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Perceptions of Social Work and Collaboration with Clinical Social Workers:

Clergy Perspectives

by

Susan C. Amann, B.S.

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
University of St. Thomas and St. Catherine University  
St. Paul, Minnesota  
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members  
Michael Chovanec, Ph.D., (Chair)  
Shelley Lyksett, M.Div.  
Kesha Marson, MSW, CAPSW, LGSW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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### **Abstract**

Social workers provide services to meet the needs of individuals, communities and society. Due to limited funding and high need, social workers may need to collaborate with other professionals to meet the needs. The clergy are one such group of professionals. They encounter a variety of needs presented by their parishioners and the communities to which they belong. This qualitative research study sought to identify clergy persons' perceptions of social workers and perspectives on collaborating with social workers. Individual interviews were held with eight Protestant clergy persons holding a Master of Divinity degree and serving in suburban parishes. The major themes that emerged from the data were: 1) social workers meet the needs of individuals and communities; 2) clergy have favorable perceptions of social workers; 3) clergy have collaborated with social workers in the past; 4) clergy desire collaboration with social workers; 5) clergy felt barriers to collaboration exist; 5) barriers could be overcome by social workers seeking out relationships with clergy. Implications for social work and recommendations for future research are discussed.

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The United States has been in an economic recession since December 2007 (Isidore, 2008). The recession has led to national financial instability, government budget shortfalls, and budget cuts. According to Reardon (2009), the state of the economy has negatively impacted the emotional functioning of many people. She stated that those affected “are falling victim to anxiety and depression and trying to ease their fears with alcohol and other drugs” (Reardon, 2009, p. 12). Those who have health insurance may be able to contact their employee assistance program (EAP) or seek mental health services from private providers. The unemployed, those who are employed but do not qualify for health insurance, and those without access to an EAP may not seek any assistance.

Eventually those without insurance may reach a point where their challenges become so great that they seek government-funded social services and mental health care. Reardon (2009) quoted Jill Wiedemann-West, senior vice president and chief operating officer of clinical and recovery services for Hazelden: “As time goes on, people’s problems just fester. They get worse. I’m not sure the system is going to be able to meet the needs as successfully as we think it can. I think [the economy] is going to drive demand for services to a point where we can’t meet it” (p. 12).

Just as the demand for government-funded social services and mental health care increases, funding for those programs is being cut. Since 2004, Minnesota’s Health and Human Services funding has been reduced by tens of billions of dollars (Demko, 2011). Wisconsin’s health and human services programs have also experienced budget cuts in the millions of dollars (Wisconsin Budget Project, 2011). The increased demand for services coupled with decreased funding to provide services could leave many citizens

without the necessary social services and mental health care they need. Many people may turn to clergy to meet their needs. Thus, clergy could become providers themselves or the gatekeepers to formal mental health services as Taylor, Ellison, Chatters, Levin, and Lincoln (2000) found in a review of literature regarding the role of clergy in recognizing and addressing parishioners' mental health needs.

Grauf-Grounds and Backton (2007) found that indeed many people have been seeking out clergy for emotional support. In their study, 30% of the parishioners clergy see in one week expressed some kind of psychosocial concern. Often times parishioners will seek out clergy rather than psychologists or other mental health professionals during times of emotional instability identifying that something is wrong but unable to name what is wrong (Percy, 2011). Thus, clergy are already assisting parishioners with their concerns and provide formal and informal counseling to members (Stansbury & Schumacher, 2008; Paul, Hussey, & Arnsberger, 2002; Furman & Fry, 2000). Because clergy are often sought out during times of distress and may have provided some levels of pastoral care, they may be the first to detect mental illnesses, attempt to provide counseling, and recommend mental health services by a licensed professional (Taylor et al., 2000).

Many Master in Divinity programs offered by seminaries may not provide thorough preparation in addressing and treating mental illness, boundary issues, use of self, transference, and countertransference (Percy, 2011). Completing Clinical Pastoral Education (CPE), an experiential learning program where ministry professionals develop pastoral care skills, is not always required by seminaries or denominations prior to ordination. It is during this training that clergy would encounter and provide care for

those with psycho-social concerns, including mental health challenges. Given the lack of seminary preparation and potential for not completing CPE, clergy persons' experience with and understanding of mental health concerns may be limited (Stansbury & Schumacher, 2008). Because they may be unprepared to provide effective mental health interventions, they may choose to connect the parishioner with a mental health professional.

While social workers have been part of multidisciplinary teams with professionals from other disciplines including physicians, psychiatrists, and psychologists, they may not have collaborated well with clergy from local congregations. Collaboration could be possible because of the similarity between the social work profession's values and many Protestant denominations' social teaching. The social work profession's values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence translate to the primary mission of social work, which is to "enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty" (National Association of Social Workers, 2008).

Several Protestant denominations have their own principles or creeds related to social issues. In fact, several mainline Protestant and Orthodox denominations have adopted the National Council of Church's (NCC) Social Creed for the 21<sup>st</sup> Century. The NCC states that they "honor the dignity of every person and the intrinsic value of every creature", "stand in solidarity...with all who strive for justice around the globe," and "celebrate the full humanity of each woman, man, and child" (National Council of



Churches, 2007). Specifically, the creed includes statements about ending poverty, promoting policies that benefit the vulnerable, universal health care, and participating in a culture that nurtures individuals and builds community (NCC, 2007). Thus, the participating mainline Christian denominations of the NCC and the social work profession share many of the same values.

The possibility of collaboration between clergy and social workers is already supported by Percy's (2011) findings. While his study did not explore collaboration between clergy and social workers, it did explore collaboration between clergy and psychologists. He found that clergy desire collaboration with psychologists for several reasons. Clergy recognized and valued the interconnectedness of the mind, body, and spirit, and that separating spirituality from mental health can be difficult. He also found that clergy felt that individuals' problems affected the entire congregation. Clergy also had positive impressions of counseling. Many clergy desired information about referring parishioners for various presenting mental health challenges and consultation about specific parishioners' needs.

While Percy (2011) found that there is collaboration between the clergy and psychologists in his study, there may be several reasons why collaboration between clergy and clinical social workers in particular may not be occurring. One reason could be competition for funding between government social services and faith-based organizations that offer social services. Clergy may choose to support faith-based organizations associated with their denomination. Another reason may be the perception clergy have of social workers.

According to LeCroy and Stinson (2004), media portrayals of social work and social workers do not reflect the profession in a positive light. Spencer (1956) wrote about her experiences with clergy while she was the chair of the Commission on Professional Education to Meet the Churches' Needs for the NCC. She stated that clergy at that time seemed to hold the belief that social workers were irreligious and anti-religious, and that social work values were humanistic and liberal as opposed to Christian. She also felt there was little communication between clergy and social workers. It is important to note that Spencer's article is dated, but it does reflect the perception clergy had of social workers at that time in history.

The perception of social work and social workers is important, because as LeCroy and Stinson (2004) said, social workers cannot fulfill their mission to care for others if the general public is uninformed, confused, or hostile toward the profession. When the public's support for the profession declines, the credibility of the profession also declines. Veigel (2009) indicated that serious consequences could occur if there are negative perceptions of the profession: hurt credibility, stigma for receiving services from social workers, a decline in the number of people entering the profession, and a decrease in services offered.

