Executive Committee

The Community Student - Rae Jean Proescholdbell & Gabriela Turro, Editors

- 17 SCRA Student Updates
- 18 New CPDCRA National Student Representative Elected, David Lounsbury
- 19 What Do Students Have to Say About Mentoring?, Susan Wolfe, Heather Barton, George Greene, Darius S. Tandon, Gabriela Turro, Sonia Cruz, Meredith S. Miller, Emily Ozer, Rebecca Lee, Sarah L. Cook, Sean Allen, Matthew Campbell & Deborah Swanson
- 20 Parenting and Graduate School: A Rewarding but Challenging Combination, Kimberly Dumont

Special Feature Section - *Cultural Competence in Community Research & Action* Shelly Harrell, Sylvie Taylor & Elaine Burke, Section Co-Editors

Training Perspectives

- 22 Training in Cultural Competence: A Survey of Graduate Programs in Community Research and Action, Cary Cherniss
- 23 The Principle of Cultural Compatibility: A Strategy for Integrating Cultural Issues into Community Graduate Programs, Clifford R. O'Donnell
- 24 Inculcating Cultural Competence into Psychology Training: Strategies, Observations and Challenges, Christopher Sonn, Brian Bishop & Darren Garvey
- 27 Critical Events in the Evolution of a Culturally Inclusive, Community-Based Clinical Psychology Training Program, Barbara A. Yutzrenka, S. Jean Caraway & Elizabeth Todd-Bazemore
- 29 Competent Cultural Training: A New Perspective, Esteban Alejandro Renaud, Giovanna Suarez & Ernest Middleton

Research Challenges

- 30 Stretching Procrustes: True Confessions on the Road to Cultural Competence in Community Research and Action, Sally Schwer Ganning
- 32 Cultural Competence in Community Evaluation and Collaboration: A Case Example, Darrell P. Wheeler
- 34 Achieving Cultural Competence in Community Research with Latinos, Maria Cecilia Zee & Alejandro Murgia
- 36 Community-as-Client Mental Health Needs Assessment: Use of Culture-Centered Theory and Research, Cirecie A. West-Olatunji & Zarus E. P. Watson

Applications and Action

- 38 Cultural Competency: Acts of Justice in Community Mental Health, Matthew R. Mock
- 41 Cultural Competence Promotion as a General Prevention Strategy in Urban Settings: Some Lessons Learned from Working with Asian-American Adolescents, Toshi Sasao
- 43 Cultural Competence Through Community Action: The South Central Training Consortium, Inc., Sylvie Taylor & Rhonda Brinkley-Kennedy
- 44 Project RAPP: Research and Intervention in a Cultural Context, Patrick S. Malone & Dorothy C. Browne
- 46 Creating and Utilizing Community with Chicana College Students, Alberta M. Gloria
- 48 Diversity, Community Psychology, and the Faith Community: Uniting to Prevent Child Abuse, Tammy H. Ichinotsubo
- 49 Community Outreach by a Mental Health Center: A Dialogue with Clergy, Glen A. Milstein, Edward Sims & Leora Liggins

Special Feature Section Book Reviews

- 51 **Up You Mighty Race!**: Four perspectives on a Pioneer of African-American Self-Help, Keith Humphreys
- 54 **Thom Moore reviews** Freeman A. Hrabowski III's, Kenneth I. Maton's and Geoffrey L. Greff's (1998) *Beating the Odds: Raising Academically Successful African American Males*

Announcements

- 55 SCRA Community News
- 60 General Information
- 62 Jobs & Post Docs

Community Outreach by a Mental Health Center: A Dialogue with Clergy

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Over thirty years of research has shown that clergy function both as de facto mental health professionals, and gatekeepers to the mental health profession (Gurin, Veroff, & Feld, 1960; Veroff, Kulka, & Douvan, 1981; Chalfant, Heller, Roberts, Briones, Agirre-Hochbaum, & Farr, 1990). Recent research has shown that the mental health profession has been unresponsive to the counseling role of clergy in their communities (Weaver, Samford, Kline, Lucas, Larson, & Koenig, 1997), to the religious views of mental health patients (Milstein, Guarnaccia, & Midlarsky, 1995; Shafranske, 1996), and in particular to the important role of religion among African-Americans (Boyd-Franklin, 1989; Lyles, 1992).

This paper describes the implementation of a ten-month, pro-active, outreach program which sought to begin an informed dialogue between University Behavioral Health Care (UBHC) at the University of Medicine and Dentistry of New Jersey (UMDNJ)---a mental health center in an urban African-American community---and local clergy in the Newark, New Jersey community. The results of this work were a symposium, a brief survey of the counseling activities and needs of clergy, and a plan to help facilitate future dialogues within the community.