It is unclear how clergy persons perceive social work because there is an apparent lack of existing research about this topic. The question remains. Do clergy still hold the negative views of social workers that they had in 1956 or have those perceptions changed? Understanding the current perceptions clergy have of social work can provide social work professionals with valuable information.

The issue of collaboration between social workers and clergy also exists. Could social workers and clergy engage in meaningful collaboration? Identifying barriers to and opportunities for collaboration can provide social workers with the knowledge needed to establish collaborative relationships with clergy. This research study sought to answer the following questions: “What are Protestant clergy persons’ perceptions of social work and what are their perspectives on collaboration with clinical social workers?” These questions were addressed through a qualitative study with a sample of eight Protestant clergy persons.

## **Literature Review**

A review of the literature indicates that the general public perceives social work as positive but it is unclear what the type of work they do. The literature also indicates that clergy have collaborated with mental health professions including social work and psychology, yet barriers exist that prevent further collaboration. The following literature review will include these topics: perceptions of social workers; existing collaboration between clergy and psychologists; additional opportunities for, barriers to, and overcoming collaboration.

### **Perceptions of Social Workers**

The general population views social workers positively in general based on findings by Hall (2000), Veigel (2009) and LeCroy and Stinson (2004). While critical scholars have viewed social work as a semi-profession due to the presumption that social work education is less rigorous and performance is difficult to measure in quantitative ways, the general public appears to have a favorable attitude toward the profession (Hall, 2000; Veigel, 2009).

In terms of understanding what social workers do, Veigel (2009) found that there is some ambiguity when he studied parents of elementary students in Arlington, Texas. While 91.1% agreed with the statement that social workers protect children several of the respondents were “unsure of social workers ability to perform roles related to being mental health professionals, such as social workers being able to perform individual therapy or be mental health therapists” (Veigel, 2009, pg. 34). LeCroy and Stinson (2004) studied a random sample of 386 adults and found that 92.3% felt the primary role of social workers was to engage in direct practice with families and individuals. When it

came to social workers providing therapy, they found that while the roles of social workers have grown, the public's perception of social workers has not. LeCroy and Stinson (2004) compared their findings to a study by Condie, Hanson, Lang, Moss, and Kane (1978). Condie et al. (1978) found that 49% of their respondents recognized that social workers can provide psychotherapy. LeCroy and Stinson (2004) found that this awareness had decreased; of the total respondents in their study, 22.8% recognized that social workers can perform this function.

An exploration of literature did not reveal any studies about clergy persons' perceptions of social workers. One could cautiously deduce that clergy may hold similar perceptions as the general population about social workers.

### **Existing Collaboration Between Clergy and Psychologists**

A survey of the research reveals that clergy and mental health professionals have been collaborating in a variety of ways. Although little research exists about current collaboration between clergy and clinical social workers, research does exist regarding collaboration between clergy and psychologists. According to Percy (2011) the eight clergy who participated in his study viewed the following activities as collaborative: providing care to the same individual, bi-directional referral, crisis response, churches providing physical space for counseling centers, and consultation and training provided by psychologists to clergy.

McMinn, Chaddock, Edwards, Lim, and Campbell (1998), in their study of 225 clergy and psychologists, also discovered a variety of collaborative activities: consulting with clergy about individuals; providing guidance regarding vision, mission, and policies for church counseling centers; providing workshops and conflict-resolution; assisting

with the development of peer-coaching; and creating “a script for a dramatic sketch about dysfunctional families for a religious service” (p. 569). Clergy have assisted psychologists by participating in treatment so a child could understand father’s religious beliefs; providing church activities as part of treatment; and developing programs about family issues and marriage preparation. Clergy have also collaborated by participating in prison ministries, AIDS care, hospice, working with high-risk adolescents, and assisting clients with coping strategies and providing community support.

**Referral.** Clergy are sought out by parishioners particularly for relationship issues and grief and loss (Paul et al., 2002). Anxiety, childhood and adolescent issues, and mental health concerns were less frequently encountered. The 10 clergy who participated in Paul et al.’s study in 2002 felt adequately prepared to counsel parishioners about relationship issues (Paul et al., 2002). They felt least prepared to counsel them about substance abuse and addiction, mental health, and childhood and adolescent concerns (Paul et al., 2002). Furman and Fry (2000) had similar findings. Of the 305 clergy studied, 43% felt a referral was necessary for parishioners with marriage and family issues, mental and physical health concerns, and sexual problems. A review of existing literature indicated that clergy refer parishioners to mental health professionals when they determine it is necessary. Kane (2001) discovered that 76.9% of the 198 priests they surveyed felt they could deal with most parishioners’ concerns, but did refer to mental health professionals when it seemed appropriate.

Clergy referred parishioners to mental health professionals, particularly social workers 15.6% of the time in Polson and Rogers’ 2007 study, when they felt inadequately qualified to meet their parishioners’ needs (Grauf-Grounds & Backton, 2007). In

particular, Polson and Rogers (2007) found that 87.5% of the 56 Protestant clergy in Waco, Texas, that they surveyed referred when they did not feel qualified, and 84% felt they had a clear idea of when parishioners should be referred. Openshaw and Harr (2009) also discovered that the 24 clergy who participated in their study made referrals when parishioners presented serious problems, including suicidal ideation, depression, abuse, and domestic violence. Similarly, Kane (2001) found that 93.4% felt they knew when to refer, and 80.6% regularly referred parishioners to mental health professionals. In contrast, Grauf-Grounds and Backton (2007) found that clergy referred parishioners to mental health professionals 23% of the time. Polson and Rogers (2007) found that 62.5% of the church staff they studied referred 10% or less of the time. Limited time to help parishioners was another reason for referral (Grauf-Grounds & Backton, 2007).

### **Existing Collaboration Between Congregations and Social Services**

While evidence of existing collaboration between clergy and social workers specifically was not able to be found, collaboration between congregations and social services is happening around the United States. Kinship of Greater Minneapolis recruits volunteers from congregations and other organizations to mentor youth. An after-school tutoring program that offers academic, social, and spiritual support has also been offered in a church (Tangenberg, 2012). The Save Our Youth organization in Denver was founded in 1995 by churches and social agencies in response to increased gang activity and street crime. Churches continue to support the organization's efforts to mentor and offer youth educational, emotional, and spiritual support ([www.saveouryouth.org](http://www.saveouryouth.org)). Project RAISE, a program that serves at-risk youth in Baltimore, collaborates with

congregations who commit to “working with the students, recruiting mentors and coordinating activities, meetings and training programs” (Hawks, 1992).

### **Additional Opportunities for Collaboration**

Cleal (1978) and Chaddock (2000) suggested that clergy could also collaborate with social workers in ways beyond referral. Cleal (1978) asserted that clergy could provide services that clinical social workers may not be allowed to or feel competent discussing (i.e. spiritual concerns). Clergy could also connect volunteers with individuals who have needs that are not great enough to require a clinical social worker (Cleal, 1978). Lastly, clinical social workers, Christian clinical social workers in particular, could learn to value the traditions, practices, and literature that have informed and shaped the care that clergy provide to their parishioners. By doing this, clinical social workers could proceed to develop collaboration with clergy as Chaddock (2000) recommends to Christian psychologists.

### **Barriers to Collaboration**

Existing literature indicates that there are many reasons why clergy and mental health professionals may not engage in widespread collaboration.

**Value differences.** Furman and Fry (2000) found that 74% of their clergy respondents felt that conflicting values between the social work profession and the clergy were a “major barrier for referral” (pg. 35). Chaddock (2000) surveyed 81 psychologists and 56 clergy persons regarding values and their perceived impact on collaboration using rating scales. The clergy rated sharing values with psychologists as “relatively important” (p. 326). Psychologists rated sharing values with clergy as “somewhat less important” (Chaddock, 2000, p. 325). Chaddock (2000) stated that clergy felt that values



and “what ought to be” are at the center of most religions whereas psychologists are trained to separate clinical practice from their own personal beliefs and values in order to respect client self-determination (p. 326). Client growth and self-discovery is to be made without the psychologist introducing competing value systems.

**Mistrust.** Chaddock (2000) indicated that the difference between the ratings given by psychologists and clergy regarding the importance of similar values and collaboration suggests that these professionals may not trust each other. McMinn et al.’s (1998) study also revealed that trust was a “significant” obstacle to collaboration. Taylor et al. (2000) also found that value differences, particularly the value of client self-determination, were a barrier to collaboration.

Kays (1982) asserted that mistrust between clergy and clinicians (psychiatrists, social workers, and other helping professionals) may go deeper than values. Clergy may not trust clinicians because of theoretical differences between clinicians and clergy regarding the nature of humanity. “The secular clinician tends to view man as inherently good or at worst neutral, a product of his environment...evolving into a better specimen in interaction with fellow human beings and their world. The Christian theologian, on the other hand sees man from the day of birth as sinful...” (Kays, 1998, p. 26). He continued to say that the clinician views the client’s challenges in terms of “their inner psyche and their relationship with other people” while the Christian sees the client’s challenges as “evidence of the corrupted nature of man and the need for ... God” (Kays, 1998, p. 26).

**Spiritual training.** Paul et al. (2002), Grauf-Grounds and Backton (2007), and Furman and Fry (2000) uncovered several barriers centering on religion and spirituality that prevented clergy from referring parishioners to mental health professionals,

including social workers. A perceived “lack of biblical counseling” was identified as “a serious concern discouraging [clergy] making referrals to mental health services, specifically citing issues around marriage and divorce” (Paul et al., 2002, pg. 230). They also felt that the social work profession is secular and that social workers are not prepared to incorporate spiritual aspects or respect spirituality. Their respondents’ responses included the belief that social workers “would not address spiritual needs appropriately” and “some...have the attitude that pastors and religion are meaningless” (Furman & Fry, 2000, pg. 37). This is consistent with Grauf-Grounds and Backton’s (2007) findings.

**Barriers centered on clergy.** Based on existing literature, it appears that there are factors beyond social workers’ control that prevent clergy from collaborating with them. Percy (2011) stated that clergy may lack time for collaboration due to the demands of parish ministry. Stansbury and Schumacher (2008) found that African American clergy in urban areas had less knowledge of mental health resources in the community than their rural counterparts. Thus, lack of awareness of resources could hinder collaboration. In addition, clergy may have to consider their limitations and practice humility when collaborating. Clergy may also feel a sense of ownership and control of their parishioners (Percy, 2011).

An additional barrier to collaboration could be that clergy do not recognize mental health concerns in parishioners because of a limited literacy about mental health and its treatment. Besides having a limited understanding of mental health, as Stansbury and Schumacher (2008) stated, clergy may define mental health treatment differently from clinicians (Taylor, et al., 2000). Kays (1982) stated that clergy may not understand the different types of mental health therapies that exist. Percy (2011) also found that some

clergy have a negative view of mental health treatment, indicating that there could be a stigma about needing assistance.

### **Overcoming Barriers to Collaboration**

Several ways to overcome the barriers to collaboration have been identified by researchers. Establishing relationships between clergy and mental health providers by networking and engaging with each other could increase communication and build trust (Percy, 2011; McMinn et al., 1998). Percy (2011) also found that clergy knowing when professional mental health services are needed and understanding a mental health provider's comfort level with spiritual issues could increase collaboration. Mental health professionals can also attempt to overcome barriers to collaboration by gaining theological awareness; understanding and respecting clergy persons' epistemological assumptions and abilities; and advocating their expertise (McMinn et al., 1998; Percy, 2011). Taylor et al. (2000) offered specific activities for social workers that could increase collaboration: be involved in outreach that educates clergy about the services social workers can provide; partner with churches; and offer in-service training to clergy.

### **Gaps in the Literature**

Despite extensive searches, very little research was found that focused specifically on clergy perspectives of social work and collaboration between social workers and clergy. The following databases were utilized in attempts to locate research specific to clergy and social workers: Social Work Abstracts, SocINDEX, Social Services Abstracts, PsychINFO, ATLA Religion Database, and JSTOR. The following terms and phrases were used in various combinations: "Social Work", "Social work and clergy", "Perceptions of social work", "clergy perceptions of social work", "partner",

“social”, “clergy”, “collaboration”, and “referral”. This apparent gap in the literature suggests that research specific to social work and clergy is needed.

The gap in the literature could be due to a variety of reasons. Hugman (2009) stated that narrow portrayals of social work may contribute to a “mistaken identity” (p. 1152) of the profession. The profession also has difficulty defining its individuality and uniqueness from other established mental health professions (Hanlon, 1974). Alperin (1977) stated that despite the dependence on social workers in the mental health system, social workers were infrequently recognized as mental health experts. In addition, psychotherapy has been historically associated with the medical profession.

### **Summary**

The research cited in this literature review indicate that the perceptions of social workers is generally positive and that some ambiguity about social worker roles exists, collaboration in a variety of ways exists between clergy and psychologists, additional opportunities for collaboration are possible, and a variety of barriers prevent collaboration but could be overcome. To better understand the perceptions clergy have of social workers in particular, as well as collaboration specifically with social workers, this research study sought to answer the following questions: “What are Protestant clergy persons’ perceptions of social work and what are their perspectives on collaboration with clinical social workers?”

## Conceptual Framework

The conceptual framework applied to answer the research question “What are Protestant clergy persons’ perceptions of social work and what are their perspectives on collaboration with clinical social workers?” is the ecological model. The ecological model was selected because of the focus on environmental factors surrounding an individual at the micro, mezzo, and macro levels, and the interactions among these levels (Forte, 2007). The purpose of this study was to better understand how the macro and mezzo systems relate to each other through collaboration, which ultimately could impact the services for and care received by individuals.

Ecological theory holds that there are levels of the environment that have an impact on an individual’s development. Urie Bronfenbrenner, a leading ecological theorist, described human development as a function of relationships among the person, the environment, processes, and time. The interactions among the individual and the environment create change and surety in an individual’s attributes over time (Forte, 2007).

Three levels of environment exist for individuals: the micro, mezzo, and macro levels. The micro level is the immediate surroundings and systems in which an individual develops (Forte, 2007). The home, family, school, and faith community are examples of micro systems. In relation to this study, clergy may have formed perceptions of social worker and collaboration based on their own experiences with social workers and mental health concerns. For individuals experiencing mental health challenges, a clergy person could be an important micro-level relationship.

The mezzo level encompasses the relationship between two or more settings and systems and the impact on the individual (Forte, 2007). Interactions at the mezzo level

could include the relationships between the individual's home and school, his or her home and faith community, and his or her health care providers and the school. This study sought to explore the relationship between two potential mezzo level systems: clergy and social workers. A clergy person's past or present interaction with a social work system could impact his or her perceptions of social workers and collaboration.