In order to reach out to the community it was necessary to identify people within UBHC who were familiar with local clergy. To accomplish this we spent two months conducting an informal census of staff members on each treatment team. We found that many people were involved with local congregations, knew local clergy, or were themselves ordained ministers. From these meetings, we assembled a staff advisory committee to plan an outreach symposium. The committee included a clinic administrator who was also in ministry training, three clinicians involved in their local churches, a hospital chaplain, and a member of the housekeeping staff who was a local minister. We then met biweekly for eight months to plan both the process and the substance of our outreach.

In the course of our meetings we discussed and resolved several pragmatic concerns: First, to find a date of

the month, a day of the week, and a time when clergy would be most able to attend. We chose Wednesday 29 April 1998 because it fell after Easter and in the middle of the week. Second, to ensure that the session be no more than a half-day, and include a meal. We decided on a morning meeting allowing time for the participants to continue speaking informally after the presentations. Third, to guarantee that the symposium be free of charge.

We next decided on the content of the program. Our goal was to learn from the clergy's profound knowledge of their communities, and to express our desire to work in partnership with them, offering our expertise as providers of mental health care. Three books provided very helpful guidelines: *The Minister as Diagnostician* (Pruyser, 1976), *Referral in Pastoral Counseling* (Oglesby, 1978), and a recent publication from the North Carolina Alliance for the Mentally Ill: *Creating a Circle of Caring: the Church and the Mentally Ill* (Strobel, 1997). In reviewing this literature we learned about the historic counseling role of clergy, examples of when clergy should interact with mental health professionals for the benefit of their congregants, and the religious community's obligation to help those marginalized by mental illness. We prepared a two-page questionnaire seeking to assess the participants' counseling experiences within their congregations, their communities' needs, and their previous interaction with UBHC.

We mailed invitations at the end of March. By the RSVP date of 15 April, we had received only three responses from the more than twenty invitations sent. At this point, the personal relationships of the staff became paramount. The advisory committee made telephone calls to the clergy they knew and encouraged them to attend. Over 20 people attended the seminar, in addition to UBHC staff. Attendees included Christian and Muslim clergy as well as lay leaders from the Congregations.

The Symposium

The symposium began with an invocation by the hospital chaplain followed by a greeting from the director of the clinic. The participants were then asked to fill out the two-page questionnaire. This was followed by five presentations:

- 1 A Brief History of Clergy and Community Mental Health
- 2 Mental Illness and Mental Health Care
- 3 Your Child's Mental Health
- 4 The Treatment of Drugs and Alcohol for the Mental Ill Chemical Abuser (MICA)
- 5 Stress in the Lives of Clergy

After the presentations an animated discussion ensued. There was a consensus among all the participants that this had been an important dialogue which should be continued with other clergy in the community. The clergy

recognized both that their congregants have significant counseling needs, and their own need for guidance to evaluate which persons would be best treated by mental health professionals. Some participants also expressed concern that some congregants would be reluctant to come to UBHC for mental health services without the recommendation and agreement of their clergy. This confirmed our expectation that involving clergy with the mental health care process could ameliorate the stigma attached to seeking services from our agency.

The program ended with a Moslem blessing in both English and Arabic by a participating Imam. Lunch and further conversations followed.

Survey Results

The survey responses indicated that places of worship are de facto counseling centers in Newark: 68% of the clergy reported spending over five hours per week counseling. Responses also showed that the participants would welcome assistance with a wide variety of their congregants' needs. The problems they most frequently encounter involve relationship and economic issues. In addition, depression and irrational thinking are frequently the focus of the clergy's counseling. The participants indicated an interest in all of the services offered by UBHC, especially those concerned with mental illness, family and child problems and HIV AIDS. Many clergy reported that they had been unaware of the breadth of services offered by UBHC, and this may explain why few clergy in the community reported using the agency's services.

Follow-Up

This outreach provided a great deal of information. The agency is currently designing three follow-up actions: First to designate a person available to contact at UBHC when clergy wish to make a referral. Second, to offer psycho-education at churches, so that help-seekers feel more comfortable at their initial contact with UBHC. Third, to invite clergy to come and speak to clinic staff. This was felt to be particularly important for the Moslem Imams.

This was a very gratifying event. It is hoped that the above descriptions will provide others with a model for both the study and facilitation of clergy and mental health professional interaction at the community level.

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