The macro level encompasses the broad patterns of the society in which the person is developing (Forte, 2007). Social contexts, cultural norms, and government policies can each be aspects of the macro system. The macro system is frequently represented by beliefs (Forte, 2007). Clergy's perceptions of social workers could be impacted by positive or negative media portrayals of the profession, the profession's ethics and practices, governmental policies that affect practice, cultural and religious beliefs about mental health concerns, and norms within the religious setting about collaboration with other professionals. This study sought to uncover what, if any, macro level factors have impacted clergy's perceptions of social workers and their beliefs about collaboration.

The ecological theory was applied as a framework for the questions that were asked of participants and the analysis of the data that was gathered. Specifically, questions addressed the following areas: clergy persons' micro, mezzo, and macro level influences on their perceptions of social work; their preparation to provide mental health services to parishioners; their perspectives on collaboration between the two mezzo-level groups; and the macro-level cultural assumptions and norms regarding collaboration between the sacred and secular realms. These questions were asked because clergy persons' perceptions of social work and collaboration with social workers could

positively or negatively impact an individual's development and functioning. The clergy person's positive or negative perceptions of social work, as communicated to parishioners, could affect the likelihood that individuals will seek and receive services from a clinical social worker.

## Method

**Research design.** The qualitative method was used for this research. This method was used because this research was exploratory in nature, allowed this researcher to observe the respondents' reactions to questions, and enabled gathering the data in the respondent's own words so as to understand the respondent's lived experience.

**Sample.** Purposive and snowball sampling methods were employed. There were four criteria for participation in the research study: ordination in a Christian Protestant denomination, a Master of Divinity degree, experience as a pastor in a local congregation, and residing in western Wisconsin or the east metro area of the Twin Cities. Eight people who met the criteria were included in the sample.

**Protection of human subjects.** There were minimal risks to participants. Discussing their perceptions of social work, their past experiences with social workers, and parishioners' needs may have triggered reactions that could have been uncomfortable for participants. Because of this risk, participants were protected in a variety of ways. First, this research study was reviewed and approved by the St. Catherine University Institutional Review Board before participants were invited to participate. Participants also received a copy of the research questions prior to the interview and reviewed and signed the informed consent document. Participants were able to withdraw from participation at any time without consequence. Debriefing was available at any time following the interviews. The written survey instrument and the audio recorded interviews were coded with a number for each participant (i.e. Respondent 1) and did not include the participant's name. Data was stored in a secure box and stored electronically



on the researcher's computer which is password protected. Confidentiality agreements were made with those who transcribed the interviews.

**Instrument.** The research instrument for this study consisted of a survey to gather descriptive data about the participants and an interview to obtain qualitative data. The questions were derived from previously conducted studies. They were also based on the ecological model by addressing the micro, mezzo, and macro systems. The descriptive survey consisted of 12 quantitative questions focusing on demographics, professional education, and professional experience. Please see Appendix A for the complete list of quantitative questions.

Twelve qualitative questions addressed perceptions of social workers, pastoral care experiences, previous collaboration with social workers including referral practices, possible collaborative activities, barriers to collaboration, and values. Please see Appendix B for the complete list of questions. Follow up questions were asked based on the respondent's answers throughout the interview. The questions had validity because they were based on questions used in previous studies, and they pertained to the research question: "What are Protestant clergy persons' perceptions of social work and what are their perspectives on collaboration with clinical social workers?" The quantitative and qualitative questions were also reviewed by the research committee to improve validity and reduce researcher bias.

**Data collection.** The data was be collected in the following way:

1. Two or three potential subjects were identified by this researcher and this research committee.

2. Potential subjects were contacted via their public contact information (i.e. email or telephone) introducing this researcher, explaining how this researcher identified them as potential participants, describing the nature of the research project and the research protocol, and inviting them to participate. Please see Appendix C.
3. Those who expressed interest in participating received the consent form, and the quantitative and qualitative questions for their review prior to making a decision. Please see Appendix D for the consent form.
4. This researcher scheduled an interview with interested participants.
5. Potential participants who did not respond within one week were contacted by this researcher to inquire if they were interested in participating.
6. The interviews lasted approximately 60 minutes and were conducted at the participants' work sites.
7. Data was collected through a written survey of quantitative questions and through verbal responses to qualitative interview questions. Each written survey was assigned a number instead of including the respondents' names in order to protect confidentiality. The interviews were recorded by this researcher's computer and a back-up audio recorder. Notes were made during the interview regarding respondents' nonverbal expressions that could be incorporated into the research findings.
8. Participants were asked for additional names and contact information of potential participants until eight agreed to participate.

**Data analysis.** The audio recordings were transcribed by this researcher and third parties who signed confidentiality agreements (Appendix E). The audio recordings and the transcriptions were reviewed by this researcher to confirm accuracy. This researcher applied content analysis identifying themes and concepts that arose from the interview data. Open coding was used. This method involved the researcher remaining open to multiple or unanticipated findings including themes and concepts to be narrowed down, recording theoretical notes that arose while coding, and resisting assumptions that a descriptive variable is relevant until the data showed its relevance (Berg, 2009).

**Researcher bias.** This researcher had biases that could affect this study. First, this researcher expected the respondents to have neutral or negative perceptions of social workers. Second, this researcher anticipated that respondents would have had little collaboration with social workers yet be interested in collaboration. Third, this researcher is preparing for careers in social work and ministry, and has had experiences and education that could have affected the questions asked and impressions of the emerging themes. These biases were accounted for by having committee members review the interview questions to avoid questions that could be leading or too narrow.

## **Findings**

### **Sample**

The study for this sample included eight Protestant clergy persons with a Masters of Divinity degree ranging in age from 30 to over 60 years old. Ten people were invited to participate in the study. The interviews were conducted between January 30 and March 4, 2013. Four of the eight participants have been in parish ministry for 11-20 years, two for less than 10 years, one for 11-20 years, and one for over 30 years. One of the eight had post-graduate education about mental health and held a mental health license. Six of the eight had completed Clinical Pastoral Education (CPE). Seven indicated they had one to three pastoral care classes in seminary and one stated he had seven or more. Four of eight received training in seminary or CPE about how to network, collaborate, and refer to specialists in the community. Four of the eight respondents sought collaboration when parishioners presented with the following needs: substance abuse/dependency; parenting; marriage/relationship; financial; food; clothing; shelter; mental health; aging; grief and loss. Two of the eight respondents sought collaboration when parishioners presented with health care coverage and trauma issues.

### **Themes**

This research study sought to answer the questions “What are Protestant clergy persons’ perceptions of social work and what are their perspectives on collaboration with clinical social workers?” The questions were designed to elicit themes related to these questions and addressed the micro, mezzo, and macro levels. The data was transcribed and coded. Ideas that were mentioned by at least four of the participants were considered

themes. Quotes that best reflected the themes have been included in italics. The following is a description of each theme.

**Social workers meet the needs of individuals and communities.** The role of social workers at the micro, mezzo, and macro levels was assessed by asking what clergy persons felt social workers did at all three levels and about social workers' competence to provide counseling. Five of eight respondents stated that social workers discern individuals' needs, and six of eight stated that social workers connect individuals to services. Four responded that social workers provide care, bridge needs, and fill gaps in society. Regarding the role social workers have at the mezzo level, three respondents stated they had not thought about it, and three respondents said it depended on the social worker's place of employment and could include investigations, veteran's issues, and hospital care. In regard to social workers' competency for counseling, six of the eight respondents believed that social workers did not provide therapy services. Respondent 1 stated:

*"I guess when I think of, my understanding of social work is more about basic human needs and making sure there is access to other kinds of counseling and assistance, but I haven't really thought of a social worker doing the counseling."*

(Respondent 1, p. 3, lines 94-97).

Respondent 2 had a similar perception of social workers.

*"The social worker then coordinates the efforts of a group of resources, people, agencies that they can connect the person with. So if a person has housing needs or utility needs or bipolar need, or addiction need, the social worker is the one*

*who knows how to connect that individual to various resources at the appropriate time help funding, finances, what's available ... if I think of somebody needs counseling, I don't think of a social worker. I think of counselors. When I think of social worker, I go back to resource coordinator, human needs manager, assistant, again, mainly a coordinator who takes a person in a holistic way. A social worker wouldn't do the counseling (Respondent 2, p. 1, lines 17-21; p. 7, lines 289-292).*

**Clergy have favorable perceptions of social workers.** Six of the eight respondents had overall favorable perceptions of social workers.

*"I'd say most of them are favorable. Working with social workers has been a revealing experience, knowing that they have a protocol they have to follow, but boy, every one of them, I think, have responded out of a sense of professionalism and they've added, had a caring, dynamic to it, but also a realistic thing."*  
(Respondent 8, p. 2, lines 68-71).

Three of the eight respondents had experienced a negative interaction with social workers. They attributed this to the worker lacking competence. Respondent 7 indicated that his/her overall experiences with social workers had been positive, but did have negative experiences with them with specific client populations.

*"I'd say the biggest negative would be in terms of veterans' issues or men's issues. Veterans and men's issues tend to be the ones where social workers have the least skill, understanding or background of the ones I've encountered."*  
(Respondent 7, p. 3, lines 69-71).

**Clergy have collaborated with and referred to social workers.** All eight participants have responded to parishioners' needs by collaborating with and referring to social workers. Respondent 8 described that in addition to making a referral, he/she would follow up to see if the people referred made contact with the professional.

*“Well, predominately referrals where you would refer families and then following up on that by just contacting the organizations and say, ‘Did this family, were they able to make it, make a connection with you?’ Usually they would because you were a clergy. They would at least acknowledge that because you’re the one who referred it.”* (Respondent 8, p. 6, lines 178-181).

Respondent 2 collaborated with a social worker as part of a coordinated family services team supporting a teen who attended his/her church.

*“...it was determined that a CFS team would be beneficial for him so the social worker at the school, at the middle school ... a social worker from the county ... the grade level counselor was part of the team, the parents, and myself, they invited myself in as the pastor... it was a team of 8-10 of us that would meet ... with the youth ... from the collaboration picture that was probably the most intense and effective collaboration of specialists ...”* (Respondent 2, p. 5, lines 194-203).

Seven of the eight clergy responded to needs at the mezzo level while two responded at the macro level. Mezzo-level collaboration included inviting guest speakers to inform congregations of community needs, donating basic needs items and funds to

community agencies, and responding to flooding and suicides in communities.

Respondent 7 identified specific collaboration to address community health issues.

*“There was a clinic in the neighborhood that I worked with a lot. With the hospital I did mostly medical, but with the clinic that was in the area, there was a whole variety of different things going on there. Everything from vaccinations, to child care needs, to early infant health and training, and for parents, working with parenting skills. A lot of it was drug and chemical abuse issues, rape, incest, violence, gun shots, grief.”* (Respondent 7, p. 6, lines 179-183).

Respondent 7 also described macro-level collaboration including legislative activity with Minnesota’s lawmakers.

*“...like with being on the Hill, I’m trying to do some stuff there with legislative changes ... One of them was with early childhood education, one time it was in terms of giving more help in the local schools with counselors and social workers...”* (Respondent 7, p. 8, lines 254, 259-260).

**Clergy desire collaboration.** All eight respondents stated that they would like collaboration with social workers. Four respondents stated they most wanted to collaborate to meet individual (micro) and community (mezzo) needs. Respondent 3 stated that he/she would like to collaborate with social workers to specifically meet individuals’ basic needs as well as helping people leave a culture of poverty.

*“I guess, working with them to work to meet the need of the person ... what are the services that can help with, for example, housing ... food is another one, food shelf access, helping people, I think the real need is to collaborate to help them*



*change their life style. The culture of poverty is a certain mindset and I learned that it's a lot of crisis-type of living and they live in crisis.*" (Respondent 3, p. 9, lines 310-318).

Respondent 8 spoke of possible mezzo level collaborations.

*"Well, it could be they're preventive or it could be responsive. Preventive meaning maybe there's an issue in your area and there's something we should deal with or illuminate to the people and so you send them to some kind of workshop .... The responsive one is that something has happened, a natural disaster, or something like that, a tragedy and a need for people to rally around."* (Respondent 8, p. 8, lines 245-250).

None of the respondents stated they wanted future collaboration at the macro level.

Respondent 8 continued to say why that is for him/her:

*"I'm not quite as keyed into, I don't know if I could call it political, but the agents for social change, on account of that's not where I'm at. I'm not one to go marching up the stairs at the State Capitol. It's not that I don't care; it's just not where my passion lies."* (Respondent 8, p. 8, lines 251-254).

When discussing what was most important to them when collaborating with social workers, four respondents stated that sharing the same goal of meeting practical needs was most important.

*"Practicality. You know values and all that stuff when I look at different organizations, look at the, look at theology, I look at the human need. If someone*

*is hungry or homeless let's get them a house. The practicality of, you know, is it functional? Does it achieve the goal? That's the primary concern."* (Respondent 2, p. 13, lines 566-569).

Five of the eight respondents stated that shared values and theology were not important to them. One exception was cited by four of the respondents: the social worker's values and beliefs would be important if the clergy person was collaborating with or referring a parishioner to a social worker for mental health therapy.

*"In terms of referring individuals, I would have a very hard time doing this, sending them to someone who is going to make them feel bad about divorce. I'm not going to do that. Or talk disparagingly about homosexuality. I'm not, I can't support that so I have to go to individuals that I can trust ... In terms of referring, I certainly do look at values, important values."* (Respondent 1, p. 12, lines 527-530, 534-535).

**Barriers to collaboration exist.** The respondents all identified barriers to collaboration at the micro, mezzo, and macro levels.

**Relationships.** Seven of the eight cited a lack of relationship between social workers and clergy as a barrier at the micro and mezzo levels. They indicated they did not know where social workers in the community were located so it would be difficult to collaborate at the micro and mezzo levels. Respondent 5 said, *"If I were to say that when I connect with social workers in the community, it would take me a little bit of work to figure out where they are."* (Respondent 5, p. 13, lines 431-433). Respondent 3 made a

similar comment: *“Where are they and how to get in touch with them and what do they offer? What services do they provide?”* (Respondent 3, p. 11, lines 373-375).

**Time.** Lack of time for collaboration was also barrier cited by five of the eight respondents. Clergy have multiple demands on their time so to make time to collaborate is a challenge.

*“A big barrier is just time. I think most clergy are stretched so thin in terms of time that, sometimes I can barely catch my breath between someone coming in to see me and what I’ve got to get ready for Sunday.”* (Respondent 4, p. 14, lines 607-609).

**Knowledge.** Four of the clergy stated that lack of knowledge about social work services available to individuals and at the mezzo level prevented collaboration:

*“Probably the biggest barrier is ignorance. Just really not knowing what’s out there and what not knowing what help is available and who they can refer.”* (Respondent 4, p. 14, lines 618-619).

**Negative perceptions.** While the majority of respondents viewed social workers favorably, five of eight noted that other clergy, particularly conservative evangelical clergy, may have negative perceptions of social workers and agencies which may prevent collaboration. Respondent 1 identified that some clergy may perceive social work organizations as too liberal. He/she described the reaction of clergy colleagues who learned of a pro-life group that was offering support to young women with unplanned pregnancies.

*“I think anything that’s perceived as a having a slight liberal bent would be a barrier for some. And it’s perception. But it was like this ‘ah, thank goodness we’ll have not one of those liberal groups to refer to because they would never, they would make everyone have an abortion.’ I think there would be a barrier towards, in some churches in this community, toward anything that was perceived as not, or having a liberal stance.”* (Respondent 1, p. 14, lines 625-630).

Respondent 7 was one of the few respondents who had a negative experience with a social worker. He/she described how a social worker apparently assumed he/she did not have any knowledge or experience with drug and alcohol treatment and “talked down” to him/her.

*“I can cite one example where I had a social worker that talked down to me about drug and alcohol treatment. ‘Well, now you KNOW that,’ and sort of like, c’mon lady, I’ve been doing this for 40 years. I know more about this stuff then you will ever possibly imagine.”* (Respondent 7, p. 13, lines 412-415).

In addition to potential negative perceptions of social workers by clergy, social workers may have a negative perception of clergy which could be a barrier to collaboration. Respondents 5 and 6 described how media portrayals, or lack of portrayals, provide a negative perception of clergy.

*“[Clergy] don’t get positive press. Which means, if you look for clergy on TV, they are almost non-existent, or they’re ineffective, or they’re evil? Pick one, because that’s all the choices there are, practically.”* (Respondent 5, p. 15, lines 532-534).

*“You never have helpful clergy [portrayed in movies or television]. You find me a decent clergy person in a movie. The most they ever are is bumbling. The best they are is Father Mulcahy. You know Million Dollar Baby? The guy’s an idiot.”* (Respondent 6, p. 24, lines 743-746).

**Overcoming barriers.** Overcoming the barriers at the micro and mezzo levels could be accomplished by establishing relationships between clergy and social workers. Five of the eight respondents spoke of social workers building relationships with clergy which would lead to micro and macro collaboration. Respondent 2 stated:

*“Building relationship that way, networking, I think there is a huge gap in what’s available. To be in conversation about what to I do when someone comes through and needs a place to stay.”* (Respondent 2, p. 14, lines 606-607).

Respondent 8 spoke specifically of the need to know the social worker to whom he/she would refer parishioners.

*“I’m much more willing to contact somebody that I know and I trust their responses. If I’m going to hand somebody off and make a referral, I want to know that John Jacobson up there, up the road, or whatever his name is, he’s going to do his best to make sure the need is addressed.”* (Respondent 8, p. 12, lines 389-391).

Respondent 3 stated more specifically how the relationship could be fostered.

*“Having the social workers come to that [ministerial association] meeting would be very helpful for the community because we try to collaborate together as*

*pastors. Sometimes we'll talk about the challenges of meeting the needs of the community and what do other people do. How do you meet that need, the process, that whole thing of accountability? Different pastors have different ideas about that, but it helps to be in a room and talk about it and share ideas. Also, we develop relationships with each other, so that if we interact with each other, we're aware of each other and we have a relationship which has been great."*

(Respondent 3, p. 11, lines 382-388).

The respondents were less optimistic about overcoming the barrier of negative societal perceptions clergy and social workers may have of each other. Respondent 7 reflected the views of the respondents who were uncertain if the macro-level perceptions, particularly about social service agencies as liberal and churches as conservative, could be changed.

*"At this point in time, no. It's like we've chosen sides and there's a huge wall that it seems gets worse every day. So whatever can be done to tear down those walls, I don't know."* (Respondent 7, p. 15, lines 464-465).

## Discussion

### Sample

This study had a strong response rate. Eight of the ten clergy people invited participate did participate. Six of them had more than a decade of parish ministry experience which included responding to the needs of parishioners. Additional characteristics of the respondents who participated in this study may have influenced the responses received. All eight respondents represented mainline Protestant denominations that are generally considered theologically and socially moderate or liberal. Thus the respondents may have felt more positive toward social work and social services organizations. Clergy from evangelical and conservative denominations who may not have felt as positively toward social work and social service organizations were not included in the study. Also, not all denominations require a Master of Divinity degree which was a requirement for participation in this study. Therefore, a significant number of clergy in parish settings were not included in this study.

### Themes

The following is a discussion of the similarities and differences between the findings from the studies cited in the Literature Review and from this study.

**Perceptions of social workers.** The findings from this research are consistent with the findings from other studies. Just as Hall (2000), Veigel (2009), and LeCroy and Stinson (2004) found that the general population had favorable attitudes toward social workers and the profession, the clergy in this study felt favorably toward both. The clergy in this study also identified that social workers provide direct practice to

individuals and families. Clergy persons' lack of awareness that social workers provide mental health services is supported by Veigel (2009) and LeCroy and Stinson's (2004) findings that the general public is also unaware of this.

**Existing collaboration.** The findings from this study show that clergy and social workers are collaborating with each other, just as McMinn et al. (1998) found that psychologist and clergy had collaborated together. One difference exists between the types of collaboration found in previous studies and this study. Psychologists and clergy had collaborated for consultation, workshops and programs offered in churches, individual treatment, prisons and hospice settings. In this study, much of the collaboration between clergy and social workers was to meet basic needs of individuals, gain knowledge of community needs, and respond to community issues. This may be due to the focus of social service agencies that provide basic needs and employ social workers. It may also be due to increased demand for basic needs and the limited resources of churches to provide them. That clergy appear to be unaware of social workers providing services similar to psychologists may also be why the type of collaboration was different.

**Referral.** While this study did not explore the referral practices of clergy in depth, the research did reveal that clergy have referred to mental health practitioners in the past. They referred when they deemed longer-term mental health services were needed and when they felt they were unable to provide adequate mental health services. These are consistent with the findings in Furman and Fry's (2000) study and Kane's (2001) study. Furman and Fry (2000) found that 43% of the respondents in their study referred to mental health professionals when parishioners presented with marriage and



family and mental health concerns. Kane (2001) found that 76.9% of priests surveyed also referred to mental health professionals when they deemed it appropriate.

**Barriers to collaboration.** In terms of barriers to collaboration, the clergy in this study identified similar and different barriers from the findings in the existing literature. Lack of time was identified as a barrier in this study and by Percy (2011). The clergy in this study identified that while they would collaborate with social workers who had different values in order to meet the basic needs at the micro, mezzo, and macro levels, differing values would be a barrier when a mental health referral was necessary. Three of the eight respondents said sharing values with the social worker was so important that they would not refer a parishioner to a social worker who had differing values. This is consistent with the findings by Chaddock (2000) that clergy felt it was “relatively important” (p. 326) that the psychologists to which they referred shared their values.

The three respondents who stated that values were important when it came to referral cited specific values the social worker held: homosexuality, gun control, substance abuse, and divorce. They expressed an unwillingness to refer parishioners to social workers who would attempt to change the sexual orientation of the individual. One, speaking shortly after the school shooting in Newtown, Connecticut, would not collaborate with social workers who support arming teachers with guns. Lastly, they would not refer to social workers who would have a negative view of substance abuse or divorce.

In contrast, barriers related to spiritual training, mistrust, and mental health knowledge which were identified in previous studies are not supported by this research.

Paul et al. (2002), Grauf-Grounds and Backton (2007), and Furman and Fry (2000) found that that a social worker's lack of spiritual training was a barrier. McMinn et al. (1998) and Kays (1982) identified clergy mistrust of social workers as a barrier. Lastly, clergy's limited literacy about mental health was a significant barrier to collaboration as found by Stansbury and Schumacher (2008), Taylor et al. (2000), Kays (1982), and Percy (2011).

Lastly, the clergy in this study identified that negative perceptions of each profession could also be a barrier. Negative perceptions of each profession were not identified in any of the previous studies mentioned. The negative perceptions that each profession has of the other could be related to a lack of knowledge that these two professions share universal principles of service and justice. Brenden (2009) explained that Catholic Social Teaching (CST), which guides the interfaith Minnesota Joint Religious Legislative Coalition's policy analysis and advocacy activities, provides a frame of reference of social justice principles that guide social workers in fulfilling their commitment to social justice.

**Overcoming barriers.** This study and previous studies revealed similar and different ways to overcome barriers. This research supports the findings of Percy (2011) and McMinn et al. (1998) that establishing relationships between social workers and clergy is a way to overcome barriers. The relationship building could take place at the micro and mezzo levels. At the mezzo level, relationship building and could take the form of social workers providing education, training, and outreach to clergy about community issues which is supported by Taylor et al. (2000). This research does not support the findings of McMinn et al. (1998) and Percy (2011) that mental health professionals can gain theological awareness and understand and respect clergy persons'

epistemological assumptions and abilities. This could be because the respondents in this study did not cite social workers' possible lack of theological understanding or beliefs as barriers. Thus, gaining an understanding of and/or respecting clergy persons' epistemological assumptions or abilities may not have been considered ways to overcome barriers.

### **Researcher Reactions**

This researcher observed that the majority of respondents were unfamiliar with the scope of social work practice, the function of social work at the macro level, and that they had not previously considered collaboration with social workers at the macro level. This researcher expected the respondents to identify social workers as meeting the needs of individuals through case management and connecting them to resources and to not know that social workers can provide psychotherapy. This researcher did not expect the respondents to only identify the tasks of a social worker and not recognize the relational aspects of social work including building relationships, listening, and offering hope and encouragement. This researcher also expected respondents to state they were uncertain of what social workers did at the macro level as well as how to overcome barriers which prevent macro-level collaboration between clergy and social workers.

### **Limitations and recommendations for future research**

The findings from this study are difficult to generalize to the clergy population. The sample did not include clergy without a Masters of Divinity degree who are serving in parishes or clergy serving evangelical congregations. A recommendation for future

research is to include those without a Masters of Divinity degree who are serving in parishes and include clergy serving evangelical congregations.

The small sample size and qualitative nature of the study also make this study difficult to generalize to the larger clergy population. A larger sample and a quantitative study could overcome these limitations. Using an online survey could increase participation and provide a larger amount of data to analyze.

That all respondents serve in suburban communities also makes it difficult to generalize the results. This could be overcome in future studies that only include urban or rural participants, or a single study that includes respondents from urban, suburban, and rural settings.

Another limitation of this study is that only the perspectives of clergy were included. Future research could include social workers and their perspectives about collaboration with clergy.

Selection bias could also be a limitation. Those who participated may have been receptive to social workers. Offering an anonymous online survey and providing an incentive to participate could be used in future studies to encourage those less receptive to social workers to participate.

Additional research could focus on collaborative macro-level ministry and social work practice. The research could seek to identify existing and future opportunities for, and barriers to, macro-level collaboration.

## **Implications for social work**

This study has several implications for social workers and the profession as a whole. All eight respondents had collaborated with social workers in the past at the micro and mezzo levels. This collaboration could be continued and strengthened, particularly at the macro level where the least amount of collaboration appeared to take place. Social work programs could offer social justice lectures or workshops, teach about the benefits of collaboration on macro level issues, inform clergy about the impact of macro level issues on the mezzo and micro levels, and offer trainings to clergy about macro level advocacy.

The findings that clergy desire collaboration with social workers and that five of the eight respondents stated that professional relationships could foster increased collaboration leads to an implication for social workers. Social workers can foster relationships by initiating and maintaining contact with clergy. This could be accomplished by attending community ministerial meetings and reaching out to clergy individually.

A third implication is that social workers could educate clergy about their role in mental health care. Six of eight respondents did not realize social workers can provide mental health services including therapy. The profession could educate clergy about this role through workshops, individual communication, and attending clergy ministerial meetings.

## Conclusion

The purpose of this study was to understand clergy persons' perceptions of social work and their views about collaboration. While studies about collaboration between clergy and psychologists exist, this research addressed a gap in the literature about collaboration between clergy and social workers. It also explored current and potential collaboration between these two professions given society's limited resources to meet and address social needs and issues.

The strongest themes to emerge centered on positive perceptions of social work, desire to collaborate, the need to establish relationships with social workers, and ways to overcome barriers to collaboration. Eight respondents described their perceptions and perspectives based on micro, mezzo, and macro level experiences and influences. Overall they viewed social work and social workers favorably and cited this perception was based on personal experience and mezzo-level collaborations.

The clergy respondents indicated that they would like to continue collaborating with social workers to better meet the needs of their parishioners and communities. Due to shrinking social service resources and the demand for services including mental health care, social workers could continue to collaborate and strengthen collaborative efforts with clergy in order to serve individuals, communities, and society. Collaborative efforts may best be obtained through relationship-building. Social workers could seek out clergy in order to build professional relationships. Education about the various roles of social workers, community needs, and how to address societal issues could be provided by social workers.

Solutions are being sought to improve the lives of individuals and address community and societal needs, and social workers and clergy have turned to each other to meet these needs. Clergy would like to continue collaborating and build relationships with social workers, and additional collaboration is possible particularly at the macro level. Social workers can initiate relationships, educate clergy, and lead collaborative efforts. When this happens, clients, communities, and society ultimately benefit from the collaboration. Respondent 6 stated this well: *“I think when people in good faith and in goodwill try to collaborate, normally everyone benefits from that”* (Respondent 6, pg. 19, lines 576-577).

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## Appendix A

### Perceptions of Social Work and Collaboration with Clinical Social Workers: Clergy Perspectives Demographic Data Survey

Respondent #: \_\_\_\_\_

**Prior to the interview, please complete this survey. Please bring the completed survey to the interview.**

1. How many years have you been in parish ministry?

\_\_\_\_\_ 0-10    \_\_\_\_\_ 11-20    \_\_\_\_\_ 21-30    \_\_\_\_\_ 30+

2. Please indicate which graduate-level degree(s) do you hold:

\_\_\_M.Div    \_\_\_D.Min    \_\_\_Ph.D.    \_\_\_Psy D.    \_\_\_MSW

\_\_\_MA    \_\_\_MS    \_\_\_M.D.    \_\_\_Other: \_\_\_\_\_

3. Have you had any post-graduate education about mental health?

\_\_\_\_\_Yes    \_\_\_\_\_No

4. Please indicate if you hold any of the following licensures:

\_\_\_LP    \_\_\_LAPC    \_\_\_LPCC    \_\_\_LAMFT    \_\_\_LMFT

\_\_\_LPC    \_\_\_MFT    \_\_\_LCSW    \_\_\_LICSW    \_\_\_CAPSW

\_\_\_LGSW    \_\_\_MD    \_\_\_Other: \_\_\_\_\_

5. Did you complete clinical pastoral education (CPE)

\_\_\_\_\_Yes    \_\_\_\_\_No

If yes, in what setting?

6. How many classes about pastoral care did you have in seminary?

0                       1-3                       4-6                       7 or more

7. Please describe your seminary and/or CPE training for counseling various psycho-social concerns.

8. Did you receive any training in seminary or CPE about how to network, collaborate, or refer with specialists in the community?

Yes     No

9. Have you collaborated, networked, or referred to specialists in the community?

Yes     No

If yes, with which types of specialists?

10. Please indicate if you have sought community support/collaboration/referral for any of the following psycho-social needs of parishioners:

Substance Abuse/Dependency     Parenting     Marriage/Relationship

Financial     Food                       Clothing     Shelter

Health care coverage                       Mental Health                       Aging                       Grief/loss

Unemployment     Trauma                       Other: \_\_\_\_\_

11. Do you know any social workers?

Yes     No

12. What is your age?

20-29     30-39     40-49     50-59     60+

## Appendix B

### Perceptions of Social Work and Collaboration with Clinical Social Workers: Clergy Perspectives Interview Survey

**The following questions will be asked during the interview. Please feel free to use the space provided after each question to write any thoughts and responses you have. We can discuss them during the interview.**

#### Perceptions

1. What is your perception of what social workers do with individual clients, other professionals, in communities, and in society? What has informed this perception?
2. What have been your experiences with social workers? Do you view these experiences as favorable, unfavorable, etc.?
3. How would you compare social workers' competency and ability to counsel compared to other mental health professionals (i.e. psychiatrists, psychologists, MFT, LPC)?

#### Experiences

4. Please indicate which psycho-social problems parishioners bring to you for pastoral care:

Substance Abuse/Dependency     Parenting     Marriage/Relationship  
 Financial     Food     Clothing     Shelter     Health care coverage  
 Mental Health     Aging     Grief/loss     Unemployment  
 Trauma     Other: \_\_\_\_\_

How do you respond to requests for help with such problems?

5. On a scale of 1-5, what is your level of self-perceived competence in counseling people with various mental health presentations and diagnoses?

1	2	3	4	5
Little Competence		Moderate Competence		Significant Competence



Comments:

### **Collaboration**

6. In what ways and how frequently have you professionally collaborated with social workers to respond to the needs of individuals, families, the community, and society? (*Follow up: Do you consider these as successful/unsuccessful? Why? Or why not?*)
7. What collaborative activities would you like with social workers?
8. If you were considering a collaborative relationship with a social worker what would be most important to you? (*Follow up: Values? Importance of shared values?*)
9. What can strengthen the relationship between individual clergy and individual social workers? Between these two professions within communities? At the societal level?

### **Barriers**

10. Do you believe barriers exist which prevent collaboration between individual clergy and individual social workers? Between these two professions within communities? At the societal level? (*If so, what are the barriers?*)
11. How could these barriers be addressed by clergy and social workers individually, within communities, and at the societal level?

### **Other**

12. Is there anything I have not asked that you think is important regarding perceptions of social work(ers) and collaboration?

## Appendix C

### Email Introduction and Invitation to Participate in this Research Study

Dear \_\_\_\_\_,

My name is Susan Amann, and I am a student in St. Catherine University and the University of St. Thomas's Master of Social Work program. I am conducting a clinical social work research project as part of my graduation requirements. I was provided your name by \_\_\_\_\_, who is a member of my research committee. I am writing to invite you to participate in my research study.

My research question is "What are Protestant clergy persons' perceptions of social work and what are their perspectives on collaboration with clinical social workers?" You have been identified as a potential research participant because you are ordained, and because of your educational preparation, pastoral experience, and geographic location.

Participation in this study involves completing a brief written survey about your educational and professional experiences about and with social work and mental health. I will also interview you individually to gather additional data regarding your perceptions of the social work profession and collaboration between clergy and social workers. I anticipate a total time commitment of 60-90 minutes.

Thank you for prayerfully considering participating in this study. If you would like additional information or are interested in participating, please contact me at this email address or at 715-222-9791.

Sincerely,

Susan Amann

## **Appendix D**

### **Information and Consent Form**

#### **Perceptions of Social Work and Perspectives on Collaboration with Clinical Social Workers: Clergy Perspectives**

##### **Introduction:**

You are invited to participate in a research study investigating perceptions clergy have of social work and perspectives on collaboration with social workers. This study is being conducted by Susan Amann, a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Dr. Mike Chovanec, a faculty member in the School of Social Work. You were selected as a possible participant in this research because of your ministry preparation and employment setting. Please read this form and ask questions before you agree to be in the study.

##### **Background Information:**

The purpose of this study is to explore the perceptions clergy have of social work and their perspectives on collaborating with social workers. Approximately 10 people are expected to participate in this research.

##### **Procedures:**

If you decide to participate, you will be asked to complete a survey to gather your demographic information and participate in an interview with this researcher. This study will take approximately 60-90 minutes in a single session.

##### **Risks and Benefits of being in the study:**

The study has minimal risks. Discussing your perceptions of social work and your perspectives about collaboration could result in emotional discomfort if you are having or have had negative perceptions and experiences with social workers and/or collaboration. Opportunities to process any uncomfortable reactions with this researcher will be available at any time after the interview has concluded. You may voluntarily withdraw from this study at any time without repercussion.

There are no direct benefits to you for participating in the research. There are benefits to the social work and ministry professions. You will be contributing to research that could inform the social work profession regarding perceptions and practices, and contribute to research that could positively impact other clergy and parishioners.

##### **Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission. In any written reports or publications, no one will be identified.

I will keep the recorded interviews and electronic and paper transcripts in a locked box in my home. The recorded interview and electronic transcripts will be kept on my password-protected computer. If the interviews are transcribed by a third party, the third party will sign a confidentiality agreement. My committee chair, committee, I will have access to the data while I work on this project. I will finish analyzing the data by May 30, 2013. I will then destroy all original surveys and interviews with identifying information that can be linked back to you.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with this researcher and St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Susan Amann at 715-222-9791 or aman6470@stthomas.edu. You may ask questions now, or if you have any additional questions later, the committee chair, (Dr. Mike Chovanec, 651-690-8722), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

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I consent to participate in the study. I agree to be audio taped.

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Signature of Participant

Date

---

Signature of Researcher

Date

## Appendix E

### Transcriber Confidentiality Agreement

#### Perceptions of Social Work and Perspectives on Collaboration with Clinical Social Workers: Clergy Perspectives

The data you will be transcribing is to remain confidential in order to protect the participants in this study. By signing this confidentiality agreement, you agree to maintain this confidentiality by not disclosing or discussing participant identifying information and the data collected with anyone other than this researcher. You also agree to give this researcher all of the audio taped and transcribed data, and to not keep any copies of the audio recordings and printed data in your possession. This confidentiality agreement does not expire.

I have had the opportunity to review this confidentiality agreement and to ask questions. I understand this agreement.

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Transcriber Printed Name

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Date

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Transcriber Signature

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Researcher Printed Name

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Date

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Researcher Signature